

“THIS IS MY BABY INTERVIEW” AND CODING MANUAL

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Introduction

The TIMB interview is conducted with foster mothers who have cared for one foster child continuously for at least two months. The interview and accompanying coding system are designed to assess whether the mother thinks of the child as her own or whether she views the child as more of a visitor or as a source of income. The TIMB has also been modified for use with birth and adoptive mothers of children who have histories of foster care placement.

The TIMB Interview

The TIMB is a semi-structured interview lasting approximately 5 to 15 minutes. The foster parent version of the interview consists of eight basic questions relating to the mother-child relationship, as well as a ninth question regarding the mother's experience as a foster parent. Six of the eight questions in the birth and adoptive parent version of the TIMB are the same as those in the foster parent version of the interview. In total, the birth and adoptive parent version of the TIMB includes seven questions regarding the mother-child relationship, as well as an eighth question concerning the mother's experience as a parent.

When conducting either version of the TIMB, the tone of the interview should be conversational and should not sound like the interviewer is reading off the page. The questions should be memorized. For the most part, mothers answer the questions with little input or probing from the interviewer. However, if responses are short or difficult to understand, probing by the interviewer is certainly appropriate. Short responses (i.e., only a few words) should be probed ONCE by the interviewer. Short responses to the first question should be prompted with, "Can you tell me a bit more about (child's name)'s personality?" For all other TIMB questions, prompt with, "Could you tell me more about that?" Responses that are difficult to understand (e.g, if caregiver speaks quietly, has a difficult accent, etc.) should be probed by the interviewer for clarification. For example, "So you think your relationship helps (child's name) behave better?"

All interviews are to be audio-recorded for later transcription and coding. It is important to use an external microphone and to minimize noise in the room as much as possible in order to reduce the chance that responses will be inaudible when transcribed. Due to the sensitive nature of interview questions, children of any age should NOT be present during the interview. When the TIMB is conducted in the lab, children should be taken out of the room by a baby-sitter. When conducted in the home, children should not be in the same room as the parent and interviewer.

The TIMB Interview Questions (Foster Parent version):

1. I would like to begin by asking you to describe (child's name). What is (his/her) personality like?
2. Do you ever wish you could raise (child's name)?
3. How much would you miss (child's name) if (he/she) had to leave?
4. How do you think your relationship with (child's name) is affecting (him/her) right now?
5. How do you think your relationship with (child's name) will affect (him/her) in the long-term?
6. What do you want for (child's name) right now?
7. What do you want for (child's name) in the future?
8. Is there anything about (child's name) or your relationship that we've not touched on that you'd like to tell me?
9. I'd like to end by asking a few basic questions about your experience as a foster parent:
 - a. How long have you been a foster parent?
 - b. How many foster children have you cared for in all?
 - c. How many foster children do you currently have?
 - d. How many biological and/or adopted children are currently living in your home?

The TIMB Interview Questions (Birth and Adoptive Parent version):

1. I would like to begin by asking you to describe (child's name). What is (his/her) personality like?
2. If (child's name) ever had to leave your care, how much would you miss (him/her)?
3. How do you think your relationship with (child's name) is affecting (him/her) right now?
4. How do you think your relationship with (child's name) will affect (him/her) in the long-term?
5. What do you want for (child's name) right now?
6. What do you want for (child's name) in the future?
7. Is there anything about (child's name) or your relationship that we've not touched on that you'd like to tell me?
8. I'd like to end by asking a few basic questions about your experience as a parent:
 - a. How many biological and/or adoptive children do you have?
 - b. How many biological and/or adopted children are currently living in your home?

The TIMB Coding System

The TIMB coding system consists of three scales (Acceptance, Commitment, and Awareness of Influence) that reflect how the mother thinks about the child and the mother-child relationship. All three scales are rated on a five-point Likert scale and are based on a concurrent review of an audiotape and transcript of the TIMB interview. Specific scores are based on the rater's weighing of positive and negative indicators of the mother's level of Acceptance, Commitment, and Awareness. Midpoint scores (e.g., 3.5) are acceptable under this system. Definitions of each scale and examples of scale items are included in the following pages.

Acceptance

This scale reflects the degree of maternal acceptance of the child as reflected in her descriptions of the child and the mother-child relationship. Conceptually, acceptance anchors the opposite pole of rejection on the acceptance-rejection continuum. In general, high acceptance scores are given when there is evidence of consistently positive maternal behaviors, thoughts, or feelings regarding the child. In contrast, lower acceptance scores (i.e., higher levels of rejection) are given when there is evidence of negative maternal behaviors, thoughts, and feelings toward the child. The central construct being scored is whether the mother: has a positive perception of the child and their relationship, respects the child's individuality, and expresses pleasure or delight in caring for the child. The key concept in scoring acceptance is the *degree* to which positive or negative maternal perceptions of the child and the mother-child relationship characterize the interview.

The degree of maternal acceptance may be reflected in one or more ways including: (1) the words the mother uses to describe the child, (2) the tone of the mother's voice when speaking about the child or the mother-child relationship, (3) the degree of congruence between how the mother describes the child, her *thoughts* about the child and, if mentioned, her actual *behavior* toward the child, and (4) the degree to which the mother views the child as a separate, respectable person with his or her own feelings, needs, and goals.

Indices of high levels of maternal acceptance may include, but are not limited to:

1. Verbal affection when speaking about the child such as praise, approval, expressions of love, or positive anecdotes about the child or the mother-child relationship.
2. A tone that conveys warmth, love, or a valuing of the child or the mother-child relationship.
3. Evidence of enjoyment of the child and the mother-child relationship, with little suggestion of annoyance or anger with the child's behavior or needs.

In contrast, indices of lower levels of acceptance may include, but are not limited to:

1. Describing the child in terms that are primarily negative or defining the child in terms of deficits or problems.
2. Lack of evidence of verbal affection directed toward the child.
3. Use of a negative or hostile tone when discussing the child.
4. Expressing anger, resentment, or malice toward the child.
5. Sarcasm, derogation, or belittlement of the child.
6. Evidence that the mother is consistently annoyed or angered by the child's expression of needs and behaviors.

Recognition of the child's *individuality* is also an important component of acceptance. An accepting mother provides evidence that she views the child as a separate individual with his or her own wants, needs, and goals. The accepting mother views the child's emotions and needs as valid and worthy of respect and does not dismiss them as unimportant simply because the child is young. Although a mother may have her own wants and goals for the child, she also acknowledges that, as the child grows, he or she will develop his or her own wants and goals. In essence, the accepting mother provides age-appropriate direction and guidance while showing respect and support for the child's individuality and developing autonomy. In contrast, mother's

lower in acceptance may speak only of their own goals for the child and provide little evidence that they have thought about what the child may want or need either now or in the future.

Finally, although an accepting mother may harbor some negative thoughts about the child or the mother-child relationship, overall, the balance is clearly toward positive feelings about the child or their relationship. Similarly, mothers high on acceptance are happy in the parental role even though it may limit their individual activities or it may mean relinquishing some autonomy in order to promote the development of the child. An accepting mother is usually able to balance her own needs with the child's needs without having overwhelming feelings of anger or resentment. In contrast, mothers lower in acceptance may express anger or resentment towards limitations on their autonomy as a result of caring for the child, or may complain about the child and his or her interference in their lives.

When assigning a rating, keep in mind the degree to which the mother was convincing when expressing acceptance of the child. Points to consider include:

1. Did the mother express love or positive feelings for the child? Was her tone warm and approving, or flat, bland, or perfunctory?
2. How congruent were the mother's descriptions of her thoughts and feelings about the child with how she described the infant or her behavior with the infant? (Note: Not all mothers describe their behavior. Mothers should NOT be scored down for failing to describe their *behavior* as they are not specifically asked to do so.)
3. How complete or well developed were the mother's answers? Did the mother give evidence that she is thinking actively and carefully about *this particular* child? Or, were her answers limited, perfunctory, or scripted? Although accepting mothers may give short answers, their answers are not perfunctory or scripted, and may be described as "powerful" or "moving." In addition, they often provide other strong evidence of acceptance.

There may be many ways in which a mother can show high, moderate, or low Acceptance. Therefore, the descriptions of scales points listed on the following page should be viewed as only a few of many possible pathways to each score. It is highly unlikely that any individual mother will fulfill each of the descriptive phrases. The final score assigned should reflect a consideration of all the evidence presented in the interview, as well as a balancing of positive and negative indices of acceptance. Ultimately, the score assigned is based on: (1) the rater's integration of all of the evidence, and (2) the rater's judgment of the mother's overall level of acceptance.

Acceptance ratings are as follows:

5. **High Acceptance:** the mother's description of the child and the mother-child relationship is very positive; multiple indices of acceptance are evident throughout the interview; there is little or no evidence of annoyance or anger with the child; if some annoyance or anger is evident, the mother is conscious of it, gives evidence that this is not an ongoing state, and accepts responsibility for her own feelings rather than blaming the child; the mother shows respect for the child's individuality; the mother clearly delights in the child; the mother's responses to interview questions are well developed or thoughtful.
3. **Moderate Acceptance:** the mother's description of the child and the mother-child relationship is mixed; although there may be few indices of rejection, there may also be few indices of strong acceptance; or, there may be one or two indices of definite rejection but these are offset by evidence of marked acceptance; although the mother may speak positively of the child and their relationship, there may be evidence that the mother's behavior is not congruent with this positive description; overall, the mother's perception of the child and their relationship is unremarkable (e.g., average statements, "good," "pleasant").
1. **Low Acceptance:** the mother's description of the child and the mother-child relationship is primarily negative; there may be very few to no indices of acceptance; or, there may be multiple indices of rejection; the mother may give little to no evidence of enjoying the child, and may express annoyance, dislike, or anger toward the child; the child may not be viewed as an individual with his or her own wants, needs, or goals; the mother's responses may be inordinately long and angry/complaining; or, in contrast, responses may be short or scripted, giving little evidence that the mother has thought extensively about the mother-child relationship.

Commitment

This scale assesses the degree of maternal commitment to the child and to the mother-child relationship. Conceptually, commitment anchors one end of the commitment-indifference continuum. In general, high levels of commitment are scored based on the presence of maternal behaviors, thoughts, or feelings about the child that suggest strong maternal emotional investment in the child. High levels of commitment reflect a clear desire and willingness to parent the child. Lower levels of commitment (i.e., higher levels of indifference) are indexed by a lack of maternal affective involvement with the child, as well as apathy regarding continued involvement in the child's life.

The core construct being rated is the extent to which the mother views the child as "my baby." More specifically, it captures the degree to which the mother: (1) views the child as her own while the child is living with her, (2) has permitted the formation of a mother-child attachment without emotionally holding back or otherwise limiting the strength of that bond, (3) provides evidence of a willingness to commit physical or emotional resources to promote the child's growth and development, or (4) gives evidence that parenting this child is important to her. The key to scoring commitment is the *degree* to which the mother has "psychologically adopted" the child. The central question being asked is: Is the mother emotionally invested in *this* child and in being his or her parent? Or, is the mother indifferent to whether she continues to parent the child?

Indices of high levels of commitment may include, but are not limited to:

1. Expression of the desire or wish to adopt the child (Note: This point is further explained below).
2. Expression of the desire to parent the child as long as the child remains in care or is benefiting from the mother's care.
3. Evidence that the mother has allowed herself to become fully attached to the child without withholding feeling or putting up barriers to limit the extent of attachment (Note: This point is further explained below).
4. Statements indicating that the mother would deeply miss the child if he or she were removed from the home.
5. Evidence that the child is fully integrated into the family and viewed as a family member.
6. Evidence of commitment of emotional resources (e.g., pride in the child's accomplishments) or physical resources (e.g., working with the child at home; advocating for services) in fostering the child's growth and development.

Lower levels of commitment are suggested by, but are not limited to, indices such as:

1. Indifference as to whether the child remains in the mother's care or expression of a hope or desire that the child will be placed elsewhere.
2. Evidence of withholding feelings or putting up guards to limit the strength of the mother-child affective bond.
3. Maternal statements indicating that the child would not be missed very much if he or she were removed from the home.
4. Evidence that the child is not treated as a family member.
5. Failure to provide emotional or physical support of the child's growth or development.

Adoption:

It is NOT required that the mother expresses the intent to adopt the child in order to receive a high commitment score. Again, the construct being assessed is “psychological adoption” as opposed to actual physical adoption. For example, the parent who says, “We wish we could keep her because we love her so, but we know it is impossible, so while she’s here we are doing the best we know how,” would receive a very high commitment score (assuming the rest of the interview does not contradict this perspective).

In contrast, the mother who responds to the question of whether she has thought about adopting the child by saying, in an offhand manner, “Yeah, yeah, I’ve thought about it, just because we’ve had her since she was a day old and I’ve raised her the way I like,” would receive a much lower score based on the lack of convincing evidence of emotional investment in the child and because of her indifferent tone. The key here is the *degree* to which the mother’s answer reflects an emotional investment in and commitment to parenting the child.

Withholding:

Although not seen in every transcript, some mothers mention withholding emotions, putting up guards to limit what they feel, or participating in physical activities designed to limit the development of an attachment with the child (e.g., not holding the baby very much). When present, maternal withholding behaviors are an important component in deriving the commitment scores. These activities suggest a reluctance or unwillingness to fully emotionally engage the child or to emotionally invest in the child. Therefore, they are a reflection of limited maternal commitment.

There are at least four possible degrees of withholding:

1. The mother provides no evidence of holding back; she does not say she wants to hold back and provides no evidence of holding back during the interview. This is the optimal situation, indicating a high level of maternal commitment.
2. The mother says she tries to hold back but cannot help but “fall in love” with the child and give the child her all; or, the mother says she tries to hold back but her descriptions of her thoughts and feelings about the child, and her descriptions of her behavior with the child suggest she does not hold back.
3. The mother feels torn between wanting to give her all to the child yet being afraid to do so. The mother provides some evidence that she struggles with the issue of holding back and sometimes may hold back, yet she may still provide a “good enough” level of emotional care for the child (but not necessarily the best she is capable of providing); or, the mother may relate concerns that her holding back may affect the child’s development. In essence, the mother says she holds back, provides some evidence that at times she may hold back, yet she struggles with the issue.
4. The mother clearly states that she DOES hold back and acknowledges that she does not think it is harmful; or, the mother fails to acknowledge that she holds back while concurrently providing evidence she does. This is the worst situation, indicating a low level of maternal commitment.

Similar to the Acceptance scale, when assigning a rating, it is important to keep in mind the degree to which the mother was convincing when speaking of her level of commitment to the child. Points to consider include:

1. When describing her emotional investment in the child and in parenting the child, was the mother's voice confident, assertive, or empathic? Or, was her tone monotone, perfunctory, or bland? In essence, was there affective warmth present in her description?
2. Were descriptions of the mother's level of investment in the child and in parenting the child congruent with how the mother described her behavior with the infant? (Note: Not all mothers describe their behavior. Mothers should NOT be scored down for failing to describe their *behavior* as they are not specifically asked to do so.)
3. How complete and well thought out were the mother's answers? Did she give evidence that she is thinking actively and carefully about what it means to raise this particular child? Or, were her answers limited, perfunctory, or scripted?

There are many ways in which a mother can show high, moderate, or low Commitment. Therefore, the descriptions of scale points listed on the following page should be viewed as only a limited number of possible pathways to each score. It is highly unlikely that any individual mother will fulfill each of the descriptive phrases. The final score assigned should reflect a consideration of all the evidence presented in the interview, and a balancing of positive and negative indices of commitment. Similar to the Acceptance scale, the final Commitment score is assigned based on the rater's integration of all the evidence, and his or her judgment of the mother's overall level of commitment.

Commitment ratings are as follows:

- 5. High Commitment:** the mother provides evidence of a strong emotional investment in the child and in parenting the child; multiple indices of high levels of commitment are present throughout the interview; descriptions of the child and the mother-child relationship clearly reflect a strong attachment to the child with no evidence of mental or physical activities designed to limit the strength of the mother-child affective bond; there is evidence of the mother committing resources to promote the child's growth, or other indices of psychological adoption of the child; the child is fully integrated into the family; although the mother may acknowledge that the child will eventually leave her home (e.g., to return to the biological parent) she considers the child as hers while the child is in her home.

- 3. Moderate Commitment:** the mother provides evidence of investment in the child, but this is not nearly as marked as a mother scoring high on commitment; although there may be some indices of high levels of commitment, there may also be evidence suggesting that the child has not been psychologically adopted by the mother; the mother may state she would miss the child if her or she left, but this is more of a matter-of-fact statement and lacks the strong affective component seen in mothers high in commitment; if the mother speaks of limiting the psychological bond with the infant, she also gives evidence of struggling with this issue; the child may be only partially integrated into the family (i.e., is placed in respite care only when the family goes on vacation); overall, the coder may conclude that the child is adequately cared for and nurtured, but not to any special degree.

- 1. Low Commitment:** the mother provides virtually no evidence of a strong and active emotional investment in the child or in parenting the child; there are few, if any, indices of high levels of commitment; the mother may be indifferent to whether the child remains in her care or may actually state she hopes/desires that the child will be removed; there may be little evidence that the mother would miss the child if he or she leaves; the mother may provide evidence of participating in physical or mental activities designed to limit the strength of the mother-child bond; the child has not been psychologically adopted by the mother, and may not be fully integrated into the family (e.g., is routinely placed in respite care); the child may seem to be more of an unwelcome guest than a member of the family, or may be viewed as only one of a series of children passing through the mother's home.

Awareness of Influence

This scale assesses the mother's level of awareness regarding how her relationship with the child may affect him or her in the present and in the future, as well as her immediate and long-term goals for the child. The central questions include: (1) Does the mother give evidence that she has thought about how her relationship with the child may influence him or her either now or in the future? (2) Is the mother aware that her relationship with the child may influence his or her psychological or emotional development? Or, does she frame her influence in terms of concrete goals or accomplishments? (3) Are the mother's immediate and long-term goals primarily focused on fostering the child's psychological, emotional, or relational development? Or, are her goals more focused on helping the child obtain concrete goals such as good education

The key concept in scoring Awareness is the degree to which the mother predominately focuses on psychological, social, and/or affective influences and goals as opposed to concrete influences or the achievement of physical goals. Information relevant to this scale may primarily be gathered from maternal responses to the following TIMB questions:

- How do you think your relationship with (child's name) is affecting (him/her) right now?
- How do you think your relationship with (child's name) will affect (him/her) in the long-term?
- What do you want for (child's name) right now?
- What do you want for (child's name) in the future?

Higher scores on this scale are assigned when the mother gives evidence that she has thought seriously about these questions, and her focus is primarily psychological or interpersonal as opposed to being concrete in nature.

Indices of high levels of Awareness may include, but are not limited to:

1. General maternal acknowledgement that her relationship with the child has an important psychological or affective component (e.g., "Well my relationship with her, I think it is positive and will affect her in a way that, if she were to be taken away from me, it would bother her, it would stunt her growth I think, I really think so, because we have bonded.>").
2. Maternal influence that is characterized as promoting the child's sense of being loved or feeling secure (e.g., "With some children you look past their faults and their parents' faults and you see their needs. This child is a child that needs love, and I want to give her what she needs. That's what I think," or, "I think our relationship will affect her in a positive way. She's feeling more secure, and that's what children need, security. I want her to grow up to be the child she's supposed to be, and that's what we are trying to get her at now.>").
3. Maternal focus on promoting the development of age-appropriate psychological autonomy in the child (e.g., "I treat her like my own and try to make her a disciplined person to try and help her be strong for whatever she wants. Not so much as what everyone says she should be or what she should do, but what would make her happy.>").
4. Maternal realization that her relationship with the child may influence the child's ability later in life to form stable relationships (e.g., "I want her to develop both education-wise and socially. I want her to learn that people can be trusted, despite what has happened to her. I don't want her to go around not trusting anybody. I want her to be able to have a normal life, to have a husband she loves and trusts, and kids she adores and wants.>").

Indices of lower Awareness scores may include, but are not limited to:

1. Primary focus on helping the child to catch up in terms of developmental milestones or the maintenance of good health (e.g., “How’s the relationship affect her right now? Well, it’s been positive for her. When they evaluated her they said, because she was two months premature, that she was on target on everything. I mean, what do I want for her? Nothing, I mean she’s progressing real well, so actually, nothing.”).
2. Maternal emphasis on the child obtaining a good education, job, or house (e.g., “What would I want for him? Good education. Yeah, a good education. Healthy too.”).
3. Mothers who give limited, perfunctory answers such as wanting the child to be happy, successful, or well-adjusted (e.g., “I would want for her to be happy and continue to do well and to have the things she wants and needs.”).
 - **Note:** However, if the mother states that she wants the child to be happy, and then provides a particularly thoughtful response for why she wants this for the child, this suggests that a score at the upper end of the scale may be appropriate.
 - For example, “What I would want for that little girl right now is just to be happy, be happy. I know that she is not completely happy. Whatever has happened to her it still haunts her, it is haunting her each and every day. Just by her behavior, the way she talks, the way she walks, everything she does I know that it is still affecting her. So, all I want for her right now is to be happy. Happy and secure. To know that it’s all right. It’s okay.”
4. Mothers who do not believe the mother-child relationship will have a long-term influence on the child (e.g., “Well, I don’t know how it will affect her because she’s a little baby. I don’t think she will remember. But I think that the loving care and the way I’ve cared for her will stick with her for maybe a couple of weeks after she’s gone.”).
 - **Note:** Some mothers state that they do not know how the relationship will affect the child. An “I don’t know” answer could lead to either a high or low score. The key to scoring these responses is the degree to which the mother gives evidence of having thought seriously about this question.
 - A mother who says she does not know what her influence will be yet and gives evidence she has thought about or struggled with the question could receive a high score. In contrast, a mother who provides no evidence of wrestling with this issue would receive a low score. Again, the key is the degree to which the mother gives evidence of approaching the question in a thoughtful and reflective manner.

Similar to the other scales, when assigning an Awareness rating, it is important to keep in mind the degree to which the mother was convincing when responding. Points to consider include:

1. When describing her desires for the child now and in the future, and when describing her short- and long-term goals for the child, was the mother’s voice confident, hopeful, or thoughtful? Or, was her tone monotone, perfunctory, or bland?
2. How complete and well-thought-out were the mother’s answers? Did she give evidence that she is thinking actively and carefully about what it means to raise this *particular* child? Or, were her answers limited, perfunctory, or scripted?

There are many ways in which a mother can show high, moderate, or low Awareness. Therefore, the descriptions of scale points listed on the following page should be viewed as only a limited number of possible pathways to each score. It is highly unlikely that any individual mother will fulfill each of the descriptive phrases. The final score assigned should reflect a consideration of all the evidence presented in the interview, and a balancing of positive and negative indices of awareness. Similar to the other scales, the final Awareness score is assigned based on the rater's integration of all the evidence, and his or her judgment of the mother's overall level of awareness.

Awareness ratings are as follows:

- 5. High Awareness:** The mother frames the discussion primarily in psychological, relational, or social terms. She provides evidence of having carefully considered the question and her answers may be particularly insightful or reflective. This mother may give clear evidence of believing that her relationship with the child will have both short- and long-term implications for the child's development; or, this mother may state she does not know what her influence will be, but gives evidence of having carefully considered the issue.
- 3. Moderate Awareness:** The mother frames the discussion with a mixture of psychological and concrete goals and influences, although the balance may be tipped more toward the concrete end of the continuum. Unlike a mother receiving a high score, this mother's responses are less insightful and reflective, and may have somewhat of a scripted quality to them. Mothers receiving this score may give evidence that the question is somewhat foreign or strange to them.
- 1. Low Awareness:** The mother frames the discussion in concrete terms. If she does mention psychological influences, her ideas are not well developed and may appear perfunctory or scripted. In addition, a mother who states that she will have little or no influence on the child would receive a low score.