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## **Homestudy Questions that Assess parents' attachment capabilities and readiness**

Homestudies should not be expected to identify only “perfect families.” All families have areas of weakness. The homestudy should act as an educational tool that will help families be successful. It is also a screening process that acts to remove families who are markedly unsuitable for parenting children who will need extra help from sensitive parents. The two percent of prospective families who should not adopt children are also the ones who take inordinate amounts of time away from the child welfare system. Identifying unsuitable families before, not after placement, allows for significantly more time available for post-placement training and support for families, completing adoptions, and recruiting more families.

The interview template which follows should only be used in the form of a face-to-face interview, not in the form of questions soliciting written responses. The template incorporates some of the research and theory behind the Adult Attachment Inventory. This format presents homestudy questions from an attachment point of view. It adapts concepts from attachment research and literature to the homestudy process.

### **Homestudy Interview Questions**

- 1. Describe the relationship you had with your mother as a child. To your father? List five adjectives that describe your mother, and five for your father.*

The social worker should write down these descriptive adjectives, and then ask for examples of situations or events that demonstrate those qualities.<sup>1</sup> Social workers should be looking for a description of parent-child intimacy. They should also be judging the general quality of the description. The narrative should be smooth and coherent and have a firm basis in reality. Words and facial expressions should be consistent. If people cannot remember any examples to support the qualities that they mention, then start tracking the quality of sensitivity in their relationships.

- 2. Can you detail some times in which you really needed to depend on your parents? How did they respond? How did this affect you at the time? What do you think of it now? Would you parent in the same way or differently?*

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<sup>1</sup> Both the concept and the format of this question are credited to the work of Carol George, Nancy Kaplan, and Mary Main, (1996).

The examples should fit the answers to the questions. Any contradictions indicate the presence of something that should be explored further. One big red flag to watch for is the interviewee trying to turn instances where the parents were not there for them into an advantage.

3. *Can you describe times where you felt lonely or rejected by your family? Where they aware of your feelings? How did you interpret their actions as a child? And now? Would you parent in the same way or differently?*

Ideally, people should be able to describe painful experiences in a way that demonstrates an understanding of their parents' points of view. They should have an idea of why something happened, and also be able to acknowledge the effects of painful experiences on their own development. The person being interviewed should be able to do this without becoming overwhelmed with bitterness or any other emotion.

4. *What is your current relationship like with your parents? How often do you see them or talk on the phone? If they are not living, what was it like when they were alive and how did their loss affect you?*

Answers to this question should contain information about

- the degree of reciprocity/ attunement that they had as children,
- descriptions of how painful family situations were acknowledged and repaired versus being ignored,
- smoothness and coherency in the descriptions,
- insight into how those first relationships shaped their present lives.

5. *Were you ever frightened of or hurt by your parents? How was this dealt with in your family? How do you think that this affected your childhood and who you are today?*

Parents-to-be who describe bitter memories of abusive, insensitive, or abandoning parents, and who also show little resolution will need to work these issues out before placement. They will need a referral for therapy. Watch for positive indicators, as well. People who experienced childhood abuse may have been buffered by positive attachment figures, like grandparents, who were sensitive and responsive. A description of their alternate caregiver's sensitivity, with a sense of resolution about why their parents were not there for them are good signs. The more people are able to describe the reasons behind parents' actions, with appropriate, regulated emotion and insight, the better.

An appropriate answer to this question looks like this:

“My mother would not listen to me when I was upset by my family’s sudden move. She ignored my tears and said, ‘Pack.’ Now I know that she had just had a Caesarean section a week before, was hormonal, in pain, and had to move our whole family, including a new baby. My dad had to choose between flying to the new city within 48 hours or losing his job. We had to follow him. As an adult, I

have concluded that we must have been behind on rent. That's one reason why we moved so quickly.

“My mother never apologized, though. I think that I would do things so differently. I would at least try to explain what was happening and let my daughter know that I cared about her feelings. That would have helped a lot. My grandma let me cry at her house and took me to my school and around our neighborhood so that I could say goodbye to my friends and my teacher.”

Notice that this sample contains an honest description of pain and a conclusion about her mother's point of view. It also includes a description of a sensitive parent figure, the grandmother, who provided support during an overwhelming situation. She went on to describe how she would do things if she were the parent. The example is relatively brief and easy to follow. It is clear that this person has the ability to use her own life stories as a source of empathy for others.

*6. Give me a ten-minute description of your life, including main events and the major decisions that you have made. Start either at the present and go backwards, or begin at birth and go forwards. What are your earliest memories?*

This type of narrative should demonstrate a person's sense of mastery over most of the events in life, or their ability to take responsibility for personal decisions and actions. Answers to this question will also highlight the contrasting attitude of blaming others. It will show thinking that is shame-based, and also reveal whether people view themselves as helpless victims or in a grandiose way. Listen for the inclusion of instances of seeking out support and acknowledging helpers, as these abilities act as important attributes for adoptive parents.

Look for a coherent life narrative. The narrative should be relatively smooth and should not have gaps. Emotions, as conveyed both through facial expressions and with words, should match the person's story. Pay special attention to life narratives that do not make sense! Why is the person lacking integration? If you, as an adult, find the person emotionally confusing, a child will certainly have difficulties using this parent as an emotional guide.

*7. Tell me about your best friends. How did you meet them? How long have you known them? What do you do together? How often do you get together? How do you work out problems in relationships?*

Get a sense of how connected the person is to their community and also the quality of their relationships. Check to see how long-term their relationships are. Loners who cannot work with others are not good choices as adoptive parents. They cannot instruct a child who needs help learning how to resolve problems and become more trusting. When angry, does this person cut people off permanently? Certainly this trait comes back to haunt social workers, in the form of disrupted placements.

Scrutinize people who have the following characteristics, as they are potential child abusers. They are

- They are charming.
- They are willing to accept an especially needy child.
- They have intense but short-term relationships, and no one knows them well over an extended period of time.
- The person seems too good to be true.

If you observe these traits, look for a hidden price tag. Sexual predators and antisocial personality types gravitate towards the most vulnerable members in our society. They tend to be especially charming throughout the homestudy process. Check these peoples' histories thoroughly. Make certain that they have a clean, well-researched record. Take seriously minor charges, such as fraud, assault, drug or alcohol abuse, and domestic violence, and examine especially carefully all charges that are accompanied by great rationalizations.

Pay attention to red flags in the history that indicate instability: sudden firings, financial irresponsibility, frequent moves, lies, multiple marriages, affairs, and a lack of continuity in relationships. These form the symptom clusters predictive of personality disorders. It is important to remember that a caseworker cannot simply befriend every family. The homestudy process must effectively screen out predatory adults.

*8. Do you consider yourself to have been a physically or emotionally abused or neglected child or teen?*

Ask about any abuse that may be a part of the person's background. If there is abuse, when did it start? Did it involve the person's nuclear family? How have they come to understand it; what are they doing to resolve their relationships and gain safety? Were there multiple traumas? Does the person have night terrors? Does the person have flashbacks? Are they bothered by loud noises? Would a screaming or aggressive child bring out reminders of the abuse?

Remember that there is a difference between chronic and one-times traumas. Some exposure to abuse/trauma is short term and does not result in traumatic stress formation. It stands out as an unusual and unique experience. Social workers often have optimistic views, taken from accounts of parents who have been successful in spite of abuse and in the absence of counseling. These views are usually based on people with less serious abuse situations, as they were impacted less.

Complex trauma involves multiple events or long-standing abuse, with extreme stress. People with this type of abuse, who have not had through treatment, pose a risk for high-stress children. These parents can easily fall back into a behavior pattern of dissociation, flood with old trauma, and suffer from anxiety and depression. People with complex trauma tend to incorporate numbing and dissociation, substance abuse, rage, mistrust, interpersonal relationship problems, suicidal ideation, and uncompleted grief into their personalities. Even children with no histories of maltreatment find these personality states alarming. Children tend

to form disorganized attachments with these adults. These homes are not healthy enough for adoptive placements.

*9. Have you had periods of depression, or do you think that your moods swing more than most peoples'? Do you think you have anxiety problems?*

Please ask these questions in person, not just on a form. It is easy to check “no” on a form. It is much more difficult to lie in person. Many people have experienced periods of anxiety and depression but have responded very well to counseling and medications. These people do quite well with children after placement. They certainly should not be screened out of adoption. Check into the mood issues in a person’s history. Are there periods of depression? How have they been handled? What is different now? Did they show resolution over losses from infertility? Are the losses related to infertility being confused with a long-term mood disorder?

Be wary of people with ongoing problems with depression, anger, or anxiety. Depressed parents will have attachment problems with any child, even a healthy newborn. They are simply not capable, however, of doing the difficult emotional work that is required in the placement of a toddler or an older child. People with anger management problems make children feel as if they are still in a hostile environment. This signals them into fight, freeze, or flight mode instead of attachment. Anxious parents cannot help children calm down. They instead reinforce a wary, paranoid outlook on life. Encourage angry, depressed, and anxious applicants to get treatment for these issues first, and then proceed with the adoption process.

*10. Are you comfortable letting others help you with this child? Do you mind working with professionals?*

Parents need to embrace the team mentality. Children described in this book are best placed as special needs adoptions. Parents should expect that they will need to coordinate a helping team for such children. They will have to develop resources that help their children. Mistrustful, angry, highly anxious, or depressed individuals will not be able to meet these children’s needs, as they will not understand their need for advocacy and the use of teamwork within a community.

*11. Are you able to accept lots of acting out and controlling behaviors in children as a probable scenario for the beginning of placement? For children who have trauma histories, will you be willing to get therapy, a necessary part of children’s medical care?*

Many parents naively believe that the child they are adopting from foster care or from an orphanage overseas will be a withdrawn, sad child who will be gradually drawn out in their home. Of course this is frequently not the case. Parents need to be informed of the long-term consequences of sexual abuse, physical abuse, trauma, and exposure to domestic violence. In particular, physically and sexually abused children are among the most aggressive children seen in clinical samples. Professional adoption workers must include as part of the homestudy process a discussion of the essential trauma-specific therapy that will probably be a part of their

child's future. Research clearly shows that children who receive trauma therapy, especially when it includes a cognitive-behavioral approach, do enormously better as compared to children whose parents omit this therapy.

*12. Will you be able to provide more structure and nurture for children who need this approach, rather than using the parenting style that most closely fits your own personality?*

Successful parents of children who have experienced neglect, prenatal exposure to substances, or maltreatment almost always run highly structured and nurturing homes. While the structure may be gradually relaxed as children develop more internal structure and emotional maturity, success does require that parents use consequences rather than emotional outbursts or lectures.

*13. What resources available in your community will help you support a child who has been neglected, abused and/or otherwise traumatized?*

This question includes the opportunity for some educational work so that families understand the differences between children adopted later in childhood or after maltreatment as compared to children who have a healthy start. It gives families time to think and talk about these differences in an individualized manner. It also gives them time to ask and answer a variety of questions and do their own homework. For example, does their insurance have mental health coverage for families? If not, could they change their policy to one that does? When is the open enrollment period? Have they located a mental health provider who takes their insurance and could see them with their child? Does the child need occupational therapy to remediate the effects of neglect? What is the monetary and time commitment of these therapies? What will they give up in order to make time and money available?

Parents need either to have a rich assortment of resources already in place, or to be well-connected to their communities so that they can acquire these extra resources. Cover the potential needs of a child similar to one they would like to adopt in a specific manner, detailing the necessary community resources. For example, help them locate respite care in a specific manner during the home study process.

Many people assume that their friends, relatives, neighbors, or religious community will help them. This often is not the case, and it is also one of the saddest disappointments for parents adopting children with special needs. Most people have busy lives and do not readily volunteer their time to these commitments—especially long term. Parents need to ask potential supportive people to commit to meeting the child's prospective needs, in specific terms, in advance. I have given several trainings where close friends have come in with the prospective adoptive parents. The parents had asked for support in advance, and, as a result, their friends had time not only to clear their schedules in preparation for the child, but to receive training.

About 30% of adoptive parents are single parents (AFSCAR,2008). Social workers should help single parents work on identifying their future support systems throughout the homestudy process.

*14. What resources are available for children with learning issues through the school district?*

In a study in the State of Washington, the average foster-adopted child was two full years behind grade level by the 8<sup>th</sup> grade. Will the school in the parent's district help their child immediately and effectively? Do the parents understand an IEP process?

This information is part of the educational effort of the homestudy. It should include providing or assisting in locating resource numbers and references for the education services in the parents' school district. Even if the family is lucky enough not to need these services, they will be informed and can support other families who do need them.

*15. How will you individualize and meet the needs of this child or children?*

Parents need to have enough time and space for each child in the family. Educate parents about the differences and the special needs of children adopted after stressful beginnings. Sometimes one parent has deferred to the other in a decision to adopt such a child. They have a tacit understanding that they will still enjoy eighteen holes of golf weekly after the placement. These issues of entitlement should be recognized and addressed during the homestudy process. It is unrealistic to believe that one parent can plan and implement the entire childcare and community resource plan alone, without coming to resent the other parent.

Ask parents who are already too busy or too financially stretched to make a list of the activities they will drop. Give each parent a sheet of paper, and ask the partner to list what the other should drop. This leads to a healthy discussion about compromising as they barter with the partner's lists. Ask them to begin the "dropping" process before the placement. Single parents do this exercise with a close friend or relative. Sometimes parents are taking on too much. This constitutes one common reason behind poor placement outcomes; families accumulate too many stressors and adopt too many children.

Families should be able to individualize the needs of all existing members, and reflect on how they are already meeting those needs, as well as how they will continue to meet everyone's needs after placement. This gives them a sense of the resources that they have. They should then talk about how they will meet a new member's needs, in specific terms.

*16. For what type of child do you think you would **not** be able to meet the needs? Can you tell me about this?*

Parents need to explore what they could not see themselves handling. This exercise gives the social workers enough information to help parents avoid these and related situations. Be certain to listen to parents and help them plan for placements that realistically fit their strengths. For example, parents may say that they are planning to have children share rooms and they could not handle sexual acting out behaviors. This should lead to a discussion about placement issues so that the family's wishes are met as closely as possible. It should also lead to a conversation about what to do if acting out did occur.

In conclusion, this section's approach and information is a necessary addition to home studies in the 21<sup>st</sup> century, helping families prepare realistically for the parenting ahead for those who

adopt children being placed today. It should be considered a best practice technique for today's adoptions. Organizations are welcome to scan and to reproduce the 16 questions above for use in their work.

#### Additional Questions for discussion:

- In Kinship situations, how will roles change? If grandma becomes mom, who will take care of the daughter? How will kinship ties shift? What do you do when they call from the emergency room, asking you to come pick up your daughter—and the daughter in your home is at-risk?
  - Where will the child spend Mother's Day?
  - Who supports the addicted birthparent during drug treatment?
- Is there a need for a psychological evaluation? What is the referral question to the evaluator? Do they need cognitive testing?
- Are siblings included in the contact information? Is there some reason why you are being discouraged from calling them?
- Does this person have adult friends?
- What interests/activities are most important to the family? Can these be maintained after placement?
- Does this person currently have involvement with children? If not, why not? What does this mean?
- Are there ages of children that they don't care for? What does this mean?
- How do they think that placement will change or not change the way that they are perceived in the community?
- How easy or hard is it to get along with co-workers, their boss? Has it always been that way? What does this mean in getting along with the child's support team?

#### Some Specific Alerts

Is there hostility during the interviews?

Is there a history of anger at work with firings, transfers?

Is there a lack of contact with children from past relationships, including birth children?

Is there a panic attack, high anxiety, or desire to "take a break" in the interviews?

Is there a problem arranging the individual interviews?

When asking about possible placements, can prospective adoptive parents see the child as having separate needs than their own childhood needs?