

PROMOTING PARENT-CHILD SECURE ATTACHMENT BONDS IN ADOPTIVE
FAMILIES THROUGH COMMUNITY-BASED FAMILY MUSIC GROUPS: A
HEURISTIC GROUNDED THEORY STUDY

A THESIS IN
Music

Presented to the Faculty of the University
of Missouri-Kansas City in partial fulfillment of
the requirements for the degree

MASTER OF ARTS

by
ERIN LYN MCALPIN

B.A., University of Missouri – Kansas City, 2008

Kansas City, Missouri
2013

© 2013

ERIN LYN MCALPIN

ALL RIGHTS RESERVED

PROMOTING PARENT-CHILD SECURE ATTACHMENT BONDS IN ADOPTIVE
FAMILIES THROUGH COMMUNITY-BASED FAMILY MUSIC GROUPS: A
HEURISTIC GROUNDED THEORY STUDY

Erin L. McAlpin, Candidate for the Master of Arts Degree

University of Missouri-Kansas City, 2013

ABSTRACT

The purpose of this heuristic grounded theory study was to discover how community-based family music groups could foster bonding development in adoptive families. The subjects were 11 adoptive families with a total of 41 family members. Every adoptive family included at least one parent and at least one adopted child under three and one-half years old; siblings also participated. Data sources included three parental interviews, eight-weeks of parental journaling, and an eight-week Kindermusik® *Wiggle & Grow* family music class. Through the analysis of data three themes were identified: (a) healing awareness, (b) acceptance awareness, and (c) compassion awareness. These three themes then informed the development of a conceptual summary of community-based family groups to promote parent-child secure attachment bonds.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the Conservatory of Music and Dance have examined a thesis titled “Promoting Parent-Child Secure Attachment Bonds in Adoptive Families Through Community-Based Family Music Groups: A Heuristic Grounded Theory Study,” presented by Erin L. McAlpin, candidate for the Master of Arts degree, and certify that in their opinion it is worthy of acceptance.

Supervisory Committee

Deanna Hanson-Abromeit, Ph.D., Committee Chairperson
Conservatory of Music and Dance

Melita Belgrave, Ph.D.
Conservatory of Music and Dance

Loyce Caruthers, Ph.D.
School of Education

Joy Granade, M.M
Kindermusik Educator, Program Director

CONTENTS

ABSTRACT.....	iii
LIST OF ILLUSTRATIONS.....	xi
LIST OF TABLES.....	xii
ACKNOWLEDGMENTS.....	xiii
PREFACE.....	xiv
Chapter	
1. INTRODUCTION.....	1
2. REVIEW OF LITERATURE.....	6
Attachment Theory.....	8
Organized Behavioral System.....	9
Attachment System.....	11
Secure Base Behavior.....	12
Safe Haven.....	12
The Attachment Bond.....	13
Internal Working Model.....	13
The Strange Situation Assessment.....	14
Interpersonal Neurobiology.....	16
Emotion.....	17
Memory.....	18
Attachment.....	20
Adult Attachment Interview.....	20

Direct Correlation of Parent-Child Attachment.....	21
Shame Resilience Theory.....	24
Shame.....	25
Empathy.....	26
The Experience of Adoptive Families.....	29
Becoming a Parent.....	29
Not-Yet-Mourned Losses.....	35
Becoming a Son or Daughter.....	36
Belonging to One Another.....	38
Theoretical Framework.....	39
Music Therapy.....	41
Music Therapy with Adoptive Families.....	41
Music Therapy, Bonding and Attachment.....	42
Attachment-Based Intervention.....	45
Community Music Therapy.....	45
Kindermusik®.....	47
Statement of Problem and Conclusion.....	50
3. METHODOLOGY.....	52
Rationale for Qualitative Research.....	53
Grounded Theory.....	54
Heuristic Tradition.....	55
Design.....	56
Recruitment Process.....	56

Inclusion Criteria and Extended Family Members.....	57
Materials.....	58
Adoptive Parents.....	59
Adopted Children and Siblings.....	60
Setting.....	60
Kindermusik® Wiggle & Grow Class.....	61
Data Sources.....	63
Interviews.....	63
Informal Conversational Interview.....	64
Interview Guide Approach.....	65
Standardized Open-Ended Interview.....	65
Documents.....	66
Observations.....	67
Confidentiality.....	70
Data Analysis.....	71
Heuristic Inquiry and Grounded Theory.....	74
Limitations and Ethical Considerations.....	76
4. RESULTS.....	79
Understanding Adoptive Families.....	85
Unfinished Dream.....	86
Grounded.....	87
Connection.....	88
Abandonment of Adoptive Parent.....	89

Belonging of the Adopted Child.....	89
Findings.....	90
Healing Awareness.....	90
Healing Awareness: Unresolved Experiences.....	91
Healing Awareness: Seeking Comfort.....	94
Healing Awareness: Seeking Perspective.....	98
Acceptance Awareness.....	100
Acceptance Awareness: Need Awareness.....	101
Acceptance Awareness: Child Awareness.....	101
Compassion Awareness.....	101
Compassion Awareness: Support Awareness.....	102
Compassion Awareness: Attachment Awareness.....	102
Summary of Interview and Journal Themes.....	102
Role of Community-Based Family Groups.....	103
Developing or Repairing a Sense of Safety.....	103
Relationship Repair.....	104
Family Support.....	105
Facilitating Attachment Security.....	105
Developing Communication.....	106
Understanding, Developing or Maintaining Inter-subjective Experiences.....	107
Research Questions.....	114
5. DISCUSSION.....	117
What I Have Learned.....	118

Conceptual Summary.....	121
Recommendations for Program Development.....	126
Parental Acceptance of Self.....	126
Parental Compassion for Self.....	127
Community-Based Family Groups.....	127
Conclusion.....	128
Future Research.....	133

Appendix

A. CLASS FYLER.....	135
B. RECRUITMENT EMAIL.....	136
C. RECRUITMENT EMAIL FOR ADOPTIVE FAMILIES.....	137
D. CONSENT FOR PARTICIPATION.....	141
E. WEEKLY JOURNAL QUESTIONS.....	148
F. WEEKLY PARENT EMAILS.....	153
G. PHOTOGRAPHERS OF KINDERMUSIK CLASS LOCATIONS AND POSTERS.....	166
H. PART 1. UNFINISHED DREAM.....	168
I. PART 2. GROUNDED.....	170
J. PART 3. CONNECTION.....	171
K. PART 4. ABANDONMENT OF THE ADOPTIVE PARENT.....	172
L. PART 5. BELONGING OF THE ADOPTED CHILD.....	173
M. PERMISSION FOR FIGURES.....	175

REFERENCE LIST.....177
VITA.....190

LIST OF ILLUSTRATIONS

Figure	Page
1. Shame Web	26
2. Shame Resilience Theory.....	28
3. Conceptual Framework of Adoptive Parenthood	32
4. Map of Data Analysis	76
5. Participant Flow.....	83
6. Identified Themes and Proposed Framework.....	132

LIST OF TABLES

Table	Page
1. Adult Attachment Classification and Infant Behavior.....	22
2. Identified Core Attachment Issues.....	34
3. Theoretical Framework.....	40
4. Theoretical Framework and Community-Based Music Class Opportunities.....	49
5. Experience of Kindermusik® Family Time.....	63
6. Three Data Sources for Each Adoptive Family.....	69
7. Participant Profile Summary.....	80
8. Definitions of Acceptance and Compassion.....	100
9. Themes From Two Data Sources.....	103
10. Observations.....	108
11. Parental Identified Interest and Benefits of Kindermusik®	112
12. Conceptual Summary of Community-Based Family Groups To Promote Parent-Child Secure Attachment Bonds.....	122

ACKNOWLEDGMENTS

I am filled with gratitude for the many individuals that have made my journey of learning and writing possible. To Dr. Hanson-Abromeit, for opening the doors that have challenged and changed me forever. Your ability to catch a vision and pursue the possibilities of what could be created space for me to discover. Dr. Belgrave, for being a voice of reason and listening ear as I navigated the world of research. Your insight and perspective has been a beacon. Dr. Caruthers, for fiercely dedicating yourself to every student in your classroom. Your support allowed me to make a jump that otherwise would have been impossible. Joy Granade, for providing the avenue that has made everything achievable. Your diligence and depth of insight is contagious. The adoptive families involved in my research development, for graciously allowing me into your lives. Your experiences and stories have been an honor to hear and share. Leslie Dunn, for your incredible edits.

I would like to thank Kindermusik[®] International for allowing me the opportunity to partner with them in research and for funding the materials needed for this study.

Thank you Mom, for your beautiful bird drawing and steadfast encouragement. Dad, thank you for being so proud of me.

PREFACE

African-American spirituals are perhaps the greatest example of music created to overcome adversity and acknowledge both the depths of pain and the heights of joy, hope, and redemption. They inspire the need for personal expression, social change, and spiritual transformation while holding strong to the history and culture of the African people. These spirituals became a vehicle to communicate, express significant feeling and emotion, and narrate stories. They are a tool to help people adapt to languages of any culture, link significant past experiences, and remain open to new ideas and life experiences through using one's natural gift of music (Barton, 1972; Cone, 1991; Costern, 2001; Ekwueme, 1974; Jones, 1993; Omo-Osagie II, 2007; Small, 2009; Southern, 1973).

“Wade in the Water” is perhaps one of my favorite African-American spirituals and has a chorus that says, “Wade in the water, wade in the water children, wade in the water, God's gonna trouble the water” (Costern, 2001). This song is a beautiful illustration, creating an image that I cannot avoid trouble in reaching my dreams but instead, I must walk through the very thing I fear the most: losing everything. Once I walk through this fear I discover what it truly means to be free. Adversity has many different faces, such as oppression, isolation, rejection, discrimination, loss of opportunity, and abandonment. Although adversity can be experienced as the result of environmental factors, such as broken homes, socioeconomic status, abuse and trauma, my journey has been adversity of a heart living now in what is not yet.

My dream and passion for adoption has been with me for as long as I can remember. As a child it often filled the literal dreams I had at night and was the hope I

held in my heart as I blew out each year's birthday candles, "Please let my family adopt a brother or sister." It was my only prayer. I grew up in a home where my parents loved me, and each other, and with two siblings that I consider my best friends. My life was full and blessed. Yet, I was drawn to the children with no voice and felt identification with the lost and abandoned. What if I were just the same? Not wanted, overlooked or unheard. I felt a deep need for resolution and was convinced my family needed several more adopted children to complete our family.

Despite all my attempts to educate and inspire, my family never adopted; a disappointment in life that felt quite traumatic. I didn't understand why life doesn't work out to match the way I felt so strongly inside, wondering that if my dreams didn't influence the world around me, why even dream at all? My desire for adoption became entangled in confusion, pain, and the realities of life. My own story of redemption was hanging by a string and my dreams felt as if they were tied up in knots. I felt like I was carrying something to express and nowhere to let it out. Although I have not experienced the personal adversity of adoption, my journey of adoption has, in its own way, been just that.

Reflection on my own experience has lead me to believe that perhaps overcoming adversity is no longer letting my pain name or define me, but finding what's inside of me that is strong enough to grow and build beyond what I was left without. Perhaps a dream doesn't demand that those around me make what I dream come true, but offers a gift and vision for others. What if we could instead begin looking at our unfinished dream as an opportunity to give instead of take, understand instead of being understood, to learn how we can be used and who we can become? I strongly believe that overcoming the

adversities of life is difficult, but possible, and that I can develop new ways of thinking and viewing my experiences. I can heal from the pain I've experienced and perhaps my gift lies beneath my greatest wound. It is here I can begin dreaming again.

DEDICATION

I would like to dedicate this thesis to my husband Jon. Thank you for continually giving me the gift of waiting, support, and enthusiasm to become who I really am. I would also like to dedicate this thesis to our children who have been growing in our hearts. We are so excited to love and meet you.

CHAPTER 1

INTRODUCTION

Children who have been adopted have often experienced trauma, abuse, or neglect. They do not trust future caregivers and demonstrate emotional and behavioral difficulties that keep them distant, in control or in fear of adoptive parents. This places strain on the adoptive parent and increases the likelihood of developmental difficulties for the adopted child (Hughes, 2004; Purvis, Cross, & Pennings, 2009; Purvis, Cross, & Sunshine, 2007; Walter, 2007). The adoptive parent faces their own issues of loss, grief, and difficulty during the experience of growing their family through adoption. The process of becoming an adoptive parent can often include long waiting times, uncertain outcomes, stress, risk, isolation, failed adoptions when birth parents change their minds, and international countries shutting down adoption programs (Denby, Alford, & Ayala, 2011; Fontenot, 2007; U.S. Department of Health and Human Services, Child Welfare Information Gateway, 2010). The pre-adoption process may also include stressors of infertility (Chachamovich et al., 2010; Cudmore, 2005), marital conflict (Cudmore, 2005; Miller & Pasta, 1996), financial difficulties (Kirton, Beecham, & Ogilvie, 2006), and failed medical intervention (Boden, 2007; Cudmore, 2005). These pre-adoptive experiences can be difficult for a parent to process and integrate into their story of parenthood and becoming an adoptive family.

The adopted child has experienced loss and grief around the lack of or break in early connections with birth parents often as a result of trauma, abuse, or neglect. Although adoption has placed the child into a new environment and family, their behavior and thinking is often built around past experiences (Hughes, 2004; Hughes, 2009; Purvis et al., 2007). Children who have experienced a lack of consistent and responsive care early in life have problems differentiating or recognizing various affective states, forming close and interpersonal relationships, and exploring the environment (Shapiro & Shapiro, 2006). Common behaviors for adopted children who have experienced trauma, abuse, or neglect can include overt friendliness as a means of controlling a situation, independent behaviors that assume a parent must be manipulated or intimidated or withdrawn behaviors to conceal pain, vulnerability, and the need for nurture and comfort. Adopted children may also use charm, intimidation, angry outbursts, threats, defiance, stealing or disassociation to remain in control and self-reliant (Hughes, 1999). Their past experiences and these coping mechanisms keep the child from seeking security and comfort from the adoptive parent, child behaviors required for bonding and development of secure parent-child attachment or relationship.

Research has shown that a child who does not demonstrate secure attachment with a parent has difficulty developing physiological and emotional regulation, self-reliance, resilience, social competence with peers, empathy for others, symbolic play, problem solving, intellectual development, communication and language skills, self-integration, and self-worth (Cassidy, 2008; Grossmann, Grossmann, & Waters, 2005; Hughes, 2004; Sroufe, Egeland, Carlson, & Collins, 2005; Walter; 2007). Adoptive parents express concerns promoting attachment with children who have experienced a range of pre-

adoption factors including prenatal substance exposure (McCarty, Waterman, Burge, & Edelstein, 1999), international adoption (Lancaster & Nelson, 2009; Mainemer, Gilman, & Ames, 1998; Welsh, Viana, Petrill, Mathias, 2007), foster care adoptions (Howard & Smith, 2003) and special needs adoptions (McGlone, Santos, Kazama, Fong, & Mueller, 2002). Despite impressive gains of growth and development after being placed into an adoptive family, a child who has been adopted is more likely to show delays in normal development compared to a non-adopted child. This includes social emotional domains of attachment, reciprocal relationships, and emotional understanding (Dozier, Albus, Fisher, Sepulveda, 2002; Lloyd & Barth, 2011; Palacios, Roman, Caracho, 2010; Van IJzendoor & Juffer, 2006; Vorria et al., 2006).

Understanding how early experiences have a strong impact on the present behavior of a child, rather than seeing difficulties as personal rejection, can be a difficult mental and emotional shift for an adoptive parent (Hughes, 2004; Hughes, 2009; Purvis et al., 2007). However, without such a perspective a parent may be unable to attend to a child's needs promptly or to provide a secure base to explore and offer emotional availability in times of distress. These parental behaviors are crucial for bonding and the development of secure parent-child attachment or relationship. A connection has also been found between a child's lack of attachment with adoptive parents and adoption disruptions (Coakley & Berrick, 2008; Schmidt, Rosenthal, Bombeck, 1988; Smith & Howard, 1991). Parents are more likely to give up on the adoption if they are unable to perceive attachment with a child or improve their child's behavior within the first 12-15 months of placement (Triseliotis, 1991). Even without a disruption of the adoption, the lack of parent-child attachment can create difficulties within the adoptive family. As

stated by Van IJzendoorn and Juffer (2006), “It is of crucial importance to support adoptive parents in facing the challenges of developing an attachment bond with the adopted child who in the first instance may be overly friendly to anyone or rejecting of the contact the adopted parents eagerly try to establish” (p.1240).

Attachment is the relationship built between parent and child. Bonding is the process of building and developing relationships with one another. The criteria for bonding development are behaviors related to a child seeking security and comfort from parents. This can be seen in parent-child behaviors related to child attachments and parental bonds. Child attachment occurs when parents attend to the child’s needs promptly, provide a secure base to explore, and offer emotional availability in times of distress. Parental bonds are established when the child demonstrates secure attachment through seeking security and comfort in the relationships with parents (Ainsworth, 1967; Ainsworth, 1969; Bowlby, 1982; Cassidy, 2008).

There is a need to support adoptive families in bonding and developing secure parent-child attachment and ameliorating adoption disruption and adoptive parent concern. Community music therapy offers a unique approach to foster and support secure parent-child bonds. Music therapists can serve as a bridge between parental needs and community services, support parent expertise, and encourage parental involvement and self-reflection to foster attachment. Early childhood family music classes, such as those provided by Kindermusik International[®], have been a community resource identified by parents to promote bonding with their child (Kindermusik International[®], 2009b). Although Kindermusik[®] classes have not been directly geared toward adoptive

families, they provide a context to offer social support and can be specifically adapted and directed toward the needs of adoptive families.

This study will explore community-based family music groups to promote parent-child bonding in adoptive families through a focus on parental behaviors. The purpose of this heuristic grounded theory study is to discover how community-based family music groups can foster bonding development in adoptive families. Therefore, this study will examine the following question and sub-questions:

1. How can community-based family groups promote the development of secure parent-child attachment bonds?
 - a. How can community-based family music groups promote the development of child attachment?
 - b. How can community-based family music groups promote the development of parental bonds?

CHAPTER 2

REVIEW OF LITERATURE

A child who has experienced trauma, abuse, neglect, or pre-adoption stressors often demonstrates rejecting, withdrawing, or controlling behaviors (Davis & Bledsoe, 2005; Hughes, 2004; Purvis et al., 2009; Purvis et al., 2007; Walter, 2007). These behaviors can elicit past experiences of loss and grief for both the adopted child and adoptive parent (Waterman, 2001). An adoptive parent is challenged to see beyond a child's difficult behaviors and offer empathy, understanding, and connection, characteristics of parenting that strengthen secure parent-child attachment bonds. The experience of adoptive families provides an understanding to the unique needs and challenges to becoming a newly formed family. This review of literature examines the challenges and impact of past experiences on current attachment and the direct relationship found between parental views of attachment and subsequent child behaviors. Attachment theory, interpersonal neurobiology, shame resilience theory, the experiences of adoptive families, and music therapy will provide a foundational framework for strengthening the attachment between a parent and child.

Developing secure parent-child attachment bonds are crucial to parenthood, regardless of adoption or an adopted child's possible history of trauma, abuse, and neglect (Siegel & Hartzell, 2003). Secure parent-child attachment is an appropriate goal for a biological child, a child adopted from birth, as well as a child who has experienced

pre-adoption stressors. The focus or challenges of bonding and attachment is not indicative of adoption but highlights the important role of parental relationships on a child's later development (Cassidy, 2008; Grossmann, Grossmann, & Waters, 2005; Hughes, 2004; Sroufe, Egeland, Carlson, & Collins, 2005; Walter; 2007).

This study will explore community-based family music groups to promote parent-child bonding in adoptive families through a focus of parental behaviors. The purpose of this heuristic grounded theory study is to discover how community-based family music groups can foster bonding development in adoptive families. Bonding development will be defined as the presence of both child attachments and parental bonds. Child attachment is characterized by behaviors of parents including (a) attending to the child's needs promptly, (b) providing a secure base to explore, and (c) offering emotional availability in times of distress. Parental bonds are characterized by behaviors of the child, specifically the demonstration of secure attachment through seeking security and comfort in the relationship with parents (Ainsworth, 1967; Ainsworth, 1969; Bowlby, 1982; Cassidy, 2008). Therefore, this study will examine the following question and sub-questions:

1. How can community-based family music groups promote the development of secure parent-child attachment bonds?
 - a. How can community-based family music groups promote the development of child attachment?
 - b. How can community-based family music groups promote the development of parental bonds?

Attachment Theory

Attachment theory examines the organized attachment system and biologically based need for connection as defined by the work of John Bowlby (1969, 1973) and Mary Ainsworth (1967). This viewpoint provides a lens of compassion for the quality of caregiver interaction a child may have experienced prior to adoption and places value on the involvement and emotional availability of an adoptive parent after adoption. It also creates a context for understanding a child's behavior while valuing connection in the midst of parent-child stressors and difficulties. Attachment theory has significantly contributed to social science and clinical practice, particularly regarding the value of sensitivity to early experiences and value in secure caregiver attachment bonds.

John Bowlby's point of view profoundly changed the current perspective of psychoanalytic and social learning theorists. Studying disruptions of mother-child bonds and the protests and despair a child exhibits from the loss or separation of a mother figure, Bowlby (1969) changed the viewpoint of symptoms and syndromes to the impact of early events and experiences. His research data provided real life observations of child behavior and results focused on the impact of traumatic experiences on later development (Bowlby, 1969; Cassidy, 2008). Bowlby (1969) believed that "observations of how a very young child behaves towards his mother, both in her presence and especially in her absence, can contribute greatly to our understanding of personality development" (p. 3).

Mary Ainsworth (1967) conducted the first empirical study of attachment theory. The focus of her research report included the development of attachment behaviors observed in twenty-eight babies and their mothers in Uganda over several months. Infant observations included behavior when the mother leaves, approach and greeting responses,

use of the mother as a secure base, attachment to other familiar persons, and response to strangers. Ainsworth's research in Uganda expanded Bowlby's insight followed by significant contributions to the conceptual development of attachment theory and assessment of infant attachment style (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969, 1973; Cassidy, 2008). The basic concepts of attachment include organized behavioral system, attachment system, secure base behavior, safe haven, the attachment bond, and internal working model (Cassidy, 2008).

Organized Behavioral System

Prior to the development of attachment theory, psychoanalytic and social learning theorists were using secondary-drive theories (attachment seeking behaviors as a result of associations with feedings) to explain mother-child relationships (Ainsworth, 1967; Cassidy, 2008). Theorists proposed that an infant develops a relationship with his mother based on the need for food and that affection develops through satisfying hunger. This experience associates the mother with an enjoyable experience and becomes the underlying bond between mother and child (Cassidy, 2008). Bowlby (1958) began to question and look beyond this viewpoint after becoming interested in research being conducted with animals.

Lorenz (1935) discovered that infant geese developed attachments to objects and parents that did not feed them. Animal research continued to develop and Harlow (1958) discovered that monkeys preferred cloth-covered "mothers" in times of stress and not the wire-mesh "mothers" that provided food. Therefore, secondary-drive theories did not seem to provide relevant answers or adequate explanations in describing these observations. It was not long before researchers began observing attachment seeking

behaviors outside the need for food in human infants; infants also developed attachments with people who do not feed them (Ainsworth, 1967). This again demonstrated the need for further examination in the development of attachment (Bowlby, 1969; Cassidy, 2008).

Bowlby (1969) found that the sciences of ethology (animal behavior), experimental psychology and neurophysiology contributed to better understanding of an organized behavioral system and the concept of goal directed or instinctive behaviors. The term “goal-corrected” was used to describe the concept that behavior not only includes a goal, but also has the ability to fluctuate and correct functionality of the behavior based on current obstacles and experiences. This requires knowledge of behavioral capability and skill with a working model of the environment (Bowlby, 1969). Thus, attachment develops through the motivation of an organized behavioral system and not through hunger and feeding. These inherent motivations are organized, goal directed, and flexible to environmental changes (Cassidy, 2008).

All infants are biologically wired with goal-corrected attachment behaviors and mothers are biological wired to respond to such behaviors. This explains why a mother responds to an infant’s signaling behaviors of gestures, actions, and sounds with close proximity. When an infant smiles and vocalizes, an attuned mother follows, encourages and meets the child’s need for interaction. Crying results in the mother approaching the infant to sooth and calm. Although child-based exhibited behavior changes and adjusts with age or situation (crying, reaching, crawling, running, walking, rolling, etc.) a child still attains the same goal, close contact and connection with caregivers. This biological function is also supported through an evolutionary viewpoint. Remaining in close

proximity to one's mother increases the infant's survival rate. This predisposed behavior is thought to be passed on through genetic selection (Bowlby, 1969; Cassidy, 2008).

Attachment System

The attachment system is believed to be part of the central nervous system, similar to the physiological control system and becomes the filter that activates and deactivates the exploratory and fear systems. Activation or deactivation changes due to situation and context. The activation of the exploratory system momentarily reduces attachment behaviors, allowing the child to decrease proximity to caregiver and explore the world around them. The activation of the fear system decreases exploration and activates attachment behaviors such as very close proximity and other calming or comforting responses from the caregiver.

The attachment system is the filter by which the child decides to explore or remain safe. However, every child and situation varies, making the onset and level of displayed attachment behaviors unpredictable. Depending on distance and length of separation from the caregiver, the attachment system is either activated or terminated. Physical needs and environmental threats contribute to an increase in a child's fear system and attachment seeking behaviors. A threat of danger or stress, such as hunger, pain and fear, combined with the quality of caregiver's action and presence (positive or negative), predicts which system (exploratory or fear) is activated (Bowlby, 1969; Cassidy, 2008).

The attachment system is strongly associated with emotions and cognition. An emotion, such as anger and protest, communicates the child's desire for relationship with the caregiver and serves as expressed intent for close proximity. Attachments are

associated with positive emotions of love and joy, and the threat of loss is associated with anxiety, anger and sadness. A strong association with cognition can be seen in the how the infant views him or herself, the environment, experiences and attachment figure or caregiver (Bowlby, 1979; Cassidy, 2008). Similarly, caregivers are driven by a biologically based system when parenting. This system is activated during interaction with the child and responds to fearful or foreseen threats. Although this biologically based system is similar in all parents, the expression and difference in parenting is due to each parent's past-learned experiences (Cassidy, 2008).

Secure Base Behavior

Caregivers act as external emotional regulators for a child, providing reassurance or concern regarding a given situation. The child then internalizes these views as his or her own, predicting what is safe, harmful, good, or bad. Children will often look to a caregiver's affective expression or reaction to new situations in order to base their own responses. Thus, caregivers become a secure base from which the infant can explore. The attached relationship between a caregiver and infant allows for exploration and provides a physical or psychological presence to which the child knows he or she can return. Children, knowing they can rely, trust and depend on a caregiver, gain the ability to explore independence (Bowlby, 1969; Cassidy, 2008).

Safe Haven

With the onset of a physical need or environmental threat, a child immediately withdraws and returns to the caregiver as a safe haven, or place of safety. The child often seeks close proximity, physical contact and a soothing voice. The type and length of comfort needed from caregivers varies depending on the child's level of emotional

intensity and the situation (Bowlby, 1973; Cassidy, 2008). The extent to which a child utilizes caregivers as a safe haven can accurately predict the child's secure, anxious, or avoidant attachment style (Ainsworth, 1969, 1982).

The Attachment Bond

An attachment bond is the affection that brings together two specific individuals. This differs from close proximity behavior or the unique way individuals organize behaviors. Attachment bonds remain consistent, unlike attachment behaviors that depend on situation. Infants can demonstrate attachment behaviors to more than one person, but demonstrate a preference for the person with whom they have developed an attachment bond. The elements for bonding development are behaviors related to a child's seeking security and comfort from a parent. This can be seen in parent-child behaviors related to child attachments and parental bonds. Child attachment develops when parents attend to the child's needs promptly, provide a secure base to explore, and offer emotional availability in times of distress. Parental bonds are present when the child demonstrates secure attachment through seeking security and comfort in the relationship with parents (Ainsworth, 1982; Bowlby, 1969; Cassidy, 2008). Therefore, an attachment bond is created when a responsive and reciprocal relationship is developed between the child and parent. A reciprocal relationship is demonstrated when a child has a need, the parent provides safety and responds with empathy, and the child seek out the parent to meet these needs.

Internal Working Model

Past experiences create a filter to predict the future and make decisions. Over time, repeated interactions between child and caregiver create a relationship with

predicable outcomes. When inherent motivations are mixed with learned experiences, first seen in the early interactions with caregivers, expectation and prediction regarding personal connection with others begins to develop. The infant gradually develops a guiding system through the quality of care offered by primary attachment figures. This influences a child's emotional stability, self-belief, and view of others. These views are used to predict later interactions, guide future relationships, interpret others' behaviors, and anticipate personal connection.

A child will develop similar views as their caregivers, through early interactions of modeling and influence. These views gained during childhood are carried into adulthood and without additional influence or intervention will remain unchanged (Ainsworth, 1978; Bowlby 1979, Cassidy, 2008). Research has shown that children who demonstrate secure attachment develop physiological and emotional regulation, self-reliance, resilience, social competence with peers and empathy for others. Securely attached children also develop symbolic play, problem solving, intellectual development, communication and language skills, self-integration, and self-worth (Cassidy & Shaver, 1999; Grossman et al., 2005; Hughes, 2004; Sroufe et al., 2005; Walter; 2007).

The Strange Situation Assessment

The Strange Situation was developed by Ainsworth and colleagues as a method to examine the attachment relationship between an infant (12-18 months) and caregiver (Ainsworth et al., 1978). The Strange Situation takes place in a comfortable laboratory room with an unfamiliar adult. It includes seven episodes, each lasting three minutes, unless the infant was more than mildly distressed. The sequencing of episodes are as follows: Mother and infant are alone, an unfamiliar adult enters the room and talks to

mother and infant, the mother leaves the room discreetly, the mother returns and now the unfamiliar adult leaves, the mother leaves the infant alone, the unfamiliar adult returns, the mother returns. Behaviors and proximity were examined to identify parent-infant attachment relationship. Ainsworth and colleagues found that infant behaviors could be placed into three categorized attachment classifications: secure, avoidant, and anxious (Ainsworth et al., 1978).

Secure attachments included mothers who attended to infants needs promptly. Secure infants used caregivers as a secure base to explore and felt confident of caregiver availability in times of distress. Avoidant attachments included mothers who were hesitant to get involved and allowed infant to work out problems and issues. Avoidant infants demonstrated independent behaviors and were unlikely to rely on caregivers during times of distress. Anxious attachments included mothers who responded inconsistently to infants needs. Anxious infants demonstrated confused behaviors and fear, which decreased exploration (Ainsworth, 1969, 1982; Bowlby, 1973; Weinfield et al., 2008). Due to the predictability and significant results, the Strange Situation assessment became widely used for assessing the quality of infant-mother attachment. (Cassidy, 2008)

Attachment theory provides a framework for the importance of parent-child interaction and connection. Acknowledging past experiences and caregiver interactions can provide adoptive parents with insight, context, and sensitivity to understanding a child's internal working model, or the way she or he views the world. Adoptive parents have the opportunity to provide their child with a critical element to success by supporting the development of a secure attachment. As a parent interacts and connects

with a child, the child's view of the world is shaped and developed. Therefore, the role of clinicians through a lens of attachment is to support the attachment between a parent and child.

Interpersonal Neurobiology

Daniel Siegel (2010), who developed the concept of interpersonal neurobiology, is a co-director of the UCLA Mindful Awareness Research Center and internationally known for the integration of mindful awareness, neurobiology, and psychiatry (UCLA Mindful Awareness Research Center, 2013). Mindfulness is an evidenced-based intervention used by mental health practitioners and includes programs such as Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), and Mindfulness-Based Relapse Prevention (MBRP) (Mindfulness Research Guide, 2009). Neurobiology was built through integrating the scientific disciplines of attachment, child development, communication, complex systems, emotion, evolution, information processing, memory, narrative, and neurobiology. Understanding the approach of interpersonal neurobiology can influence the way clinicians view learning, memory, communication, program development, optimal care of children, and improved professional and personal self-care (Siegel, 1999, 2006, 2007, 2010).

The framework of interpersonal neurobiology defines the mind as “a process that regulates the flow of energy and information” (Siegel, 2006, p. 248). The brain is defined as “the extended nervous system distributed through the whole body” (Siegel, 2009). Interpersonal experiences are explored through a perspective that considers the whole picture of development, avoiding divisions of information and knowledge

(Badenoch, 2008). The basic concepts of memory, attachment, and emotion will be discussed in more detail.

Emotion

Emotions are fundamental to the sense of meaning in life. They prepare the body for action and are involved in nearly every function of the human brain. There is an intricate connection between emotion, meaning, and relationships. Primary emotions are the internal experiences, changes, and sensations that alert the brain's focused attention. These emotions can exist without consciousness or words but result in an internal orientation response or reaction to experiences. This reaction may cause individuals to withdraw either behaviorally or cognitively as a result of negative appraisal or avoidance of emotional states. Emotional communication and relating occurs through connecting to the primary emotional states of others. Attuning to each other's feelings allows integration of experiences, the ability to influence the internal state of the other, and promotes connection and joining of two individuals (Creswell, Way, Eisenberger, & Lieberman, 2007; LeDoux, 1996; Siegel, 1999, 2010; Siegal & Hartzell, 2003).

Categorical emotions differentiate primary emotional states and can include sadness, anger, fear, joy, surprise, disgust, and shame. These emotions can be externally communicated to others through affective expression such as tone of voice, facial expressions, and bodily motion. Resonance is when an individual aligns their state or primary emotions with another through sharing these nonverbal signals. Parents have the ability to support and encourage a child's tolerance to intense emotional states through attuned communication (Siegel, 1999, 2010). Siegel (1999) states that "[t]he primary ingredient of secure attachment experiences is the pattern of emotional communication

between child and caregiver” (p. 6). Interpersonal neurobiology provides a foundation for understanding how human connection has the ability to form neural connections and shape the mind. The way in which individuals integrate interpersonal experiences into mental models and autobiographical narrative appears to be central to secure attachment relationship.

Memory

The building blocks of the brain consist of approximately 100 billion neurons, 7,000-10,000 synaptic connections to other neurons and 2 million miles of neural highways (Badenoch, 2008; Siegel, 1999). As electrical impulses are sent through the synaptic cleft between neurons, energy or information begins wiring and developing patterns in the brain. Unused neural synapses will be pruned and lost. This means that all experiences activate patterns of neural networks that have wired together and result in remembering or memory. Neuroplasticity is the brain’s ability to re-wire or change patterns of energy, information, or neural connectivity through new experiences. Experience and recall of memory shape and initiates activity of neural connections to change and link the developing connections in the brain (Badenoch, 2008; Siegel, 1999, 2010; Siegel & Hartzell, 2003).

There are two forms of memory: implicit (procedural) memory and explicit (declarative) memory. Implicit memory begins in the first eighteen months of life and encodes nonverbal memories of smell, taste, sound, bodily sensation, perception, and emotion. Conscious or direct attention is not required for implicit memory, and thus is not processed through the hippocampus. These unconscious memories make it difficult to identify as being recalled from the past. Explicit memory develops during the second

year of life and beyond and requires conscious attention. This direct attention codes the where and when of facts and events and does not include the internal sensation of recollection. These memories are encoded through the hippocampus and nucleus basalis (Badenoch, 2008; Cunningham & Zelazo, 2007; Miasnikov, Chen, & Weinberger, 2009; Siegel, 1999, 2010; Siegel & Hartzell, 2003).

Experiences of trauma and abuse at the beginning of life can have profound effects on basic regulatory capacities and bilateral integration of information (Teicher et al., 1997; Siegel, 1999, 2006, 2010). Children who have experienced trauma or abuse have experienced the release of stress hormones and excessive discharge of amygdala activity. This experience inhibits hippocampal functioning and autobiographical memory during the time of the trauma and may result in moments of dissociation (Siegel, 1999, 2010; Siegel & Hartzell, 2003). Although memories of trauma and abuse may be left out of permanent or explicit memory, “[s]ome individuals may become flooded by excessive implicit recollections, in which they lose the self-monitoring features of episodic recall and feel not as if they are intensely recalling a past event, but rather that they are in the event itself” (Siegel, 1999, p. 53; Siegel, 1995, 2010).

Bilateral integration and the distinction between right and left side differences in the brain have supported scientific and clinical investigations (Siegel, 2006). The right and left hemispheres of the brain perceive, experience, and process information differently. The left-mode processing includes logic, linearity, language, and literalness. Right-mode processing includes visual and spatial information, social understanding, relationships, and felt reality. Narratives, or the way memories are stored and recalled in story form, are developed out of the left hemisphere to make sense of right hemisphere

autobiographical, social, and emotional information. There is a need to connect implicit recollection with explicit processing, sensations with logical understanding, and sequencing of events with internal life events. The connection of implicit and explicit memory will promote examination of automatic adaptations or reactions based on early experiences in the past (Siegel, 1999, 2006, 2010; Siegel & Hartzell, 2003).

Attachment

Interpersonal neurobiology utilizes attachment research to frame the intricate connection between parental narrative and child attachment. Emphasis is placed on how interactions with caregivers shape a child's memory recall and representational processes. Attachment theory is used as a critical component to understanding parent-child relationships and an infant's motive to seek proximity and communication with caregivers (Siegel, 1999, 2010). A profound connection described in interpersonal neurobiology and found in attachment research, between parental narrative and child attachment, will be described below.

Adult Attachment Interview. The Adult Attachment Interview (AAI) is structured to examine the life history and internalized strategies of emotional regulation of adults related to attachment-related experiences (George, Kaplan, & Main, 1984, 1985, 1996). The protocol contains 20 questions for the subject that include general descriptions of parents during childhood, five adjectives that describe each parental relationship, specific memories or experiences, a parent they felt closer to and why, behaviors and parental responses to being hurt, parental separation, rejection, and threats. Additional questions address the influence of early experience on adult personality, understanding why parents behaved as they did in childhood, developing relationship

with other close adults, loss and change of relationship with parents throughout childhood, or adulthood and current relationship with parents (George et al., 1996). An interview takes an hour to conduct and is then transcribed verbatim for coding. Verbatim interview transcripts place adult attachment classifications into three categories: secure-autonomous, dismissing, and preoccupied attachment (George et al., 1985; Hesse, 2008; Main & Goldwyn, 1984).

Secure-autonomous adults express value of attachment relationships and experiences. They are able to remain objective regarding specific experiences in a relationship, at ease with personal imperfections, and demonstrate forgiveness and compassion. Adults with dismissing attachment demonstrate dialogue that dismisses, devalues, or cuts off attachment relationships and experiences. They often view themselves as strong, demonstrate little dependence on others, and minimize negative experiences. Adults with preoccupied attachment express preoccupied dialogue regarding attachment-related relationships and experiences. These adults often look for agreement or seem confused regarding their views and experiences during childhood (Hesse, 2008; Main, Goldwyn, & Hesse, 2003)

Direct correlation of parent-infant attachment. It has been found that the AAI transcript or assigned adult attachment classification significantly predicts infant behavior or attachment during the Strange Situation examination (a method used to evaluate the attachment relationship between a caregiver and infant at 12-18 months of age) (Hesse, 2008; Main & Goldwyn, 1984). There is a direct correlation between the way a parent describes or has experienced relationship and connection and the type of attachment their child will develop (Hesse, 2008). Secure-autonomous adult attachment (valued

attachment relationships and experiences) was associated with the Strange Situation infant security attachment. Dismissing adult attachment (dismissed, devalued, or cut-off attachment relationships and experiences) was associated with the Strange Situation infant avoidant attachment. Pre-occupied adult attachment (preoccupied with attachment-related relationships and experiences) was associated with the Strange Situation infant anxious attachment (Hesse, 2008; Main & Goldwyn, 1984, Siegel, 1999). See Table 1 for features that point to specific AAI classification and correlating infant Strange Situation classification.

Table 1

Adult Attachment Classification and Infant Behavior

Adult Attachment Classifications (AAI)	Infant Behavior (The Strange Situation)
<p>Secure-Autonomous Adult:</p> <ul style="list-style-type: none"> • Acknowledges missing, needing, and depending on others • Demonstrates flexible attention and remains open and “free to explore” interview topic • Relates development and functioning to attachment related experiences • At ease with personal imperfections • Shows forgiveness and compassion toward parents • Can change view of person or event during interview and shows autonomy and objectivity • Demonstrates a sense of balance, proportion, or humor • Shows regret or sorrow toward flawed personal behavior 	<p>Secure Infant:</p> <ul style="list-style-type: none"> • Explores or plays in parent’s presence, shifts attention to parent during at least one separation, and seeks parent during at least one reunion • Explores the room and toys with interest before separation episodes but occasionally returns to or checks with parent • Shows signs of missing parent during separation and often crying by the second separation • Greets parent actively, usually initiating physical contact and maintaining contact by second reunion but then settles and returns to play

(table continues)

Adult Attachment Classifications (AAI)	Infant Behavior (The Strange Situation)
<p>Dismissing Adult:</p> <ul style="list-style-type: none"> • Describes self as being strong, independent, or normal • Little to no articulation of hurt, distress, need or dependence • Downplays descriptions of negative experiences or interprets such experiences as making one stronger • Emphasizes fun, activities, presents and material objects with parents • Shows inflexible attention away from attachment history and responses seem remote from present • Topic of attachment seems foreign • May disregard other persons or sorrowful events 	<p>Avoidant Infant:</p> <ul style="list-style-type: none"> • Focuses on toys or environment, and away from parent • Explores toys, objects, and room throughout the procedure • Fails to cry on separation from parent • Actively avoids and ignores parent on reunion (i.e., by moving away, turning away, or leaning out of arms when picked up). • Little or no proximity or contact seeking, distress, or expression of anger • Unemotional response to parent • Focuses on toys or environment throughout procedure
<p>Preoccupied Adult:</p> <ul style="list-style-type: none"> • Shows inflexible attention on experiences and influences of parent, even when parents were not the objects of inquiry • May involve interviewer in agreement regarding parents' faults • Gives weak, confused praise toward parents and may relate to frightening experiences involving them • Responses or memories seem inflexible, closed, or unconsciously guided as if the attachment-related history is "an old story" • Unbalanced, excessive blaming of either parents or self and indecisive 	<p>Anxious Infant:</p> <ul style="list-style-type: none"> • Focuses on parent throughout much or all of procedure; little or no focus on toys or environment • May be wary or distressed even prior to separation • Preoccupied with parent throughout procedure; may seem angry or passive • Fails to settle and take comfort in parent on reunion and usually continues to focus on parent and cry • Signs of anger toward parent are mixed with efforts to make contact, or are markedly weak • Fails to return to exploration after reunion, during separation, or during pre-separation

Source: Table was adapted from Hesse (2008). Original descriptions summarized from Main, Kaplan, & Cassidy (1985), Main, Goldwyn, & Hesse (2003) and Ainsworth, Blehar, Waters, & Wall (1978).

Therefore, what and how a parent recalls personal experiences is the most powerful feature that determines how they will relate to a child. Siegel (1999) states that “[t]he most robust predictor of a child’s attachment to parents is the way in which the parents narrate their own recollection of their childhood experiences” (p. 6). Children that develop secure attachments typically have secure-autonomous parents who demonstrate the value and influence of significant attachment figures in their own life. Thus, secure-autonomous parents are able to recognize and support their own child’s signals and need of attachment and connection (Siegel, 1999).

The profound connection between parental narrative and child attachment provides clinicians with an opportunity to support secure parent-child attachment bonds. This viewpoint provides an avenue for adoptive parents to see beyond their child’s difficult behaviors and offer empathy and understanding (characteristics of parenting that strengthen a secure child attachment bond) through examining their own personal experiences. This however, requires parental reflection, awareness, and self-understanding to become the highlighted focus of care and practice. Therefore, it will be crucial for clinicians to examine, anticipate, and understand possible barriers to parental self-reflection and awareness.

Shame Resilience Theory

The Shame Resilience Theory (SRT) developed by Brown (2006), provides an empirical foundation to examine connection, empathy, and isolation. Although the focus of results is not specific to adoptive parents, SRT provides a larger lens for understanding the shame and fear that can keep individuals from seeking, and achieving self-reflection and awareness. Brown (2006) discovered and became interested in the experience of

shame while investigating research on the topic of connection. When asked about connection, interviewees would often share about disconnection. Brown became fascinated by how the experience of shame kept women where they did not want to be and held them back from feeling connection with others. SRT was developed through 215 interviews with women ages 18-75 regarding the topic of shame. A compiled definition of shame was, “an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging” (Brown, 2006, p. 45).

Shame

Brown (2006) found that the main concerns of participants included the themes of feeling trapped, powerless, and isolated. Feelings of being trapped emerged from unrealistic expectations and the unlikelihood of meeting expectations. Participants also felt powerless to identify shame or develop counters to shame, which led to overwhelming feelings of confusion, fear, anger, judgment, and the need to hide. Feelings of isolation were a product of feeling trapped and powerless. Likewise, adoptive parents have expressed (a) fear and pressure to hold higher parenting standards than biological parents as a result of raising someone else’s child, (b) lack of support from friends and family as a result of perceived expectation that they need to be constantly happy in their parental role, and (c) isolation and fear (McKay & Ross, 2010).

Brown (2006) created a shame web that provides a metaphor for expressing the idea of feeling trapped, powerless, or isolated and illustrates how unattainable sociocultural expectations create pressure and shame that results in severing or forfeiting connections with others. The shame web includes expectations based on gender and role expectations of what one should be, who one should be, and how one should be (see

Figure 1). It was found that participants struggled the most with feeling shame in categories including appearance and body image, sexuality, family, motherhood, parenting, professional identity and work, mental and physical health, religion, speaking out, and surviving trauma (Brown, 2006).

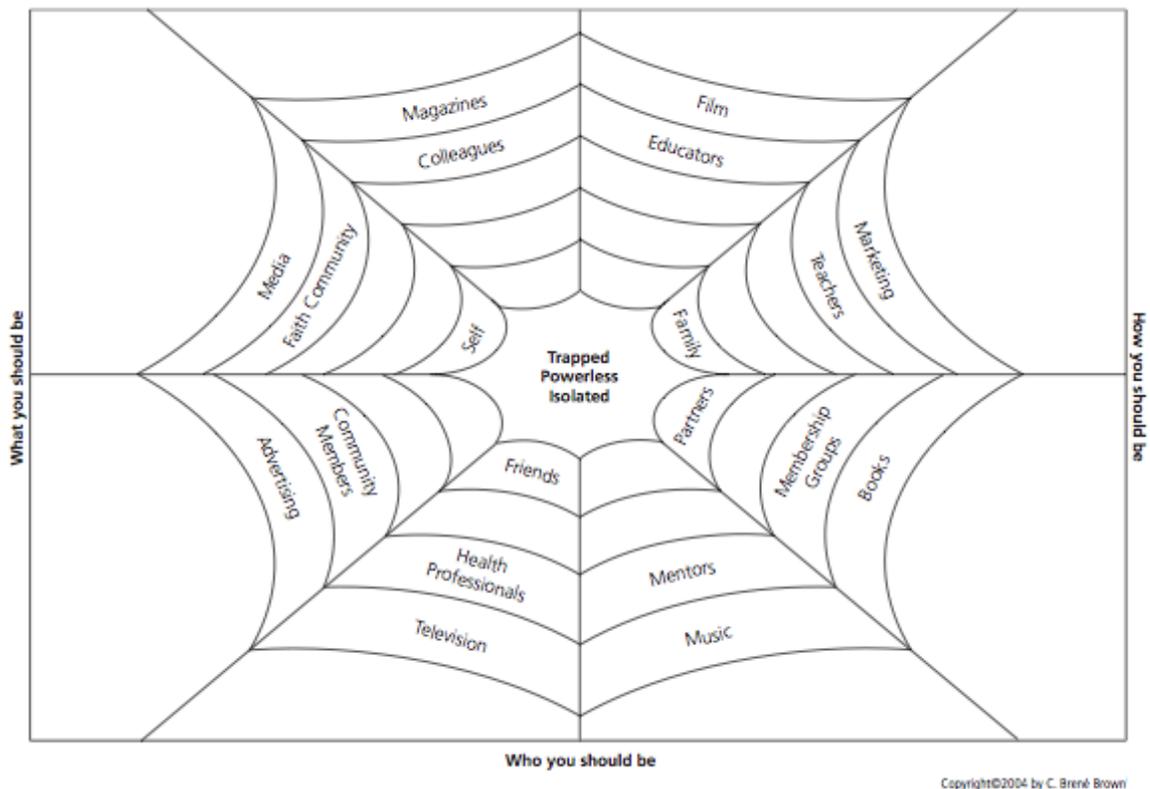


Figure 1. Shame Web

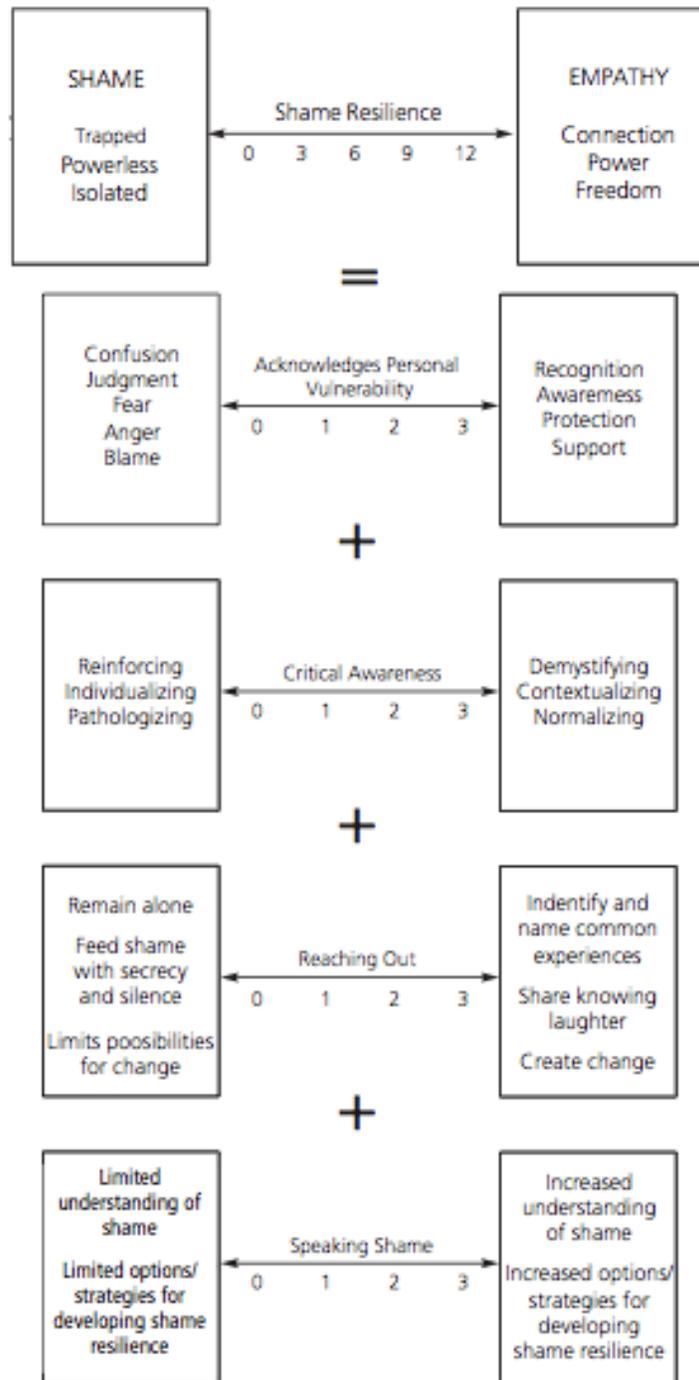
Source: Taken from Brown, 2006. Reprinted with permission from Families in Society (www.FamiliesinSociety.org), published by the Alliance for Children and Families.

Empathy

Empathy was identified as the primary experience opposite to experiencing shame and was defined as, “the ability to perceive a situation from the other person’s

perspective- to see hear, and feel the unique world of the other” (Brown, 2006, p. 47; Ivey, Pederson, & Ivey; 2001). The Shame Resilience Theory is a continuum of shame and empathy and provides a visual representation for a range of experiences including feeling trapped, powerless, and isolated to feeling connected, powerful, and free. The four continuums include: acknowledging personal vulnerability, being critically aware, reaching out, and speaking shame. Individuals need a high level on all four continuums of the Shame Resilience Theory in order to increase shame resilience (see Figure 2).

Participants who acknowledged personal vulnerability, often in areas they felt the most shame, were more likely to seek and find support. They demonstrated awareness of vulnerabilities that left them feeling attacked and were more unlikely to be overwhelmed, taken off guard, or engulfed with emotions in response to issues, events, and perceptions. Critical awareness was the ability to contextualize shame experiences within a larger social/cultural view of expectations, as illustrated in the Shame Web (see Figure 1) and to not focus on inherent personal flaws. Reaching out relates to the ability to receive and offer empathy to those around them. Participants who experienced supportive networks felt an increase in shame resilience, identified shared experiences, and demystified properties of isolation. They were able to recognize that “we share in common what makes us feel the most apart” (Brown, 2006, p. 49). Speaking shame includes the ability to develop language and emotional competence to address issues related to shame (Brown, 2006).



Copyright©2004 by C. Brené Brown

Figure 2. Shame Resilience Theory

Source: Taken from Brown (2006). Reprinted with permission from Families in Society (www.FamiliesinSociety.org), published by the Alliance for Children and Families.

Therefore, acknowledging personal vulnerability, becoming critically aware, reaching out, and speaking shame provides an avenue for adoptive parents to develop empathy, understanding, and connection (characteristics of parenting that strengthen secure parent-child attachment bonds). SRT provides clinicians with a tool to support and structure parental self-reflection and awareness through an approach that decreases feelings of being trapped, powerless, or isolated: possible parental barriers. Exploring the personalized and unique experience of becoming an adoptive family will be crucial in applying viewpoints of attachment theory, interpersonal neurobiology, and shame resilience theory.

The Experience of Adoptive Families

An approach to practice that values parental involvement and focus must be built on addressing parental needs. Through understanding and listening to the needs of adoptive parents and families, clinicians can build programs and models of practice as outlined by adoptive parents themselves. A partnership is created between the clinician and adoptive parent, and fosters an approach that listens to the needs expressed by families. This results in a program based on the practical needs and expertise of adoptive families (H. Shoemark, personal correspondence, April 12-20, 2009). Thus, the experience of adoptive parenthood will be explored through self-reported viewpoints of adoptive parents.

Becoming a Parent

The latest report in 2007 says that U.S. Department of Health and Human Services found parents' motivation to adopt fell into the following non-mutually exclusive categories: providing a permanent home for a child in need (81%), desire to

expand their family (69%), inability to have a biological child (52%), wanting a sibling for another child (24%), and having previously adopted the child's sibling (7%). Other reported categories included being related to the child prior to the adoption, having already formed a bond with or loved the child, loving children in general, and helping a child avoid foster care (U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, 2007). These motives provide an understanding and context for adoptive parent's decision to adopt. In most adoptions, parents are satisfied with the decision and the adopted child adjusts well into the adoptive family (Brooks & Barth, 1999; Howard & Smith, 2003; Sánchez-Sandoval, 2011; U.S. Department of Health and Human Services, Child Welfare Information Gateway, 2010). However, research has found that adoptive parents still report the need for additional preparation in order to anticipate the needs of parenting an adopted child (Lancaster & Nelson, 2010; Logan, 2009; Reilly & Platz, 2003) and a lack of support in relevant, specialized, or available post-adoption services (Reilly & Platz, 2003; Welsh et al., 2007). Adoptive parents have also reported services being too limited in scope and duration (Zosky, Howard, Smith, Howard, & Shelvin, 2012).

The transition to adoptive parenthood contains unique experiences and challenges. Understanding the experiences of adoptive parents can expand clinical insight and places a value on parental expertise as a forefront to practice. McKay and Ross (2010) conducted a pilot study that identified specific and personalized post-adoption needs of adoptive parents. Results from this study found that adoptive parents experience a unique balance between categories titled: challenges and facilitators. These results are a shift of focus from previous literature that reported overall evaluation or

effectiveness of post-adoption services (McKay, Ross, & Goldberg, 2010). Developing relevant post-adoption services based on the firsthand experiences of adoptive parents allows adoptive parents to influence the direction and approach of care instead of reporting desire or interest in pre-established services.

McKay and Ross (2010) found three themes to the unique challenges of adoptive parenthood: isolation and fear, parenting related obstacles, and lack of support (see Figure 3). Feelings of isolation came from the fear and pressure to hold higher parenting standards than biological parents as a result of raising someone else's child, pressure of perfectionism after waiting so long and working so hard for adoption, and fear that the adopted child will be taken back due to parental failure within mandatory probationary periods (required through public and private adoption systems before finalization). Parenting-related obstacles included the stress and lack of knowledge due to sudden or unpredictable placement and lack of adequate adjustment time in older adoptions (e.g. navigating the school system or entertaining a toddler).

Lack of support, identified in the themes of adoption challenges, involved feelings of isolation. These experiences of isolation were described by a lack of social support during post placement period, lack of family support from elderly parents and parents-in-law due to the older age of adoptive parents, lack of connection or ability to relate to other biological parents due to age differences, and lack of support from friends and family due to a perceived expectation that they need to be constantly happy in their parental role. The most significant challenge experienced by adoptive parents was the lack of social support (McKay & Ross, 2010).

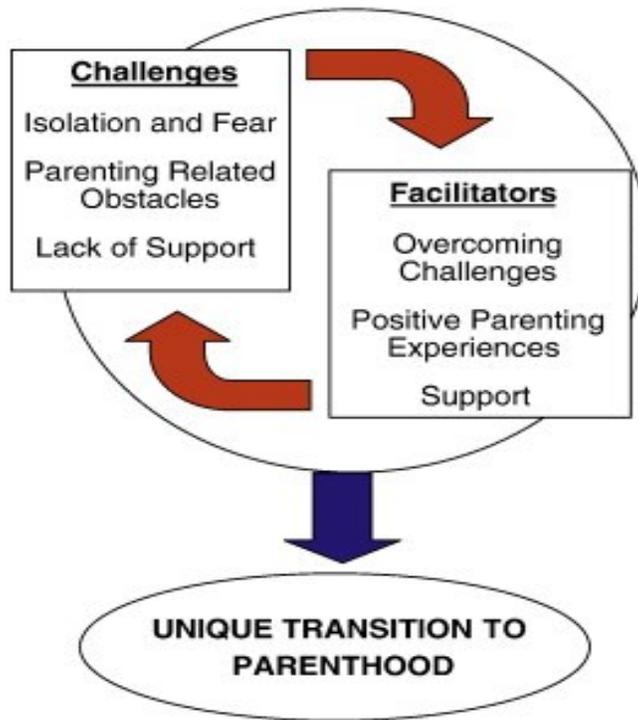


Figure 3. Conceptual Framework of Adoptive Parenthood

Source: Reprinted from McKay, K., & Ross, L. E. (2010). The transition to adoptive parenthood: A pilot study of parents adopting in Ontario, Canada. *Children and Youth Services Review*, 32, 604-610, with permission from Elsevier.

Three facilitators that have a positive impact on adoptive parenthood have been described: (a) overcoming challenges, (b) positive parenting experiences, and (c) support (see Figure 3). These positive experiences contributed significantly to parents achieving their goals of becoming parents, seeing their children achieve important developmental milestones, and accessing support. Support was the only category identified in both challenges and facilitation of adoptive parenthood. Lack of support was identified with

feelings of isolation and fear, but the experience of support was identified with overcoming challenges (see Figure 3). Therefore, as identified by adoptive parents themselves, providing social support is the most crucial piece to adoptive parent success (McKay & Ross, 2010).

Silverstein and Roszia (1999) compiled individual core issues experienced by the adoptee, the birth parent, and the adoptive parent. These core issues were later modified to pertain to the adoptive family system and used to inform post-adoption support (Lakin, 1992, 1996; Smit, 2002; Timm, Moordian, & Hock, 2011). Identified core adoption issues provide a broader context to support the transition of adoptive parenthood and are summarized in Table 2 (Timm, Moordian, & Hock, 2011). Placing value on specific experiences in adoptive parenthood, including loss and grief, allows clinicians to integrate individual needs into the larger framework and development of care.

Unconscious, primitive, or preverbal losses can keep adoptive families from being connected. The degree to which adoptive parents resolve their own experiences of loss can often be an indicator of their capacity to fully attach with their child. Not-yet-mourned loss places the adoptive parent at risk for turning toward the child to fulfill, repair, or resolve needs, wishes, expectations, failures and disappointment, instead of turning into their own pain and loss for examination. Although an adoptive parent often has to bear witness to a child's profound distress or loss from past experiences, a child should never be responsible for holding a parent's personal distress or feelings of loss. This requires the adoptive parent to resolve expectations, reflect on personal experiences of pain, and learn how to love a child for who he or she is and not look to them for identity (Waterman, 2001). In other words, "[y]ou have to come to terms with who you

are and who your child is in a way that accords each of you a place in the relationship” (Waterman, 2001, p. 281). Core issues, including the experience of loss and grief, must also be acknowledged as part of an adoptive family’s journey to bonding and attachment.

Table 2

Identified Core Adoption Issues

Core Adoption Issues	Descriptions
Loss and Grief	Feelings of loss and grief as part of adoption experience, such as losing the dream of the perfect child, accepting infertility, or letting go of expectations.
Entitlement	Question whether they have the “right” to parent their adopted child because of things such as lack of support from extended family members, the child’s history with their birth families, society’s attitudes about adoption and a lack of rituals to celebrate adoption.
Claiming	Process by which adoptive parents accept the adopted child as their own, consider them to be full-fledged members of the family and begin to identify similarities between the child and themselves, or other family members.
Unmatched Expectations	The adoption process and their adopted child are different from what they expected.
Family Integrations	Blending an adopted child into an existing family can be challenging and may upset the family balance.
Bonding and Attachment	Parental challenges connecting and bonding with an adopted child.
Identity	Question identity as “real” parents of their adopted child because of society’s belief that birth parents are the “real parents.”
Mastery and Control	Experiences that threaten sense of mastery and control over their own lives. Such as feeling a lack of control over fertility, the adoption process, and issues and problems an adopted child may have.

Source: Adapted from Timm, Moordian, & Hock (2011).

Not-yet-mourned losses. Issues of loss and grief provide unique challenges to developing parent-child bonding and attachment in adoptive families. Although difficult child behavior may often become a focal point of attachment concern, the center of attention needs to shift first to adoptive parents tolerating their own emotions in order to be present for the child in need. The way parents view their own life story and attachment directly connects to the attachment developed by their child. It has been found that parental perceptions that facilitate successful adoptive family integration include: (a) finding strengths in the children overlooked by previous caregivers, (b) viewing behaviors in context, (c) reframing negative behavior, and (d) attributing improvement in behavior to parenting efforts (Clark, Thigpen, & Moeller, 2006). This perception requires adoptive parents to view their own strengths and behavior in context of past experiences and acknowledge the direct connection between parental perceptions and child behavior. Thus, supporting parental self-awareness can promote secure attachment for the adopted child. As stated by Bowlby (1969) when introducing attachment theory: “From a new viewpoint a familiar landscape can sometimes look very different” (p. xi).

A parent’s ability to offer this connected relationship with a child requires personal reflection and self-understanding. These skills develop through processing past emotional experiences and perceptions of pain that have occurred in a parent’s life. As a parent begins to build the capacity to remain emotionally present and available within old triggers, defenses, and reactions, they begin to offer and demonstrate opportunities for a child to do the same. Instead of reinforcing the same fears and pain communicated through avoidance and emotional distance, parents build a tolerance to walk a child

through the very thing they once feared the most. Feelings of abandonment or helplessness can leave a parent unable to tolerate similar expressions and experiences in a child. This creates disconnection from a child during difficult situations or experiences, leaving a child feeling ignored and as a result disconnected from their own feelings (Siegel & Hartzell, 2003). It is important for adoptive parents to become aware of their own primary emotional state so that a child does not become a target of the projection of unconscious or unresolved emotions and issues.

The transition of adoption provides opportunity and difficulty for developing attachment or connection with a child. Adoptive parents may find themselves dealing with a child who seems distant, unresponsive, or overly friendly to strangers instead of remaining connected to adoptive parents. The adopted child is dealing with an additional placement, which can bring up past experiences of trauma and history. Understanding how these experiences have a strong impact on a child provides a lens through which adoptive parents can understand child behavior. Examining the needs and challenges of adopted children provides clinicians with an avenue to support parental empathy and understanding (characteristics of parenting that strengthen secure parent-child attachment bonds).

Becoming a Son or Daughter

Many children in need of adoption have experienced a variety of risk factors for healthy development; including abuse, neglect, trauma, malnutrition, poor medical care, extreme poverty, lack of prenatal care, loss of family, previous caregivers, familiar environments, and primary language (Davis & Bledsoe, 2005; Dozier et al., 2002; Gribble, 2007; MacLean, 2003). These experiences have a lasting impact on the child's

attachment, physical and emotional growth, language and sensory development, behavior, cognition, and school attainment (Dozier et al., 2002; Gribble, 2007; Welsh et al., 2007). Children who entered the foster care system may have experienced unsafe living conditions, neglect, abuse, serious disturbances in their caregivers' functioning, and maltreatment. These children may also experience multiple placements, change of caregivers and long lengths of time in the foster system (Dozier et al., 2002).

Children adopted from international countries may have experienced maltreatment and physical, behavioral, social, and emotional neglect (MacLean, 2003). Orphanage conditions can often be severely deprived and lack consistent sensitive caregivers or emotional investment (Fisher, Ames, Chislom, & Savoie, 1997; Gribble, 2007; Lapidus 2006). Even a child adopted at birth is at risk for experiencing difficulties due to prenatal alcohol and drug exposure or lack of prenatal care. These prenatal risks can be hard to predict due to inaccurate and incomplete background information of the birth mother. Results of substance exposure may include pregnancy complications, premature birth, prenatal and postnatal growth deficiency, congenital defects, withdrawal syndromes, infant neurobehavioral dysregulation, complex childhood behavioral and cognitive deficits, HIV, and hepatitis B and C. Infants experiencing a withdrawal period from methadone, for example, have a decreased ability to respond to auditory or visual stimuli. This influences caretaker interactions severely, as the infant often opposes any cuddling or soothing (Davis & Bledsoe, 2005).

Adoption provides an opportunity to repair pre-adoption stressors, but requires adoptive parents to understand the deep fears masked by non-responsive and difficult child behaviors (Purvis et al., 2007; Shapiro & Shapiro, 2006). Results of these past

experiences may leave a child feeling unsafe, alienated, cornered, or alone through repeated experiences of being underfed, under-touched, and neglected (Howard, 2008; Purvis et al., 2007). Deep fears can include abandonment, hunger, being in an unfamiliar environment, losing control, and being hurt. Children that have experienced trauma develop a brain-based stress response system that focuses on safety instead of growth-promoting interest or activities and they can view adults as potential sources of threat rather than comfort and support (Howard, 2008). When approaching children with compassion and an understanding of past experiences, adoptive parents can shift from scolding behavior to helping the child connect his or her feelings, forge strong emotional bonds, and disarm the child's fear responses (Purvis et al., 2007).

Attention can often be placed on fixing or changing the adopted child's difficult behaviors and not on the adoptive parent's ability to resolve and integrate experiences of loss. Instead of a parent viewing emotional reactions as a deficit in the child, discomfort becomes an opportunity to understand the parent's unresolved personal issues. As the parent begins developing empathy for his or her own fears and past emotional experiences of pain, the parent also develops empathy for a child's early experiences and perceptions around painful events. Gained self-understanding through self-reflection allows a parent to remain present and connected with a child experiencing difficult situations or feelings and fosters reciprocal, sensitive parent-child communication. When parents practice self-reflection and growth, a child receives permission and space to remain connected (Siegel & Hartzell, 2003).

Belonging to one another. Past experiences of loss within the adoptive family, as discussed above, need to be acknowledged and mourned in order for an adoptive

parent and adopted child to belong to one another (Waterman, 2001). An adoptive parent must be able to contain a child's difficult emotions, such as distance, anger, or rage and view child behavior as an expression of her or his need to be understood. This perspective allows parents the ability to see beyond a child's difficult behavior and have compassion for the overwhelming or frightening feelings that a child is communicating. It also provides a context for adoptive parents to value a child's expression of difficult feelings as evidence that the child feels a strong secure bond with that parent. This shift of focus allows adoptive parents to bear witness to a child's feelings, without abandoning or retaliating to difficult child behavior, thus strengthening the attachment between each other (Siegel & Hartzell, 2003). A child needs compassion and empathy in order to build attachments and connection with parents. Adoptive parents need external or community understanding and social support as they continue to offer emotional connection in face of difficult child behaviors and unresolved personal and child losses (Siegel & Hartzell, 2003; Waterman, 2001). This viewpoint will allow adopted children to experience what Waterman (2001) describes as "the most fundamental of human experiences: belonging" (p. 291).

Theoretical Framework

Attachment theory, interpersonal neurobiology, shame resilience theory, and the experiences of adoptive families provide a theoretical framework of empathy and understanding toward parent-child interactions and therefore, to strengthen secure parent-child attachment bonds. Empathy and understanding is crucial for clinicians in the promotion of parental attunement in adoptive families and shifts the focus of parenting from fixing child behaviors to supporting adoptive parents in offering attached

relationships, sensitivity, responsiveness, and opportunities for bonding with their son or daughter (Duncan et al., 2009). In other words, for an adoptive parent to offer empathy and understanding to an adopted child (characteristics of parenting that strengthen secure child attachment bonds), the clinician must first offer empathy and understanding toward an adoptive parent. The theoretical framework itself becomes a secure base in which a clinician can explore and build an internal working model that guides relationships, interprets behaviors, anticipates connection, and models parent-child interaction. A summarized theoretical framework based on the literature is provided below in Table 3. Music therapy will then be discussed as a possible intervention to supporting secure parent-child attachment bonds in adoptive families.

Table 3

Theoretical Framework

Attachment Theory	Interpersonal Neurobiology	Shame Resilience	Experience of Adoptive Families
Parental involvement is not only encouraged but becomes the critical component for influencing child attachment	Parental narrative and past history of attachment is a predictor of child attachment	Parental self-reflection and awareness to decrease feelings of being trapped, powerless, or isolated: possible parental barriers	Parental social support as the most crucial piece to adoptive parent success

Music Therapy

Music therapy offers a unique approach to promote and develop attachment and bonding within adoptive families. A small body of literature has pioneered the use of music therapy specifically with adoptive families (Drake, 2011; Laymen & Hussey, 2003; Laymen, Hussey, & Laing, 2002; Reher, 2003; Salkeld, 2008; Seles, 2009) and the first compiled book of music therapy literature to support the development of parent-infant bonding has been published (Edwards, 2011a). Valuing the personalized voice of adoptive parents also creates a partnership to value parental expertise and place family as the center of care. This approach of family centered care is beginning to emerge in the field of music therapy and considers, “the family as a child’s primary source of strength and support” (Hanson-Abromeit, 2008, p. 25; Abad & Edwards, 2004; Shoemark & Dearn, 2008). Music therapy is a service that can contribute to the supportive network available to adoptive families and become a resource in developing connections with other adoptive families and parent-child secure attachment bonds.

Music Therapy with Adoptive Families

Emerging literature has reported that music therapy can address a range of social-emotional issues related to attachment and bonding for children, adopted or in foster care. Music therapy provides an inviting medium to explore feelings, behaviors and therapeutic issues related to abuse and neglect and enables adoptive parents an opportunity to respond to their adopted child within the boundaries of therapy and family. Emphasis is placed on parental involvement, creating a setting to address attachment, engaging the whole family, and allowing parents to become the catalyst for their child’s healing (Laymen et al., 2002; Laymen & Hussey, 2003; Salkeld, 2008).

Music therapy outcomes have included reduced anxiety, increased self-esteem and confidence, facilitated interactive engagement, structured effective communication, encouraged responsiveness, discussion of feelings, and social skills. The context of music therapy provided a tool for parents to adapt to the unique needs of a child, structure story telling, develop coping strategies, and experience positive child behaviors. Music therapy as a post-adoption service has begun within weeks of the child's placement, after many months, or during transitions experienced in school or home (Drake, 2011; Laymen et al., 2002; Laymen & Hussey, 2003; Salkeld, 2008; Seles, 2009). The body of literature on music therapy with adoptive families, although small, provides a strong foundation to offer music therapy services that support and promote parent-child attachment and the need for social support in adoptive families.

Music Therapy, Bonding and Attachment

The theoretical framework of attachment and bonding has become a theme within music therapy practice, prevention, intervention, specialty, and research. Music therapists are promoting attachment and bonding across a range of populations to enhance family relationships through musical and music-like interactions (Edwards, 2011a; 2011b). This approach to practice uses a theoretical framework of attachment and bonding and values family involvement to strengthen family relationships. Music can be integrated within this framework to address the needs of a client and their family unit. Edwards (2011a) has compiled the work of music therapists who promote bonding with young children and parents. This collection of work illustrates music therapists' clinical insight and demonstrates how the profession of music therapy can begin implementing the theoretical constructs of attachment and bonding into practice (Edwards, 2011a).

The role of music therapy with adoptive families provides a safe environment to address issues of trust and control to support attuned and responsive social communication. Music therapists also work with a variety of populations to address bonding and parent-infant interactions. This approach has included supporting mothers struggling with depression in attending to their child and offering emotional availability (Levinge, 2011). Parental involvement is encouraged in therapy with children who have communication difficulties or are healthy and developing normally (Burrell, 2011; Oldfield, 2011). Early intervention programs have been developed for families who are socially, economically, or physically disadvantaged (Williams, Nicholson, Abad, Docherty & Berthelsen, 2011). Family-based school programs are facilitated with marginalized or at-risk families (Cunningham, 2011; Ledger, 2011; Kelly, 2011). Support is offered to mothers who have experienced abuse in childhood (Day & Bruderer, 2011). Music therapy has also been used as a service for hospitalized Neonatal Unit families (Loewy, 2011; Shoemark, 2011) and infants and parents with cancer (O'Callaghan & Jordon, 2011).

Many patterns have emerged from the work of music therapists promoting attachment, bonding, and strengthening parent-child relationships. Group structured music making has been found to facilitate shared connectedness in musical play (Burrell, 2011; Cunningham, 2011; Drake, 2011; Kelly, 2011; Ledger, 2011; Oldfield, 2011), built confidence and cooperation in social settings (Burrell, 2011; Kelly, 2011), mirrored and modeled child communication and expression non-verbally or pre-verbally (Drake, 2011; Levinge, 2011; Oldfield, 2011; Shoemark, 2011), and created social support and modeling with parents (Burrell, 2011; Williams et al, 2011). The structure of music

therapy programs and sessions provide predictable boundaries to engage parents and children in familiar rituals of connection, face-to-face interactions, and activities that could be repeated at home (Burrell, 2011; Kelly, 2011; O'Callaghan & Jordon, 2011; Oldfield, 2011). Music therapy sessions also created an environment that fostered bonding through shared experiences of exploration, playfulness, spontaneity, creativity, touch, sight, listening, movement, sharing instruments, relaxation, waiting, turn-taking, leading, following directions, and language development (Burrell, 2011; Cunningham, 2011; Drake, 2011; Kelly, 2011; Ledger, 2011; Levinge, 2011). As a result, music therapy provides a context that can support the development of secure parent-child attachment bonds, crucial elements while working with adoptive families from an attachment perspective or theoretical framework.

Although music therapy research has begun to address the needs of adoptive families and parent-child bonding, there is still little to no research that provides a context to address child attachment by focusing on adoptive parental behaviors and social support. This gap in research is surprising as adoptive parents have need of social support, promoting secure attachment bonds, and reframing behaviors with the adopted child during the transition of adoption (Hughes, 2004, 2009; Purvis et al., 2007; Walter, 2007). The lack of research on using music therapy to promote secure parent-child attachment bonds through a focus on parental behaviors inhibits music therapists from contributing to a developing field of practice and creates a barrier to adoptive families. Edwards (2011b) states, "it is essential that [the work of bonding] continue to grow through the voice of practitioners and the research collaborations broadcasting as widely

as possible the opportunities available” (p. 194). This study will contribute to a new body of music therapy research, policy, and practice with adoptive families.

Attachment-Based Interventions

Attachment-based interventions, outside the field of music therapy, have been developed to prepare and support adoptive parents in creating trusting relationships with an adopted child (Van IJzendoor & Juffer, 2006). Attachment interventions with adoptive families focus on the parent’s important role in therapy (Cornell & Hamrin, 2008). Programs are designed to help adoptive parents (a) recognize and understand the child’s emotions while developing appropriate adult responses, (b) respond to the child’s emotional needs, despite past and current difficulties, and (c) provide a predictable environment in order to help the child perceive that he or she has some measure of control over events in the environment (Tarabulsky et al., 2008). A model of “mindful parenting” has been introduced in which they extend concepts and practices for improving the effectiveness of parenting interventions. Dimensions of mindful parenting include listening with full attention, nonjudgmental acceptance of self and child, emotional awareness of self and child, self-regulation in the parenting relationship, and compassion for self and child (Duncan et al., 2009).

Community Music Therapy

Community music therapy is an approach that emphasizes teaching individuals how to regulate and control their emotional behavior, take care of their health needs, build identity, use relaxation to cope with stress, and release pain to regulate mood and attention through music. Music therapists are seen as the bridge between the community and resources to address these goal areas (Pavlicevic & Ansdell, 2004). PREPARE is an

acronym to characterize the seven qualities of community music therapy (Stige & Aaro, 2012):

P - *Participatory*

R – *Resource-oriented*

E – *Ecological*

P – *Performative*

A – *Activist*

R - *Reflective*

E – *Ethics-driven*

Providing a description of each acronym will develop a larger picture to the approach of community music therapy. Individuals are considered *participants* in a collaborative process, instead of clients or patients in therapy or treatment. Emphasis is placed on human rights, mutual empowerment, and partnerships. This approach places value on the expertise of the participants and not the expertise of the music therapist. *Resource-oriented* refers to a shared focus on promoting collaboration of personal, social, cultural, and material strengths, through the engagement of the participant's musical talents, interest, relational trust and support, organizations, and traditions. *Ecological* values reciprocal relationships shared with individuals, groups, networks, or social contexts. The *performative* quality highlights the focus on human development and connectedness. This viewpoint is based upon the promotion of health and prevention of problems, all rooted in action and performance relationships. Groups are not always referred to as therapy, but as activities, groups, and projects. The *activist* quality refers to the focus on social change, limitations in society, and unequal access to resources. The

reflective quality is the approach taken toward processes, outcomes, and broad implication of music therapy. Finally, the *ethics* component of the model promotes rights-based research, practice, and theory. This priority places value on health, well-being, community, freedom, respect, equality, and solidarity (Stige & Aaro, 2012).

Community music therapy provides values that contribute to a larger understanding and context of practice. Adoptive parents could be viewed as participants of a group, or collaborative process, with an emphasis placed on supporting parental expertise. This viewpoint places a focus on participants' reciprocal relationships, natural use of music with their child, relational trust, and family traditions and rituals. The focus of a group would be on parent-child relationships, parental wellbeing, and social support found in the community. This focus provides a unique approach for supporting the needs of connection in adoptive families through the context of music therapy and community resources. As stated by Stige and Aaro (2012), "[m]usic has the potential of bringing people together, often in exhilarating ways to create a sense of meaning and belonging (Stige & Aaro, p. xvii). Community-based Kindermusik[®] classes were utilized for the purpose of this study.

Kindermusik[®]

Kindermusik[®] is a internationally recognized family music and movement program established in local communities for families with children newborn to age seven. The history of Kindermusik[®] began in the 1960's with a music and movement curriculum for kindergarten children in Germany. Since then, over 1 million families have participated in Kindermusik[®], and programs have been established in over 70 countries. Focus is placed on bonding, socialization, development, parental involvement,

transfer of music from the class to home, and social support between parents (Kindermusik[®], About us, 2012a). Local Kindermusik[®] classes offer parents with opportunities to connect with their children and other parents in the community and promote development through the context of music. Music classes also become a context in which families can learn, laugh, grow, and strengthen bonds (Kindermusik[®], About us, 2012a).

The *Kindermusik[®] Wiggle & Grow* class can be used with families of children newborn and up, and focuses on promoting social skills and strengthening ties between parent and child. The class structure for families involves listening to instruments and each other, learning from other children, enjoying music and movement, story time, family jams, singing, and *Kindermusik@Home* materials (Kindermusik[®], Wiggle & Grow, 2012b). Therefore, community-based Kindermusik[®] classes offers a possible intervention to support parent-child attachment bonds in adoptive families through social support, a family focused environment, and community resources. A previous theoretical framework based on the literature was provided to promote empathy and understanding toward parent-child interactions (see Table 3). An additional summary also includes community-based music group and Kindermusik[®] opportunities to support parent-child attachment bonds in adoptive families (see Table 4).

Table 4

Theoretical Framework and Community-Based Music Class Opportunities

Attachment Theory	Interpersonal Neurobiology	Shame Resilience	Experience of Adoptive Families
<ul style="list-style-type: none"> • Parental involvement is not only encouraged but becomes the critical component for influencing child attachment 	<ul style="list-style-type: none"> • Parental narrative and past history of attachment is a predictor of child attachment 	<ul style="list-style-type: none"> • Parental self-reflection and awareness to decrease feelings of being trapped, powerless, or isolated: possible parental barriers 	<ul style="list-style-type: none"> • Parental social support as the most crucial piece to adoptive parent success
Community-Based Music Class Opportunities	Community-Based Music Class Opportunities	Community-Based Music Class Opportunities	Community-Based Music Class Opportunities
<ul style="list-style-type: none"> • Partnership between clinician and adoptive parents • Based on relational trust • Promotes and structures collaboration • Focus on family traditions and rituals • Natural use of parental music with child 	<ul style="list-style-type: none"> • Focus on well-being • Focus on prevention of problems 	<ul style="list-style-type: none"> • Focus on adoptive parent expertise 	<ul style="list-style-type: none"> • Clinician serves as a bridge to community resources • Promotes equal access to resources • Built on reciprocal relationships shared with individuals, groups, networks, or social contexts • Social support found in the community

Statement of Problem and Conclusion

Adoptive parents are challenged to see beyond an adopted child's difficult behaviors and offer empathy and understanding (characteristics of parenting that strengthen secure parent-child attachment bonds). Adoptive parents report the need for additional post-adoption services (Reilly & Platz, 2003; Welsh et al., 2007; Zosky et al., 2012) and social support (McKay & Ross, 2010). Parents also express a concern in promoting attachment with their adopted child (Howard & Smith, 2003; Lancaster & Nelson, 2009; Mainemer et al., 1998; McCarty et al., 1999; McGlone et al., 2002; Welsh, et al., 2007). The theoretical framework of attachment theory, interpersonal neurobiology, shame resilience theory, the experiences of adoptive families, and community-based music class opportunities provides clinicians with an approach to support secure parent-child attachment. Seigel (1997) states, "attachment relationships that offer children experiences that provide them with emotional connection and safety, both in the home and in the community, may be able to confer resilience and more flexible mode of adaptation in the face of adversity" (Seigel, 1997, p. 59).

This study will explore community-based family music groups to promote parent-child bonding in adoptive families through a focus on parental behaviors. The purpose of this heuristic grounded theory study is to discover how community-based family music groups can foster bonding development in adoptive families. Bonding development will be defined as the presence of both child attachments and parental bonds. Child attachment is characterized by behaviors of parents including (a) attending to the child's needs promptly, (b) providing a secure base to explore, and (c) offering emotional availability in times of distress. Parental bonds are characterized by behaviors of the

child, specifically the demonstration of secure attachment through seeking security and comfort in the relationship with parents (Ainsworth, 1967; Ainsworth, 1969; Bowlby, 1982; Cassidy, 2008). Therefore, this study will examine the following question and sub-questions:

1. How can community-based family music groups promote the development of secure parent-child attachment bonds?
 - a. How can community-based family music groups promote the development of child attachment?
 - b. How can community-based family music groups promote the development of parental bonds?

CHAPTER 3

METHODOLOGY

Adoption is a transition that provides an opportunity for parent-child attachment and bonding. However, it also produces difficulty in resolving past experiences of loss and supporting or earning parent-child secure attachment bonds. Adoptive parents may find themselves interacting with a child who seems distant, unresponsive, or overly friendly to strangers instead of remaining connected to adoptive parents. The adopted child is dealing with an additional transition that can often trigger past experiences of trauma and placement history (Hughes, 2004; Purvis et al., 2007; Walter, 2007). There is a need to provide adoptive parents with social support, opportunity for personal self-reflection, and practical tools for promoting attachment with the adopted child during this transition (McKay & Ross, 2010; Reilly & Platz, 2003; Siegal & Hartzell, 2003; Welsh et al., 2007).

This study will explore the ability of community-based family music groups to promote parent-child bonding in adoptive families through a focus on parental behaviors. The purpose of this heuristic grounded theory study is to discover how community-based family music groups can foster bonding development in adoptive families. Bonding development will be defined as the presence of both child attachments and parental bonds. Child attachment is characterized by behaviors of parents including (a) attending

to the child's needs promptly, (b) providing a secure base to explore, and (c) offering emotional availability in times of distress. Parental bonds are characterized by behaviors of the child, specifically the demonstration of secure attachment through seeking security and comfort in the relationship with parents (Ainsworth, 1967; Ainsworth, 1969; Bowlby, 1982; Cassidy, 2008). Therefore, this study will examine the following question and sub-questions:

1. How can community-based family music groups promote the development of child attachment?
 - a. How can community-based family music groups promote the development of child attachment?
 - b. How can community-based family music groups promote the development of parental bonds?

Rationale for Qualitative Research

Qualitative research provides quality and depth of discovery, validates emerging themes found in fieldwork and does not hinder results based on the researcher's knowledge, lack of previous research, limited research questions, or strict design. Qualitative data capture the experiences, stories and views of individuals in their own environment. This approach allows fieldwork to become direct contact with participants and serves to capture both the external and internal world experienced by others. The researcher becomes the instrument of data collection and generates interpretation and meaning out of empathy, sympathetic introspection, and understanding (Patton, 2002). The aim of the researcher becomes neutrality, or to "understand the world as it unfolds, be true to complexities and multiple perspectives as they emerge, and be balanced in

reporting both confirmatory and disconfirming evidence with regard to any conclusions offered” (Patton, 2002; p. 51). Empathic neutrality and mindfulness allows openness, adaptation, and understanding of the emotional data being collected (Maxwell, 2005). This approach is similar to that needed as a therapist and requires both a connection with clients and developing personal self-awareness and integration (Seigel, 2010).

A qualitative approach was chosen for this study as the most appropriate method to generate theory, expand self-awareness as a clinician and researcher, and explore the use of community-based Kindermusik[®] groups to promote bonding development with adoptive families. Theoretical traditions will include grounded theory and heuristic inquiry (Creswell, 2007; Patton, 2002). Grounded theory will place value on participant experience and heuristic inquiry will place value on the development of the researcher. First person will be used from this point forward in order to report data while placing experience, transparency, and discovery at the forefront of research.

Grounded Theory

Grounded theory was developed within the field of sociology (Glaser & Strauss, 1967) and stresses the discovery and development of theory rather than logical deductive reasoning that relies on prior theoretical frameworks (Charmaz, 1983; Miller & Fredericks, 1999). This theory examines a phenomenon through identifying emerging patterns found in the data, resulting in built, generated, or discovered theory that is close to the reality being studied (Amir, 2005). This view allows results to be identified from the data, as patterns are built to fit the data rather than forcing the data to fit preexisting categories (Amir, 2005; Creswell, 2007; Patton, 2002; Strauss & Corbin, 1990). A fresh theoretical interpretation can be developed out of data collected in fieldwork and

articulates a unique context and logic of discovery (Charmaz, 1983; Miller & Fredericks, 1999). I experienced and observed the process firsthand through data collection and developed results based in fieldwork (Creswell, 2007; Patton, 2002; Strauss, & Corbin, 1990). Emerging literature reporting the benefits of music therapy to address social-emotional issues related to attachment and bonding with adopted children provides a strong foundation for developing support with adoptive families (Drake, 2011; Laymen et al., 2002; Laymen & Hussey, 2003; Salkeld, 2008; Seles, 2009). This research also lays the foundation to explore and build a theory based on my firsthand experience.

Heuristic Tradition

A heuristic tradition allowed my personal experiences and insight to contribute and serve as data. The central focus of heuristic inquiry is for the researcher to understand his or her personal experience of a phenomenon and to use personal insight, self-process, and self-discoveries to generate understanding of others' experience of the phenomenon. This tradition is a form of phenomenological inquiry and requires an interest and personal experience in the phenomenon under study. My personal interest and experience allowed an understanding of a phenomenon through growing self-awareness. These personal insights, discoveries, and reflections were then used to generate insight.

During the development and preparation of this study my husband and I made the decision to grow our family through adoption, completed a home study and began working with a local adoption agency and consultant. Our experience has been similar to other families participating in this study including extensive paper work, long waiting periods, being presented to birth mothers, and experiencing a failed adoption. Sharing

similar experiences and interest in adoption with the participants structured and grew a connection that was then used to illuminate the phenomenon of study. These insights can also be displayed through creative synthesis (Patton, 2002). Creative synthesis is intended to provide transparency to the study where I served as both the researcher and clinician purposefully influencing the outcome of bonding development. It also structured my own self-reflection, insight and growth as a clinician, and future adoptive parent.

Design

Recruitment Process

The Institutional Review Board associated with my institute reviewed study protocols and procedures. The 11 participating families were recruited from the community through the following resources: forwarded information from a friend ($n = 4$), Kindermusik[®] newsletter ($n = 3$), adoption support groups ($n = 2$), and adoption professionals ($n = 2$). My associations with these community resources were fostered through professional and personal recommendations or relationships, word of mouth, and referrals. This type of recruitment allowed snowball or chain sampling to identify the possible interest of local adoptive families (Creswell, 2007). Adoptive families were selected based on the interest in bonding development and willingness to commit to an eight-week Kindermusik[®] class, three interviews, and weekly journals at the start of the study. Commitment to the above criteria demonstrated theoretical sampling, or the process of sampling individuals that can contribute to the development of the theory or program (Creswell, 2007). Electronic flyers and a recruitment email were provided to the aforementioned groups that stated the desire to distribute flyers and requirement emails to

adoptive families and other local community resources in contact with adoptive families (see Appendix A-C). Information was then disseminated through email, Facebook, newsletters, and word of mouth.

Inclusion Criteria and Extended Family Members

Inclusion criteria included domestic or internationally adopted children, adopted or birth siblings, and English speaking adoptive parents. Adoptive families needed to include at least one parent and at least one adopted child under three and one-half years old at the start of the study; siblings of any age were optional. Families with one adopted child, without siblings, were also able to participate. Exclusion included any families with more than five children, including adopted children and siblings, or those unwilling or unable to commit to the full 10-week protocol at the start of the study. Families were not excluded based on time since adoption placement. Adoptive families directly contacted me with an interest to participate in the study. I collected signed consent forms through mail and email correspondence prior to the beginning of the study. These signed consent forms were mailed, email, or brought to the first class. No adoptive parent or family needed to be excluded based on the requirements listed above.

I was contacted by one adoptive family I had known previously through teaching another young child music class. They had received study information from their second cousin who worked in adoption and enrolled in the study. After initial contact two families chose not to participate in the study based on the following reasons: (a) One family was experiencing illness and was therefore, unable to make the commitment before the start of the study, and (b) another family decided they wanted to wait until their child was older to become involved in a music class and didn't want to point out

that their child's adoption made him different. Despite set backs with three of the participating adoptive families; I was able to maintain the involvement of all 11 families. Two adoptive families were unable to stay in the eight-week music class, due to a child's surgery or pneumonia, but completed the parent journaling activity. One of the parents continued participating in the interviews. The remaining adoptive family included a mother who had surgery on her leg during the course of the study but continued participating in several weekly journals and one additional parent interview, as well as having her child participate in the music classes with a second cousin and her husband.

One set of grandparents and a great aunt also participated with a family for one music class each. These extended families members were not included as participants, with the exception of the second cousin who worked as an adoption consultant and participated in a final interview as well as class observations. Including family members is a standard practice for families participating in Kindermusik® classes and not a condition for this research study. Ten of the adoptive families had never been in a Kindermusik® class and one adoptive mother had participated in Kindermusik® with an older sibling several years prior to this study.

Materials

The cost of tuition was waived and Kindermusik International® funded the cost of at home materials for research purposes (personal communication with Carol Penney, Director of Education, Kindermusik International®, May 11, 2012). This service usually costs \$52 per month for one child or \$87 for two children including at home materials. Families received access to digital home materials through *Kindemusik@Home*. Digital at-home materials is standard practice for families participating in Kindermusik®. Access

to these materials were arranged during the first week of the eight week Kindermusik[®] class. This access required Kindermusik International[®] to receive participant's email addresses for the purpose of setting up digital home material access through www.my.kindermusik.com. As with all of Kindermusik[®] families, these email addresses were kept confidential. Journal prompts were sent to families 48 hours after the weekly class in an email, a standard method of communication practiced by Kindermusik[®] educators. Email content included topic prompts, resources, and class reflections (see Appendix E & F). Weekly journaling was open to both parents of each adoptive family, but only one parent was required to participate.

Adoptive Parents

There were 41 participants for this study including 11 adoptive families. Nineteen adoptive parents were between the ages of 32 and 52 years old, with the mean age of participants being 37.8 years. Seventeen parents were Caucasian, one parent was Indonesian, and one parent was half Hispanic half Caucasian. All adoptive parents were married, with 7.8 years being the mean number of years of marriage. The sample included one same-sex marriage. Two adoptive parents had been in one previous marriage and one adoptive parent had been previously widowed. Eight adoptive parents participated in the study with their spouse and three adoptive parents participated without their spouse. Almost half of the adoptive parents had received a Master's degree (47.4%), approximately a third had received an undergraduate degree (31.6%), and the remaining adoptive parents had received high school diplomas (15.8%) or a post Master's degree (5.3%). Annual household incomes were between \$55,000 and \$230,000, with the mean income level at \$121,000. Religion listed by adoptive parents included

Christian (42%), Catholic (15.8%), None (15.8%), Methodist (10.5%), Presbyterian (10.5%), and Lutheran (5.3%).

Adopted Children and Siblings

There were a total of 24 children in the 11 adoptive families and 21 participated in this study. Children that participated included 14 adopted children between the ages of five months and six years old (mean of 1.5 years old), 6 biological children between the ages of three and eight (mean of 5.5 years old), and one older adopted sibling who was almost nine. Children's ages at the time of adoption, including older adopted siblings, ranged from birth to four years old (mean of 12.7 months). Length since the adoptions ranged from one month to 8.5 years (mean of 2.4 years). There was an average of two children (adopted and biological) in a family. Seven families had adopted one child and four families had adopted two to three children. Three families also had biological children (mean of 2.3 biological children). From the total of 24 children in the 11 adoptive families, ten adoptions were domestic and seven adoptions were international including three from South Korea, one from China, one from Ethiopia, one from Guatemala, and one from Honduras. Sixty-seven percent of the adoptions were transracial. Five adopted children had a diagnoses that included post traumatic stress disorder, anxiety disorder, spina bifida, delayed motor and speech development, congenital heart defects, Tourettes syndrome, and attention deficit hyperactivity disorder.

Setting

Two Kindermusik® *Wiggle & Grow* classes were offered: Monday nights from 6:00-6:45 p.m. and Saturday mornings from 10:15-11:00 a.m. This schedule allowed greater flexibility for adoptive parents to participate in the music class. Adoptive families

were also allowed to attend either class during weeks they had scheduling conflicts. Two classrooms located in two different buildings at the university of study were utilized for the Kindermusik[®] classes. The weeknight room was a large open space with carpeted floors. There were two tables and two locked cabinets along the walls. One baby grand piano was closed and pushed into a corner of the room and one electronic keyboard was closed and against a sidewall. The farthest wall was lined with windows and the left wall included a dry erase board. Outside of the classroom were cabinets to place shoes and jackets. The video camera was placed inside a room closet and blocked with chairs.

The weekend morning room was a fairly large open space with carpeted floors. One table was along the back wall to hold class materials. The front of the room, that included a classroom computer and desk, was blocked off with tables turned to the side. This front wall also included windows. The right wall held a large blackboard and along the left wall was a closed electric piano. Jackets and shoes were placed along the right wall, or behind the tables, and the video camera was placed on the classroom desk. One Saturday class was relocated to an alternate university classroom room, due to scheduling conflicts. This room was identical to the weekend morning room layout, excluding windows and the electric piano. All classrooms included outlet covers and two consistent movement charts on the wall. See Appendix G for photographs of the Kindermusik[®] class locations and posters.

Kindermusik[®] *Wiggle & Grow*

The classes for this study were offered through a local Kindermusik[®] program. This program's mission and vision states the program intends to "help families bond in a

unique way, nurturing important emotional attachments during critical years of development for young children” (Granade, 2012). Kindermusik® educators complete a 15-week Fundamentals of Kindermusik® training online, a 4-week practicum, licensing, and continuing education (Kindermusik®, 2012a). I completed all Kindermusik® requirements and became a certified Kindermusik® educator two months before facilitating the groups for this study. Alongside classes for the purpose of this research I was teaching three infant and toddler (*Village*® and *Our Time*®) weekly Kindermusik® classes through a local Kindermusik® program and continued teaching these classes throughout the data analysis and coding process of this study.

Kindermusik® *Wiggle & Grow* was the eight-week music curriculum used. The curriculum, originally intended for two to three year olds, included a family class easy guide version of lesson planning. This format allowed for a class structure similar to Kindermusik *Family Time*® designed for babies, toddlers, older children, and parents. The structure of Kindermusik® family classes (see Table 5) is designed to promote social skills and provide a setting that encourages bonding and connection between parents and children (Kindermusik®, 2009a).

The class is structured through singing, assorted movement, story time, family jam, musical concepts, educator *Foundations of Learning*® statements, and at home learning and materials. The two units used for this study were *Time for Lunch*® and *Rhyme Around Town*®. *Time for Lunch*® used a theme of food, cooking, the market and the kitchen. *Rhyme Around Town*® used a theme of visiting places around town: the cobbler, the doctor, the baker shop, and the grocery store (Kindermusik®, 2012b). Class structure included the following activities: Greeting song, lap bounce, instrument play,

vocal play, transition to movement, creative movement, movement with prop, circle dance, music listening, music and literacy, family jam, instrument highlight, relax and bonding, extension activities, and closing song.

Table 5

Experience of Kindermusik® Family Time

Class Structure	Description
Singing	Exploration of musical styles and genres to focus on memory and recall, physical development, creativity, and socialization.
Assorted Movement	Inclusion of moment activities to enhance coordination skills, imitation and exploration, and playful interaction.
Story Time	Structured reading, combined with singing and movement, to broaden understanding of language and stimulate curiosity.
Family Jam	Opportunity to play and share an assortment of instruments.
Musical Concepts	Engaging activities to structure, utilize and demonstrate musical concepts.
Educator Advice	Weekly shared information from a Kindermusik® educator regarding music-based activities to enhance child development.
Learning Continues at Home	Focus on class activities and at-home materials to be used throughout the week.

Source: Information adapted from Kindermusik® *Family Time* (2009a).

Data Sources

Interviews

Interviews are a form of data used in qualitative research and can be either close-ended, open-ended, or a combination of both (Creswell, 2007). As Maxwell (2005) states, “your research questions formulate what you want to understand; your interview questions are what you ask people in order to gain that understanding” (p. 92). Interview questions are the means of gaining participant insight, perspective, and understanding

(Maxwell, 2005). Within program development, three interview approaches are often used. The evaluation usually starts with informal conversational interviews before or near the beginning of a program, moves to guided interview by the middle of the program, and concludes with a standardized open-ended interview (Patton, 2002). I used interviews as well as observations and documentation in order to check for accuracy and probe more deeply into particular events and actions. This triangulation of data sets generated insight on bonding development beyond the scope or ability of each method alone (Maxwell, 2005).

Informal Conversational Interviews. I conducted informal conversational interviews with adoptive parents prior to beginning the first Kindermusik® *Wiggle & Grow* class or during the first week. The purpose of the interview was to establish a relationship, communicate information about the study, answer questions, and gain background information on their family and experiences. Informal conversational interviews included questions that emerged naturally from the conversation. This allowed my interview questions to remain relevant to each participant and match my own interest (Patton, 2002). Asking questions through genuine interest “creates a more symmetrical and collaborative relationship in which participants are able to bring their own knowledge to bear on the questions in ways that you might never have anticipated” (Maxwell, 2005; p. 92). Questions included:

1. Why and how did you start the adoption process?
2. What kind of challenges have you experienced?
3. What is it like having an open relationship with a birth family?
4. What has your experiences of bonding and attachment been like?

All interviews were conducted over the phone and recorded for later transcription. Adoptive parents were also given the option to call and talk to me at any time during the Kindermusik *Wiggle & Grow*[®] class regarding thoughts, concerns, and questions.

Interview Guide Approach. Weeks five and six included a midway interview with each adoptive parent and was directed through a guided interview. I asked adoptive parents questions regarding pre-formulated topics and issues but exact wording and sequencing of questions was not pre-determined. This allowed interviews to remain conversational and situational (Patton, 2002). The interview guide was formulated based on parents' weekly journals and my own class observations. Questions included:

1. What have you liked about the class?
2. Is there anything you wish you could change or add to the class if possible?
3. How is it working to have all your children in separate activities?
4. Do you feel like they are getting the one-on-one time you've been wanting?

Standardized Open-Ended Interview. After the completion of Week eight, parents participated in a standardized open-ended interview. These were scheduled for Week nine, following the last class of Week eight. The standardized open-ended interview provided systematic information along with a written questionnaire in their weekly journal assignment regarding feedback on the Kindermusik *Wiggle & Grow*[®] class. All parents were asked the same two questions in the same order and interview questions followed an open-ended format (Patton, 2002). The two questions asked were:

1. How do you think a music class helps and supports the needs or concerns of adoptive families?

2. What are your recommendations for future music classes or programs with adoptive families?

A limitation to the interviews, all conducted over the phone, was a lack of participant body language and facial expressions to give meaning to the data. However, this decision was based on the needs and convenience of the adoptive parents, who were often juggling the needs and demands of several children and family schedules. Conducting interviews over the phone was the best option for the adoptive parents involved in this study. During the same time of the interviews (conducted over the phone), observations allowed me to make up observed interactions.

Documents

The focus of qualitative research is on understanding a particular phenomenon. Findings grow from the lived experiences of participants collected through in-depth, open-ended interviews, direct observations, and written documents (Bruscia, 2005; Crewswell, 2003; Patton, 2007). Data collection depends on situation, efficiency, and need (Maxwell, 2005). Personal documents reveal participant views through first-person narrative of action, experience, or belief. These personal documents can include intimate diaries, personal letters, and autobiographies. For the purpose of this study, parent journals were used to gather and collect information on adoptive parents' reflection on their own childhood, becoming an adoptive parent, and bonding with their adopted child.

Adoptive parents completed weekly journal assignments while participating in the Kindermusik® *Wiggle & Grow* class. The purpose of the journal entries was to view the experience of adoptive families through the first-person voice of a parent and promote parental self-reflection. Research has found that the way adoptive parents talk and reflect

on their own childhoods directly correlates with the attachment style developed by their child (Hesse, 2008; Main & Goldwyn, 1984). Children who demonstrate secure attachment have parents that (a) value the relationship they had with their own parents, (b) are comfortable depending on others, (c) are at ease with personal imperfections, (d) show forgiveness and compassion toward their own parents, (e) have the ability to take the view of their own parents, and (g) show regret toward flawed personal behaviors (Siegal & Hartzell, 2003). Therefore, journal topics were selected to encourage recognition of parental behaviors that are indicative of child secure attachment. A full list of weekly journal prompts are listed in Appendix E. Three sample journaling questions were:

1. How did your parents communicate with you when you were happy and excited?
2. Did they join in your enthusiasm?
3. What impact do you think your childhood had on your adult life in general, including the ways in which you think of yourself and the ways you relate to your children?

The majority of journal questions, or prompts, were taken from recommended questions for parental self-reflection (Siegal & Hartzell 2003, pg. 133-134). Journal prompts were sent to families 48 hours after the weekly class in an email, a standard method of communication practiced by Kindermusik[®] educators. Email content included topic prompts, resources and class reflections (see Appendix F). Weekly journaling was open to both parents of each adoptive family, but only one parent was required to participate.

Observations

Observations allow intensive long-term involvement with participants and the phenomenon at hand. I was able to develop a sustained presence within the group in order to compile more complete data about specific situations (Maxwell, 2005). As the researcher and clinician of this study, observations were documented in field notes and conducted through the role of participant observation. I led and observed families in all of the Kindermusik® Wiggle & Grow classes. The inquiry of participant observation allowed direct participation and observation of a phenomenon simultaneously. This approach required that I remain fully engaged in experiencing the setting while completing observations. Participant observation is considered the most comprehensive research strategy and provides an understanding to a program not possible through the insight of others alone (Creswell, 2007; Maxwell, 2005; Patton, 2002). As provided by Patton (2002, p. 260-261), training to become a skilled observer includes:

1. Learning to pay attention, see what there is to see and hear what there is to hear
2. Practice in writing descriptively
3. Acquiring discipline in recording field notes
4. Knowing how to separate detail from trivia to achieve the former without becoming overwhelmed by the latter
5. Using rigorous methods to validate and triangulate observations
6. Reporting the strengths and limitations of one's own perspective, which requires both self-knowledge and self-disclosure

Observations supported the gathering of descriptive data, beyond what participants say throughout interviews and documents and I was able to gain meaning of

behaviors and interactions firsthand within a specific context (Patton, 2002).

Triangulation of data sources are summarized in Table 6.

Table 6

Three Data Sources for Each Adoptive Family

Interviews	Documents	Observations
Informal conversational interview Guided interview Standardized open-ended interview	Eight weekly parent journaling assignments	Eight weekly videotaped Kindermusik <i>Wiggle & Grow</i> [®] classes

A total of 10 weeks were spent with the participants of this study. Documents included 74 pages of transcribed parent journals. Interviews were conducted over the total length of eight hours and resulted in 260 pages of transcriptions and approximately 90 hours of transcribing. Observations lasted for eight-weeks, twice a week during two different class sections of Kindermusik[®] *Wiggle & Grow*. Each weekly scheduled class lasted 45 minutes but resulted in an hour of contact with adoptive families, as they were arriving and leaving class. This resulted in a total amount of 16 hours spent with adoptive families during classes and approximately 20 hours re-watching and developing observations codes on four selected videotaped classes. Videos were watched and coded until I reached saturation, or the process when new information no longer added insight into additional categories (Creswell, 2007).

My relationship with participants was established through Kindermusik[®] *Wiggle & Grow* weekly interactions for eight weeks, three parental interviews, reading parental

journal entries, and occasionally sending emails in response to in-depth journal entries. Throughout the eight weeks of classes and reading parent journal entries, I became very close to the adoptive families in this study. During the study I began sharing with adoptive parents that I was also pursuing adoption. This naturally created a shared experience and led to several adoptive families offering their personal resources and friendships as support through my own adoption journey. Since the study, several families have followed up to see how I have been doing and have shared or asked about local adoption and attachment resources.

Confidentiality

All participant names were changed on documentation to protect confidentiality. Electronic research data, and emails from participants were deleted from my private inbox and saved to a jump drive. No information was saved directly to my laptop. Backup files were saved to an external hard drive weekly to reinsure safety of information. All interview recordings and transcriptions were saved directly to the jump drive and external hard drive. Phone numbers were deleted from my cell phone immediately. All classes were recorded with a video camera and videotapes were saved to the jump drive and external hard drive. The jump drive, external hard drive, video camera, and any hard copies remained in the presence and possession of the researcher at all times during data collection and analysis. When not being used, the jump drive, external hard drive, video camera, and all hard copies of data and analysis were stored in a locked file cabinet in a locked university office. Additional saved information was locked and kept in the private office of the faculty advisor upon the completion of the data analysis and data was removed from the student's locked file cabinet and possession.

Data Analysis

The analysis of data began during collection in the field. This process allowed interpretation to develop alongside fieldwork. Completing analysis and interpretation in the field allows the researcher to gain specific information and ask participants questions for further understanding. This method required that I apply the following skills during data collection (Bogdan & Biklen, 2007, p.):

1. Make decisions to narrow the study
2. Develop analytic questions
3. Plan data-collection sessions in light of what is found in previous observations
4. Write many “observer’s comments” about ideas generated
5. Write memos about what I was learning
6. Try out ideas and themes on informants
7. Begin exploring literature while in the field
8. Play with metaphors, analogies, and concepts
9. Use visual devices

Enumerative inquiry or content analysis classifies percentages, frequencies, and ranked order to provide account of verbal content. This analysis can be done through flow charts, logical reasoning process, frequency of occurrences, key words, incidence counting, and cross-case analysis. This approach is often used to enhance validity and generalizability prior to data analysis. Approaches can include quasi-statistical, transcendental realism, and matrix analysis (Grbich, 2007; Miles & Huberman, 1994).

Thematic analysis is the process of reducing data into meaningful groupings in order to identify issues that may not have been evident in the central research questions.

This method allows data to speak for itself instead of being pre-determined by designed themes. The two approaches of thematic analysis are block-and-file and conceptual mapping. The block-and-file approach organizes large chunks of data into columns. This provides headings and categories for meaningful groups of data. Conceptual mapping develops pictures of emerging issues and relationships (Grbich, 2007).

Enumerative inquiry and thematic analysis are both processes used in grounded theory analysis but labeled differently. The enumerative process of grounded theory is labeled initial and axial coding: (a) initial coding breaks data into small categorized and labeled codes, and (b) axial coding makes connections between the labeled codes to develop larger categories. The thematic process of grounded theory is labeled selective coding and themes: (a) selective coding compares larger categories back to the data sources to identify any additional categories, and (b) themes are documented in memos or written records, and portrayed in a logic diagram. These steps of analysis allow a link of subcategories (small labeled codes) to larger categories, or overarching themes (Charmaz, 1983; Creswell, 2007; Strauss & Corbin, 1990).

The process of grounded theory then takes then analysis of data even further through the use of a paradigm model. The paradigm model includes the following steps:

1. Phenomenon: The central identified idea, event and happenings of bonding development in adoptive families.
2. Casual conditions: Identify conditions or precedent incidents (such as when, while, since, because, on account of, or due to) associated with bonding development in adoptive families.

3. Context: Identify a set of conditions that manage, handle, respond to and carry out bonding development in adoptive families (such as location of events, incidents, and dimensional ranges).
4. Intervening conditions: Identify broad and general conditions (such as time, space, culture, economic status, technological statuses, career, history and individual biography) that determine or influence the identified sets of conditions described above.
5. Action/interaction strategies: Identify the processual, evolving nature and strategic action and tactics of bonding development in adoptive families (a purposeful goal oriented interaction). This process also includes failed or unobserved actions and interactions.
6. Consequences: Identify outcomes or consequences (not always predictable or intended) regarding bonding development in adoptive families (Strauss & Corbin, 1990).

This process of analysis allowed me to think systematically about the data and provide density and precision to my examination. The use of literature was also used to stimulate theoretical sensitivity, provide secondary sources of data, and stimulate questions. Theoretical sensitivity, or the examination of literature found in chapter two, provided previous concepts and relationships to compare, approach, distinguish, and interpret my own data and give it value. Using literature as a secondary source allowed me to use quoted materials to support data for my own purposes. Literature was also used to stimulate questions and guide my initial observations (Amir, 2005; Strauss & Corbin, 1990).

The end result of grounded theory is to integrate and communicate findings of bonding development in adoptive families (or the phenomenon at the heart of the integration process). Thus, theory gives meaning to the data. The process of integration and theory required the following skills during data analysis:

1. Identifying the story line: Formulating and committing to what I see as the most striking element, or most crucial problem, of bonding development in adoptive families. This process allowed me to conceptualize and describe a core category.
2. Relating subsidiary categories around the core category: Making decisions and choosing one core category in which all other categories and secondary concepts can relate.
3. Relating categories at the dimensional level: The story line was also determined through properties and varied dimensions. This process allowed my core category to be further described into perceived risks (varied in dimensions of high to low), sources, complementing elements, or lack of containment and control.
4. Validating those relationships against the data: I then validated my theory against the data through writing memos and developing diagrams and narratives to portray my identified theory (Strauss & Corbin, 1990).

Heuristic Inquiry and Grounded Theory

Heuristic inquiry includes a process of immersion, incubation, illumination, explication, and creative synthesis (Moustakas, 1990). Immersion and incubation were completed when I compiled artwork and quiet contemplation in creating an approach and

direction to research (Patton, 2002). I was required to look inward and become present with my own experiences and the experiences faced by adoptive families for a focused length of time. These experiences were also supported through the use of weekly reflection journal entries during the Kindermusik® *Wiggle & Grow* class. Illumination occurs during data collection and analysis, allowing the identification and discovery of themes found in personal and adoptive family experiences. Heuristic inquiry, combined with grounded theory, allowed me to use the lens of my experience as an overarching viewpoint for understanding participant's experiences. The analysis of data followed five steps outlined by grounded theory:

1. Initial coding: Data from observations, interview, and journals was categorized, broken down, compared, and then separated into labeled codes (Charmaz, 1983; Creswell, 2007; Strauss & Corbin, 1990).
2. Axial coding: Connections were made between the labeled codes and data sources. They were put back together through the development of categories (Charmaz, 1983; Creswell, 2007; Strauss & Corbin, 1990).
3. Selective coding: The developed categories were constantly compared back to the observations, interviews, and journal transcripts to identify any additional categories (Charmaz, 1983; Creswell, 2007; Strauss & Corbin, 1990).
4. Memos: Written records were made of the analysis as it related to the formulated themes derived from selected coding (Charmaz, 1983; Creswell, 2007; Strauss & Corbin, 1990).

5. Logic Diagram: A visual portrayal of the emerging themes was developed as a visual representation of my interpretations through the lens of heuristic inquiry (Creswell, 2007; Strauss & Corbin, 1990).

Figure 4 visually represent the analysis process of observations, interviews and parent journal.

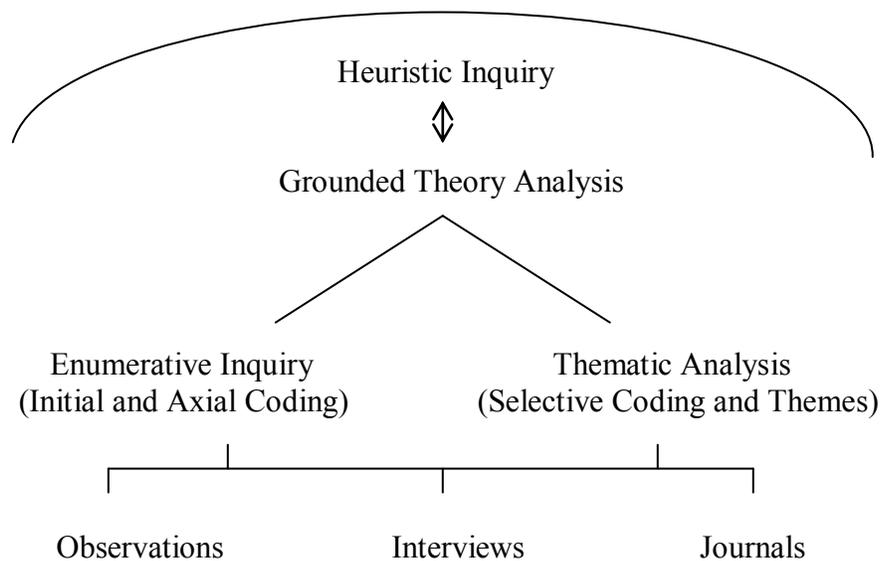


Figure 4. Map of Data Analysis

Limitations and Ethical Considerations

Validity is the means to assess the precision of the research findings. This process is especially important in grounded theory where one is developing systematic procedures. Approaches to validity vary considerably and can include many different strategies and perspectives (Creswell, 2007; Maxwell, 2005; Golafshani, 2003; Winter, 2000). Reliability refers to the stability or consistency of results and often uses the strategy of multiple coders of data sets (Creswell, 2007; Maxwell, 2005; Golafshani,

2003; Winter, 2000). This method helps confirm that the research truly measures what was intended and that results are truthful (Golafshani, 2003). Grounded theory allows several approaches to address validity and reliability. These approaches were applied to each weakness or bias that I brought to this study in order to facilitate transparency and development of voice. Validity and reliability was established through intensive involvement with participants, inclusion of negative or discrepant data, triangulation of data sets, member checking, involvement of a critical friend, and peer review (Creswell, 2007; Shenton, 2004).

Although I have begun the adoption process, I am not yet a parent. I cannot assume I know what it feels like or what adoptive families need. Despite a depth of reading, knowledge and research, every adoptive family has their own story and experiences that can never be generalized. Families unique experiences of adoption made it important for me to spent intensive involvement with participants, allowing me to learn their culture firsthand (Creswell, 2007; Maxwell, 2005). Involvement was established through an eight weekly Kindermusik[®] *Wiggle & Grow* classes, reading weekly journal entries, and conducting three parental interviews. Firsthand involvement validated the development of trust, built rapport, and provided time for me to learn about the culture of adoption as experienced by the participating families.

I have limited professional experience, working part-time for one year as a professional music therapist. This experience limits my insight, life experience, and depth of practice that comes from the many years of working in a field. I am not only developing a research study, but also basing this research on my professional insight and skills as a clinician. In my process of learning about adoptive families, I also had to

evaluate my own effectiveness as a music therapist. Negative cases, or discrepant data, were included in order to refine my working hypothesis in light of disconfirming evidence, and provide an accurate representation of data (Creswell, 2007; Maxwell, 2005; Shenton, 2004). Transcribed interviews and observations were checked and reviewed by participating adoptive families to insure accuracy. I met with a local marriage and family therapist as a critical friend while drawing conclusions from my data. My findings and recommendations were also reviewed by a local Kindermusik[®] educator, who was also a board certified music therapist (Creswell, 2007; Maxwell, 2005; Shenton, 2004). This process allowed peer review to provide an external check to findings and interpretations (Creswell, 2007; Shenton, 2004). Finally triangulation, or the uses of observations, interviews, and documents, allowed me to check my interpretations against several sources of data (Creswell, 2007; Maxwell, 2005; Shenton, 2004).

Potential ethical problems or risks included breach of confidentiality and using minors as study participants. The Institutional Review Board associated with the research institution reviewed study protocols and procedures. Participation in the study was voluntary at all times, and participants could choose not to participate or withdraw from the study at any time. Deciding not to participate or choosing to leave the study did not result in any penalty or loss. If participants decided to leave the study they could choose if they wanted their information not to be included in the study results. Although risks were unlikely, there was a risk of confidentiality. I took every possible step to prevent this from occurring. Permission was also obtained from parents for the involvement of minors. Informed consent included descriptions of assent by children through behaviors indicative of desire to participate or not.

CHAPTER 4

RESULTS

The qualitative perspective used for this study was Heuristic Grounded Theory. Grounded Theory examined a phenomenon through identified patterns, theoretical interpretation, and a unique logic of discovery (Amir, 2005; Creswell, 2007; Patton, 2002; Strauss & Corbin, 1990). Heuristic tradition emphasized my personal experiences as data and was used to generate insight (Patton, 2002). This combined approach provided a discovery of theory developed out of data collected in fieldwork, and examined the phenomenon of bonding development in adoptive families while incorporating my own personal experiences, self-discoveries, and reflections (Charmaz, 1983; Miller & Fredericks, 1999). Three data sources were used to collect information from participants: documents, interviews and observations. As noted in chapter three, validity and reliability were established through intensive involvement with participants, inclusion of negative or discrepant data, triangulation of data sets, member checking, involvement of a critical friend, and peer review (Creswell, 2007; Shenton, 2004).

All participants have been given fictitious names to protect confidentiality. Opportunity was given for participants to choose their own fictitious name for the purpose of this study. A participant profile summary and flow chart is included in Table 7 and Figure 5. After this point on an adopted child will be referred to as son or daughter.

Table 7

Participant Profile Summary

Monday Evening, 6:00-6:45 p.m. Kindermusik [®] Wiggle & Grow Class Families			
Primary Parent * Also Adopted	Secondary Parent	Adopted Child (Under 3.5 yrs)	Siblings *Also Adopted
Mother: Violet Burton (32 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (3/3) • Journals (8/8) • Class Attendance (5/8) 	Father: Reed Burton (33 yrs, Caucasian) (Did not participate)	Child: Posy (21 months, Caucasian) <ul style="list-style-type: none"> • Class Attendance (5/8) 	Sibling(s): N/A
Mother: Audrey Davison (50 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (2/3) • Journals (4/8) • Class Attendance (2/8) 	Father: Mark Davison (52 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (0/3) • Journals (0/8) • Class Attendance (1/8) 	Child: Eleanor (3.5 years, Caucasian) <ul style="list-style-type: none"> • Class Attendance (8/8) 	Sibling(s): N/A
Second Cousin: Julia Devine <ul style="list-style-type: none"> • Interviews (1/3) • Class Attendance (5/8) 			
Mother: Eva Gubenhaimer (38 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (3/3) • Journals (8/8) • Class Attendance (7/8) 	Mother: Hans Gubenhaimer (40 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (0/3) • Journals (0/3) • Class Attendance (1/8) 	Child: Gertrude (3 yrs, Latino) <ul style="list-style-type: none"> • Class Attendance (8/8) 	Sibling(s): Elisabeth (8 yrs) Crosby (6 yrs) Jackson (5 yrs) Fritz (3 yrs) <ul style="list-style-type: none"> • Class Attendance (3/8)

80

(table continues)

Monday Evening, 6:00-6:45 p.m. Kindermusik® *Wiggle & Grow* Class Families cont.

Primary Parent * Also Adopted	Secondary Parent	Adopted Child (Under 3.5 yrs)	Siblings *Also Adopted
Mother: Amelie Morgan (36 yrs, Half Hispanic/Half Caucasian) <ul style="list-style-type: none"> • Interviews (3/3) • Journals (8/8) • Class Attendance (8/8) 	Father: James Morgan (40 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (0/3) • Journals (0/8) • Class Attendance (5/8) 	Child: Penelope (18 months, African) <ul style="list-style-type: none"> • Class Attendance (8/8) 	Sibling(s): Xavier (7 yrs) George (4 yrs) <ul style="list-style-type: none"> • Class Attendance (7/8)
Mother: *Sydney Walker (34, Asian) <ul style="list-style-type: none"> • Interviews (3/3) • Journals (8/8) • Class Attendance (8/8) 	Father: Ben Walker (36 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (1/3) • Journals (7/8) • Class Attendance (8/8) 	Child: Chloe (21 months, Asian) <ul style="list-style-type: none"> • Class Attendance (8/8) 	N/A
Mother: Eloise Woodfield (39 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (3/3) • Journals (4/8) • Class Attendance (4/8) 	Father: Locke Woodfield (39 yrs, Caucasian) (Did not participate)	Child: Wyatt (2.5 yrs, Korean) <ul style="list-style-type: none"> • Class Attendance (4/8) 	Sibling(s): *Keith (9 years, Korean) <ul style="list-style-type: none"> • Class Attendance (4/8)

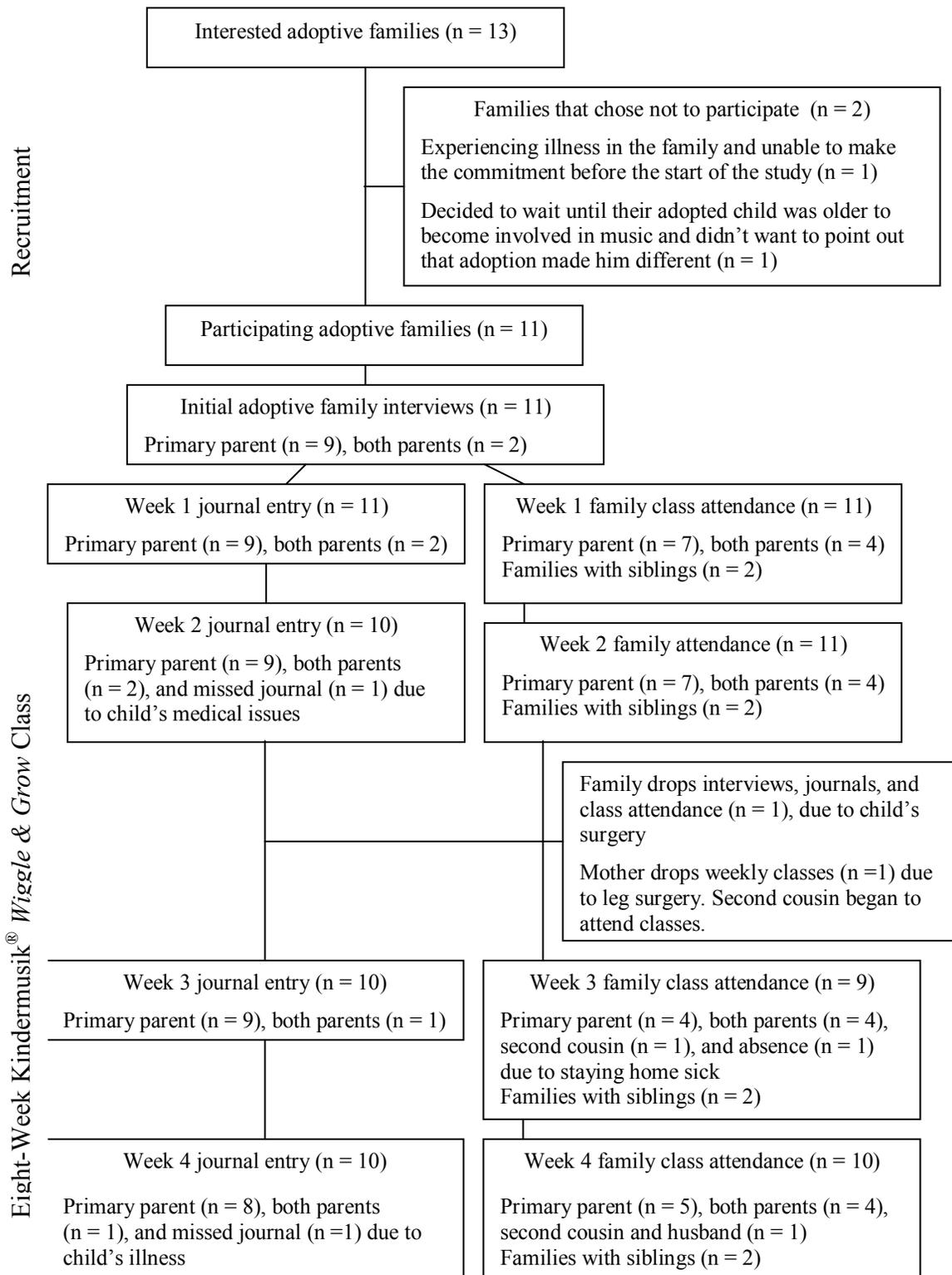
Saturday Morning, 10:15-11:00 p.m. Kindermusik® *Wiggle & Grow* Class Families

Primary Parent * Also Adopted	Secondary Parent	Adopted Child (Under 3.5 yrs)	Siblings *Also Adopted
Mother: Angelina Alston (34 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (3/3) • Journals (7/8) • Class Attendance (3/8) 	Father: David Alston (32 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (0/3) • Journals (0/3) • Class Attendance (4/8) 	Child: Thomas (3 yrs, Caucasian) <ul style="list-style-type: none"> • Class Attendance (7/8) 	Sibling(s): *Henry (5 yrs, Caucasian) *James (8 months, Caucasian) (Did not participate)

(table continues)

Saturday Morning, 10:15-11:00 p.m. Kindermusik® *Wiggle & Grow* Class Families cont.

Primary Parent * Also Adopted	Secondary Parent	Adopted Child (Under 3.5 yrs)	Siblings *Also Adopted
Mother: Mary Branch (35 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (3/3) • Journals (8/8) • Class Attendance (7/8) 	Father: Daniel Branch (33 yrs, Indonesian) <ul style="list-style-type: none"> • Interviews (2/3) • Journals (0/8) • Class Attendance (8/8) 	Child: Andrew (2.5 yrs, Caucasian/Hispanic) <ul style="list-style-type: none"> • Class Attendance (8/8) Child: John (4 months Caucasian/Ecuadorian) <ul style="list-style-type: none"> • Class Attendance (7/8) 	Sibling(s): N/A
Mother: Laverne Carter (39 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (3/3) • Journals (8/8) • Class Attendance (8/8) 	Mother: Shirley Avery (36 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (0/0) • Journals (0/0) • Class Attendance (8/8) 	Child: Kocoum (3 yrs, Hispanic) <ul style="list-style-type: none"> • Class Attendance (8/8) 	Sibling(s): *Merida (6 yrs, Hispanic) *Ariel (6 yrs, Hispanic) <ul style="list-style-type: none"> • Class Attendance (8/8)
Mother: Jennifer Hill (43 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (1/3) • Journals (1/8) • Class Attendance (2/8) 	Father: Fredrick Hill (39 yrs, Asian) (Did not participate)	Child: Olive (2 yrs, Asian) <ul style="list-style-type: none"> • Class Attendance (2/8) 	Sibling(s): William (12 years) (Did not participate)
Mother: Genevieve Sails (35 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (3/3) • Journals (8/8) • Class Attendance (4/8) 	Father: Hudson Sails (35 yrs, Caucasian) <ul style="list-style-type: none"> • Interviews (0/3) • Journals (1/8) • Class Attendance (3/8) 	Child: Lana (5.5 months, Caucasian)	Sibling(s): N/A



(figure continues)

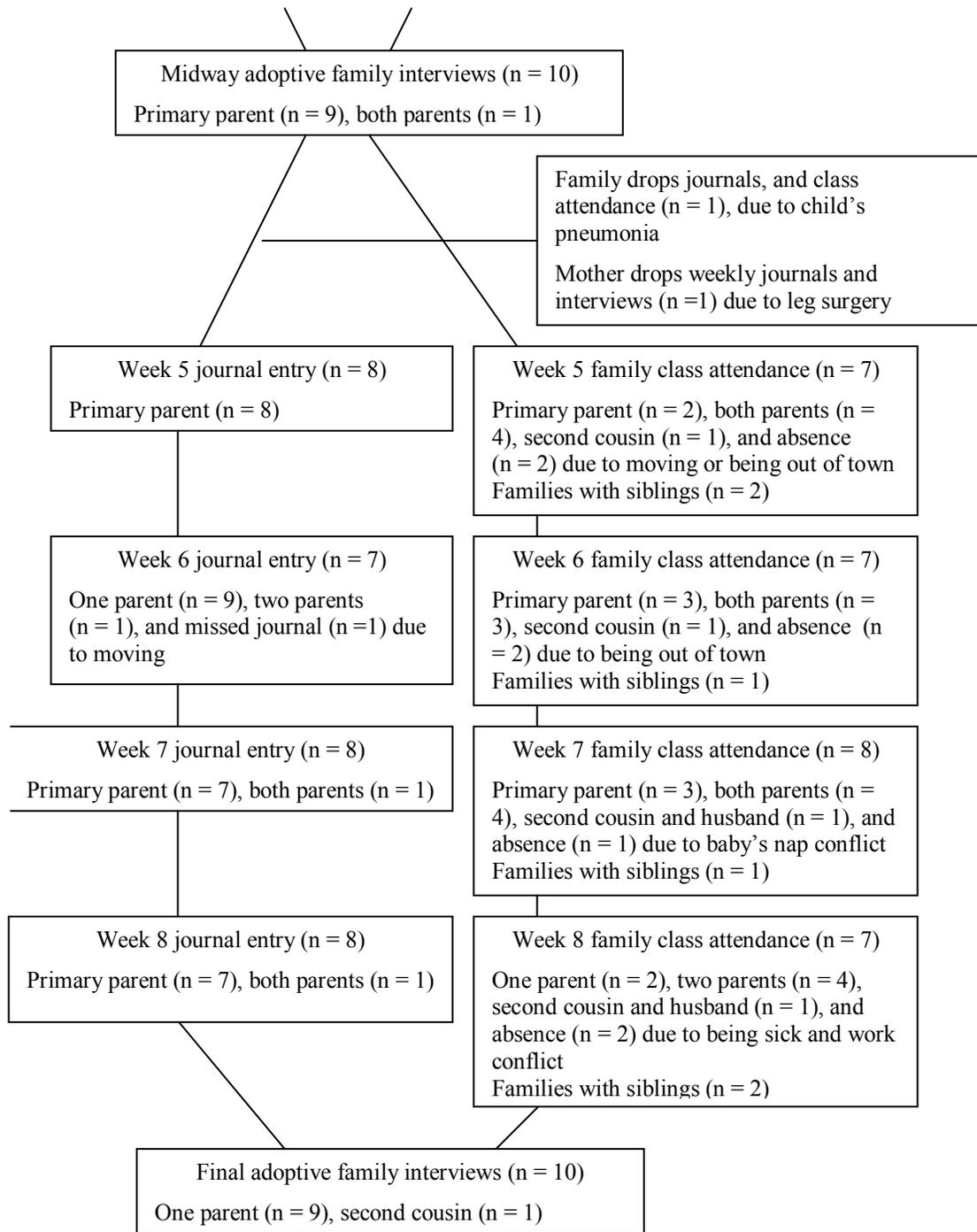


Figure 5. Participant Flow

Source: Adapted from Consort Transparency Reporting of Trials (2012).

Reflectivity and voice were used in the process of engaging the data and extracting findings. This process was accomplished through theoretical sensitivity and included an extensive literature review, personal experiences, and the analytic process under study. These viewpoints allowed me to distinguish meaning from the data and give it value (Amir, 2005). My personal voice contributed to the data through a period of immersion and art and was used as a framework to shape and develop themes from my data sources.

Understanding Adoptive Families

Immersion, incubation, and creative synthesis were the processes used to shape my own understanding of the constructs of bonding development in adoptive families (Moustakas, 1990). Heuristic inquiry provided a framework for focused reflection and to become present with my own voice. During this time, I completed a five-piece art series (See Appendix H-L for photographs of this artwork). Although originally intended to begin expressing and separating the diverse elements involved in a thesis, my art simultaneously began highlighting my personal experiences and identification of the topics and concepts at hand. Quiet contemplation during this art, as defined through Heuristic inquiry, allowed me to identify my own understanding of the experiences faced by adoptive families prior to engaging with the families (Moustakas, 1990; Patton, 2002). This approach was important due to my limited experience as a clinician and an adoptive parent.

Creative synthesis, along with resources and counsel from a local marriage and family therapist, allowed me to connect concepts of attachment and bonding through my own first hand experiences. These experiences were then used to generate insight and to

later build relationships between the research participants, as we both had a similar interest to illuminate the phenomenon of study. My creative art synthesis will be discussed and illustrated through photographs to provide transparency of my discoveries and reflections as I began navigating the journey of becoming an adoptive parent myself and how this experience helped me to understand the phenomenon of bonding development in adoptive families. The visual photographs also provide an alternate presentation format that captures how my personal insights informed and shaped elements in the research study.

Unfinished Dream

My first piece of art, *Unfinished Dream* (see Appendix H), was completed while articulating the preface included at the beginning of this study. The background of torn book literature and sheet music (represented what is said and what is heard) formed an image of how my past experiences have created a filter to predict the future and make decisions. This artistic interpretation is a representation of an internal working model as defined by attachment theory (Ainsworth, 1978; Bowlby, 1979; Cassidy, 2008). My desires and dreams for adoption seemed to be tied up in my past experiences of disappointment (represented by the small treasures of buttons, feathers, and bell caught in the mess of yarn). However, integrating my own experiences of pain and disappointment through self-reflection and self-understanding resulted in a shift of perspective. I realized that my unfinished dream could be offered as a gift and vision for others and provided me with an opportunity to learn who I could become. This shift of perspective is demonstrated in two ways. First, by turning the art over, you see that mess of yarn on the front was created by the word promise being stitched on the back. Second, by turning the

front side (with buttons, feathers, and bell) upside down, you see that what looked like a scribbled background becomes the roots found on the bottom of the second piece of art, *Grounded* (see Appendix I).

Before processing the difficult experiences of adoptive families and structuring parental self-reflection and understanding, I had to begin with my own self-reflection and understanding. This viewpoint is also supported through the lens of attachment theory, where emphasis is placed on changes in adoptive parent's belief and behavior in order to affect a change in child belief and behavior. Therefore, it would also be true that a clinician must change their own beliefs and behaviors in order to affect change in adoptive parents.

Grounded

My second piece of art, *Grounded* (see Appendix I), demonstrates how difficult experiences and adversity become the foundation for growth (represented in the full articles of book literature and sheet music used in the background and how treasures that were once tied down are now the fruit of the tree's growth). The tree also becomes a visual representation to the data analysis process used in this study. The tips of the tree roots represented initial coding, when each interview, journal, and observation was categorized, broken down, compared, and then separated into labeled codes. These small roots (or codes) could only be identified because they existed as part of a larger root system (or categories). The larger roots represented axial coding, when connections were made between labeled codes and passages and put back together through the development of categories (Charmaz, 1983; Creswell, 2007; Strauss & Corbin, 1990). It was only because of initial and axial coding that themes and sub-themes were identified

(represented in the tree branches seen above the earth). The tips of the tree's branches represented sub-themes and the larger branch systems represented identified themes.

Connection

My third piece of art, *Connection* (see Appendix J), was completed to conceptualize the theory and terminology of attachment. The mother bird and her nest represented secure base behavior, safe haven, and secure attachment. Secure base behavior was a term used in attachment theory when caregivers act as outside emotional regulation, providing reassurance or concern as needed in a given situation. Safe haven was a term used when a child immediately withdraws and returns to a caregiver as place of safety upon the onset of physical need or environmental threat, (Bowlby, 1973; Cassidy, 2008). The Strange Situation assessment, developed by Ainsworth (1978), discovered that secure parent-child attachments were found with mothers who attended to an infant's needs promptly and infants who used their mother as a secure base to explore and for comfort in times of distress. A caregiver's consistent availability and attunement within daily interactions provide a filter for a child to predict the future and develop secure attachment bonds (Ainsworth, 1978, Bowlby, 1979; Cassidy, 2008). Likewise, adoptive parents provide the structure and holding environment in which their adopted child views and experiences the world.

The section of the mother bird, two baby birds, and nest included in this art was drawn and painted by my own mother. The inclusion of my mother's art represented how her use of art during my childhood developed the avenue that I now use to find my own voice and perspective. My husband created the piece of cloth included in the bird's nest that represented the attachments that I have now developed as an adult. Consistency of

daily interactions is illustrated by the growing pieces of twine through each button. Community-based family music groups have the potential to add an additional strand of support to adoptive parents holding environment (illustrated through the piece of twine in the mothers nest).

Abandonment of the Adoptive Parent

My fourth piece of art, *Abandonment of the Adoptive Parent* and the final piece *Belonging of the Adopted Child* (see Appendix K & L) demonstrated mirroring images. This concept was illustrated through the interchanging cloth material and book literature found in each piece of art. The first piece is framed in material, which then is used again in the inner space of the second piece. The second piece is framed in literature, which is then used again in the inner space of the first piece. The cloth material illustrated comfort and belonging and the book literature illustrated past history, stories, and abandonment.

Belonging of the Adopted Child

Past parental experiences of loss and abandonment need to be acknowledged and mourned in order for adoptive parents and an adopted child to belong to one another. This perspective of self-reflection and self-understanding requires adoptive parents to view their own strengths and behaviors in context of past experiences and acknowledge the direct connection between parental perceptions and child behavior. Attention is placed on adoptive parent's ability to resolve and integrate their own experiences of loss, instead of primarily focusing on fixed or changed difficult child behavior (Siegel & Hartzell, 2003; Waterman, 2001). *Abandonment of the Adoptive Parent* and *Belonging of the Adopted Child* were created while conceptualizing the experiences of adoptive

families. Together these two pieces of art illustrated how adoptive parents and an adopted child are often both required to simultaneously acknowledge and resolve experiences of abandonment and belonging.

Collectively these five pieces of art became a source of substance in order to gain a multi-dimensional perspective. This artistic discovery required me to leave behind all previously outlined frameworks and experience the phenomenon of research for myself, a critical component to the theoretical tradition of grounded theory. I also experienced how contributing to the growth and insight of qualitative research with adoptive families simultaneously contributed to my growth and insight as a clinician and person.

Findings

A platform to promote secure parent-child attachment bonds was created through parent-child participation in Kindermusik® *Wiggle & Grow* classes, weekly parent journal prompts focused on self-understanding, and interviews that provided adoptive parents an opportunity to share their adoption experiences. Three themes were identified from the analysis of data: (a) healing awareness, (b) acceptance awareness, and (c) compassion awareness. These three themes then resulted in a conceptual summary for identifying community-based family music class opportunities to promote secure parent-child attachment bonds.

Healing Awareness

The interpretations of data suggest that unresolved experiences, seeking comfort, and seeking perspective led to the theme of healing awareness; defined as experiences that bring adoptive parents face-to-face with challenges related to unresolved or unprocessed emotional issues and circumstances. The theme of healing awareness is

illuminated in the interview of Amelie, mother of one adopted daughter and two biological sons:

...it's almost like getting to a bad place and realizing that you can't do this by yourself without like, does that make sense? I think for me it hit a spot where I was overwhelmed and I needed help.

The overarching theme of healing awareness was apprehended in interviews and parent journals, and constructed through the sub-themes of (a) unresolved experiences, (b) seeking comfort, and (c) seeking perspective.

Healing Awareness: Unresolved Experiences. Unresolved or overwhelming parental experiences prior to, during, or after the adoption is defined as a deep sense of helplessness, loss, disappointment, sadness, or fear (Boden, 2007; Chachamovich et al., 2010; Cudmore, 2005; Denby, Alford, & Ayala, 2011; Fontenot, 2007; Kirton, Beecham, & Ogilvie, 2006; Miller & Pasta, 1996; Siegel & Hartzell, 2003). Topics that were identified from the sub-theme unresolved experiences included: (a) parents mourning their own past history, (b) feeling emotional delay, (c) being separated by distance, and (d) adding a daughter or son's own healing, transition, and challenges as a priority.

Adoptive parents must mourn their own past history prior to the adoption (Denby, Alford, & Ayala, 2011; Fontenot, 2007; U.S. Department of Health and Human Services, Child Welfare Information Gateway, 2010). These pre-adoption experiences included difficulty preparing, experiencing the heartbreak of a failed adoption, making the decision that a referral was not a good fit for their family, and infertility. Difficulty preparing is illustrated in the interview of Audrey, mother of three and a half year old Eleanor:

...sometimes it was a little hard to fully prepare. You know, like that whole nesting instinct and going out and buying everything and getting ready and

getting the room ready. You know every step of the way it became more um-- just, it made me more attached to the whole thing but also a realization that it would be, every step of the way would be more painful you know. If something were to happen.

Three families experienced the heartbreak of a failed adoption or making the decision that a referral was not a good fit for their family. These experiences are highlighted in the two interviews of Sydney and Eva, both mothers of a daughter adopted internationally:

[Sydney] We did have a referral that we thought was going to be our child and that was actually failed, so that was really heartbreaking.

[Eva] The oldest was a girl and was just slightly older than Elisabeth, our oldest daughter. We talked with her and considered it. We really felt like this wasn't the right fit for our family, which was very difficult. Just knowing that the plight of these children was probably not really bright and we could do it but we just thought for the overall health of our family. What is right for us?

Five of the adoptive parents shared experiences of infertility or difficulty having biologically children. Experiences of infertility are also supported through the literature (Chachamovich et al., 2010; Cudmore, 2005). These experiences included losing a child, losing the ability to have a child, and receiving a genetic diagnosis that would lead to a negative prognosis of any biological children. The loss of biological children is heard in the interview of Jennifer, who later gave birth to her biological son William and adopted her daughter Olive from China:

We've had some infertility issues or difficulty. We had this fertility treatment prior to William (older biological son) and had twins and they both died at the end of the pregnancy. One was six days and one died inside.

Feeling emotional delay is often experienced as a result of or in fear of a failed adoption. Adoptive parents often expressed feelings of protection, emotional delay, and hesitation and distance for a short period of time before they were able to fully attach and

bond to their son or daughter. Emotional delay is illustrated in the interview of Mary, mother of Andrew and John both adopted domestically from birth:

I would say with John, for me at least, I was a little protective. I was actually extremely protective for myself in that there was some time that she [the birth mother] could change her mind.

Other times this emotional delay or distance was demonstrated through adoptive parents own self-understanding, identifying that past grief and loss had been given no space or time to heal. Through weekly journaling, Sydney identified and recognized self-acceptance as a past topic in her life that:

...has been sitting on the shelf since then, partly because of the grief that I experienced from our first failed adoption when the foster mom decided to adopt the little girl that we already had referred to us and were already attaching to and partly because of the business of all the adoption stuff and life that has now taken over my life...

The devastation of distance between the adoptive parents and their son or daughter is often experienced when pursuing international adoption. In these situations adoptive parents are receiving and viewing updates, pictures, and videos of their son or daughter who is still living in an orphanage or foster home. Devastation of distance was experienced by four adoptive families and is illuminated in the interview of Amelie, who was describing her experience before the finalization of her daughter's adoption from Ethiopia:

We had some problem with our paperwork and I decided that nine months was long enough to be in an orphanage without a mom, so I left my family and went there and got her out of the orphanage and took care of her for six weeks while I tried to resolve the problems. It didn't look like it was going anywhere, so I had to return her, after six weeks of caring for her, to the orphanage and I came home.

Adding a daughter or son's own healing, transition and challenges as a priority can often be a difficult experience in adoptions. These challenges can leave adoptive

parents feeling unprepared. Siblings of adoptive families must also adjust and share attention with the new child in the family. Adding a son's own healing is heard in the two interviews of Angelina (mother of three boys) and Eloise (mother of two boys):

...[Angelina] The first few months he would, other people would call me mom when they were talking to me, and he would say she's not my mom.

[Eloise] When he came home he would not let us hold him. He would go very ridged and stiff. He would scratch my face if I tried to make eye contact with him as an infant. He was impossible to sooth and impossible to hold...

Healing Awareness: Seeking Comfort. Seeking comfort is defined as experiences of fear and uncertainty that activate the attachment need of comfort, connection, and close proximity with attachment figures (Johnson, 2003). The sub-theme of seeking comfort included the following primary sources of parental comfort and security: (a) spouse, family, and friends, (b) God, prayer, church, and religion, (c) therapist, and (d) music to remain connected with loved ones and structure parent-child interactions.

It was through the relationship with a spouse, family, or friends that all the adoptive parents felt like they received a pillar of strength and comfort in times of need. This experience is also supported through the literature (Feeney, 2008). The parental source of comfort and security in a spouse or family member is highlighted through the two interviews of Genevieve and Amelie, mothers who participated in the weekly Kindermusik[®] classes with their husband:

[Genevieve] My mom or Hudson is my safe haven. I go to either or both of them when I need support or someone to just listen.

[Amelie] We have been together for almost 13 years and our relationship truly gets stronger with each and every challenge that has been thrown at us. If something bad happens he is the first person that I want hugging me.

Over half of the adoptive parents described God, prayer, church, and religion as a primary source of security and strength. Central to religion as a source of comfort and strength was the expressed personal interactive relationship and strong sense of love experienced with God. This connection allowed God to be a safe haven in times of danger or threat and provided a felt sense of security and confidence to watch over them (Granqvist & Kirkpatrick, 2008). Other adoptive families expressed no connection to religion. The parental source of comfort and security in God is illuminated in the journal of Amelie, describing her six weeks in Ethiopia:

[Amelie] I have traveled by myself before but nothing could have prepared me for being so isolated. In a country that has limited internet access and I had no phone service. But the worst part was missing my boys like I have never missed another human being before. I had no idea it would be such a long time and that it would be so hard. In that time, my biggest safe haven was God. Which sounds a little hokey but I found a spiritual connection that I had not had before.

A parent who participated in counseling, alongside the Kindermusik[®] classes offered for this study, was more apt to connect parent journaling and self-reflection to parent-child class interactions. Participating in counseling and connecting class concepts is illustrated through the interview of Amelie:

It's kind of like it goes hand in hand with my therapy and my you know, what my therapist gives me to think about and then what you give me to think about and how I want to be as mom and you know it just all seems to be like divinely coming together at like the perfect time.

This experience was in contrast to another adoptive parent, Sydney, who also illuminates participating in counseling and connecting class concepts first through her weekly journal and again during an interview:

This feeling of not feeling like I belong, accepted, or loved, is something that I have wanted to explore some more, but gasp, the intense feeling of shame in admitting that something is wrong with me, and that I would need to go to a

therapist is quite overwhelming and frightening, but at the same time, probably necessary to work through all the baggage of feeling unloved and unworthy

You might think it's kind of awkward but like we bare our souls in our journals and then we come to Kindermusik and we sing these kids songs! I think it's funny like okay we just going to sing fun and happy songs with our kids and you know all about our deep felt feelings. It's awaked like, I just bore my soul about vulnerability and all of that and now it's like let's go sing some songs! Anyway I just had to get that out.

Music to remain connected with loved ones were also described as a source of comfort, security, and belonging. Songs associated with a spouse or family member are illuminated through the two journals of Sydney and Laverne:

...[Sydney] there are some other songs and bands that remind me of him when we were dating during our college years, so sometimes, I like to listen to those to bring back some good memories, or when I want to relive our past of days gone by when life seemed so much simpler and not so busy.

[Laverne] I listen to my Grandma's favorite song, "Let a Smile Be Your Umbrella" when I'm missing her. It's a song that her father used to sing to her when she was a little girl. It reminds me of my Grandma's love, her positive outlook, her close relationship with her father, and her unconditional positive regard for me.

Music used as a personal escape to recoup is heard through the journal of Amelie, a stay at home mother of three:

Last summer when I had all three kids at home all day long and it was so freaking hot outside, when James came home and dinner was done. I would sometimes get into my car and roll all the windows down and blast Outta Your Mind by Lil Jon. So so funny, I'm sure, to see this stay at home mama/old lady jamming to that. But it helped me so much!

Songs associated with God, prayer, and church is heard through the journal of Violet, mother of 21 month old Posy:

I think of a song we sing in the Lutheran book of contemporary worship called Kyrie Eleison. I remember this song from when I was really young and attend summer bible camp. I am really not sure what about the song strikes me but it is a song I really like to sing. It reminds me of my small church back in South Dakota. Growing up, this was one of our opening songs during worship.

Listening to this song brings me calming memories and a sense of security. I even sing this song to Posy when she is really upset. Especially when she was a baby and there would be periods where she would just cry.

Songs and music were also found to structure parent-child interactions. Using music from a child's culture is illustrated through the interview of Eloise, mother of two sons adopted from Korea:

We sing a lot of Korean songs to him and I know that has been really important to him and has helped him a lot, so I think he really communicates and lives through music. I think that's a huge part of him.

One adoptive family, with both mothers employed in social work, incorporated music while supporting their daughter's adoption transition. Using music during the transition of adoption is illuminated through the interview of Laverne:

...one of the ways I think that singing helps. Some of the songs we do are kind of silly songs so it kind of helps bring her brain back out of that [anxiety, bedtime trauma, and nightmares] and some of them are songs that are special in our family. I sing them some songs that my mother or grandmother sang to me and they know that. So they're very random bedtime, like one of them is 'Grand ol' Flag'. That's random, but that's the song I learned from my grandma and my mom sang it and you know. They love that it's a special song. That it's a song that her friends don't know and so I think for Ariel it's just another reminder that she's family, you know? Kind of like a secret handshake!

...putting on some music and her dancing so she gets to get some of that anxious out...

So when I do bedtimes it's like I pick a song and they pick a song and then we do a song called the peace song. That is just a song about trying to relax their body and have peace. It's a song that we used to sing at one of the churches we went to. I think sometimes you know, it [singing] gives her back some power and deciding she might, maybe she wants 'Rudolf the Red Nose Reindeer' and another day she wants a Spanish song, so starting to be in control.

Lastly, Laverne described an epiphany from her weekly journaling in how her other two children, adopted as babies, had their own special song or lullaby at night: through recalling bedtime routines with their daughter adopted at three:

...because with Merida and Kocoum both being with me as infants. That's when I made us their song and so that's just stayed and Kocoum's song is the song I sing only for Kocoum and Merida's song is the song I sing only for Merida, and Ariel doesn't have that. So I think that would be something I could add that would help with the anxiety, is like her song.

It [bedtime routines with their daughter adopted at three] was not a nurturing feeling it was more like a lifeline. You know, like with just sitting and holding this desperately clinging hand. That you weren't, she didn't allow anybody to touch her at bedtime other than that. She had to be wrapped up, kind of like a cocoon up to her neck. Um so yeah. It didn't really lend itself to us singing a lullaby. So its, but it's kind of fallen by the wayside and is something that the class has helped me realize is important for her, even if it's later.

Healing Awareness: Seeking Perspective. Seeking perspective is defined as seeking to frame and makes sense of moments of fear and uncertainty. Therefore, perspective also became a source of comfort and security. The sub-theme seeking perspective included the following topics: (a) sharing information and seeking resources, (b) reframing difficult and negative experiences, and (c) faith or feelings that things were meant to be.

Sharing information and seeking resources was described as a parental perspective of fear or uncertainty. The desire for information and resources is highlighted in the interview of Audrey who was expressing the interest for using music as a tool to support her daughters on-going development:

She's wired you know a lot like her birth mom and I think some of those things came out in a very negative fashion with her birth mom. Her birth mom has a heck of a temper and is very very stubborn and can really get herself in trouble because of acting too irrationally and not thinking before she acts. Our goal has always been to really make sure she has the tools to manage her feelings and her emotions and to temper her quick temper!

Reframing difficult and negative experiences was described as a parental perspective of fear or uncertainty. Practicing intentionality and consistency in situations

that were previously overlooked or inconsistent in the past is illuminated through the interview of Angelina, who adopted a sibling group of three boys within one year:

The first 3 months that they were here, even though David got off work before I did. I still picked them up every day because their issue was with their mother and so they needed to learn that mom does come back.

Adoptive parents would often reframe difficult or uncomfortable experiences with humor. Humor is illuminated through the interview of Laverne:

What she doesn't realize she's doing is acting out the abuse that happened to her. So she's hitting and pinching and scratching, she doing this, the 5-year-old version (laugh).

Using positive language to reframe experiences was described as a parental perspective of fear or uncertainty. Reframing difficult experiences is illuminated in the interview of Daniel, father who participated in all eight Kindermusik[®] classes:

One of the other struggles I was thinking of was how we're going to raise the boys and in what manner we're going to expose them to the fact that they're adopted. I think that's a struggle that comes later on when they get older and I think for us, our main thing is to obviously make sure that they are, they understand how loved they are and how cared for they are and how much they are part of the family. Regardless of what the history is behind it. I think you know our viewpoint is that as long as we um show them that adoption is positive thing. It's so loved and they won't feel like they came from something that was negative, you know. I think that's part of why we are so favorable toward educating and sharing our story because we're sharing it from a place that we feel it was a great thing, a good thing, a healthy thing, a lovely thing. So as long as we keep showing it in a positive light we hope that our boys will accept it positively and won't have any negative feelings toward it.

Viewing adoption experiences as “meant to be” also provided adoptive parents with a security and perspective in response to fear or uncertainty. The same adoptive father above, Daniel, also described in an interview how this perspective allowed him and his wife to bond to their sons:

We felt like there was a reason for it, there was a calling for it. It allowed us to open up to these boys quicker and more fully. We allowed ourselves to bond and

attach ourselves to them, from the get go and so I think for us it's happened fairly quickly and seamlessly because of the situation and how we felt like it was kind of meant to be.

The overarching theme of healing awareness was constructed through the sub-themes listed above. Through the analysis of data two additional themes were identified: acceptance and compassion awareness. The themes of acceptance and compassion awareness were identified as the cornerstones of adoptive family healing. Definitions of acceptance and compassion were created in Table 8 (Adapted from Duncan, Coatsworth, & Greenberg, 2009; Luft & Ingham, 1955).

Table 8

Definitions of Acceptance and Compassion

Acceptance and Compassion	Definition
Acceptance of self	The process of discovering or naming a part of yourself that you never knew was there.
Acceptance of child	The process of discovering or naming a part of your child that they never knew was there.
Compassion for self	The process of someone else understanding and giving value to your experiences and feelings.
Compassion for child	The process of understanding and giving value to your child's experiences and feelings.

Acceptance Awareness

The interpretations of data suggest that need awareness and child awareness led to the theme of acceptance awareness. The theme is defined as parental acceptance of self (the process of discovering or naming a part of yourself that you never knew was there) as a lens for compassion for a child (the process of understanding and giving value to your child's experiences and feelings) (Huges, 2009; Purvis et al., 2007; Seigel &

Hartzell, 2003). Acceptance awareness was found to be the first cornerstone for adoptive parent healing, constructed from interviews and parent journals, and identified through the sub-themes of (a) need awareness and (b) child awareness.

Acceptance Awareness: Need Awareness. Need awareness is defined as parental identification to the basic attachment needs of self-acceptance, belonging, comfort, and safety and protection (Johnson, 2004). Recognizing the connection between parental acceptance of self and compassion for a child and is illuminated in the interview of Amelie:

I'm always like, oh I love you so much, oh you're my favorite 4 year old, you're my favorite 7 year old and I need to go, well it's not about me it's about them. They are smart. They are kind. You know? So I'm going to switch that up. That's another thought I had while journaling. It's not about me. It's not about how I love, it's about who they are

Acceptance Awareness: Child Awareness. Child awareness is defined as parental identification of a child's basic attachment need for acceptance, belonging, comfort, and safety and protection (Johnson, 2004). Compassion of a child is illuminated in the weekly journal of Ben describing his daughter:

There have been several times over the past month where Chloe will cover her face in a time of grief or sadness and we know she is dealing with shame. I mean, of course a child is going to deal with these feelings and emotions when there has been so much change in their young lives.

Compassion Awareness

The interpretation of data suggests that support awareness and attachment awareness led to the theme of compassion awareness. The theme is defined as parental compassion for self (the process of someone else understanding and giving value to your experiences and feelings) as a lens for acceptance of a child (the process of discovering or naming a part of your child that they never knew was there) (Purvis et al., 2007).

Compassion awareness was found to be a second cornerstone for adoptive parent healing, constructed from both interviews and parent journals, and identified through the sub-themes of (a) support awareness, and (b) attachment awareness.

Compassion Awareness: Support Awareness. Support awareness is defined as parental identification of compassion for self through the comfort and security offered by attachment figures (Johnson, 2003). Recognizing the connection between compassion for self and acceptance of child is illuminated in the journal of Amelie:

A couple of weeks ago, when I was once again speaking of my own downfalls to my husband, I stopped myself and said out loud, "I am enough." To which he started chuckling and said, "You are more than enough." Funny moment but so true how we see ourselves and how others see us. I never thought of modeling this for my children but I should.

Compassion Awareness: Attachment Awareness. Attachment awareness is defined as parental identification of attachment related experiences in their own childhood (Siegel & Hartzell, 2003). Processing attachment history is illuminated through the weekly journal of Sydney:

I became the really obedient, compliant, perfectionist, and don't rock the boat child so she would have one less thing to worry about. I remember feeling a lot of times that I wasn't good enough and always striving to be perfect, placing high demands on myself academically, and needing to get all A's. I was constantly comparing and trying to do better than my peers to feel like I had accomplished something and do something and be somebody worthy.

Summary of Interview and Journal Themes

The three data sources that were used for this study included interviews, documents of weekly parent journals, and observations. From the interviews three themes provided meaning for the phenomenon of bonding development in adoptive families (see Table 9). From the journals three themes were also identified.

Table 9

Themes from Two Data Sources

Interview	Documents
Healing Awareness	Healing Awareness
Acceptance of Child	Acceptance of Self
Compassion for Child	Compassion for Self

Role of Community-Based Family Groups

After the analysis of parent interviews and journals, recorded observations of Kindermusik® *Wiggle & Grow* classes were analyzed through the steps of grounded theory. Observations notes of videotaped classes were given coded labels until no additional categories of parent-child behaviors were identified. This method demonstrates the process of saturation, or when new information no longer adds insight into additional categories (Creswell, 2007). Themes, categories, and label codes were supported and summarized through attachment-based parenting strategies found in the literature (Hughes, 2009; Purvis et al., 2007; Siegel & Hartzell, 2003). These themes, identified categories, and coded labels will first be described through class examples and then displayed in Table 10.

Developing or Repairing a Sense of Safety

The theme of developing or repairing a sense of safety was identified through the following categories and class examples (Hughes, 2009; Purvis et al., 2007; Siegel & Hartzell, 2003):

1. Establishing grounds for family interactions (e.g. weekly structured class interactions between parent and child, and educator supported, highlighted, or encouraged parental expertise with child)
2. Predictable class routines (e.g. pre-established class rules, structure, and boundaries, safe interactive class environment for parent-child exploration, movement, and creativity, positive interactions between peers, and resolved conflict with peers)
3. Enhancing safety when disciplining (e.g. respond to a child's misbehavior immediately, redirect the child to better choices, let the child practice getting a task or following directions correctly, praise the child for improvement, give clear instructions, ask simple questions, repeat directions frequently, respectfully listen to child's needs and requests, establish choices before arriving or before activity, and follow through and enforces consequences)

Relationship Repair

The theme of relationship repair was identified through the following categories and class examples (Hughes, 2009; Purvis et al., 2007; Siegel & Hartzell, 2003):

1. Repairing breaks caused by discipline (e.g. parent returns to playful and warm interactions after discipline, parent remains calm, patient, and in control while disciplining, and uses humor to maintain a playful attitude while addressing misbehavior)
2. Repairing breaks caused by parental mistakes or misattunement (e.g. parent accepts responsibility for mistakes, apologizes for mistakes, and reassures child they are not the only one who makes mistakes)

3. Repairing breaks caused by parents having other responsibilities and interests (e.g. parent notices child's distress and expresses understanding or empathy, gives brief account of reason for not responding to child's desire, offers child coping skills to assist child in managing their distress, and reassures child nonverbally)

Family Support

The theme of family support was identified through the following categories and class examples (Hughes, 2009; Purvis et al., 2007; Siegel & Hartzell, 2003):

1. Providing a parental support system (e.g. parents talking and relating to other adoptive parents, and educator providing out of class or in class information and resources)
2. Providing engagement between siblings (e.g. playful interaction between siblings, mirroring and modeling between siblings, and affectionate touch between siblings)
3. Providing at-home activities (e.g. methods and activities for parent and child to incorporate at home and intentional interactions between parent and child at home)

Facilitating Attachment Security

The theme of facilitating attachment security was identified through the following categories and class examples (Hughes, 2009; Purvis et al., 2007; Siegel & Hartzell, 2003):

1. Encouraging playfulness (e.g. exaggerated facial expressions, variations in voice inflections, parent interacts playfully with child, express shared

emotions of joy, interest, excitement, or happiness, use of humor to assist child in developing another perspective on events, and reciprocal laughter)

2. Encouraging curiosity (e.g. discovering what, why and how a child thinks and feels, observe and respond to child's development, interest and abilities, and listen to a child's response)
3. Encouraging empathy (validate all different kinds of feelings and emotions, demonstrate sensitivity to child's emotions, and parent remaining free of problem solving, teaching, correcting, fixing, or rescuing)

Developing Communication

The theme of developing communication was identified through the following categories and class examples (Hughes, 2009; Purvis et al., 2007; Siegel & Hartzell, 2003):

1. Supporting nonverbal communication (e.g. eye contact, facial expressions, tone and rhythms of voice, animated and flowing gestures, time and intensity of response, appropriate behavior, and active listening)
2. Supporting verbal communication (e.g. describe verbally what the child is doing, what they are looking at, what they intend to do, and what they seem to feel about a situation, and offer praise and encouragement)
3. Supporting beneficial touch (e.g. parent-child hugs, kisses, pats, massages, cuddles, rocks, and hand-over-hand assistance)

Understanding, Developing or Maintaining Inter-subjective Experiences

The theme of understanding, developing or maintaining inter-subjective experiences was identified through the following the categories and class examples (Hughes, 2009; Purvis et al., 2007; Siegel & Hartzell, 2003):

1. Supporting contingent communication (e.g. parent-child response to initiated ideas, and matching or mirroring voice, gestures, behavior, and expressions)
2. Supporting reciprocal interactions (e.g. parent respond to child's reaction, demonstrates enjoyment and interest, communicates interventions, thoughts, and feelings, and explains affect and meaning behind an experience)
3. Supporting shared attunement (e.g. parent gets down to eye level, sitting on the floor, and mimicking child's position and actions, gives full attention to child's needs, and observes and responds to externalizing or internalizing child behaviors, sensory overload or need of calming)
4. Parent-child focus on the same object or event (e.g. shared attention, providing additional extensions for creative interaction and engagement, remains creative and flexible with problem-solving, models interaction and engagement, and reinforces routine through prompting or modeling)

Table 10

Observations

Identified Themes	Identified Categories (Axial and selective coding)	Coded Labels (Initial coding)
Developing or Repairing a Sense of Safety	Establishing Grounds for family Interactions	<ul style="list-style-type: none"> • Weekly structured class interactions between parent and child • Educator supported, highlighted, or encouraged parental expertise with child
	Predictable Class Routines	<ul style="list-style-type: none"> • Pre-established class rules, structure, and boundaries • Safe interactive class environment for parent-child exploration, movement, and creativity • Positive interactions between peers (e.g. tuning taking and sharing) • Resolved conflict with peers
	Enhancing Safety When Disciplining	<ul style="list-style-type: none"> • Respond to a child’s misbehavior immediately • Redirect the child to better choices • Let the child practice getting a task or following directions correctly • Praise the child for improvement • Give appropriate choices to share supervised control (such as choosing between two pre-selected options) • Give clear instructions • Ask simple questions • Repeat directions frequently • Respectfully listen to child’s needs and requests • Establish choices before arriving or before activity • Parents follows through and enforces consequences

(table continues)

Identified Themes	Identified Categories	Coded Labels
Relationship Repair	Repairing Breaks Caused by Discipline	<ul style="list-style-type: none"> • Parent returns to playful and warm interactions after discipline • Parent remains calm, patient, and in control while disciplining • Humor to maintain a playful attitude while addressing misbehavior
	Repairing Breaks Caused by Parental Mistakes or Misattunement	<ul style="list-style-type: none"> • Parent accepts responsibility for mistakes • Parent apologizes for mistakes • Parent reassures child they are not the only one who makes mistakes
	Repairing Breaks Caused by Parents Having Other Responsibilities and Interests	<ul style="list-style-type: none"> • Parent notices child's distress and expresses understanding or empathy • Parent gives brief account of reason for not responding to child's desire • Parent offers child coping skill (e.g. waiting, choosing another activity, seeking a hug) to assist child in managing their distress • Parent reassures child nonverbally (expressing confidence in child's ability to manage his/her distress)
Family Support	Providing a Parental Support System	<ul style="list-style-type: none"> • Parent talking and relating to other adoptive parents • Educator providing out of class information or resources • Educator providing in class information or resources
	Providing Engagement between Siblings	<ul style="list-style-type: none"> • Playful interaction between siblings • Mirroring and modeling between siblings • Affectionate touch between siblings
	Providing At-Home Activities	<ul style="list-style-type: none"> • Methods and activities for parent and child to incorporate at home • Intentional interactions between parent and child at home
Facilitating Attachment Security	Encouraging Playfulness	<ul style="list-style-type: none"> • Parent-child interactions characterized by exaggerated facial expressions • Parent-child interactions characterized by variations in voice inflections • Parent interacts playfully with child (e.g. laughing, eye contact, touching) • Parent and child express shared emotions of joy, interest, excitement, or happiness • Humor to assist child in developing another perspective on events • Parent-child reciprocal laughter

(table continues)

Identified Themes	Identified Categories	Coded Labels
Facilitating Attachment Security cont.	Encouraging Curiosity	<ul style="list-style-type: none"> • Parent discovers what, why, and how a child thinks and feels • Parent observes and responds to child's development, interest, and abilities • Parents listens to a child's response
	Encouraging Empathy	<ul style="list-style-type: none"> • Parent validates all different kinds of feelings and emotions • Parent demonstrates sensitivity to the child's emotions • Parent is free of problem solving, teaching, correcting, fixing, or rescuing
Developing Communication	Supporting Nonverbal Communication	<ul style="list-style-type: none"> • Parent demonstrates eye contact • Parent demonstrates facial expressions • Parent demonstrates tone and rhythms of voice • Parent demonstrates animated and flowing gestures • Parent demonstrates time and intensity of response • Parent models appropriate behavior and active listening
	Supporting Verbal Communication	<ul style="list-style-type: none"> • Parent describes verbally what the child is doing, what they are looking at, what they intend to do, and what they seem to feel about a situation • Parent offers child praise and encouragement
	Supporting Beneficial Touch	<ul style="list-style-type: none"> • Parent hugs, kisses, pats, massages, cuddles, or rocks child • Child hugs, kisses, pats, massages, cuddles, or rocks parent • Hand over hand assistance between parent and child
Understanding, Developing, or Maintaining Intersubjective Experiences	Supporting Contingent Communication	<ul style="list-style-type: none"> • Parent responds to child's initiated idea • Child responds to parent's initiated idea • Parent matches or mirrors a child's voice, gesture, or behavior • Child matches or mirrors a parent's voice, gesture, or behavior • Parent demonstrates facial expressions similar to child • Child demonstrates facial expression similar to parent
	Supporting Reciprocal Interactions	<ul style="list-style-type: none"> • Parent responds to child's reaction • Parent demonstrates enjoyment • Parent demonstrates interest

(table continues)

Identified Themes	Identified Categories	Coded Labels
Understanding, Developing, or Maintaining Intersubjective Experiences cont.	Supporting Reciprocal Interactions cont.	<ul style="list-style-type: none"> • Parent communicates intentions, thoughts, and feelings • Child communicates intentions, thoughts, and feelings • Parent explains the affect and meaning behind an experience to child
	Supporting Shared Attunement	<ul style="list-style-type: none"> • Parent getting down to eye level, sitting on the floor, and mimicking child's position and actions • Parent gives full attention to the child's needs • Observing and responding to externalizing or internalizing child behaviors • Responding to a child's sensory overload or need of calming
	Parent-Child Focus on the Same Object or Event	<ul style="list-style-type: none"> • Parent and child sharing attention on the same object or event • Parent providing additional extensions for creative interaction and engagement • Parent is creative and flexible in helping child problem-solve • Parent models interaction and engagement (with child off task) • Parent reinforces routine through prompting or modeling

Sources taken and adapted from: Hughes (2009), Purvis et al., (2007), Siegel & Hartzell (2003)

Adoptive parent interest in the eight-week Kindermusik® class was gathered during the initial interview. Parentally identified benefits of Kindermusik® were gathered during the midway and final interview and again through a questionnaire provided as the last parental journal assignment (see Appendix E). The family who dropped out of interviews, journals, and weekly Kindermusik® classes after week two was not included in the summary. Similar experiences and topics were analyzed, compared, and matched between parents reported Kindermusik® interest and benefits, and identified themes found through the analysis of interview and journals: healing awareness, acceptance awareness, and compassion awareness (see Table 11). Parent identified benefits after participating in eight weeks of Kindermusik® *Wiggle & Grow* class demonstrated an increased amount of comments regarding healing, acceptance, and awareness.

Table 11

Parental Identified Interest and Benefits of Kindermusik®

Identified Themes	Original Parental Interest In Kindermusik® <i>Wiggle & Grow</i>	Parental Identified Benefits
Healing Awareness	Total Parental Comments = 25	Total Parental Comments = 36
% of families who commented on each category	<ul style="list-style-type: none"> • Intentional time with family, siblings, or child (50%) • Musical Parent or Family (30%) • Supporting adoption research (30%) • Friend recommendation/Interest in Kindermusik® (20%) • Free class tuition (20%) • Bonding or connection time with child (20%) 	<ul style="list-style-type: none"> • Intentional time with child (80%) • Avenue to bond and connect with child (70%) • Consistent class environment (50%) • Social interaction for child (40%) • Beneficial touch (30%) • Familiarity of class songs and activities (30%)

(table continues)

Identified Themes	Original Parental Interest In Kindermusik® <i>Wiggle & Grow</i>	Parental Identified Benefits
	<ul style="list-style-type: none"> • Experiencing music in a structured Environment (20%) • Meeting other adoptive parents (10%) • Social interaction for child (10%) • Parental worry of attachment (10%) • Strengthen family relationships (10%) 	<ul style="list-style-type: none"> • Strengthening family relationships (20%) • Building on parent or family strengths (10%) • Decreased parental stress (10%) • Positive shared experience (10%) • Using music intentionally outside of family: Work environment (10%)
<p>Acceptance Awareness</p> <p>% of families who commented on each category</p>	<p>Total Parental Comments = 10</p> <ul style="list-style-type: none"> • Musical child (50%) • Adding more music with a child or as a family at home (20%) • Exposing child to a variety of instruments and musical concepts (20%) • Having fun (10%) 	<p>Total Parental Comments = 16</p> <ul style="list-style-type: none"> • Parental or child increased use and comfort of voice or singing (90%) • Parental or child increased use and comfort of instruments (50%) • Exposure to a variety of instruments (20%)
<p>Compassion Awareness</p> <p>% of families who commented on each category</p>	<p>Total Parental Comments = 4</p> <ul style="list-style-type: none"> • Learning to use music as a tool to address child's needs or attachment (40%) 	<p>Total Parental Comments = 9</p> <ul style="list-style-type: none"> • Gaining creative tools for addressing child's needs, development, or attachment (70%) • Supporting child's natural love of music (10%) • Observing insight on child's challenges (10%)

Research Questions

The purpose of this heuristic grounded theory study was to discover how community-based family groups could foster bonding development in adoptive families. Bonding development was defined as the presence of both child attachments and parental bonds. Child attachment was characterized by behaviors of parents including (a) attending to the child's needs promptly, (b) providing a secure base to explore, and (c) offering emotional availability in times of distress. Parental bonds were characterized by behaviors of the child, specifically the demonstration of secure attachment through seeking security and comfort in the relationship with parents (Ainsworth, 1967; Ainsworth, 1969; Bowlby, 1982; Cassidy, 2008). Therefore, this study examined the following question and sub-questions:

1. How can community-based family music groups promote the development of secure parent-child attachment bonds?
 - a. How can community-based family music groups promote the development of child attachment?
 - b. How can community-based family music groups promote the development of parental bonds?

A platform to promote secure parent-child attachment bonds was created through parent-child participation in Kindermusik[®] *Wiggle & Grow* classes, weekly parent journal prompts focused on self-understanding, and interviews that provided adoptive parents an opportunity to share their adoption experiences. Three themes were identified from the analysis of data: (a) healing awareness, (b) acceptance awareness, and (c)

compassion awareness. These three themes, combined with observations from the videotaped Kindermusik® classes, resulted in the development of a conceptual summary of community-based family groups to promote parent-child secure attachment bonds (see Table 12). This summary provides identified behaviors to promote secure parent-child attachment bonds in the context of community-based family groups. Therefore, the conceptual summary will be used to answer the research question and sub-questions.

How can community-based family music groups promote the development of secure parent-child attachment bonds?

Community-based family music groups can promote the development of secure parent-child attachment bonds through the following class opportunities (see Table 12) (Hughes, 2009; Purvis et al., 2007; Siegel & Hartzell, 2003):

1. Developing a sense of safety
 - a. Ensuring the presence of an attachment figure
 - b. Maintaining predictability
 - c. Enhancing safety when disciplining
2. Relationship repair
 - a. Repairing parental breaks caused by discipline
 - b. Repairing parental breaks caused by mistakes or misattunement
 - c. Repairing parental breaks caused by other responsibilities and interests
3. Family Support
 - a. Providing parental supports system
 - b. Providing engagement between siblings
 - c. Providing at-home activities

How can community-based family music groups promote the development of child attachment?

Community-based family music groups can promote the development of child attachment through the following class opportunities (see Table 12) (Hughes, 2009; Purvis et al., 2007; Siegel & Hartzell, 2003):

1. Facilitating attachment security
 - a. Encouraging playfulness
 - b. Encouraging curiosity
 - c. Encouraging empathy
2. Developing communication
 - a. Supporting non-verbal communication
 - b. Supporting verbal communication
 - c. Supporting beneficial touch

How can community-based family music groups promote the development of parental bonds?

Community-based family music groups can promote the development of parental bonds through the following class opportunities (see Table 12) (Hughes, 2009; Purvis et al., 2007; Siegel & Hartzell, 2003):

1. Understanding, developing, or maintaining inter-subjective experiences
 - a. Supporting contingent communication
 - b. Supporting reciprocal interactions
 - c. Supporting shared attunement
 - d. Parent-child focus on the same object or event

CHAPTER 5

DISCUSSION

This heuristic grounded theory study examined the phenomenon of bonding development in adoptive families through personal insight and discovered theoretical interpretations (Amir, 2005; Creswell, 2007; Patton, 2002; Strauss & Corbin, 1990). Data sources included interviews, documents, and observation. The purpose of this heuristic grounded theory study was to discover how community-based family groups foster bonding development in adoptive families. Bonding development was defined as the presence of both child attachments and parental bonds. Child attachment is characterized by behaviors of parents including (a) attending to the child's needs promptly, (b) providing a secure base to explore, and (c) offering emotional availability in times of distress. Parental bonds are characterized by behaviors of the child, specifically the demonstration of secure attachment through seeking security and comfort in the relationship with parents (Ainsworth, 1967; Ainsworth, 1969; Bowlby, 1982; Cassidy, 2008). Therefore, this study examined the following question and sub-questions:

1. How can community-based family music groups promote the development of secure parent-child attachment bonds?
 - a. How can community-based family music groups promote the development of child attachment?

- b. How can community-based family music groups promote the development of parental bonds?

What I Have Learned

Heuristic inquiry includes the process of shaping my own understanding, looking inward through focused reflection and becoming present with my own voice. The central focus of this approach is on understanding my own personal experiences and insight to contribute and serve as data (Moustakas, 1990; Patton, 2002). Therefore, conducting qualitative research allowed and required me to discover parts of myself I never knew were there and provided an understanding and value to my own experiences. This practice was similar to my research findings: acceptance and compassion of self becomes a lens to view and understand others (see Table 8, pg. 100).

I have found that my first role as a clinician and music therapist is to practice through a lens of sensitivity. I have also discovered the requirement of sensitivity in parenthood, as I wait for the adoption of our first child. Throughout the process of this research I have discovered who I want to be and have found information that has challenged my ability to grow, change, and respond to new ways of thinking and behavior. The conclusion of this study, in a way starts the beginning of my own learning as a mother and clinician. This process begins with my own reflection and discovery of self.

Throughout this research study I have emphasized and utilized the voice of adoptive parents. This approach of understanding and listening has allowed a space for me to discover who I want to become, knowing that learning and growth never ends. Listening to the experiences and word of others (an art form of itself) has provided an

opportunity for me to reflect and discover. Therefore I would like to conclude my own learning through the voice of an adoptive mother. This approach demonstrates the use of literature as a secondary source to simulate questions and guide personal observations (Amir, 2005; Strauss & Corbin, 1990). Below is a blog post from an adoptive mother, articulating acceptance and compassion of self as a lens to understanding her child and utilizing God as a source of strength and security (Hagerty, 2013):

“If Mommy gets a baby in her belly, will you send me back?” she asked him, with nervous eyes searching the floor, inhaling the shame of those words as if they were her indictment.

It’s often near the surface for this one — not the year she was “chosen” and a mommy and daddy flew all the way across the ocean to look her in the eyes and call her daughter — but the too-many, earlier years that still seem to weigh heavier. These days, she lives buoyant and giddy. Her eyes have found a sparkle and we see them more than we see those hands that spent nearly a year awkwardly covering them. My little girl laughs. A lot. And this week when I hugged her I could tell her body wanted to melt (not stiffen) in my arms.

But just within her reach is the shame she feels about her life on the other side, when her given last name tied her to no one. One phrase or question or hint of her past and I watch those eyes, which just harnessed a sparkle, go dark.

Adoption saved her and it haunts her, because of its open-ended definition to her. It’s still a question.

She, like many of the rest of us, has yet to reconcile the power of this one act.

+++

I hadn’t even kissed their foreheads or tickled their feet and this stranger’s words about them stung.

“Oh, you’re adopting? Just you wait. Once you have them at home I’m sure you’ll be able to have children of your own.”

A phrase I’ve heard a hundred times, and it never ceases to give my heart pause. Children of your own, words that expose a subconscious understanding of adoption as charitable affection versus primal love. As if these, once-adopted ones, were somehow, not truly ... mine.

There is a distinction in our language about those children, once adopted, and their biological counterparts that reveals much more about the state of our hearts — the state of my heart — than it does about the children to whom it's referring.

That simple phrase, often spoken by beautifully-intentioned people, reveals the shame under which my daughter sometimes lives. But she's not alone, she just lives an outward existence that represents the battle each one of us fights in our understanding of Him.

It is inherent to human flesh. We are interlopers, or so we think, hanging on to the coattails of another person's inheritance. Certainly we're not "one of His own", we hold deep-down; instead we grasp at something we believe will never really name us. We are simply recipients of His charitable affection we subconsciously reason.

Our language about physical adoption reveals the gaps in our understanding about how He has adopted us. And those words that sting when I hear them make me hurt more than just for my children, but for the representation of His name.

Most can't imagine a love beyond what we see in the natural as the most intense form of love — the kind birthed when a mother's body breaks open to give life to one that shared her flesh and her breath. How could it be that a mother could not only love, but see as her own, a child that her womb did not form and who wears another mama's skin? We see the struggle of attaching, mother to child and child to mother, that so often happens in adoption, and it only reinforces our subconscious belief that true love between mother and child is only inherited through blood ...and not won.

+++

When her eyes fill with the shame of her history and her heart begins to clamp behind them and adoption is still her question — am I truly "in" or just posing — I see me. I see a hundred weak yes's as just plain weak and all the things I've declared with my mouth that my body never fulfilled and the times I poured out prayers to Him only to forget Him, the real source of my strength, hours later.

I see a never-ending list of failures.

I live, subtly, as if I am on the outside of that fence. Just like her.

All things that could be wiped away in an instant if I understood the power of His having adopted me. This reality changes everything.

I am a child of His own, this God-Man who wrapped His holiness around my sin-stained existence and renamed me.

Adopted.

Grafted.

I am one who is marked by His name more than any of my failures.

A child who knows that adoption isn't really about the past that haunts her, the forever stamp of separate, not included, but instead the name of the King who fought, hard for her — she wears a love that is fierce.

She's a force with which to be reckoned, this wildly-loved former-orphan.

Me.

+++

So when I hear that phrase “a child of your own” separating the children under my roof from the one my womb will bear, and my heart saddens at the misunderstanding of this wild-love that's been birthed within my home among children who wear another mama's skin, I can't help but think of Him.

He calls me “His own” when the world and my heart wants to label me forever severed.

Adoption is His great declaration

(Taken from the blog Every Bitter Thing is Sweet and used with permission)

Conceptual Summary

A platform to promote secure parent-child attachment bonds was created through parent-child participation in Kindermusik[®] *Wiggle & Grow* classes, weekly parent journal prompts focused on self-understanding and interviews that provided adoptive parents an opportunity to share their adoption experiences. Three themes were identified from the analysis of data: (a) healing awareness, (b) acceptance awareness, and (c) compassion awareness. These three themes, combined with observations, then resulted in the development of a conceptual summary of community-based family groups to promote parent-child secure attachment bonds (see Table 12).

Table 12

Conceptual Summary of Community-Based Family Groups to Promote Parent-Child Secure Attachment Bonds

Goals	Objectives	Community-Based Family Group Opportunities
Healing Awareness: Developing or Repairing a Sense of Safety	Establishing Grounds for family Interactions	<ul style="list-style-type: none"> • Weekly structured class interactions between parent and child • Educator supported, highlighted, or encouraged parental expertise with child
	Predictable Class Routines	<ul style="list-style-type: none"> • Pre-established class rules, structure, and boundaries • Safe interactive class environment for parent-child exploration, movement, and creativity • Positive interactions between peers (e.g. tuning taking and sharing) • Resolved conflict with peers
	Enhancing Safety When Disciplining	<ul style="list-style-type: none"> • Respond to a child’s misbehavior immediately • Redirect the child to better choices • Let the child practice getting a task or following directions correctly • Praise the child for improvement • Give appropriate choices to share supervised control (such as choosing between two pre-selected options) • Give clear instructions • Ask simple questions • Repeat directions frequently • Respectfully listen to child’s needs and requests • Establish choices before arriving or before activity • Parents follows through and enforces consequences

(table continues)

Goals	Objectives	Community-Based Family Group Opportunities
Healing Awareness: Relationship Repair	Repairing Breaks Caused by Discipline	<ul style="list-style-type: none"> • Parent returns to playful and warm interactions after discipline • Parent remains calm, patient, and in control while disciplining • Humor to maintain a playful attitude while addressing misbehavior
	Repairing Breaks Caused by Parental Mistakes or Misattunement	<ul style="list-style-type: none"> • Parent accepts responsibility for mistakes • Parent apologizes for mistakes • Parent reassures child they are not the only one who makes mistakes
	Repairing Breaks Caused by Parents Having Other Responsibilities and Interests	<ul style="list-style-type: none"> • Parent notices child's distress and expresses understanding or empathy • Parent gives brief account of reason for not responding to child's desire • Parent offers child coping skill (e.g. waiting, choosing another activity, seeking a hug) to assist child in managing their distress • Parent reassures child nonverbally (expressing confidence in child's ability to manage his/her distress)
Healing Awareness: Family Support	Providing a Parental Support System	<ul style="list-style-type: none"> • Parent talking and relating to other adoptive parents • Educator providing out of class information or resources • Educator providing in class information or resources
	Providing Engagement between Siblings	<ul style="list-style-type: none"> • Playful interaction between siblings • Mirroring and modeling between siblings • Affectionate touch between siblings
	Providing At-Home Activities	<ul style="list-style-type: none"> • Methods and activities for parent and child to incorporate at home • Intentional interactions between parent and child at home
Acceptance Awareness: Facilitating Attachment Security	Encouraging Playfulness	<ul style="list-style-type: none"> • Parent-child interactions characterized by exaggerated facial expressions • Parent-child interactions characterized by variations in voice inflections • Parent interacts playfully with child (e.g. laughing, eye contact, touching) • Parent and child express shared emotions of joy, interest, excitement, or happiness • Humor to assist child in developing another perspective on events • Parent-child reciprocal laughter

(table continues)

Goals	Objectives	Community-Based Family Group Opportunities
Facilitating Attachment Security cont.	Encouraging Curiosity	<ul style="list-style-type: none"> • Parent discovers what, why, and how a child thinks and feels • Parent observes and responds to child's development, interest, and abilities • Parents listens to a child's response
	Encouraging Empathy	<ul style="list-style-type: none"> • Parent validates all different kinds of feelings and emotions • Parent demonstrates sensitivity to the child's emotions • Parent is free of problem solving, teaching, correcting, fixing, or rescuing
Acceptance Awareness: Developing Communication	Supporting Nonverbal Communication	<ul style="list-style-type: none"> • Parent demonstrates eye contact • Parent demonstrates facial expressions • Parent demonstrates tone and rhythms of voice • Parent demonstrates animated and flowing gestures • Parent demonstrates time and intensity of response • Parent models appropriate behavior and active listening
	Supporting Verbal Communication	<ul style="list-style-type: none"> • Parent describes verbally what the child is doing, what they are looking at, what they intend to do, and what they seem to feel about a situation • Parent offers child praise and encouragement
	Supporting Beneficial Touch	<ul style="list-style-type: none"> • Parent hugs, kisses, pats, massages, cuddles, or rocks child • Child hugs, kisses, pats, massages, cuddles, or rocks parent • Hand over hand assistance between parent and child
Compassion Awareness: Understanding, Developing, or Maintaining Intersubjective Experiences	Supporting Contingent Communication	<ul style="list-style-type: none"> • Parent responds to child's initiated idea • Child responds to parent's initiated idea • Parent matches or mirrors a child's voice, gesture, or behavior • Child matches or mirrors a parent's voice, gesture, or behavior • Parent demonstrates facial expressions similar to child • Child demonstrates facial expression similar to parent
	Supporting Reciprocal Interactions	<ul style="list-style-type: none"> • Parent responds to child's reaction • Parent demonstrates enjoyment • Parent demonstrates interest

(table continues)

Goals	Objectives	Community-Based Family Group Opportunities
Understanding, Developing, or Maintaining Intersubjective Experiences cont.	Supporting Reciprocal Interactions cont.	<ul style="list-style-type: none"> • Parent communicates intentions, thoughts, and feelings • Child communicates intentions, thoughts, and feelings • Parent explains the affect and meaning behind an experience to child
	Supporting Shared Attunement	<ul style="list-style-type: none"> • Parent getting down to eye level, sitting on the floor, and mimicking child's position and actions • Parent gives full attention to the child's needs • Observing and responding to externalizing or internalizing child behaviors • Responding to a child's sensory overload or need of calming
	Parent-Child Focus on the Same Object or Event	<ul style="list-style-type: none"> • Parent and child sharing attention on the same object or event • Parent providing additional extensions for creative interaction and engagement • Parent is creative and flexible in helping child problem-solve • Parent models interaction and engagement (with child off task) • Parent reinforces routine through prompting or modeling

Sources taken and adapted from: Hughes (2009), Purvis et al., (2007), Siegel & Hartzell (2003)

Recommendations for Program Development

The proposed conceptual summary of community-based family groups to promote parent-child secure attachment bonds (see Table 12) provides a tool for program development such as assessments, setting program goals and objectives, and documenting observable parent-child behaviors. This has the potential to address secure parent-child attachment bonds in adoptive families, as well as across the scope of music therapy. Attachment theory, interpersonal neurobiology, shame resilience theory, the experiences of adoptive families, and community music therapy will be discussed in the context of program development. The conceptual summary, grounded in the literature and identified through the analysis of data, provides a response to the research questions and will also be used to structure recommendations for program development with adoptive families.

Parental Acceptance of Self

Parental acceptance of self is supported through the theoretical framework of attachment theory, experiences of adoptive families, and community music therapy (see Table 4). Attachment theory values the role of adoptive parents and considers their involvement as a critical component to influencing child attachment (Bowlby, 1969; Cassid, 2008). Clinicians working through a lens of community music therapy facilitate parental involvement through creating partnerships and collaborations, supporting family traditions, and using a parent's natural tool of music with a child (Pavlicevic & Ansdell, 2004; Stige & Ario, 2012). The experience of adoptive families highlights social support as the most critical piece to adoptive parents success (McKay & Ross, 2010). Community music therapy fosters social support by serving as a bridge to community

resources, prompting equal access to resources, and building reciprocal relationships (Pavlicevic & Ansdell, 2004; Stige & Ario, 2012).

Parental Compassion for Self

A theoretical framework of interpersonal neurobiology, shame resilience, and community music therapy supports an adoptive parent's experience of compassion for self. Parental self-compassion is supported through the theoretical framework of interpersonal neurobiology, Shame Resilience Theory (SRT), and community music therapy (see Table 4). Interpersonal neurobiology utilizes and describes a profound connection between parental narrative and child attachment. This viewpoint supports adoptive parents self-reflection and understanding while viewing current experiences, personal narrative, and past history of attachment (Hesse, 2008; Main & Goldwyn, 198; Seigel & Hartzell, 2003). SRT utilizes and describes parental self-reflection and awareness to decrease feelings of being trapped, powerless, or isolated (Brown, 2006). Community music therapy provides a focus on well-being and prevention, encouraging and structuring self-reflection and understanding (Pavlicevic & Ansdell, 2004; Stige & Aaro, 2012). Community music therapy also provides a focus of adoptive parent expertise and the development of parental expertise through acknowledging personal vulnerability, critical awareness, reaching out, and speaking shame (Brown, 2006; Pavlicevic & Ansdell, 2004; Stige & Aaro, 2012).

Community-Based Family Groups

Programs can support developing or repairing a sense of safety in adoptive families through the following objectives: (a) establishing grounds for family interactions, (b) predictable class routines, and (c) enhancing safety when disciplining.

Relationship repair can be addressed through the following objectives: (a) repairing breaks caused by discipline, (b) repairing breaks caused by parental mistakes or misattunement, and (c) repairing breaks caused by parents having other responsibilities and interests. There is also opportunity to structure family support in adoptive families through the following objectives: (a) providing a parental support system, (b) providing engagement between siblings, and (c) providing at-home activities (Hughes, 2009; Purvis et al., 2007; Siegel & Hartzell, 2003; See Table 12).

Programs can facilitate attachment security in adoptive families through the following objectives: (a) encouraging playfulness, (b) encouraging curiosity, and (c) encouraging empathy. Development of communication can be addressed through the following objectives: (a) supporting nonverbal communication, (b) supporting verbal communication, and (c) supporting beneficial touch. There is also opportunity to support understanding, developing or maintaining inter-subjective experiences in adoptive families through the following objectives: (a) supporting contingent communication, (b) supporting reciprocal interactions, (c) supporting shared attunement, and (d) parent-child focus on the same object or event (Hughes, 2009; Purvis et al., 2007; Siegel & Hartzell, 2003; See Table 12).

Conclusion

A community-based family music class provides opportunities for music therapists to offer adoptive parents an environment of social support, perspective through shared information and resources, positive language, reframing of adoption, and the use of routines and rituals to promote bonding development. Adoptive parents could bring or participate in class with a spouse, partner, or family member, allowing their support

system to become involved in a weekly shared experience, respond to weekly needs (due to scheduling, sickness, or the needs of multiple children), and structure individual or rotating time between parents and children. Adoptive parents could participate in community-based family music classes alongside or with other adoptive family friends with children, as well as share in an experience common to friends with biological children. This shared experience would provide a connection and ability to relate to other biological parents for social support, an area found to be a challenge in adoptive parenthood (McKay & Ross, 2010). Faith and God were identified as pillars of strength for some adoptive families. Churches could host music classes, allowing adoptive families to connect in a spiritually supporting context and community.

A community-based family music group for adoptive families offers a safe environment for an educator and other adoptive families to share and model empathy, sensitivity, and acceptance. It also provides a safe interactive environment for parents to demonstrate active engagement and listening, discover how their child thinks and feels, respond to their child's actions or expressions, and find reasons to delight and enjoy their child (Hughes, 2009). Class experiences also allow adoptive parents to see their child achieve important milestones, a facilitator found to have a positive impact on adoptive parenthood (McKay & Ross, 2010). Collaborations could develop between local marriage and family therapists, possibly connecting a weekly individual or group seminar to a weekly community-based family music class. A collaborating marriage and family therapist would allow parent access and opportunity to (a) work through unresolved experiences prior to or during the adoption including infertility, the death of a biological child, emotional delays, loss, and the adopted child's own need for healing, (b) recognize

personal attachment history, (c) conceptualize attachment theory as a perspective to view past and current experiences, (d) practice self-reflection and understanding, (e) receive support and resources for cultivating healing and repair in relationships with a spouse, partner, or family member, and (f) receive support for using God, prayer, church, or religion as a source of strength. Adoptive parents uses of music as an avenue to remain connected with sources of comfort and strength could be incorporated in possibly individual or group seminars with a collaborating marriage and family therapist.

Community-based family music groups may also provide an avenue to receive community adoption grants in order to offer adoptive families services that would otherwise be inaccessible and provide a common language and approach for clinicians to further the research of using music to promote secure parent-child attachment bonds. This common avenue would allow research findings to grow beyond the ability of one clinician or researcher alone and build reciprocal relationships and connections between professionals promoting bonding development. Community-based family music groups provide a promising resource that could begin bridging the gap between pre and post care adoption support and possible resources of international orphanages to support a child's transition into adoptive families.

Recommendations for the adopted children in community-based family music groups include: (a) the inclusion of music from a child's culture of birth or possibly classes focused on cultures from around the world, (b) offering both family and age specific classes, (c) excluding class participation of siblings for adoption placements under a year, and including class participation of siblings for adoption over a year, (d) class activities that promote face-to-face engagement and eye contact, and (e)

combination of class opportunities to engage with the whole group and then interact primarily with family members.

Parental recommendations for community-based family music groups include: (a) the requirement of one adoptive parent, along with any additional family members, to participate in the music class, (b) a variety of class schedules, including evenings, summers, and weekends to help support the needs of adoptive parents working full-time, (c) using structured class time to encourage or facilitate parental icebreakers and topics for collaboration and support among other adoptive families, (d) allowing adoptive parents to share contact information and encourage support and contact outside weekly music classes. Resources shared with adoptive families could highlight and empathize the following topics:

1. Parental behaviors related to the conceptual summary of community-based family groups to promote parent-child secure attachment bonds (see Table 12).
2. Social support reduces feelings of isolation and remaining alone that were found to be associated with challenges to adoptive parenthood and feelings of shame (Brown, 2006; McKay & Ross, 2010).
3. Highlighting the importance of singing and creating individual lullabies with children, as it may be an overlooked connection in older adoptions.

A visual portrayal of recommendations for program development is provided in Figure 6.

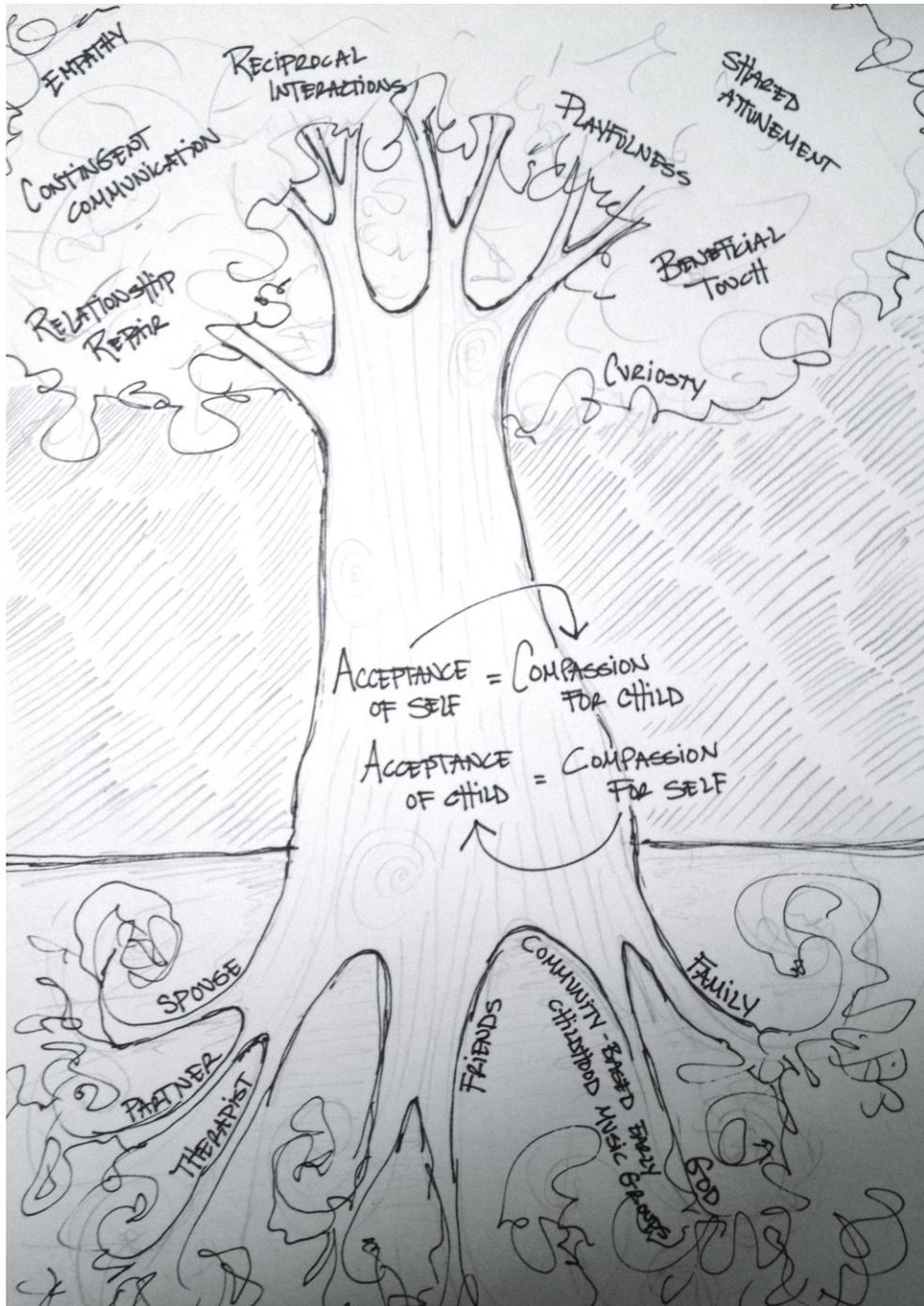


Figure 6

Theoretical Framework: Promoting Parent-Child Bonding Development through Parental Behavior

Future Research

The amount of data collected for the purpose of this study ended up exceeding the scope of the study itself. Therefore future studies would include using the conceptual summary to acquire frequencies of parent-child behaviors observed in each videotaped Kindermusik[®] class and activity. This would allow identification of what activities support and structured specific parent-child behaviors and inform intervention reporting and therapeutic functions of music. Future studies could also identify music to facilitate parental responses to journal prompts and topics.

Future research could also examine using community-based family music curriculums individually with families during the first year after adoption and using a music curriculum with a child pre adoption and post adoption, providing a continuum of care before and after placement with an adoptive family. Additional research could focus on African American and Hispanic or Latino adoptive families, transracial adoptive families, a longitudinal study, and collaboration with a family and marriage therapist.

APPENDIX A
CLASS FLYER



Wiggle & Grow



Adoptive families are being asked to take part in a research study:
The Need for Connection in Adoptive Families: A Heuristic Grounded Theory Study on Family-Based Kindermusik® Groups to Promote Bonding

FREE: 8-week Kindermusik® Wiggle & Grow family class tuition
And digital home materials

Requirements & Eligibility:

- Participate in a 8-week Kindermusik® Wiggle & Grow family class, three parent interviews, weekly parental journaling, and music-based activities at home in-between classes.
- Participation is open to any family with at least one adopted child under 3½ years. At least one parent must attend and participate in class each week. Siblings are invited to attend as well.

Two Available Class Dates/Locations:

Monday's 6:00-6:45 pm
University of Missouri-Kansas City

Saturday's 10:30-11:15 am
University of Missouri-Kansas City

Enrolling Now! Limited class sizes
If interested, Contact Erin McAlpin, MT-BC
(816) 838-7650
elmcalpin@gmail.com



APPENDIX B
RECRUITMENT EMAIL

To Whom It May Concern,

My thesis study, *The Need for Connection in Adoptive Families: A Heuristic Grounded Theory Study on Family-Based Kindermusik® Groups to Promote Bonding*, has been approved by the University of Missouri-Kansas City's Social Science Institutional Review Board. I am writing to you to ask for your assistance in identifying possible adoptive families to take part in this study.

If you are interested in assisting with the recruitment of families, all you are asked to do is distribute the attached flyer and recruitment information outlined below to adoptive families or other local community resources in contact with adoptive families. Classes begin in October, so I am asking you to forward information about this study to adoptive families that would be interested as soon as possible.

Families that are eligible for this study include those who have an adopted child who is 3 ½ years or younger, have no more than 5 children, and would be able to participate in a Kindermusik® Wiggle & Grow class.

Your assistance to distribute flyers and study requirement emails is strictly voluntary. Your assistance in recruiting families for this study, should you desire to do so, is greatly appreciated. If you have questions, please do not hesitate to contact me, or my thesis advisor, Dr. Hanson-Abromeit by phone or email.

Sincerely,

Erin McAlpin, MT-BC
Co-Principle Investigator

Deanna Hanson-Abromeit, Ph.D., MT-BC
Principle Investigator

APPENDIX C

RECRUITMENT EMAIL FOR ADOPTIVE FAMILIES

Dear _____,

You are invited to take part in a research study, *The Need for Connection in Adoptive Families: A Heuristic Grounded Theory Study on Family-Based Kindermusik® Groups to Promote Bonding*. Adoptive families will be able to attend Kindermusik® Wiggle & Grow family classes free of tuition and the cost of digital at-home materials.

Erin McAlpin, a board certified music therapist and licensed Kindermusik® teacher, will be teaching the Wiggle & Grow classes for adoptive families as part of this research study. As a graduate student at the University of Missouri-Kansas City (UMKC) she is conducting this research study as part of her Masters of Arts in Music Therapy degree requirements.

Interested families will be asked to come to a 45-minute Kindermusik® Wiggle & Grow family class once a week for 8 weeks, and participate in three parent interviews, weekly parent journaling, and music-based activities at home between classes.

Participation is open to any family with at least one adopted child under 3½ years. At least one parent must attend and participate in class each week. Siblings are invited to attend as well. Unfortunately, due to class size restrictions, this study is not designed for families with more than five children.

Two available class dates/locations

- Monday's 6:00-6:45 pm/Oct 15th-Dec 10th
- Saturday's 10:30-11:15 am/Oct 13th-Dec 8th

Please contact Erin if you're interested in participating in this study. Enrolling now with limited class sizes.

Erin McAlpin, MT-BC

Kindermusik International is the world's leading provider of music and movement programs for young children, enjoyed by over 1 million families in more than 60 countries. Our program is based on research demonstrating the benefits of music at each stage of a child's development. We start from where your child is, regardless of his age, and provide activities that stimulate his mind, body, and sense of play. All over the world, parents bond with their babies through musical sounds and rhythmic movement. They rock and swing their children, put them to sleep with lullabies, make them laugh with nursery rhymes. Parents know instinctively what scientists have now proven: young children thrive on music. Kindermusik is about kids, parents, and teachers—coming together and having a great time! It's about helping you grow closer to your child. Enriching her environment and her development. Giving him a lifelong love of music and a foundation for learning.

Wiggle & Grow will be offered as a family class with digital home materials. This music-filled class celebrates the unique joys of your growing child. Each week your child will love singing, dancing, and playing instruments with you and her new friends and you'll love helping her practice a wide variety of abilities such as gross and fine motor skills, turn-taking, social skills, and active listening. In class, we'll also share tips and ideas for using music throughout the week. Plus,

the fun (and learning!) continue with the *Kindermusik@Home* digital home materials, including music from class, musical activities, and each month's story.

Miss Erin has a passion for music, children and families and is thrilled with the opportunity to combine all three with Kindermusik. Miss Erin started her musical career with piano lessons at age 6. She continued her musical training and went on to get an undergraduate degree in music therapy at the University of Missouri-Kansas City followed by an internship at the Royal Children's Hospital in Melbourne Australia and board certification as a music therapist. Inspired by how music promotes moments of connection and bonding between parents and children, she found herself back at the University of Missouri-Kansas City pursuing a graduate degree in music therapy with a focus on adoptive families. Miss Erin also works as a graduate teaching assistant, piano teacher, nanny, and full-time aunt of 8 nieces and nephews. Miss Erin is thrilled to be teaching Kindermusik, a program she knows promotes whole child development and that all-important connection between children and parents.

APPENDIX D
CONSENT FOR PARTICIPATION

Consent for Participation in a Research Study

The Need for Connection in Adoptive Families: A Heuristic Grounded Theory Study on Family-Based Kindermusik® Groups to Promote Bonding

Principle Investigator: Deanna Hanson-Abromeit, Ph.D

Co-Principle Investigator: Erin McAlpin, B.A

Request to Participate

You and your child are being asked to take part in a research study. This study will be held at the University of Missouri-Kansas City.

The researcher in charge of this study is Deanna Hanson-Abromeit, Ph.D. While the study will be run by her, other qualified persons who work with her may act for her.

The study team is asking you and your child to take part in this research study because you have a family with an adopted child or children from the United States or another country, with at least one adopted child under 3½ years old, are English speaking parents, and want to enroll in a Kindermusik® Wiggle & Grow family class. Research studies only include people who choose to take part. This document is called a consent form. Please read this consent form carefully and take your time making your decision.

The researcher Co-Principle Investigator, Erin McAlpin, will go over this consent form with you. Ask her to explain anything that you do not understand. Think about it and talk it over with your family and friends before you decide if you and your child want to take part in this research study. This consent form explains what to expect: the risks, discomforts, and benefits, if any, if you consent to be in the study.

Background

You and your child are being asked to take part in a research study because you are a parent(s) of an adopted child or children under the age of 3½ years old and have expressed an interest in a Kindermusik® Wiggle & Grow family class. This study will require at least one parent and the adopted child (or children) to come to the University of Missouri-Kansas City campus for a 8-week Kindermusik® Wiggle & Grow family class. Siblings are invited to come as well, but the study will not be able to meet the needs of families with more than 5 children. Parent(s) will also be asked to talk to the researcher(s) during three parent interviews, write weekly parent journal entries, and music-based activities at home in-between classes with digital home materials will be encouraged.

Two Kindermusik® Wiggle & Grow family classes will be open to all adoptive families with a least one adopted child under 3½ years. Your family can choose the class that best fits your schedule, Monday evenings or Saturday mornings. At least one parent must come to class each week. As part of the study, families will not be charged for the Kindermusik® Wiggle & Grow class or materials.

Kindermusik® offers music classes all over the world. These classes are about making music with your child/ren in ways that help them practice skills such as gross and fine motor skills,

UMKC Social Sciences IRB Approved from: 10/09/2012 to: 10/01/2013 IRB #: SS12-152e Version: 10/04/2012

turn-taking, social skills, and active listening through singing, dancing, and playing instruments with you, family members and other families in the group. Plus, the fun and learning continues with the Kindermusik@Homedigital home materials, including music from class, musical activities, and each month's story.

You and your family will be one of about fourteen adoptive families in the study at the University of Missouri-Kansas City in two Kindermusik® Wiggle & Grow classes.

Purpose

Some adoptive parents have shared that they worry about how they can help their adopted child or children feel connected or bonded with them. Many report that support and services to help adoptive parents with bonding are limited. Music groups designed for positive and safe family time may help change or improve attachment and bonding in adoptive families, but there is little information about music and adoptive families.

The purpose of this study is to learn how community-based Kindermusik® groups can support bonding in adoptive families. The study will ask two questions:

1. How do music groups support adoptive parents feeling present in emotion to their child/ren?
2. How do music groups support adopted children feeling safe and secure with adopted parents?

Procedures

If you decide for your family to take part in this study, you will be asked to do the following:

Week 1/Interview 1

Talk with the researcher for about 45 minutes in an initial parent interview that will ask you questions about your adoption experience, interest in the study, and how music is or not used in your family. The interview will be recorded.

Week 2-Week4/Class 1-3

Attend Kindermusik® Wiggle & Grow weekly 45 minute videotaped family class at the University of Missouri-Kansas City.

Complete weekly parent journal entry (flexible time length based on interest, 15-45 minutes) using the questions given to you by the researcher.

Weekly digital at-home music activities will be encouraged (flexible time length based on interest).

Week 5- Week 6/Class 4-5

Attend Kindermusik® Wiggle & Grow weekly 45 minute videotaped family class at the University of Missouri-Kansas City.

Complete weekly parent journal entry (flexible time length based on interest, 15-45 minutes) using the questions given to you by the researcher.

Talk with the researcher for about 45 minutes over the phone or in-person (at UMKC) for a mid-point parent interview that will ask what you think about the music class and other questions based on your journaling. The interview will be audio recorded.

<p>UMKC Social Sciences IRB Approved from: 10/09/2012 to: 10/01/2013 IRB #: SS12-152e Version: 10/04/2012</p>

Weekly digital at-home music activities will be encouraged (flexible time length based on interest).

Week 7-Week 9/ Class 6-8

Attend Kindermusik® Wiggle & Grow weekly 45 minute videotaped family class at the University of Missouri-Kansas City.

Complete weekly parent journal entry (flexible time length based on interest, 15-45 minutes) using the questions given to you by the researcher.

Weekly digital at-home music activities will be encouraged (flexible time length based on interest).

Week 10

Talk with the researcher for about 45 minutes over the phone or in-person (at UMKC) for a final parent interview that will ask what you think about, and how you used the music class in your family. The interview will be audio recorded.

If you agree to take part in this study, you and your child will be involved in this study for a total of 10 weeks, with an average of 13 and a half hours of interviews, Kindermusik® classes, and parent journaling. This does not include weekly digital at-home music activities that are flexible time lengths based on interest.

When you and your child are done taking part in this study, you will not have access to the Kindermusik® Wiggle and Grow family class for free tuition or the digital at-home materials used for the purpose of this study.

Being in this study is voluntary at all times. You may choose to not be or to withdraw from the study at any time. Deciding not to be or choosing to leave the study will not result in any penalty. Please tell the researcher of your decision at that time. The only loss of benefits would include being in the Kindermusik® Wiggle & Grow family weekly class. Access to digital home materials would continue for the length of the 8-week group. If you decide to leave the study the information you have already provided will be disposed.

Your child/children will be encouraged to be involved in the music groups in a way that feels good to them. This means if a child wanders off or away from the group or chooses not to participate in an activity you will be asked to model involvement, but not force them to do anything they do not want to do. If your child expresses discomfort in any way, you will be asked to meet the child's needs. If the child becomes disruptive to the group (for example screaming or hitting others), you will be asked to meet the child's needs and may involve removing them from the group area or room and returning when they are calm.

Being in this study requires audio recording, video recording, and parent journals. All recordings and journals will only be used for this particular study unless you give permission for these materials to be used in future research or education. If you do not give permission to keep these materials for future research, the audiotapes and journals will be destroyed once the study has been finished. Because this study involves a group of people, some families may choose to give video permission for future research. If you do not want your family's video to be used for future

<p>UMKC Social Sciences IRB Approved from: 10/09/2012 to: 10/01/2013 IRB #: SS12-152e Version: 10/04/2012</p>
--

research you and your family members faces will be blurred so your identity will be protected. All tapes, recordings, and journals will be stored in a locked file cabinet in a secured office during and after the study.

Risks and Inconveniences

There are no known risks to you and your family for taking part in this study. Some possible risks could include: Your kids becoming disruptive during music class requiring positive adult redirection; feeling uncomfortable writing about some of the questions asked in weekly parent journaling; or experiencing inappropriate interactions between parent/child or disclosure of events/actions/feelings that may describe an unsafe environment.

The journal questions provided by the researchers may raise feelings of discomfort or distress. Based on a journal response the researchers may suggest separate support services for a parent who expresses uncomfortable feelings or memories when journaling, or at any other time during the course of this study. Parents may also choose to seek additional support services independent of this study. For a list of possible support resources see the Appendix to this document. Parents will be responsible for the selection of, and payment for, support services outside of this study.

Reporting of child abuse, neglect, or exploitation during the course of this study will be mandatory by the researchers should they become aware of such events. The Children's Division Child Abuse and Neglect Hotline Unit (CA/NHU) accepts reports of suspected child abuse, neglect, or exploitation. Reports are received through a toll-free telephone line that is answered seven days a week, 24 hours a day. The Missouri Department of Social Services has mandated by law that members of certain occupational groups, such as teachers, social workers, therapists, and physicians, make reports to the Hotline.

The researchers want you and your family members to feel safe and comfortable. If you have any concerns at any time during this course of the study you are encouraged to talk with the researchers.

Benefits

You and your family will get to be in a music group that is fun. Your family will get to meet other adoptive families. In addition, it is hoped that future adoptive families will benefit from the information about music groups to support parent child bonding that comes from this study.

Fees and Expenses

There will be no costs to this study other than your time. Kindermusik® materials and course fees will not be charged to participating families for the duration of the study.

Compensation

Subjects will not be compensated for their participation in this study.

Alternatives to Study Participation

The alternative is not to take part in the study.

Confidentiality

UMKC Social Sciences IRB Approved from: 10/09/2012 to: 10/01/2013 IRB #: SS12-152e Version: 10/04/2012

While we will do our best to keep the information you share with us confidential, it cannot be absolutely guaranteed. Individuals from the University of Missouri-Kansas City Institutional Review Board (a committee that reviews and approves research studies), Research Protections Program, and Federal regulatory agencies may look at records related to this study to make sure we are doing proper, safe research and protecting human subjects. The results of this research may be published or presented to others. You will not be named in any reports of the results.

All adoptive families members names will be changed in writing to protect confidentiality. Electronic research data, and emails from participants (if they choose to email questions, comments, or weekly journals entries during the 10-week study) will be deleted from the researchers email inbox and saved to a jump drive. No information will be saved directly to any computer. Backup files will be saved to an external hard drive weekly to reinsure safety of information. Whether participants choose to complete an interview over the phone or in person, recordings and writings of these interviews will also be saved directly to the jump drive and external hard drive. Phone numbers will be deleted from the researchers cell phone immediately. All classes will be recorded with a video camera. All videotapes will be saved to the jump drive and external hard drive. The jump drive, external hard drive, video camera, and any hard copies will remain in the presence and possession of the researcher at all times during data collection and analysis. When not being used, the jump drive, external hard drive, video camera, and all hard copies of data and analysis will be stored in a locked file cabinet at the university. Additional saved information will be locked and kept in the private office of the researcher.

Interviews will be conducted, recorded, and transcribed by the researcher. Adoptive family members names will be paired with unique identifying numbers that will be assigned to each interview in writing. The researcher will be the only person with access to the adoptive families identification. Audiotapes will be stored in a locked file box located in a locked on-campus office. Recorded audiotapes will be written out by the researcher and stored on a portable storage device. The researchers will be the only individuals with access to the tapes, and portable storage device.

Adoptive families will access the digital home materials through my.kindermusik.com. Access to the digital home materials will require Kindermusik® International to receive adoptive parents email addresses for the purpose of setting up digital home material access through www.my.kindermusik.com. As with all of Kindermusik® families, these email address will be kept confidential.

Separate consent will be obtained for direct quotes, visual, or audio images used in publication or presentations or for the retention of study data for future research (see p. 4 of this consent).

In Case of Injury

No treatment for research-related injury will be available.

The University of Missouri-Kansas City appreciates people who help it gain knowledge by being in research studies. It is not the University's policy to pay for or provide medical treatment for persons who are in studies. If you think you have been harmed because you were in this study, please call the researcher, Dr. Hanson-Abromeit at (816) 235-2906.

<p>UMKC Social Sciences IRB Approved from: 10/09/2012 to: 10/01/2013 IRB #: SS12-152e Version: 10/04/2012</p>
--

Contacts for Questions about the Study

You should contact the Office of UMKC's Social Sciences Institutional Review Board at 816-235-5927 if you have any questions, concerns or complaints about your rights as a research subject. You may call the researchers Erin McAlpin at (816) 838-7650 or Dr. Hanson-Abromeit at (816) 235-2906, if you have any questions about this study. You may also call if any problems come up.

Voluntary Participation

Taking part in this research study is voluntary. If you choose to be in the study, you are free to stop participating at any time and for any reason. If you choose not to be in the study or decide to stop participating, your decision will not affect any care or benefits you are entitled to. You will be told of any important findings developed during the course of this research.

You have read this Consent Form or it has been read to you. You have been told why this research is being done and what will happen if you take part in the study, including the risks and benefits. You have had the chance to ask questions, and you may ask questions at any time in the future by calling Erin McAlpin at (816) 838-7650 or Dr. Hanson-Abromeit at (816) 235-2906. By signing this consent form, you volunteer and consent for you and your child to take part in this research study. Study staff will give you a copy of this consent form.

Informed consent of children will be provided by adoptive parents and will also be based on child behaviors indicative of desire to participate or not in the music groups.

Giving permission for the researchers to use audiotapes, videotapes, and journals for scholarly, professional, and/or future research is optional.

Interviews

All interviews and phone conversations will be audio taped for the research to listen back to and take notes.

I give permission for the researcher to use the audio recordings for (please use your initials):

_____ (Optional) Professional presentations (e.g. conferences and trainings). The audio recordings will be kept in a secure location. They will not be destroyed.

_____ (Optional) Educational Purposes (e.g. class lectures and training). The audio recordings will be kept in a secure location. They will not be destroyed.

_____ (Optional) Future Research. The audio recordings will be kept in a secure location. They will not be destroyed.

Video Recorded Observations

All Kindermusik® Wiggle & Grow family classes will be videotaped for the researcher to watch after the classes to take notes.

I give permission for the researcher to use the video recordings for (please use your initials):

_____ (Optional) Professional presentations (e.g. conferences and trainings). The video recordings will be kept in a secure location. Your family members faces will not be blurred.

<p>UMKC Social Sciences IRB Approved from: 10/09/2012 to: 10/01/2013 IRB #: SS12-152e Version: 10/04/2012</p>
--

- _____ (Optional) Educational Purposes (e.g. class lectures and training). The video recordings will be kept in a secure location. Your family members faces will not be blurred.
- _____ (Optional) Future Research. The video recordings will be kept in a secure location. Your family members faces will not be blurred.

Parent Journals

All parent journals will be turned into the researcher as hard copies or electronically (via a university email account) to inform research results.

I give permission for the researcher to use my parent journals for (please use your initials):

- _____ (Optional) Professional presentations (e.g. conferences and trainings). My parent journals will be kept in a secure location. They will not be destroyed.
- _____ (Optional) Educational Purposes (e.g. class lectures and training). My parent journals will be kept in a secure location. They will not be destroyed.
- _____ (Optional) Future Research. My parent journals will be kept in a secure location. They will not be destroyed.

Signature (Volunteer Subject)

Date

Printed Name (Volunteer Subject)

Signature of Person Obtaining Consent

Date

Printed Name of Person Obtaining Consent

<p align="center">UMKC Social Sciences IRB Approved from: 10/09/2012 to: 10/01/2013 IRB #: SS12-152e Version: 10/04/2012</p>
--

APPENDIX E

WEEKLY JOURNAL QUESTIONS

Week 1

1. What was it like growing up? Who was in your family?*
2. How did you get along with your parents early in your childhood? How did the relationship evolve throughout your youth and up until the present time?*
3. Please tell me about some of your favorite ways to connect with your children throughout the day? What are some of your favorite special things to do together?
4. How does your family enjoy music together?

Week 2

1. How did your parents communicate with you when you were happy and excited? Did they join with you in your enthusiasm? When you were distressed or unhappy as a child, what would happen? Did you father and mother respond differently to you during these emotional times? How?*
2. What do you think about the topic of shame or feeling loved and worthy of acceptance and belonging?
3. Do you see or think about these same feelings or experiences in your child(ren)? How? When?

Week 3

1. What impact do you think your childhood has had on your adult life in general, including the ways in which you think of yourself and the ways you relate to your children? What would you like to change about the way you understand and relate to others?*
2. What new rituals have you added over the last few weeks (or would like to add) into your family's daily routines or interactions with one another? What are the difficulties or challenges of creating new rituals of connection? What are the rewards?

Week 4

1. Do you recall your earliest separations from your parents? What was it like? Did you ever have prolonged separations from your parents?* If applicable, feel free to include any other caregivers that were influential in your childhood (such as grandparents or aunts..etc.).
2. Do you and your child have a special song that is just yours? If not, think about what songs you can begin incorporating into your daily routines for relaxation, rocking, snuggles, and bonding together. If yes, what song is it? When do you sing this song together? When and where did the song begin?
3. I would love to hear your original songwriting verses! Please attach your song below or let me know if you need help creating a song- I would love to help.

Week 5

1. How did your relationship with your mother and father differ and how were they similar? Are there ways in which you try to be like, or try not to be like, each of your parents?* If applicable, feel free to include any other caregivers that were influential in your childhood (such as grandparents or aunts..etc.).
2. Be creative and write your own words of daily affirmation for your family. This gives you an opportunity to reflect on your family's value statements. Please share the phrases/words of affirmation that you came up with.

Week 6

1. How did your parents discipline you as a child? What impact did that have on your childhood, and how do you feel it affects your role as a parent now?* If applicable, feel free to include any other caregivers that were influential in your childhood (such as grandparents or aunts..etc.).
2. Who and how do you access connection with others as a safe haven to return to in times of distress? Is there a song that reminds you of this person or that you've shared with that person? What is the song? When do you listen to this song and why?
3. Who and how do you access connection with others as a source of security, strength, and confidence, knowing they are close and available? Is there a song that reminds you of this person or that you've shared with that person? What is the song? When do you listen to this song and why?

Week 7

1. How have your childhood experiences influenced your relationships with others as an adult? Do you find yourself trying not to behave in certain ways because of what happened to you as a child? Do you have patterns of behavior that you'd like to alter but have difficulty changing?*
2. Do you have memories of music growing up in your home? What and how was music incorporated into your family environment? Do you still incorporate this into your life now? Why or why not?
3. How and in what ways would you like to continue adding music into your home, family relationships, and rituals?

* Questions taken from: Siegel, D. J., & Hartzell, M. (2003). *Parenting from the inside out*. New York: Jeremy P. Tarcher/Putnam.

Week 8

1. Do you feel like Kindermusik Wiggle & Grow has enhanced your interactions with your child/ren within the classes?
2. Do you feel that Kindermusik Wiggle & Grow has enhanced your interactions with your child/ren at home?
3. In what ways has Kindermusik Wiggle & Grow influenced the way you musically interact with your child/ren at home?
4. Have you developed new strategies for using music at home with your child as a result of Kindermusik Wiggle & Grow?
5. Please indicated the new musical strategies you use at home with your child as a

result of Kindermusik Wiggle & Grow.

6. Do you have an interest in taking Kindermusik classes in the future ([information here](#))?
7. On a scale of 1-10 (1 being not likely and 10 being extremely likely) how likely are you to recommended doing a Kindermusik class with digital home materials rather than traditional hard-copy home materials (that include a Family Activity Guide, CD, instrument or prop, and literature book)?
8. What is the biggest reason for your answer?

Questions from Week 8 adapted from: Mackenzie & Hamlett (2005).

APPENDIX F
WEEKLY PARENT EMAILS

Week 1

Dear Kindermusik Parents,

Welcome to Kindermusik's Wiggle & Grow family class!

What a lovely morning I had with your families. Lot's of fun, giggles, and smiles. As you saw in class today, music creates moments of interaction, exploration, play, relaxation, touch, and snuggles; crucial building blocks to attachment and bonding. With the use of our class activities, digital at-home materials, and your own music and ideas, begin building special family rituals into your busy days. Becky Bailey, in her book *I Love You Rituals*, suggests creating family rituals to connect with each other when you wake up, go to bed, when you or your children leaves or returns, saying hello and good-bye, family time, and during life changes (starting school, moving, birthdays, holidays, losing a tooth, growing taller...etc).

This week you will also begin your weekly parent journaling! Research has found that the way parents narrate and remember their own childhood experiences has a profound ability to predict and influence the style of attachment their own children will develop. Children who demonstrate secure attachment have parents that 1) value the relationship they had with their own parents, 2) are comfortable depending on others, 3) are at ease with personal imperfections, 4) show forgiveness and compassion toward their own parents, 5) have the ability to take the view of their own parents, and 6) show regret toward flawed

personal behaviors.

Parents are required to model and demonstrate behaviors and skills that their children may be having difficulty with, for reasons such as past history, experiences, personalities, and unique wiring. This provides a wonderful opportunity and the difficult job for parents to model their own self-reflection and growth. As a parent begins to build their own capacity to reflect and tolerate old triggers, defenses, and reactions from childhood, they begin to offer and demonstrate opportunities for their child to do the same. Developing personal empathy allows parents to remain present and connected with a child experiencing difficult situations or feelings. This is needed to create and remain present during shared moments of bonding.

Enjoy playing with each other this week and taking the time to reflect in your own journaling. Aside from the weekly parent journaling, please feel welcomed and encouraged to contact me with any comments and questions along the way. I am here to provide support to your beautiful families as we look to learn ways to strengthen and enjoy bonds with one another. I will also attach my resource list to this email.

Looking forward to singing with you next week!

Erin McAlpin

Recommended Resource List

BOOKS

- **Attachment-Focused Parenting: Effective Strategies to Care for Children** by Daniel A. Hughes
- **The Connected Child** by Karyn B. Purvis, David R. Cross, and Wendy L. Sunshine
- **Facilitating Developmental Attachment: The Road to Emotional Recovery and Behavioral Change in Foster and Adoptive Children** by Daniel J. Siegel
- **I Love You Rituals** by Becky Bailey
- **Parenting From the Inside Out: How A Deeper Self-Understanding Can Help You Raise Children Who Thrive** by Daniel J. Siegel and Mary Hartzell
- **The Whole-Brain Child: 12 Revolutionary Strategies to Nurture your Child's Developing Mind** by Daniel J. Siegel and Tina Payne Bryson

LOCAL COUSELORS

Marriage and Family Therapist

- Parenting Strategies
- Individual and Couples Therapy

Counselor and Play Therapist

- Children ages 3 and up

Week 2

Dear Kindermusik Parents,

It is one thing to love our children, it is another thing for children to perceive the depth of our love for them – Becky Bailey

Attachment is the relationship built between you and your child. Bonding is the process of building and developing your relationship together. Creating family rituals allows you to enjoy your children while remaining fully present. This allows bonding through moments of acceptance, eye contact, touch, and being fully absorbed in the moment together.

Rituals of family connection will allow you to find something very precious – yourself. It requires you to offer relationship with your child and not only your role as a parent. From the outside it may look like the end of the world (the house is a mess, work is stressful, dinner is late, phone calls need to be made... etc), and on the inside you are pulling together as never before. You are reconnecting with your children and yourselves (adapted from Becky Baileys book, I Love You Rituals).

Research has found that shame, or an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging, is the top predictor that keeps individuals from connecting with others. Through examining 215 adult interviews, it was found that demonstrating vulnerability and empathy for others is required for developing connection and relationship (see video link below in journaling). Although a parent desires for their child(ren) to risk vulnerability and feel a sense of acceptance and belonging, a parent must first examine if they are modeling these same behaviors of vulnerability and empathy.

Our weekly Kindermusik Wiggle & Grow class and the music you are using at home with your child(ren) is a beautiful example of how your family connects, not only with one another but with other adoptive families. Begin strengthening your ability to offer intention, vulnerability, relationship, play, music, and activities throughout the week at home.

Sincerely,
Erin McAlpin

Week 3

Dear Kindermusik Parents,

What you offer others you strengthen within yourself – Becky Bailey

Parents have the wonderful opportunity and responsibility to model the process, struggle, discomfort, and ability to live vulnerably. Letting ourselves be seen, loving with our whole hearts even when there is no guarantee, practicing gratitude, leaning into joy, and believing we are enough. This requires the courage to be imperfect and knowing we are worthy of love and belonging ([Brene Brown: The Power of Vulnerability](#)). Thank you all for sharing this journey with me the past week in your journal entries.

Music provides many moments of connection, creativity, making decisions and choices, taking deep breathes, relaxation, following the leader, stopping and starting our bodies, answering questions, understanding and listening to others, and exploration of sound and movement. This provides wonderful opportunities to exercise the brain!

The lower brain, downstairs, includes the brain stem and the limbic region that are responsible for basic functions and emotions (breathing, blinking, fight or flight, anger, and fear). The upper brain, upstairs, is made up of the cerebral cortex and the middle prefrontal cortex that are responsible for making sound decisions, planning, controlling emotions and body, self-understanding, empathy, and morality. This upstairs brain is still “under construction” during childhood and adolescence and can be “hijacked” by the downstairs brain, especially in high-emotion situations.

Providing lots of opportunities to exercise the upstairs brain creates a staircase, or the vertical integration between the upstairs and downstairs brain. This means that the upper brain can help calm strong reactions, impulses, and emotions and the lower brain can help inform sound decisions through our emotions, instincts, and bodies (taken from, *The Whole-Brain Child: 12 Revolutionary Strategies to Nurture your Child's Developing Mind*, by Daniel Siegel). While singing your way through the week, find many opportunities to engage your child(ren)'s upstairs brain!

Sincerely,
Erin

Week 4

Dear Kindermusik Parents,

I enjoyed watching your families relax, rock, and bond while listening to our lullaby in class this week. Winding down and seeking closeness with a parent can often be difficult for independent little ones and especially challenging for children who have learned to rely on themselves when in need.

Provide safe and non-threatening opportunities and rituals throughout the day around relaxation, rocking, and snuggles together. This will encourage your children to begin using your relationship as a safe haven, or a place available for comfort and security when needed. Although some children's behaviors look independent and distant, children thrive on close connection and contact with parents. Here are some family ritual strategies from Daniel Siegel and Tina Bryson's book, *The Whole Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind*.

Infant/Toddler (0-3)

Even small children can learn to be still and take calm breaths, if only for a few seconds. Have your child lie on her back and place a toy boat on her stomach. Show her how to take slow, big breaths to make the boat go up and down. Keep this exercise very short since she's so young. Just let her experience the feeling of being still, quite, and peaceful.

Preschooler (3-6)

At this age, kids can practice taking calm breaths, especially if you keep the exercise brief. You can also tap into your child's vivid imagination at this age to give her practice focusing attention and shifting her emotional state: imagine that you are resting on the warm sand and you are feeling calm and happy.

Special songs between you and your children are a wonderful way to relax, rock, snuggle, and bond together. This week take a special song that you sing with your child and write

your own original verse. This can be a song your family sings at quiet time, before bed, before meals, or while saying hello and goodbye. Songwriting can be a beautiful opportunity to express your feelings to those you love – including your children.

I will include several templates to structure your songwriting. Include your children in the process! They will enjoy hearing the words you choose for “their” song and siblings may also have ideas to contribute. Fill in the blanks on the templates attached to this email or get creative with your own favorite song.

Twinkle, twinkle, little star
What a wonderful child you are!
With bright eye and nice round cheeks,
Talented person from head to feet
Twinkle, twinkle, little star
What a wonderful child you are!
(Becky Bailey)

Sincerely,
Erin McAlpin

Week 5

Dear Kindermusik Parents,

There is a wonderful quote from the movie, *The Help* (released in 2011): "You is Kind, you is smart, you is important" ([Link to clip](#)). This is one example for words of daily affirmation that can be used with children as a ritual of connection. Reciting family affirmation to yourself and allowing your child(ren) to recite the same affirmation back to themselves is an illustration of how parents teach through modeling.

Children internalize your views as their own, and use these views to predict what is safe, harmful, good, and bad. Parents serve as a secure base for their children. This means that children are able to explore the world and environment around them and feel a sense of personal security because of the connection, attachment, and confidence they have with and in you.

Model security to your children through providing safe and non-threatening opportunities and rituals of connection together as a family. Our new "Rhyme Around Town" digital home materials may be a fun place to begin exploring together (my.kindermusik.com)!

Happy Thanksgiving,
Erin McAlpin

Week 6

Dear Kindermusik Parents,

I have enjoyed watching your children share moments of snuggles and bounces in your laps and also feel confident enough to explore class instruments and space with you close by in class. Children use parents as a safe haven to return to in times of distress and security to explore and feel confident. Parents have the opportunity to model, encourage, and respond to these behaviors daily through close contact and interactions.

Spend this week reflecting on who you count on for a safe haven (a place you can return to in times of distress) and security (a source of strength and confidence knowing that someone is close and available). Remember to encourage these moments daily in your children, as well as in your own life.

Who and how do you access connection with others as a safe haven to return to in times of distress? Is there a song that reminds you of this person or that you've shared with that person? What is the song? When do you listen to this song and why?

Who and how do you access connection with others as a source of security, strength, and confidence, knowing they are close and available? Is there a song that reminds you of this person or that you've shared with that person? What is the song? When do you listen to this song and why?

This week give yourself and your children space to enjoy these moments of connection.

Sincerely,

Erin McAlpin

Week 7

Dear Kindermusik Parents,

You have all shown such creativity with using music to connect with your families. From letting loose, having fun, enjoying the moment, and writing your own original songs! Keep creating your own ideas and here is a list to spark your imagination!

- Dedicate songs to one another and tell each other why.
- Record your family or child singing your favorite songs and make a family CD. These can be lovely memories to listen to throughout the years or even pass to family members and friends as gifts.
- Write songs together- even if you make them up on the spot! Children are wonderful at this.
- Tell and act stories through music. Think of conversations like a musical- if your conversations remind you of a song, begin to sing together!
- Sing storybooks together
- Listen to your favorite recorded music and play along as a family (even with a kitchen band of pots and pans!)
- Explore new instruments together. Ask relatives and friends to play their instruments. If you grew up playing an instrument, get it back out and play with your children.
- Dance together
- Compile digital photo albums put to music. Choose songs that remind you of each other during those seasons.

Most importantly, keep having fun and finding creative ways to connect with each other!

Erin McAlpin

Source: McAlpin, E. L, (2011) Music therapy and bonding: A need for connection in hospice families. Unpublished paper.

Week 8

Dear Kindermusik Parents,

Influencing change in others can only happen when you begin with yourself

What a wonderful journey we have shared together over the past 8 weeks. Watching your families connect has been a joy and privilege to be apart of. Thank you for risking the vulnerability to build into your children through your own self-reflection and weekly journaling. You have challenged and encouraged me to do the same. I have been more than grateful for my "dream-team" of adoptive families willing to invest and contribute to my research. Thank you for your time, dedication, and the beautiful examples of what is means to be family.

Sincerely,

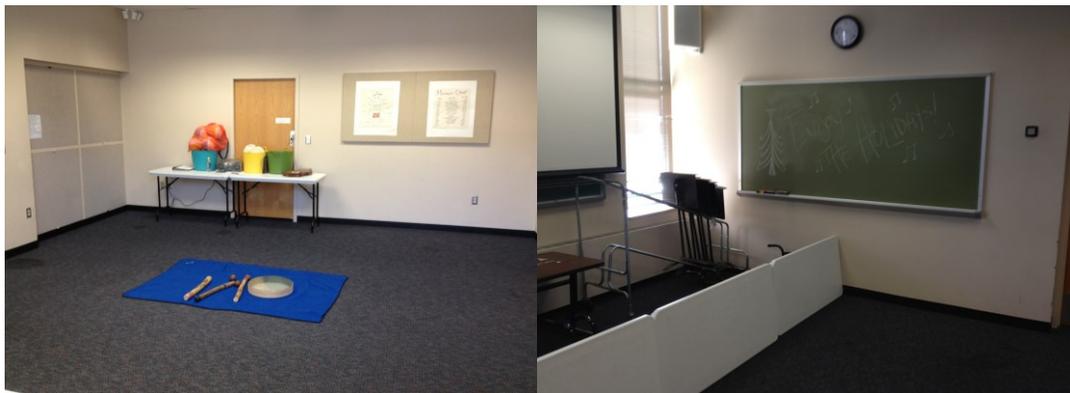
Erin McAlpin

APPENDIX G

PHOTOGRAPHS OF KINDERMUSIK[®] CLASS LOCATIONS AND POSTERS



Weeknight Kindermusik[®] classroom (see above).

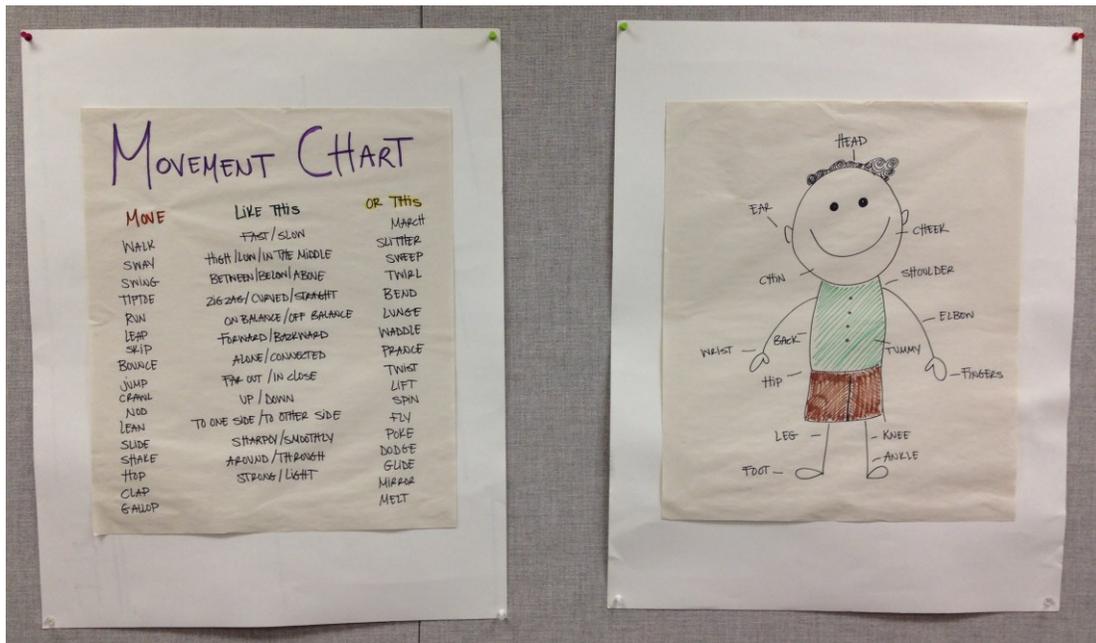


Weekend morning Kindermusik[®] classroom (see above).

(photographs continue)



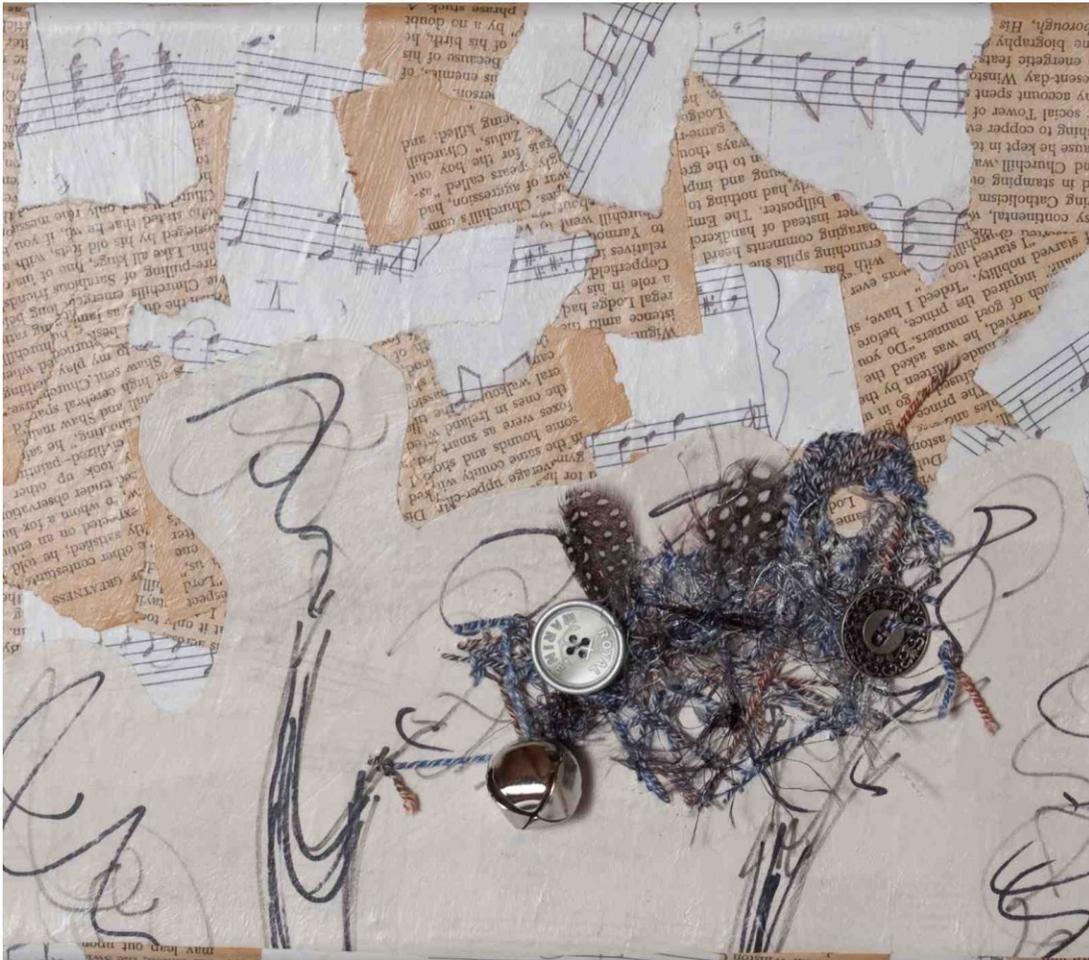
Alternate weekend morning Kindermusik® classroom for one week due to scheduling conflicts (see above).



Movement chart that was used in all three class locations (see above).

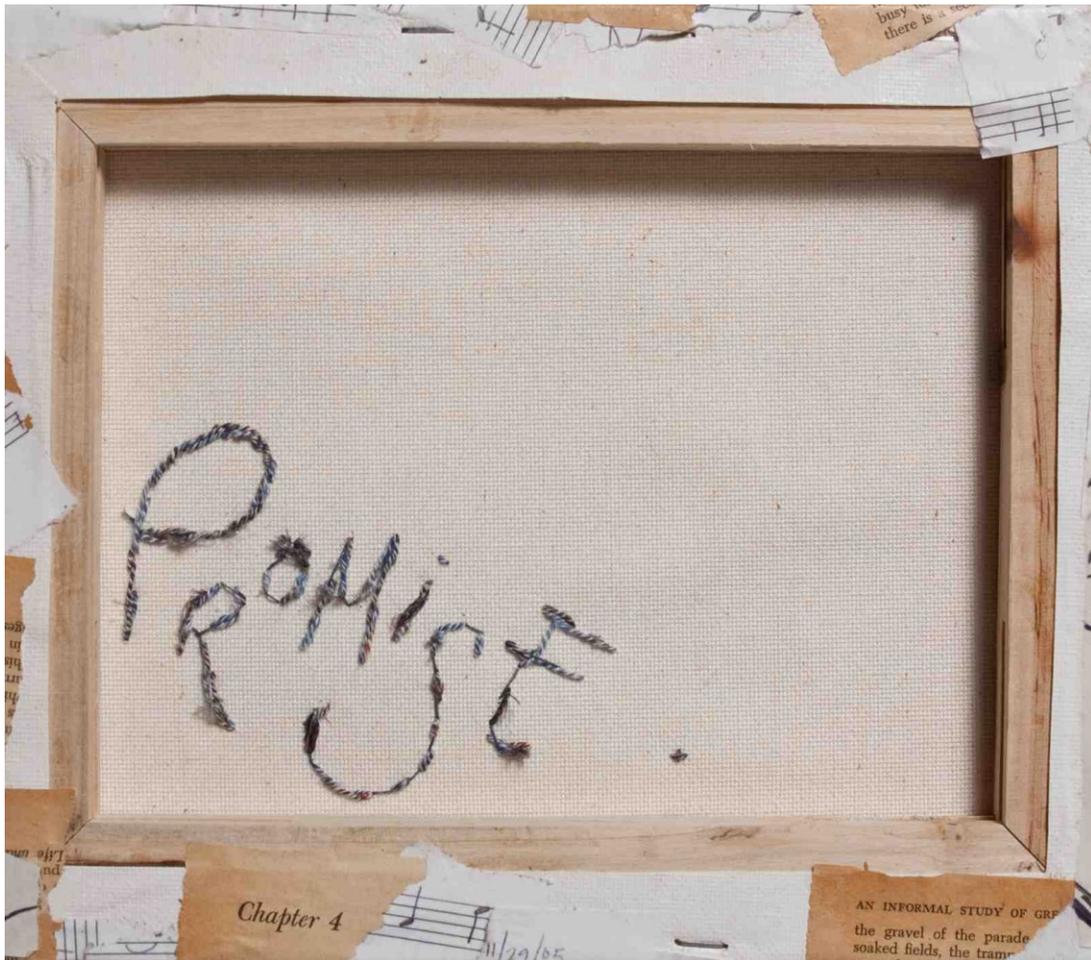
APPENDIX H

PART 1. UNFINISHED DREAM (FRONT)



(Figure continues)

PART 1. UNFINISHED DREAM CONTINUED (BACK)



APPENDIX I
PART 2. GROUNDED



APPENDIX J
PART 3. CONNECTION



APPENDIX K

PART 4. ABANDONMENT OF THE ADOPTIVE PARENT



APPENDIX L

PART 5. BELONGING OF THE ADOPTED CHILD



APPENDIX M
PERMISSION FOR FIGURES

**ELSEVIER LICENSE
TERMS AND CONDITIONS**

Apr 02, 2013

This is a License Agreement between Erin L McAlpin ("You") and Elsevier ("Elsevier") provided by Copyright Clearance Center ("CCC"). The license consists of your order details, the terms and conditions provided by Elsevier, and the payment terms and conditions.

All payments must be made in full to CCC. For payment instructions, please see information listed at the bottom of this form.

Supplier	Elsevier Limited The Boulevard, Langford Lane Kidlington, Oxford, OX5 1GB, UK
Registered Company Number	1982084
Customer name	Erin L McAlpin
Customer address	[REDACTED]
License number	[REDACTED]
License date	Apr 02, 2013
Licensed content publisher	Elsevier
Licensed content publication	Children and Youth Services Review
Licensed content title	The transition to adoptive parenthood: A pilot study of parents adopting in Ontario, Canada
Licensed content author	Katherine McKay, Lori E. Ross
Licensed content date	April 2010
Licensed content volume number	32
Licensed content issue number	4
Number of pages	7
Start Page	604
End Page	610
Type of Use	reuse in a thesis/dissertation
Portion	figures/tables/illustrations
Number of figures/tables/illustrations	1
Format	both print and electronic
Are you the author of this Elsevier article?	No
Will you be translating?	No

March 15, 2013

Erin McAlpin

Dear Ms. McAlpin,

In reply to your permission request for your thesis to reproduce copyrighted materials from the publication *Families in Society*, published by the Alliance for Children and Families, for internal grading use only (i.e., no dissemination), there is **no fee**. To deposit the paper in dissemination platforms (e.g., *Dissertation Abstracts*) or online self- or university-archiving repositories then a **reproduction fee and copyright terms apply**. In the latter case, please see below and attached invoice.

Permission is granted to reproduce specified content from the following articles:

Brown, B. (2006). Shame Resilience Theory: A Grounded Theory Study on Women and Shame (Fig. 1, "The Shame Web" & Fig. 2, "Shame Resilience Theory"). *Families in Society: The Journal of Contemporary Social Services*, 87(1), 43-52.

with non-exclusive world rights, including print and digital revisions and derivatives. Please add the following to the customary acknowledgement of the source:

"Reprinted with permission from *Families in Society* (www.FamiliesInSociety.org), published by the Alliance for Children and Families."

Invoice is attached. If possible, the publisher would appreciate a sample of the final publication.

Thank you for your request. Please contact me if you require additional information.

Sincerely,

Crystal Thompson
Editorial and Production Associate
Permissions@FamiliesInSociety.org

REFERENCE LIST

- Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of love*. Baltimore: Johns Hopkins University Press.
- Ainsworth, M. D. S. (1969). Object relations, dependency and attachment: A theoretical review of the infant-mother relationship. *Child Development*, 40, 969-1025.
- Ainsworth, M. D. S. (1982). Attachment: Retrospect and prospect. In C. M. Parkes & J. Stevenson-Hinde (Eds.), *The place of attachment in human behavior* (pp. 3-30). New York: Basic Books.
- Ainsworth, M. D. S., Blehar, M.C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Amir, D. (2005). Grounded theory. In B. Wheeler (Ed.), *Music therapy research* (2nd ed.). Gilsum, NH: Barcelona Publishers.
- Abad, V., & Edwards, J. (2004). Strengthening families: A role for music therapy in contributing to family centered care. *Australian Journal of Music Therapy*, 15, 3-16.
- Badenoch, B. (2008). *Being a brain-wise therapist: A practical guide to interpersonal neurobiology*. New York: W. W. Norton & Company.
- Barton, W. E. (1972). *Old plantation hymns*. New York: AMS Press.
- Boden, J. (2007). When IVF treatment fails. *Human Fertility*, 10(2), 93-98.
- Bogdan, R. C., & Biklen, S. K. (2007). *Qualitative research for education: An introduction to theory and method* (5th ed.). Boston: Allyn & Bacon.
- Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psycho-Analysis*, 39, 350-373.
- Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger*. New York: Basic Books.
- Bowlby, J. (1979). *The making and breaking of affectional bonds*. London: Tavistock.

- Brooks, D., & Barth, R. P. (1999). Adjustment outcomes of adult transracial and in racial adoptees: Effects of race, gender, adoptive family structure, and placement history. *American Journal of Orthopsychiatry*, 69, 87-105.
- Brown, B. (2006). Shame resilience theory: A grounded theory study on women and shame. *Families in Society: The Journal of Contemporary Social Services*, 87(1), 43-52.
- Brown, B. (2010, June). Brenè Brown: The power of vulnerability [video file]. Retrieved from http://www.ted.com/talks/brene_brown_on_vulnerability.html.
- Bruscia, K. E. (2005). Designing qualitative research. In B. Wheeler (Ed.), *Music therapy research* (2nd ed.) (p. 129-137). Gilsum, NH: Barcelona Publishers.
- Burrell, M. (2011). The benefits of music sessions for very young children with their parent or carers through the eyes of a music therapist. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (p. 93-100). New York: Oxford University Press.
- Cassidy, J. (2008). The nature of the child's ties. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment* (pp. 3-22). New York: Guilford.
- Cassidy, J., & Shaver, P.R. (1999). *Handbook of attachment*. New York: Guilford Press.
- Chachamovich, J.R., Chachamovich,, E., Ezer, H., Fleck, M .P., Knauth, D. R., & Passos, E. P. (2010). Agreement on perceptions of quality of life in couples dealing with infertility. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 39 (5), 557-565.
- Charmaz, K. (1983). The grounded theory method: An explication and interpretation. In R. Emerson (Ed.), *Contemporary field research* (pp.109-126). Boston: Little, Brown.
- Clark, P., Thigpen, S., & Moeller, Y. (2006). Integrating the older/special needs adoptive child into the family. *Journal of Marital and Family Therapy*, 32(2), 181-194.
- Coakley, J. F., & Berrick, J. D. (2008). Research review: In a rush to permanency: preventing adoption disruption. *Child and Family Social Work*, 13, 101-112.
- Cone, J. H. (1991). *The spirituals and the blues: an interpretation*. New York: Seabury Press.
- Consort Transparent Reporting of Trials (2012, January 20). *The CONSORT Statement*. Retrieved from: <http://www.consort-statement.org/consort-statement/overview0/>

- Cornell, T., & Hamrin, V. (2008). Clinical interventions for children with attachment problems. *Journal of Child and Adolescent Psychiatric Nursing*, 21 (1), 35-47.
- Costern, M. W. (2001). *African American spirituals*. *Journal of Religious and Theological Information*, 59(4), 3, 59-87.
- Creswell, J.W. (2007). Five qualitative approaches to inquiry. In *Qualitative Inquiry and Research Design: Choosing among five approaches* (p. 53-84). Thousand Oaks, CA: Sage.
- Creswell, J. D., Way, B. M., Eisenberger, N. I., & Lieberman, M. D. (2007) Neural correlates of dispositional mindfulness during affect labeling. *Psychosomatic Medicine*, 69, 560-565.
- Cudmore, L. (2005). Becoming parents in the context of loss. *Sexual and Relationship Therapy*, 20, 299-308.
- Cunningham, J. (2011). Music therapy to promote attachment between mother and baby in marginalized communities. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (p. 115-126). New York: Oxford University Press.
- Cunningham, W. A., & Zelazo, P. D. (2007). Attitudes and evaluations: A social cognitive neuroscience perspective. *Trends in Cognitive Science*, 11(3), 97-104.
- Davis, J. K., & Bledsoe, J. M. (2005). Prenatal alcohol and drug exposures in adoption. *Pediatric clinics of North America*, 52, 1369-1393.
- Day, T., & Bruderer, H. (2011), Music therapy to support mothers who have experienced abuse in childhood. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (p. 141-160). New York: Oxford University Press.
- Denby, R. W., Alford, K. A., & Ayala, J. (2011). The journey to adopt a child who has special needs: Parents' perspectives. *Child and Youth Services Review*, 33, 1543-1554.
- Dozier, M., Albus, K., Fisher, P., & Sepulveda, S., (2002). Interventions for foster parents: Implications for developmental theory. *Developmental and Psychopathology*, 14(4), 843-60.
- Drake, T. (2011). Becoming in tune: The use of music therapy to assist the developing bond between traumatized children and their new adoptive parents. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (p. 22-41). New York: Oxford University Press.

- Duncan, L. G., Coatsworth, J. D., & Greenberg, M. T. (2009). A model of mindful parenting: Implications for parent-child relationships and prevention research. *Clinical Child Family Psychology Review, 12*, 255-270.
- Edwards, J. (2011a). *Music therapy and parent-infant bonding*. New York: Oxford University Press.
- Edwards, J. (2011b). The use of music therapy to promote attachment between parents and infants. *The Arts in Psychotherapy, 38*, 190-195.
- Ekwueme, L. E. N. (1974). African-music retentions in the new world. *The Black Perspective in Music, 2*(2), 128-144.
- Fisher, L., Ames, E. W., Chisholm, K., & Savoie, L. (1997). Problems reported by parents of Romanian orphans adopted to British Columbia. *International Journal of Behavioral Development, 20*, 67-82.
- Fontenot, H. B. (2007). Transition and adaptation to adoptive motherhood. *The Association of Women's Health, Obstetric and Neonatal Nurses, 36*(2), 175-182.
- George, C., Kaplan, N., & Main, M. (1984). *Adult Attachment Interview protocol*. Unpublished manuscript, University at Berkeley.
- George, C., Kaplan, N., & Main, M. (1985). *Adult attachment interview protocol* (2nd ed.). Unpublished manuscript, University at Berkeley.
- George, C., Kaplan, N., & Main, M. (1996). *Adult attachment interview protocol* (3rd ed.). Unpublished manuscript, University at Berkeley.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine Publishing Co.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report, 8* (4), 597-607.
- Granade, J. (2012). *Teacher handbook: Kindermusik with Joy*. Unpublished document.
- Grbich, C. (2007). *Qualitative data analysis: An introduction*. London: Sage.
- Gribble, K. D. (2007). A model for caregiving of adopted children after institutionalization. *Journal of Child and Adolescent Psychiatric Nursing, 20*(1), 14-26.
- Grossmann, K. E., Grossmann, K., & Waters, E. (2005). *Attachment from infancy to adulthood: The major longitudinal studies*. New York: Guildford.

- Harlow, H. F. (1958). The nature of love. *American Psychologist*, 13, 673.
- Hagerty, S. (2013, April). *Of my own*. Retrieved from <http://everybitterthingisweet.com/2013/04/of-my-own/>.
- Hanson-Abromeit, D. (2008). Family centred music therapy: A commentary on Shoemark and Dearn's 2008 article. *The Australian Journal of Music Therapy*, 19, 25-26.
- Hesse, E. (2008). The adult attachment interview. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment* (pp. 552-598). New York: Guilford.
- Howard, B. (2008). The three pillars of trauma-informed care. *Reclaiming Children and Youth*, 17(3) 17-21.
- Howard, J., & Smith, S. L. (2003). *After adoption: The needs of adopted youth*. Washington, DC: Child Welfare League of America Press.
- Hughes, D. A. (1999). Adopting children with attachment problems. *Child Welfare*, 78(5), 541-60.
- Hughes, D. A. (2004). An attachment-based treatment of maltreated children and young people. *Attachment and Human Development*, 6(3), 263-278.
- Hughes, D. A. (2009). *Attachment-focused parenting: Effective strategies to care for children*. New York: W.W. Norton & Company.
- Ivey, A. E., Pederson, P., & Ivey, M. B. (2001). *Intentional group counseling: A microskills approach*. Belmont, CA: Brooks/Cole.
- Johnson, S. M., (2003). Introduction to attachment: A therapists guide to primary relationships and their renewal. In S. M. Johnson & V. E. Whiffen (Eds.), *Attachment processes in couple and family therapy* (pp. 3-17). New York: Guilford Press.
- Jones, A. C. (1993). *Wade in the water: The wisdom of spirituals*. New York: Orbis Books.
- Kelly, K. (2011). Supporting attachments in vulnerable families through an early intervention school-based group music therapy programme. In J. Edwards (Ed.), *Music Therapy and Parent-Infant Bonding* (p. 101-114). New York: Oxford University Press.
- Kindermusik® International. (2012a, June). *About us*. Retrieved from <http://www.kindermusik.com/about/>.

- Kindermusik® International. (2012b, June). *Kindermusik® Wiggle & Grow*. Retrieved from <http://www.kindermusikteachersguides.com/Guide.aspx?p=Home-WiggleGrow>.
- Kindermusik International® (2009a, May 12). Family time basics. *Professional Development Webinar Recording*. Retrieved from http://www.kindermusik.com/legacy/Teach/TL_Resources/TL_PressionalDevelopment.aspx.
- Kindermusik International® (2009s, May 15). Talking to today's mom. *Professional Development Webinar Recording*. Retrieved from http://www.kindermusik.com/legacy/Teach/TL_Resources/TL_PressionalDevelopment.aspx.
- Kirton, D., Beecham, J., & Ogilvie, K. (2006). Adoption by foster carers: A profile of interest and outcomes. *Child and Family Social Work, 11*, 139-146.
- Lakin, D. S. (1992). *Empowering adoptive families: Issues in post adoption services, referees and resource guide*. Baltimore, MD: Baltimore City Department of Social Services.
- Lakin, D. S. (1996). *Adoption support and preservation curriculum*. Southfield, MI: The National Resource Center for Special Needs Adoption at Spaulding for Children.
- Lancaster, C., & Nelson, K. W. (2009). Where attachment meets acculturation: Three cases of international adoption. *The Family Journal: Counseling and Therapy for Couples and Families, 17*(4): 302-311.
- Lapidus, C. (2006). Working with parents of internationally adopted infants and toddlers. In K. Hushion, S.B. Sherman, & D. Siskind (Eds.), *Understanding adoption: Clinical work with adults, children, and parents* (pp.91-114). Jason Aronson: Oxford, UK.
- Laymen, D., & Hussey, D. (2003). Music therapy issues and strategies for working with adopted and foster children. In D. J. Betts (Ed.), *Creative arts therapies approaches in adoption and foster care: Contemporary strategies for working individuals and families* (p. 114-127). Illinois: Charles C Thomas.
- Laymen, D., Hussey, D., & Laing, S. (2002). Foster care trends in the United States: ramifications for music therapists. *Music Therapy Perspectives, 20*, 38-46.
- LeDoux, J. E. (1996). *The emotional brain: The mysterious underpinning of emotional life*. New York: Simon & Schuster.
- Ledger, A. (2011). Extending group music therapy to families in schools: A reflection on practical and professional aspects. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (p. 127-140). New York: Oxford University Press.

- Levinge, A. (2011). 'The first time ever I saw your face...': Music therapy for depressed mothers and their infants. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (p. 42-57). New York: Oxford University Press.
- Lloyd, E. C., & Barth, R. P. (2011). Developmental outcomes after five years for foster children returned home, remaining in care, or adopted. *Children and Youth Services Review*, 33, 1383-1391.
- Loewy, J. V. (2011). Music therapy for hospitalized infants and their parents. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (p. 179-190). New York: Oxford University Press.
- Logan, J. (2009). Preparation and planning for face-to-face contact after adoption: The experience of adoptive parents in a UK study. *Child and Family Social Work*, 15, 315-324.
- Lorenz, K. E. (1935). Der Kumpan in der Umwelt des Vogels. *Journal of Ornithology*, 83, 137-213, 289-413.
- Luft, J., & Ingham, H. (1955). The Johari window, a graphic model of interpersonal awareness. *Proceedings of the Western Training Laboratory in Group Development*. Los Angeles: UCLA.
- Mackenzie, J. & Hamlett, K. (2005). The music together program: Addressing the needs of "well" families with young children. *The Australian Journal of Music Therapy*, 16, 43-59.
- MacLean, K. (2003). The impact of institutionalization on child development. *Development and Psychopathology*, 15, 853-884.
- Main, M., & Goldwyn, R. (1984). *Adult attachment scoring and classification system*. Unpublished manuscript, University of California at Berkeley.
- Main, M., Goldwyn, R., & Hesse, E. (2003). *Adult attachment scoring and classification system. Version 7.2*. Unpublished manuscript, University of California at Berkeley.
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. In I. Bretherton & E. Waters (Eds.), *Growing points of attachment theory and research. Monographs of the Society for Research in Child Development*, 50(1-2, Serial No. 209), 66-104.
- Mainemer, H., Gilman, L. C., & Ames, E. W. (1998). Parenting stress in families adopting children from Romanian orphanages. *Journal of Family Issues*, 19(2), 164-180.

- Maxwell, J. A. (2005). Research questions: What do you want to understand? *Qualitative Research Design: An interactive approach*. Thousand Oaks, CA: Sage.
- McAlpin, E. L., (2011) *Music therapy and bonding: A need for connection in hospice families*. Unpublished document.
- McCarty, C., Waterman, J., Burge, D. & Edelstein, S. (1999). Experiences, concerns, and service need of families adoption children with prenatal substance exposure: summary and recommendations. *Child Welfare, 78*(5), 561-577.
- McGlone, K. Santos, L., Kazama, L., Fong, R. & Meller, C. (2002). Psychological stress in adoptive parents of special-needs children. *Child Welfare, 82*(2), 151-171.
- McKay, K., & Ross, L. E. (2010). The transition to adoptive parenthood: A pilot study of parents adopting in Ontario, Canada. *Children and Youth Services Review, 32*, 604-610.
- McKay, K., & Ross, L. E., & Goldberg, A. E. (2010). Adaptation to parenthood during the post-adoption period: A review of the literature. *Adoption Quarterly, 13*, 125-144.
- McWhirter, J., McWhirter, B., McWhirter, E., & McWhirter, R. (2007). *At risk youth: A comprehensive response for counselors, teachers, psychologists, and human resource providers* (4th ed.). Belmont, California: Brooks/Cole.
- Miasnikov, A. A., Chen, J. C., & Weinberger, N. M. (2009). Behavioral memory induced by stimulation of the nucleus basalis: Effects of contingency reversal. *Neurobiology of Learning and Memory, 91*, 298-309.
- Miles, M. B., & Huberman, A. M. (1994). *An expanded sourcebook: Qualitative data analysis*. London: Sage.
- Miller, S.I., & Fredericks, M. (1999). How does grounded theory explain? *Qualitative Health Research, 9*(4), 538-551.
- Miller, W. B., & Pasta, D. J. (1996). Couple disagreement: Effect on the formation and implementation of fertility decisions. *Personal Relationships, 3*(3), 307-336.
- Mindful Research Guide (2013, April). *Informing mindfulness research and practice*. Retrieved from <http://www.mindfulexperience.org/>.
- Moustakas , C. (1990). *Heuristic research: Design, methodology, and applications*. Newbury Park, CA: Sage.

- O'Callaghan, C., & Jordon, B. (2011). Music therapy supports parent-infant attachments: In families affected by life threatening cancer. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (p. 191-207). New York: Oxford University Press.
- Oldfield, A. (2001). Parents' perceptions of being in music therapy sessions with their children: What is our role as music therapists with parents? In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (p. 58-72). New York: Oxford University Press.
- Omo-Osagie II, S. (2007). "Their Souls Made Them Whole": Negro Spirituals and Lessons in Healing and Atonement. *Western Journal Of Black Studies*, 31(2), 34-41.
- Palacios, J., Roman, M., & Carnacho, C. (2010). Growth and development in internationally adopted children: extent and timing of recovery after early adversity. *Child: Care, Health and Development*, 37(2), 282-288.
- Patton, M.Q. (2002). *Qualitative research and evaluation methods (3rd ed.)*. Thousand Oaks, CA: Sage.
- Pavlicevic, M., & Ansdell, G. (2004). *Community music therapy*. London: Jessica Kingsley.
- Purvis, K. B. (2007). International adoption of post-institutionalized children: Implications for school counselors. *Journal of School Counseling*, 5(22), 1-29.
- Purvis, K.B., Cross, D. R., & J. S., Pennings (2009). Trust-based relational interventionTM: Interactive principles for adopted children with special social-emotional needs. *Humanistic Counseling, Education and Development*, 48, 3-22.
- Purvis, K. B., Cross, D. R., & Sunshine, W. L. (2007). *The connected child*. New York: McGraw-Hill.
- Reher, M. R. (2003) The dance of belonging: an exploration of identity through the bonny method of guided imagery and music. In Donna J. Betts (Ed.), *Creative arts therapies approaches in adoption and foster care: Contemporary strategies for working with individuals and families* (pp. 41-61). Springfield, ILL: Charles C Thomas
- Reilly, T., & Platz, L. (2003). Characteristics and challenges of families who adopt children with special needs: An empirical study. *Children and Youth Services Review*, 25 (10), 781-803.
- Salkeld, C.E. (2008). Music therapy after adoption: The role of family music therapy in developing secure attachment in adopted children. In A. Oldfield & C. Flower

- (Eds.), *Music therapy with children and their families* (p.141-157). London: Jessica Kingsley.
- Sánchez-Sandoval, Y. (2011). Adoptive parents' satisfaction with the adoption experience and with its impact on family life. *Psicothema*, 23(4), 630-635.
- Schmidt, D. M., Rosenthal, J.A., & Bombeck, B. (1988). Parents' views of adoption disruption. *Children and Youth Services Review*, 10, 119-130.
- Schore, A. N. (2005). Attachment, affect regulation, and the developing right brain: Linking developmental neuroscience to pediatrics. *Pediatrics in Review*, 26(6), 204-217.
- Seles, K. L. (2009). *The effects of family music therapy on the attachment behaviors of children and adolescents in foster and adoptive families*. Unpublished master's thesis. Florida State University, Tallahassee, FL.
- Shapiro, V. B., & Shapiro, J. R. (2006). The adoption of foster children who suffered early trauma and object loss: Implications for practice. In K. Hushion, S.B. Sherman, & D. Siskind (Eds.), *Understanding adoption: Clinical work with adults, children, and parents* (pp.91-114). Oxford, UK: Jason Aronson.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 63-75.
- Shoemark, H. (2011). Translating 'infant-directed singing' into a strategy for the hospitalized family. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (p. 161-178). New York: Oxford University Press.
- Shoemark, H. & Dearn, T. (2008). Keeping parents at the centre of family centred music therapy with hospitalized infants. *The Australian Journal of Music Therapy*, 19, 3-24.
- Siegel, D. J. (1995). Memory, trauma, and psychotherapy: A cognitive science view. *Journal of Psychotherapy Practice and Research*, 4, 93-122.
- Siegel, D. J. (1999). *The developing mind*. New York: Guilford Press.
- Siegel, D. J. (2001). Toward an interpersonal neurobiology of the developing mind: Attachment relationships, "mindsight", and neural integration. *Infant Mental Health Journal*, 22 (1-2), 67-94.
- Siegel, D. J. (2006). An interpersonal neurobiology approach to psychotherapy. *Psychiatric Annals*, 36(4), 248-256.

- Siegel, D. J. (2007). Mindfulness training and neural integration: Differentiation of distinct streams of awareness and the cultivation of well-being. *Social Cognitive and Affective Neuroscience*, 2(4), 259-263.
- Siegel, D. J. (2009, April). Google personal growth series: Mindsight [video file]. Retrieved from <http://www.youtube.com/watch?v=Gr4Od7kqDT8>.
- Siegel, D. J. (2010). *The mindful therapist*. New York: Mind Your Brain, Inc.
- Siegel, D. J., & Hartzell, M. (2003). *Parenting from the inside out*. New York: Jeremy P. Tarcher/Putnam.
- Silverstein, D. N., & Roszia, S. (1999). Adoptees and the seven core issues of adoption. *Adoptive Families*, 32(2), 8-13.
- Small, K. (2009). Saving the spiritual for your students. *Music Educators Journal*, 96, 46-49.
- Smit, E. M. (2002). Adopted children: Core issues and unique challenges. *Journal of Child and Adolescent Psychiatric Nursing*, 15(4), 143-150.
- Smith, S. L., & Howard, J. A. (1991). A comparative study of successful and disrupted adoptions. *Social Services Review*, 65, 248-265.
- Southern, E. (1973). Afro-American musical materials. *The Black Perspective in Music*, 1(1), 24-32.
- Sroufe, L. A., Egeland, B., Carlson, E. A., & Collins, W. A. (2005). *The development of the person*. New York: Guilford Press.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Stige, B., & Aaro, L. E. (2012). *Invitation to community music therapy*. New York: Routledge.
- Tarabulsky, G. M., St-Laurent, D., Cyr, C., Pascuzzo, K., Moss, E., Bernier, A. and Dubois-Comtois, K. (2008). Attachment-Based Intervention for Maltreating Families. *American Journal of Orthopsychiatry*, 78, 322-32.
- Teicher, M. H., Ito, Y., Glod, C. A., Anderson, S. L., Dumont, N., & Ackerman, E., (1997). Preliminary evidence of abnormal cortical development in physically and sexually abused children using EEG coherence and MRI. *Annals of the New York Academy of Science*, 821, 160-175.

- Timm, T. M., Moordian, J. K., & Hock, R. M. (2011). Exploring core issues in adoption: Individual marital experiences of adoptive mothers. *Adoption Quarterly, 14*, 268-283.
- Tottenham, N., Hare, T.A., Quinn, B. T., McCarry, T. W., Nurse, M., Gilhooly, T., Millnew, A., Galvan, A., Davidon, M. C., Eigsti. I., Thomas, K. M., Freed, P .J., Booma, E. S., Gunnar, M. R., Altemus, M., Aronson, J., & Casey, B. J. (2010). Prolonged institutional rearing is associated with atypically large amygdala volume and difficulties in emotion regulation. *Developmental Science, 13*(1), 46-61.
- Triseliotis, J. (1991) Adoption outcomes: A review. In E.D. Hibbs (Ed.), *Adoption: International perspectives* (pp.291-310). Madison, CT: International Universities Press.
- UCLA Mindful Awareness Research Center (2013, April 12). *Faculty and Staff*. Retrieved from <http://marc.ucla.edu/body.cfm?id=19>.
- U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. (2007). *The adoption process*. Retrieved from <http://aspe.hhs.gov/hsp/09/NSAP/chartbook/chartbook.cfm?id=27>.
- U.S. Department of Health and Human Services, Child Welfare Information Gateway. (2010). *Impact of adoption on adoptive parents*. Retrieved from http://www.childwelfare.gov/pubs/factsheets/impact_parent.
- Van IJzendoorn, M. H., & Juffer, F. (2006). The emanuel miller memorial lecture 2006: Adoption as intervention. Meta-analytic evidence for massive catch-up and plasticity in physical, socio-emotional, and cognitive development. *Journal of Child Psychology and Psychiatry, 47* (12), 1228-1245.
- Vorria, P., Papaligourna, Z., Sarafidou, J., Kopakaki, M., Dunn, J., Van IJzendoorn, & M.H., Kontopoulou, A., (2006). The development of adopted children after institutional care: A follow-up study. *Journal of Child Psychology and Psychiatry, 47* (12), 1246-1253.
- Walter, P. (2007). Trauma and psychotherapy: Implications from a behavior analysis perspective. *International Journal of Behavioral Consultation and Therapy, 3*(4), 555-570.
- Waterman, B. (2001). Mourning the loss builds the bond: Primal communication between foster, adoptive, or stepmother and child. *Journal of Loss and Trauma, 6*, 277-300.

- Weinfield, N.S, Sroufe, L.A, Egeland, B., & Carlson, E. (2008). Individual differences in infant-caregiver attachment. In Cassidy & P.R. Shaver (Eds.), *Handbook of attachment* (pp. 79-101). New York: Guilford.
- Welsh, J., Viana, A., Petrill, S., & Mathias, M. (2007). Interventions for internationally adopted children and families: A review of literature. *Child and Adolescent Social Work Journal*, 24(3), 285-31.
- Williams, K. E., Nicholson, J. M., Abad, V, Docherty, L., & Berthelsen, D. (2011). Evaluating parent-child group music therapy programmes: Challenges and successes for Sing & Grow. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (p. 73-92). New York: Oxford University Press.
- Winter, G. (2000). A comparative discussion of the notion of 'validity' in qualitative and quantitative research. *The Qualitative Report*, 4, 1-13.
- Zosky, D. L., Howard, J. A., Smith, S. L., Howard, A. H., & Shelvin, K. H. (2012). Investing in adoptive families: What adoptive families tell us regarding the benefits of adoption preservation services. *Adoption Quarterly*, 8(3), 1-23.

VITA

Erin L. McAlpin was born on September 17, 1984 in Hoffman Estates, Illinois. She was home schooled and began attending Longview Community College at age 16 while holding a 4.0 GPA. She graduated in 2002 and completed a year long leadership program focused on self-development, community outreach, and team building. After attending community college for an additional year, Ms. McAlpin began her Bachelor of Arts in Music (music therapy emphasis) at the University of Missouri – Kansas City in 2004. Erin earned a SEARCH Grant for Undergraduate Research and remained on the Dean’s List for the duration of the program. She then completed her music therapy internship at the Royals Children’s Hospital in Melbourne, Australia and graduated in 2008. Following graduation Erin earned a music therapy board certification from the Certification Board for Music Therapists.

After working for a year as a music therapist with older adults in memory care, assisted living, and skilled nursing, Ms. McAlpin began to pursue a Master of Arts in Music (music therapy emphasis) at the University of Missouri – Kansas City. She earned a graduate teaching assistantship and gained experience in clinical supervision and university teaching. Erin is also a licensed Kindermusik[®] educator. Ms. McAlpin is currently serving as a board member for Kansas City Metro Music Therapists and is also a member of the American Music Therapy Association. She has presented at both national and regional conferences of the American Music Therapy Association.