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Examining Post-Adoption Services: What Adoptive Families Need for Beneficial Outcomes

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Recommended Citation

Examining Post-Adoption Services:

What Adoptive Families Need for Beneficial Outcomes

by

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MSW Clinical Research Paper

Presented to the Faculty of the School of Social Work

St. Catherine University and the University of St. Thomas

St. Paul, Minnesota

in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University –
University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time
frame to demonstrate facility with basic social research methods. Students must independently conceptualize a
research problem, formulate a research design that is approved by a research committee and the university
Institutional Review Board, implement the project, and publicly present the findings of the study. This project is
neither a Master's thesis nor a dissertation.

Abstract

This research is about what post-adoption services exist, what sort of supports and services adoptive families need, and if there are any disparities. The researcher aimed to answer the multidimensional research question: What types of post-adoption issues do adoptive parents identify, how were these issues addressed, and what do they recommend to other adoptive parents? A qualitative research design with a narrative analysis was used to conduct the study. The Ecological Approach was used as the conceptual framework. The researcher found that both participants participated in foster to adopt, felt they did not receive the full extent of the supports and services they needed, however they did have some informal personal supports they accessed on their own. The main theme of the data suggested that social workers and other professionals do not have the specific knowledge base about the workings and challenges of adoption that is necessary in order to properly serve the adoptive family population. Further research and additional education is required to appropriately meet the needs of these families in future work.

Key Words: adoption, services, adoptive parents, supports, post-adoption, social work

Acknowledgments

This project is a long time coming. It has been a challenging and lengthy process but I am satisfied with the result and so looking forward to launching my social work career! I would have never made it through this process without the encouragement and support of several people.

Mike, you have been a supportive, understanding, and patient professor and research chair. I valued the time you took to help me understand things and I appreciated the way you guided us all through this process step by step, setting our own targets but still keeping us on track. You have been a great professor throughout this program, Thank you.

Brandon, you have been a trooper dealing with my frantic times, stressed times, and just plain overwhelmed times. You always knew how to ease my frustrations and cool my jets when I was feeling like I would never make it through this year and this program. You helped keep me motivated and on track, and you believed I could do it even when I doubted myself. You're the best ever! I did it!

I want to thank my two research participants. Although this study did not have a large quantity, the quality and depth of the information they provided about their experiences was abundant. I empathize with their struggles and admire the tenaciousness with which they faced the challenges of being an adoptive parent. I hope their stories will inspire social workers and others to do more to fully educate themselves about the populations with which they work.

Last but not least, I want to thank those who helped me with the toughest part, the paper! Thank you to my research committee for their interest and commitment to assisting me with my project and giving their valued input. I also want to thank Rachel, my little librarian, for always being my educational advisor when I am lost or struggling. You always help me find the answers I'm looking for. I appreciate your proof reading and value your input to the ends of the earth!

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Introduction

Consider the case of 'Mary'. She was adopted when she was five years old by a single mother. Her adoptive mother recalls times when she found herself feeling very overwhelmed. She explains that at times Mary,

> had sudden mood swings and anger that could last for hours… She would be extremely distressed during those rages. She'd hit herself and hit out at others. I definitely didn't get the support I needed. Her behavior was extreme but no one seemed to know what to do about it. At one point, I was advised by a social worker to call the police. (Woodhead, Adoption UK, 2015, para. 11).

This case brings to light the severity of possible unknowns of post-adoption adjustment and coping as well as signifying the critical importance of competent, relevant support for adoptive families as they manage their new relationships and family lives. Every year from 2004-2013 there were more than 100,000 children under the age of 16 in public foster care waiting to be adopted across the United States. Some states alone having more than 10,000 children waiting year after year. (U.S. Department of Health and Human Services, 2014). Over 200 adoptions happen every day. "Adoption—both public and private—can provide safe, permanent homes for children who, for myriad reasons, may otherwise not have them" (Child Welfare Information Gateway, 2016, p. 21). The more we can do to help children get adopted more quickly and to help these adoptions go more smoothly is an investment in the future.

Post-adoption issues are not uncommon. Some possible outcomes can include difficulties around the adoption triad, challenges with attachment, adaptation, issues of grief and loss, coping, complications with identity formation, and the additional struggles of special needs cases. The prevention of post-adoption issues is the surest way to save the child and their

families some difficult struggles, and to save the government, their adoptive families, and clinicians both time and money. Social workers are promoters of social justice. Every child deserves to have a safe, nurtured, loving, and carefree childhood. It is up to social workers to help work to provide that in any capacity we can.

The National Association of Social Work's Code of Ethics shows us social work's commitment to social justice. Social Justice is one of the core values of social work as a profession. The code states that social workers should work to "ensure access to needed information, services, and resources…" (Workers, 2008). Professionals need to know what resources and services are out there so that they may refer families in order to help them navigate the challenges of adoption and any post adoption issues they may experience.

As social workers, we work with policymakers, advocacy groups, adoption organizations, government agencies, and others to help guide adoption practice and policy. It is our duty to assist in collecting data, to work to understand the demographics of our communities, and to "cultivate policies and practices that meet current and emerging needs" (Child Welfare Information Gateway, 2016, p. 18). One great need is that of post-adoption services. The North American Council on Adoptable Children tells us that post-placement support is critical to strengthen families and enable them to handle the challenges of adoptive parenting (2007), as well as support children as they form new attachments and identities.

The purpose of this study was to help bring light to the types of post-adoption issues that can exist within adopted children and among their families, as well as to examine how these issues have been addressed in the past and how they can be further addressed to improve positive adoption outcomes. The present research worked toward answering the question: What types of post-adoption issues do adoptive parents identify, how were these issues addressed, and what do

they recommend to other adoptive parents? This multidimensional question was addressed

through personal interviews with adoptive parents as they reflected on their previous experiences

and any challenges they endured with their own adopted children.

Literature Review

Adoptive families are unique. They also come in many forms. They may consist of kin adoptions, foster families who adopt, or families who are recruited and matched with children. They each have a different set of concerns and need distinctive types of services and supports for success. Some services that adoptive families may need include family counseling; assistance with children's attachment issues; guidance in responding to adopted children's emotional, behavioral or developmental issues; individual counseling for children and parents; support groups; or crisis intervention services (North American Council on Adoptable Children, 2007).

There are factors that nuclear families do not struggle with as adoptive families do. Of course, no family is perfect and just because they are all birth-related does not mean they get along or function better than anyone else. However, in review of previous research, it has been found that adoption can lead to some unique family issues and there are difficulties and challenges specifically associated with adoptive families. Some of these things may include the adoption triad, challenges with attachment, issues of grief and loss, difficulties with identity formation, and the additional complexities of special needs cases.

The following review of the literature will delve into these topics a bit more in depth, and additionally look at; the risks and outcomes of unsupported adoptions, some options for post-adoption services, how some of these programs are funded, barriers families may face when attempting to access supports, and the benefits of such supports for adoptive families.

Unique Adoption Issues

It takes a specialized professional to work with adoptive families. Adoptive families have reported that "professional services need to be specialized in that professionals need to be aware of the unique nature of the issues facing adoptive families…" (Zosky, Howard J., Smith, Howard

A., & Shelvin, 2005, p. 6). Just as a school social worker may not know the best strategies to help an older adult adjust to caring for their spouse with dementia, each professional has their own individual skill set and an awareness of their own competency to handle specific individuals, families, and their needs. Any particular professional may not be best suited to work with just any person or family under any variety of circumstances. It takes proper education, training, and experience to be able to work with a specific population competently.

Adoption triad. Adoptive families are often seen as an adopted family triad, these consist of the adopted child, their birth family, and their adoptive family. Adoption triads are difficult family systems to navigate. Addressing these challenges, stress and coping theories "incorporate multidimensional aspects of adoption" and focus on adoption-related coping and the "biological, individual, and environmental factors" that impact adaptation (Wind, Brooks, & Barth, 2007, p. 378). For example, any genetic predispositions for mental health issues, the age of the child at the time of adoption, the number of placements the child may have had before placement with their adoptive family, and the conditions of those placements are all factors that can impact the child's adaptation and ultimately the success of the adoption.

The family system of an adoptive family is built around emotional and behavioral subsystems among the triad. The child has previous relationships, emotional attachments, and routines of behavior from their birth family. Similarly, the adoptive family has their own history, sometimes including biological children who already live in the home, or parents' issues of grief and loss around inabilities to have their own children. These emotional and behavioral subsystems must have support in order to have constructive integration of their blended family and promote attachments and positive outcomes. The Adoption triad can be a challenge to navigate and families with support will ultimately have better chances for success.

Attachment. Children of adoption have almost certainly already experienced some attachment disruptions as they are distanced from their birth families, home, old friends, school, neighborhood and life as they knew it. These frequent disruptions in a child's relationship history can make them fragile when forming new attachments (Zosky, et al., 2005). Children may be confused and feel conflicted as they feel a sense of responsibility to their original attachments. It's important to help them understand that they can still carry those relationships with them in a healthy way. These feelings are often associated with a sense of grief and loss.

Grief and loss. In one study, the issue of grief was found to be the second most commonly identified emotional issue that adoptive families identified regarding their children. In addition, 71% of families reported difficulty with grief processing (Zosky, et al., 2005). Children may experience complicated grief or ambiguous loss and their grief process may be incomplete due to the fact that the loss is not through death, so there lies the "residual hope that the parent may at one time re-enter their life" (2005, p. 4). These feelings may be further convoluted due to their entanglement with feelings of anger, ambivalence, and abandonment. Grief feelings may also be exacerbated by a child or adolescent's questioning of 'why' they were placed for adoption, which can lead to poor self-esteem and create challenges as they form their identity.

Identity formation. Adopted children may find identity construction exceptionally problematic. Adopted children must "integrate the reality of abandonment and rejection from their birth parents into their development of self, often resulting in the development of a shame-based identity" (Zosky, et al., 2005, p. 4). Depending on the age of the child at the point of adoption, they may have more or less memory of their biological family. The more they remember, the better the chance of the child developing a dichotomous identity wherein their sense of self lies both within the birth family as well as in the new adoptive family.

This can be a confusing struggle for adopted children, particularly during adolescence. Adoption issues can exacerbate normal adolescent developmental tasks. The National Resource Center for Foster Care and Permanency Planning tells us that it is during adolescence that individuals must "define their values, beliefs, gender identification, career choice, and expectations of themselves" all as a part of identity formation (NRCFCPP, 2003, p. 2). These tasks become increasingly challenging for adolescents with two sets of parents, especially if they don't know their birth parents, as they begin to question who they really are.

Special needs. Most children who are adopted through child welfare systems have some sort of special needs condition. In 2005, 89% of the families who adopted foster children had a special needs classification for that child (Wind, Brooks, & Barth, 2007). The term "special needs" covers a wide array of children and their varying needs. Wind and associates stated that although state definitions may vary, "generally the term "special needs" designates children whose race or ethnicity, older age, sibling group status, history of unstable placements, or emotional, physical, or behavioral disabilities may impede adoptive placement" (2007, p. 378). Many special needs designations have been found to be associated with poor adoption outcomes, one being a disruption or possible dissolution of the adoption (Wind, Brooks, & Barth, 2007). Adoption is already a challenge and if you add to the mix some of these special needs designations, it only makes the process of placing a child more difficult. The more difficulty experienced when placing a child could increase their potential for an adoption disruption.

Risks of Unsupported Outcomes

There are risks for negative outcomes for both the adopted child and their adoptive family as a whole if their needs go unsupported. As stated previously, there are several issues that adopted children and families face such as the challenge of navigating a family triad, and

difficulties with attachment, grief and loss, and identity formation. If unsupported, these issues can lead to poor attachment within the adoptive family, as well as low self-esteem, depression, anti-social behavior, struggles with identity, and feelings of incomplete grief with the adopted child (Zosky, et al., 2005).

One of the greatest risks of an unsupported adoption is the risk of adoption disruption or dissolution. The *disruption* of an adoption is a term that is used to describe an adoption process that is terminated after the child has been placed in an adoptive home, but before the adoption has been legally finalized. This generally results in the child's return to foster care or placement with new adoptive parents. This happens with about 10-25% of adoptions (North American Council on Adoptable Children, 2007). A *dissolution* is when "the legal relationship between the adoptive parents and adoptive children is severed", after the adoption is finalized (Child Welfare Information Gateway, 2012, p. 1). A dissolution ends with similar results. Both events are quite tragic and a dissolution particularly can be ridden with feelings of failure or guilt for the adoptive family (Zosky, et al., 2005).

Post-Adoption Services

The North American Council on Adoptable Children informs us that although the majority of adoptions succeed, 10-25 percent disrupt before they are finalized and a smaller percentage are dissolved after finalization (2007). Preventative measures such as post-adoption services can help to reduce the risk of poor adoption outcomes, including disruption and dissolution.

Locally, the Children's Home Society of Minnesota, in partnership with the Lutheran Social Service of Minnesota for changing lives, offer many post-adoption supports. Some of these include a Post Adoption Helpline that adoptive parents can call in times of need, parents

can request to be connected with other families who also want to connect, one can find a support group in their community with adoption themes for parents and children, and there are even culturally specific supports for children adopted from Ethiopia, Columbia, Vietnam, and Korea (Children's Home Society and Lutheran Social Service of Minnesota, 2016).

Understanding how adoptive families utilize support services, the types of services they access, any barriers to services they experience, and the level to which they found the services beneficial is imperative in order for us to develop effective supports for families in need.

Support Funding Sources

There are resources out there to get these unique families the supports they need to help an adoption succeed. In many cases there is federal funding that supports these services. Some federal funding sources include Medicaid, Adoption Incentive Funds, Title IV-E Adoption Assistance Payments, and Social Service Block Grants (SSBG). Medicaid is a federal and state fun program that supports post-adoption by providing mental health services and health insurance for children and youth adopted from foster care. Adoption Incentive Funds provide funding to states when they increase their number of adoptions of children in foster care. Title IV-E Adoption Assistance Payments provide funding for children who have special needs or meet other eligibility criteria. SSBGs provide funds to states to cover a range of social needs including childcare and child welfare (North American Council on Adoptable Children, 2007). Unfortunately, each program has its limitations. The range of limitations can include anything from overall low funding, to programs which are not targeted directly to post-adoption services, to funds which must be spent within one year of receipt (North American Council on Adoptable Children, 2007).

Barriers to Support

Although many of these services exist, families may face many barriers to obtain the quality support they need. Some barriers may include a limited availability of mental health treatment providers; accessibility issues, such as the convenience of locations and hours; costs for services; and a lack of adoption competence of the providers (North American Council on Adoptable Children, 2007). Although finding a way can prove wearisome, there are many benefits to post-adoption services for adoptive families.

Benefits of Post-Adoption Services

The purpose of post-adoption services is to assist adoptive families in facing some of their many challenges including but not limited to: displaced anger, antisocial behavior, attachment issues, and family systems issues. Zosky, et al., lists benefits of supporting adoptive families through post-adoption services which were identified by adoptive parents. Some benefits found by families were open communication, help understanding a child's behavior and feelings, understanding the unique grief and identity issues associated with adoption, and a better understanding of working with attachment issues (2005).

There is even a financial benefit to supporting adoption. Even when taking into account the costs of adoption supports, adoption saves money. "A recent study demonstrated that the government saved between $1 and $6 billion as a result of the adoptions of 50,000 children from foster care each year" (North American Council on Adoptable Children, 2007, p. 8). Barth, Lee, Wildfire, & Guo conducted a study using longitudinal adoption subsidy and foster care placement data and found that children who are not adopted and remain in foster care are transitioned to substantially more expensive placements than those used by adopted children (2006). Regardless what the benefits or challenges may be, it is our duty as social workers to

help these families feel recognized, understood, and supported beyond the adoption process launch them into a successful future as a family.

One further financial benefit of supporting adoption is to prevent the risk of adoption dissolution. Although research indicates that dissolutions are fairly rare, when they do happen there is more than just an emotional cost for the child and the family. There is also "the social cost of the State's renewed responsibility for a child whose adoption fails (and whose now older age makes permanency less likely)" (Zosky, et al., 2005., p. 7). Not only does the State resume responsibility for this child and their care, but they are more likely to remain in under the State's care for longer, or until they age out due to their older age and multiple placements.

Summary

As presented, there are many family issues that are unique to or particularly challenging for adoptive families. The extent or severity of these issues can be alleviated by support through post-adoption services. It has been found that there are barriers to support that many families face. The present research considered the challenges and difficulties of adoptive families and wished to further examine how families managed those things. The researcher sought to examine what adoptive families need, what they find helpful, what hinders their growth, and what social workers can do to help them navigate the system and come out stronger on the other side. This research attempted to answer the question: What types of post-adoption issues do adoptive parents identify, how were these issues addressed, and what do they recommend for other adoptive parents?

Conceptual Framework

For the purpose of this study, the Ecological Approach (Pierson & Thomas, 2010) was used. This Ecological Perspective was used not only to help inform the researcher's questions but also to analyze the data. The rationale for the use of this framework was that this approach "emphasizes the adaptive and reciprocal relationship between people and their environment" (Pierson & Thomas, 2010, p. 190) and adoption greatly affects the individual and the environment in which they exist. Their home changes; their family system changes; and they are forced to adapt, form a new identity, and adjust their perceptions of where they fit in with regards to their new family and the world as they perceive it. Following, some of the key concepts of the Ecological Approach are defined and how they relate to adoption is explained.

First and foremost, this current study is about adoption, and Pierson and Thomas define *adoption* as "the process by which the legal relationship between a child and his or her birth parents is severed and a new legal relationship is established with adoptive parents" (2010, p. 8). It is also stated that once the child is adopted, the duties, rights, and powers of the 'natural parents' are transferred to the adopting parents (2010, p. 9). This process can be challenging in open-adoptions when the birth parents still may remain in the child's life to some pre-agreed-upon extent.

One of the difficulties of up-rooting a child from one family to another is a disruption in their attachments. *Attachment* is defined as "a long-lasting emotional bond between two individuals… developed by infants toward their principal care-givers" (Pierson & Thomas, 2010, p. 41). However, attachment is also seen as a continuous process that passes through various phases so if there is disruption, that does not mean that attachment will not take place. This is

good news for adoptive parents and families as their adopted child may still bond and form new attachments with them (Pierson & Thomas, 2010).

The Ecological Approach examines how individuals develop within multiple systems. The systems range from micro, to meso, to exo. They range from closest proximity to further, more removed systems. The systems' definitions may vary slightly as they are applied to unique individuals, but here they will be defined as overall general terms for adopted children. One system is the individual's *micro*-system. For this study, the micro-system will consist of the adopted child's home and family. This is the major system of emphasis for adopted children as it is the system the individuals interact with the most and it is also the main system that changes with an adoption as the child becomes a member of a new family and moves to a new place to call home (Pierson & Thomas 2010).

The next system is the individual's *meso-system*, for this study this system will be comprised of the individual's school, neighborhood, and any other relevant local institutions such as churches, clubs, or associations which the individual interacts with or belongs to. The next is the *exo-system*. This system is much more distant, but the practices of these agencies bear on the individual's life, such as: their parent's workplace, local transportation, or public service agencies such as county social workers or child protection workers (Pierson & Thomas, 2010).

The Ecological Approach also acknowledges adoptive children's identity formation. Pierson and Thomas recognize the various aspects of a child's *identity* to include their age, gender, ethnicity, and sexuality. They also found that prior to adoption, "there is strong evidence to show that a child's identity is best preserved when the foster carers share the same ethnic and cultural origins as the child (2010, p. 234).

It is easy to see how examining how a person's identity and their attachment bonds and relationships with others can be effected by adoption. Adoption also effects how an individual fits into his or her environment. Finding and matching a child with an adoptive family with a high goodness-of-fit is one of the main goals of the adoption process. Examining their key systems can assist in determining this. As stated previously, the researcher used this perspective and its key concepts to generate the interview questions and subsequently when coding and analyzing the data.

Methods

Research Design

The researcher of this study has selected a qualitative research design with a Narrative Analysis approach. Maruyama and Ryan describe narratives as "oral or written accounts of personal experience" (2014, p. 366). They go on to explain that narrative analysis is a chosen research method due to narratives' ability to yield information that is not always accessible by more traditional methods in that questions that use items such as fixed response scales are not as successful in eliciting an individual's "innermost thoughts, hopes, and feelings…" and at times, this method can even "reveal themes that researchers did not even think to ask about" (p. 366). The analysis of the narratives should yield rich responses that speak to the personal experiences of each participant and bring the needs of adoptive families to light.

Research Setting

The researcher contacted recommended participants provided by the research committee. The setting was quiet and private to promote confidentiality, and took place over the phone for both convenience and necessity as one participant was from out of state. The interviews lasted no more than one hour and no less than 30 minutes. The setting was relaxed, without pressure, and comfortable to insure the participants felt secure should they have found themselves expressing difficult recollections about challenging times.

Participant Sample

The researcher recruited participants through a snowball sample. The participants consisted of adoptive parents who adopted their child at least 5 years ago. These participants made up a convenience sample, based on individuals willing to participate after being recommended by the research committee and contacted by the researcher.

Protection of Human Subjects

The participants of this study were protected by being informed of their risks and signing an informed consent form. The only anticipated risk of the current study was emotional distress. Participants were warned of the possible risk of emotional distress prior to the start of the interview and at any time they could have chosen not to answer a particular question or chosen to end the interview and therefore drop out of the study. To further protect the participants, there was be a debriefing after each interview. This was an opportunity for the researcher to ask the participant how they felt the interview went and if they had any concerns. At that time, the researcher provided a list of resources to address any emotional distress that participants could then access should they feel it was necessary.

The participants were also informed of their right to confidentiality. Only their initials were used to identify their interview recordings and transcriptions. In the published research, the participants are only referred to by an assigned initial, for example, 'Participant A'. This protects the confidentiality of the participants. No identifiable information was used for the research. All interview recordings and transcriptions are being kept secure in a password protected computer by the researcher and will be destroyed when the entirety of purposes of the research have been met.

Questionnaire Instrument

A questionnaire instrument consisting of a list of both open and closed ended questions developed by the researcher was used to interview the participants of this study. The questions covered topics such as any supports the adoptive parent and their family received both prior to and after adoption finalization, and any post-adoption issues they may have identified having occurred. The researcher will also be interested in demographics including things such as, how

old the child was when they were adopted, and any racial disparities between the adoptive parent(s) and the adopted child, and whether the adoptive parent was a single parent, married, or other. The list of questions was reviewed by the research committee to reduce bias and leading questions, and was then approved by the IRB before research began.

Data Collection

Data was collected by way of telephone interviews. First, committee members assisted in reaching out to potential participants. Further, willing participants were encouraged to contact the researcher to set up an interview. Interviews consisted of a private, one-on-one interview between the researcher and the participant, lasting 45-70 minutes. Prior to the start of the interview, the researcher informed each participant of their potential risks and their right to confidentiality. The researcher then asked each of the interview questions from the pre-determined list one by one while audio recording the session. After each interview the participants were debriefed. Once each interview was completed, the researcher went ahead with data analysis.

Data Analysis Plan

This current study conducted qualitative research. Habib, Pathik, & Maryam explain that qualitative research "is the collection, analysis, and interpretation of data" (2014, p. 9) and it emphasizes "themes and patterns of meanings and experiences related to the phenomena" (2014, p. 12). For this study, the *phenomena* will be defined as the experience of adopting a child. The data was collected as stated above, through personal interviews. Each of these interviews was transcribed and coded using a process called *Content Analysis*. This process is used by coding the narratives for themes (Maruyama & Ryan, 2014). All qualitative data was coded and analyzed for common themes by the researcher. Any closed-ended questions and demographic

information was analyzed quantitatively by use of mean and range. For example, the average age and range of ages for the participant's children when they were adopted.

Researcher Bias

The researcher of this current study was not adopted and has no adopted children. The researcher's experience with adoption includes narratives expressed by close friends and colleagues about their experiences with placing a child for adoption as well as going through struggles post-adoption for both birth parents and adoptive parents. The minimal experience with adoption on the part of the researcher may be considered a limitation. However, it could also be viewed as a strength as the researcher's biases about adoption and the process were minimal due to limited exposure to the phenomena.

Findings

Sample Specifics

Due to specific sample qualifiers, it was difficult to find willing participants who met the criteria. Because of this challenge, the researcher modified the criteria in hopes of gaining more participants. Three individuals were offered to participate, of these three prospective participants, two participated and the sample for this study consisted of two adoptive mothers. One family adopted only one child, a daughter, while the other adopted two brothers and further went on to adopt another daughter. The children were all adopted at the age of two or younger. Both adoptive families remain in contact with the birth parents of their children to some extent. Participant A's adopted sons were brothers adopted as a sibling group, and also part of a larger sibling group which was not adopted. Participant B's daughter was adopted singly and has no biological siblings. For the purposes of this study, any key ideas mentioned by both participants were considered general themes. There were 10 themes identified from the interviews. In the following sections, any quotes from the interviews will be italicized.

Themes

Benefits of Adoption. The first question highlighted the benefits of being an adoptive parent: "How do you feel that you as an individual, your family, and your community have benefited from being an adoptive parent?". Despite all of their struggles and challenges, both mothers told of the personal and individual benefits of the experience of being an adoptive mother. One mother said, *It benefited me because it…gave me a shot at the parenting experience I wanted* (Participant A, p. 3). She went on to express that it also benefited her family, *…it enabled our family to grow when we wanted it to grow* (Participant A, p. 3). She explained that she felt her community also benefited from their adoption due to the fact that there was a

likelihood that her sons would have become *for lack of a better term, social problem*s had they not been adopted (Participant A, p. 3). She felt that they would have been raised in a poor environment and could have become kids on the street. Participant B felt that the adoption of her daughter taught her a lot and she expressed that the adoption *probably made me a better person* (Participant B, p. 2).

Preparing to Adopt. The second question asked: "What, if any, preparation did you experiences or receive prior to becoming an adoptive parent?". Both mothers recalled participating in some adoption training classes as part of the foster to adopt program.

Challenges to Face. The third question asked: "Could you identify any challenges you experienced after the adoption was finalized? If so, what were those and how did you respond to them?". Both participants' responses revealed that they had experienced significant challenges after their adoptions were finalized.

Biological Factors. One mother experienced that the difference in race between her adoptive sons and her and her husband was an issue for her sons in school. *It's difficult for a black kid to face his black peers who tease him because his parents are white* (Participant A, p. 9). She also spoke about being aware that her sons were both developmentally delayed at the time of adoption, due to the effects of the birth mother drinking while she was pregnant, which led to Fetal Alcohol Spectrum Disorder (FASD) in the boys. She struggled for years and years against the school system to get her sons the help they needed because everyone just kept telling her 'they're fine'. As the MN Adopt program explains, symptoms of FASD can include being easily distracted, requiring constant reminders, and not learning from mistakes. These symptoms can also be masked by being bright in certain areas, being helpful, and being highly verbal (MN

Adopt, n.d.). To someone who doesn't now about FASD or isn't looking for it, these behaviors can seem like a child who simply doesn't want to do the work or doesn't care.

Participant B mentioned that her daughter recently was diagnosed with ADHD, but that additionally, at the time of adoption, her daughter came to her exhibiting Reactive Attachment Disorder (RAD). It can be a struggle for any adoptive parent to bond and form attachment with their adopted child, and RAD makes that an even bigger challenge. In one study, Vasquez found that "Since children with RAD had no physical sign of a disorder, this commonly led the public to perceive their behaviors as being the result of parental incompetency" (2014, p. 5). Here there is a parent trying everything they know and yet it is not working and as frustrating as that can be, it becomes further frustrating when it appears to the public eye that you are incompetent.

Parenting Redefined. Both mothers faced difficulties that challenged all they thought they knew about parenting. Participant B told the researcher, *I think it's challenged me, and my whole frame of parenting. I had a way that seemed to work fairly well for my older one, so really having to relearn and really stretch myself in many ways and just like a whole other definition of love* (Participant B, p. 2). Her adopted daughter was so vastly different from her biological daughter, it was like she was starting over and relearning how to be a parent. She said that during her times of struggle she reflected on her skills and professional experiences,

> *I thought I had all these great parenting tools and things that I learned in school or from working with kiddos in my job, and here I was using everything I knew and I was feeling completely useless. At times you're just like 'I don't know what to do. I'm not helping my kid. My kid is suffering. If feels like they hate me, and I don't know what to do'*
> (Parcicipant B, p. 4).

She remembers professionals telling her about how to properly administer consequences and just wanting to shake them because she had already tried that about 80 times. She felt that personally being a professional in this field and living it were, *two totally different experiences* (Participant B, p. 4).

Participant A expressed the poor outcomes of being stressed and over worked and when reaching out for resources, being repeatedly ignored by her sons' school professionals year after year with no reprieve,

> *I am so fed up and burned out, and I am angry and I am bitter…it's not good. You know, for formally idealistic, super loving, gentle, sweet people to become bitter and angry. Now that's not good for society… And by that time I've been so burnt out, respite care isn't even available from social services at that point…our adoption was 15 years ago!* (Participant A, p. 10).

It took her nine years to finally get an IEP for one of her sons after badgering the system tirelessly and not giving up. She felt that one of her biggest challenges was that the professionals she encountered simply just didn't understand adoption or FASD.

Expectation vs. Reality. Both mothers expressed their hopes and expectations for the outcomes of their adoptions and how they compared to the realities of their experiences. Participant A remembered her initial thoughts about the adoption and described herself and her husband as being "naïve, idealistic, we were hopeful…we believed that love would conquer all". In reality, they experienced many struggles with their sons academically. They had a difficult time making progress and even completing work without the guidance of an adult watching over them. She was met with extreme resistance as she attempted to reach out to the school professionals to get help for her sons. She recalled her many failed attempts and expressed that

"unless the parent gets in there and insists, demands, makes noise, complains, argues, threatens, calls the advocacy group, the schools are more than happy to tell you your kid is fine". She voiced her challenges in recognizing and identifying what her sons specific needs were,

> *The teachers have 30 kids every year, they can look at these kids, the teachers know, 'this kid is on par', 'normal', or 'typical'. But the parent doesn't know that. The parent has only their own kids mostly. I would talk to other boys that age and ... I would be blown away, like 'Oh my gosh, this seven-year-old kid is brilliant!' And looking back now...that was just probably a typical seven-year-old* (Participant A, p. 6)**.**

> ***Tough Conversations.*** Both mothers in this study were faced with tough conversations with their adopted children regarding their adoptions. Participant B struggled with how much to share with her young daughter regarding her biological mother. There are no specific guidelines that tell an adoptive parent when is the right time or how much to share with their adopted child. There is no road map for success or to make things easier. As her children grew older, Participant A tried to level with her teens about adoption in a more philosophical exchange,

> *... like I've told my sons and my daughter, 'Let's face it, it's tough being alive. It's tough being on this world. None of us ask to be here... All families have issues of one sort or another.' So I told them, '...I think we can all agree that adoption is not the ideal situation... Adoption is a second choice, it's the best solution to address a serious problem, but it's not a panacea, it's not gonna make everything okay'* (Participant A, p. 9).

It would have been helpful for these parents to have some guidance, advice, suggestions, or education regarding talking to their kids about their adoptions. Unfortunately, these mothers did not receive that type of support.

Pre-Adoption Supports. The fourth question was regarding supports received before the adoption, "What, if any, sort of supports (formal or informal) did you receive prior to the adoption being finalized?" The researcher was not surprised to learn that each family struggled with a lack of supports. Many professionals were involved in the arrangement, legalities, and matching process of the adoptions. However, those professionals didn't remain for long after the children were in the care of their new parents. Participant A stated, "The adoption services were there and available the first 3 months, maybe year, after we adopted the children". Participant B reflected that although she had both a child protection and an adoption social worker, neither of them stuck around for long after her daughter was placed with her, *It really happened really fast… I didn't hear from them that much* (Participant B, p. 3). Besides the training courses the parents went through prior to being matched with children, there weren't a lot of supports or education offered.

Post-Adoption Supports. The fifth question spoke to any supports received after the adoption, "What, if any, sort of supports (formal or informal) did you receive after the adoption was finalized?" Both mothers disclosed that although they lacked more formal supports, they had their own informal support systems. One of the participants is part of a type of online support group to help her cope with her adoptive sons' diagnoses and challenges, *now I'm also on this FASD Facebook site and I've learned a lot through them. We learn through each other* (Participant A, p. 9). The other mother recalled her parents looking after her daughter when she had work functions but wished for more. She explained that although she had her daughter in therapy, if she wanted to go to therapy herself, there wasn't childcare to support that as a single mother.

Helpful Supports vs. Barriers. In questions six, seven, and eight, participants were asked about which supports they found most helpful to them personally, which supports they felt were most helpful to their family as a unit, as well as any barriers they experienced to getting the support they needed. The theme generated from this question was more about personal barriers than societal barriers. There was a lack of knowledge on the side of the professionals as well as the parents which served as a barrier. Neither participant received much support, so there was no particularly helpful supports to identify with the exception of minimal information provided in the required training courses for the foster to adopt programs. There were many barriers experienced by Participant A compared to Participant B with regards to the school system. But these barriers were more related to the school professionals and a lack of specific knowledge about adoption and FASD rather than barriers with the adoption process itself.

Words of Advice. Questions 9 asked, "What would you to other adoptive parents considering or beginning the process of adoption?". Each of the participants offered words of advice and encouragement to prospective parents who are considering adoption. Participant A advised parents to *get as many specifics as you can about the birth history* (Participant A, p. 12). Participant B stated, *I would tell people it's okay to say 'slow this down a little bit'… don't feel bad, know your own boundaries with things* (Participant B, p. 4). Her daughter's placement happened within a month, and within weeks of being notified there was a child in need of a placement.

Notes to the Professionals. Question 10 sought to inform professionals by asking, "What would you recommend to services providers who work with adoptive parents and their families?". Both mothers spoke about things they wish for service providers to know regarding working with adoptive parents and their families. One mother stated *the doctors, teachers,*

psychologists, sociologists, all of them across the board need to have that particular, clear understanding of adoption, that these issues exist. Because other than that, adoptive parents will not get the help we need (Participant A, p. 10). Participant B hopes that professionals won't judge struggling adoptive parents and wants them to understand that it's not helpful to offer, 'why don't you just try this?'. It really takes an understanding of the struggles specific to adoptive families in order to work with them in the most beneficial ways. It can be a challenge to properly prepare adoptive parents for what they may face. There is no way to generalize the expectations one should prepare for because each case is so different and individualized. However, the more the professionals are primed and know the population they serve, the better equipped they will be to ensure that families receive the supports they need.

Discussion

Impacts of the Sample

      The researcher attributes the small sample to originally constricting criteria for the study. The criteria were modified, however, much time had passed which was another contributor to the small sample available. Some of the demographics may have influenced the responses and therefore the outcomes or themes of the study. One mother was part of a married parental unit at the time of the adoption while the other was a single mother when she adopted. The married couple remained intact and the single mother remained single at the time of their interviews. The mother's both participated in foster to adopt programs. As part of this program, the mothers both took part in training courses in addition to a home study and background checks. Both families already had at least one biological child living in the home at the time of the adoption. Both mothers adopted children of a different race from their own, both being Caucasian women. One woman adopted three African American children and one adopted an African American and Caucasian biracial child.

Themes

      Racial Issues. The interviews echoed a lot of what the literature had to say and then some. The literature spoke about identity formation which came up for one mother as the racial disparities between herself and her husband compared to their adopted sons became an issue for them in school. Identity formation is when a child begins to look to their parents for admired features or characteristics in order to "build a set of expectations about what he or she wishes to be and do" (Sokol, 2009, p. 141). This process can be challenging when you look to your parents and what you see is unignorably different from yourself, such as an African American child with Caucasian parents. You may want to be like your parents but feel you can't because you will

never be the same race. It can be difficult for children to form their own unique identity when they face disparities or confusion. This challenge can be exacerbated by school peers telling them "you're not black enough" (Participant A, p. 9) because their parents are white.

This mother's experience with her children echoed what The National Resource Center for Foster Care and Permanency Planning told us about adoptive children struggling to form their identity when they are trying to see who they want to be. Most children look up to their parents as examples of who they want to be but when you look up and see something different from who you may feel you are, it can be a struggle. They may have a challenging time identifying with parents of a different race, but also have a challenging time identifying with their birth parents if they didn't raise them or if they haven't been involved in their lives.

Attachment Challenges. Participant B was met with unexpected difficulties bonding with her child. Her daughter was diagnosed with Reactive Attachment Disorder (RAD) which made it a challenge to connect with her and bond with her. She didn't even hug her mom right away. A difficulty with RAD is that you feel that you are at a loss of what to do to connect with your child. Parents of children with RAD may not always reach out to do possible feelings of shame around their struggles. It's important for adoptive parents and professionals to know that it has nothing to do with the adoptive parents. It's not that they're not doing something right. Attachment can be a tricky issue and it's not anything the adoptive parent did or didn't do in these cases.

Special Needs. The interviews and the literature had parallels surrounding the adoption issues including special needs. The difference was that the literature defined 'special needs' as factors that could make adoption more difficult to place a child such as the older age of the child or a history of unstable placements. The interviews included needs which fit a more traditional

definition of 'special needs' such as issues that impede learning, and actual medical or

psychological diagnoses including Fetal Alcohol Spectrum Disorder (FASD) and Reactive

Attachment Disorder (RAD).

       Lack of Information. The major theme from the interviews was not found in the

literature which was that the main issue with adoption supports is that various professionals and

services providers just do not have the specific knowledge or experience with adoptive families

that enables them to most effectively work with these families. This is something that needs to be

addressed. Adoption is not specifically part of the required coursework for social workers,

therefore social workers need to educate themselves around adoption and adoptive families

should they anticipate or find themselves encountering that client population in their work.

Researcher Reaction

       The researcher was very moved by the challenging but inspiring stories of each of these

women's adoptions. It was moving to hear how hard each of these mothers work to try to make

things better and easier for their children. It was difficult to hear that they had so many struggles,

and that there was such a lack of support. There is definitely a call for future research in this area

as well as the specific areas of RAD and FASD in adopted children. The outcomes of these

interviews have led the researcher to have an increased awareness for the populations she will be

serving in her work. The researcher will now be very intentional about educating herself about

her future clients in order to better serve them.

Limitations and Recommendations for Future Research

       One of the limitations of this study was the lack of participants which led to a very small

sample size. The researcher speculates that it was difficult to find participants due to constricting

limitations set in the participant parameters, which were later adjusted. The study originally was

looking at adoptive parents who adopted their child at least 10 years ago. The criteria was later changed to adoptive parents who adopted their child at least a year ago, but the child was at least 5 years old at the time. The goal was for significant time to have passed since the time of the adoption so that there was ample time for any issues to arise and be managed. Finally, the researcher set the participant parameters as an adoptive parent who adopted at least 5 years ago. However, such time had transpired by the time the adjustments were made, that there was limited time left to conduct the interviews with any willing participants.

Another limitation of this study is that the data will not be as generalizable since the participants were from a convenience sample rather than being randomly selected. For future research, an online survey that is randomly selected could be used. Also, a quantitative study with ranked questions on a sort of scale could be used to better generalize the data. One way to increase sample size and help eliminate low sample size as a limitation of future research would be to reach out directly to adoption agencies in order to drum up more participants that may already be identified as fitting the criteria.

Adoption is not necessarily something that everyone talks about, so it is possible that the small sample size was due to the use of a convenience sample as maybe some people aren't even aware that someone they know adopted a child. It may not be common or public knowledge. The researcher speculates that some parents may feel there is a negative stigma associated with adoption and having challenges. Parents may fear being seen as incompetent or unfit by speaking out about their struggles with their adoptive child. One way to address this would be to reach out online where parents could feel a greater sense of anonymity and might be more likely to participate.

Implications for Social Work

The implications for social work are not difficult. In fact, they are fairly simple. Students go through a rigorous social work course load in order to prepare them for the field of social work. There needs to be implemented some sort of course work around adoption. There could be an entire course called 'Adoption and Social Work' for those interested in going into the child protection or adoption field. If there are such things as "Adoption Social Workers," then why is there not a course about adoption? Social workers need to educate themselves for the field they are entering. Participant B, being a social worker herself stated that being a professional and living it were vastly different experiences. This tells us that just working in the field doesn't give us all the information we may need. We, as social workers, need to educate ourselves beyond the course work and field work to read cases, read stories, study possible outcomes or diagnoses. The more educated we are, the better apt we are to give the proper help to the families we serve.

With regards to specific gaps in services, social workers should develop support groups for adoptive parents regarding specific issues such as; how to talk to your adopted child about their adoption, a group for parents having challenges forming a bond with their adopted child, and possibly an adoptive parent cohort group which can take turns watching each other's children while those parents seek individual therapies they may need as a result of the stress and challenges of adoptive parenting. The parents could even role play some challenging conversations to practice talking with their children.

There could also be adoptive parenting courses integrated into any local community center's parent education offerings. Books or videos could be very helpful for parents to access resources from their own home as well, or if they don't want the group aspect of learning, or feel shame in their struggle with not knowing what to do in certain situations. One highly necessary

resource is trauma education for parents. Many children of adoption come to be placed due to traumatic experiences such as the death of their biological parents, the arrest and incarceration of their biological parents, or the removal of the child from the care of their biological parents due to neglect or various forms of abuse. It is important for adoptive parents to have a trauma informed framework regarding their adopted child and it's up to social work to provide those resources and connect parents to them. There are many ways we as social workers can help adoptive parents access the resources they need.

Conclusion

The purpose of this study was to bring light to the many challenges that adoptive parents and their families may face. Further, the study worked to examine the types of supports that currently exist both before and after the adoption is finalized to determine whether or not these supports are sufficient to meet the needs of those individuals and if more or different services need to be implemented.

One strength of this study is that it will give a voice to those individuals closest to the problem. Another is that the researcher is sensitive to adoption issues. This sensitivity sparked a drive to research this topic and find out how, in future work, the researcher and other social workers and various professionals can be more attune to the needs of adoptive families after the adoption and more realistically meet their needs.

It is not that there are no services offered for adoptive parents post-adoption. It is that the supports offered are too limited and don't always address the needs of the parents and families. There are limited resources such as Physical Therapy and Occupational Therapy when necessary, but Participant A was able to help her sons with that on her own. There was medical assistance which Participant B found to be *huge, incredibly helpful* (Participant B, p. 2) , but, no guidance

was offered on how to talk to their children about their adoption. No strategies were offered on how to bond with your adoptive children. The supports out there are not realistic to meet and help adoptive parents face the challenges that exist and occur within adoptive families.

The recollections of these two participants seemed to match with the research that there is a gap in post-adoption services. Not only are there a lack of supports after the child is legally adopted, but there is also a lack of knowledge on the part of professionals about adoption and it's many possible challenges. Participant A leaves us with food for thought about how, although social services has a lot of needs to meet with limited resources, they should remain available and after the adoption, as many issues can arise over time rather than right away. She felt that every parent was having to start from scratch and learn to navigate their own way through the systems. She said,

> *I feel like social services should have made an effort. Well, I mean, they're overworked, they don't have the staff, the facilities, and the money. But, ideally, social services would be on-call after you adopt the child, until they get through school. And be able to help with these particular things, even if it's to point to resources. Other than every family having to reinvent the wheel* (Participant A, p. 11).

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Appendix A – Interview Questions

<u>Demographic Questions</u>

Please read and review the following questions prior to your interview with the researcher.

Please bring a copy of these items to the interview. Thank you.

1. How old was your child when they were adopted? _____ *years old*

2. How old is your child today? _____ *years old*

3. What is the gender of your child?

   - ☐ Male
   - ☐ Female
   - ☐ Choose not to identify
   - ☐ Other:_____

4. How long did your child live with you before the adoption was finalized?
   - ☐ 0 – 6 months
   - ☐ 6 months – 1 year
   - ☐ Over 1 year

5. How did you come to adopt your child? (*check any/all that apply*)
   - ☐ Through foster care
   - ☐ Through an adoption agency
   - ☐ Other: _____

6. What was your parenting status and relationship to the child at the time of adoption? (*check/circle any/all that apply*)
   - ☐ A single parent (*mother / father*) – *please circle one*
   - ☐ A married parent (*mother / father*) – *please circle one*
   - ☐ A partner of a same-sex couple (*are you a male / female / other*) – *please circle one*
   - ☐ Other: _____

7. Is the race of your child the same/similar to yours or different?
   - ☐ Same/Similar
   - ☐ Different

   If Different, please identify your race and your child's race

   - ▪ Your race: _____
   - ▪ Child's race: _____

8. Please identify the status of your adopted child's sibling relationships. (*check any/all that apply*)
   - ☐ The adopted child was the only child in the home
   - ☐ The adopted child was adopted together with biological siblings as part of a sibling group
   - ☐ The adopted child has non-biological siblings which were living in the home *prior* to the adoption
   - ☐ The adopted child has non-biological siblings which were born *after* the adoption was finalized
   - ☐ The adopted child has other non-biological, also adopted siblings

     ☐   The adopted child has other biological siblings whom were not adopted into the same home

9. One definition of a "special needs" adoption is one in which specific factors about the child may impede their adoptive placement. Please check any/all of the factors that pertain to your adopted child, or identify an '*other*' not on the list.
     ☐   The child was over the age of 10 at the time of the adoption
     ☐   The child was part of a sibling group
     ☐   The child had a history of unstable placements
     ☐   The child has/had an emotional, physical, or behavioral disability
     ☐   Other: _____

Open-ended Interview Questions for Study

Please read over the following questions prior to your interview with the researcher.

If you wish, you may jot down some thoughts/notes prior to the interview. Thank you.

1. How do you feel that you as an individual, your family, and your community have benefited from being an adoptive parent?

2. What, if any, preparation did you experience or receive prior to becoming an adoptive parent? (For example, any classes you took or groups you were a part of, etc.)

3. Could you identify any challenges you experienced after the adoption was finalized? If so, what were those issues and how did you respond to them?
   - For each issue identified: How would you rate the severity of each issue on a scale of 1 to 5 with 1 being a fairly manageable issue and 5 being an extremely challenging issue?

4. What, if any, sort of supports (formal or informal) did you receive *prior* to the adoption being finalized? (For example: a social worker, family supports, religious supports, etc.)
   - If the individual received support: Was this support offered to/provided for you, or did you seek it out?

5. What, if any, sort of supports (formal or informal) did you receive *after* the adoption was finalized?   (For example: a social worker, family supports, religious supports, etc.)
   - If the individual received support: Was this support offered to/provided for you, or did you seek it out?

6. Which, if any, supports you received either prior to or after the adoption was finalized, did you find were most helpful for you personally and in what way?

7. Which, if any, supports you received either prior to or after the adoption was finalized, did you find were most helpful for your family as a unit and in what way?

8. What, if any, barriers to support did you experience throughout the adoption process and afterward?

9. What would you recommend to other adoptive parents considering or beginning the process of adoption?

10. What would you recommend to services providers who work with adoptive parents and their families?

11. Is there anything else that you think would be helpful to me for this study?

Appendix B – Informed Consent Form

Study Title: Examining Post-Adoption Services

Researcher(s): Lindsey Crawford, BA

You are invited to participate in a research study. This study is called Examining Post-Adoption Services. The study is being done by Lindsey Crawford, a Masters' student at St. Catherine University in St. Paul, MN. The faculty advisor for this study is Michael Chovanec, Associate Professor in the St. Catherine University/University of St. Thomas School of Social Work.

The purpose of this study is to help bring light to the types of post-adoption issues that can exist within adopted children and among their families, as well as to examine how these issues have been addressed in the past and how they can be further addressed to improve positive adoption outcomes. This study is important because this study will inform society as a whole and particularly social workers on how to work to help adoptive families be successful and thrive. Approximately 6-10 people are expected to participate in this research. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

Why have I been asked to be in this study?

You have been asked to participate in this study because you fit the study criteria, which for the purpose of this study means you adopted a child at least one year ago the child was at least 5 years old at the time of adoption.

If I decide to participate, what will I be asked to do?

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- Set up a digitally audio-recorded interview session with the researcher consisting of initial demographic questions lasting about 5 minutes and additional open-ended questions about your adoption, which will take between 40-60 minutes.

- Participate in a short debriefing at the end of the interview for about 5 minutes.

In total, this study will take approximately 50-70 minutes including the interview session and the debriefing. The interview will take place at a mutually agreed upon location that is both public and offers privacy, such as a library conference room.

What if I decide I don't want to be in this study?

Participation in this study is completely voluntary. If you decide you do not want to participate in this study, please feel free to say so, and do not sign this form. If you decide to participate in this study, but later change your mind and want to withdraw, simply notify the researcher and you will be removed immediately. Your decision of whether or not to participate will have no negative or positive impact on your relationship with St. Catherine University, the University of St. Thomas, nor with any of the students or faculty involved in the research.

What are the risks (dangers or harms) to me if I am in this study?

The only foreseen risk of this current study is emotional distress during interview questioning. It is possible that while you discuss difficult times after your child's adoption that it may bring up emotions for you. The attempts to minimize this risk is to inform you of this risk before the interview. As a potential participant, you will be able to review the interview questions prior to deciding whether or not to participate. You may also choose not to answer any question should you choose not to which will minimize your risk if you are uncomfortable answering any questions. After the interview is finished you will debrief with the researcher and be provided with resources to access should you need them.

What are the benefits (good things) that may happen if I am in this study?

There are no direct benefits, however, this study will inform society as a whole and particularly social workers on how to work to help adoptive families be successful and thrive. There are many challenges that adoptive families face and this study will bring them to light and bring awareness to their needs.

Will I receive any compensation for participating in this study?

You will be offered a $5.00 Caribou gift card for your participation.

What will you do with the information you get from me and how will you protect my privacy?

The information that you provide in this study will be recorded by audio recorder and transcribed by the researcher. Your name will be omitted and replaced with a label for the purpose of the study and it's publication. Each interview will only be referred to by initials, for example, 'Participant A', however, your interview will remain identifiable only by the researcher until May 1st, 2017 in case you should decide to withdraw, in which case your interview and transcription will be omitted from the study. I will keep the research results on my password-protected lap top and only I and the research advisor will have access to the records while I work on this project. I will finish analyzing the data by May 1st, 2017. I will then destroy any and all identifying information that can be linked back to you no later than June 15th, 2017. Original recordings will be destroyed as well. The study will be presented for educational purposes, but only after any identifying information has been stripped from the study. Only identifiable data will be destroyed.

Any information that you provide will be kept confidential, which means that you will not be identified or identifiable in the any written reports or publications. Information collected during

your interview may be shared in reports or publications, for example, quotes or themes from the

interview, however, the shared information will be anonymous and will not be able to be linked

to you.

Are there possible changes to the study once it gets started?

If during course of this research study I learn about new findings that might influence your

willingness to continue participating in the study, I will inform you of these findings.

How can I get more information?

If you have any questions, you can ask them before you sign this form. You can also feel free to

contact me at crawfordlin@live.com. If you have any additional questions later and would like to

talk to the faculty advisor, please contact Michael Chovanec at 651-690-8722 or at

mgchovanec@stkate.edu. If you have other questions or concerns regarding the study and would

like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt,

Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or

jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

Statement of Consent:
I consent to participate in the study and agree to be audiotaped.
My signature indicates that I have read this information and my questions have been answered. I
also know that even after signing this form, I may withdraw from the study by informing the
researcher(s).

_____

Signature of Participant   Date

_____

Signature of Researcher   Date

Appendix C – Recruitment Flier

You're Invited…

- Are you a parent who has adopted a child?
- Was your child 5+ at the time of the adoption?
- If not, was your adoption at least 5 years ago?

If you answered **YES** to these questions, you are invited to participate in a research study.

- ## Who: Researcher: MSW Graduate Student, Lindsey Crawford.

- ## What: A research study entitled "Examining Post-Adoption Services" consisting of a 40-60 minute, audio-recorded interview and a short 5 minute debriefing post-interview (your answers will not be identifiable).

- ## When: If you are willing to participate or would like to find out more information, please contact the researcher at **crawfordlin@live.com**. You may ask any questions or, if interested, you may set up an interview date, time, and location that's convenient for you.

- ## Why: The current study is being conducted to bring further understanding and needed attention to the challenges that can result from various post-adoption issues and a lack of post-adoption service supports. The study is part of the final requirements necessary for the researcher to complete her Master's Degree in Social Work.

Thank you for your time and consideration!