

CHAPTER THREE



Intervening with Maltreated Children and Their Adoptive Families

Identifying Attachment-Facilitative Behaviors

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In the context of building together, with a set of blocks, 5-year-old Melissa and her adoptive father sit quietly next to one another. Quite fascinated by constructing the bedroom in the make-believe house, Melissa suggests that a set of traffic lights would go well. Her father, seemingly surprised by the unusual addition, asks in a gentle yet definitely questioning tone, “A traffic light, in the house?” Melissa responds with “I like traffic lights” (with a definite emphasis on the “I”) in a quiet, uncertain way. Melissa, the victim of many changes in her young and rather traumatic life, had been experienced by the adoptive father as rejecting of his gentle and loving attempts to forge a new attachment relationship with her. When we later reviewed the content of the assessment with the father and

focused on the observation of his daughter's gesture to reach out to him by tentatively exploring if they shared an appreciation of traffic lights, he could be helped to see that indeed their relationship was not one devoid of positive attachment features and that while Melissa's invitation was somewhat clumsy, we could easily interpret her gesture as a wish to reach out and engage him.

The above observation is of an adoptive father and his recently placed daughter in the context of a qualitative assessment of their newly developing attachment relationship. Melissa's history includes maltreatment and multiple foster care placements prior to arriving in her new adoptive home. Thus, her father has been given a rather tall order, to help Melissa form a new attachment relationship, negotiating the many complexities that each of them brings. This chapter is based on the assumption that by observing the moment-to-moment interchanges between them, we can gain a window into the qualities that make the adoptive parent's task possible—a vital perspective as adoption is widely considered the most radical and most effective intervention we can offer maltreated children. This chapter is an attempt to extend our previous work with children like Melissa, who are adopted relatively late (between the ages of 4 and 8 years) and who for the most part make tremendous strides in developing attachment relationships with their new parents. A question motivating the work described in this chapter is "How do they do it?" Can we delineate, by careful observation of parent and child, some of what can be considered "attachment-facilitating behavior"? Can some of this knowledge (attachment theory and research) then be shared with fellow clinicians, social workers, and child psychiatrists who work with such families, in order to facilitate better relationships between parents and children, the basic goal in adoption placements? This hope may be best realized through distilling the lessons from detailed developmental research to clinicians working in the "front line" with distressed children, whether in the context of adoption or other contexts involving trauma in children. While it may be desirable, it is not required for the clinician to have full access to the materials necessary to actually conduct and reliably code the filmed observations that often lie at the heart of the most valuable developmental assessments. Time and resources often preclude this. Clinicians can gain much, however, by becoming familiar with some of the knowledge base on which the assessments and consequent coding are founded, so that their under-

standing of the material troubled children present may be enhanced. Some of the time this knowledge confirms the trained intuition of many clinicians. At other times, looking at parent–child research findings arrived at through the lens of a valid theory and methods (e.g., attachment theory) may generate new approaches to understanding and helping parents and children in distress.

There are inspiring examples of research work in the field of parent–child interactions that are currently informing and transforming parent–infant treatment (e.g., Beebe, 2005). For more than 20 years, researchers such as Beatrice Beebe, Tiffany Field, Daniel Stern, Colwyn Trevarthan, and Edward Tronick have assembled a remarkable set of findings concerning the social and emotional capacities and needs of human infants. These “baby watchers” have been hard at work detailing the components of typical and atypical mother–baby relationships. They have broadened our understanding of the minutiae of parent–child interactions in their microanalytic, frame-by-frame observations of filmed videos of parents and their babies. For example, Tronick’s work on the timing and quality of mother–infant interactions (Tronick & Weinberg, 1977) highlighted how even the securely attached dyad doesn’t get it right 100% of the time. In fact, the rates of misattunement observed in lab-based interactions, when things are “as good as they get” is more like 50% (see Stern, 1985). From this it can be understood that “normal” social behaviors involve children in interactions with caregivers in the confident hope of being understood, and how reparation may be achieved if one feels misunderstood. It would seem that the working through of the mismatches provides an essential ingredient for becoming securely attached, that is, the infant or child is provoked to find a strategy for bringing the caregiver back into a focused interaction and from this learns (consciously and mainly unconsciously) what works and what doesn’t. This may be the essential ingredient for a sense of inner confidence, cohesion, and attachment security. For those parent–infant pairs for whom the mismatches are simply too frequent and/or too intense, the frustration and fear (of loss or abandonment) may simply be too great, and they are provoked to give up on the search for attunement. In these instances we can see that defensive maneuvers get built up relatively quickly (i.e., by 9 months of age) that help protect against the pain of overwhelming and misattuned interactions.

Beatrice Beebe and her colleagues have been able to carefully calibrate the sophisticated details of the prelinguistic interactions between mothers and their infants. In a recent monograph (Jaffe, Beebe, Feld-

stein, Crown, & Jasnow, 2001) they highlight how they were able to predict infant–mother attachment classifications from assessments of “rhythmic coupling” in 88 4-month-old infants. By looking at the features of these conversations in terms of such constructs as “turn taking, joining, yielding and tracking” they were able to define mother–infant attunement in an empirically robust manner. That these observations at 4 months predict joyous responses to the mother following separation (in the Strange Situation) at 12 months is highly suggestive of how early mother–child interaction patterns contribute to the building up of the child’s inner world (or internal working model), including representations of self and others. Beebe and colleagues appear to have captured the actual experiences that help to construct in the child’s mind an enduring sense of what it feels like to be in, what to bring to, and what to expect from, relationships.

Increasingly, developmental research is able to distinguish between normative mother–infant interaction and mild to major disturbances in this core relationship system. It was this work that inspired the wish to formulate an assessment for the older adopted and previously maltreated child that would yield some of what a microanalytic approach garnered for the observations of infants. These early school-age maltreated children have probably missed out on the normative sequence of intersubjective and interactive affect-regulatory steps that are the bedrock of stable and organized self-development, mental health, and—the immediate effect—a secure attachment (Beebe, Knoblauch, Rustin, & Sorter, 2005; Berlin, 2005; Cassidy et al., 2005). Nonetheless, because of the biologically based imperative to seek out and maintain, wherever possible, stable attachment figures (Bowlby, 1969, 1980), these late-placed adopted children give indication through nonverbal and verbal means (albeit often disguised) of their wish for attachment figures who might notice, and respond appropriately to, the child’s wish to engage, slow down, or withdraw and stop for a time until they can reengage. These are “old” lessons from infancy for the well-adjusted schoolchild, but for late-placed adopted children the need for someone who will notice when the “lights have changed” and share their understanding of shifts in mood and the imperative to regulate and guide them, is paramount.

We begin with a brief summary of the principal assumptions of attachment theory and the research findings it has generated, especially as they concern the take-home messages John Bowlby’s work has for those working clinically with children and their parents. The second

section of the chapter details the use of an attachment-based assessment of parent–child interaction, and its potential to provide windows into implicit patterns of relating, which may then be communicated to the adoptive parents as a means to make explicit, encourage, and consolidate their “attachment-facilitating behaviors.” These “feedback” sessions, we argue, may serve to help illuminate new ways for parents to understand their recently adopted child’s behavior. Furthermore, the selected clips we show to parents appear to constitute pivotal moments in the newly forming attachment relationship—the goal of the adoptive placement. These relationships are being established against a backdrop of trauma, maltreatment, and, as John Bowlby would have put it, “the making and breaking of affectional bonds.”

Our clinical work often brings us into contact with children whose parents were unable to care for them, leaving others to assume this duty. These children have often endured multiple separations and losses. It was children like these that first inspired John Bowlby to devote his career to studying and understanding the impact of maternal deprivation upon children. In the aftermath of World War II, in a report he prepared for the nascent World Health Organization, Bowlby commented on how mental health depends on children receiving continuous care, from which mother (or mother substitute) and child derive an enduring sense of joy (Bowlby, 1951). During the 1950s, at the Child and Family Department of the Tavistock Clinic he helped establish, Bowlby convened a study group aimed at elucidating the importance of the parent–child relationship. Among his many colleagues in this research group one in particular was instrumental in the evolution and utilization of Bowlby’s theoretical base—a clinical and developmental psychologist from Canada, Mary Ainsworth. After spending time with Bowlby and his multidisciplinary team, Ainsworth left London to conduct longitudinal studies of infants and their mothers, first in Uganda, then in the United States. Ainsworth identified sensitive and responsive care as the vital ingredient in promoting secure or “healthy” infant–parent relationships and, in turn, a solid sense of self within the child that would launch him or her toward trusting relations with others and a sense of competence in pursuing cognitive and social goals. Bowlby, the child psychiatrist, psychoanalytic theorist, and clinician, drew on Ainsworth’s developmental research (e.g., Ainsworth, Blehar, Waters, & Wall, 1978), cognitive psychology, control theory, and evolutionary theory to advance a theory of attachment in three volumes: *Attachment* (1969), *Separation* (1973), and *Loss* (1980).

There are four main assumptions that arguably convey the essence of Bowlby's (1973, 1980) conceptualization of attachment relationships: (1) intimate emotional bonds between individuals have a primary status and biological function; (2) the way a child is treated has a powerful influence on a child's development and later personality functioning; (3) attachment behavior is to be viewed as part of an organizational system that utilizes the notion of an "internal working model" of self and other to guide expectation and the planning of behavior; and (4) attachment behavior is resistant to change, but there is a continuing potential for change, so that at no time in a person's life are they impervious to adversity or to favorable influence. All of these are central considerations in understanding the etiology and experiences of children in care.

The idea of an internal working model of self and attachment figure(s) that organizes thoughts and feelings toward relationships and guides expectations regarding the nature of future interactions arose out of a synthesis between classical psychoanalytic thinking and cognitive psychology. Bowlby pointed directly to the notion that we each carry within ourselves a representation of self and other, and the self in metaphorical conversation with the other. The challenge for adults interacting with children, whether they be birth parents, adoptive parents, teachers, or child care workers, is to recognize that a child's sense of self and others, expectations, and behavior have developed out of the many interactions the child has had, often with a range of caretakers, or single caretakers, who themselves displayed a range of functioning reflecting their own internal working models. The representations in the minds of children who faced nonoptimal caregiving won't necessarily be as smoothly functioning as the internal working models that are formed in the minds of the children lucky enough to have sensitive and attuned caregiving that gives rise to attachment security. Erratic, chaotic, irrational, and often aggressive child behavior follows from the internalization of erratic, chaotic, irrational, and often aggressive parenting.

Significantly, Bowlby was emphatic that while these internal working models, once formed, are resistant to change, at no point in one's lifetime is change not possible. It is for this reason that the radical change when a child in care moves into a permanent adoptive placement represents a most dramatic intervention, and an enormous opportunity. However, Bowlby (1973, p. 201) expressed the challenge faced by these children and the mothers who adopt them:

Once a sequence of behaviour has become organized, it tends to persist and does so even if it has developed on non-functional lines and even in the absence of the external stimuli and/or the internal conditions on which it first depended. The precise form that any particular piece of behaviour takes and the sequence within which it is first organized are thus of the greatest consequence for its future.

A great step forward in the field arose in the mid-1980s with the introduction of an interview technique aimed at assessing internal working models of attachment in adult parents (Main, Kaplan, & Cassidy, 1985). This work illuminated not only the ways in which early experiences of attachment are likely to influence later development and the way parents have a powerful emotional influence on their children; crucially, the Adult Attachment Interview (AAI) revealed the ways in which adults overcome adverse early experiences. The central evidence for resilience, evident in the AAI, is the combination of a supportive relationship with a significant other (e.g., adoptive parent) who communicated the meaning and value of attachment security. Furthermore, this value comes through in the speech of the adult who has learned or earned security, insofar as the AAI they produce is coherent and carries the voice of autonomy from the past, valuing of the present, and hopefulness with respect to the future. This is the autonomous-secure AAI, distinguished from three broad types of insecurity: (1) dismissal; (2) pre-occupation; and (3) unresolved grief following from past loss or trauma. The autonomous-secure state of mind, in contrast to the others, has been shown to be associated with optimal secure outcomes in children across diverse linguistic and cultural contexts, including, as we indicate below, in families composed of adoptive parents and their late-placed maltreated children (Steele, Hodges, Kaniuk, Hillman, & Henderson, 2003).

BACKGROUND TO THE CURRENT INTERVENTION PROJECT

In our study “Attachment Representations and Adoption”¹ we found compelling evidence for the influence of parental states of mind (AAI classifications) and the themes elicited in a story stem assessment of their newly adopted, previously maltreated children (Steele et al., 2003). The

¹We are grateful to the Tedworth and Glasshouse Trusts of the Sainsbury Family Trusts for their generous support of this study.

study highlights the intergenerational transmission of attachment in nonbiologically related dyads, by showing that all the children exhibited an increase in positive attachment themes from the initial placement to the 1 and 2 years postplacement phases. However, the children placed with parents who demonstrated autonomous-secure responses to the AAI were also able to show declines in the negative themes over time. We understand this finding to illuminate a critical feature of working with traumatized children, namely that it is easier to take on new positive representations than to ameliorate the negative representations that continue to exert an influence (Steele et al., in press).

Our finding of new positive representations coming to exist alongside older negative representations, and the retreat of the latter in cases of children being cared for by autonomous-secure adoptive parents, is consistent with hopeful findings from the adoption literature. Children do remarkably well in adoptive families relative to their earlier experiences (Brodzinsky, Smith, & Brodzinsky, 1998; Hodges et al., 2003a). The opportunity to grow up in an adoptive family provides a nurturing and reparative family experience that can help to redress the impact of earlier adversity (Hodges & Tizard, 1989; Howe, 1998; Performance and Innovation Unit, 2000; Tizard & Hodges, 1978; Triseliotis & Russell, 1984). It has often been said that adoption offers children the most intense form of intervention that exists (e.g., O'Connor & Zeanah, 2003). However, a high proportion of children who are adopted domestically (1) are older; (2) have been abused or neglected; (3) have entered care on Emergency Protection Orders (a term used in the United Kingdom that is an indication of the severity of these concerns); and (4) have had multiple moves while in care. Children who are adopted are thus those with the more difficult histories, both before and during care. In addition, the population of children in care is becoming more challenging as a whole. As more children are placed who show a high prevalence of emotional and behavioral difficulties as sequelae of their earlier maltreatment experiences, there will be an increased need for services, including detailed assessments that can help parents and professionals address children's particular needs. It is against this background that we initiated a study looking at assessments of adopters of hard-to-place children and the children placed with them from an attachment perspective.

The study represented one of the first to look at intergenerational patterns of attachment in nonbiologically linked parents and children. This is particularly important as it highlights a tenet of attachment theory—namely, the essential importance of the quality of interactions between

parent and child as the critical feature in the nature of attachment relationships. A main focus of the study was to highlight the specific characteristics that each member of the parent–child dyad brings to this new and developing attachment relationship. The adoptive placement allows for the very special opportunity to observe these new relationships as they develop in the older, maltreated child. A key element in the research was to describe the characteristics of parent and child, partly in hopes of facilitating the difficult task of matching child with adopter/caregiver that takes place with children in care: by using systematic well-validated assessments, perhaps the rates of disruption could be improved. Significantly, the study was longitudinal in nature so that the changes in the children, both in terms of their behavior, and their thoughts and feelings about attachment relationships, could be tracked over time, from the beginning of the adoptive placement to 1 and 2 years into the future.

We were able to learn a great deal about the way in which parental and child representations of attachment interact as the new relationships develop. The families who participated in the study gave generously of their time; they were motivated to help future families undergoing a similar process, but were also hoping to learn something about their child. We were bound by both the design of the study and the ethical approval awarded to the study to refrain from feeding back the outcomes of the assessments made of specific children and their families. Still, we provided the families with reports on the findings of the overall study; they were understanding but disappointed that we were not providing individual feedback. Given Jill Hodges’s extensive experience using the Story Stem Assessment Profile (Hodges, Hillman, & Steele, 2000) to feed back to families in her clinical work, we secured funding to extend the original study into a brief intervention.²

THE ADOPTION INTERVENTION STUDY

The intervention study was focused on the use of two narrative, and two questionnaire, assessments included in our original study, “Attachment Representations and Adoption”: the Story Stem Assessment Profile (Hodges et al., 2000); the assessment of parent–child interaction in the co-construction task (Steele, D’Agostino, & Blom, 2005); the question-

²Our thanks to the Headley Trust of the Sainsbury Family Trusts for their generous support for the “Adoption Intervention Study.”

naire assessments of the Parenting Stress Index (Abidin, 1983); and the Strengths and Difficulties Questionnaire (Goodman, 1997). The intervention study begins with inviting the family to attend a session where the child and parent participate in the co-construction task (Steele et al., 2005). The child was also asked to participate in the Story Stem Assessment Profile (Hodges et al., 2000), and the parents filled in the questionnaires. Approximately 1 month later, once the story stem narratives were transcribed and the co-construction task and questionnaire data were coded, the parents and the child's social worker were invited back for the first feedback session. This session was focused on "feeding back" to the parents and social worker examples of the predominant themes that were expressed in both the co-construction task and story stem assessments, and asking the parents and social workers to join the clinicians in understanding some of the contents of the assessments in terms of the child's ongoing behavior at home, especially in the context of what was of most concern to them. The presence of the social worker was a key feature and certainly added to the potential therapeutic value of the feedback sessions. Our initial inclination in inviting the social worker was to have someone present who knew the child and the child's history well and could serve as a potentially important participant in the sessions, and to whom the families could have continued access once the two feedback sessions ended. We only later recognized the "collateral benefit" of having a group of social workers introduced to a clinical framework wherein the attachment-informed assessments were demonstrated as central to the intervention. Approximately 1 month after the first feedback we invited the parents and social worker back for a second feedback session, where we continued to discuss our understanding of the child's material from the first session. This session was followed by a second administration of the Strengths and Difficulties Questionnaire and the Parenting Stress Index. Thus, 2–3 months elapsed between the time of our initial narrative assessments and the readministration of the questionnaire assessments, providing an opportunity to see if the feedback sessions may have shifted the parents' view of themselves or their children. For the purpose of this chapter, we highlight the use of the co-construction assessment and its coding.

THE CO-CONSTRUCTION ASSESSMENT

The co-construction task is a simple, videotaped assessment of a parent-child interaction. The child and parent sit together at a table and are

given a set of wooden building blocks (different shapes, colors, and sizes) and instructed to “build something using as many blocks as possible.” They are told that they will have 5 minutes, after which the experimenter returns. The aim of the task is to provide an opportunity to observe the dyad in interaction in “real time,” that is, how they actually are with one another. This was initially intended as a complement to the assessments aimed at highlighting qualities of the child’s representations (story stem assessments) and the parent’s representations concerning attachment (the AAI).

The original coding system, developed to capture the essence of the parent–child behavior in the context of the co-construction task in the original “Attachment Representations and Adoption Outcome” study, looked at the entire 5-minute interaction. The codes were divided into parent, child, and dyad codes and included positive and negative affect, vocal and facial expression, and global qualities of the interaction. While some interesting results were gleaned from examining these, from the initial placement phase to 1 and 2 years later, the results were not as robust as one might have hoped. With this in mind, we ventured to formulate a new coding scheme that would take much smaller chunks of the interaction into account. After much consideration and discussion we decided on examining child and parent behavior occurring in 10-second slices rather than across the entire 5-minute task. This approach allowed us to incorporate lessons from the microanalytic approaches of the “baby watchers” (e.g., Beebe, 2005) insofar as zoning in on 10 seconds of interaction permitted us to take account of subtle changes in behavior at the implicit nonverbal and procedural level (e.g., facial expression, shifts of gaze, and patterns of touch). We also were able to listen carefully to what was said, and here we found interesting material that we could understand as “attachment-facilitating behavior.” In particular, when carefully observing the dyads there were features of their interaction, especially apparent when watching the parent’s behavior, that seemed to be particularly attuned to building new attachment representations against the backdrop of the challenges that are inherent in these older adoptive placements. For example, we noticed that some of the parents seemed (not consciously!) to be making an extra effort to use their child’s name. Clearly for such children, who are entering families where they wouldn’t initially be sharing the “family name,” along with the importance of identity associated with their own name, this was experienced by the observers as especially salient. For the child, to hear his own name punctuating many of the verbal remarks by the parent seemed to offer a containing and soothing marker, a statement that they

belonged together (e.g., the comment “Well done” would be perceived differently than “Well done, Tom”).

Another significant feature noted in viewing the interaction was that some parents were adept at incorporating shared experiences, or references to shared knowledge, which seemed to be especially important in facilitating the attachment relationship. For example, when the initial tower of blocks came crashing down, one father began by both nonverbally (in action) and verbally telling his son “not to worry, I will pick up the blocks.” The father then suggested with some enthusiasm that maybe they could build a house, and queried whether his son recalled the last bit of building they had done at their own home. This further included reference to how “gramps came ’round and helped us build the conservatory.” The anxiety of the blocks crashing down was transformed, as father and son engaged in building and playfully recreating the construction they had at home. Again, what made this bit of the interaction so compelling was the father’s ability to transform the boy’s anxious affect to a more contained state, and to begin initiating for the pair the notion that while they were only beginning to build a repertoire of shared experiences they did have some, and that these are what important and lasting relationships are built on.

A third example of attachment-facilitating behaviors we observed was the simple inclusion and use of the pronouns *we* or *us*. Again, while this was out of awareness for the parent, watching dyads who made reference to themselves in the task, for example suggesting “We could build a house, couldn’t we?” rather than “What would you like to build?” enhanced the interaction. The inclusion of the self in narrative form in the midst of the ongoing interaction seemed to provide an important emphasis on their relationship with one another, and to be one of the building blocks of their relationship, albeit in a subtle way. A summary of the particular codes applied to each 10-second frame appears in Appendix 3.1. This scheme includes 17 types of parent behavior and 16 types of child behavior, as well as some global codes applied to the 5 minutes as a whole (on the model of our previous work with this task). Before reporting our results across the full set of families we observed, we provide a case illustration.

CASE ILLUSTRATION: THE THOMPSON FAMILY

Mr. Thompson was pleased to have 5-year-old Melissa and her 3-year-old half brother Eric placed with him. The children were placed in emer-

gency foster care 2 years previously because of a series of concerns regarding inadequate parenting, emotional neglect, and suspected physical neglect. The children's mother, described as having mild learning difficulties, had herself endured a disrupted childhood—she was initially raised by her father following her mother's departure, then as a teenager her care was taken over by her older sister following her father's death. Melissa is of mixed parentage (English and African Caribbean) and is the sixth child of her mother. She has eight half siblings and is completely unaware of the last two. None of Melissa's siblings are living with her mother, as some have been adopted and others reside with family and friends. Melissa lived with her mother, her half brother Eric, and his biological father (Caucasian), whom she believed to be her own; the identity of Melissa's biological father is uncertain.

Melissa was brought to the attention of authorities early, specifically because Social Services (British equivalent to child protective services) had significant concerns about her mother's ability to care for her children on an emotional level and to sustain physical care of her children. Assessments of the family home found there were numerous visitors at the house, and there was strong evidence that Melissa was being left alone and dependant upon virtual strangers for her nurturing and care. There was also strong evidence that her half brother Eric was left in his cot for inordinate periods of time, so Social Services obtained orders for both of the children to be removed from the home and freed for adoption. The social worker expressed concerns regarding Melissa's relationship with her half brother. For example, she was showing indications at age 3 of being the "mother" and was expected to assume responsibility for the care of her brother. It was noted that Melissa showed little attachment to her mother and received virtually no nurturing from her mother. She did interact with her stepfather, as he showed some kindness toward her.

Melissa was placed first in the foster care home and was followed shortly thereafter by her half brother, and they remained there for 2 years until their placement with their adoptive family. Although Melissa appeared extremely attached to her half brother, his arrival in the home meant that she would once again have to compete for attention and affection from the caregiver, a situation she had known all too well from living with her biological mother. The social worker commented that Eric was an extremely easygoing baby (4 months at the time of foster care placement) and was doted on and preferred by the foster mother. This behavior only served to exacerbate Melissa's

feelings of separation (some of which stem from her difference in ethnicity) and of being left out of the family structure. There is a strong sense that Melissa was tolerated during her foster care placement but the foster caregiver either was not able to tackle some of the problem behaviors Melissa presented with, or chose not to. For example, bath time was extremely difficult because of her pronounced issues with being placed in water and having her hair combed. Apparently, when Melissa and Eric were adopted by Mr. Thompson, it was Eric who was more capable of making the transition and more quickly able to attach to his new parent. Melissa once again found herself in the predicament of vying for attention and affection in an environment in which she believed she did not belong.

Melissa and Her Father during the Co-Construction Task

Melissa and her father sat quietly next to each other at the small table, both equally close to the tray full of blocks. It seemed from the beginning that there was an understanding that the main building would be done by Melissa. As Melissa initiated building, her father seemed immediately to take on the role of auxiliary aide, commenting on the building and gently offering the next block. Melissa called her building a house; her father used some of the blocks to build a wall down the middle portion of the tray creating two distinct building sections. While he only occasionally looked at Melissa, she was somewhat animated about filling the house with beds and pillows, while her father simultaneously continued the building of walls within the structure. Looking apprehensive, he let Melissa continue until the center wall came crashing down, upon which he immediately began to rebuild the wall. Melissa was aware of, yet not anxious about, the fall, continuing her building of house-type items. She was interrupted with a few moments of coughing that went unattended by the father. At this point, Melissa introduced the traffic light into the center of her house and was met, as noted previously, with surprise on the part of the father. She was emphatic with her announcement (with an upturning tone of voice) that “*I like traffic lights*” and continued to build in spite of her father’s suggestion that traffic lights are not found in the house. Melissa proceeded to then build a garage for the cars and reintroduced the traffic light into the living section of the house. This time father leaned his head in his hand and did not respond. Throughout the course of the interaction, Melissa

mentioned the traffic light two more times, until her father reluctantly acknowledged its presence in the living area and provided no further comment. Nonetheless, this acknowledgment seemed to have a satisfying effect—it was a moment to behold, as one could now witness Melissa’s acceptance of the walls built by her father. When the building was completed and the father asked Melissa to recount what she had built, she answered with a list of house amenities, including “a traffic light,” spoken with a quiet, quick glance at her father, and the slightest smile, from winning the contest. The intervention with this father would highlight this interaction and alert him to the enormous value of his noticing the meaning of his new daughter’s wish for traffic lights (something to help regulate the fast-moving emotional traffic in her new world) *in the house*. We also revisit this theme in our discussion of the results below.

Feedback Intervention

We report here some of the highlights of the first feedback session with Melissa’s father and her social worker. The feedback session focused on material from Melissa’s story stem narratives and the co-construction task done with her father. Two salient themes emerged from the story stem narratives. The first was Melissa’s indication that adult figures in her representational world are not quite present. For example, in one of the stories, the interviewer tells the following beginning of a story: “The rest of the family is home, the child is at school. She makes a picture at school and says, ‘This is a really good picture I made, I’m going to take it home.’ So she goes home, knocks at the door, her mom and dad open the door. Show me and tell me what happens next.” In Melissa’s narrative she tells her mom about the picture and then gives it to her mom. The therapist in the feedback session conveys to the father how positive this initial bit is, that she has a representation of parents being interested in her picture. Then Melissa, in her story, has the picture get lost, found, and lost again—“the wind took it away.” In this way Melissa avoids having the parents respond to the picture. The therapist/interviewer (J. H.) explained to Melissa’s father how the story stem narratives aren’t to be considered actual reports of what happens but rather are indications of the child’s expectations and anxieties; in the case of children like Melissa, they tend to show that they are not sure that what they do is really good enough, and that these expectations have been

built, in part, during their previous time in care and can take a long time to change.

A second theme that stood out in Melissa's story stem narrative was the tenuous idea of what a family is and who belongs with whom. For example, in one of the stories Melissa began her narrative with a mom and dad, the little-girl protagonist in the story, and a little brother and little sister. By about halfway through the first story she turned this family into two, one living with the mother and the other with the father. She completely rearranged the initial configuration so that they were all quite separate families. Melissa's father quickly and enthusiastically responded in concurrence, saying, "That's right—she doesn't have the sense that she belongs with us, and even is resistant to giving herself up to us." He went on to describe many situations in which he feels utterly rejected; for example, when having her immunizations, she turned more readily to the nurse for comfort than to him. He went on to say, "The feeling I have is like I have this little girl living in my home, I can know her, I can take care of her, and that's it . . . and, I do need to find a way to get in touch with this child before it is too late." The therapists took time to focus on this significant issue, empathizing with the father's pain over his sense of rejection, and spoke about ways in which Melissa could be helped to feel that they were her permanent family. In Melissa's case it was noted that due to extenuating circumstances her previous social worker had not been able to do as much preparatory work with her as would have been ideal. The therapists and social worker suggested that providing Melissa with "life story" work would be helpful to convey where she had been, and where she is currently. There was also much discussion of ways of interacting with Melissa, where one might override the overtly rejecting behavior she expressed, and make approaches that did not overwhelm her, but indicated the parents' wish to be "attached" to her, and for her to feel "attached" to them. For example, the father reported initiating some play with Melissa, who quickly turned away, claiming to be bored. He reported that he quietly responded by saying, "Fine, we don't have to play anymore." While Melissa seems intent on having things proceed on her terms, the father could approach her rejecting stance by saying, "Well, we all get bored sometimes, which is OK, maybe you will feel like playing this game later," thereby keeping the door ajar to play and interaction, and sending a message of willingness to engage when she feels ready.

In terms of the salient features of their interaction in the co-construction task, two main themes were chosen. The first was the

father's gentle manner when engaging with Melissa, offering himself as auxiliary aide to her central role as builder. This was linked to his compelling provision of "narrative scaffolding," that is, describing in words what was being built, or asking Melissa at the end to recount what they had built. These points were raised with the father in terms of how such containing behavior would facilitate attachment for Melissa, as his words connect the two of them, laying down the building blocks for how interactions between them can be described in words and form a mutual narrative. The therapist (M. S.) described poignant segments of the interaction that seemed to indicate small gestures on Melissa's part aimed at engaging with her father. At times these were so subtle one could easily pass them by. The therapist then continued describing how the two worked in tandem with one another, each putting down a block, and then Melissa asked, "What about a traffic light?" Her father was reminded of his surprise by repeating in a questioning tone "a traffic light? *in* the house?" The therapist then reported how Melissa asked with an upward intonation, "I like traffic lights." The therapist noted that we could see how Melissa's attempts to engage with her father, against the backdrop of many interactions of rejecting his attachment bids, led the two of them to misattune, to pass by one another, without sharing an understanding. The therapist conveyed how children with experiences such as Melissa's often miscue their parents, that is, they don't express the same clear-cut attachment signals that children with experiences of being well nurtured are able to do. By focusing upon the small windows of opportunity for engaging, Melissa's parents could help her see how deeply they cared for her, and try to make her feel like she belonged in their family.

The father returned for a second session to further explore how the initial feedback session had resonated with his experiences with Melissa. While he still conveyed concerns about the fledgling relationship with its many ups and downs, he also reported a surprising shift toward a deepening of the relationship and a lightening of feelings of rejection. Indeed, this father commented on how seeing Melissa through the themes of the story stems and co-construction assessments helped revive in him a more empathic orientation.

RESULTS

The first section of results reports on the intracorrelations observed among the reliability ratings assigned to the parent and child in the 5-

minute co-construction task. Here we asked what patterns of relating we could observe by summing across the 30 10-second frames and correlating our ratings of the child's verbal and nonverbal behavior with our ratings of the parent's verbal and nonverbal behavior. In this way we achieved an estimate of the effect each was having on the other in the 5-minute observation. The second section of results considers the questionnaires completed by the parents before and 3 months after the intervention. Despite the obvious brevity of the "intervention" we did find differences between the parents' ratings of their own levels of stress in their task of parenting from their assessments before our clinical meetings with them and after. We were interested in *any* changes that might have occurred over this short period. The third and final section of results stems from our investigation of whether any of the positive changes in the parents' report of their view of the child may have been linked to particular aspects of their observed behavior in the co-construction task.

Reliability

We achieved impressively high levels of reliability between our teams of raters, comprising doctoral psychology students and MA students at the New School for Social Research. Our coders reached a high degree of consistency with one another. Given these high levels of reliability, a single aggregate (reliable) code was relied upon in the results below. Furthermore, because of the small sample, and the low frequency with which many behaviors (e.g., touching) were noted in any single 10-second frame, we summed across the 30 frames to collect a total score for observed nonverbal and verbal behaviors.

Negative Affect

The sum total for ratings of children's negative facial expression was powerfully linked to three important aspects of parental behavior: (1) parents' negative facial expression; (2) parental touch judged to be nonsupportive, such as pushing the child's hand away; and (3) parental looking behavior. Furthermore, when children were heard to display a negative vocal expression this was strongly correlated with parents touching the child in a way judged to be nonsupportive and parents showing a negative facial expression. These results regarding child and parent negative affect are perhaps indicative of the challenges these adoptive parents face when trying to establish a new relationship with these previously maltreated children. With some children who display

negative emotional expression, their parents' affective response is understandably relative to what they see emanating from the child, and so they match it with concomitant negative facial affect or touch that is observed to be unsupportive or by intense looking. Here we might be reminded of Karlen Lyons-Ruth and her colleagues' descriptions of parents of disorganized infants who display either intrusive behavior (like our codes' unsupportive touch) or helpless behavior (like our observation of intense gazing). The parents' commitment to remaining engaged with the child is evident, however, by their gaze behavior and attempts to make physical contact, which, unfortunately, misses the mark.

Overriding Avoidance from the Child

One of our interesting findings concerned the parent's response to avoidance by the child (e.g., through gaze aversion). The sum total of scores for the child avoiding the parent was positively correlated with the parent making verbal reference to shared experiences, that is, making a concerted, deliberate, and intimate attempt to draw the child in. Notably, those parents making reference to shared experience were not observed to have a negative facial expression but did tend to display a host of other behaviors: positive facial expression; use of the child's name; use of the words *we* or *us*; response to questions; reliance on positive reinforcement in interaction with the child; and touching the child in a facilitative and supportive way. Correspondingly, when parents were observed to make use of the words *we* or *us* they were also observed to be highly efficient at responding to questions from the child. When the parents were observed to make use of the child's name, they were also highly likely to be observed to touch the child in a facilitative or supportive way. Here we see the "attachment-facilitating behaviors" hard at work on the parent's part, even when the child was cuing them that he or she was not interested. These children responded with somewhat lower scores for avoidance in the second half of the co-construction, hopefully in response to their parents' attentiveness.

Change in Parental Attitudes to the Self and the Child over 3 Months

Here we consider the extent to which there were changes in the parents' responses to the Strengths and Difficulties Questionnaire (their view of the child) or the Parenting Stress Index (PSI; their view of

themselves and their child) over the 2- to 3-month period in which the intervention occurred. With respect to the Strengths and Difficulties Questionnaire (SDQ) and the five dimensions it yields—the strength of prosocial behavior, the difficulties of emotional behavior problems, hyperactive behavior, conduct behavior, and peer problems—there were no changes in parents' views. Notably, 40% of parents saw their children as having difficulties in the “borderline” or “clinical” range on the SDQ, and this did not shift significantly in response to the brief intervention. More encouragingly, the parents' views as indicated by the PSI did change significantly from before they engaged with us in discussions of their child, in three positive directions. Significant changes over the 3 months were noted in the following areas: mothers reported (1) their children to be more acceptable; (2) themselves to be more attached to their children; and (3) themselves to be more competent as parents.

Change in Parental Attitudes Linked to Parent–Child Interaction in the Co-Construction Task

In order to explore whether these shifts in parents' reports of feelings about the child were linked to our observations of the parent–child interactions observed prior to the intervention, we computed change scores. These scores were an index of how much each parent had improved in his or her reported feelings of acceptability (of the child), attachment (to their children), and competence (as parents). These positive indices of change were then correlated with our global and microanalytic codes (summed across the 30 ten-second frames of observed behavior) in order to estimate which parent–child pairs were most likely to benefit from the intervention. We found three areas in which parents increased their reported acceptability of their children, their attachment to them, and their sense of competence as parents.

Finding the Child to Be More Acceptable

Following the feedback sessions, an increase in the parent's report of finding the child acceptable was linked to the following aspects of the initial filmed co-construction: (1) the child showing a positive facial expression; (2) the parent looking at the child; (3) the child making physical contact judged to be facilitative and at the level of a trend; and (4) the child's use of affiliative words such as *we* or *us*. Thus, it would

appear that even within this sample, where there was much evidence of negative affect and challenges, those parents likely to find their children more acceptable were already, at the initial observation, predisposed toward positive interactions with their children at both the verbal and nonverbal levels.

Feeling More Attached to the Child

Following the feedback sessions, an increase in reported parental attachment to the child was linked to two initial ratings in the co-construction: (1) the parent showing less avoidance of the child and (2) the child making fewer vocal expressions rated as negative. Interestingly, it is *lower levels* of both avoidance by the parent and negative vocal expression by the child that appear to foreshadow increases in the parents' reported attachments to their children.

Feeling More Competent

An increase in the parent's reported sense of competence was linked to four positive features of the initial interactions and three negative aspects. The positive correlates of an increase in parental competence were (1) parental looking (at the child) in the co-construction; (2) the child initiating physical contact judged to be facilitative; (3) the child responding to suggestions; and (4) the child showing a positive facial expression. This makes sense, as the parent and child were showing signs of engaging well with one another prior to the feedback sessions, which may have made the parents more flexible and open to feedback that could further enhance their competence.

An increase in parental competence was also linked to the following three negative elements of the co-construction: (1) the parent showing a negative facial expression; (2) the child showing a negative facial expression; and (3) the child showing avoidance. These results point to the essence of what can be regarded as attachment relationships in need of support and while we don't have data demonstrating change in the co-construction data itself, the fact that parental competence increased from our initial, pre-intervention assessment to postintervention suggests that perhaps some of these negative elements might also have shifted to a more positive direction.

DISCUSSION

In this discussion, we concentrate on what we see as the clinical relevance of these findings to working with children and their parents in distress. The particular nature of our sample of previously maltreated, recently adopted children will be considered. First, we discuss the relative merits of our micro- and macroanalytic approaches to scoring the co-construction task and the particular merits of our focus on nonverbal as well as verbal behavior, including the significance of negative emotion and overriding children's avoidance. Second, we comment on our results concerning how certain coherent patterns of parent-child interaction were linked to positive shifts in parents' sense of themselves as parents and their reported feelings of attachment to their children.

Our approach to scoring the 5-minute parent-child interaction or co-construction was informed by a wish to look more closely at observed features of behavior, inspired in part by the microanalytic work of infancy researchers (see Beebe, 2005, for a review) and we were rewarded for taking this fine-tuned, experience-near approach. This infant research utilizes an implicit, procedural dimension of communication, including gaze, facial configurations, spatial orientations, touch, posture, and the prosodic and rhythmic dimensions of vocalization (Beebe, 2005). While we were influenced by this approach, it is clear that our work was not as microanalytic as the infancy work, and perhaps it did not need to be. In fact, in consultation with J. Jaffe and B. Beebe (October 2005), we agreed that 10 seconds might be the developmentally appropriate unit of analysis for these older parent-child dyads. It is our hope that our efforts in this chapter may alert colleagues to the relevance of the microanalytic approach to better understand and support parent-child relationships in new adopters and their previously maltreated children.

This experience reveals something about the value of paying close attention to the subtle and implicit aspects of behavior—both nonverbal and verbal. This level of analysis allows for observation of nuances of behavior not necessarily visible to the human eye and forces a level of vigilance to the expressions of affect that may be elusive in more global coding. At the same time, features of the interaction at a verbal content level also proved illuminating as to some of what might help facilitate the attachment relationships in these new families. One of the limitations of our current work reported here is that we have yet to establish normative patterns of response to the co-construction task we have

employed with these recently adopted children and their parents. It will be of interest to see whether a microanalytic approach is as useful in more typical parent–child relationships, where language and nonverbal behavior are perhaps more integrated than one would expect in a clinical sample.

The chunks of behavior we have coded and report (the 10-second frames of behavior) revealed meaningful patterns of parent–child relating with two broad patterns being evident. First, we found a rather troubling negative cyclical effect wherein some parents and children exchanged negative facial expressions and touch that was nonfacilitative and showed an absence of reference by the parent to shared experiences with the child. Second, we found a much more hopeful pattern wherein children were avoiding the parent but the parent was not avoiding the child. Rather, the parent was creating an interactive environment that served to draw the child into interaction, for example, by referring to past shared experiences, referring to the child’s name, or referring to “we” or “us” without negative facial expressions or negative tones of voice. This is all the more remarkable given the short history these recently adopted children had with their parents, some of whom were initiating recall of the intimacy and pleasures they had already shared. These findings call to mind the insightful comments of Perry, Pollard, Blakely, and Vigilante (1995), who pointed out: “one cannot expect the early experiences of relational trauma to fully disappear as they often surface in times of stress. However, the best chances for getting a child on the road to making up for lost caregiving opportunities rests with those maltreated children lucky enough to be adopted by their ‘attachment facilitating adoptive parents.’ ” Such parents, it would appear, are those who can notice when (and why) the lights have changed (i.e., when they need to override any inclination they feel to ignore or reprimand the child, and instead see the child’s behavior as a wish to be included). This, we have seen, may be achieved by calling to mind recent shared intimate experiences and invoking these aloud—perhaps in a “parentese” mode so as to emphasize the positive, relationship-building quality to these family experiences. Other parental behaviors apparently important in facilitating change include responding to questions from the child and refusing to get stuck in negative facial emotional exchanges.

In terms of the title this chapter, elicited by the evocative request of Melissa, who requested traffic lights as interesting additions to the house she and adoptive father were building, adoptive parents should be encouraged to recognize the context out of which their children’s

sometimes peculiar and obstinate requests come from—deeply felt needs for understanding and support. Melissa’s request calls to mind experiences of driving a car when we are sometimes stopped at a dysfunctional light “stuck” on red. After a reasonable period of time, we wisely conclude that we should advance slowly and carefully, as there are risks involved in going through the red light, but if we failed to recognize the special “dysfunctional” context of the message, we would stay put and not advance anywhere. These children want to advance but need the help of their adoptive parents, who, in turn, may need the insight of the therapist to orient them toward understanding the emotional signals emanating from their late-adopted children and the need to ignore the red light, override the avoidance, respond to questions, and reinforce the new family script in the process of being written.

This set of clinical tools informed the brief feedback provided to the parents participating in the intervention and, with some parents, had a positive effect. For example, engaging with some parents about the possible meaning their child’s behavior or bringing into clearer view specific features of their interaction with their child may have prompted them to see their child (and themselves) in new ways, at once more realistic and more hopeful. This view is bolstered by the findings of correlates with parents’ increasing sense of competence and reported acceptability of their children. Taken together, these findings highlight how much more positive a parent’s reported feelings of the parent–child relationship are likely to be if the child is able to show, in even very subtle ways (as with a gentle touching of the parent), that the parent is needed. Expressions of dependence by children on their adoptive parents may be fundamental to eliciting a fondness for the child, and a corresponding belief by the parents in their own competence. In clinical work with adoptive parents who find it hard to believe that their recently placed children need or want them, it may be vital to point out the disguised ways in which their children are conveying this very need and want. As noted in the early sections of this chapter, there is growing evidence for the usefulness of “overriding” what appear to be the attachment-deflecting behaviors that such children express (Dozier, Higley, Albus, & Nutter, 2002; Lieberman, 2003; Marvin, Cooper, Hoffman, & Powell, 2002). Despite a child’s display of avoidant behaviors toward the parent, parents who can find their way toward engaging with their children and letting them know that they are “in mind” help to consolidate these relationships. This does stand in some contrast to the attachment research that instead highlights the need to follow the child’s lead and not intrude

into the child's space. For example, one of the paths leading to disorganized attachment in infants is maternal intrusiveness (Lyons-Ruth & Jacobvitz, 1999). However, overriding the child's seeming disinterest in attachment overtures by the parent—when done with sensitivity—is not parental intrusiveness. Still, this does suggest that there exists a delicate balance in helping adoptive parents make their attachment presence felt, but not go so far as to intrude.

In the work reported here, a vital element of the parents' strategies for overriding children's avoidance involved verbal responses, such as using the child's name, the use of pronouns such as *we* or *us*, and reference to shared past experience or reference points. The verbal nature of this strategy invites consideration of whether parents' own reflections on their personal history would be correlates of this relationship-building strategy. That is, while we did not have access to AAIs for the parents who participated in the work reported here, we would expect references to shared experiences in the co-construction task to come to the parents' minds most easily if their AAIs were classified autonomous-secure and coherent. We don't imagine that the didactic use of the child's name and the use of *we/us* in and of themselves promotes attachment, but rather, we would anticipate this outcome when these references to shared experience are made by a parent whose state of mind is especially attuned to, and valuing of, attachment. However, we would still explore the usefulness of transmitting this message to adoptive and foster parents in the context of work with them aimed at promoting secure attachment relationships with children in their care.

Moving forward with our inspiration from the infancy researchers, a potential next step would be to share with the parent examples of the filmed interactions with their children. Care would need to be taken, as is the norm in parent-infant work, to carefully select the vignettes to be used as catalysts for promoting parents' understanding of themselves and their children. We are aware of one colleague who has ventured toward incorporating this microanalytic approach with older (than infants) clinic-referred children, where an element of film-based feedback forms the basis of the intervention (Downing, 2004). In our future work, we therefore plan to incorporate the brief 5-minute filmed observation discussed here, and further explore how the ways parents and children negotiate this task may deliver powerful clues as to the nature of their relationship to one another, and the likelihood of their being able to benefit from feedback in a therapeutic context.

To summarize the potential take-home messages of the work in this chapter, there are three that present themselves: (1) attachment-facilitating behaviors were evident in the adoptive parents who were able to maintain a positive emotional exchange (at the nonverbal level of facial expression), and the verbal level involving use of the child's name, reference to *we* or *us*, and reference to shared past experiences *even when the duration of their shared history is no more than a few months*; (2) subtle expressions of avoidance by the parent are a potential indicator of poor attachment outcome; and (3) avoidance from maltreated children is to be expected and if it can be "overridden" (i.e., if the parent is helped not to feel rejected) the relationship is likely to flourish.

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Appendix 3.1. Summary of Co-Construction Coding Scheme Manual

Parent Nonverbal Ratings

These codes measure the effectiveness of the parent's nonverbal communication skills, including such things as facial expression, tone of voice, gestures, spatial arrangements, patterns of touch, and other nonverbal features.

- *Parent seeks physical proximity*—how close and available the parent is in relation to the child.
- *Parent avoids physical proximity*—how unavailable or distant the parent is from the child.
- *Looking behavior*—*quantitatively* measures parent eye contact with the child.
- *Facial expression (positive)*—indicates parent's enthusiasm.
- *Facial expression (negative)*—indicates parent's lack of enthusiasm.
- *Gestures*—whether or not the parent uses gestures to aid in the interaction with the child.
- *Patterns of touch (supportive)*—is parent able to gauge the child's needs and respond to cues with the appropriate touch?
- *Patterns of touch (nonsupportive)*—is parent incapable of gauging child's needs and responding with inappropriate touch?

Parent Verbal Ratings

These codes measure the parent's use of verbal skills when communicating with the child during the entire interaction with emphasis on how the parent uses his or her voice and words to convey a message through pronunciation and emotion.

- *Vocal expression (positive)*—positive vocal expression—its range, intensity, frequency, and upward intonation.
- *Vocal expression (neutral)*—neutral vocal expression—its range, intensity, frequency, and lack of intonation.
- *Vocal expression (negative)*—negative vocal expression—its range, intensity, frequency, and downward intonation.
- *Use of child's name*—*quantitatively* measures whether the parent uses the child's name during the interaction.
- *Use of pronoun "we" or "us"*—*quantitatively* measures whether the parent uses the word *we* or *us*.
- *Response to questions*—whether parent responds to the child's questions during the interaction.
- *Asks questions/makes suggestions*—whether parent asks questions or makes suggestions and takes initiatives.

- *Positive verbal reinforcement*—whether the parent uses positive reinforcement during the interaction.
- *Reference to shared experiences*—whether the parent references a previous shared experience during the interaction.

Parent Global Ratings

These codes measure the parent's overall demeanor and response to the child during the building interaction. These codes include how the demeanor is both reflected and expressed.

- *Positive quality of demeanor*—measures the *positive* affect the parent has and shows toward the child. This includes warmth, smiling, laughing, praise, enjoyment, reference to the child, and any behavior the coder feels is positive for the child.
- *Neutral quality of demeanor*—measures the *neutral* affect the parent has and shows toward the child. This includes distance, withdrawal, flatness, disinterest, lack of reference to the child, and any behavior the coder feels indicates distance from the child.
- *Negative quality of demeanor*—measures the *negative* affect the parent has and shows toward the child. This includes criticism, contempt, tension, anger, annoyance, and any behavior that the coder feels is negative for the child.
- *Encouraging behavior*—measures how encouraging the parent is during the interaction with the child. An *encouraging* parent will show higher levels of initiative and suggestions and generally be more involved in the task and the child's input.
- *Controlling behavior*—measures how controlling the parent is during the interaction with the child. A *controlling* parent will show higher levels of involvement *without* regard to the child's input, to the point of excluding the child.
- *Sensitivity to child*—measures how sensitive the parent is to needs of the child and the ease with which they are able to adjust their own behavior to meet those needs.
- *Response to blocks falling*—measures the parent response to an accidental/purposeful collapse of the blocks. *For this code only*, code response as: 0 = none, 1 = positive, 2 = neutral, 3 = negative.

Child Nonverbal Ratings

These codes measure the child's nonverbal communication skills, which include facial expression, tone of voice, gestures, spatial arrangements, patterns of touch, and other nonverbal acts.

- *Child seeks physical proximity*—how close the child is to the parent.
- *Child avoids physical proximity*—how far and distant the child is from the parent.

- *Looking behavior*—*quantitatively* measures how often the child makes eye contact and looks directly at the parent.
- *Facial expression* (positive)—positive expressions used by the child that indicate child's enthusiasm.
- *Facial expression* (negative)—negative expressions used by the child indicating child's lack of enthusiasm.
- *Gestures*—whether the child uses gestures to obtain support and/or guidance in the interaction.
- *Patterns of touch* (facilitative)—whether the child uses touch to facilitate the interaction with the parent.
- *Patterns of touch* (disruptive)—whether the child uses touch to disrupt the interaction with the parent.

Child Verbal Ratings

These codes measure the child's use of verbal skills when communicating with the parent during the entire interaction. Emphasis is on the use of voice and words to convey a message through pronunciation and emotion.

- *Vocal expression (positive)*—positive vocal expression—its range, intensity, frequency, and upward intonation.
- *Vocal expression (neutral)*—neutral vocal expression—its range, intensity, frequency, and lack of any intonation.
- *Vocal expression (negative)*—negative vocal expression—its range, intensity, frequency, and downward intonation.
- *Use of parent's name (title, first name, etc.)*—Mother, Mommy, Mom, Father, Daddy, Dad.
- *Use of pronoun "we" or "us"*—*quantitatively* measures use of the word *we* or *us*.
- *Response to questions*—whether the child responds to the parent's questions during the interaction.
- *Response to suggestions/initiatives*—whether the child responds to the parent's suggestions and initiatives.
- *Take initiatives and make suggestions*—whether the child makes suggestions and takes initiatives.

Child Global Ratings

These codes measure the child's overall demeanor and response to the parent during the building interaction and how the demeanor is both reflected and expressed.

- *Positive quality of demeanor*—includes warmth, smiling, laughing, enjoyment—any behavior coder feels is positive.
- *Neutral quality of demeanor*—includes distance, withdrawal, flatness, disinterest—any behavior that shows distance.

- *Negative quality of demeanor*—includes anxiety, tension, anger, distance, annoyance, irritability, criticism.
- *Controlling behavior*—will show higher levels of involvement *without* regard to the parent's input, to the point of excluding the parent.
- *Attention/focus*—child's sustained continuation of attention during the task.
- *Response to bricks falling*—child's response to accidental/purposeful collapse of the blocks onto the table or the floor. *For this code only*, code response as: 0 = none, 1 = positive, 2 = neutral, 3 = negative.
- *Building task*—whether the parent and child use the task to build together or separately. *For this code only*, code response as: 0 = no building, 1 = separate, 2 = separate, then together, 3 = together.

Dyad Ratings

- *Child/parent rhythmicity and coordination*—measures the child/parent smoothness of transitions and movement in the task. It takes into consideration not only verbal coordination, but the involvement of body parts, posture, movement, coordination, and transitions from one action to another.
- *Creativity*—measures the level of creativity the dyad has exhibited with the building block task, which can best be assessed from the end product. Higher scores would be reserved for more sophisticated constructions (i.e., multiple layers, color coordinated, more imaginative) in which the child is able to put a coherent description together. Failure to use at least the majority of the blocks would result in a lesser score.
- *Global quality of interaction*—measures the overall quality of the task. It takes into consideration the level of interaction and working together, the balance of the interaction, the overall level of enjoyment of both the child and parent, and the overall manner in which the parent and child interact with each other through both verbal and nonverbal cues.