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From bond to attachment of the internationally adopted adolescent

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DOCTORAL THESIS

FROM BOND TO ATTACHMENT OF THE INTERNATIONALLY

ADOPTED ADOLESCENT

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Centre	Facultat de Psicologia i Ciències de l'Educació i l'Esport Blanquerna
Departament	Psicologia
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A na Vicky,els meus pares, els meu germà i al Quelio

i

n'Emma, que l'esperam amb molta il·lusió.

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ABSTRACT

This dissertation assesses, firstly, the importance of the time that parents spend with their adopted children between arrival and schooling and how this affects on the psychological adjustment of the child. Secondly, values the importance of openness in family communication about the child's origins and previous history and the impact that it has on the psychological adjustment of the child. Finally, checks whether the psychological adjustment and openness in family communication are predictor variables of a secure attachment in the internationally adopted adolescent.

The results support our hypotheses, concluding that adopted children who spend more time with their parents before schooling have a better psychological adjustment. Same with the openness in family communication: those menors who feel or perceive in their parents an open attitude to discuss issues related to their adoptive history, present a better psychological adjustment than those who perceive difficulties by the parents to talk about his past. Finally, the results also support the hypothesis that openness in family communication and psychological adjustment are predictor variables of a secure attachment in adolescence.

These results highlight the importance of establishing a stable and secure bond between child and adoptive parents from the first moment of the child's arrival. Jointly with the open in family communication make it easier for the child to develop a secure attachment with his or her parents, from which to enter into adulthood with a more solid base.

RESUMEN

Este trabajo evalúa en primer lugar, la importancia del tiempo que los padres pasan con sus hijos adoptados entre la llegada y la escolarización y cómo esto afecta al ajuste psicológico del menor. En segundo lugar, valora la importancia de la apertura en la comunicación familiar acerca de los orígenes y la historia previa del menor y el impacto que ello tiene en el ajuste psicológico del mismo. Finalmente, comprueba si el ajuste psicológico y la apertura en la comunicación familiar son variables predictivas de un apego seguro en el adolescente adoptado internacionalmente.

Los resultados refuerzan nuestras hipótesis, concluyendo que los niños adoptados que pasan más tiempo con sus padres antes de ser escolarizados presentan un mejor ajuste psicológico. Lo mismo pasa con la apertura en la comunicación familiar: aquellos menores que sienten o perciben en sus padres una actitud abierta para hablar temas relacionados con su historia adoptiva, presentan un mejor ajuste psicológico que aquellos que perciben dificultades por parte de los padres para hablar cuestiones de su pasado. Finalmente, los resultados también aprueban la hipótesis de que la apertura en la comunicación familiar y el ajuste psicológico son variables predictoras de un apego seguro en la adolescencia.

Estos resultados destacan la importancia de establecer un vínculo estable y seguro entre niño y padres adoptivos des del primer momento de la llegada del menor. Conjuntamente con la comunicación familiar abierta, facilitan que el niño desarrolle un apego seguro con sus padres, des del que poder entrar en la edad adulta con una base más sólida.

RESUM

Aquest treball avalua, en primer lloc, la importància del temps que els pares passen amb els fills adoptats entre l'arribada i l'escolarització i com això afecta l'ajustament psicològic del menor. En segon lloc, valora la importància de l'obertura en la comunicació familiar sobre els orígens així com la història prèvia del menor i l'impacte que això té en l'ajustament psicològic d'aquest. Finalment, comprova si l'ajustament psicològic i l'obertura en la comunicació familiar són valiables predictives de l'aferrament segur en l'adolescent adoptat internacionalment.

Els resultats reforcen les nostres hipòtesis, concloent que els nens adoptats que passen més temps amb els seus pares abans de ser escolaritzats presenten un millor ajustament psicològic. El mateix passa amb l'obertura en la comunicació familiar: aquells menors que senten o perceben en els seus pares una actitud oberta per parlar temes relacionats amb la seva història adoptiva, presenten millor ajustament psicològic que aquells que perceben dificultats per part dels pares per parlar qüestions del seu passat. Finalment, els resultats també aproven la hipòtesi de que l'obertura en la comunicació familiar i l'ajustament psicològic són variables predictores d'un vincle segur en l'adolescència.

Aquests resultats destaquen la importància d'establir un vincle estable i segur entre nen i pares adoptius des del primer moment de l'arribada del menor. Conjuntament amb la comunicació familiar oberta, faciliten que el nen desenvolupi un aferrament segur amb els seus pares, des del qual poder entrar a l'edat adulta amb una base més sòlida.

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ABBREVIATIONS

ACO   *Adoption Communication Openness Scale*

ACS   *Adoption Communication Scale*

ACS-S   *Adoption Communication Scale-Spanish version*

ASEBA   *Achenbach System of Empirically Based Assessment*

FVB   *Fundació Vidal i Barraquer*

ICAA   *Institut Català de l'Acolliment i l'Adopció*

ICIF   *Institució Col·laboradora d'Integració Familiar*

IUSM   *Institut Universitari de Salut Mental Vidal i Barraquer*

IPPA   *Inventory of Parents and Peers Attachment*

OR   *Odds ratio*

SAF   *Síndrome de Alcoholismo Fetal*

SCO   *Escala de satisfacción global con el grado de apertura en la comunicación familiar entorno a los orígenes*

YSR   *Youth Self Report*

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PRESENTATION

This thesis was carried out in the framework of the Institut Universitari de Salut Mental (IUSM) of the Fundació Vidal i Barraquer in Barcelona. The IUSM Vidal i Barraquer is integrated in the Ramon Llull University and carries out both research and teaching tasks. At the same time, the Fundació Vidal i Barraquer has a Psychological Medical Center for Children and Adolescents which, in addition to its assistance function, began a collaboration with the Department of Justice of the Generalitat de Catalunya, through the Institut Català de l'Acolliment (ICAA) as a Collaborating Institution in Family Integration (ICIF) in September 1997, participating in the design of the current procedure for adoption. Its task as ICIF is therefore to carry out the study and assessment of applicants for international adoption and the monitoring and evaluation of the child's adaptation once it has been adopted. The Fundació Vidal i Barraquer also has a Unit of Counseling and Support for Adoptive Parents (UAPA), to give guidance and advice to families that have made an adoption, both nationally and internationally. For professionals working at the Fundació Vidal i Barraquer, it is essential to construct the experience based on three main pillars: assistance, research and teaching, three areas that should dialogue and enrich each other if you do not want to fall into a partial or fragmented practice.

From the research department, we have spent many years working and researching on international adoption. This thesis pretends to be the continuation of the thesis of Dr. Inés Aramburu. In her work, she analyzed pre-adoptive risk factors and how family communication acted as a post-adoptive protective factor on the child's psychological adjustment. Based on the theory of risk and protection factors (Rutter, 1987; 2005), this

is a work that, assuming the existence of unmodifiable risk factors, such as those related to the child's previous history and the characteristics of the minor, aims to highlight the role of adoptive parents as a motor that generates change in the child's development. Previous research has highlighted the high degree of involvement of adopters in their parental work.

1. INTRODUCTION

The history of empirical research on adoption has been linked to the study of the differences between the development of adopted children and their non-adopted peers and the potential risk of psychological problems associated to adoption. In general, the results indicate that, although the majority of adopted people present a good psychological adjustment, the incidence of problems during the adaptation period and the course of the adopted ones, both national and international, is high (Brodzinsky, 1990; Keyes, Sharma, Elkins, Iacono, & McGue, 2008; Smith & Brodzinsky, 1994). This research showed that adoptees are more often in psychiatric treatment than the general population (Hjern, Lindblad & Vinnerljung, 2002; Zucker & Bradley, 1995), tend to have more behavioral problems such as hyperactivity, aggression or delinquency (Gindis, 2005; Glennen & Bright, 2005; Keyes, Sharma, Elkins, Iacono & McGue, 2008; Verhulst, Althaus & Verluis-den Bieman, 1992), more difficulties in affective development (Brodzinsky, Schecther & Hening, 1992; Gribble, 2007), as well as they tend to be behind in terms of school performance and are overrepresented in special education populations compared to others minors raised by their biological families in standad settings (Brodzinsky & Steiger 1991; Dalen, 2002; Hoksbergen, Juffer & Waardenburg, 1987; van IJzendoorm, Juffer & Poelhuis, 2005; Verhulst, Althaus & Verluis-den Bieman, 1990, 1992).

The differences between adoptees and non-adopters begin to emerge at around the age of 5-7 years old. Some authors understand that at this age the child can recognize that families are defined by their biological ties and, therefore, adoption not only involves

the integration into a new family, but also the loss of the former (Brodzinsky, 1990; Brodzinsky, 1992; Brodzinsky, Schecther & Henig, 1992; Smith & Brodzinsky, 1994). These differences announced in the school stage are not consolidated in most investigations until the adoptees reach adolescence and descend again at age 16 and during adulthood (Rosenthal & Groze, 1991; Sharma, McGue & Benson, 1996; Verhulst, 2000; Wierzbicki, 1993).

If we focus on the behavior problems present in the adopted child's adolescence, we find papers such as Sharma, McGue and Bernson (1998) who found that adopted adolescents have high levels of criminal behavior, drug use, and poorer school settings. A few years later, Simmel, Brooks, Barth and Hinshaw (2001) studied the prevalence of attention-deficit hyperactivity disorder (ADHD) and challenging oppositional disorder in a sample of 808 adopted children and adolescents (5-18 years old). They found that 29% of the sample had symptoms of externalization according to what parents reported: 9.5% had ADHD, 8% had oppositional defiant behavior and 12.4% had both disorders. The percentage of symptoms of ADHD would be approximately twice than the one found in samples of children and adolescents that had not been adopted. Juffer and van IJzendoorm (2005) also reported on the high rates of externalizing and internalizing behaviors in internationally adopted adolescents, although the difference is modest, indicating that most adopted adolescents have a good adjustment. In the same line, the paper of Keyes and his colleagues (2008) shows the significantly elevated scores on behavior and emotional problems obtained in a sample of adopted adolescents.

This research therefore aimed to try to determine which are the factors that can harm and which can help prevent the presence of the conflicts described so far. We intended

to study to what extent the creation of a good bond and a secure attachment can be a factor of protection and facilitated the post adoptive elaboration, influencing a good psychological adjustment, family opennes communication and a successful scholastic performance of the adolescent.

1.1. Importance of Attachment

When facing issues related to children, it is essential to deal with different aspects of attachment. If we also considerer the added variable of adoption, the concept of attachment and its representation becomes a crucial aspect. The concern for the child's early relationship with his mother was one of the central themes for psychoanalysis from the outset. Already in 1935, René Spitz began his investigations observing the development of abandoned children, who were taken to institutions, mostly orphanages. These observations allowed him to see that the mother would represent the external environment and through her the child would begin to construct the reality and objectivity of the external environment. There have been many theories that have reflected on the child's relational bond with parental figures, but surely Bowlby and his attachment theory allows us to understand that relationship more concretely. Bowlby (1958) hypothesized that the bond between the child and his mother is the product of a set of behavioral systems whose predictable consequence is to approach the mother.

Ten years later, the same author (Bowlby, 1969) defined attachment behavior as any form of behavior that makes a person reach or maintain proximity to another differentiated and preferred individual. He also suggested that as a result of the

interaction of the baby with the environment, especially with the mother, certain systems of behavior are created, which are activated in attachment behavior.

When a child is given for adoption, it is necessary that his biological parents have suffered a limit situation, such as death, or for whatever reasons, have had to give him or her up. Whatever, in most cases, this loss is lived as abandonment, which, from the psychoanalytic, and psychological in general, point of view, involves a cut or non-existence of family bond and consequently, the break in the attachment process (Hermosilla, 1989).

The place, the interactions and the experiences where the children grow and develop in the first years of their life sow the bases of their learning. Their first life experiences and relations will help or hurt that the child develops one or other and in one way or another, their basic skills, which will allow them to continue to grow and consolidate new learning and cognitive, emotional and social skills more elaborate (Sheridan, Knoche, Edwards, Bovaird & Kupzyk, 2010).

It is clear then, that one of the main and initial goals of adoptive parents should be the effort to achieve a bond strongly enough so that the child can, from that point on, develop his full potential, even if that has to be done a few years later than in cases of families with biological children. Singer, Brodzinsky and Ramsay (1985), affirmed that the quality of attachment in non-adoptive mothers is generally similar to adoptive ones. In this sense, Fernández and Fuentes (2004) pointed out that families in general were satisfied with their adoptive experience and that their children had adapted correctly to their new life.

However, adoption implies a great change, both for the adopted child and for the adoptive parents; therefore, it involves the creation of a new family system to which all members would have to adapt (Castro, 2009). How the family addresses this challenge and takes on this task will influence the grade of adoptive and family cohession. Brodzinsky, Schechter and Brodzinsky (1986) already suggested that adoptive parents should initiate the disclosure of adoption to their children at an early age and, little by little, increase the information according to his or her age and grade of maturation allows them to assume. This, after all, is to help the adopted children to create their own identity from the story of what adoptive parents know about their child's background. Thus, when they reach adolescence, which is the period that by most authors identifie as the moment where the formation of identity is the fundamental task (Aguilar, Oliva & Marzani, 1998; Knobel, 1984; Laufer, 1998), can assume all the changes in the best possible conditions.

Therefore, being a mother or father through the adoption way, includes a "plus" of work to which the bonding for the new family is concerned, since adoption implies a qualitative leap for the family at the crucial point of paternity. Thus, the parents must take charge of a scene of which they did not participate and that, paradoxically, the elaboration that they make of it as family will be an essential pillar for the good adaptation of their son.

In the same way and coming back again to Bowlby (1969), it should be noted that physical development and above all psychic one, will depend on the treatment that the child receives from his or her closest environment (parents) and its quality and duration. The containment functions that children receive from their parents will organize the

child's thinking, symbolization and language or, in other words, the basis of their ability to learn (Mirabent & San Marino, 2008).

1.2. Schooling and situation of internationally adopted children in our country

Most of the children adopted internationally in our country and most probably throughout Europe in general, have lived the first years in institutions. This makes it difficult for them to have had experiences of exclusivity and affection, which are necessary to develop the most basic psychic abilities such as thought, symbolization, language, cognitive, social, emotional, etc. (Rosser & Bueno, 2011). Institutionalized children are accustomed to being cared by different people, so no one gets to know them completely and many of the most private and personal needs are obviated. Usualy the system give them a protocoled treatment, which can or not satisfy their basic needs with little room for a good psychic development. The lack of consistent and prolonged relationships with a significant figure hinders the establishment of a secure attachment relationship. This affects significantly and negatively the beginning of building the child's mental structure and thus the development of his thinking, language and affection (Rosser & Surià, 2012). In this way, when the child arrives at his new home and starts the family life, has only experienced a bonding model (many times with the caretakers of the orphanages) and therefore, he does not know how his new parents will relate now with him (Mirabent & Ricart, 2005).

In many cases, we find that the day to day reality leads many families to advance their children's care to the nursery. When the minor is schooling shortly after being adopted, he faces an adds challenges, not only is faced with the need to adapt to a new environment, new people, new city, culture, climate and society, but also the challenge of progressing in the acquisition of new knowledge (Berástegui & Rosser, 2012). Obviously, parents should not be blamed for this fact, but it is important to highlight the impact it has on children.

Often, the "desire to be" is confused with the "must belong". The first involves patience, effort, dedication, commitment, sacrifice in favor of the child, in the sense of going to their pace, of "adapting to their own adaptation", of going parents and son side by side, being the son who marks each step. This attitude by the parents, greatly favors the development of all the skills mentioned above. This way the child is given what he needs at every moment and the parents learn their role according to that particular child. At the same time, they are helping the child to feel like theirs, so that in the future, when the adoptee takes the step of creating new links of another nature, the child will have been offered the enough relational resources to be able to establish new bonds with confidence. On the other hand, the "must belong" implies wanting to normalize the situation by pushing the children to relate to his or her peers to establish new links, without even assuming the role of child. Mirabent and Ricart (2005) pointed out that the adaptation of the child and the creation of emotional bonds is a slow process and advised not to want to run too much, nor to hasten to normalize the life of the child and the family, since it could fall into a false adaptation and false family ties. For Grau (2002), premature schooling compromises the child's progress, arguing that it is necessary to give them time to understand what it means to be a child, to live with the

family and to find the safe base from which to experiment and become autonomous individuals. Thus, not feeling discomfort in the separation with their parents, could be the result of an undifferentiation between parents and other adults, which would lead us to the false sense of good bonding. On the other hand, discomfort, crying and grief, among others, could be a sign of an existing real bond and be prepared to tackle more complex learning, since the most motivating stimuli come from the figures of reference. In this sense, Múgica (2009) pointed out that "autonomy without company is not autonomy, it is loneliness, and in solitude children are lost, while in attachment, in company, they learn." Loizaga et al. (2009) described a strong relationship between the family life of the adopted child and the school's performance indicators. This autor concluds that in his study children who presented the most difficulties with adaptation in the schools and those with a poor school performance were also the ones that presented a worse familiar adaptation.

Mirabent and Ricart (2005) asserted that if the child feels that he is hasty in a demanding environment, when he has not yet proved who he is, where he is and why, he may choose to flee from the situations that take refuge in his thoughts. Even worse, when he feels unable to meet thes demands of the performance expected from him, he manifests aggressiveness as a form of avoidance. The responses of hyperactivity or hostility, as we shall discuss later, far from being considered negative, should be interpreted as a way the child defends himself against external pressures where he feels subjected.

Fernández Molina (2011) developed a scheme that describes a vicious circle where low academic self-esteem, cognitive difficulties, low interest, greater difficulty in

understanding the teacher, less experience of success, anxiety and boredom, and behavioral problems are fed back if an adopted child who is not yet ready or has not established affective ties with their parents joined the school. It has a lot to do with what Pérez, Etopa and Díaz (2010) affirmed about school adaptation. They pointed out, it is complicated if the child is educated without having yet made a good link with their adoptive parents. If the child is in the process of linking and is separated from parents to incorporate into school, he can experiencing the situation as a new abandon. This event can generate absolute indifference and not maintaining ties with anyone, for the same mistrust the previous losses have produced in the minor.

Bowes, Harrison, Sweller, Taylor and Neilsen-Hewett (2009) argued that minors who have spent more time in centers and who have undergone more institution changes were those with worse academic adjustment, socio-emotional and behavioral difficulties and more conflictive relationships with themself and the rest of their partners. On the contrary, children who have received more informal care in the family context had a positive adaptation.

In this sense, Loigaza et al. (2009) found that 10.3% of the children who had been enrolled at the time immediately after their arrival presented integration problems. They observed that this percentage decreased with the passage of time, so that only a year later, it had fallen to four points. The same was true for school performance: 27.7% had difficulty performing school tasks, while a year later only 19.9% presented this problem. They concluded that children with more difficulties in school adaptation were also those who presented greater difficulties of integration between their peers and other children. The presence of withdrawal and hyperactivity behaviors was 16.1% and 14.6%

respectively, at the time of arrival. Nevertheless it should be noted that these behaviors were significantly modified during the first year, resulting in more adaptive behaviors.

Palacios, Sánchez-Sandoval and León (2005) also highlighted the high incidence of restlessness (67.1%) and nervousness (48.7%) in pre-school children and in schooled children that presented problems related to hyperactivity: They did not complete the academic tasks (47.6%), were very restless (54.3%) and very easily distracted (48.1%). Faced with such behaviors, professionals, but also families, must be clear about their etiology, and avoid precipitated or misdiagnosed attentional deficits and/or hyperactivity to children who uses these behaviors in an unconscious way, with the objective to explore his new environment and to free itself of the anxiety that this originates to him.

1.3. Pre and post adoptive factors related to mental health

During the last decades, the research has studied the relationship between the psychosocial development of the child and variables related to the family environment such as the type of adoptive parents (Bennett, 2003; Shireman, 1996), presence or not of biological children (Berdsteins, 2004; Castillo, Pérez Testor, Davins & Mirabent, 2006; Palacios, Sánchez-Sandoval & León, 2005) and the dynamics of the adoption process (Brodzinsky & Brodzinsky, 1992, Juffer & Rosemboom, 1997), family and parenting styles (Berástegui, 2007; Palacios & Sánchez, 1996b; Rueter & Koerner, 2008). However, there is little research on the process of disclosure, understood as the knowledge the adoptee of its status and origins (Castón & Ocón, 2002), as an influential

factor in the psychological adjustment of the child. This fact, however, does not prevent revelation from being considered as crucial for the harmonious development of the identity and behavior of adopted children (Polaino-Lorente, 2001).

As far as pre-adoptive risk variables are concerned, we find that the most studied are age at the time of adoption (Brodzinsky, Lang & Smith, 1995; Fensbo, 2004; Miller & Hendrie, 2000; Moliner & Gil, 2002), physical and emotional deprivation during the period prior to adoption (Glennen, 2002), racial divergence between the adopted child and his adoptive family (Fernández & Fuentes, 2001; Festinger, 1990) and delayed physical development of the child at the time of arrival (Cohen, Lojkasek, Zadeh, Pugliese & Kiefer, 2008). Many studies have tried to observe the relationship of these factors with the behavioral problems and school performance. Verhulst and his team (1990, 1992) related the results of the adjustment of 2,148 adopted children to the age at which they entered their foster home and their experiences prior to adoption. The results showed that the greater the age of the adopted child, the higher the possibility of developing behavioral and emotional problems of a clinical nature and low academic performance.

In the same way, the review conducted by French, Harf, Taieb and Moro (2007) concludes that internationally adopted adolescents presented greater behavior problems than non-adoptees. Among the adoptees, those who had experienced adverse experiences in the pre-adoptive period showed greater problems than those who had not experienced the deprivation experience.

2. JUSTIFICATION OF THE RESEARCH

Interest in the world of adoption has been growing in our society, where the number of international adoptions has multiplied in recent years. Spain has been one of the most important countries in this field: in 2007 Spain was the second country with the highest international adoption in the world (only behind the USA). In 2013 Spain was the fifth, behind the USA, Italy, France and Canada. And in 2014, there were more than 800 international adoptions.

Due to this reality, the interest of our team has also been increasing, because in the last decade there has been a growing demand in our unit by adoptive parents. During these years we have been expanding our adoption experience, observing the early stages of adaptation and integration, closely recognizing the needs of children and parents and adjusting and restructuring the entire family upon receiving the new member. In general, we have been able to observe how children and their families are adapting in a healthy way. However, we receive high rate of cases of adopted children with various problems or developmental delays. Currently we are assisting adolescents between 13 and 18 years old adopted during their childhood more than twelve years ago, when the international adoption began in Spain. We have detected that many of them come due to behavioral problems such as hyperactivity, inattention, impulsivity, low academic results and consumption of toxics substancess among others. In general, they are adolescents who have had a hard pre-adoptive history, characterized by numerous losses

and now, these behaviors they are revealing conflicts concerning their past history and origins. We have also observed that, in many cases we deal with, revelation of origins that has been neglected or an under-worked topic by parents. Knowledge of the origin by the adopted child is a fundamental issue, simply because, like every person, the adopted child has the right to know his roots. Not only they are entitled, but they actually need to know their history in order to understand their life as a trajectory in which there are no gaps. For the adopted child to know his background is fundamental because it affects the bond that are established between they and their parents; at this stage he will determine his affiliation and his view of his adoptive parents as true parents. In other worlds, awarenes of the adoption condition can reaffirm the links or, on the contrary, can cause the adolescent to escape from the situation, with actions or behaviors which risk their physical and mental health. We know that when a child is given up for adoption, she lives the loss of her biological parents as abandonment. Thus, having knowing the history prior to adoption and, above all, a warm and comprehensive disclosure by the adoptive parents will help create the bonds that the adoption broke or did not even build. This, is very important for allowing the child to make a secure attachment and, in turn, develop more complex skills.

This research intends to assess the importance of bond and attachment in adolescents that were internationally adopted in Spain at the beginning of this century. Our intention is also to observe the role of attachment in relation to openness in family communication, psychological adjustment, academic results, etc. The last purpose is preventing a part of child suffering and promoting the well-being of the adoptees and their families.

3. OBJECTIVES

3.1. General aims

The present study focuses on the impact of bonding and the development of the different types of attachment on the internationally adopted adolescent, and how this affects psychological adjustment, family openness in communication, and school performance during adolescence. The perspective of the study will consider the impact mentioned above at a stage where the unresolved griefs of the past, the formation of identity, identifications with parents and the search for origins play a very important role. Therefore, the way in which the family addresses these issues offering the adopted child enough time, attention and affection, will be key for a healthy his development.

3.2. Specific aims

First study: Importance of time between adoption and schooling: impact on the psychological adjustment of the internationally adopted adolescent.

Main goal:

- To see if the children who have spent more time with their adoptive parents between their arrival and the entrance to school, present a better psychological adjustment. Also, we will evaluate the importance of maternity or paternity leave.

Secondary goals:

- To know the internalizing, externalizing and global psychological adjustment of the adoptees when they have been in his adoptive family during 10 years or more.

- To discriminate that the best psychological adjustment is not due to an earliest arrival to the adoptive family, but to the time that parents and adoptive child spent together before the child enters school.

- To determine the importance of taking the 16 weeks of maternity / paternity leave that, by law, parents have in our country.

Second study: Influence of communicative Openness on the psychological adjustment of internationally adopted adolescent.

Main goal:

- To carry out an empirical study that allows evaluating the influence that the onset in the communication related to origins has on the psychological adjustment of the internationally adopted adolescents.

Secondary goals:

- To analyze the level of openness in the communication, between adoptive parents and child, about its adoption and its previous history.

- To know the factors both by parents and by the children that can facilitate or impair the openness in communication.

<u>Third study:</u> Family communication openness and psychological adjustment as predictors of secure attachment of internationally adopted adolescent.

This last study aims to close the investigation with special emphasis on the attachment variable. Attachment, as we understand, is the primary protective factor in adopted (and not adopted) children. We believe that the healthy psychosocial development of any child can-not be constructed in any other way than from the basis of a secure attachment.

Main goal:

- To perform an empirical study trying to verify that a secure attachment is a good predictor of psychological adjustment and a good openness in communication.

Secondary goals:

- To understand that accompanying the child towards the establishment of a secure attachment is essential for a good development since it affects directly or indirectly in other aspects of his life.
- To determine pre and post adoptive factors that can complicate or facilitate the attachment process.
- To verify that a secure attachment facilitates openness in communication, not vice versa.

4. FIRST STUDY

IMPORTANCE OF TIME BETWEEN ADOPTION AND

SCHOOLING: IMPACT ON THE PSYCHOLOGICAL

ADJUSTMENT OF THE INTERNATIONALLY ADOPTED

ADOLESCENT

4.1. Background

"Why are we in such a hurry for children to grow up, learn English, go to the pool or to camps, know how to be without their parents? As adults, do we offer them space and time enough during their earliest childhood to develop gradually and according to their needs? Do we not expose them to excessive stimulation and dispersion to keep up with adults? Why run so much? Should him/her highlight? Should we join in the competitive aspects of our society?" These are just some of the questions raised by Mirabent and Ricart (2005) in their chapter on the schooling of adopted children. The time that the child spends with his parents in their first years of life is very important to establish a good bond and to be able to enter the school with greater facility for adaptation. If we speak of adopted children, who have not been able to establish strong and secure emotional bonds, the need for time between arrival and schooling becomes more important. In fact, Fernández Molina (2011) affirmed that many difficulties of learning or development come from disorders of the linkage and. In the same sense, Mirabent and Sanmartino (2008) pointed out that the entrance to school without the previous adaptation has taken place and without the child-parent bond being stable and secure, may be an added risk factor to the child's health and well-being. It is precisely the importance and influence that has the passage of time between the arrival and the schooling of an adopted child, what we are going to deal within the present work.

When a child is given for adoption, it is necessary that his biological parents have suffered a limit situation, such as death, or they have had other reasons to give him up. Either way, in most cases, this loss is experienced as abandonment, which involves a cut

or non-existence of family bond and with it, the break in the process of attachment (Hermosilla, 1989).

On the other hand, once it has been decided that the child is to be schooled, Navarro (2011) proposes different questions to be considered: the moment in which the child will be incorporated for the first time in the center, as well as the "how" the parents are going to do it. It is prudent to analyze if the schooling is going to be carried out from the first moment during the whole school day or will be considered as more adequate a progressive schooling; The assignment to a certain group-class, according to the needs of the child; The procedure for the control of the affective and social stimuli that the new student will receive; The actions planned in the less structured moments of the school day, which can generate the new student greater stress, for example, to ensure that he is not alone at times of "playground" or "recess"; Postpone the decision to use the school canteen, if this is possible, until such time as the new pupil can adapt adequately to a longer time of exposure to the new school stimuli, without causing excessive fatigue; Initial evaluation of the child and possible variation of the school level, if applicable; As for the family-school relationship, the procedure to be used to maintain frequent contact should be established initially with the family, especially in the first moments of the student's schooling.

As discussed so far, in the present study we are interested in working with the main hypothesis that internationally adopted children who have spent more time with their parents or main caretaker between adoption and entrance to school, present a better psychological adjustment. Special attention will be given to internalizing and externalizing problems, hyperactivity and general adjustment.

As a second hypothesis, we will try to verify if less than 16 weeks of maternity or paternity are insufficient for the good adaptation of the child. For this effect, we will analyse whether there are differences in the psychological adjustment of children who have been enrolled before 16 weeks, compared to those who have been schooled afterwards.

4.2. Method

<u>Participants</u>

In this paper, a total of 100 subjects have participated, of which 43 were men (age M = 14.00, *SD* = 1.29) and 57 were females (age M = 13.89, *SD* = 1.54). In the recruitment of the participants, it was taken into account that they were adolescents (between 12 and 17 years old) and that they were internationally adopted. We also took into account that these adolescents had passed the post-adoptive follow-up at the Fundació Vidal i Barraquer.

When calling the families to ask for their participation, the acceptance rate was 64%, against a 36% who did not want to participate. In other words, to get 100 subjects, we need to ask 156 families.

- Sociodemographic data

The following sociodemographic data was collected: sex, age (date of birth), date of adoption, date of schooling, country of origin, siblings (biological/adopted).

- Youth Self- Report Questionnaire

The Youth Self-Report questionnaire (Achenbach and Rescorla, 2001) assesses the psychological adjustment of the adolescent. It is a self-report designed to obtain systematized information directly from adolescents (11 and 18 years old) about various competencies and behavior problems. The YSR consists of two parts, the first evaluates the adolescent's sports, social and academic skills or competences usin 20 items. This first part was not considered in the present study. The second includes 112 items that assess a wide range of problem behaviors (isolation, somatic complaints, anxiety-depression, social problems, thinking problems, attention/hyperactivity problems, criminal behavior and aggressive behavior). All items in this second part must be answered by the adolescent according to its applicability and frequency, choosing 0 when its content is not true or not appropriate, 1 when it is true or happens sometimes and 2 when it is very true or happens frequently. In addition, from these 8 syndromes the second-order factors that form the structure of externalization and internalization are extracted. The results are assessed with scales differentiated by sex and age group (ASEBA, 2012).

We used the T scores obtained in the second order factors internalizing problems and externalizing problems.

<u>Procedure</u>

Families who had post-adopted follow-up at the Fundació Vidal i Barraquer were randomly phoned and, at the time of call and administration of the instruments, were between the ages of 12 and 18.

In most cases the researcher moved to his home, and in some cases it was them who went to the headquarters of the Fundació Vidal i Barraquer in Barcelona, at his convenience.

Participants privately and individually completed the questionnaire, being assisted by the researcher only in case of doubt or difficulty. Since they were minors, the parents or their legal guardians signed the informed consent in which the conditions of the research and the use that would be made of the data were presented. The protocol of research was aproved by the local ethical comitee.

4.3. Results

The statistical package SPSS was used to carry out the statistical analysis.

For the description of the data we used the mean and deviation for the quantitative variables, and the frequency and percentage for the qualitative variables. Spearman's correlation coefficient (SCC) was used because the distribution was not normal. The t-student test was used for comparison of means. The size effect (d) was calculated according the Cohen's coefficient.

The results of the first hypothesis confirm the significant relationship between children who spent more time with their parents or primary caregiver between their adoption and school entry, in relation to their overall good psychological adjustment ($R_2 = -.23$, p = .018).

Adolescents, who spent more time with their parents between arrival and schooling, presented a significantly better psychological adjustment, both in internalizing and externalizing dimensions, than those who could not enjoy or dispose of that time. The SCC shows the existence of significant relation between the passage of time between arrival and schooling and the best psychological adjustment in the internalizing ($R_2 = -.21$, p = .033; see figure 1, annex), and externalizing ($R_2 = -.20$, p = .045; see figure 2, annex).

Finally, there are no significant relation between children who have spent less time with parents before school, and those with higher hyperactivity behaviors. However, a trend is observed in this regard, although the differences were not significant ($R_2 = -.14$, p = .154).

When comparing the global adaptation between subjects grouped into "16 weeks or less before schooling" ($M = 51.31$, $SD = 9.52$) and "17 weeks or more before schooling" (M = 46.19, $SD = 7.79$), the difference was significant (T = 2.942, df = 98, p = 0.004 and d = 0.59).

4.4. Discussion

In this study we found a significant correlation between time spent with their parents between their adoption and the beginning of schooling. A better psychological adjustment in both internalizing and externalizing problems was observed in adolescents who remain more time at home before schooling. These results suggest that one of the first objective that families must achieve is to accompany their adopted children in their learning towards integration and the conviction of knowing that they have parents, a home and a family. Otherwise, entering school without prior adjustment to the family and without a stable and secure parent-child bond can be a major risk factor (in addition to many others) for academic, emotional and cognitive adaptation of the child. In addition, the longer family continuance time helps parents to achieve a better understanding of their children and knowing their needs. Our finding is in line with Dole (2005) who emphasized the importance of leaving some time prior to the beginning of schooling so that the children and their parents could be linked in order to achieve better academic results.

The gap between cognitive maturity and the structural requirements for learning can creates in the minor a vicious circle of frustration, lack of interest and low self-esteem that can lead to a blockage of the learning process that sometimes results in a cognitive and behavioral incompetence which distances them more and more from the rest of the students (Glindis, 2000). Therefore, the time that the child has been cared for, in the first post-adoptive moments by his parents, is a protective factor for the development of his capacities, specially those related to learning.

At this point, a question that many adoptive parents should answer is: "So, when is the time to take the child to school?" The response is not simple, as there is no pattern or no formula with which we can know exactly when the right moment has come. The results of the study suggest is that at least 16 weeks of maternity or paternity leave should be respected, since this time is essential for the creation of stable and safe links that will allow the child to join the school with more guarantees.

In this same sense, perhaps it would also be worth as a response, what Pérez-Testor (2008) affirmed: "When we see him safe and calm enough. When we see that he has been able to integrate in his interior in a stable way his referents, his parents, family and surroundings. When he can differentiate who is and does not exist the possibility that he "goes" with the first to hold his hand. When he is able to differentiate what is already known from what is unknown". On the other hand, according to the same author, another cue is an appropiate knowledge of the familiar language: "When the child has acquired a sufficient level of language to be able to communicate with his future colleagues and their educators".

In order to learn (at school) an emotional balance is necessary. Usually this is linked to the child's previous history and the reparative function of the parents who, with their treatment, attention and estimation, will help him repair the damages and sequels that his previous history has produced in his internal represtentation. In other words, the academic progress of the child, will be very conditioned uppon how he is understanding and assimilating his own history. It is difficult to progress in learning when one can not access the knowledge of truths that generate pain or are difficult to accept (Mirabent & Ricart, 2005).

In conclusion, it is advisable that the entrance to the school is done progressively, without hurry, trying to avoid suffering and anguish and always counting with the help of the center's pedagogues. If so, says Pérez-Testor (2008), the entry into the school world will probably go well, even though the child may experience some anxiety.

4.5.Limitations/acknowledgment

One of the first limitations that is evident in this work is its retrospective nature. We evaluated the current "psychological adjustment" of the adolescent, correlating it with the time spent, in most cases more than 10 years ago, with his adoptive parents before being enrolled in school. Although it may lead to some bias, it is interesting to see how the coefficient of determination indicates a relationship intensity of 4'4% in both internalizing and externalizing problems, which means that the degree of psychological adjustment is directly related in more than a 4 % with the time these adolescents spent with their parents.

Second, we used the Youth Self-Report, to evaluate the psychological adjustment of the adolescent which is a self-administered instrument which could cause some bias.

Finally, we can not ignore the 36% of families who refused to participate in the study. Although the selection was at random, and the reasons for declining the invitation to participate in the study were unknown to us, we think that those families with more difficulties in their day to day are likely to be those who did not want to participate.

However, despite these limitations, the hypotheses raised at the beginning have been

confirmed, so we have one more opportunity to offer to adoptive parents to ensure a better mental health of children adopted internationally in our country.

4.6. References

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4.7.Annexes

Figure 1: Time Passing between Adoption and Schoolin, and Internalizing Problems
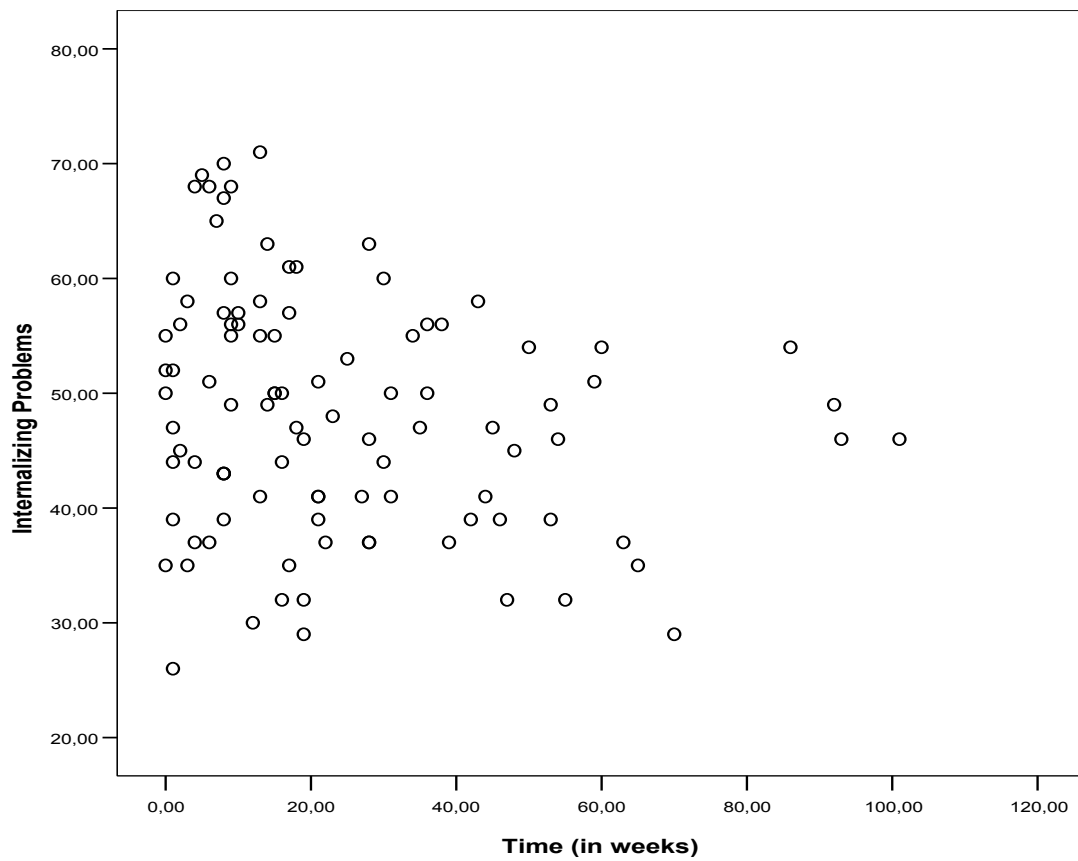
Figure 2: Time Passing between Adoption and Schoolingand, and Externalizing Problems
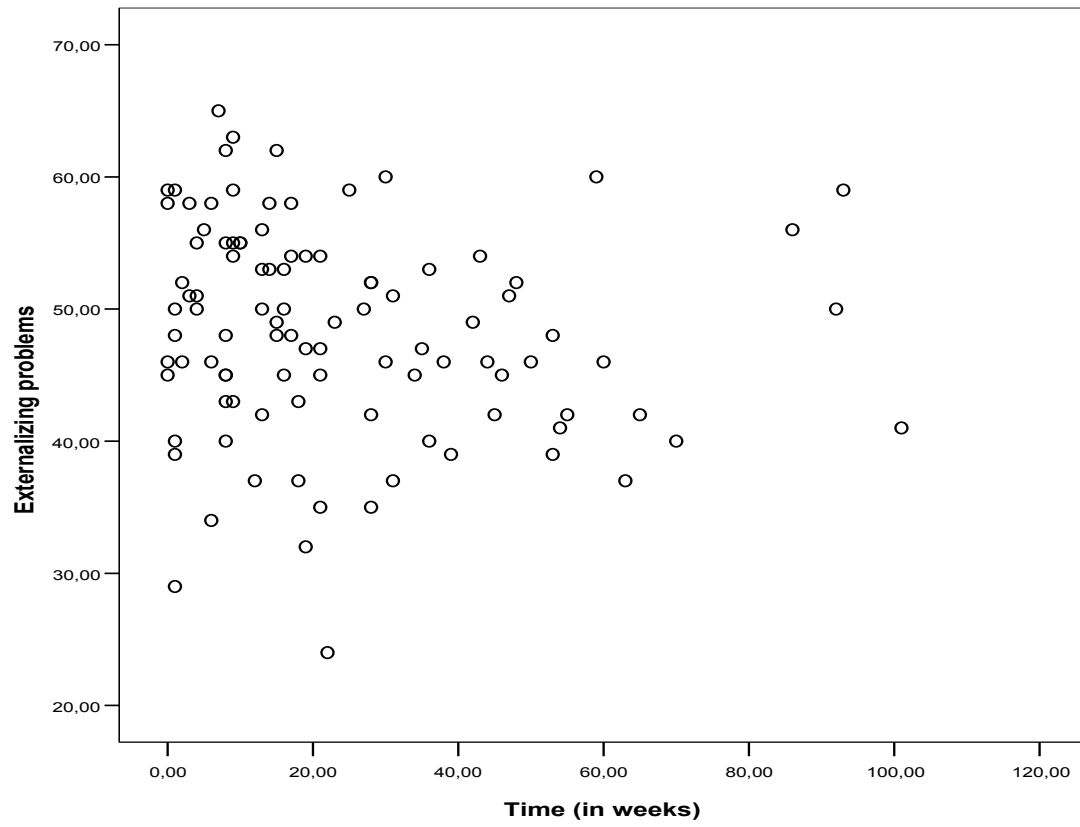
5. SECOND STUDY

INFLUENCE OF COMMUNICATIVE OPENNESS ON THE

PSYCHOLOGICAL ADJUSTMENT OF INTERNATIONALLY

ADOPTED ADOLESCENT

5.1. Background

Interest in international adoption continues to flourish in Spain. Despite the decline of international adoption in our country, Spain remains one of the main recipients of children adopted abroad (Selman, 2012). A total of 824 international adoptions were registered in Spain in 2014, the majority of which came from China, Russia, Filipinas and Ethiopia (Ministry of Health, Social Services, and Equality, 2016).

Studies show that the majority of internationally adopted children are well-adjusted, although compared with their non-adopted peers living in intact homes with their biological parents, these children have a higher probability of suffering from behavioral, psychological, relational, academic, and physical health problems (Dalen, 2002; Rutter & Koerner, 2008; van IJzendoorn & Juffer, 2006; Wiik, Loman, Van Ryzin, et al., 2011). Similar results were found in studies with adopted samples in Spain (Berástegui, 2005; Fernández, 2004; Moliner & Gil, 2002).

Many studies have related the minor's age at the time of adoption with his or her subsequent development. Van IJzendoorn and Juffer (2006) reported that adoptions before twelve months of age were associated with more complete catch-up in terms of attachment and school achievement than later adoptions. Other authors have also found age at adoption to be a significant contributing factor to the children's adjustment, with those adopted after eighteen months having more behavioral problems, especially internalizing, externalizing, attention, and social problems (Hawk & McCall, 2010; Merz & McCall, 2010). However, other studies did not find this relationship (Judge, 2004; Juffer & van IJzendoorn, 2005).

Verhulst, Althaus, and Versluis-den Bieman (1992) suggested that is it not age at placement per se that negatively impacts children but rather the psychosocial adversities they experience before their adoption. Early neglect, abuse, and a high number of changes in the caretaking environment before adoption were found to increase the risk for subsequent maladjustment. Similarly, other recent studies have found a strong connection between children's adjustment difficulties and early risk factors such as prenatal substance exposure, in utero malnutrition, low birth weight, neglect, child abuse, multiple foster placements, and life in an orphanage (Crea, Barth, Guo & Brooks, 2008; Groza & Ryan, 2002; Rutter, Kreppner & O'Connor, 2001; Simmel, 2007; Stevens, Sonuga-Barke, Kreppner et al., 2008).

Although these early life experiences have an adverse impact on children's physical, psychological, and educational adjustment, early intervention can often reduce, but not necessarily eliminate, some of the long-term consequences for development, especially in relation to attachment, emotion regulation, impulse control, and learning (Dole, 2005; Gribble, 2007; Gunnar, Bruce & Grotevant, 2000; Jacobs, Miller & Tirella, 2010). In fact, adoption has been viewed as a protective factor in children's lives (Brodzinsky & Pinderhughes, 2002; Hoksbergen, 1999). Through adoption, the child shifts from being in a situation of deprivation to being part of a nurturing family that supports gradual recovery from the effects of early trauma (McGuinness & Pallansch, 2000; Palacios, Roman & Camacho, 2011).

In an effort to understand recovery from adversity, as well as individual differences in the adjustment of adopted children, attention has focused on different characteristics of adoptive family life (Palacios & Brodzinsky, 2010). One potentially important

characteristic that has been identified is the quality of parent-child communication. Adoption theorists have suggested that open, honest, and emotionally attuned family dialogue about adoption-related issues is more likely to foster healthier psychological adjustment among adopted children than closed and defensive parent-child communication (Brodzinsky, 2005; Wrobel, Kohler, Grotevant, & McRoy, 2003). In support of this position, researchers have found that greater communicative openness about adoption in the family is associated with fewer behavior problems among preadolescent adoptees (Brodzinsky, 2006), higher self-esteem among both preadolescent and adolescent adoptees (Brodzinsky, 2006; Hawkins, et al., 2007), more positive adoption identity among adolescents (Le Mare & Audet, 2011), and greater information-seeking about their origins among young adult adoptees (Skinner-Drawz, Wrobel, Grotevant, & von Korff, 2011). In contrast, Neil (2009) failed to find a significant relationship between the level of communication about adoption and internalizing and externalizing behaviors in children aged five to thirteen. Nevertheless, methodological differences may explain the disparity in findings between this study and previous ones. Adopted individuals in the Neil study were younger than in the other studies, and her measure of communication about adoption was based upon parent interview data rather than the adoptees' perceptions. As adopted individuals get older, their interest and participation in family discussions about adoption and the impact of these discussions may become more pronounced.

In Spain, although adopted children's right to know their biological origin is stipulated in the Constitution, at this point the law does not acknowledge open adoption, unlike other countries such as the United States, United Kingdom, Holland, and Germany. Structural openness – i.e., involving contact between the adoptive and birth family -- in

Spain has been slower to emerge, possibly because locating and contacting birth parents is more difficult in international adoption, the most common type of adoption among Spanish citizens. In the face of this barrier, it is all the more important that adoptive parents ensure that communication with their children about adoption be ongoing and as open as possible. As Brodzinsky (2005) emphasized, structurally closed adoptions need not be, nor should they be, communicatively closed placements.

Concern about the extent of communication openness in Spanish adoptive families is supported by research reported by Palacios and his colleagues (Palacios, Sanchez-Sandoval & Leon, 2005; Sanchez-Sandoval, 2002). They noted that even though 95% of Spanish children are informed about their adoption status by the age of six, 30% of the parents reported that they only discussed the issue of adoption once with their children. Reinoso, Juffer and Tieman (2012) found that at the age of 12, all the Spanish minors who constituted the study sample had already been informed of their status as adoptees and showed suitable understanding of what adoption means. The same study revealed that generally speaking adoptive parents were able to take on their children's point of view and understand what it meant for them to be adopted. Despite this, their findings indicated that the adopted children themselves perceived a higher sense of cultural belonging to and cultural interest in their birth country than the parents thought they did. This finding suggests that at times adoptive parents tend to underestimate their child's sense of connection with their country of origin.

Berástegui and Jódar (2013) examined the issues that the parents shared with their children in relation to the adoption and their origins in a sample of 375 Spanish families who had adopted both internationally and nationally. The results showed that the

majority of families with children under the age of 3 had not yet spoken directly about adoption with their children. By the time the children were between the ages of 3 and 6, the families had begun to initiate communication with the children about their adoption, especially in terms of their country of origin and the fact that they were adopted. Topics related to the child's past, physical and racial differences and the reasons why the child was separated from his or her biological family were the most difficult to share for families, even when the children were older than 12. The authors stressed the difficulty of discussing these topics, since handling loss and difference is crucial in the construction of the adoptees' identities. According to the same study (Berástegui & Jódar, 2013), the degree of communication about origins was positively and significantly related to the child's age. The openness of family communication did not show significant differences between fathers and mothers, or between types of family (single-parent vs. two-parents).

To date, there are no studies in Spain that have examined the parent-child communicate environment in the home and its implications for children's psychological adjustment. It is important for researchers to collect more information about this issue so that appropriate preparation, education, and guidance can be offered to Spanish families. For this reason, the current study sought to evaluate the predictive relationship between communicative openness and the psychological adjustment of adopted adolescents while controlling for pre-placement risk factors that are known to correlate with adjustment outcomes.

We had three main hypotheses: (1) scores of adopted youth on self-report measures of psychological adjustment will be moderately elevated on a standardized measures of

adjustment, although most adoptees will report high level of openness communication with their adoptive parents.; (2) prenatal substance exposure and a previous history of neglect, abuse, and/or maltreatment will negatively affect the adolescent's psychological adjustment; and (3) communicative openness will contribute positively to adolescents current emotional well-being, even after controlling for pre-adoption adversity

5.2.Method

Participants

One hundred international adoptees (43 boys and 57 girls) with a mean age of 13.9 years ($SD = 1.4$) and their respective parents agreed to participate in this study. Eighty subjects lived in intact, two-parent families. Ten of the children were from divorced families and lived primarily with their mothers; nine other children were adopted by single women and one had lost his father. None of them had contact with their birth family. The mean age of the adoptive mothers was 51.8 ($SD =$ 5.8) and the mean age of the fathers was 53.4 (SD = 5.4). The children were adopted from Eastern Europe (48%), South America (27%), Asia (24%) and Africa (1%). The mean age when the children were placed in their families was 2.9 years ($SD = 2.2$). All of them had been institutionalized prior to placement, and the mean time that they had remained in the institution was 1.7 years ($SD = 1.3$).

(Table 1)

<u>Instruments</u>

- Adoptive parent interview

A semi-structured interview was designed specifically for the study to collect socio-demographic data and information related to pre-placement history and the child's adoption. The socio-demographic data on the adoptive family included the adolescent's gender and current age, the parents' ages and education levels, the family structure (single or married parents, intact or divorced families, and the presence of biological and/or adopted siblings), and any adolescents' contact with a psychiatry or psychology unit care. The adolescents' pre-placement and adoption history, as shared by the parents, included their country of origin, age at placement, prenatal substance exposure (yes or no/unknown), and previous history of neglect, abuse, and/or maltreatment (yes or no/unknown).

- Youth Self Report

The Youth Self Report (YSR, Achenbach & Rescorla, 2001) is a 112-item self-report questionnaire designed to collect information directly from youth (aged 11 to 18) on different skills and behavior problems. It is a well-established psychiatric screening scale that has shown excellent psychometric proprieties (ASEBA, 2012). The YSR contains two sub-areas: (1) 20 competence items that measure the child's participation in hobbies, games, sports, jobs, chores, friendship, and activities, and (2) 112 items that measure eight behavior and adjustment subscale symptoms: withdrawal, somatic complaints, anxiety and depression, social problems, thought problems, attention problems, aggressive behavior, and delinquent behavior. The first three subscales are referred to as 'internalizing,' whereas the next two are referred as to 'externalizing.' The

remaining three subscales (social problems, thought problems, and attention problems) are categorized as 'neither internalizing nor externalizing.' The adolescents select their response from 0 (not true) to 2 (very true or often true). For this study, T-scores were used for the internalizing and externalizing problem scales and for the three reminding subscales. The Spanish adaptation of the scale was used in this study (Lemos, Vallejo, & Sandoval, 2002).

- Adoption Communication Scale

The Adoption Communication Scale (ACS) was developed Brodzinsky (2006), based upon the Parent-Adolescent Communication Scale created by Barnes and Olsen (1985). It is a 14-item, child-reported instrument. Using a 5- point Likert-type scale, the instrument measures the extent to which children view their parents as being open and sensitive in communicating about the adoption, as well as the extent to which the children feel comfortable discussing the adoption with their parents. The children's mean rating across the 14-item scale represents their perception of communicative openness in the family, with higher ratings reflecting a greater degree of openness. The scale was subsequent expanded by Grotevant et al. (2009) to measure communication separately in relation to mothers and fathers (14 items for each). For the current study, we used the Spanish version of the scale (Aramburu, Salamero, Aznar et al., 2015).

Procedure

All families who had completed the compulsory postadoptive follow-up in our center between August 1999 and April 2010 were contacted regarding the study. The criteria for inclusion in this study were that the adopted child was between the ages of 12 and 18 and was aware of their adoption status. Adolescents were excluded if they had medical or psychiatric disorders that impeded their ability to read, comprehend, or respond to the questionnaires. Of the 861 families who had adopted children internationally, only 179 met the inclusion criteria. A total of 682 children were excluded because they were younger than 12 years old, and 5 were eliminated because of serious illnesses. An additional 74 children did not participate because of a lack of interest in the study on their part or on the part of their parents.

The purpose of the research and a request for cooperation were sent by letter to all eligible families. Both the adoptive parents and their teenagers had to voluntarily agree to participate in the study by signing a letter of informed consent. Through a phone call to families who wished to participate, we arranged a meeting to conduct the assessment. Most of the meetings took place at the family home, although some were held at the Fundació Vidal I Barraquer. The final sample consisted of 100 international adoptees and their respective parents. The protocol of research was aproved by the local ethical comitee.

5.3. Results

First, the descriptive findings about pre-placement risk factors, communicative openness and the adolescent's psychological adjustment are presented. Next, the bivariate relationships between pre-adoption risk factors, adoption communicative openness, and each behavioral problem were calculated using Pearson's correlation coefficients. Finally, five separate hierarchical regression analyses were conducted to test the relative contribution of communicative openness on adolescents' behavioral problems, while controlling for demographic factors and pre-adoption risk. In the first step, we introduced the child's age, gender and three variables related to pre-placement risk (age at adoption, history of neglect or abuse, and prenatal substance abuse). In the second step, we introduced communicative openness about adoption to test for any additive effects of this variable.

Descriptive data of adolescents' behavioral problems, pre-placement risk factors, and communicative openness

The descriptive data shown in Table 2 indicate that the average scores on behavioral problems are close to the population mean on the YSR (Achenbach & Rescorla, 2001) and that the vast majority of adolescents earned scores within the normal range on all scales. In the case of externalizing behaviors, 6% of the sample showed scores in the borderline or clinical range (T score $\geq$ 60), while this percentage was 15% for internalizing behaviors. Of the adolescents studied, 6% obtained borderline or clinical scores on thought problems, 9% on social problems and 3% obtained these scores on the attention problems scale.

Of the entire sample, 76 adolescents have consulted with mental health services and the vast majority of them (63) has received or are currently receiving psychological or psychiatric treatment. 42 adolescents have sought help for behavioral, attention, and hyperactivity problems, 12 for learning problems and 13 for internalizing-type problems (such as anxiety or depression), 3 for social problems and 4 for thought problems.

According to the parents' reports, 32% of the adolescents had suffered from a history of maltreatment, neglect, or abuse prior to their adoption, and 27% of their birthmothers had consumed alcohol or drugs during pregnancy.

The mean score of the communicative openness on adoption was 3.8, with a minimum of 1 and a maximum of 5 ($SD = 0.1$). Most adoptees reported moderate to high-quality communication with their adoptive parents in relation to adoption. The results from a paired t-test revealed that adopted adolescents reported similar adoption communication with their adoptive mothers and fathers (t (48) = 1.24, p = .222). Neither the gender nor age of the adoptee was significantly associated with family communication about adoption. These data suggest that youth perceived both adoptive parents as having been able to create a communicative home environment that is reasonably comfortable for them.

(Table 2)

Bivariate relationship between of adolescents' behavioral problems, pre-placement risk factors, and communicative openness

Pearson's product correlations were computed among the various predictors and dependent variables (see Table 3). Neither externalizing nor internalizing behaviors correlated significantly with children's age and age at placement. Although girls were more likely to score higher in internalizing behavior than boys, no other gender differences were noted for psychological adjustment. Externalizing behaviors were positively associated with prenatal drug consumption by the biological mother and with a history of neglect, maltreatment, or abuse. Both externalizing and internalizing behaviors were negatively related to communicative openness. Thought, attention, and social problems were also negatively correlated with communicative openness, although only social problems were associated with both pre-placement risk factors. Adoption communicative openness was also negatively correlated with a history of neglect, maltreatment, or abuse ($r = -.34$; $p = .017$).

Variables related to parental substance exposure and a history of neglect, maltreatment, or abuse would correlate positively only in case of externalizing and social problems.

(Table 3)

Regression modeling of the adolescents' behavioral problems

Regression analyses were conducted separately for each behavior problem scale. As stated before, demographics data and pre-placement risk factors were entered first to determine their predictive power in relation to each outcome variable. Next,

communicative openness was entered to determine any unique variance associated with this family variable.

(Table 4)

For externalizing behaviors, prenatal substance use by the birthmother significantly predicted adopted children's externalizing behaviors, accounting for nearly 12% of the variance on this outcome variable. Communicative openness increased the ability to predict externalizing behaviors up to 20%. A history of neglect, maltreatment, or abuse significantly predicted adolescents' current internalizing behavior, accounting for a 12% of the variance. But when the communicative openness variable was included, this relationship no longer was significant. Communicative openness significantly predicted internalizing behavior, accounting for 38% of the variance in this variable.

In the case of thought problems, only communicative openness appears as a significant predictive variable, accounting for 16% of the variance. In the first model, attention problems are significantly predicted by prenatal substance exposure and the child's history of neglect, maltreatment, or abuse. However, when the communicative openness variable was introduced, the variable on the child's history of neglect, maltreatment or abuse no longer was significant. The final model, made up of the variables on prenatal substance exposure and communicative openness explain nearly 35% of the variance in the attention problems scale. Finally, even though the child's history of neglect, maltreatment, or abuse acts as a predictor for adolescents' social problems, in the final model communicative openness proved to be the only significant predictive variable, accounting for 25% of the variance.

In summary, a lower degree of communicative openness regarding the child's origins predicted the presence of all the adolescent behavioral problems studied (see Table 4). Consistent with our third hypothesis, we can confirm that despite the impact of some pre-placement risk factors on adolescent's behaviors, communication openness plays an important role in their current psychological adjustment.

(Table 4)

5.4. Discussion

This study is the first to analyze the psychological adjustment of adolescents adopted in Spain from their point of view. Also, the impact of significant pre-placement variables on adjustment and the putative positive effect of communication openness were analyzed. The psychological adjustment assessed through the YSR showed that the majority of the adolescents earned scores within the normal range. Drug consumption by the biological mother was related with the presence of externalizing behaviors and attention problems in adolescents. Mistreatment, abuse or neglect prior to the adoption was associated with internalizing behaviors and attention and social problems. Most adoptees reported high-quality communication with their adoptive parents. Controlling for pre-placement factors, a high level of open communication about adoption appears to be protective factor, at least partially ameliorating the negative impact of pre-adoption adversities.

Regarding our first objective, we found that a large proportion of the adoptees in our sample are psychologically well-adjusted and seem to function quite well. These findings converge with other studies which found that the rate of behavioral problems in adopted teenagers is modest, and that, as a group, international adoptees are generally socio-emotionally well-adjusted (Bimmel et al., 2003; Hjern, Lindbland & Vinnerljung, 2002; Juffer & van IJzendoorn, 2005).

In our study, the percentage of adolescents with internalizing behaviors is twicethe number of adolescents who show externalizing behaviors. In addition, the percentage of attention problems proved to be lower than social and thought problems. Contrary to our results, other studies (Berástegui, 2003; Bimmel et al 2003; Merz & McCall, 2010; Reinoso & Forns, 2012) report that in post-institutionalized children higher percentages of externalizing and attention problems were found than internalizing behaviors. Two factors may account for our results: first, the age of the sample, as some studies show that significant anxiety and depression symptoms emerge in adolescence (Sonuga-Barke, et al., 2009), and secondly, the substantial percentage of adolescents who are receiving treatment for externalizing, attention, and hyperactivity problems. This high percentage of adolescents who have been or are receiving psychological care or pharmacological treatment correlates with the data obtained in other studies, which find a high representation of adopted minors in mental health services (Warren, 1992).

Concerning communication openness, a significant negative correlation was found between communicative openness and each of the behavioral problems studied, especially with regard to internalizing behaviors, social and attention problems. Adopted adolescents reported positive communication with both adoptive parents. Non-significant differences were found between communication with the mother and father,

unlike the results of another recent study (Farr, Grant-Marsney, & Grotevant, 2014) that found that the adoptees reported significantly more positive adoption communication with their mothers than with their fathers. This discrepancy may be due to the cultural or the age differences between the samples. Similar to that study and the one by Berastegui and Jódar (2013), we did not found either adoptee gender or age to be significantly associated with family adoption communication. Another interesting finding of our investigation is that adolescents who have suffered from histories of mistreatment, abuse or neglect reported more closed communication about their adoption. This finding suggests that parents may find it more difficult to establish open communication when their children have suffered from histories of mistreatment, abuse or neglect before being adopted. Future longitudinal studies should explore the causal link between these variables.

In relation to the second and third objectives, prenatal substance exposure proved to be positively associated with externalizing behaviors. This is in line with the results of Crea et al. (2008), who noted that at 14 years' post-adoption, substance-exposed children demonstrated higher levels of behavior problems than those who had not been exposed. Likewise, Simmel et al. (2001) found a clear association between prenatal drug exposure and externalizing symptoms among adopted youths. The rise in variance provided by communicative openness is small but significant (8%). A history of neglect, maltreatment, and abuse is also associated with more internalizing behaviors, but when the communicative openness variable was introduced, the former lost significance due to the correlation between the neglect variable and communication. Therefore, our results are not in line with those from the survey by Juffer and van Ijzendoorn (2005), who found that there were no differences in internalizing

problematic behavior among international adoptees that had and had not experienced pre-adoption adversity. In the case of internalizing behaviors, communicative openness predicts nearly 38% of the variance of this variable, so the influence of this factor on internalizing problems is important. Something similar happens when we perform a regression analysis for social problems. In relation to attention problems, the child's prenatal substance exposure and communicative openness were the variables which showed the most significance. Indeed, the positive relationship between prenatal substance exposure and attention/hyperactivity symptoms in international adoptees is also amply demonstrated in the literature (Lindbland, Weifort, Hjern, 2010; Simmel et al, 2001; Stevens, Sonuga-Barke, Kreppner, et al. 2008). Also, when communicative openness was added, R^2 had increased significantly, showing that the less communicative openness there is greater presence of attention problems. Finally, according with our data, communicative openness was the only variable that is strongly linked with thought problems.

In the research literature, another factor correlated with competence outcomes and behavioral problems is the child's age at the time of adoption (Hawk & McCall, 2010; McGuinness & Pallansch, 2000; Lindblad, Weitoft & Hjern, 2010; Wiik et al., 2011). In our study we found no evidence that age at the time of adoption was a decisive factor in Spanish international adoptees' behavioral problems. Our results more closely resemble those found by Verhults, Althaus and Versluis-den Bieman (1992), who argued that age at placement per se did not contribute to the prediction of later maladjustment, independent of the influence of early adversities like child's pre-placement history of neglect, maltreatment, or abuse and prenatal drug consumption.

The hierarchical regression analyses revealed a high degree of association between communicative openness and behavioral problems of adopted adolescents after controlling for pre-placement factors. These results are also in line with those obtained by Brodzinsky (2006), who found that communicative openness significantly predicted children's ratings of their own self-esteem and behavior problems. Years later, Reppold and Hutz (2009) also found that higher self-esteem and decreased depression were found among adolescents whose families maintained open communication regarding their adoption and origins from an early stage. Based on the data obtained, we have observed that in adolescence adoptees show patterns of behavioral adjustment that are quite closely related to the communication environment in their homes. As Kohler, Grotevant and McRoy (2002) suggested, adopted adolescents' levels of preoccupation regarding their adoption is closely tied to their relationships with their parents and the quality of family communication that exits. Adopted adolescents, like all teenagers, are in the process of trying to define themselves, but for adopted adolescents, questions about "who am I" can be more complicated due to the connection with their two families (the one that gave them life and the one that is raising them). They must integrate aspects of both families into their emerging identities. "Parents who are more open, supportive, and empathic in their communication about adoption are more likely to have children who are able to integrate these aspects of their lives into a positive sense of self" (Brodzinsky, 2011 p. 202). Although the degree of communicative openness within an adoptive family is assumed to result from reciprocal influences between parents and adopted children, from a developmental perspective, it is presumed that the attitudes and behaviors of adoptive parents create the initial context that supports the children's subsequent communicative openness or lack thereof (Brodzinsky, 2005; Palacios & Sánchez-Sandoval, 2005). Parents must act as a support

and may help the child to explore and understand the feelings that arise with the discovery of their adoption and to help them to integrate the known elements of their history into a new identity (Reppold & Hutz, 2009).

5.5.Limitations/Acknowledgements

This study has some limitations. First, around 40% of the initial sample decided not to participate, many because they were reluctant to talk about issues specifically related to their child's adoption and origins. It is possible that the majority of families that chose not to participate are also the ones with more closed communication about adoption. Also, the fewer problems reflected by the YSR scores can be explained because many of the children have been or are being treated by mental health professionals. With successful treatment, fewer symptoms would be expected. In addition, since symptoms involve self-ratings, perhaps adolescents have a low perception of their own problems or difficulties, or are unwilling to acknowledge them. Another limitation, inherently found in most studies of international adoption, is relying on parental reports about pre-adoption adversity. In many cases, parents report what they believe happened but not necessarily what they know happened. Finally, we examined communicative openness and psychological adjustment only from the perspective of adolescents and did not consider the perceptions of their adoptive parents.

Despite these limitations, the results contribute to the literature about the influence of family context on behavioral outcomes of adopted adolescents. Although previous research has shown the benefits of open adoption communication for children and

adolescents adjustment, only the current study has shown its importance, independent of pre-adoption adversities. Our study highlights the critical significance of supporting adoptive parents in creating an open, honest, and sensitive communicative environment related to sharing adoption information. Talking with children about adoption can be challenging for parents, especially when boys and girls have experienced pre-natal substance exposure or post-natal neglect, abuse, or institutional life. Parents also have difficulty talking with their children about adoption when there is little known about the child's past, which is often the case in international adoption. Adoption professionals and clinicians can be helpful to parents by educating them about the importance of open adoption communication and guiding them in how to achieve these goals. Finally, there are implications for adoption policy. Families need to be given all relevant information about their children's background; they also need education about the implications of the information related to parenting. More informed and better prepared parents are the vehicle for helping adopted children, especially those placed from abroad, heal from the trauma and adversity they experience prior to their adoptive placement.,

5.6.References

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5.7.Annexes

Table 1: Individual and Family Characteristics of the Sample

	M	SD
Current age	13.9	1.4
Placement age (years)	2.9	2.2
Current age of adoptive fathers (years)	53.4	5.4
Current age of adoptive mothers (years)	51.8	5.8

	N	
Sex		
Boys	43	
Girls	57	
Country of origin		
Eastern Europe (Russia, Bulgaria, Romania)	48	
South America (Bolivia, Guatemala, Colombia, Mexico, Haití and Nicaragua)	27	
Asia (China and India)	24	
Africa (Etiopia)	1	
Adoptive family structure		
Two parent	80	
Single parent (only mother)	9	
Divorced parents	10	
Dead father	1	
Adoptive mothers' educational level		
Elementary, secondary or/and high school	26	

University	61
Postgraduate studies	13
Adoptive fathers' educational level	
Elementary, secondary or/and high school	29
University	47
Postgraduate studies	13

Table 2. Descriptive Statistics about Behaviors Problems, Pre-placement Risk Factors, Communicative Openness and Psychological Adjustment

	M	SD
Internalizing behaviors	48.2	10.5
Externalizing behaviors	48.4	7.9
Thought problems	54.5	5.6
Attention problems	53.9	5.5
Social problems	54.3	6.6
Communicative openness	109.6	19.1
	N	
Internalizing behaviors	15	
Externalizing behaviors	6	
Thought problems	6	
Attention problems	3	
Social problems	9	
Parental substance exposure	27	
Neglect/maltreatment and abuse history	32	

Table 3.Correlations among Behaviors Problems, Pre-placement Risk Factors and Communicative Openness

	Internalizing behaviors	Externalizing behaviors	Thought problems	Attention problems	Social problems	Communic ative Openness
Child's age	.006	-.008	.089	-.021	-.074	.056
Gender (male= 0; female = 1)	.217*	.067	-.003	.025	.100	.025
Placement Age	.181	-.013	-.086	.172	.093	-.043
Prenatal substance exposure (no= 0; yes = 1)	-.008	.197*	.159	.194	-.269**	-.037
Neglect/maltreatment and abuse history (no= 0; yes = 1)	.173	.276**	.139	.174	.290**	-.338*
Communicative openness	-.596**	-.297*	-.400**	-.421**	-.457**	----

Table 4. Summary of Regression Modeling of the Adolescents' Behaviors Problems

	Externalizing behaviors				
Predictors	*R*	*R²*	*B*	*F*	*p*
Model 1	.351	.123		6.5	.013
Parental substance exposure			.351		.013
Model 2	.451	.204		5.8	.005
Parental substance exposure			.340		.013
Communicative openness			-.284		.036
	Internalizing behaviors				
Predictors	*R*	*R²*	*β*	*F*	*p*
Model 1	.346	.120		6.3	.15
Neglect/maltreatment and abuse history			.346		.15
Model 2	.615	.379		14	.000
Communicative openness			-.541		.000
	Thought problems				
Predictors	*R*	*R²*	*β*	*F*	*p*
Model 1	.400	.160		8.96	.004
Communicative openness			-.400		.004
	Attention problems				
Predictors	*R*	*R²*	*β*	*F*	*p*
Model 1	.495	.245		7.5	.002
Neglect/maltreatment and abuse history			.327		.018
Parental substance exposure			.295		.031
Model 2	.589	.345		7.9	.000
Parental substance exposure			.314		.016

Communicative openness			-.339		.011

Social Problems					
Predictors	*R*	*R²*	*β*	*F*	*p*
Model 1	.351	.123		6.6	.013
Neglect/maltreatment and abuse history			.351		.013
Model 2	.502	.252		7.7	.001
Communicative openness			-.381		.007

6. THIRD STUDY

FAMILY COMMUNICATION OPENNESS AND

PSYCHOLOGICAL ADJUSTMENT AS PREDICTORS OF

SECURE ATTACHMENT OF INTERNATIONALLY ADOPTED

ADOLESCENTS

6.1.Background

For decades, both literature and clinical practice have shown the importance and necessity of a secure attachment for the proper development of the child. In 1935, René Spitz began his research observing the development of abandoned children, who were taken to institutions, most of them to orphanages. These observations allowed him to see that the mother would be the agent of the external environment and through her the child could start building his reality and objectivity. Later, Bowlby (1958) hypothesized that the link between the child and his mother is the product of a series of behavior systems, whose consequence is to get closer to the mother. Bowlby developed an ethological theory concerning the regulatory functions and consequences of maintaining proximity to significant others. He argued that infants are born with a repertoire of behaviors aimed at seeking and maintaining proximity to supportive others. From his point of view, the proximity search is a mechanism for regulating the innate affection, developed to protect an individual from environment and psychological threats and to relieve anxiety. Bowlby (1988) claimed that the successful accomplishment of these affect-regulation functions results in a sense of attachment security (a sense that the world is a safe place, that one can rely on protective others, and that one can therefore confidently explore the environment and engage effectively with other people). According to Bowlby (1973), proximity-seeking behaviors are parts of an adaptive behavioral system. This system emerged in the course of evolution because it increases the probability of survival of human babies, who are born with immature capabilities for locomotion, feeding, and defense. Even though the attachment system is critical during the first years of life, Bowlby (1988) assumes that is active during the entire cycle of development and manifests itself in thoughts and behaviors related to seeking support.

Thus, in the case of children who are placed for adoption, the establishment of attachment figures is cut or interrupted at the time they are separated from their biological parents or caregivers, and go to live with the adoptive family, where they have to start creating a new attachment relationship.

Bowlby (1982) also delineated the provisions a relationship partner should supply, or the functions this person should serve, if he or she is to become an attachment figure. First, attachment objects are targets of proximity maintenance. Second, attachment figures provide a physical and emotional safe haven. Third, attachment figures provide a secure base from which people can explore and learn about the world and develop their own capacities and personality. In this regard, we think that a variable that can help are the openness on family communication about adoption and the origins of the child. We considerer that family communication and psychological adjustment can help a relationship beccomming a source of attachment security, as they are tools that enable adoptive parents to take charge and reverse this situation. Their objective as parents should be to establish a close relationship with their adopted children in which the children can enjoy and feel physically and emotionally safe or protected. Also a relationship from which they feel able to explore the world around them and know about their history and origins. Having accomplished that will be the turning point in which the adopted children will have the basis for better development, creation of identity and to establish new relationships with others, such as peers.

<u>Attachment & Adoption</u>

The place, interactions and experiences where children grow and develop in the early years of their life sow the basis of their learning. Namely, his early life and relational experiences will help or hurt the child developing in one way or another their basic skills, which later will allow him to continue growing and consolidating new learning and more elaborate cognitive, emotional and social skills (Grotevant, 1997; Sheridan et al, 2010; Mercadal et al, 2015). Although these early life experiences can have an adverse impact on children's physical, psychological, and educational adjustment, early intervention can often reduce some of the long-term consequences for development, especially in relation to attachment, emotion regulation, impulse control, and learning (Dole, 2005; Gribble, 2007; Gunnar, Bruce & Grotevant, 2000; Jacobs, Miller & Tirella, 2010; Zeanah & Gleason, 2015). Treating traumas of adoption by adopted parents as soon as possible, will give the basis for the further development of secure attachment to the adopted child (Brisch, 2015; Elovainio, Raaska, Sinkkonen, Mäkipää & Lapinleimu, 2015). In this sense, on their review Juffer, Finet, Vermeer and van den Dries (2015) affirmed that due to early-childhood adversity, adopted children often display delays in their cognitive and motor evolution and have problems developing secure attachment relationships with their adoptive parents. Contradictorily, Singer, Brodzinsky and Ramsay (1985) in their study with adopted one-year-old children, concluded that the quality of attachment in adoptive mothers is, in general, similar to non-adoptive ones. For instance Cassidy and Berlin (2008) claimed that between 15 and 20% of the nonadopted population also had an avoidant or ambivalent attachment. Ponciano (2010) observed the interactions of 76 foster children (age between 9 and 39 months) and foster mothers dyads, and found that more than half of the adopted children

managed to establish a secure attachment with their parents. In this sense, observational assessments showed that children who were adopted before 12 months of age were as securely attached as their non-adopted peers, whereas children adopted after their first birthday showed less attachment security than non-adopted children (Feeney, Passmore & Peterson, 2007). Beijersbergen, Juffer, Bakermans-Kranenburg, Marian and van IJzendoorn (2012) examined continuity of attachment from infancy to adolescence and the role of parental sensitive support in explaining continuity or discontinuity of attachment. Mothers of secure adolescents showed significantly more sensitive support during conflicts than did mothers of insecure adolescents. Maternal sensitive support in early childhood and adolescence predicted continuity of secure attachment from 1 to 14 years, whereas less maternal sensitive support in early childhood but more maternal sensitive support in adolescence predicted children's change from insecurity in infancy to security in adolescence. They concluded that both early and later parental sensitive supports are important for continuity of attachment across the first 14 years of life. These findings are in according with our view that the support adoptive parents can offer, their efforts to help their children, establish a good psychological adjustment, and also to talk with them about their concerns or thoughts about their origins, must take place throughout all the childhood and adolescence. So, there is the possibility of creating a secure attachment even when the child is not adopted at an early age.

Attachment between adolescents and their peers

So far we have talked about the attachment that adopted children and adolescents establish with their parents, but little has been said of the attachment relationship that children establish with their friends. Attachment was originally defined as the strong

affective bond established between the infant and the primary caregiver, generally the mother (Bowlby, 1982). However, in recent decades attachment has been reconceptualized to include all significant relationships across the life span including those with peers and romantic partners (Armsden & Greenberg, 1987). Research into the role of peers as attachment figures is lacking, despite the fact that research from the friendship and support literature has supported the idea that close relationships with peers promote healthy adolescent adjustment. Strong relationships with peers have been linked with perceived self-worth (Robinson, 1995), high levels of perspective taking and prosocial behavior (Eisenberg & Fabes, 1997), and decreased risk of emotional and behavioral problems (Coie & Dodge, 1997).

Hazan and Shaver (1994) developed a model of how attachment relationships are extended to include peers. In terms of proximity search, when entering adolescence, children begin to spend more time with their peers than with their parents in. In late childhood and early adolescence, support and safe haven functions are often sought from peers and attachment in adolescence centers on this felt security, as opposed to proximity seeking (Schneider & Younger, 1996). Under this model, parents are not rendered free as attachment figures. Rather, they move down the rank attachment (Hazan and Shaver, 1994) until finally a romantic partner replace parents as the main figure attached in adulthood (Furman and Wehner, 1994), which Pérez -Testor (2006) would call unconscious choice of partner. The romantic partner not only becomes an attachment figure, but this relationship represents the operation of caregiving, affiliative and sexual behavior systems. The transition between parent and peer relationships from late childhood to early adolescence is a dramatic one. With the onset of early adolescence, there is increased conflict in the parent-child relationship and early

adolescents perceive their parents as less supportive (Ammaniti, van Ijzendoorn, Speranza, & Tambelli, 2000). However, if we talk about adopted children who are able to create stable relationships with their peers and distinguish themselves from their parents, we think precisely that what allows them to step away from parents is the same relationship established with them. Thus, when they feel they have an open family communication, and closeness to their parents, then they can translade it to their peers, but not at the same time: a step comes before the other.

Despite their growing reliance on peers for support, many studies show that the vast majority of adolescents continue to rely on their parents for emotional support and advice. For example, in a study of 2800 adolescents between 12 and 15 years of age, a large majority of the participants named parents as having an important and significant positive influence on their lives (Blyth et al., 1982). Therefore, adolescence is now conceptualized as a period of both growing autonomy and connectedness to parents and other significant adults. In this sense, Greenberg, Siegel and Leitch (1983) claimed that the quality of attachment to parents was significantly more powerful than that to peers in predicting well-being. Similary, Raja, McGee and Stanton (1992) found that adolescents' perceived attachment to peers did not appear to compensate for a low attachment to parents in regard to their mental ill-health. These findings suggest that high perceived attachment to parents may be a critical variable associated with psychological well-being in adolescence.

Family Communication and Psychological Adjustment in Adopted Adolescents

In recent decades, research has studied the relationship between psychosocial development of children and variables related to the family environment such as the kind of couple of the adoptive parents (Bennett, 2003; Shireman, 1996), presence or absence of biological children in the adoptive family (Brodzinsky & Brodzinsky, 1992; Juffer & Rosemboom, 1997), motivations and expectations for adoption (Berástegui, 2004; Castillo, Pérez Testor, Davins & Mirabent, 2006; Palacios, Sánchez-Sandoval & León, 2005), and family dynamics and parenting styles (Berástegui, 2007; Palacios & Sánchez, 1996b; Rutter & Koerner, 2008). However, there is little research on the process of revelation, understood as the knowledge that the adopted child receives on its status as adopted and its origins (Castón & Ocón, 2002), as an influential factor in the secure attachment of the child.

Adoption theorists have suggested that open, honest, and emotionally attuned family dialogue about adoption-related issues is more likely to foster healthier psychological adjustment among adopted children than more closed and defensive parent-child communication (Brodzinsky, 2005; Wrobel, Kohler, Grotevant, & McRoy, 2003). In support of this position, researchers have found that greater communicative openness about adoption in the family is associated with fewer behavior problems among preadolescent adoptees (Brodzinsky, 2006) and greater information-seeking about their origins among young adult adoptees (Skinner-Drawz, Wrobel, Grotevant, & Korff, 2011). Brodzinsky, Schechter and Brodzinsky (1986) suggested that adoptive parents should initiate the adoption disclosure to their children at an early age and gradually increase the information based on what age and level of maturity allow them to assume.

Von Korff and Grotevant (2011) highlighted the importance of supporting activities such as contact that lead to adoption-related family conversation. This makes sense, but in this study we are interested in observing how openness family communication and psychological adjustment influence on the adopted adolescent attachment.

In the case of psychological adjustment, many studies emphasize the fact that the majority of internationally adopted children have a good psychological adjustment. However, when compared with non-adopted children living with their biological parents, the results show that these children have a higher probability of suffering from behavioral, psychological, relational, academic, and physical health problems (Bimmel, Juffer, van IJzendoorn & Bakermans-Kranenburg, 2003; Dalen, 2002; Hjern, Lindblad & Vinnerljung, 2002; Juffer & van IJzendoorn, 2005; Rutter & Koerner, 2008; van IJzendoorn, Juffer & Poelhuis, 2005; Verhulst, Althaus & Versluis-den Bieman, 1990; Wiik, Loman, Van Ryzin, et al., 2011). Thus, the research finds that adoptees are more often in psychiatric treatment than the general population (Hjern, Lindblad & Vinnerljung, 2002; Zucker & Bradley, 1995), tend to have behavioral problems such as hyperactivity, aggression or crime (Gindis, 2005; Glennen & Bright, 2005; Keyes, Sharma, Elkins, Iacono & McGue, 2008; Verhulst, Althaus & Verluis-den Bieman,1990), have more difficulties in emotional development (Brodzinsky, Schecther & Hening, 1992; Gribble, 2007), as well as they are usually placed behind in terms of school performance and are overrepresented in special education populations (Brodzinsky & Steiger 1991; Dalen, 2001; Hoksbergen, Juffer & Waardenburg, 1987; van IJzendoorm, Juffer & Poelhuis, 2005; Verhulst, Althaus & Verluis-den Bieman, 1990, 1992) compared with other children raised by their biological families in standard contexts. However, it is not known how this influences or affects the construction of

secure attachment. Studies have shown that a secure attachment with parents in adolescence predicts higher self-esteem, greater life satisfaction, better college adjustment, less psychological distress, and greater perceived social support (Armsden & Greenberg, 1987), but we do not know how it can act in the opposite direction. Van IJzendoorn and Juffer (2006) reported that adoptions before twelve months of age were associated with more complete catch-up in terms of attachment and school achievement than later adoptions. In the same way, Oldfield and Humphrey (2016) demonstrated that more insecure parental attachment predicted conduct problems and emotional difficulties. They demonstrated that improving parental attachment may have particular salience in reducing negative behaviors such as conduct problems and emotional difficulties, whereas improving peer attachment and school connectedness could be important for the display of prosocial behavior.

This research aimed to study the importance of attachment in internationally adopted adolescents. We consider that secure attachment is the best guarantee for the proper emotional development and the main goal that parents would have to get their adopted children, as this will allow the adolescents to create their identity with more security before entering adulthood (Granot & Mayseless, 2001). So we think that both openness family communication and psychological adjustment correlate with a secure attachment with the mother, father and peers. At the same time, we trust that family communication and psychological adjustment should be predictors of secure attachment to parents. Instead, we think that the secure attachment with peers will be predicted and correlated by psychological adjustment but not by openness family communication, due to relational differences that exist between them and their parents and them and peers. To do this, we had the two hypotheses: First, (1) internationally adopted adolescents with

better psychological adjustment and more open family communication about adoption would present a more secure attachment. This would be manifested in different ways (a) we believed that adolescents with better psychological adjustment (less total problems) would have a secure attachment with parents and peers. As in the previous case, we thought that adolescents with less internalizing problems would present a secure attachment with the mother, father and peers (b). (c) Also we expected that adolescents with less externalizing problems would present a secure attachment with the mother, father and peers. In case of family communication, (d) we believed that adolescents who had a better family communication, presented a secure parent attachment, but not peer's. We thought that (e) adolescents, who had more communication with the mother, would have a secure attachment with the mother, but also with the father, and not with peers. Finally (f), as in the previous case, adolescents with more communication with the father, would have a secure attachment with the father, but also with the mother and not with peers.

Second, (2) a secure attachment would be predicted by an open family communication and a psychological adjustment of adolescents internationally adopted. This could be checked by: (a) open family communication and psychological adjustment would predict the mother's secure attachment. (b) Open family communication and psychological adjustment will predict the father's secure attachment. Finally, (c) psychological adjustment will predict the peers secure attachment separately and together. Not like the openness family communication.

6.2. Method

<u>Participants</u>

Parents or guardians provided consent for their children, who were minors. We recruited participants who were adolescents (12 to 17 years), were adopted internationally, and had participated in post-adoption monitoring at the Fundació Vidal i Barraquer. We use a non-clinical sample. All those who have a disease or disorder that prevented reading, writing or understanding what was asked, were excluded from the study. We also excluded those who did not know they were adopted. Thus, the rate of acceptance to participate in the project was 66%.

Fifty-two internationally adopted adolescents, 24 boys (age $M = 14.16$, $SD = 1.3$) and 28 girls (age $M = 14.14$, $SD = 1.6$), and their respective parents agreed to participate voluntarily in this study. None of them have had contact with their birth family. The children were adopted from Bolivia (7.7%), Bulgaria (5.8%), China (17.2%), Colombia (9.6%), Guatemala (3.8%), Haiti (1.9%), India (9.6%), Mexico (3.8%) and Russia (40.5%). The mean age at which children were adopted is 3.03 years ($SD = 2.34$).

(Table 1)

<u>Instruments</u>

- Adoptive parent interview

A semi-structured interview was carried out with adoptive parents to collect socio-demographic data and information related to pre-placement history and the child's adoption. The socio-demographic data on the adoptive family included the adolescent's gender and current age, the parents' ages, the family structure, and any psychiatric check-ups of the adolescents.

- Inventory of Parents and Peers Attachment

The Inventory of Parents and Peers Attachment (IPPA, Armsden & Greenberg, 1987) is a questionnaire that evaluates attachment from 75 items distributed as follows: 25 refered to the mother, 25 with respect to the father, and 25 with respect to their peers. The adolescent must respond in a 5-point Likert-type scale where 1 is "never or almost never true" and 5 is "always or almost always true". The IPPA gives scores for "Trust", "Communication" and "Alienation" for mother, father and peers. At the same time, it provides the category of "low", "medium" or "high" to each score (Armsden & Grrenberg, 1987). Following Vivona (2000), we transform these scores on the corresponding type of attachment for each subject. Thus, the attachment is secure when the participants indicate at least medium Trust or Communication, and low or medium Alienation. The avoidant style is assigned if Trust and Communication are both low and Alienation is at least medium; or if Communication is low, Trust is medium, and Alienation is high. Finally, the ambivalent style is designed if Communication and Alienation are at least medium, Communication is higher than Trust, and Alienation is not lower than Trust. This classification has been used in different studies (Johnson,

Ketring & Abshire, 2003; Hale, Engels & Meeus, 2006; Pace, San Martini & Zavattini, 2011) in which it is argued that the classification of the three types of attachment is relevant both at a theoretical and clinical level. So, it allows to know what kind of attachment (secure, ambivalent or avoidant) each adolescent has with his or her father, mother and peers. This also allows isolating the variable "secure attachment" to make the corresponding data analysis. However, using this classification there is the possibility that a subject is not classified in any category. In our study, only one case has been left out of the classification, and thus dropped the study.

- Adoption Communication Scale

The Adoption Communication Scale (ACS) was developed by Grotevant, Reuter, Wrobel and Von Korff (2009) based on the Adoption Communication Openness (ACO) scale by Brodzinsky (2006). For this study we used the translated and validated Spanish version by Aramburu et al (2015). The ACS measures the extent to which children view their parents as being open and sensitive in communicating about the adoption, as well as the extent to which the children feel comfortable discussing the adoption with their mother and father. The adolescent must answer 14 items relating to the mother, and 14 identical items to the father, in a 5-point Likert-type scale, where 1 corresponds to "very disagree" and 5 "strongly agree".

- Youth-Self Report

The Youth Self Report (YSR, Achenbach & Rescorla, 2001) is a 112-item self-report questionnaire designed to collect information directly from adolescents (aged 11 to 18) on different skills and behavior problems. It is a well-established psychiatric screening scale that has shown excellent psychometric proprieties (ASEBA, 2012). The items

measure eight behavior and adjustment subscale symptoms: withdrawal, somatic complaints, anxiety and depression, social problems, thought problems, attention problems, aggressive behavior, and delinquent behavior. The first three subscales are referred to as "internalizing", whereas the next two are referred as to "externalizing". The adolescents select their response from 0 (not true) to 2 (very true or often true). Scores < 50 are considered non-clinical; scores between 50 to 60, borderlines; and, scores > 60, clinics. For this study, T-scores were used for the overall scale, and the internalizing and externalizing problem scales. The Spanish adaptation version was used in this study.

Procedure

Researchers moved at the family home for interviewing parents and administering questionnaires to the adolescents. Only in 4 cases the family explicitly requested attending to our center to facilitate the information. The adolescent were helped by the researcher to completing the questionnaires only in case of doubt. The Ethics Committee of the "Fundació Vidal i Barraquer" approved this project.

6.3. Results

First, the descriptive findings about socio-demographic data, family communication, attachment style and adolescent's psychological adjustment are presented. Next, the relationship between adolescents' type of attachment with their parents and peers, family communication and psychological adjustment were calculated using One-way

ANOVA. Finally, a hierarchical logistic regression analysis was carried out to test the relative contribution of openness in communication and the psychological adjustment as a predictor of secure attachment of adolescents. This procedure was done for the mother, the father and peers attachment style. In the first step, we introduced the overall psychological adjustment and the family communication separately. In the second step, we introduced both variables together.

Descriptive data of adolescents' psychological adjustment, family communications and attachment style.

Descriptive data are presented in Table 2, showing that 63.5% of adolescents had a good psychological adjustment (total behavior problems), 25% are on the border, and 11.5% were considered in clinical scores. With regard to internalizing problems, 65.4% of adolescents were within the normal range, 23.1% are on the border, and the remaining 11.5% were in the clinical range. In externalizing, 55.8% of adolescents have scores within the normal range, 42.3% had scores within the border, and only 1.9% presented scores in the clinical range.

The average score on the scale of family communicative openness in adoption was 107.36, with a minimum score of 53 and a maximum of 138 ($M = 107.36$, $SD = 22.07$). Regarding the subscale scores of family communication, the mother's score was 54.34, with a minimum score of 28 and a maximum of 69 ($M = 54.34$, $SD = 11.03$), and the father's was 52.93, with a minimum of 25 and maximum of 70 ($M = 52.93$, $SD = 12.27$). Most adoptees reported high-quality communication with their adoptive parents. The results from a paired t-test revealed that there were not statistically significant

differences between scores on communication to mother and to father ($t = 1.22$, p =.221).

With regard to the type of attachment, it has been seen that 55.1% of adolescents had a secure attachment with the mother, while 30.6% presented an avoidant style and 14.3% an ambivalent style. Something similar happens with the kind of attachment with the father: 62.2% showed a secure attachment, 28.9% avoidant, and only 8.9% ambivalent style. About peers, 50% had a secure attachment, 33.3% avoidant, and 16.7% ambivalent.

(Table 2)

We did not find any significant relationship between age, sex, age of adoption and years in an institution, with the overall, internalizing and externalizing psychological adjustment, global family communication, communication with the father and with the mother, so nor with the type of attachment with the mother, the father or the peers. Only internalizing problems correlate with age at the time of adoption, by Pearson's correlation coefficient. Gender differences were tested by t-test.

(Table 3)

Bivariate correlation between adolescents' type of attachment, family communication and psychological adjustment.

For the first hypothesis, ANOVAs was calculated between each pair of variables potentially predictive. Thus, it was checked if there were differences between the attachment (secure, avoidant or ambivalent) of each of the significant figures (mother, father and peers) with family communication, and communication with the father and with the mother, and overall psychological adjustment (total problems), internalizing and externalizing problems.

In Table 4, we can see that there is a significant difference on the overall psychological adjustment (total problems), internalizing problems, family communication, and communication with the father and the mother, with secure attachment style of the mother. We also stablished significant differences between the overall psychological adjustment (total problems), internalizing and externalizing problems, family communication and communication with the father and the mother, with secure attachment style of the father.

Finally, only obtained a significant difference between the overall psychological adjustment (total problems) and internalizing and externalizing problems with secure attachment style of the peers, while family communication does not correlate.

(Table 4)

Therefore, concerning our first hypothesis that there would be differences between psychological adjustment and secure attachment with mother, father and peers, we have confirmed that (a) as less total problems, the attachment is secure with mother, father and peers. Regarding internalizing problems (b) as less internalizing problems, the attachment is secure with mother, father and peers. Finally (c), something similar happens with the externalizing problems, in which less problems means secure attachment with the father and peers, but not with the mother. About openness family communication, we also confirmed (d) that openness family communication is significantly related to a secure attachment with mother and father, and not the peers. We have also verifyed that the communication with the mother (e) is significantly related to secure attachment with her and the father, and not the peers. Finally, the communication with the father (f) has shown significantly relationship with the secure attachment with him and the mother, and not with the peers.

Regression modeling of "secure attachment" as the dependent variable for adoptive adolescents

To determine if we could accept the second hypothesis, we carried out a regression analysis for the mother, father and peers attachment style separately. First, we introduced individually the predictor variables "psychological adjustment" and "family communication" to carry out a binary logistic regression. We recoded the variable "attachment style", from the initially three categories (secure, avoidant and ambivalent), into a dichotomous variable, split in "secure attachment" and "non-secure attachment", being secure attachment 0, and non-secure 1. Next, we did the analysis with

"psychological adjustment" and "family communication" to determine the variation associated with the "secure attachment" variable.

In the case of mother's attachment, first we did a logistic regression with each predictor separately. We found that for each point that the overall psychological adjustment was increased, the odds ratio (OR) increased by 1.188, with a Nagelkerke coefficient of .457 ($p < .001$, $B = 0.172$, $SE = .049$, Wald = 12.214). Similarly, for each point that the family communication was increased, the OR decreased by .799 with a Nagelkerke coefficient of .776 ($p = .006$, $B = -.225$, $SE = .081$, Wald = 7.622). Both regressions were statistically significant (Table 5). In the next step when adding "psychological adjustment" and "family communication", the regression model explained 79.5% of the observed variance in the variable "mother's attachment" (Nagelkerke = .795, Table 5). We found that increasing one point in psychological adjustment, the family communication increased the OR to 1.092, which was not significant. Increasing one point of family communication, the psychological adjustment decreased the OR to .823, which was significant.

In carrying a logistic regression with each predictor individually for the father's attachment we found that for each point that the overall psychological adjustment was increased, the OR increased by 1.275, with a Nagelkerke coefficient of .629 ($p < .001$, $B = .243$, $SE = .068$, Wald = 12.869). Thus, for every point that the family communication was increased, the OR decreased by .894 with Nagelkerke coefficient of .636 ($p < .001$, $B = -.112$, $SD = .031$, Wald = 12.950). Both regressions were statistically significant. In the next step, when introduciong into the regression "psychological adjustment" and "family communication" variables simultaneously, the regression model explained

75.6% of the observed variance in the variable "father's attachment" (Nagelkerke = .756, Table 6). We found that increasing one point of psychological adjustment, the family communication increased the *OR* by 1.208, which was significant. Likewise, increasing one point of family communication, the psychological adjustment decreased the *OR* to .910, which was also significant.

In the case of attachment to peers, we found some differences. When we did the logistic regression with each predictor individually, we found that for each point that the overall psychological adjustment was increased, the *OR* increased by 1.096, with a Nagelkerke coefficient of .210 (*p* = .010, *B* = .092, *SE* = .036, Wald = 6.663). In a similar manner, for each point that the family communicationbincreased, the *OR* decreased to .956 with a Nagelkerke coefficient of .235 (*p* = .080, *B* = -. 045, *SE* = .017, Wald = 7.087). Only the psychological adjustment was statistically significant. Finally, when doing the regression with two predictor variables at the same time, the regression model explained 26.9% of the observed variance in the variable "peer's attachment" (Nagelkerke = .269, Table 5). We found that, increasing one point in psychological adjustment, the family communication increased the *OR* to 1.053, which was not significant. Similarly, increasing one point of family communication, the overall psychological adjustment decreased the *OR* to .969, which was not significant.

(Table 5 and 6)

Therefore, our second hypothesis that the family openness communication and psychological adjustment were predictive of secure attachment, has been fully confirmed even controlling for psychological adjustment. However, when variables are

introduced together only adds predictive value to psychological adjustment and openness family communication in the father's case, and family communication openness in the mother's. In peers' case, neither of the variables adds predictive power, not even the psychological adjustment, as we hypothesized.

6.4. Discussion

This study analyzed how family communication openness and psychological adjustment of internationally adopted adolescents, predict the attachment with their parents and peers.

The descriptive results show that 55.1% of children have a secure attachment with the mother, 62.2% with the father, and only 50% with peers. As Singer, Brodzinsky and Ramsay (1985) pointed out, we obtained that the attachment of adoptive parents was of high quality, but is still below to the one provided by biological parents. In this sense, Cassidy and Berlin (2008) pointed out that only 15-20% of non-adopted children had a non-secure attachment.

As far as family communication is concerned, we found that the total score was 107.36, being quite similar the communication with the father and mother: 54.34 and 52.93 respectivelly. Regarding psychological adjustment, in our study, 63.5% of adolescents had a good overall psychological adjustment, and only 25% were in a border score, and 11.5% in clinical score. These scores, showing that only 11.5% of children were below the clinical cut-off in their psychological adjustment, are good news for this group.

However, when these scores are compared to those of non-adopted adolescents, we see that they are noticeably lower (Hjern, Lindblad & Vinnerljung, 2002; Zucker & Bradley, 1995; Wiik, Loman, Van Ryzin, et al, 2011; Rutter & Koerner, 2008; Bimmel, Juffer, van IJzendoorn & Bakermans-Kranenburg, 2003).

As for internalizing problems, 65.4% of the subjects have a good adjustment, and only 23.1% is in borderline parameters and 11.5% in the clinical scores. Authors as Brodizinsky, Schecther and Henning (1992) or Gribble (2007) pointed out, in this sense, that adopted adolescents had difficulties in their emotional development, and even more if they are compared to non-adopted population. A slight change is produced in externalizing problems, where 55.8% of children presented a good psychological adjustment, but 42.3% are in borderline scores, and 1.9 in clinical scores. These results are considerably slimilar to those achieved in other studies (Gindis, 2005; Glennen & Bright, 2005; Keyes, Sharma, Elkins, Iacono & McGue, 2008; Verhulst, Althaus & Verluis-den Bieman, 1990), which highlight hyperactivity problems and violence in the case of adopted adolescents. Therefore, we can affirm that the internationally adopted adolescents in our study generally present a good psychological adjustment, good family communication, and most of them, also present a secure attachment.

In the first hypothesis on the ANOVA analysis, in which we suggested that psychological adjustment would have differences with a secure attachment, we found that adolescents with better overall psychological adjustment (or fewer total problems) have a secure attachment with both parents and peers. We have also seen that adolescents who have fewer internalizing problems have a secure attachment with mother, father and peers. Finally, on externalizing problems, we found that adolescents

with fewer problems correlate to a secure attachment with the father and peers, but not with the mother. These results suggest that adolescents with predominantly externalizing aspects have more difficulties in relating to the mother, than with the father or peers. This could be due to the difficulties that adopted children with externalizing behaviors have when accepting the adoptive mother, on whom they could project feelings of abandonment and anger. In the case of attachment with peers, we think it is normal that correlate with psychological adjustment as a close relationship with peers promotes self-esteem, confidence and better self-perception (Robinson, 1995; Eisenberg & Fabes, 1997) and decreases the risk of emotional and behavioral problems (Coie & Dodge, 1997).

Regarding the second part of the first hypothesis, in which we suggested that family communication would present differences with a secure attachment, we have found that there are differences between family communication openness and secure attachment with parents, but not with peers. We have also seen differences between the communication with the mother and a secure attachment with her, but also with the father. The same is true in the case of the father, where good communication with the father shows significant differences with a secure attachment to both him and the mother. However, there are not any differences in secure attachment with peers. These results seem to fall within the normal range. We think that communication with the father and mother, albeit separately, provides general family communication and that helps the child to gain confidence and to strengthen ties with their adoptive parents. If children have questions about their origins and notice how their parents are nearby to try to respond, this will be reflected in their relationship. On the other hand, it seems logical that children talk to their parents about their adoption, and this will facilitate or

allow a more secure attachment to them, and not with peers. Often, adopted children from other countries have adaptation problems at school as they suffer discrimination because of their race or skin color (Mirabent & San Martino, 2008), which prevents them from talking to their peers or friends about adoption. Surely, they must first have good communication about adoption at home before talking about it with peers. Relationships with friends are a very important aspect in adolescence, and by them the adolescent begins to separate from parents and start to gain autonomy with the help of peers. This might suggest that adolescent attachment to peers is stronger and safer. However, that is not the case since it is precisely the secure attachment with parents what enables teens to take off from their parents and create new friendships while wining autonomy and responsibility. In fact, Greenberg, Siegel and Leitch (1983) already pointed out that the quality of attachment to parents was significantly more powerful than the one with peers to predict well-being.

Finally, the second hypothesis was confirmed as the results show that psychological adjustment and family communication, when introduced individually, are predictors of secure attachment to mother, father and peers. These results are in line with other studies such as Brodzinsky, Schechter and Brodzinsky (1986) which suggested that adoptive parents should initiate the adoption disclosure to children at an early age and gradually increase the information. This not only helps the child to know its origins and can make easier creating their own identity (Von Korff & Grotevant, 2011), but it also helps building a more secure attachment relationship with them. On the other hand, psychological adjustment predicts a secure attachment because, according to other studies (Brisch, 2015; Eslovaino, Raaska, Sinkkonen, Mäkipää & Lapinleimu, 2015), if

the traumas of adoption are treated by adoptive parents as soon as possible, it will facilitate the basis for the further development of secure attachment to the adopted child.

When family communication openness and psychological adjustment were introduced separately, in the case of the mother, only family communication openness gains predictive power on secure attachment. In the case of the father, both reached statistical significacy. Not so in the case of peers, where neither of the variables gains predictive power. As for family communication openness, in the case of the father and the mother it makes sense that family communication openness achives predictive power because, as pointed by other studies (Beijersbergen, Juffer, Bakermans-Kranenburg, Marian & van IJzendoorn, 2015), the mothers of secure adolescents showed significantly more sensitive support (as communication) during conflicts. In fact, these same authors claimed that maternal support in early childhood and adolescence predicted continuity of secure attachment from adoption to adolescence. In the case of psychological adjustment, we have seen that correlated more with the father than the mother secure attachment. Therefore, it is logical that gains predictive power in the case of the father and not in the mother. Some authors attribute this situation to the personal characteristics of each child (Graham et al, 2004. Finally, in the case of peers, where neither of the two variables are significant, we think it is not a negative sign. Adoptees need first a good psychological adjustment and good family communication, before creating stable and healthy relationships with peers.

6.5. Limitations/Acknowledgment

These results corresponf to a sectional cross study and we do not have enough information to ensure the directionality of the relationship. In other words, we cannot say that openness in family communication and psychological adjustment predicts secure attachment and not the reverse. However, we think that the family communication can occur from the very first moment of the adoption, as in fact many authors recommend it (Brodzinsky, 2005; Wrobel, Kohler, Grotevand & McRoy, 2003). Instead, attachment is a process that requires time. Same is valid for psychological adjustment, since we believe a good adjustment is necessary to establish a secure attachment (Oldfield & Humphrey, 2015). Starting an open family communication about adoption from an early age helps to get a good psychological adjustment, helping at the same time to develop a secure attachment with the father, the mother and peers. Surely it is a process that feeds back. Openness family communication facilitates a good psychological adjustment and this leads to secure attachment, but secure attachment also helps to maintain family communication and better adjustment.

This study has some other limitations. First, only 66% of the potential sample decided to participate, indicating that 34% declined participation, many of them because they were reluctant to talk about issues specifically related to their child's adoption and origins. This leads us to believe that the majority of families that find it difficult to create open communication, good psychological adjustment and secure attachment around this topic are also the ones that preferred not to participate in this study. Another explanation could be that adoptive families tend to consult and enlist the services of mental health services more readily, as noted in studies like those by Miller, Fan,

Grotevant, Chistensen, Coyl and van Dulmen (2000). Finally, we examined communicative openness, attachment and psychological adjustment only from the perspective of adolescents and we did not consider the perceptions of their adoptive parents.

Despite these limitations, the results of this study contribute to highlight the importance of developing a secure attachment, openness family communication and psychological adjustment. The study, therefore, illustrates the importance of these variables for establishing a secure attachment between adopted child and their parents and peers. This is the basis for a proper development and mental health, a main guarantee to enter adulthood. This study provides adoptive parents with tools to help their children to promote better psychological adjustment by stablishing a more openness family communication and a more secure attachment. Our results may also be informative for clinicians, practitioners, and others who work with adoptive families, as well as for policies about openness in adoption. These professionals, who are in contact with adoptive families both before and after the adoption, can perform interventions focused on promoting communicative openness.

6.6. References

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6.7. Annexes

Table 1. Descriptive Statistics

	M	SD
Adoption Age	3.0	2.34
Current age	14.2	1.47
Current age boys	14.2	1.30
Current age girls	14.1	1.62
Institution years	1.7	1.33
Current Father's age	52.9	5.90
Current Mother's age	52.0	4.80

Table 2. Descriptive Data

YSR	Normal	Borderline	Clinic	
Overall Psychological Adjustment	63.5%	25%	11.5%	
Internalizing problems	65.4%	23.1%	11.5%	
Externalizing Problems	55.8%	42.3%	1.9%	
ACO	M	SD	Min	Max
Family Communication	107.36	22.07	53	138
Mother's Communication	54.34	11.03	28	69
Father's Communications	52.93	12.27	25	70
IPPA	Secure	Avoidant	Ambivalent	
Mother's Attachment	55.1%	30.6%	14.3%	
Father's Attachment	62.2%	28.9%	8.9%	
Peer's Attachment	50%	33.3%	16.7%	

Table 3. Bivariate Correlations between Pre-Adoptive Variables and Test Scores.

	YSR t		YSR i		YSR e		ACO t		ACO m		ACO f		IPPA m		IPPA f		IPPA p	
	t	p	t	p	t	p	t	p	t	p	t	p	t	p	t	p	t	p
Age	.223	.111	.136	.338	.155	.274	-.066	.641	-.109	.440	-.052	.727	.029	.845	.031	.838	-.106	.475
Gender	.017	.904	.133	.346	.100	.481	-.037	.792	.005	.974	-.134	.353	-.022	.882	-.023	.088	.019	.900
Adoption age	.254	.069	.342	.013	.047	.741	-.058	.684	-.064	.651	-.056	.707	.091	.533	.185	.224	.109	.461
Institution years	.144	.308	.225	.068	.015	.916	-.120	.395	-.147	.299	-.031	.834	.233	.108	-.005	.072	.047	.751

YSR t: overall psychological adjustment; YSR i: internalizing problems; YSR e: externalizing problems; ACO t: total family communication; ACO m: communication with the mother; ACO f: communication with the father; IPPA m: type of attachment with the mother; IPPA f: type of attachment with the father IPPA p: type of attachment with peers.

Table 4. ANOVA for mother, father and peer's attachment.

	Secure		Avoidant		Ambivalent		ANOVA	
Mother	MS	D	MS	D	MS	D	F	p
Total problems	41.74	6.08	57.80	7.77	44.85	9.19	25.10	.014
Internalizing problems	40.70	7.72	58.20	10.40	43.71	8.38	19.87	.024
Externalizing problems	43.29	7.44	54.40	4.57	44.85	11.17	11.33	.074
Family Communication	123.33	9.14	81.80	18.12	104.28	13.47	48.19	.001
Mother's comm.	61.40	5.17	42.06	10.57	52.28	6.67	33.07	< .001
Father's comm.	62.30	5.62	40.42	8.88	52.00	9.96	37.04	.001
Father								
Total problems	41.57	7.16	58.23	7.55	50.25	3.86	24.89	< .001
Internalizing problems	40.78	9.19	58.61	9.30	47.00	7.61	16.97	.001
Externalizing problems	42.60	8.05	55.15	5.03	52.50	1.73	15.50	.001
Family Communication	119.75	14.11	84.15	18.76	97.75	9.32	24.83	< .001
Mother's comm.	59.85	6.85	43.76	11.60	51.75	7.93	15.93	< .001
Father's comm.	54.85	8.98	40.38	8.85	46.00	5.94	23.40	< .001
Peers								
Total problems	43.08	7.55	54.25	10.63	44.87	9.28	7.75	.011
Internalizing problems	42.20	9.93	53.62	12.30	45.25	10.03	5.43	.008
Externalizing problems	44.04	8.99	52.43	7.59	44.75	7.16	5.27	.039
Family Communication	117.54	18.17	89.25	20.68	117.37	15.67	12.20	.199
Mother's comm.	58.50	10.05	46.25	10.81	58.50	7.42	8.06	.286
Father's comm.	58.95	9.71	43.86	11.99	58.87	8.64	10.27	.346

Table 5: Bivariate Logistic Regresion for Mother, Father and Peers Attachment

Secure Mother's Attachment	B (SE)	P	Wald	OR
Overall Psychological Adjustment	.172 (.049)	.001	12.214	1.188
Family Communication	-.225 (.081)	.006	7.622	.799
Secure Father's Attachment				
Overall Psychological Adjustment	.243 (.068)	.001	12.869	1.275
Family Communication	-.112 (.031)	.001	12.950	.894
Secure Peers' Attachment				
Overall Psychological Adjustment	.092 (.036)	.010	6.663	1.096
Family Communication	-.045 (.017)	.080	7.087	.956

Tabla 6: Multiple Logistic Regresion for Mother, Father and Peers Attachment.

Secure Mother's Attachment	B (SE)	P	Wald	OR
Overall Psychological Adjustment	.088 (.072)	.219	1.511	1.092
Family Communication	-.195 (.075)	.009	6.799	.823
Total Model	Correct Percentage = 91.8%, Nagelkerke = .795			
Secure Father's Attachment				
Overall Psychological Adjustment	.189 (.077)	.014	6.057	1.208
Family Communication	-.094 (.038)	.013	6.144	.910
Total Model	Correct Percentage = 95.6%, Nagelkerke = .756			
Secure Peers' Attachment				
Overall Psychological Adjustment	.052 (.043)	.228	1.452	1.053
Family Communication	-.031 (.020)	.120	2.420	.969
Total Model	Correct Percentage = 75.0%, Nagelkerke = .269			

7. GENERAL CONCLUSIONS

As a general conclusion, and following the order of the three studies, we think that in the first place, the main objective to be achieved by family members is to accompany their adopted children in their learning towards integration and the conviction that they have parents, a home and a family. Otherwise, entry to school without prior adaptation to the family and without a stable and secure parent-child bond can be a major risk factor (among others) for school, emotional and cognitive adaptation of the child. In addition, the longer time within the family, helps parents better understand their children, know their needs, and focus on one way or another, depending on whether they enter or join the school. Dole (2005) emphasized the importance of leaving some time before the beginning of schooling so that children and their mothers could be bonded in order to achieve better academic results.

The gap between cognitive maturity and the structural requirements for learning creates in the minor a vicious circle of frustration, lack of interest and low self-esteem that can lead to a blockage of the learning process that sometimes results in a cognitive and behavioral incompetence which distances them from the rest of the students (Glindis, 2000). Therefore, the time that the child has been careful by his parents in the first post-adoptive, will be a protection factor for the development of his capacities, spatially those of learning.

In order to learn (at school) an emotional balance is necessary which is, in many cases, linked with the child's previous history and the reparative function of the parents who,

with their treatment, attention and estimation, will help him to repair the damages and sequels that his previous history had produced. We refer to it, that the progress or not in the learning of the child, will be very conditioned to how he is understands and assimilates his own history. It is difficult to progress in learning when one can not access the knowledge of truths that generate pain or are difficult to accept (Mirabent and Ricart, 2005). Therefore, we think that it is imperative an open family communication about the previous history and the origin of the child. This will not only help to strengthen the bond between parents and children, but also fortify the psychological adjustment of the child, which in turn will allow a better adaptation to the school, both academically and socially.

If the parents manage to assume these difficulties, which are not at all simple, and establish an open communication about the previous history and the origins of her child, should helps the child to acquire a good psychological adjustment, all this will probably lead to the development a secure attachment of the child to their parents.

We understand that the conclusion of this process reaching a secure attachment is a success and a challenge for the adoptive parents to fight. It supposes, from the psychoanalytic point of view, to have developed a healthy relational basis from which to begin to build their identity and to enter into adulthood with a solid base and having elaborated the conflicts that adoption entails.

We think that this research offers a tool to all those families that want to adopt and the professionals who accompany them. Pherphaps they can better understand the needs of

their adopted children in the first post-adoptive moments, when they enter school, and when they are approaching adolescence.

For future research lines, we think that a longitudinal study, following the children would greatly enrich this research, since the main limitation is that it is a cross-sectional study. Monitoring these children we could more accurately assess the determinants that affect their mental health.

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9. ANNEXES

CERTIFICATE OF STAY

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Professor and Department Chair

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February 1, 2017

Mr. Josep Mercadal Rotger

Ramon Llull University

IUSM Vidal i Barraquer

Barcelona SPAIN

To Whom It May Concern:

Mr. Josep Mercadal Rotger was a visiting scholar from 1st June until 31th of August 2016 at the University of Massachusetts Amherst in the Rudd Adoption Research Program, Department of Psychological and Brain Sciences. He worked with Professor Harold Grotevant, Rudd Family Foundation Chair in Psychology, consulting on Josep's dissertation projects and other aspects of research in the field of adoption psychology. As Department Chair, I appreciate the opportunities that international scholars bring to our program, and we wish Josep well in his future work.

Sincerely,

Caren M. Rotello, Ph.D.

Professor and Department Chair

RESEARCH APPROVAL - ETHICAL COMMITTEE

La línea de investigación "Del vínculo al apego en el adolescente adoptado" y los proyectos que la forman ha sido presentado por Josep Mercadal Rotger y evaluado por el Comité de Ética de Investigación del Institut Universitari de la Fundació Vidal i Barraquer, que considera

- Que los proyectos son de interés y se ajustan a las líneas de investigación del Instituto.

- Que no se trata de un ensayo clínico y que, por lo tanto, no proceden remitirlos a un Comité Ético de Investigación Clínica.

- Que cumplen con las recomendaciones éticas de la investigación

Por lo tanto aprueba su realización en el marco del Departamento de Investigación.

Barcelona, a 27 d' abril de 2016

Manuel Romero
Director general

Dr. Víctor Cabré
Secretario

DOCUMENT D'INFORMACIÓ PER A L'ATORGAMENT DEL CONSENTIMENT INFORMAT

Títol de l'estudi
From bond to attachment of the internationally adopted adolescent.

Qui som?
La Unitat de Recerca de l'Institut Universitari de Salut Mental Fundació Vidal i Barraquer, grup integrat al Grup de Recerca de Parella i Família (GRPF) de la Universitat Ramon Llull.

Investigadors de l'estudi
Josep Mercadal, Carles Pérez Testor, Manel Salamero, Inés Aramburu. Tots ells investigadors especialitzats en l'àmbit de la família, la parella i la infància.

Com contactar amb nosaltres
C/ Sant Gervasi de Cassoles, 88-90. 08022 Barcelona
Tel. 93 418 99 88
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Què fem?
Amb aquesta recerca pretenem comprovar com la relació i la qualitat de la comunicació entre pares i fills promou el benestar familiar i és un factor de protecció de la bona evolució i creixement dels fills adoptats internacionalment

Com ho fem?
La mostra està composta per pares i fills adolescents de entre 12 i 18 anys adoptats internacionalment. Totes les famílies varen fer el seguiment del seu procés d'adopció a la Fundació Vidal i Barraquer.
Els instruments utilitzats seran tres qüestionaris que contestarà l'adolescent i una entrevista als pares amb la finalitat d'obtenir dades sobre l'adopció, la família adoptiva i el coneixement dels orígens del menor.

Per a què ho fem?
Conèixer amb més precisió l'estat psicològic dels adolescents adoptats i el grau d'obertura en la comunicació dels orígens en la família adoptiva. La investigació ens aporta coneixements als psicòlegs per poder preveure possibles situacions i ajudar a una més bona integració familiar i al bon desenvolupament del fill adoptat. La finalitat bàsica és preveure i promoure el benestar tant dels adolescents com de la família adoptiva

Sr./a ....,
amb DNI n° .... fa constar que participa juntament amb la seva família
en aquesta investigació sobre Adopció Internacional i que la utilització de les nostres
dades són exclusivament per aquest estudi.

Declaren que saben que les dades de caràcter personal que confien a la Fundació Vidal
i Barraquer són necessàries per la investigació i fan constar que són certes i correctes.
Fundació Vidal i Barraquer els informa que aquestes dades seran utilitzades, en tot
moment, per la Institució i el seu personal, de forma confidencial segons el que
estableix el codi de deontologia mèdica, la Llei Orgànica 15/99 de 13 de Desembre de
Protecció de Dades Personals, i la resta de normativa legal que, en cada moment sigui
d'aplicació.

Se'ns demana omplir els qüestionaris de l'exploració i realitzar una entrevista amb
l'investigador. El temps de col·laboració estimat és d'una hora. Tenim el dret
d'abandonar l'estudi en el moment en que ho desitgem sense cap prejudici.

Entenem que la informació ens ha estat donada de forma comprensible, que hem pogut
formular preguntes i se'ns han estat aclarits els dubtes presentats en llegir o escoltar la
informació específica, donem lliure i voluntàriament la nostra conformitat per
participar en aquesta investigació i és per això que ho autoritzem explícitament en
aquest document.

Data:...................................

Firma de l'investigador informant   Firma dels participants

YOUTH SELF REPORT QUESTIONNAIRE

Por favor utiliza letra de imprenta

AUTOINFORME DEL COMPORTAMIENTO DE JÓVENES DE 11-18 AÑOS (YSR/11-18)

Para llenar en el centro ID #

NOMBRE DEL JOVEN — Nombre, Apellido, Apellido	TRABAJO HABITUAL DE LOS PADRES, incluso si ahora no están trabajando (por favor especifica - por ejemplo: Mecánico, jardinero, maestra, ama de casa, obrero, zapatero, médica).
SEXO: ☐ Masculino ☐ Femenino — EDAD — RAZA O GRUPO ÉTNICO	TRABAJO DEL PADRE:
FECHA DE HOY: Día ___ Mes ___ Año ___ — FECHA DE NACIMIENTO: Día ___ Mes ___ Año ___	TRABAJO DE LA MADRE:
Curso Escolar ___ — SI ESTÁS TRABAJANDO INDICA EN QUÉ TRABAJAS: — No voy a la escuela ☐	Por favor completa este cuestionario con tu opinión, incluso aunque pienses que otras personas no están de acuerdo. Si lo crees necesario anota los comentarios adicionales al final de cada frase y en el espacio que se proporciona en las páginas 2 y 4.

I. ¿Cuáles son las actividades deportivas en las que más te gusta participar? Por ejemplo: natación, fútbol, básquet, montar en bicicleta, monopatín, pescar, ...
☐ Ninguna

En comparación con otros/as jóvenes de tu edad, ¿cuánto tiempo dedicas a cada uno de estos deportes?

En comparación con otros/as jóvenes de tu edad, ¿cómo haces cada uno de estos deportes?

	Menos que los demás	Igual que los demás	Más que los demás	Peor que los demás	Igual que los demás	Mejor que los demás
a. _____	☐	☐	☐	☐	☐	☐
b. _____	☐	☐	☐	☐	☐	☐
c. _____	☐	☐	☐	☐	☐	☐

II. ¿Cuáles son tus actividades, juegos o pasatiempos favoritos? (No incluyas deportes) Por ejemplo: coleccionar cromos, jugar con muñecas, leer, tocar el piano, artesanía, coches, cantar, ... (No incluyas ver TV u oír la radio)
☐ Ninguna

En comparación con otros/as jóvenes de tu edad, ¿cuánto tiempo dedicas a cada una de estas actividades?

En comparación con otros/as jóvenes de tu edad, ¿cómo haces estas actividades?

	Menos que los demás	Igual que los demás	Más que los demás	Peor que los demás	Igual que los demás	Mejor que los demás
a. _____	☐	☐	☐	☐	☐	☐
b. _____	☐	☐	☐	☐	☐	☐
c. _____	☐	☐	☐	☐	☐	☐

III. ¿A qué organizaciones, clubes, equipos u otros grupos perteneces?
☐ Ninguna

En comparación con otros/as jóvenes de tu edad, ¿en qué grado participas en cada uno de estos grupos?

	Menos activo/a	Promedio	Más activo/a
a. _____	☐	☐	☐
b. _____	☐	☐	☐
c. _____	☐	☐	☐

IV. ¿Qué trabajos o tareas haces? Por ejemplo: cuidar niños, hacer la cama, dar clases particulares, tirar la basura, repartir pizzas, ... (Incluye tanto trabajos o tareas pagados como no pagados)
☐ Ninguna

En comparación con otros/as jóvenes de tu edad, ¿cómo llevas a cabo estas tareas?

	Peor que los demás	Igual que los demás	Mejor que los demás
a. _____	☐	☐	☐
b. _____	☐	☐	☐
c. _____	☐	☐	☐

V. 1. ¿Cuántos amigos o amigas íntimos/as tienes?

(No incluyas a tus hermanos/as)   ☐ Ninguno   ☐ 1   ☐ 2 o 3   ☐ 4 o más

2. Sin contar las horas que estás en el colegio, ¿cuántas veces a la semana haces cosas con tus amigos?

(No incluyas a tus hermanos/as)   ☐ Menos de 1   ☐ 1 o 2   ☐ 3 o más

VI. En comparación con otros niños/jóvenes de la misma edad, ¿cómo ...

	Peor que los demás	Igual que los demás	Mejor que los demás	
a. te llevas con tus hermanos y hermanas?	☐	☐	☐	☐ No tengo hermanos o hermanas
b. te llevas con otros chicos/as?	☐	☐	☐	
c. te comportas con tus padres?	☐	☐	☐	
d. haces cosas por ti mismo/a?	☐	☐	☐	

VII. 1. Rendimiento escolar   ☐ No voy al colegio porque _____

Marca una respuesta en cada materia

	Suspenso (0-3)	Por debajo del promedio (4)	Promedio (5-6)	Por encima del promedio (7-10)
a. Lectura, Lengua, Literatura, Gramática	☐	☐	☐	☐
b. Historia, Ciencias Sociales	☐	☐	☐	☐
c. Matemáticas	☐	☐	☐	☐
d. Ciencias (física, química, biología)	☐	☐	☐	☐
e. _____	☐	☐	☐	☐
f. _____	☐	☐	☐	☐
g. _____	☐	☐	☐	☐

Otras asignaturas como: Tecnología, Informática, Inglés, Francés, ...
No incluyas religión, gimnasia, música

¿Tienes alguna enfermedad, incapacidad o dificultad especial?   ☐ No   ☐ Sí-Por favor descríbela

Por favor, indica si tienes alguna preocupación o problema relacionado con el colegio:

Por favor, describe cualquier otra preocupación que tengas:

Por favor, describe tus aspectos más positivos

A continuación encontrarás una lista de frases que describen a los/las jóvenes. Piensa en el momento actual o durante los últimos seis meses. Si la frase te describe *muy a menudo* o *bastante a menudo* haz un círculo en el número *2*; si la frase te describe *algunas veces* haz un círculo en el número *1*, y si la frase *no es cierta* rodea el *0*.

Por favor escribe en letra de imprenta. Asegúrate de contestar todas las preguntas.

0 = No es cierto	**1 = Algo, algunas veces cierto**		**2 = Cierto muy a menudo o bastante a menudo**

0 1 2   1. Me comporto como si fuera más pequeño/a

0 1 2   2. Bebo alcohol sin permiso de mis padres (describe): _____

_____

0 1 2   3. Discuto mucho

0 1 2   4. No termino las cosas que empiezo

0 1 2   5. Hay muy pocas cosas que me hacen disfrutar

0 1 2   6. Me gustan los animales

0 1 2   7. Soy presumido/a, engreído/a, fanfarrón/a

0 1 2   8. No puedo concentrarme o prestar atención durante mucho tiempo

0 1 2   9. No puedo quitarme de la mente ciertos pensamientos (describe): _____

_____

0 1 2   10. Me cuesta estar quieto/a

0 1 2   11. Dependo demasiado de los adultos

0 1 2   12. Me siento solo/a

0 1 2   13. Estoy distraído/a o en las nubes

0 1 2   14. Lloro mucho

0 1 2   15. Soy bastante honesto/a

0 1 2   16. Soy malo/a con los demás

0 1 2   17. Sueño despierto/a a menudo

0 1 2   18. He intentado suicidarme o hacerme daño deliberadamente

0 1 2   19. Intento obtener mucha atención

0 1 2   20. Rompo mis cosas

0 1 2   21. Rompo las cosas de otras personas

0 1 2   22. Desobedezco a mis padres

0 1 2   23. Desobedezco en la escuela

0 1 2   24. No como tan bien como debería

0 1 2   25. No me llevo bien con otros/as chicos/as

0 1 2   26. No me siento culpable después de hacer algo que no debería

0 1 2   27. Tengo celos de otras personas

0 1 2   28. Me salto las normas en casa, en la escuela o en otros lugares

0 1 2   29. Tengo miedo a ciertas situaciones, animales o lugares diferentes de la escuela (describe):

_____

0 1 2   30. Tengo miedo de ir a la escuela

0 1 2   31. Tengo miedo de pensar o hacer algo malo

0 1 2   32. Creo que tengo que ser perfecto/a

0 1 2   33. Creo que nadie me quiere

0 1 2   34. Creo que los demás me quieren perjudicar

0 1 2   35. Me siento inferior a los demás o creo que no valgo nada

0 1 2   36. Me hago daño accidentalmente con mucha frecuencia

0 1 2   37. Me meto en muchas peleas

0 1 2   38. Los demás se burlan de mí a menudo

0 1 2   39. Voy con niños/as/chicos/as que se meten en problemas

0 1 2   40. Oigo sonidos o voces que otros creen que no existen (describe): _____

_____

0 1 2   41. Hago las cosas sin pensar

0 1 2   42. Prefiero estar solo/a que con otras personas

0 1 2   43. Digo mentiras o engaño

0 1 2   44. Me muerdo las uñas

0 1 2   45. Soy nervioso/a, estoy tenso/a

0 1 2   46. Tengo tics o hago movimientos sin querer (describe): _____

_____

0 1 2   47. Tengo pesadillas

0 1 2   48. No caigo bien a otros/as chicos/as

0 1 2   49. Puedo hacer algunas cosas mejor que la mayoría de los/las chicos/as

0 1 2   50. Soy demasiado ansioso/a o miedoso/a

0 1 2   51. Me siento mareado/a

0 1 2   52. Me siento demasiado culpable

0 1 2   53. Como demasiado

0 1 2   54. Me siento demasiado cansado/a sin motivo

0 1 2   55. Peso más de lo que debería

56. Tengo problemas físicos *sin causa médica*:

0 1 2   a. Dolores o molestias (no incluyas dolor de estómago o de cabeza)

0 1 2   b. Dolores de cabeza

0 1 2   c. Náuseas, ganas de vomitar

0 1 2   d. Problemas con los ojos (valóralo como 0 si llevas gafas) (describe): _____

_____

0 1 2   e. Erupciones u otros problemas en la piel

0 1 2   f. Dolores de estómago

0 1 2   g. Vómitos

0 1 2   h. Otros (describe): _____

0 1 2   57. Pego a los demás

0 1 2   58. Me rasco demasiado la piel u otras partes del cuerpo (las heridas, los granos, ...) (describe):

_____

0 1 2   59. Puedo ser bastante simpático/a

POR FAVOR, COMPRUEBA QUE HAS CONTESTADO TODAS LAS PREGUNTAS   *PASA A LA PÁGINA SIGUIENTE*

0	1	2	60. Me gusta probar cosas nuevas	0	1	2	85. Tengo ideas que otras personas pensarían que son extrañas (describe): _____
0	1	2	61. Mi rendimiento escolar es bajo				
0	1	2	62. Soy torpe; no tengo mucha coordinación				
0	1	2	63. Prefiero estar con chicos/as mayores que yo				
0	1	2	64. Prefiero estar con chicos/as menores que yo	0	1	2	86. Soy tozudo/a
0	1	2	65. Me niego a hablar	0	1	2	87. Cambio de humor o sentimientos de repente
0	1	2	66. Repito algunas acciones una y otra vez (describe): _____	0	1	2	88. Me gusta estar con otras personas
				0	1	2	89. Soy desconfiado/a
				0	1	2	90. Digo groserías o palabrotas
0	1	2	67. Me escapo de casa	0	1	2	91. Pienso en matarme
0	1	2	68. Grito mucho	0	1	2	92. Me gusta hacer reír a los demás
0	1	2	69. Soy muy reservado/a; me callo todo	0	1	2	93. Hablo demasiado
0	1	2	70. Veo cosas que otros creen que no existen (describe): _____	0	1	2	94. Me burlo mucho de los demás
				0	1	2	95. Me enfado con facilidad
				0	1	2	96. Pienso demasiado en el sexo
0	1	2	71. Me avergüenzo con facilidad; tengo mucho sentido del ridículo	0	1	2	97. Amenazo con hacer daño a otras personas
0	1	2	72. Prendo fuegos	0	1	2	98. Me gusta ayudar a otras personas
0	1	2	73. Soy habilidoso/a con las manos	0	1	2	99. Fumo tabaco
0	1	2	74. Me gusta llamar la atención o hacerme el/la gracioso/a	0	1	2	100. No duermo bien (describe): _____
0	1	2	75. Soy demasiado tímido/a				
0	1	2	76. Duermo menos que la mayoría de los/las chicos/as	0	1	2	101. Hago novillos, falto a la escuela sin motivo
0	1	2	77. Duermo más que la mayoría de los/las chicos/as durante el día y/o la noche	0	1	2	102. Tengo poca energía
0	1	2	78. Soy desatento/a, me distraigo fácilmente	0	1	2	103. Me siento infeliz, triste o deprimido/a
0	1	2	79. Tengo problemas con el habla (describe): _____	0	1	2	104. Soy más ruidoso/a que otros chicos/as
				0	1	2	105. Tomo medicamentos o drogas sin razón médica (no incluyas el alcohol o el tabaco) (describe): _____
0	1	2	80. Defiendo mis derechos				
0	1	2	81. Robo en casa	0	1	2	106. Trato de ser justo/a con los demás
0	1	2	82. Robo fuera de casa	0	1	2	107. Me gusta un buen chiste
0	1	2	83. Almaceno demasiadas cosas que no necesito (describe): _____	0	1	2	108. Me gusta tomarme las cosas con calma
				0	1	2	109. Trato de ayudar a los demás cuando puedo
				0	1	2	110. Desearía ser del sexo opuesto
0	1	2	84. Hago cosas que otras personas piensan que son extrañas (describe): _____	0	1	2	111. Evito relacionarme con los demás
				0	1	2	112. Me preocupo mucho

Por favor, escribe cualquier otra cosa que describa tu conducta, sentimientos o intereses

POR FAVOR, COMPRUEBA QUE HAS CONTESTADO TODAS LAS PREGUNTAS

INTERVIEW FOR PARENTS

ENCUESTA PARA PADRES

Fecha de la entrevista: ___/_____/_____

Número de identificación: _____

A) DATOS DE LA FAMILIA:

1- Genograma familiar:

2- Datos sociodemográficos de los padres adoptivos:

→ **Del padre:**

Edad: _____

2. 2 Ocupación:

☐ 1- Directivos de la Administración pública y de empresas de 10 o más asalariados, profesiones asociadas a titulaciones de 2ndo y 3er ciclo universitario

☐ 2- Directivos de empresas con menos de 10 asalariados, profesionales asociados a una titulación de 1er ciclo universitario, técnicos superiores, artistas y deportistas

☐ 3- Empleados de tipo administrativo y profesionales de apoyo a la gestión administrativa y financiera, trabajadores de los servicios personales y de la seguridad

☐ 4a- Trabajadores manuales cualificados

☐ 4b- Trabajadores manuales semicualificados

☐ 5- Trabajadores no cualificados

2.3 Estudios:

☐ 1- Ninguno

☐ 2- Educación primaria/Educación General Básica (EGB)

☐ 3- Educación secundaria Obligatoria/Graduado Escolar

☐ 4- Bachillerato/BUP y COU

☐ 5- ciclo formativo de grado medio/formación profesional (FP1)

☐ 6- ciclo formativo de grado superior/ formación profesional (FP2)

☐ 7- Diplomatura o carrera técnica (3 años)

☐ 8- Licenciatura

☐ 9- doctorado /postgrado/ master

→ **De la madre:**

2.4 Edad: _____

2.5 Ocupación:

☐ 1- Directivos de la Administración pública y de empresas de 10 o más asalariados, profesiones asociadas a titulaciones de 2ndo y 3er ciclo universitario

☐ 2- Directivos de empresas con menos de 10 asalariados, profesionales asociados a una titulación de 1er ciclo universitario, técnicos superiores, artistas y deportistas

☐ 3- Empleados de tipo administrativo y profesionales de apoyo a la gestión administrativa y financiera, trabajadores de los servicios personales y de la seguridad

☐ 4a- Trabajadores manuales cualificados

☐ 4b- Trabajadores manuales semicualificados

☐ 5- Trabajadores no cualificados

2.6 Estudios:

☐ 1- Ninguno

☐ 2- Educación primaria/Educación General Básica (EGB)

☐ 3- Educación secundaria Obligatoria/Graduado Escolar

☐ 4- Bachillerato/BUP y COU

☐ 5- ciclo formativo de grado medio/formación profesional (FP1)

☐ 6- ciclo formativo de grado superior/ formación profesional (FP2)

☐ 7- Diplomatura o carrera técnica (3 años)

☐ 8- Licenciatura

☐ 9- doctorado /postgrado/ master

→ Tipo de pareja/ familia:

2.7 Tipo de pareja

☐ 1- Pareja heterosexual

☐ 2- Pareja homosexual

☐ 3- Monoparental. Mujer sola

☐ 4- Monoparental. Hombre solo

☐ 5- Reconstituida heterosexual

☐ 6- Reconstituida homosexual

☐ 7- Separados

3- Hijos

Número total de hijos comunes: (por orden cronológico)

1- Edad actual _____

   Sexo: Varón ☐   Mujer ☐

   ¿Es adoptado?: ☐ Sí   ☐ No

   País de origen _____

2- Edad actual _____

   Sexo: Varón ☐   Mujer ☐

   ¿Es adoptado?: ☐ Sí   ☐ No

   País de origen _____

3- Edad actual _____

   Sexo: Varón ☐   Mujer ☐

¿Es adoptado?: □ Sí   □ No

País de origen _____

4- Edad actual _____

Sexo: Varón □   Mujer □

¿Es adoptado?: □ Sí   □ No

País de origen _____

5- Edad actual _____

Sexo: Varón □   Mujer □

¿Es adoptado?: □ Sí   □ No

País de origen _____

B) DATOS DE LA ADOPCIÓN:

4- ¿Motivos de la adopción?

Infertilidad

□ Sí

□ No

□ Otros _____

(Rellenar cada apartado para cada niño adoptado)

5- Fecha de la adopción: ____/_____/_____   País: _____

Fecha de nacimiento.....................

6- Tipo de adopción: Plena □   Simple □   Kafala □   Otros □ _____

7- Cambio de nombre:

□ Sí   completo o parcial

□ No

8- Cuidado previo del menor previo a la adopción:

8.1 – Institucionalizado:

□ No → Progenitores durante……..

→ Familia extensa durante……………………………..

→ Familia de acogida durante……………………………

□ Sí → Institución pequeña durante……………………………

→ Institución grande durante…………………………….

□ Sin datos

8.2 – Cambios constantes (de orfanato, familias de acogida…):

□ Sí

□ No

8.3- ¿Había sufrido el niño alguna/s de estas situaciones?

Negligencia familiar o institucional

□ Sí → Con frecuencia / Ocasionalmente

□ No

□ Sin datos

Maltratos físico y/o psíquico en la familia o en la institución:

□ Sí → Con frecuencia / Ocasionalmente

□ No

□ Sin datos

Abuso sexual en la familia o en la institución:

□ Sí → Con frecuencia / Ocasionalmente

□ No

□ Sin datos

¿Qué conocen de la historia previa del menor?

_____

_____

_____

_____

9- Cuidado prenatal:

9.1 Peso: _____ Kg.   Talla: _____ cm   Perímetro craneal: _____ cm

9.2 Consumo de drogas/alcohol por parte de la madre durante el embarazo:
☐ Sí
☐ No
☐ N/S

C) FACTORES POST ADOPTIVOS:

10- Tiempo transcurrido con la familia durante los meses iniciales:

Entre semana............................
Con padre: ☐ - de 1 h diaria ☐ de 1 a 3 h/día ☐ de 3 a 6 h/día ☐ jornada completa
Con madre: ☐ - de 1 h diaria ☐ de 1 a 3 h/día ☐ de 3 a 6 h/día ☐ jornada completa
Durante el fin de semana..............
Con padre: ☐ - de 1 h diaria ☐ de 1 a 3 h/día ☐ de 3 a 6 h/día ☐ jornada completa
Con madre: ☐ - de 1 diaria ☐ de 1 a 3 h/día ☐ de 3 a 6 h/día ☐ jornada completa

11- Escolarización:

11.1 Fecha de escolarización: ___/_____/_____

11. 2 Curso de inicio:
☐ Correspondiente a la edad
☐ Por debajo de la edad (cuantos?) _____

11.3 ¿Tiene algún tipo de ayuda en la escuela? (plan individualizado o adaptación curricular)

Sí ☐   No ☐

11.4 ¿Ha repetido algún curso?

Sí ☐ cuál? _____   No ☐

12- Orígenes y diferencias étnicas:

12.1 ¿Quien reveló la condición de adoptado al menor? _____

Ya lo sabía ☐ Padre ☐ Madre ☐ Ambos ☐ Otros _____

12.2 ¿A qué edad? _____ años

Antes de la adopción (ya era mayor) ☐ Antes de los 6 ☐ Entre 6 y 12 ☐
Adolescente

12.3 ¿Hablan de que es adoptado?: ☐ A menudo ☐ Alguna vez ☐ Casi nunca

12.4 ¿Hablan de su origen/pasado?: ☐ A menudo ☐ Alguna vez ☐ Casi nunca

12.5 ¿Creen que es un tema importante para su hijo? ☐ A menudo ☐ Alguna vez ☐
Casi nunca

12.6 ¿Hablan de los motivos de la adopción? ☐ A menudo ☐ Alguna vez ☐ Casi
nunca

12.7 ¿Hablan de sus diferencias étnicas? ☐ A menudo ☐ Alguna vez ☐ casi Nunca

12.8 ¿Su hijo hace preguntas sobre la adopción? ☐ A menudo ☐ Alguna vez ☐ casi
Nunca

12.9 ¿Tiene información sobre la familia biológica de su hijo/a?

     → Sí ☐

12.9.1 ¿Ha transmitido a su hijo/a esta información? si ☐ no ☐ parcialmente ☐

12.9.2 ¿Cómo cree que su hijo/a ha vivido esta información? muy bien ☐

bien ☐   regular ☐   mal ☐   muy mal ☐

→ No ☐

12.10 ¿Viven episodios de rechazo? ☐ A menudo ☐ Alguna vez ☐ Nunca

12.11 ¿Hablan abiertamente? sí ☐   no ☐

12.12 ¿Se relacionan con otros niños adoptados? ☐ A menudo ☐ Alguna vez ☐
Nunca

12.13 ¿Se relacionan con otros niños de la misma raza? ☐ A menudo ☐ Alguna vez
☐ Nunca

13- Consultas psiquiátricas psicológicas del menor?

☐ No

☐ Si → Una consulta puntual: en el momento de adaptación/actualmente

→ Tratamiento: en el momento de adaptación/ actualmente

Debido a _____

ADOPTION COMMUNICATION SCALE

Adaptación Española de la escala *Adoption Communication Scale* (Grotevant et al., 2009)

Las preguntas acerca de tu padre y de tu madre se refieren a los padres que te adoptaron. Por favor, responde cada pregunta con la mayor sinceridad posible. Haz una cruz en la casilla apropiada.

	1 Muy en desacuerdo	2 Bastante en desacuerdo	3 Ni de acuerdo ni en desacuerdo	4 Bastante de acuerdo	5 Muy de acuerdo
1. Mi madre es una persona que sabe escuchar cuando se trata de mis pensamientos y sentimientos acerca de ser adoptado.	☐	☐	☐	☐	☐
2. Mi madre tiene dificultades para entender la adopción desde mi punto de vista.	☐	☐	☐	☐	☐
3. Estoy muy satisfecho/a de como mi madre y yo hablamos acerca de mis sentimientos sobre ser adoptado/a.	☐	☐	☐	☐	☐
4. Si tengo problemas o preocupaciones relacionadas con el hecho de ser adoptado/a, me resulta fácil hablar de ellos con mi madre.	☐	☐	☐	☐	☐
5. Mi madre se siente incómoda cuando hago preguntas sobre mis padres biológicos.	☐	☐	☐	☐	☐
6. Puedo comentar mis verdaderos pensamientos y sentimientos acerca de ser adoptado o sobre mis padres biológicos con mi madre sin sentirme incómodo/a o avergonzado/a.	☐	☐	☐	☐	☐
7. Cuando pregunto acerca de mi adopción o sobre mis padres biológicos, mi madre me responde honestamente.	☐	☐	☐	☐	☐

	1 Muy en desacuerdo	2 Bastante en desacuerdo	3 Ni de acuerdo ni en desacuerdo	4 Bastante de acuerdo	5 Muy de acuerdo
8. Mi madre comprende lo que estoy sintiendo acerca de ser adoptado sin necesidad de preguntarme.	☐	☐	☐	☐	☐
9. Me siento muy incomodo/a cuando hablo a mi madre de mis padres biológicos.	☐	☐	☐	☐	☐
10. Me resulta fácil expresar a mi madre mis pensamientos y sentimientos acerca de ser adoptado/a.	☐	☐	☐	☐	☐
11. Si hay algo que necesito saber acerca de mi adopción, mi madre siempre está a mi lado intentando responder a mis preguntas.	☐	☐	☐	☐	☐
12. Mi madre me ha contado todo lo que ella sabe acerca de las razones por las que fui dado en adopción.	☐	☐	☐	☐	☐
13. Tengo muchos pensamientos y sentimientos acerca de ser adoptado o acerca de mis padres biológicos que no puedo compartir con mi madre.	☐	☐	☐	☐	☐
14. Mi madre me facilita que pregunte acerca de mi adopción o acerca de mis padres biológicos.	☐	☐	☐	☐	☐

	1 Muy en desacuerdo	2 Bastante en desacuerdo	3 Ni de acuerdo ni en desacuerdo	4 Bastante de acuerdo	5 Muy de acuerdo
15. Mi padre es una persona que sabe escuchar cuando se trata de mis pensamientos y sentimientos acerca de ser adoptado.	☐	☐	☐	☐	☐
16. Mi padre tiene dificultades para entender la adopción desde mi punto de vista.	☐	☐	☐	☐	☐
17. Estoy muy satisfecho/a de como mi padre y yo hablamos acerca de mis sentimientos sobre ser adoptado/a.	☐	☐	☐	☐	☐
18. Si tengo problemas o preocupaciones relacionadas con el hecho de ser adoptado/a, me resulta fácil hablar de ellos con mi padre.	☐	☐	☐	☐	☐
19. Mi padre se siente incómodo cuando hago preguntas sobre mis padres biológicos.	☐	☐	☐	☐	☐
20. Puedo comentar mis verdaderos pensamientos y sentimientos acerca de ser adoptado o sobre mis padres biológicos con mi padre sin sentirme incómodo/a o avergonzado/a.	☐	☐	☐	☐	☐
21. Cuando pregunto acerca de mi adopción o sobre mis padres biológicos, mi padre me responde honestamente.	☐	☐	☐	☐	☐

	1 Muy en desacuerdo	2 Bastante en desacuerdo	3 Ni de acuerdo ni en desacuerdo	4 Bastante de acuerdo	5 Muy de acuerdo
22. Mi padre comprende lo que estoy sintiendo acerca de ser adoptado sin necesidad de preguntarme.	☐	☐	☐	☐	☐
23. Me siento muy incomodo/a cuando hablo a mi padre de mis padres biológicos.	☐	☐	☐	☐	☐
24. Me resulta fácil expresar a mi padre mis pensamientos y sentimientos acerca de ser adoptado/a.	☐	☐	☐	☐	☐
25. Si hay algo que necesito saber acerca de mi adopción, mi padre siempre está a mi lado intentando responder a mis preguntas.	☐	☐	☐	☐	☐
26. Mi padre me ha contado todo lo que él sabe acerca de las razones por las que fui dado en adopción.	☐	☐	☐	☐	☐
27. Tengo muchos pensamientos y sentimientos acerca de ser adoptado o acerca de mis padres biológicos que no puedo compartir con mi padre.	☐	☐	☐	☐	☐
28. Mi padre me facilita que pregunte acerca de mi adopción o acerca de mis padres biológicos.	☐	☐	☐	☐	☐

INVENTORY OF PARENTS AND PEERS ATTACHMENT

Respondre les següents afirmacions fent un "click" a la casella que s'hi estigui més d'acord, tenint en compte que:

1. Nunca o casi nunca verdadero; **2.** No muy a menudo verdadero; **3.** A veces verdadero; **4**. A menudo verdadero; **5**. Siempre o casi siempre verdadero

	1	2	3	4	5
1. Mi madre respeta mis sentimientos					
2. Creo que mi madre hace buen trabajo como madre					
3. Desearía haber tenido una madre diferente					
4. Mi madre me acepta tal y como soy					
5. Me gusta conocer la opinión de mi madre sobre las cosas que me preocupan					
6. Siento que es inútil mostrar mis sentimientos a mi madre					
7. Mi madre sabe cuando estoy enfadado por algo					
8. Hablar de mis problemas con mi madre me hace sentir avergonzado o tonto					
9. Mi madre espera demasiado de mí					
10. Me molesto fácilmente cuando estoy cerca de mi madre					
11. Me molesto mucho más de lo que mi madre puede darse cuenta					
12. Cuando conversamos mi madre se interesa por mi punto de vista					
13. Mi madre confía en mi criterio					
14. Mi madre tiene sus propios problemas, por eso no la molesto con los míos					
15. Mi madre me ayuda a conocerme mejor					
16. Le cuento a mi madre mis problemas y dificultades					
17. Me siento enfadado con mi madre					
18. No recibo mucha atención de mi madre					
19. Mi madre me ayuda a hablar de mis dificultades					
20. Mi madre me comprende					
21. Cuando estoy enfadado por algo mi madre intenta ser comprensiva					
22. Confío en mi madre					
23. Mi madre no comprende lo que estoy pensado últimamente					
24. Puedo contar con mi madre cuando necesito quitarme un peso de encima					
25. Si mi madre sabe que algo me preocupa me pregunta por ello					

	1	2	3	4	5
1. Mi padre respeta mis sentimientos					
2. Creo que mi padre hace buen trabajo como padre					
3. Desearía haber tenido un padre diferente					
4. Mi padre me acepta tal y como soy					
5. Me gusta conocer la opinión de mi padre sobre las cosas que me preocupan					
6. Siento que es inútil mostrar mis sentimientos a mi padre					
7. Mi padre sabe cuando estoy enfadado por algo					
8. Hablar de mis problemas con mi padre me hace sentir avergonzado o tonto					
9. Mi padre espera demasiado de mí					
10. Me molesto fácilmente cuando estoy cerca de mi padre					
11. Me molesto mucho más de lo que mi padre puede darse cuenta					
12. Cuando conversamos mi padre se interesa por mi punto de vista					
13. Mi padre confía en mi criterio					
14. Mi padre tiene sus propios problemas, por eso no lo molesto con los míos					
15. Mi padre me ayuda a conocerme mejor					
16. Le cuento a mi padre mis problemas y dificultades					
17. Me siento enfadado con mi padre					
18. No recibo mucha atención de mi padre					
19. Mi padre me ayuda a hablar de mis dificultades					
20. Mi padre me comprende					
21. Cuando estoy enfadado por algo mi padre intenta ser comprensivo					
22. Confío en mi padre					
23. Mi padre no comprende lo que estoy pensado últimamente					
24. Puedo contar con mi padre cuando necesito quitarme un peso de encima					
25. Si mi padre sabe que algo me preocupa me pregunta por ello					

	1	2	3	4	5
1. Me gusta saber la opinión de mis amigos acerca de lo que me preocupa					
2. Mis amigos pueden darse cuenta cuando estoy molesto por algo					
3. Cuando conversamos mis amigos se interesan por mi punto de vista					
4. Hablar de mis problemas con mis amigos me hace sentir avergonzado o tonto					
5. Desearía haber tenido amigos diferentes					
6. Mis amigos me comprenden					
7. Mis amigos me animan a hablar de mis problemas					
8. Mis amigos me aceptan tan y como soy					
9. Siento la necesidad de estar en compañía de mis amigos muy a menudo					
10. Mis amigos no comprenden por lo que estoy pasando últimamente					
11. Me siento solo o apartado cuando estoy con mis amigos					
12. Mis amigos escuchan lo que digo					
13. Siento que mis amigos son buenos amigos					
14. Es fácil hablar con mis amigos					
15. Cuándo estoy enfadado por algo mis amigos se muestran comprensivos conmigo					
16. Mis amigos me ayudan a comprenderme mejor					
17. Mis amigos se preocupan de cómo me siento					
18. Me siento enfadado con mis amigos					
19. Puedo contar con ellos cuando necesito desahogarme					
20. Confío en mis amigos					
21. Mis amigos respetan mis sentimientos					
22. Me molestan sus comentarios más de lo que ellos se dan cuenta					
23. Tengo la sensación de que mis amigos están molestos conmigo sin motivo alguno					
24. Puedo contar a mis amigos mis problemas y dificultades					
25. Si mis amigos saben que algo me preocupa me preguntan por ello					

Aquesta Tesi Doctoral ha estat defensada el dia _____ d_____ de 201__

al Centre_____

de la Universitat Ramon Llull, davant el Tribunal format pels Doctors i Doctores

sotasignants, havent obtingut la qualificació:

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President/a

_____

Vocal

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Vocal *

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Vocal *

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Secretari/ària

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Doctorand/a

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(*): Només en el cas de tenir un tribunal de 5 membres