ABSTRACT

A Study of U.S. Adoption Breakdown: Exploring Current Factors Associated with
Breakdown and Challenging Times in Adoption Adjustment

Bonni G. Goodwin, Ph.D.

Mentor: Elissa Madden, Ph.D.

Adoption breakdown often results in devastating effects for the family and child.

Children and parents who experience adoption breakdown suffer adverse residual effects

of a traumatic experience. Given the dire outcomes following adoption breakdown,

additional research is needed to continue to explore this phenomenon and identify ways

to decrease the risk of breakdown for families and children. This study seeks to take steps

towards these goals through a systematic review of current literature on adoption

breakdown in the U.S., exploration of present factors associated with adoption

breakdown, and finally, by investigating adoptive families' adjustment process in

adoption from the perspective of the adoption caseworker. The theoretical frameworks of

attachment theory and ecological system theory were used to guide the conceptualization

and design of each of these studies. Chapter Five provides a summary of each study with

implications for social work practice and future research.

A Study of U.S. Adoption Breakdown: Exploring Current Factors Associated with
Breakdown and Challenging Times in Adoption Adjustment

by

Bonni G. Goodwin, B.S., M.S.W.

A Dissertation

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Jon E. Singletary, Ph.D., Dean

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Approved by the Dissertation Committee

_____

Elissa Madden, Ph.D., Chairperson

_____

Helen Harris, Ed.D.

_____

T. Laine Scales, Ph.D.

_____

Jon E. Singletary, Ph.D.

_____

Stephanie Gerow, Ph.D.

_____

Erin J. Maher, Ph.D.

Accepted by the Graduate School

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J. Larry Lyon, Ph.D., Dean

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

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DEDICATION

To Marvellee Goodwin,
my mother-in-law, who left this earth before she could see how much her life has
impacted me. She was adopted from foster care, raised by amazing adoptive parents, and
never able to know those who brought her into this world. Her life and story inspired my
life's work—to advocate for all children and families of adoption.

CHAPTER ONE

A Study of U.S. Adoption Breakdown: An Introduction

Introduction

Adoption is an accepted practice in many societies around the world, including the United States, with over 61,000 children adopted from the child welfare system in 2018 (USDHHS, 2019). The life-long connection to a family holds many benefits for a child who has experienced the loss of their birth family (Barth & Berry, 1988; Fanshel, 1976; Orsi, 2015; Smith, 2014). These benefits include long-term financial support and increased rates of educational success (Barth & Berry, 1988), stability, and emotional support (Rosenthal, 1993) as well as a positive perception of childhood and life (Triseliotis & Russel, 1984). Furthermore, following adoption, the developmental pace for an adopted child has been observed to quickly return to the typical trajectory for most children (Compton, 2016). However, research has shown that these benefits disappear when the adoptive family is unable to maintain the placement, and the adoption ends in breakdown (Palacios, Rolock, Selwyn, & Barbosa-Ducharne, 2019).

Adoption Breakdown

Adoption disruption is the breakdown of an adoption prior to legal finalization. In contrast, adoption dissolution refers to adoptions that are legally dissolved after finalization (Palacios et al., 2019; White, 2016). Most often, adoptions remain in intact; however, research suggests that the incidence rate for adoption disruption ranges from 9.5% to 25% (Child Welfare Information Gateway, 2012; Smith, 2014), while dissolution

1

ranges from 1% to 9% (Evan B. Donaldson Adoption Institute, 2004; Rolock & Testa, 2008).

Numerous factors have been identified as catalysts to this disjointing of the family unit. These factors include parental expectations and whether or not they were realized (Palacios, Jimenez-Morago & Paniagua, 2015; Reilly & Platz, 2003; Rosenthal, Groze, & Curiel, 1988; Smith, 2014), the age of the child at placement (Coakley & Berrick, 2008; Faulkner, Adkins, Fong, & Rolock, 2017; Rosenthal & Groze, 1990), and adoption agency support, training, and consistency of caseworkers (Barth & Miller, 2000; Berry, Propp, & Martins, 2007; McRoy, 1999; Smith, Howard, Garnier, & Ryan, 2006). Predominant factors related to adoption breakdown focus on the child's behavior and previous traumatic experiences, parental stress, and satisfaction while dealing with challenging behaviors, and the overall quality of the parent-child relationship (Barth & Miller, 2000; Coakley & Berrick, 2008; Nalavany, Ryan, Howard, & Smith, 2008; Orsi, 2015; Palacios et al., 2019; Reilly & Platz, 2003; Rosenthal & Groze, 1990; Smith et al., 2006).

Adoption breakdown causes devastating effects for the family and child. Families who have experienced a breakdown report a decline in all immediate family relationships after the child leaves the home (Barth & Berry, 1988) and a compounding of trauma experienced by the child (Smith, 2014). Furthermore, adoption breakdown leaves all family members suffering the residual effects of a traumatic experience (Adams, 2002; Barth & Berry, 1988; Smith, 2014). Given the dire outcomes following adoption breakdown, additional research is needed to continue to explore this phenomenon and identify ways to decrease the risk of damage to families and children. This study seeks to

take steps towards these goals through a systematic review of current literature on adoption breakdown in the U.S., exploration of current factors associated with adoption breakdown, and finally, by investigating adoptive families' adjustment process in adoption from the perspective of the adoption caseworker.

The Fostering Connections Act

Within the past four decades, U.S. federal policy has emphasized the strengthening and utilization of post-adoption support for families who adopt a child from foster care (Coakley & Berrick, 2008; Rolock, 2015; Smith, Howard, Garnier, & Ryan, 2006; White, 2016). Several federal programs and legislative acts have been passed and implemented to support child welfare's overarching goals of permanency and well-being. One of these federal initiatives, AdoptUSKids, is a national project that is federally funded with the goal of assisting states, territories, and tribes in recruiting, engaging, developing, and supporting adoptive families in the U.S. (AdoptUSKids, 2020). AdoptUSKids has completed extensive work across the U.S. in an effort to expand and strengthen post-adoption supports. Additionally, AdoptUSKids has provided a central place for parents to find information about adoption subsidies, post-adoption support services, and training to help parents better understand how to parent a child from foster care (AdoptUSKids, 2020). Furthermore, the Adoption and Safe Families Act of 1997 established the Adoption Incentive Payments program, the first established plan to support families who had adopted from foster care (U.S. Children's Bureau, 2019). This incentive program has been reauthorized in subsequent federal legislation and most recently in 2018 to increase or extend post-adoption financial support for families. The Fostering Connections to Success and Increasing Adoptions Act of 2008 (i.e., Fostering

3

Connections Act) extended the Adoption Incentive Program and doubled the payment amounts for families who adopted older-aged children or children with special needs (Child Welfare Information Gateway, 2019; Stoltzfus, 2008). Additionally, it required agencies to make reasonable efforts to place siblings in the same adoptive home while expanding the use of federal funding to increase opportunities for kinship placements (Child Welfare Information Gateway, 2019; Stoltzfus, 2008). A focus of many of these federal initiatives has included post-adoption financial support, as research suggests that the provision of financial support is one of the most effective ways to support children and families post-adoption (Buckles, 2013; Child Welfare Information Gateway, 2013; Hansen, 2007).

Adoption Adjustment

Exploring the adjustment experience for adoptive families following the placement of a child in their home is critical to understanding different adoption outcomes. Previous research in adoption adjustment has focused primarily on general characteristics of post-placement family adjustment (Brodzinsky & Huffman, 1988). Scholars have examined post-placement adjustment through the lenses of the family therapy model and the family life cycle (Brodzinsky & Huffman, 1988), as well as family stress theory (Moyer & Goldberg, 2015; Liao, 2016; Zamostny, O'Brien, Baden, & Wiley, 2003). These various perspectives on adoption adjustment focus on the adoptive family's overall functioning and attempt to shed light on indicators of possible dysfunction (Brodzinsky, 1987; Deacon, 1997; Hajal & Rosenberg, 1991). Alternatively, some researchers have proposed the phases of adoption begin with adoptive parents' experiences that influenced their decision to adopt (Hajal & Rosenberg, 1991). Erikson's

4

eight stages of psychosocial development provide a framework for understanding the ways children experience the adjustment process, depending on which developmental stage they were undergoing at the time of placement (Brodzinsky & Huffman, 1988). Interestingly, if the child was adopted before 6 months of age, the adjustment appeared to be no different than when the child was born to the biological parents (Brodzinsky, 1987). More recently, Rolock and White (2016) supported the conclusion that when a child is adopted at an older age, the child and family experience a higher potential for significant challenges in adjustment.

More recent studies have explored various aspects of adoption adjustment and the child, parent, and agency characteristics that appear to be associated with the adoption remaining intact versus breaking down. One parental characteristic that has been found to be associated with breakdown is when adoptive mothers struggle to self-identify as the mother of the adopted child. When this occurs, the adjustment for the mother is longer and more problematic (Priel, Melamed-Hass, Besser, & Kantor, 2000). According to Grotevant, Dunbar, Kohler, and Esau (2000), the narrative the family develops about their journey into adoption is an essential step in healthy adjustment. Other theoretical foundations have also been utilized to examine the adoption adjustment process, such as attachment theory, to identify existing parental attachment styles in the adoptive home and understand how they affect adjustment after placement (Barone & Lionetti, 2012). The role of parental attachment styles was found to be vital in the effort to build the essential secure foundation every adopted child needs for a stable placement (Barone & Lionetti, 2012). Furthermore, adopted children reported extreme challenges in learning to trust after being abused and betrayed, highlighting the need to promote a strong

attachment relationship with the adoptive family (Mariscal, Akin, Lieberman, & Washington, 2015). Significant post-adoptive support services were reported by numerous adoptive parents as vital in the adjustment process after a child is placed into the home. Parents benefit from the support providers give in assuring them that their experience is normal and in identifying and assisting when concerns arise (Selwyn & Meakings, 2015).

Additionally, to further family adjustment during the adoption process, Pinderhughes (1996) introduced the *four-phase model of family readjustment*. This model builds upon influences from attachment theory, family systems, and family life cycle perspectives, but remains as a theoretical option that has not yet been tested to explore family adjustment following adoption placement. At the time of its development, Pinderhughes (1996) reported this model was in the beginning stages of development and focused on explaining the process of adoption adjustment. The model consists of four main phases, including anticipation, accommodation, resistance, and restabilization (Pinderhughes, 1996). Further, each phase contains five domains of functioning, including the various stressors a family might encounter as well as how the family perceives and copes with each stressor. A possible event that may occur within the second phase, known as accommodation*,* is the *honeymoon period.* The honeymoon period is generally defined as a time during which interactions are more positive than expected (Gill, 1978; Jewett, 1978; Koller, 1981; Pinderhughes & Rosenberg, 1990; Howe, 1995; Baldo & Baldo, 2003). This theoretical, four-phase model is not mentioned in any later research studies conducted by Pinderhughes or others, and the honeymoon period is not empirically described in any further research.

Theoretical Foundation

Two theoretical frameworks apply to this study of adoption adjustment and a potential intersection with adoption breakdown. One theory is John Bowlby's (1969) Attachment Theory. This theory addresses the influence of the relationship between a child and his or her caregiver. Knowledge of how attachment forms and functions in a person's life is foundational in understanding adoption and how it affects the child and family. Furthermore, it is foundational in understanding potential factors leading to adoption breakdown and its effects. The second theoretical framework utilized in this study is Urie Brofenbrenner's (1979) Ecological Systems Theory. This framework understands the adoption experience by exploring the interconnected ecological systems surrounding and interacting with the adopted child and family. Previous literature on adoption has used these two lenses to explore and explain various aspects of the adoption experience (Howe, 1995; Pace & Zavattini, 2011; Holmes, 2014; Verbovaya, 2016).

Attachment Theory

Bowlby (1969) believed that the capacity to trust and allow enough vulnerability to forge a meaningful relationship with another is initiated during early childhood within the maternal relationship. Bowlby was a London psychiatrist who took foundational psychoanalytic assertions, added the theory of evolution and the biology of ethology, and formulated Attachment Theory (Holmes, 2014). Specifically, Bowlby was most concerned about the severe reaction young children would demonstrate during separation or loss of their primary caregiver and how this loss affected their ability to form and maintain healthy relationships for the rest of their lives. Through observation and experimentation, Bowlby developed an understanding of the essential nature and role of

7

physical proximity between a child and at least one consistent caregiver. The central

caregiver provides a *secure base* for the child, allowing free exploration of the

surrounding world (Bowlby, 1969). This secure base provides a safe place for the child to

return when anxious or tired. The quality and consistency of the caregiver's response

when the child is seeking comfort or care develops the child's *internal working model*

(Bowlby, 1969). This internal working model provides the basis for which that child

understands the nature of future relationships. If the caregiver's response is appropriate

and comforting, the child develops a secure internal working model. If the caregiver's

response is either inappropriate, inconsistent, or non-existent, the child's understanding

of a relationship with another person is insecure and anxious (Bowlby, 1969). This

attachment process occurs in young childhood, specifically within the first few years

(Bowlby, 1969).

Because the development of attachment occurs at such a young age, it is often a

central issue in adoption. The majority of adopted children have experienced some level

of adversity in their early years, including being separated from their first attachment

figure (Howe, 1995). These adverse experiences can leave significant scars that lead

some children to exhibit challenging behavior (Howe, 1995). In a study of different types

of attachment within adoption, Howe (1995) discovered that many adopted children were

resilient and able to adapt after placement. Yet, some of the adoptions ultimately failed

because of the most severe effects of early adverse experiences and how these altered the

children's ability to attach with their adoptive parents (Howe, 1995). Verbovaya (2016)

explored adoption breakdown in international adoptions from the lens of attachment

theory, suggesting a relationship between adverse experiences in the early sensitive

months and years and adoption breakdown. Verbovaya (2016) suggested that the deprivation a child experiences in an institutional setting prior to adoption, as well as other potentially traumatic experiences endured, can manifest into numerous behavioral and mental health challenges in the future. Verbovaya (2016) also highlighted the increased risk of a diagnosis of Reactive Attachment Disorder (RAD) for a child who has experienced severe early trauma and loss. This tumultuous beginning often correlates with a distorted internal working model that does not allow the child to feel any sense of safety or security within a meaningful relationship (Verbovaya, 2016). RAD is extremely complex and often leads to adoption breakdown. Although these studies reveal that attachment can profoundly increase the risk of adoption breakdown, it has also been observed that secure attachment in adoptive parents can improve the attachment behaviors of the adopted children (Pace & Zavattini, 2011). This encouraging outcome demonstrates the importance of understanding the role of attachment theory within adoption.

Ecological Systems Theory

  Bronfenbrenner (1979) developed the ecological system theory, a theoretical perspective on human development from the perspective of how people interact with their environment. He explained that the ecological environment around every individual could be understood as a set of nested structures similar to Russian dolls (Bronfenbrenner, 1979, p. 3). The first and most immediate structure is called the *microsystem,* which is comprised of the other persons, objects, and situations closest to the individual (Bronfenbrenner, 1979). The second structure, the *mesosystem*, is the linked relationships that are between the developing person and another – relationships in

which the person is an actual participant (Bronfenbrenner, 1979). Next, the *exosystem* is the interconnected relationships that interact with the person from a distance. These circumstances are within settings that the person may never enter, but that have an effect on what happens in the person's immediate environment (Bronfenbrenner, 1979). Finally, the broadest interconnected system can be understood as the ideologies, subcultures, and social institutions that make up the individual's *macrosystem* (Bronfenbrenner, 1979). The most profound aspect of understanding ecological system theory is to understand it in context with other developmental theories, such as Piaget's (1952) theory of cognitive development. Bronfenbrenner (1979) expanded the understanding of how a child develops by including the environment surrounding the child as a necessary piece to the puzzle.

Schweiger and O'Brien (2005) provide the first comprehensive view of the adoption of children with special needs through the lens of ecological systems theory. They positioned the adoptive experience in each of the four ecological systems. The microsystem for an adopted child includes both the adoptive family as well as the biological family (Schweiger & O'Brien, 2005). It also includes any other foster families or transitional care institutions in which the child was cared for and raised. The interaction between adults and other children within these environments play a significant role in the adopted child's microsystem. When a child moves through different environments of care, the memories of experiences from the last environment remain and often continue to affect the adopted child in the current environment. These memories and any further interaction with previous family members or caregivers are within the child's mesosystem (Schweiger & O'Brien, 2005). Also included are relationships the

child has and has had with peers, specifically within the school environment (Schweiger & O'Brien, 2005). An adopted child's exosystem includes the network of adoption workers and social services that must connect and work properly to bring about the adoption placement (Schweiger & O'Brien, 2005). As explained in the theory, the child and even the child's parents might not ever have direct interaction with any of these adoption professionals, but they have a profound impact on the child. The macrosystem is defined as incorporating the culture and subcultures in which the child's micro-, meso-, and exosystem are situated. Schweiger & O'Brien (2005) propose that the adopted child's macrosystem is the broad idea of "family" as defined by their surrounding society. There are numerous societal beliefs on the value, purpose, and process of adoption. These beliefs each hold a possible stake in the experience and adjustment of an adopted child as well as adoption policy and the provision of post-adoption services.

Verbovaya (2016) added Bronfenbrenner's later addition to his ecological systems theory, the *chronosystem*. The chronosystem refers to how the development of a person is affected by the historical experiences of their own system as well as other systems (Bronfenbrenner, 2005). Verbovaya (2016) takes a similar perspective of identifying what constituted each ecological system surrounding an internationally adopted child and applies it to the risk of adoption breakdown. The use of ecological systems theory in the study of adoption adjustment is an effective tool as it incorporates the interconnectedness of the adopted child's immediate and broadest environments. Furthermore, it provides a perspective beyond a list of single factors that contribute to adoption breakdown, specifically how dysfunctional systems playing a role in the life and development of the adopted child could affect his or her ultimate outcome.

Overview of Studies Included in this Dissertation

This dissertation includes three manuscripts that were completed to explore the experience of adoption breakdown. The three manuscripts include 1) a systematic review of studies on adoption breakdown published since the implementation of the Fostering Connections Act, 2) a quantitative examination of current factors associated with adoption breakdown in the U.S., and 3) a qualitative study investigating adoptive families' adjustment process in adoption from the perspective of adoption caseworkers. The following section details each of the manuscripts in this dissertation and concludes with a robust discussion of the three articles in Chapter 5.[1]

Chapter Two: Systematic Review of the Literature

Chapter two includes a systematic literature review that examined literature published since the implementation of the Fostering Connections Act to explore how these efforts may have impacted adoption breakdown. Securing meaningful life-long relationships for children in foster care is one of the main goals of child welfare in the U.S. (USDHHS, 2011). Because of this goal of permanency, numerous federal initiatives have focused on supporting adoptive parents after adopting a child from state custody. The Fostering Connections Act is the most recent piece of legislation passed that included specific supports for children and families after adoption. This systematic review sought to answer the research question: *What are current factors associated with*

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[1] Formatting note: chapters one and five are formatted to meet the unique formatting requirements of the Graduate School. Chapters two through four were written as manuscripts for publication and follow APA 6 formatting guidelines.

adoption breakdown from a review of quantitative and qualitative studies published since

the implementation of the Fostering Connections Act?

The findings of this review indicate that several child and agency factors remain associated with adoption breakdown, while further research is needed to explore parent characteristics. Factors discussed in the studies reviewed include: (a) older age of the child at adoption; (b) emotional and behavioral challenges of the child; and (c) a need for specialized adoption training for parents and professionals.

This study was completed in collaboration with Elissa Madden, LMSW, Ph.D., dissertation chair. Dr. Madden provided design and conceptual consultation as well as substantial editorial feedback.

Chapter Three: Quantitative Analysis of Current Factors Associated with Breakdown

Chapter three includes a quantitative study that examined current factors associated with adoption breakdown in the U.S. The majority of recent studies on factors of adoption breakdown have been completed outside of the United States (U.S.) (Barbosa-Ducharne & Marinho, 2019; Bardsley, 2017; Meakings, Ottaway, Coffey, Palmer, Doughty, & Shelton, 2018; Paniagua, Palacios, & Jimenez-Morago, 2019; Paniagua, Palacios, Jimenez-Morago, & Rivera, 2019; Selwyn, 2019; Vinnerljung, Sallnas, & Berlin, 2017; Wijedasa & Selwyn, 2017). This study aimed to address this gap by utilizing an exploratory, cross-sectional design to survey U.S. families who had adopted in the past 10 years (*n*=204). This quantitative study examined the child, parent, and agency factors identified in prior literature to explore which remain significantly associated with adoption breakdown. The research question for this study was: *What*

factors remain significantly associated with adoption breakdown in U.S. adoptive families who have adopted from child welfare in the past 10 years?

Concept, design, and data analysis consultation and substantial editorial feedback were provided by Elissa Madden, LMSW, Ph.D., dissertation chair. Additional editorial feedback was provided by Helen Harris, Ed.D., LCSW, and Erin Maher, Ph.D.

Chapter Four: Qualitative Analysis of Adoption Adjustment

Chapter four includes a qualitative study that explored the adjustment process in adoption from the perspective of child welfare adoption caseworkers. Interviews were completed with 18 adoption caseworkers in a state in the southwest region of the U.S (*n*=18). The principal investigator reviewed the concept of the honeymoon period and explored periods that are particularly challenging after a child is placed in the home. A primary aim of this study was to expand the work of prior studies on adoption adjustment by gathering specific information about the child and family's adjustment to adoption from adoption case workers. This study sought to answer the research question: *How do child welfare adoption workers perceive adoptive families' adjustment to adoption?*

Findings from this study were examined from previous studies' categorization of the child, parent, and agency factors associated with adoption breakdown. Several factors were identified in the data provided by adoption workers. Additionally, the data collected provided the foundation for further development of an adoption adjustment model. Implications for practice were discussed with regard to how adoption professionals and child welfare can utilize this adoption adjustment model.

Elissa Madden, LMSW, Ph.D., dissertation chair, provided consultation for the conceptualization and design of this study. Dr. Madden also provided considerable

editorial feedback. Additionally, Jon Singletary, MSW, MDiv., Ph.D., and Laine Scales, MSW, Ph.D., provided editorial feedback and are included as authors on this study.

Chapter Five: Discussion and Implications

The fifth and final chapter provides an overview of each study included in the dissertation. The theoretical frameworks discussed in this chapter are revisited and discussed in relation to each of the studies. Furthermore, recommendations for social work practice, policy, and future research needs are discussed in relation to the findings of each manuscript included in this dissertation. Specifically, this research provides critical information on the effectiveness of U.S. federal efforts to strengthen families in post-adoption. Ongoing evaluation of these programs and policies should continue, with the findings informing future goals and planning efforts. Additionally, future research should build on further development of the adoption adjustment model presented in the qualitative study by interviewing adoptive parents and children. This model provides valuable information for child welfare and adoption professionals as they guide and support children and families after adoption from foster care.

CHAPTER TWO

Factors Associated with Adoption Breakdown Following Implementation of the
Fostering Connections Act: A Systematic Review

Abstract

The Fostering Connections to Success and Increasing Adoptions Act of 2008 was one of several United States federal initiatives meant to encourage adoptions from child welfare and support parents in post-adoption. The majority of these policies provide financial assistance in the form of subsidies and tax breaks. This systematic review explores the effect of these federal initiatives on adoption by examining recent studies (n=6) of adoption breakdown in the United States. Several of the previously identified factors associated with adoption breakdown appear to remain a challenge for children and families in post-adoption. Child characteristics that remained significant are 1) age of child at adoption, 2) number of placements while in foster care, and 3) emotional and behavior challenges. Some parent and agency characteristics also continued to be observed in situations of adoption breakdown. Yet, this review indicated a potential positive impact of the Fostering Connections Act and previous legislation aimed at strengthening families in post-adoption. Implications for practice include a call for future federal initiatives to continue efforts to support adoptive families by expanding the adoption competency trainings to reach adoptive parents as well as professionals. Future research needs include exploring the post-adoption needs of kinship adopters and expanding the examination of parent and agency factors currently associated with adoption breakdown in the United States.

Introduction

One of the overarching goals of child welfare in the United States is *permanency*, or the attainment of life-long relationships that can offer the stability and security of a family (USDHHS, 2016). The initial goal for a child who has entered foster care is to be reunited with their biological family, but this is not possible for over half of all foster children (USDHHS, 2019). Often, the other avenue for a child to achieve permanency is adoption. The majority of adoptions from the United States (U.S.) child welfare system remain intact, but 10% to 25% of adoptions end in *disruption*—breakdown of the adoption before legal finalization (Child Welfare Information Gateway, 2012; Smith, 2014). Additionally, 1% to 10% end in *dissolution*—breakdown after legal finalization (Child Welfare Information Gateway, 2012; Parolini, Shlonsky, Magruder, Eastman, Wulczyn, & Webster, 2018; Rolock, 2015; Rolock & White, 2017; Rolock & Testa, 2008; Sattler & Font, 2020). According to Rolock and Testa (2008), the dissolution rate increases with the number of years since the child first joined the family, with more dissolutions occurring at 10 years after adoption. When adoption breakdown (a term encompassing both disruption and dissolution) occurs, the child no longer experiences the benefits of having a permanent and stable family (Palacios, Rolock, Selwyn, & Barbosa-Ducharne, 2019). In fact, the child and family both experience the devastating effects of loss and trauma following adoption breakdown (Smith, 2014). Adoptive parents are often left feeling that they have failed when they decide to end the adoption after a time of chronic and intense stress in the home (Smith, 2014). Children adopted from foster care

already have experienced the initial loss of their biological family members and any other meaningful relationships with foster parents or caregivers during their time in foster care. When children must carry these losses with them, it creates additional burden as they already bear the weight of the traumatic impact of the adverse experiences that led them into the state's custody. When adoption breakdown occurs, the child experiences the compounding effects of the intense stress in the home leading up to the breakdown as well as further loss of meaningful relationships. Additionally, children who re-enter foster care often struggle to find permanency after experiencing adoption breakdown. Smith (2014) reported that adopted children who re-enter foster care are three and a half times more likely to be placed in congregant care. The experience of adoption breakdown is detrimental in numerous ways for the child and family. As such, bolstering states' abilities to strengthen families in post-adoption has been a central goal of numerous federal policies.

For the past four decades, U.S. federal policy has paid particular attention to supporting the adoption of children from state custody (Coakley & Berrick, 2008; Rolock, 2015; Smith, Howard, Garnier, & Ryan, 2006; White, 2016). One of the most notable pieces of legislation is the Adoption and Safe Families Act of 1997 (ASFA) that prioritized adoption and mandated timelines in which agencies were required to find permanent homes for children (Child Welfare League of America, 2013). Additionally, the Fostering Connections to Success and Increasing Adoptions Act (i.e., Foster Connections Act) was passed in 2008. Among the many significant impacts to child welfare, this Act provided an increased incentive for the adoption of children with special needs as well as for older children (Child Welfare Information Gateway, 2019; Stoltzfus,

2008). The Fostering Connections Act also required agencies to make reasonable efforts

to place siblings in the same adoptive home and expanded the use of federal funding to

increase opportunities for kinship placements (Child Welfare Information Gateway,

2019; Stoltzfus, 2008). These efforts to broaden financial support for adoptive families,

as well as provide connections to biological family members for the child, are reflective

of research on the most effective ways to support a family post-adoption (Buckles, 2013;

Child Welfare Information Gateway, 2013; Hansen, 2007). The federal focus on

providing post-adoption support to families stems from the overarching goal of

permanency for children whose biological parents' rights have been terminated. Research

on the factors leading to adoption breakdown has continued since the passage of the

Fostering Connections Act; however, to date, a comprehensive review of outcomes and

implications for practice has not yet been completed. Therefore, this systematic review

seeks to address this gap in the literature by examining studies completed since the

implementation of the Fostering Connections Act to explore how these efforts have

impacted the factors leading to adoption breakdown.

Literature Review

Researchers on adoption breakdown have used many different terms to describe

the experience, including *placement* or *postpermanency discontinuity* (Rolock, 2014;

Testa, Snyder, Wu, Rolock, & Liao, 2015; White & Wu, 2014). Terms used outside of

the U.S. include *adoption rupture* or *truncated adoptions* (Rushton, 2004). *Adoption*

breakdown has become the preferred terminology of adoption scholars as it is inclusive

of all circumstances that lead to the "end of adoptive family life together for parents and

children under 18 years old, irrespective of whether the legal adoption proceedings have

finalized" (Palacios et al., 2019, p. 131). In recent years, several notable studies on adoption breakdown have used this terminology (e.g., Barbosa-Ducharne & Marinho, 2019; Paniagua, Palacios, & Jiménez-Morago, 2019; Paniagua, Palacios, Jiménez-Morago, & Rivera, 2019; Selwyn, 2019).

Researchers have studied adoption breakdown since the 1980s. There is a general consensus among scholars with regard to the factors that appear to be associated with adoption breakdown (Palacios et al., 2019). These factors can be categorized into three distinct groups: (a) child factors, (b) parent factors, and (c) agency factors.

Child Factors

One of the most significant child factors related to adoption breakdown is the age of the child at placement (Coakley & Berrick, 2008; Faulkner, Adkins, Fong, & Rolock, 2017; Festinger, 2014; Smith, 2014). Some researchers have suggested this may be due to the increased time that older children have endured adverse circumstances (Palacios et al., 2019). Researchers have proposed the longer a child experiences chronic trauma, the greater the opportunity that toxic stress has to alter the child's brain function, development, and behavior (Turecki, Ota, Balangero, Jackowski, & Kaufman, 2014). Additionally, Gibb (2002) submitted when children experience adverse events, they internalize the world and other people as dangerous and unpredictable. According to Bowlby's (1969) attachment theory, the child's ability to form secure relationships is inhibited by these internalized perceptions, leading to challenges in bonding with new adoptive family members.

Another child factor identified in the research is the emotional and behavioral challenges the child experiences (Child Welfare Information Gateway, 2012; Coakley &

Berrick, 2008; Faulkner et al., 2017; Festinger, 2014; Rushton, 2004; White, 2016).

Studies have suggested emotional and behavioral challenges often begin soon after

placement, but they can also commence when the child enters puberty (Selwyn,

Wijedasa, & Meakings, 2014). Emotional and behavioral challenges mentioned in the

literature include difficulty forming close attachments, manipulation and control, anger,

aggression, self-esteem problems, inappropriate sexual behavior, and cognitive

processing delays (Palacios et al., 2019, p. 134). Studies such as Testa and colleagues

(2014) found that an increase in these types of behaviors was positively correlated with

adoptive parents' thoughts of ending the adoptive relationship.

Studies have also shown when children experience a high number of placement

moves while in foster care, they are at an increased risk of experiencing adoption

breakdown (Barth, Berry, Yoshikami, Goodfield, & Carson, 1988; Rolock & White,

2016; Selwyn et al., 2014). Palacios and colleagues (2019) observed as the number of

broken relationships increased, children struggled to trust future relationships and

emotional connections. This, in turn, increased the emotional and behavioral challenges

of children (Palacios et al., 2019).

Race of the child has been examined in several studies on adoption breakdown.

The majority of these studies have found no significant association between race and

adoption breakdown (Palacios et al., 2019). Yet, two of the most recent studies included

in this systematic review identified race of the child as a significant factor in adoption

breakdown (Rolock et al., 2019; Rolock & White, 2016). In these studies, and others

where race was found to have a significant association with adoption breakdown, African

American children experienced breakdown at a higher rate than White children (Rolock et al., 2019; Rolock & White, 2016; Smith, 2014; Smith et al., 2006).

Placement of a child with their siblings is one child factor that has not been discussed consistently in research on adoption breakdown. Some studies found children placed with siblings were at higher risk of adoption breakdown (Selwyn, 2019; Smith et al., 2006). However, in contrast, Rolock and White's (2016) study found that children placed with siblings had a lower probability of adoption breakdown. Even still, in a review of 17 articles exploring the adoption outcomes of siblings placed together, Hegar (2005) reported 12 of the studies found that placement with siblings was no different than a child being placed singly. In a more recent review of the impact of the placement of siblings together and placement stability, Jones (2016) found that sibling placements are often as stable or more stable than placements of single children. In fact, Leathers (2005) identified that when a child has been separated from all of their siblings while in foster care, the risk of placement disruption increased, particularly if the child had previously been placed with siblings and then later separated. Palacios et al. (2019) suggested that the inconsistency in findings across studies perhaps was due to factors surrounding placement of the child with or without siblings, including an experience of *preferential rejection*—when one child is singled out to be adopted or made to leave the adoptive home (p. 134).

Parent Factors

Factors relating to adoptive parents have not been as universally agreed-upon by researchers as those relating to children. In a study in which McRoy (1999) examined the characteristics of intact adoptive families, she found that parents who had realistic

22

expectations of adoption, greater flexibility, and more willingness to seek help when needed were more often able to avoid breakdown. A number of other studies reported that when parents expressed a significant number of unrealized hopes and dreams concerning the child they had adopted, the risk for adoption breakdown was heightened (Palacios et al., 2015; Reilly & Platz, 2003; Rosenthal, Groze, & Curiel, 1990; Smith, 2014). Yet, when parents embodied a flexible parenting style, researchers observed an increased association with adoption stability (Marinho, Barbosa-Ducharne, & McRoy, 2012; Partridge, Hornby, & McDonald, 1986). Finally, the more receptive and open adoptive parents were to receive post-adoption support, whether formally or informally, researchers observed an increase in the association of this characteristic with placement stability (Berry, 1997; Leung & Erich, 2002; Marinho et al., 2012; McRoy, 1999; Rosenthal et al., 1990). Formal post-adoption support includes services provided by professionals, while informal support includes the services and emotional support provided by family, friends, and other non-professional relationships.

Agency Factors

Agency factors, or factors relating to systemic characteristics in pre- and post-placement professional activities, is the final group of factors noted in prior research on adoption breakdown. The preparation agencies provide for adoptive parents prior to their adoption has often been identified as an agency factor in prior literature (Barbosa-Ducharne & Marinho, 2019; Berry, 1997; Rosenthal, 1993; Palacios et al., 2019). This includes information about what to expect during the adoption process, information about the child being adopted, and training for how to parent a child with a traumatic history (Palacios et al., 2005). Another significant agency factor for children adopted from child

23

welfare is the turnover rates of child welfare workers (Festinger, 1990). Studies have found that when workers left their positions in child welfare, the children on their caseloads were transferred to new workers. This led to a number of different workers responsible for preparing the family and child for adoption as well as less than adequate quality of service due to the inexperience of workers (Child Welfare Information Gateway, 2012; McRoy, 1999). These studies revealed that the higher number of workers a child had while in foster care was positively associated with a higher risk of adoption breakdown (Festinger, 1986; McRoy, 1999).

A lack of sufficient post-adoption services and support has also been found as a predictor of adoption breakdown in several studies (George, Howard, Yu, & Radomsky, 1997; Palacios et al., 2019). Festinger (2002) discovered in child welfare adoptions, parents are left with a much lower level of support after they adopted a child than they had available to them before the adoption. Parents described the experience as if the agency was there providing support to achieve the adoption finalization, and then afterwards the parents were cut off and felt abandoned (Festinger, 2002). Finally, Barth and Miller (2000) drew attention to the need for more post-adoption services, both formal and informal, as well as more empirical evidence of whether services that are available are truly effective. Brodzinsky and Smith (2019) reported that this need not only remains but is also now considered a "critical issue facing the adoption field today" due to a lack of adoption competent providers (p. 191). With a high number of adopted children and families seeking mental health services post-adoption, adoption competent professionals are necessary to reduce the risk and occurrence of adoption breakdown (Brodzinsky & Smith, 2019).

Prior federal efforts have provided resources and accountability to states designed to bolster support provided to families who adopt from child welfare. Most of these policy changes have attempted this by increasing financial support through adoption subsidies and tax breaks for adoptive parents (Buckles, 2013). The goal behind providing this financial support to adoptive families has been to alleviate the financial burdens encountered during the adoption journey, such as purchasing physical or mental health services their adopted child may need (Buckles, 2013). The Fostering Connections Act also attempted to support adopted children by urging states to place children with their siblings and maintain connections with biological family through kinship adoptions (Stoltzfus, 2008). Several studies have looked at the factors associated with adoption breakdown, including some that were completed after implementation of The Fostering Connections Act. From these studies, this review seeks to answer the research question: *What are current factors associated with adoption breakdown from a review of quantitative and qualitative studies published since the implementation of the Fostering Connections Act?* To this end, this study systematically reviewed studies published after the Fostering Connections Act was enacted and fully implemented (after 2014) to explore the impact of this important federal policy initiative.

Method

The first step of this systematic review was to review electronic databases to gather both peer-reviewed literature as well as reports and materials produced by organizations outside of the academic publishing and distribution channels on adoption breakdown. A total of 1333 articles were initially identified, then screened down by title to 352. Titles of articles were screened to determine whether the articles discovered in the

searches truly pertained to the breakdown of adoptions from child welfare. If this could

not be determined by examining the information provided in the title, the article was

included in the next phase of screening. Studies were then screened for duplicates,

bringing the total number of articles to 187. Table 2.1 shows the keywords and search

strings used in each database. The keywords were derived from the literature on adoption

breakdown, including five target studies that were known to focus on adoption

breakdown. These studies included Barth et al. (1988), Palacios et al. (2019), Smith et al.

(2006), Barth and Miller (2000), and Selwyn et al. (2014). Per the method outlined in

Boland, Cherry, and Dickson (2017), these target studies were used as an indicator of

whether the search strategy was effective.

Table 2.1. *Keywords and search strings*

(1) "adoption dissolution" OR "adoption disruption" OR "placement discontinuity"
(2) adoption AND dissolution OR disruption AND "foster care"
(3) Post-permanency* AND "foster care"

After the initial search was completed, articles were narrowed down to 30 by

reviewing abstracts. Four criteria were used to determine which articles should be

included:

(1) The study was completed in the U.S.

(2) The study had a publication date of 2014 or later to allow time for state

agencies to implement the requirements of the Fostering Connections Act of

2008 and collect data on adoption breakdown for children and families

26

affected by the subsequent provisions.[2] If the article stated the researchers

collected data prior to 2014, the article was excluded.

(3) The study described methods and outcomes of an empirical study, qualitative

or quantitative, examining factors of adoption breakdown or post-adoption

challenges that could lead to adoption breakdown.

(4) The sample included only families who adopted from the U.S. child welfare

system.[3]

All articles that met the above inclusion criteria were selected for a full-text review.

Additionally, if the abstracts of the articles screened at this level provided no or limited

information on whether the article met the inclusion criteria, the article was also selected

for a full-text review. Ultimately, six articles were included in this review. Each article

was examined with regard to findings relating to factors associated with adoption

breakdown and quality.

Results

Table 2.2 details the databases searched for this review and the outcomes from

each search. In the first search, a total of 1333 articles were identified. Articles were then

narrowed down to a total of 352 after an initial title screening. Figure 2.1 provides the

PRISMA flow chart (Liberati, Altman, Tetzlaff, Mulrow, Gøtzsche, Ioannidis, & Moher,

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[2] In the Fostering Connections Act, the use of funds were authorized between October 2008 through the end of FY 2013 for full implementation; therefore, the researcher elected to use 2014 or later in the inclusion criteria to ensure that families and children in the studies identified for this review would have been able to benefit from the policy implementation changes enacted by the Fostering Connections Act (USDHHS, 2013). The principal investigator of this review identified 2014 or later as the publication date for the inclusion criteria to allow five years for the policy to be enacted, plus an additional year for families to have time to utilize the resulting resources.
[3] Moyer and Goldberg (2017) included adoptive parents who had adopted domestically in their study sample; however, only findings specific to parents who adopted from child welfare were included in this systematic review.

27

2009; Moher, Liberati, Tetzlaff, & Altman, 2009) to show the phases of the review with results. Thirty articles were read completely for the final selection process. Eight articles were excluded at this phase, as data were collected before 2014. Eleven articles sharing outcomes from studies completed in countries outside of the U.S. were excluded, given that the focus of this review is on the U.S. child welfare system. Two articles were excluded because the sample included intercountry and domestic adoptions rather than children adopted only from the foster care system. Another article was excluded because it examined disruption from foster care placements rather than adoptive placements. Two additional studies were excluded because one focused on post-adoption needs rather than factors of adoption breakdown, and the other study focused on the development of a scale measuring caregiver commitment rather than addressing factors that contribute to breakdown. After these exclusions, six articles remained (*n*=6). While small, the number of articles available for inclusion in the final sample is consistent with previous research that has noted that post-finalization studies are rare in adoption literature (Festinger, 2002; Selwyn et al., 2014; White, 2016).

Table 2.2. *Database Search Results*

Database Searched	First Search	After Title Screening
PsychINFO	80	60
Social Work Abstracts	15	13
Sociological Abstracts	228	64
JSTOR	237	21
Scopus	616	81
Childwelfare.gov	55	11
Google Scholar*	102	102
	Total	352

*Google Scholar search included the first 50 articles in "most relevant" match for each keyword string

Figure 1. The PRISMA flow diagram
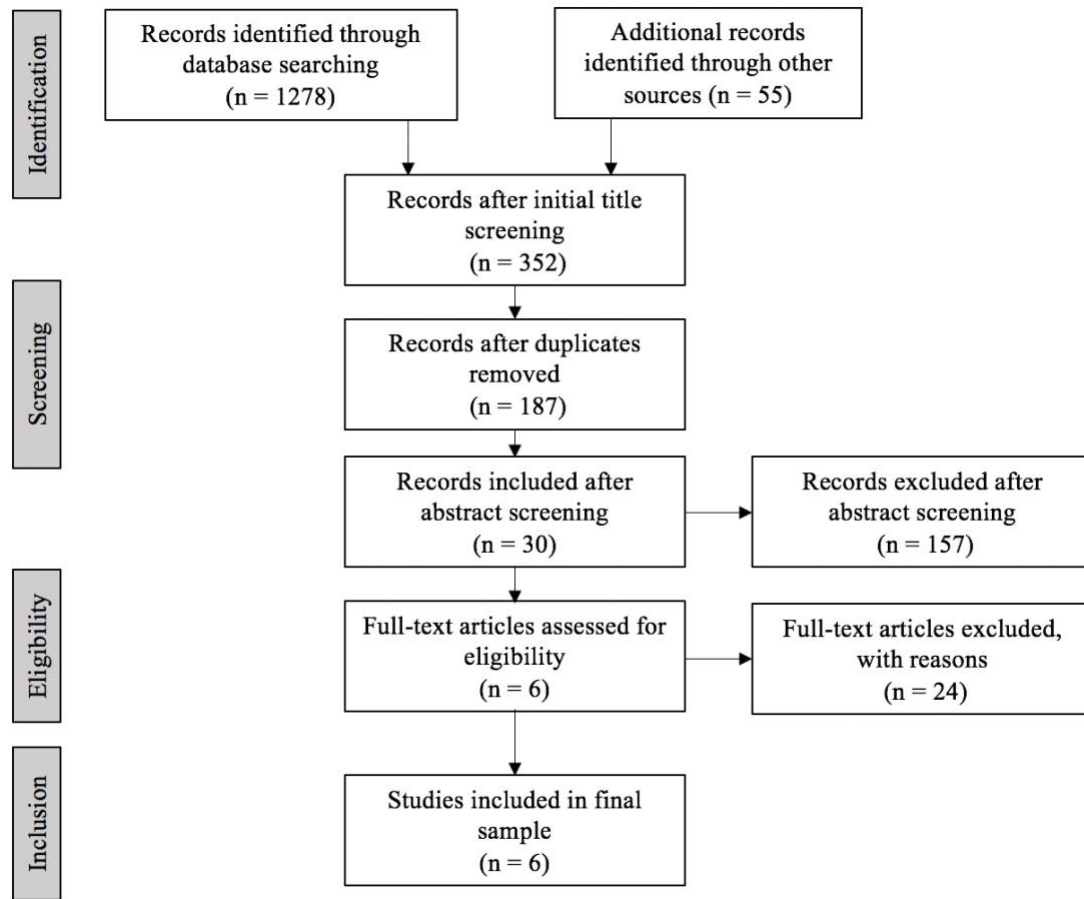
Figure 2.1. *The PRISMA flow diagram*

This systematic review utilized a matrix method to integrate and interpret qualitative and quantitative evidence from the selected articles (Boland, Cherry, & Dickson, 2017; Goldman, & Schmalz, 2004). The framework synthesis approach was chosen due to the a priori framework of predictors identified in adoption breakdown literature (Oliver, Rees, Clarke-Jones, Milne, Oakley, Gabbay, Stein, Buchanan, & Gyte, 2008). Table A.1 (see Appendix A) provides a summary of the factors identified in the six studies selected for this review. The studies are arranged in chronological order in Table A.1 to show how factors associated with adoption breakdown have been examined

since 2014. Four of the studies were quantitative, and two were qualitative. The two qualitative studies gathered data through interviews of former foster youth (i.e., Mariscal, Akin, Lieberman, & Washington, 2015) and adoptive parents (Moyer & Goldberg, 2017). Three of the quantitative studies analyzed administrative data collected from a state or states' child welfare records (Dellor & Freisthler, 2018; Rolock, White, Ocasio, Zhang, MacKenzie, & Fong, 2019; Rolock & White, 2016). The final study included in this review was a quantitative study that recruited case managers to complete a survey about youth who had experienced adoption breakdown and were residing in state-licensed or private residential treatment centers, group homes, or treatment foster homes (i.e., Kim, Piescher, & LaLiberte, 2019).

Factors of Adoption Breakdown

   Child factors. Each of the six studies included in the final sample discussed outcomes reflecting child factors related to adoption breakdown. Of the six studies, five noted that the *age of the child* at the time of placement appeared to be positively associated with a higher risk for breakdown. The three quantitative studies that analyzed data drawn from states' administrative records reported a positive correlation between the age of the child being over 3 years old at adoption and the child's experience of breakdown (i.e., Dellor & Freisthler, 2018; Rolock et al., 2019; Rolock & White, 2016). Rolock and White (2016) also noted the most compelling characteristic of breakdown in the sample was the average age at which they experienced breakdown. This age was 13.2 years, with the likelihood of breakdown increasing with adolescence (Rolock & White, 2016). Finally, the two qualitative studies included in the sample reported an association between the child's older age at placement and challenges in adoption. Mariscal and

30

colleagues (2015) study stated that older foster youth experienced more difficulty being adopted than younger foster children. Additionally, Moyer and Goldberg (2017) observed an increase in parental stress when the child was adopted at an older age.

Five of the six studies identified an association between the risk of adoption breakdown and a high *number of placements* the child experienced while in foster care. Again, all three of the studies examining administrative data that followed adopted children several years after their adoption identified this characteristic as a risk factor for adoption breakdown. Rolock and White (2016) specifically observed a 5% increase in the odds of breakdown for each additional placement (p. 425). The only other quantitative study in the sample that discussed this characteristic as a factor of adoption breakdown was Kim et al.'s (2019) study surveying case managers. Outcomes of the study reported a higher risk for breakdown when the child had been in five or more placements prior to being placed for adoption (Kim et al., 2019). In the Mariscal et al. (2015) study that interviewed former foster youth, participants explained the more placements they had experienced while in foster care, the deeper their mistrust was of future relationships.

The *emotional and behavior challenges* children faced while in foster care and after being adopted were also reflected in three of the six studies in the sample. Dellor and Freisthler (2018) observed a higher association with adoption breakdown for children who had witnessed drug use in their biological home, been physically abused, and were voluntarily relinquished by biological parents. Kim et al. (2019) observed children with developmental diagnoses were three times more likely to experience an adoption disruption. Additionally, the specific diagnoses of Reactive Attachment Disorder (RAD) or Fetal Alcohol Syndrome Disorder (FASD) were found to be associated with both

adoption disruption and dissolution (Kim et al., 2019). The former foster youth interviewed in the Mariscal et al. (2015) study noted several emotional and behavior challenges they faced that they believe led them to experience greater problems in post-adoption. These challenges included: (a) the youths' sense of being emotionally manipulated into being adopted when they did not want to be, (b) a tremendous amount of pressure to perform well when joining new adoptive placements, so much so the youth were unable to be themselves, and (c) youth struggling with the mental health diagnoses given to them by different mental health providers while in state custody (Mariscal et al., 2015).

Other child factors discussed in the studies included race of the child, years in foster care before being adopted, and placement with siblings. In all three studies where *race* was identified as a significant child characteristic, it was noted that African American or multiracial children were at a higher risk of adoption breakdown (Rolock et al., 2019; Rolock & White, 2016; Kim et al., 2019). Findings were mixed with regard to the *number of years* the child had spent in state custody prior to adoption. Rolock and White (2016) observed a lower risk of adoption breakdown for children who had been in foster care for three or more years. Yet, Rolock et al. (2019) observed no association between the number of years in custody and the risk of adoption breakdown. Additionally, there was discrepancy in the outcomes of how being *placed with siblings* affected the child's risk for adoption breakdown. Rolock and White (2016) noted a 15% lower risk of adoption breakdown when the child was placed with siblings. In contrast, former foster youth believed their connection to sibling groups to be more of a risk for adoption breakdown than a help (Mariscal et al., 2015).

Parent factors. Characteristics of adoptive parents correlated with adoption breakdown were not observed in every study. Both qualitative studies discussed parent factors as did three of the quantitative studies. The characteristics most often examined were the *emotional challenges* and *parental stress* experienced by the adoptive parents. Moyer and Goldberg (2017) observed in interviews with adoptive parents that those who were able to utilize cognitive flexibility and reframe unmet expectations were better able to process their loss and grief and move on to a thriving relationship with their adopted child. Finally, former foster youth discussed challenges with adoptive parents lacking therapeutic parenting skills, understanding trauma, and communicating family rules and routines clearly (Mariscal et al., 2015). Youth also shared the challenge of many adoptive parents treating their biological children differently and how that affected their post-adoption relationship (Mariscal et al., 2015).

The second characteristic of adoptive parents observed in three of the studies was the impact of *pre- and post-adoption training*. Former foster youth noted that adoptive parents do not receive all of the training they need and struggle to understand the role of trauma in building relationships after adoption (Mariscal et al., 2015). Additionally, youth stated they believed parents needed better pre-adoption preparation to set realistic expectations of what adoption should look like after they joined the home (Mariscal et al., 2015). Adoptive parents shared the same belief that they would have benefitted from better preparation prior to receiving a child in their home (Moyer & Goldberg, 2017). They admitted experiencing high levels of stress related to the child's older age and special needs, particularly when they did not feel they were provided enough strategies or information in their pre-adoption training (Moyer & Goldberg, 2017).

The final characteristic of adoptive parents observed in two of the quantitative studies was the *kinship relationship* with the adopted child. The findings were mixed on whether or not having a previously established relationship with the child decreased the risk of adoption breakdown or increased the risk. Rolock et al. (2019) detected no increased risk for adoption breakdown when the child was adopted by relatives. Yet, Dellor and Freisthler (2018) observed the opposite, finding 64.23% of adoption dissolutions from a total sample of 197 adoptive families were kinship adoptive parents (p. 141). Notably, over a quarter of these kinship adoptive parents had previous substantiated cases of abuse or neglect (Dellor & Freisthler, 2018).

Agency factors. Characteristics of the systems that support adoption were only observed in three of the six articles. Rolock et al. (2019) did not find any association between adoption breakdown and the child living in an institutional setting or group home. In the adoptive parent survey, parents shared high levels of stress-related to unmet expectations and a lack of information about their adopted child from agency caseworkers (Moyer & Goldberg, 2015). Additionally, parents shared the professional support received after adopting a child from child welfare was overall insufficient (Moyer & Goldberg, 2015). Former foster youth shared in Mariscal et al.'s (2015) study that some of the most challenging systematic issues were when they struggled to communicate with their worker, had too many workers due to high worker turnover, and when they experienced cross-system communication issues (e.g., workers in different departments failing to communicate important updates on the youth's case). Youth described the same type of agency issues with mental health providers they worked with following their adoption. The providers lacked professional competence in matters

34

related to trauma and adoption and were hard to connect with when therapy was

mandated (Mariscal et al., 2015). Furthermore, youth stated that it was challenging to

find an experienced provider who possessed the ability to manage their psychotropic

medications well (Mariscal et al., 2015). When youth were able to work with relatable,

engaging, competent, and resilience-oriented providers, they felt they benefitted from the

care (Mariscal et al., 2015). Finally, youth shared that they and their adoptive parents felt

abandoned by the child welfare agency's lack of support after the adoption was finalized

(Mariscal et al., 2015).

Other factors. Both Rolock and White (2016) and Rolock et al. (2019) observed

consistent peaks of time since adoption when the risk of adoption breakdown increased.

Specifically, Rolock and White (2016) noticed the rate of breakdown began at two years

post-finalization at 2% then increased to 6% at 5 years post-finalization. As long as 10

years after adoption, the breakdown rate increased to 11% (Rolock & White, 2016, p.

425). Two states' administrative data were included in the study by Rolock et al. (2019).

One state's peak times for adoption breakdown was 7 and 11 years after finalization,

while the other state peaked at 4 and 10 years (Rolock et al., 2019, p. 159).

Discussion

The purpose of this study was to systematically review literature published since

the Fostering Connections Act to explore the impact of this federal policy initiative on the

factors associated with adoption breakdown. While this was the aim of this review, none

of the studies specifically referenced or discussed federal policies or initiatives in their

examinations of adoption breakdown. Overall, this sample of current research exploring

factors of adoption breakdown since 2014 reflects similar findings found in prior research on the topic.

Child Factors

Beginning with child characteristics, studies included in this review (i.e., Dellor & Freisthler, 2018; Mariscal et al., 2015; Moyer & Goldberg, 2017; Rolock & White, 2016; Rolock et al., 2019) reflected the outcome of previous studies that found when a child is adopted at an older age, the risk for adoption breakdown increases (Coakley & Berrick, 2008; Faulkner et al., 2017; Festinger, 2014; Smith, 2014). Furthermore, this review found that the number of placements a child experiences while in foster care continues to correlate with a higher risk for adoption breakdown (Dellor & Freisthler, 2018; Kim et al., 2019; Rolock & White, 2016; Rolock et al., 2019). Kim et al. (2019) specified when the number of placement moves is greater than five, the risk increases significantly. In addition, the findings of this review showed that the emotional and behavioral challenges experienced by a child continue to be positively correlated with increased risk of adoption breakdown. That these factors continue to show a positive correlation to adoption breakdown is understandable when viewed from the perspective of children experiencing increased emotional and behavioral challenges due to the weight of unresolved grief from numerous broken relationships (Palacios et al., 2019). Additionally, the discrepancy reported in previous research regarding the correlation between adoption breakdown and the placement of children with siblings was reflected in this small sample of current studies. Rolock and White (2016) reported a significantly lower risk of breakdown when children were placed with their siblings, while former foster youth in Mariscal and colleagues (2015) study identified their connection to

36

siblings increased their risk for adoption. Yet, similar to the suggestion of Palacios and colleagues (2015), perhaps this discrepancy in adoption breakdown research is due to variables unaccounted for in the circumstances surrounding each adoption that includes sibling groups placed together.

Parent Factors

Child factors of adoption breakdown appear to be the most studied factors in recent years. Perhaps this apparent focus is due to three of the six studies utilizing states' administrative records on the children who had been adopted from child welfare (i.e., Dellor & Freisthler, 2018; Rolock & White, 2016; Rolock et al., 2019). Yet, even the study that gathered data from adoptive parents focused primarily on child characteristics (i.e., Moyer & Goldberg, 2017). As such, several factors mentioned in prior literature (e.g., parent's education, religion, age of parent at placement) were not addressed in the two studies included in this study's sample that specifically gather information on parents. Rather, the study that collected data from adoptive parents concentrated significantly on the emotional needs of adoptive parents (Moyer & Goldberg, 2017). Further research is needed to explore parent characteristics associated with adoption breakdown.

Another important finding in this review is Dellor and Freisthler's (2018) outcome regarding kinship adoptions. Specifically, the researchers noted a higher likelihood of adoption breakdown among kinship adoptions. In the article, Dellor and Freisthler recognized that this outcome is contrary to the increasingly common practice of seeking kinship adoptions for children in foster care. Notably, the support of seeking kinship placements is one of the aims of the Fostering Connections Act, which is the

37

focus of this systematic review. Dellor and Freisthler (2018) discussed this contradiction

by noting that "prior studies show relative adoptive parents are more likely to exhibit

socio-demographic characteristics that are also associated with adoption dissolution" (p.

143). The following caregiver characteristics were identified by the authors: older age,

single, lower income, less education, and those who are recipients of less training and

post-adoption resources (Dellor & Freisthler, 2018). Additionally, the authors found that

one-third of the kinship adoptive parents in their sample had prior substantiated cases of

abuse or neglect. These findings highlight a critical need for further investigation into the

challenges kinship adoptive parents encounter and the role of federal initiatives such as

the Fostering Connections Act in addressing kinship parents' needs.

Interestingly, none of the studies included in the sample identified financial strain

as a parent factor leading to an increased risk of adoption breakdown. Previous studies

clearly identified the need for increased financial support for adoptive families after they

adopted a child from a traumatic background and with special needs (Buckles, 2013;

Stoltfus, 2008). Although not every study included in this review specifically examined

financial strain of adoptive parents as a factor associated with adoption breakdown, the

only study that reported challenges from the adoptive parent perspective did not reference

this as a particular issue (Moyer & Goldberg, 2017). This finding highlights a need for

further exploration into whether financial strain remains a significant factor associated

adoption breakdown. Perhaps this factor of breakdown has been positively altered due to

federal policies, such as the Fostering Connections Act, that have significantly increased

benefits and tax exemptions for adoptive families (Child Welfare Information Gateway,

2019; Stoltfus, 2008). However, this potential effect of these federal initiatives must be

explored more in-depth to determine if this is an accurate understanding for all types of families who adopt from foster care, including kinship adoptive families.

Agency Factors

By far, the most substantial agency factor that was identified in the studies on adoption breakdown that were conducted after implementation of the Fostering Connection Act is the need to strengthen post-adoption supports. Implications for practice from each of the studies included in this review mentioned the continued gap in post-adoption support. Five out of the six studies highlighted the need for more specialized training for adoptive parents as well as professionals (e.g., Dellor & Freisthler, 2018; Kim et al., 2019; Mariscal et al., 2015; Moyer & Goldberg, 2017; Rolock et al., 2019). Specific trainings suggested in the studies included: (a) the understanding of trauma and trauma-based interventions, (b) awareness of the adoption and permanency process, (c) family developmental transitions after adoption, (d) specific understanding of adoption during adolescence, and (e) adoption-specific training for clinical mental health providers as well as for informal providers who offer adoption support groups and other wraparound services. Additionally, the findings from Moyer and colleagues' (2017) study with former foster youth highlight the most critical components of mental health services necessary to provide effective post-adoption support for children adopted from foster care. These critical components include the need for adoption competent understanding of the role of trauma in adoption, assisting adoptive parents in managing psychotropic

medications after adoption, and understanding the unique needs of adopted children and their families.

The focus on specialized adoption training in the studies aligns with other research published in the last decade that suggested the need for increased adoption competent mental health and child welfare services (Atkinson & Gonet, 2007; Brodzinsky, 2013; Smith, 2014). The U.S. Children's Bureau supported the creation of online training on adoption competency for all states' child welfare systems and mental health providers (Wilson, Riley, & Lee, 2018). Implemented in October 2014, this federal effort was called the National Adoption Competency Mental Health Training Initiative (NTI). The curriculum for this training was developed through a $9 million-dollar cooperative agreement between the Children's Bureau and the Center for Adoption Support and Education (CASE) (Wilson, et al., 2018). The evaluation outcomes of the pilot implementation of this training across nine pilot states have resulted in a continued push for all child welfare professionals and all mental health professionals who are contracted to care for children in foster care to complete the NTI training (Wilson et al., 2018).[4] The results of this review highlight the need for adoption specialized training for

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[4] In January of 2018, NTI was piloted in nine sites: California, Illinois, Maine, Minnesota, South Carolina, Oklahoma, Tennessee, Washington, and the Cherokee Nation. In the eight modules of the Training for Child Welfare Professionals (n=6,149), pre-and post-test knowledge showed significant increase, with an average gain of 28 percentage points for workers and 23 points for supervisors (Wilson et al., 2018). Additionally, high satisfaction (82% of users said they would recommend the training to others) and high application of NTI material in practice (85% of users agreed NTI material was applicable to their job; 57% confirmed they had already applied training material by the time they completed all modules) was reported for those who completed the training (Wilson et al., 2018). Notably, CASE has also developed a more in-depth training called the Training in Adoption Competency (TAC) specifically for mental health providers.

all systems providing post-adoption services to families adopting children from foster care.

There are particular challenges for adoption professionals to overcome with regard to the provision of specialized adoption trainings for adoptive parents. Strategies must be developed and implemented to foster ongoing contact with adoptive families throughout the years following legal finalization. Studies have shown that the risk of adoption breakdown increases over time in an adoptive family, therefore the need for professionals to provide critical information to support these families may be 5, 10, or even 15 years after the adoption has been finalized (Berry, Propp, & Martens, 2007; Rolock & Testa, 2008). Child welfare agencies, community post-adoption supports, and mental health services must recognize this need and actively create long-term post-adoption programs that are adequately funded. Therefore, supporting the development of a robust post-adoption plan, focused on providing adoption competency training for parents and professionals, should be the next aim of federal policy initiatives.

Limitations of Included Studies

Each of the studies in this review reported limitations specific to the research design or sample. Overall, three of the quantitative studies (Dellor & Friesthler, 2018; Rolock et al., 2019; Rolock & White, 2016) had large sample sizes, but the outcomes were not generalizable as the data were collected from just one or two states. Additionally, the data in these three studies were mined from administrative records; therefore, conclusions were limited to the information available. For example, these three studies were unable to provide an understanding of the experiences of the children and families in post-adoption. Specifically, these studies did not explore the nature of the

participants' relationships with their children and what challenges occurred that might have contributed to the breakdown of the adoption.

One study that surveyed case managers from residential treatment centers, group homes, and treatment foster home placement agencies (Kim et al., 2019) was limited by the sample scope; therefore, the ages of the youth discussed in the data were skewed to older youth. This study was also unable to clarify challenges in the adoptive home and the nature of the relationship between the child and parent(s). Caseworkers who participated were only able to report on the information of which they were aware.

Finally, the two qualitative studies (Moyer & Goldberg, 2017; Mariscal et al., 2015) reported a similar limitation that many qualitative studies report – small sample sizes from convenience sampling. Each study reported they were only able to report on point-in-time information collected at the time of the interviews and focus group discussions. Moyer and Goldberg (2017) also stated that their study only included adoptive parents who were parenting with a partner, excluding single adoptive parents. Mariscal et al. (2015) mentioned one of the limitations of gathering data using focus groups is the possibility of social desirability bias, or each member feeling pressure to respond to questions with what they believe their peers would want them to say instead of sharing their genuine thoughts and feelings.

Limitations of this Review

The primary limitation of this review relates to the small sample size (*n*=6). The inclusion criteria focused on studies completed in the United States and thus, resulted in the exclusion of several recent studies examining adoption breakdown. As a result, the exclusion of these studies limited the scope of empirical outcomes available to be

analyzed and included in this review. Yet, even though this review focused on a relatively small number of studies, the studies included outcomes from several different populations impacted by adoption breakdown. As mentioned previously, some utilized secondary child welfare administrative data sets. One study included surveys and interviews with adoptive parents, and another included a survey completed by case managers in congregant care settings and therapeutic foster care agencies. The final study gathered qualitative data from former foster youth. While this can be considered a strength that allows readers to analyze and synthesize information from so many different sources, more studies are needed to gain a more complete understanding of the current experiences in adoption breakdown.

Implications for Practice

Several of the factors previously associated with adoption breakdown appear to remain a challenge for children and families in post-adoption. Some of the child factors found to be significant in the studies included in this review are characteristics that cannot be easily solved through legislation, such as the Fostering Connections Act or through additional funding. For example, children adopted at an older age have often experienced a number of losses and adverse experiences. These losses and adverse experiences leave a substantial impact on children, often increasing their emotional and behavioral needs (Smith, 2014). These two characteristics—age of child at adoption and child's emotional and behavioral challenges—are factors that will most likely continue to present difficulty in post-adoption. Yet, this review has indicated a potential positive impact of the Fostering Connections Act and previous legislation aimed at strengthening families in post-adoption. The study included in the sample that gathered data specifically

from adoptive parents asked about their post-adoption challenges. Financial strain was not reported as being one of the parents' most significant issues. Additionally, in the other qualitative study, former foster youth shared several challenges they encountered in their post-adoption experiences with no mention of financial strain being an issue in their families. With previous literature identifying this as a significant challenge for adoptive families, this outcome presents valuable information for ongoing legislative efforts. Notably, future research is needed to explore the impact of the Fostering Connections Act's provision of financial support of kinship adoptions in the U.S. Furthermore, continued research is needed to explore potential organizational adjustments that may promote more equitable support and outcomes for kinship adopters (Yee, Hackbusch, & Wong, 2015).

This review indicates that federal initiatives are producing positive results, therefore there should be renewed interest in supporting future efforts to address the factors associated with adoption breakdown. For example, one of the most significant findings of this review is that the majority of recent studies on adoption breakdown have identified the critical need for adoption competent post-adoption services. The recent federal initiative aimed at providing adoption competent training (NTI) for child welfare and mental health professionals across the nation is just the beginning of what can be done at a federal level. NTI has provided a state-of-the-art online training on adoption competency at no cost to all child welfare agencies and any mental health provider across the nation. The next step is providing a training on adoption competency that is available at no cost to all adoptive parents across the nation. Additionally, federal and state

legislation should focus on requiring mental health professionals who serve adopted children and their families to be trained in adoption competency.

Conclusion and Future Research Needs

As the number of children adopted from foster care in the U.S. continues to rise (USDHHS, 2019), the study of why these placements do not last remains as relevant as ever. Decades of literature have provided much-needed information on what challenges lead to increased risk of adoption breakdown. Continued examination is necessary to be able to measure change as policymakers and agencies attempt to improve practice to lessen the risk of breakdown for these children and families. Future research in this area should focus on exploring parent characteristics associated with adoption breakdown. Five out of the six recent studies reviewed suggested that the next area of focus for policy and systemic change is the addition of adoption competency training for adoptive parents. In particular, it would be helpful to examine parents' openness to post-adoption support and willingness to seek help after adopting. Given that some federal initiatives such as NTI are already working towards providing adoption competency training for professionals across the United States, the next step should focus on understanding the most effective ways to reach adoptive parents to provide adoption training. Additionally, future research efforts should focus on understanding key structural factors in child welfare systems. For example, what is the relationship between adoption breakdown and whether the pre- and post-placement work with adoptive parents is completed by public child welfare agencies or contracted community service providers? Are there differences in the rate of adoption breakdowns in states that are structured as statewide systems versus county administered? Furthermore, it would be beneficial for future research on

adoption breakdown to replicate similar research designs of prior studies (i.e., track states' administrative data in a longitudinal design to follow post-adoption foster care reentry) to provide a clearer picture of what adoption breakdown looks like across the nation. The more understanding adoption researchers, adoption professionals, and adoptive families can have about the challenges that lead to adoption breakdown, the more empowered all stakeholders will be to prepare earlier, support better, and increase the likelihood for all children adopted from the foster care system to achieve long-lasting permanency.

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CHAPTER THREE

Current Factors of Adoption Breakdown in the United States: A Comparative Analysis

Abstract

This study explored the phenomena of adoption breakdown in the U.S. by collecting survey data from a sample of parents who adopted within the past 10 years (n=204). Participants in the study included adoptive parents who reported they did not experience adoption breakdown (n=196) as well as parents who reported experiencing adoption breakdown (n=8). Factors identified in previous literature on adoption breakdown were examined to explore those currently associated with adoption breakdown in the U.S. Descriptive and bivariate analyses, including Fisher's Exact tests and t-tests, were used to explore the relationship between child, parent, and agency characteristics and adoption breakdown. Three variables were found to be significantly associated with adoption breakdown: the adoptive parent's prior relationship with child, behavioral challenges exhibited by the child that may affect their ability to attach, and the family's lack of access to supportive out-of-home mental health services. These outcomes provide valuable information for child welfare agencies as well as state and federal legislators in the ongoing effort to support adoptive placements from foster care.

Key Words: adoption breakdown, dissolution, disruption, post-adoption support, mental health services, child welfare adoption

Introduction

Numerous studies have examined factors involved in adoption breakdown to understand why adoptions sometimes end. Many different terms have been used by researchers over the years to capture this experience, including "displacements" (Festinger & Maza, 2009), "postadoption instability" (Smith, 2014), or "postpermanency discontinuity" (Rolock, White, Ocasio, Zhang, MacKenzie & Fong, 2019). *Adoption breakdown* is a term that researchers have recently begun to use to identify all ways in which an adoptive family ends, including disruption (prior to legal finalization) and dissolution (after legal finalization) (Palacios, Rolock, Selwyn, & Barbosa-Ducharne, 2019). Additionally, adoption breakdown encompasses separations in which the adoption was not legally terminated, but the child has either run away or is living somewhere other than with the adoptive parents (Palacios et al., 2019).

Although recent empirical studies have examined adoption breakdown, the majority of these studies have been completed outside of the United States (U.S.)((e.g., Barbosa-Ducharne & Marinho, 2019; Bardsley, 2017; Meakings, Ottaway, Coffey, Palmer, Doughty, & Shelton, 2018; Paniagua, Palacios, & Jimenez-Morago, 2019; Paniagua, Palacios, Jimenez-Morago, & Rivera, 2019; Selwyn, 2019; Vinnerljung, Sallnas, & Berlin, 2017; Wijedasa & Selwyn, 2017). Of the recent studies completed within the U.S., three utilize administrative data from one or two states or counties (Dellor & Freisthler, 2018; Rolock et al., 2019; Rolock & White, 2016). This current study is a more recent study completed to better understand adoption breakdown in the U.S. by collecting survey data from a sample of adoptive parents who adopted within the past 10 years (*n*=204) rather than needing to rely solely on administrative data.

Participants in the study included adoptive parents who reported they did not experience adoption breakdown (*n*=196, 96.1%) as well as parents who reported experiencing adoption breakdown (*n*=8, 3.9%). Factors identified in previous literature on adoption breakdown were included in this study to explore differences in the current circumstances of adoption breakdown in the U.S. Prior studies have included three distinct sets of characteristics for predictors of adoption breakdown: child, parent, and agency or systematic.

Literature Review

Since the 1990s, the U.S. has experienced an overall increase in adoptions from foster care (Smith, 2013; USDHHS, 2019). The vast majority of these adoptions remain intact, but an estimated 9.5%-25% of adoptions experience breakdown before legal finalization and approximately 2.2% (range between 1% and 10%) experience breakdown after legal finalization (Child Welfare Information Gateway [CWIG], 2012; Parolini, Shlonsky, Magruder, Eastmen, Wulczyn, & Webster, 2018; Rolock, 2015; Rolock & White, 2016; Rolock & Testa, 2008; Sattler & Font, 2020). This range in the rate of adoptions that breakdown prior to legal finalization is due to methodological variations across the different studies. These variations include the geographic area where the study was completed, duration of the study, and the differences in the age of the children included in the study (CWIG, 2012). Notably, Rolock and colleague (2008) found in their study on adoption dissolution that the rate of breakdown appears to increase over time, with the highest cumulative point occurring around 10 years past the adoption finalization.

Child Characteristics

Researchers have examined the correlation between children's *race and gender* and likelihood of an adoption breakdown. In the most recent studies in the U.S., African American children were much more likely to experience an adoption breakdown than children of other races (Rolock et al., 2019; Rolock & White, 2016). Furthermore, Dellor and Freisthler (2018) found female children experienced adoption breakdown more often than male children. However, this finding is in contrast with Barth and colleagues (1988) who found that males were overrepresented in cases of adoption breakdown. However, race and gender have not been found to be associated with breakdown as strongly as other child characteristics (Palacios et al., 2019).

One of the child characteristics most often reported in prior literature is the *age* of the child at the time of placement. Consistently, researchers have found a significant association between breakdown and children who were older in age at placement in the adoptive setting (CWIG, 2012; Coakley & Berrick, 2008; Evan B. Donaldson Adoption Institute, 2004; Faulkner, Adkins, Fong, & Rolock, 2017; Festinger, 2014; Moyer & Goldberg, 2017; Rolock et al., 2019; Rushton, 2004; Smith, 2014). Additionally, in studies that explore the age of the child at breakdown, researchers have found that breakdown often occurs when the child begins adolescence (Maza, 2014; Palacios, Jimenez-Morago, & Paniagua, 2015; Rolock & White, 2016; Selwyn, Wijedasa, & Meakings, 2014). When a child begins adolescence, they often experience additional emotional and behavioral challenges. These challenges can cause strain in family cohesion and lead the family to seek more intensive mental health or out-of-home services. Research on the average age of a child at admittance to a residential treatment

care facility was between 13 years and 15 years old (Trout, Hagaman, Chmelka, Gehringer, Epstein, & Reid, 2008). These findings reflect the additional challenges children encounter during adolescence and the increased need that youth experience as they age.

Another child characteristic that has often been found to be associated with adoption breakdown is a *high number of placements* they may have experienced since their initial placement in foster care (Barth et al., 1988; Rolock & White, 2016; Selwyn et al., 2014). An increased number of separations and losses can be overwhelming to a child trying to resolve multiple layers of grief, loss, and trauma. Often, these unresolved losses exacerbate the *emotional and behavioral challenges* experienced by the child—another consistently reported child characteristic associated with adoption breakdown (CWIG, 2012; Coakley & Berrick, 2008; Evan B. Donaldson Adoption Institute, 2004; Faulkner et al., 2017; Festinger, 2014; Maza, 2014; Rushton, 2004). In particular, mental health and behavioral challenges that affect the ability of the child and parents to bond and form solid attachments appear to be the characteristics most highly associated with breakdown in previous studies. These include struggles with forming close attachments, aggression, anger, criminal behavior, violent outbursts, and inappropriate sexual behaviors (Palacios et al., 2019).

Parent Characteristics

Researchers have also examined several different parent characteristics in earlier studies on adoption breakdown. However, only a few parent characteristics are consistently found to be associated with breakdown. Rosenthal and colleagues (1988) and Berry and Barth (1990) discovered a significant correlation between adoptive mothers'

higher level of *education* and an increased association with breakdown. Parents'

employment was examined by Berry and colleagues (2007), revealing an inverse

relationship between parents working full-time and the occurrence of adoption

breakdown. When an adoptive parent was working full-time, the likelihood of the child

remaining in the home decreased (Berry et al., 2007). Additionally, another study found

marital status had no significant association with adoption breakdown (Berry & Barth,

1990). The parents' *motivation to adopt* was examined by Palacios and colleagues

(2015). This study found an increased risk of adoption breakdown when the parents'

motivation was based on their own needs, such as a general desire for children, as

opposed to adopting because they had a prior relationship with the child.

The impact of an adoptive parent having a *prior relationship* with the child before

adoption has also been considered in previous studies on adoption breakdown. Having a

prior relationship, such as fostering before adopting, being a family friend, or being

biologically related to the child, has been found to be positively correlated with the

stability of the adoptive placement (Festinger, 1986; McRoy, 1999; Rosenthal et al.,

1988; Smith, Howard, Garnier, & Ryan, 2006).

Agency Characteristics

The final group of characteristics examined in the literature relate to agency or

service support systems. These characteristics can be described as either preplacement

professional activities or postplacement professional activities. Preplacement activities

include the *preparation and training* provided to adoptive parents before a child is placed

in their home. Wind, Brooks, and Barth (2007) found that parents were more likely to

utilize post-adoption professional supports if they received comprehensive preparation by

the agency. Additionally, the *parent-child matching* strategies utilized by the agency have been examined in research on adoption breakdown. When the matching process is rushed or poorly thought-out, studies have found a high rate of adoption breakdown (Berry, 1997; McRoy, 1999; Marinho, Barbosa-Ducharne, & McRoy, 2012).

Post-adoption activities, including activities completed after placement of the child and the legal finalization of the adoption, incorporate multiple layers of *professional support and interventions* as well as *informal supports* (e.g., adoptive parent support groups, adopted child support groups). A report issued by Casey Family Programs (Roberts, O'Brien, & Pecora, 2017) identified seven different types of services for the family and child that are necessary for effective post-adoption support. Research suggests that many families struggle when one or more of these services are either unavailable or difficult to access (Roberts, O'Brien, & Pecora, 2017). Paramount in this discussion is the impact on families and children when families lack access to competent and readily accessible professional mental health services when families are struggling. Palacios and colleagues (2015) observed that families under stress often sought treatment from professionals who lacked expertise in adoption issues. Parents felt an urgency to have their child in mental health treatment due to the emotional and behavioral challenges children were experiencing but were either unaware or unable to access adoption-competent providers. Studies have found that the adoption expertise of the mental health professional is inversely correlated with risk of adoption breakdown. That is, the more knowledge and expertise professionals have about adoption when providing services to the family, the lower the risk of adoption breakdown (Brodzinsky, 2013; Smith et al., 2006).

Current Study

Prior literature on adoption breakdown has identified numerous factors associated with adoption breakdown. This study employed an exploratory, cross-sectional, survey design to examine factors associated with adoption and adoption breakdown from child welfare in the U.S. (*n*=204). Descriptive and bivariate analyses were used to investigate the following research question:

> *What factors remain significantly associated with adoption breakdown in U.S. adoptive families who have adopted from child welfare in the past 10 years?*

Methods

Procedure and Recruitment

The analysis for this study examined the post-adoption experiences of adoptive parents (*n*=204) who had adopted a child from the U.S. child welfare system. The survey was administered online with the use of the secure web-based tool, Qualtrics, between August 2019 and November 2019. The survey was publicized in eight different public and private special interest groups and pages on the social media platform, Facebook, that were related to foster care or adoption.[5] Additionally, the principal investigator worked with directors of adoption and post-adoption agencies across the U.S. to publicize the survey through their respective social media platforms and newsletters. Adoption breakdown is an emotionally difficult experience; therefore, recruitment of parents who have experienced this phenomenon is difficult. Additionally, adoption breakdown is a

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[5] Prior to joining the private Facebook pages used for recruitment, permission to join the page was first sought from the administrators of the pages via email exchange. The principal investigator was fully transparent with the administrators about the purpose of the research study and the desire to recruit respondents through the page. Only after permission was received did the principal investigator join the group and post the digital recruitment flyer.

relatively rare occurring event that only impacts a small proportion of all families who adopt from the U.S. foster care system. Due to the inherent challenges in recruiting families in this hard to reach population, snowball sampling was utilized to recruit additional respondents by asking those who had completed the survey to share it with other adoptive parents they knew. When possible, information about the survey was reposted to the online social media groups to increase awareness of the survey and the number of survey respondents. Due to the methods that were used to recruit participants, a final response rate could not be calculated. The research protocol for this study was approved by the Human Subjects Institutional Review Boards of (Redacted for Peer Review) and (Redacted for Peer Review). Informed consent was obtained from all respondents.

Measures

The researchers developed a 116-item survey to explore previous factors associated with adoption breakdown and additional factors identified as important, which is the first survey of its kind on this topic. To ensure the overall accuracy and validity of the survey, experts on adoption were consulted during the creation of the survey to ensure that the most relevant constructs associated with adoption breakdown were adequately addressed (Dillman, Smyth, & Christian, 2015). Once created, the final survey was appraised by a panel of reviewers knowledgeable about research methods and the adoption experience. Furthermore, two additional reviewers reviewed the online version of the survey for clarity and navigational ease.

Measures in the survey included structured inventories to assess the family's access and need for post adoption services and the child's medical and behavioral

challenges. Portions of the survey asking respondents about their child's medical and behavioral challenges and their use of post-adoption services were adapted from instruments developed by McRoy (2007) for a study that examined barriers and success factors for adoption. In addition to the above measures, a standardized measure was included to evaluate parents' perceptions of the different support systems available to them after the adoption.

Post-adoption and child behavioral challenges inventories. The post adoption services inventory assessed the families' need for and use of 39 different types of post adoption services, including adoption subsidies, individual therapy, family therapy, tutoring, respite care, out-of-home daycare, support groups, drug and alcohol services, and out-of-home placement (e.g., residential treatment, group home, rehabilitation facility, etc.). Additionally, parents were asked to indicate the top five most helpful services they had received and the top five they wished they had received. Children's medical, emotional, and developmental special needs were measured using a 32-item inventory (McRoy, 2007) of various medical, psychiatric, and developmental disabilities often experienced by children adopted from the foster care system. Children's behavioral needs were measured using a 35-item inventory (McRoy, 2007) that included a broad range of internalizing and externalizing type problem behaviors displayed by some children with children who have experienced prior trauma and maltreatment.

Multidimensional Scale of Perceived Social Support. The survey also included an adapted version of the Multidimensional Scale of Perceived Social Support (MSPSS), a 12-item questionnaire that assessed respondents' post-finalization support system (Zimet, Dahlem, Zimet & Farley, 1988). The MSPSS has been found to have good internal

reliability. Coefficient alphas for the subscales and scale as a whole were between 0.85 to 0.91 (Zimet et al., 1988). Additionally, test-retest values indicated good stability with scores ranging from 0.72 to 0.85 (Zimet et al., 1988). Questions on the MSPSS were adjusted for the purposes of this study seeking the retrospective viewpoint of adoptive parents, asking them to recall their experience from the previous months and years.

Demographic information. Twelve items on the survey requested respondents' demographic information provided by the adoptive families included information regarding the adoptive parent's ages, race/ethnicity, marital status, educational attainment, religiosity, and motivation to adopt. Seven questions asked about the child's age at placement, race/ethnicity, gender, number of placements while in foster care, and whether they were still residing in the adoptive home.

Sample

A total of 645 adoptive parents responded to the survey; however, not all completed the survey. Table 3.1 details how the final analytic sample (*n*=204) for this study was selected. Two hundred and seventy-eight respondents completed less than 85% of the survey. Enders (2003) suggests the most commonly accepted threshold for missing data in educational and psychological studies is 15%; therefore, 278 cases with more than 15% missing data were omitted from the final sample. Fifty cases were excluded due to the respondent indicating their adoption was not from the U.S. child welfare system. Seventy-two cases were removed because the respondents indicated their adoption was completed more than 10 years ago. An additional 23 cases were omitted from the sample because the respondents made it clear that they were answering the questions based on more than one adopted child, despite being instructed to answer questions based on their

experience with just one adopted child. An additional 18 cases had missing data for at least one of the variables of interest in this study. Bivariate analysis was used to compare these 18 cases with cases not missing data. No significant differences were noted; therefore, listwise deletion was used to omit the 18 cases with missing data critical to this study (Kim & Curry, 1977). The final analytic sample included 204 cases, of which 196 cases reported that they had not experienced an adoption breakdown at the time of survey completion and 8 reported that they had experienced adoption breakdown.[6]

Table 3.1. *Analytic Sample Selection Process*

N	Sample
645	Total number of adoptive parents who responded to the survey.
367	Two hundred and 78 cases excluded due to respondents completing less than 85% of the survey (Enders, 2003).
317	Fifty cases were excluded due to respondents indicating their adoption was from a voluntary placement instead of involuntary.
245	Seventy-two cases were excluded because the respondent indicated their adoption occurred more than 10 years ago.
222	Twenty-three cases were excluded due to respondent answering questions based on more than one child. Respondents were directed to respond to the survey questions based off of their adoption experience with just one child.
204	Eighteen cases with any missing data critical to this study were omitted using listwise deletion, resulting in the final analytical sample that was used to explore differences between families who did experience adoption breakdown and those who did not (*n*=204).

Variables

   Dependent variable. Whether or not the child was identified by the respondent as an adopted member of the family at the time the survey was completed was used to measure *adoption breakdown*. Respondents were asked to respond "yes" or "no" to the

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[6] Regarding breakdown, initially 20 of the 645 respondents indicated they experienced an adoption breakdown. Five of the 20 cases who reported adoption breakdown were omitted because they completed less than 85% of the survey. An additional seven were dropped as their adoption occured over 10 years ago. The final subsample of respondents who experienced adoption breakdown included eight parents.

question, "Is the child still considered to be an adopted member of your family?" The responses were then reverse coded as a dichotomous variable (no/yes) to signify if the family reported they experienced an adoption breakdown. Consistent with the definition conceptualized by Palacios and colleagues (2019), "adoption breakdown" in this study included legal termination of the adoption as well as situations in which the child was no longer living in the home (e.g., runaway, residing in friends' homes). Follow-up questions were asked of those respondents who indicated they had experienced adoption breakdown.

Independent variables. This study explored the relationship between the dependent variable, adoption breakdown, and 16 different independent variables. Variables were selected based on characteristics found to be significant in previous literature on adoption breakdown.

Parent characteristics. The independent variables examined relating to parent characteristics included age, race/ethnicity, gender, participation in organized religion, education, employment, marital status, and motivation to adopt. *Parent age* was coded as under 40 or over 40 years old at the time of adoption for the adoptive parent who completed the survey. *Parent race/ethnicity* was coded as a dichotomous variable indicating whether the race of the parent who completed the survey was White/Caucasian or Black, Indigenous, People of Color (BIPOC). *Parent gender* was coded as a dichotomous variable, indicating whether the parent was male or female. *Parent religious participation* was coded as a dichotomous variable with the two options of religious or not religious. *Parent education* was coded as a dichotomous variable (college/no college), indicating the parent's level of educational attainment. Similarly, *parent*

employment was coded as a dichotomous variable (employed/unemployed). *Parent marital status* was coded as a dichotomous variable. Parents were identified as married/domestic partnership or not married (e.g., single or never married, widowed, divorced, separated). Finally, *parent motivation to adopt* was coded into four variables based on the reasons the respondent indicated regarding their decision to adopt. Respondents were given the options of selecting 1) infertility, 2) the goal of expanding their family, 3) having a prior relationship with the child before adopting, or 4) religious or moral motivation. Respondents were asked to indicate all motivations for adopting that pertained to their experience. Included in the variable of expanding their family was the motivation to provide a sibling for a child who already resided in the home. The variable, *prior relationship with the child*, included circumstances in which the respondent had already adopted a biological sibling of the child, was biologically related to the child themselves (i.e., kinship relative adoption), or had already formed a bond with the child. The variable, *religious or moral motivation* included a desire to provide a permanent home for a child who did not have one or a sense of being called to adopt by a religious faith. Respondents were able to mark multiple motivations if they felt more than one category was an appropriate fit for their experience. The final variable included in parent characteristics was the type and amount of support parents perceived they had during post-adoption was measured by their total score on the *MSPSS* scale.

Child characteristics. A number of child characteristics were examined as independent variables in this study. These included the child's race/ethnicity, gender, age at placement, number of placements the child had experienced while in foster care, medical or physical challenges, and behavioral or emotional challenges. *Child*

race/ethnicity was dichotomously coded as White/Caucasian or BIPOC. *Child gender* was coded into three categories that included male, female, and prefer not to answer. *Age of child at placement* was coded as a continuous variable ranging from 0 (i.e., birth) to 17 years of age. *Number of placements* experienced by the child was coded as a categorical variable with three possible options of zero to two placements, three to five placements, and more than six placements.

Respondents were also asked to indicate if their adopted child had any medical or physical challenges. Responses were coded into four dichotomous (yes/no) composite variables: physical challenges, intellectual challenges, neurodevelopmental challenges, and mental/emotional challenges. The first category, *physical challenges,* included serious vision impairment, serious hearing impairment or deafness, serious speech impairment or muteness, physical handicap (both non-orthopedic and orthopedic disability), motor disability, cerebral palsy, seizure disorder, and terminal and not terminal chronic medical problems. The second category, *intellectual challenges*, included any level of intellectual disability, down syndrome, and learning disability. The third category, *neurodevelopmental challenges,* included autism, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), or a developmental delay. The final category, *mental/emotional challenges,* included any level of emotional problems, behavioral problems, and/or psychiatric problems, as indicated by the respondent.

Finally, respondents were also asked to indicate if their adopted child exhibited any specific behavioral challenges. These responses were coded into two dichotomous (yes/no) composite variables: externalized behaviors and attachment-related behaviors. *Externalized behaviors* included: anger, excessive arguing with peers and/or siblings,

66

arrests or legal difficulties, cruelty to others or animals, defiance, fire setting, hanging out with "bad" influences, homicidal tendencies, hyperactivity, impulsivity, excessive irritability, chronic or severe lying, manipulative behavior, persistent disobedience or noncompliance, physical aggression, sexual acting out, stealing, threats or use of weapon(s), tantrums, verbal aggression, violating rules of conduct (home or school), and violence. *Attachment-related behaviors* included inability to attach to family members, rejecting affection, and sabotaging relationships.

   Agency or support characteristics. Variables in this category included the post-adoption services that respondents indicated were their most desired. Post-adoption supports parents wished for were coded into seven different composite dichotomous (yes/no) variables. The first composite variable, *financial support*, included whether the respondent indicated that they wished for better access to an adoption subsidy program or other financial supports. A second category, *medical supports*, included whether the respondent indicated that they wished for better access to routine medical care, dental care, speech therapy, physical or occupational therapy, medical care for a child with a disability, a home health nurse, and drug or alcohol services. *Psychological supports* included if the respondent indicated that they wished for better access to individual child therapy, family therapy, social work service coordination, and various specific types of counseling services (e.g., parenting skills, adoption issues, separation issues, abuse issues, child development, sexual issues, child's future, transracial, prevention of out-of-home placement). The fourth category of wished-for post-adoption supports included access to *educational supports* such as access to an educational assessment, special education curriculum, and tutoring for their adopted child. *Support groups* was the fifth

category of wished for post-adoption supports. This category included time with other adoptive parents, time with experienced adoptive parents, time with other adopted children, and an organized support group for both adoptive parents and adopted children. *Out-of-home supports* designated whether the respondent indicated that they wished for better access to psychiatric hospitalizations, out-of-home placements, and access to emergency shelter care. The final category of wished for post-adoption supports was *childcare supports.* This final category included access to overnight respite care, daycare offered either outside of the home or within the home, and specialized daycares for children with psychiatric problems or disabilities.

Data Analysis

SPSS Version 26 (SPSS for Mac, 2019) was used to complete the analysis for this study. Descriptive and bivariate analyses, including Fisher's exact tests and t-tests, were used to explore the relationship between each independent variable and the dependent variable of interest, adoption breakdown. This study recruited respondents from a hard-to-reach population and investigated a phenomenon that is somewhat infrequent. The outcome of adoption breakdown after legal finalization has been shown to only occur in an estimated 1% - 9% of all adoptions (Evan B. Donaldson Adoption Institute, 2004; Rolock & Testa, 2008). The infrequency of parents who indicated they had experienced adoption breakdown resulted in a comparatively smaller sample size for this group (*n*=8 yes for adoption breakdown vs. *n*=196 no for adoption breakdown). Thus, Fisher's exact testing was determined to be the most appropriate test for 27 of the 30 nominal-level variables in this analysis as the approach "is usually employed in research situations where sample size is not only small, but also difficult (or impossible) to enlarge within

reasonable limits of time or effort" (Ghent, 2008, p. 15). Unlike Chi-square, Fisher's

exact does not hold the assumption that the expected frequencies for each cell will equal

five or more cases (Laerd Statistics, 2016). Additionally, the Freeman-Halton extension

to Fisher's exact on VassarStats.net (Lowry, n.d.) was utilized to complete the analysis

for the remaining three variables (i.e., *parent religious participation, child number of*

placements, child gender), as they each contained three or more categories. The Freeman-

Halton test is an extension of the Fisher's exact test and is most appropriate to use when

comparing variables where at least one of the variables compared has more than two

outcomes (Ghent, 2008).

Results

Results of the bivariate analysis assessing the differences between parents who

experienced an adoption breakdown and those who did not revealed some statistically

significant differences. Tables 3.2, 3.3, and 3.4 display sample characteristics for the two

groups with respect to the parent, child, and agency characteristics examined in this

analysis.

With regard to parent characteristics, differences between the two groups are

reported in Table 3.2. The parent's prior relationship (yes/no) to the child as a motivation

for adoption was the only statistically significant parent characteristic (*p*=0.026) noted.

Specifically, none (0.0%) of the eight parents who experienced adoption breakdown in

the study reported that having a prior relationship with a child was a motivating factor in

their decision to adopt. In contrast, over one-third (39.3%) of parents who did not

experience adoption breakdown reported that having a prior relationship with the child

69

was a motivation for them to adopt. All other parent characteristics examined in this study were not statistically significant (see Table 3.2).

Table 3.2. *Parent Characteristics of Sample by Breakdown Status (n=204)*

Variable	Adoption Breakdown (No) (*n*=196)	Adoption Breakdown (Yes) (*n*=8)	Fisher's Exact *p*-value	Fisher-Freeman-Halton *p*-value	*t*-statistic
Parent Characteristics	% (#)/*M* (SD)				
White/Caucasian	83.7 (164)	100.0 (8)	0.362		
Female	91.8 (180)	100.0 (8)	1.000		
Age at Placement	36.84 (7.60)	40.25 (5.42)			0.210
Married at Placement	83.7 (164)	87.5 (7)	1.000		
Employed at Placement	78.1 (153)	50.0 (4)	0.084		
Completed College	78.1 (153)	87.5 (7)	1.000		
Religiously Affiliated	84.7 (166)	75.0 (6)		0.243	
Motivation to Adopt					
Infertility	25.0 (49)	37.5 (3)	0.423		
Prior Relationship w/Child	39.3 (77)	0 (0.0)	0.026*		
To Expand Family	31.1 (61)	37.5 (3)	0.708		
Religious/Moral	58.2 (114)	75.0 (6)	0.475		
MSPSS Score	5.21 (1.27)	5.33 (1.11)			0.790

Significance of Fisher's exact, Fisher-Freeman-Halton, or *t*-statistic: * p ≤ .05

Table 3.3 describes the child characteristics examined in this study. A higher proportion of parents who reported adoption breakdown indicated their children had exhibited behavior that led to attachment challenges. Three-fourths (75.0%) of parents who reported breakdown indicated behavioral challenges that might have impacted the child's ability to attach. However, only 29.1% of parents who reported their family did not experience adoption breakdown indicated these same types of behavioral challenges. No other child characteristics were found to be statistically significant.

Table 3.3. *Child Characteristics of Sample by Breakdown Status (n=204)*

Variable	Adoption Breakdown (No) (*n*=196)	Adoption Breakdown (Yes) (*n*=8)	Fisher's Exact *p*-value	Fisher-Freeman-Halton *p*-value	*t*-statistic
Child Characteristics	% (total #)/*M* (SD)				
Female	47.4 (93)	75.0 (6)		0.292	
White/Caucasian	40.8 (80)	62.5 (5)	0.282		
Age of Child at Placement	4.60 (4.68)	7.25 (7.34)			0.127
Number of Placements				0.099	
0-2 Placements	60.2 (118)	37.5 (3)			
3-5 Placements	17.9 (35)	50.0 (4)			
More than 6 Placements	21.9 (43)	12.5 (1)			
Externalized Behavioral Challenges	95.8 (159)	87.5 (7)	1.000		
Attachment-Related Behavioral Challenges	29.1 (57)	75.0 (6)	0.012*		

Significance of Fisher's exact, Fisher-Freeman-Halton, or *t*-statistic: * p ≤ .05

The variable, *externalized behavioral challenges,* was not found to be significant (*p*=1.000). However, an a priori analysis (Fisher's exact tests) of each of the individual behaviors included in the composite variable found that three of the specific behavioral challenges were significant at the .05 level. Table 3.4 presents these results. Specifically, prior arrests (*p*=0.026), hanging out with "bad" influences (*p*=0.038), and substance use (*p*=0.042) were all found to be significant upon closer examination. One fourth (25.0%) of the parents who experienced breakdown reported their child had experienced a prior arrest, while only 2.6% of the parents who stated they did not experience breakdown reported prior arrests for their children. Similarly, 37.5% of parents who experienced breakdown reported their child would often hang out with "bad" influences, while only 9.2% of parents who did not experience breakdown reported this behavioral challenge. Finally, one fourth (25.0%) of parents who experienced breakdown indicated their child

participated in substance use. In contrast, only 3.6% of parents who did not experience

breakdown reported the same.

Table 3.4. *A Priori Analysis of External Behavioral Challenges by Breakdown Status (n=204)*

Variable	Adoption Breakdown (No) (*n*=196)	Adoption Breakdown (Yes) (*n*=8)	Fisher's Exact *p*-value
Agency/Support Characteristics	% (total #)/*M* (SD)		
Externalized Behavioral Challenges			
Prior Arrests	2.6 (5)	25.0 (2)	0.026*
Hanging Out with "Bad" Influences	9.2 (18)	37.5 (3)	0.038*
Substance Use	3.6 (7)	25.0 (2)	0.042*

Significance of Fisher's exact, Fisher-Freeman-Halton, or *t*-statistic: * p ≤ .05

Characteristics of agency or community support reported by parents is detailed in

Table 3.5. Agency or community support included post-adoption supports that parents

wished that they had had access to for their child and family. Of the eight parents who

experienced breakdown, 37.5% indicated they wished they had had access (or better

access) to these types of supportive out-of-home services. In contrast, only 7.1% of

parents who did not experience adoption breakdown wished for these types of services in

post-adoption. All other agency characteristics examined revealed no significant

differences.

Table 3.5. *Agency Characteristics of Sample by Breakdown Status (n=204)*

Variable	Adoption Breakdown (No) (*n*=196)	Adoption Breakdown (Yes) (*n*=8)	Fisher's Exact *p*-value	*t*-statistic
Agency/Support Characteristics	% (total #)/*M* (SD)			
Wished-for Supports				
Financial Support	31.6 (62)	12.5 (1)	0.439	
Medical Support	9.7 (19)	12.5 (1)	0.569	
Mental Health Support	73.0 (143)	50.0 (4)	0.223	
Educational Support	18.9 (37)	37.5 (3)	0.191	
Support Groups	44.9 (88)	12.5 (1)	0.142	
Out-of-Home Support	7.1 (14)	37.5 (3)	0.021*	
Childcare Support	37.2 (73)	12.5 (1)	0.263	

Significance of Fisher's exact, Fisher-Freeman-Halton, or *t*-statistic: * p ≤ .05

Discussion

The results of this study offer a glimpse into factors associated with adoption breakdown from the U.S. public child welfare system in adoptions that have occurred in the last 10 years. This study is one of the first to examine factors associated with adoption breakdown since the implementation of various state and federal policy and legislative guidelines intended to strengthen post-adoption services available to families. Prior literature has identified numerous parent, child, and agency characteristics associated with adoption breakdown. Several previously identified characteristics were explored in this study. One of the most notable findings in this study was the significance of having a prior relationship with the child before adopting. When parents were asked what factors motivated them to adopt a child, over one-third of parents who did not experience adoption breakdown indicated that knowing the child before adopting influenced their motivations to adopt. In contrast, none of the parents who reported they had experienced

an adoption breakdown indicated that having a prior relationship with the child before the adoption was a motivation to adopt. This finding is consistent with several earlier studies on adoption breakdown (Festinger, 1986; McRoy, 1999; Rosenthal, et al., 1988; Ryan, Hinterlong, Hegar, & Johnson, 2010). Palacios et al. (2019) suggested parents who spent time caring for the child in their home prior to the adoption may enter the adoption with more realistic expectations and a better understanding of the child's needs; thus, increasing the stability of the placement and the parent's willingness to endure during periods of challenge.

Another key finding in this study was the significance of attachment-related behavioral challenges reported by adoptive parents who experienced breakdown. Three-fourths of parents who reported breakdown indicated their child had exhibited behaviors that were attachment related. In contrast, less than one third of parents who did not experience adoption breakdown reported facing attachment challenges. Specific behaviors parents were asked about in this category included the child's inability to attach, rejecting affection, and sabotaging relationships. Attachment theory posits that the natural disposition of infants at birth are to bond with caregivers for survival (Bowlby, 1962). Yet, early adversity during childhood, such as neglect or abuse, impacts the child's development of their internal working model that guides future relationships (Doyle & Cicchetti, 2017). Research suggests that children who resist intimacy and sabotage relationships are exhibiting survival behaviors learned during previous trauma. Complex dynamics of attachment and early trauma in adoption can often lead to the attachment-related behavioral challenges that were found to be significantly associated with adoption breakdown in this study.

An additional finding of this study related to parents' access to supportive out-of-home care services to address the child's emotional and behavioral needs in times of crisis. Out-of-home support included services such as psychiatric hospitalization, out-of-home placements, and emergency shelter care. Three of the eight parents who experienced breakdown indicated they wished they had had access, or better access, to these types of supportive out-of-home care services. This finding suggests the critical value of having post-adoption services available that are equipped to meet the child's emotional and behavioral needs when the child and/or the adoption is in crisis. Research has shown that when families are faced with situations that necessitate admittance into a psychiatric hospital or residential treatment to secure their child's safety, they often face barriers to seeking appropriate care. Herbell and Banks' (2020) study reported parents encountered numerous challenges while attempting to secure high-level psychiatric care for their children. Parents found their attempts to access out-patient mental health treatment were unsuccessful and, thus, were forced instead to turn to the more long-term restrictive option of residential treatment. When a higher level of out-of-home support was necessary, parents often experienced a lengthy wait for a bed to become available (Herbell & Banks, 2020). Additionally, parents reported encountering disbelief from professionals regarding their perceptions of their child's emotional and behavioral needs. Rather than receiving support from providers, the parents were often blamed, or their concerns were downplayed (Herbell & Banks, 2020). Service regulations, insurance company requirements, and navigation of a fractured and inadequate mental health system created extensive challenges for parents seeking residential treatment services (Herbell & Banks, 2020). Furthermore, families reported that the financial barriers

associated with services that provide specialized mental health care to children were overwhelming. Out-of-home services that serve children in times of crisis are often the most expensive type of treatment (Gould, Beals-Erickson, & Roberts, 2012; Herbell & Banks, 2020; Saechao, Sharrock, Reicherter, Livingston, Aylward & Whisnant, 2012). Because of the many barriers that exist, some parents are unable to access the level of mental health treatment necessary to meet their child's post-adoption mental health needs. While the specific barriers met by the parents in this study are unknown, the behaviors indicated by parents who experienced adoption breakdown suggest that their needs were higher than those whose did not experience adoption breakdown.

A priori analyses showed that parents who experienced breakdown indicated a higher association with the specific behavioral challenges of prior arrests, hanging out with "bad" influences, and substance use. The significance of these particular behavioral challenges is worth noting given the strong correlation that exists between juvenile delinquency and family cohesion. For example, in a longitudinal study that examined the correlation between crime, substance use, peer delinquency, and family conflict, Mowen and Boman (2018) noted the critical role of family conflict in increased offending, substance use, and future relational challenges (Mowen & Boman, 2018). The association between these particular behavioral challenges is important when exploring their correlation with adoption breakdown in this study. This study's findings support previous research on the critical role of behavioral challenges, family cohesion, and stability.

Limitations of this Study

Although this study has some important strengths, it is not without some limitations. This study has some limitations specific to the sample. The first limitation

relates to recruitment of respondents for this survey. To overcome the challenges associated with recruiting respondents from a hard-to-reach population, this study largely relied on social media and snowball sampling methods. Both forms of recruitment provided samples of convenience and thus, potentially introduce bias given that respondents were not selected at random. Second, this study included a relatively low number of adoptive parents who reported experiencing adoption breakdown. However, when compared to prior studies on this topic, the proportion of families in this study who experienced breakdown (3.9%) is well within the estimated range of families who experience dissolution of 1% and 9% (Evan B. Donaldson Adoption Institute, 2004; Rolock & Testa, 2008). Nevertheless, we acknowledge that a small sample yields less precise results that are not generalizable to the broader adoptive parent community. Therefore, the results of this study should be viewed with extreme caution. A third limitation with regard to the sample size in this study is the overall lack of diversity found within the sample. Overwhelmingly, adoptive parents who responded to the survey were White/Caucasian (84.3%) and female (92.2%). It is possible that the inclusion of more adoptive parents of color or more male adoptive parents would yield different outcomes. Future research on current trends in adoption breakdown should include a larger, more diverse sample of families who have experienced breakdown to confirm findings reported in this study.

A fourth limitation relates to the analysis used in this study. While multivariate analysis would have provided a more in-depth examination of the experience of adoption breakdown, the occurrence of adoption breakdown is a rare event. The sample of adoptive parents who experienced breakdown in this study totaled less than 10.

Courvoisier and colleagues (2010) note that when there are less than 10 cases of a rare event included the sample, logistic regression modeling can "pose substantial problems" (p. 994). These problems include bias and very low power when the outcome being analyzed is difficult to sample due to its rarity (Courvoisier et al., 2010). Future research on current factors that contribute to adoption breakdown in the U.S. should utilize other more robust sources of data (i.e., state administrative data) and for which multiple years of data might be available for further investigation.

A fifth limitation of this study was that the survey asked respondents to answer questions based on events that occurred in the past; therefore, it is possible that recall bias may have influenced the respondents' answers. Finally, some information was not gathered that, if known, could have provided additional context to help understand the experience of adoption breakdown for the eight families who reported this outcome. For example, it would have been helpful to know the specific age of the child at the time of breakdown. Had this information been known, a priori analyses could have been completed to examine the variables of interest while controlling for the child's age at breakdown, a potential complicating/moderating variable. Additionally, parents were not asked specifically whether or not they received post-adoption supports. Rather, they were asked about their top five wished-for supports. In retrospect, including a direct question for parents inquiring about the extent of their access to specific post-adoption support services could have provided valuable contextual information regarding their experiences. Despite these limitations, this study provides valuable insight on what aspects of adoption preparation and post-adoption support remain critical in decreasing the risk of adoption breakdown.

Implications for Practice and Future Research

This study offers important implications for adoption practitioners and policy makers. The study's findings support the value of practices that encourage the development of a relationship between the adoptive parent and child prior to adoption placement. Whether by supporting foster parents in the adoption of the child already in their home or targeted recruitment of adults with whom the child has already developed a prior supportive relationship, it appears these parent-matching strategies continue to prove merit. The importance of having a previous relationship in maintaining stability in adoption was once again supported in this study.

The finding that showed an association between the experience of adoption breakdown and attachment-related behavioral challenges supports the importance of preparing parents for adoption and the various post-adoption challenges that families may encounter. The child and their parents benefit when parents have been given in-depth training on the effects of trauma, loss, and separation on the child's ability to form meaningful relationships. Mental health providers should be adequately trained in strategies and interventions that can support the attachment-building process and assist children and families as challenges arise.

The high number of parents who indicated they wished for access to supportive out-of-home services in post-adoption suggests that this continues to be a critical area of need. Families caring for children and youth who are displaying higher emotional and behavioral needs must be better supported by the mental health system. The barriers to receiving the treatment necessary to keep children and families safe and together ought to be examined for possible changes and adjustments. Additionally, higher-level services

79

must be more readily available to adoptive families. If these adequate services were more easily accessed by adoptive families in crisis, families may be able to remain intact rather than end in breakdown.

Future research is needed to explore the post-adoption supports addressed in this study and their ability to mitigate the risk of adoption breakdown. That is, do current post-adoption supports decrease the potential for breakdown, or are there undiscovered gaps in efforts to strengthen adoptive placements? To fully understand the correlation between each of the various types of post-adoption supports available to families and their ability to decrease the risk of adoption breakdown over time, a longitudinal study would be most beneficial. Additionally, future studies should explore combinations of the different types of post-adoption supports to examine their interactive effect in tempering the risk of adoption breakdown. Another area for future research includes examination of parent, child, and agency factors that are predictive of adoption success. The majority of research on stability of the family following adoption placement has focused on factors predictive of adoption breakdown. Identification of factors that contribute to adoption success would provide a much needed strengths-based perspective, allowing agencies and professionals to focus their efforts on the most critical ways to support children and families.

Conclusion

Adoption breakdown has a devastating effect on both the child and the family. Prior research has examined characteristics significantly associated with breakdown. This study examined these characteristics in a sample of adoptive parents from the U.S. who adopted within the past 10 years. Findings from this study revealed parent, child, and

agency characteristics that remained significant with adoption breakdown. Of the 13 variables that have been shown to be associated with adoption breakdown in prior literature, only three variables in this study had a significant relationship with adoption breakdown. This suggests progress may have been made to strengthen post-adoption support for children and families through the various efforts of adoption professionals, legislators, and advocates in the U.S. The overall stability of an adoptive placement appeared to be strengthened when adoptive parents are given the opportunity to develop a supportive relationship with the child prior to placement. Behavioral challenges that lead to attachment issues continued to be significantly associated with breakdown. Finally, appropriate and available mental health services, especially in moments of crisis, remained one of the most vital post-adoption supports needed. These outcomes have provided valuable information for child welfare agencies as well as state and federal legislators in the effort to continue supporting adoptive placements from foster care. Critical support for the adoptive child and family begins with informed parent-child matching strategies. The availability of post-adoption supports is critical to helping adoptive parents navigate the emotional and behavioral need of a child who has experienced loss and trauma. Supportive out-of-home services must be available and accessible to parents and children in times of crisis. Adoption breakdown continues to be a concern for U.S. adoptive families, but recent efforts to bolster post-adoption support appear to be making a difference for children and families.

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CHAPTER FOUR

Adoption Workers' Perspectives on Adoption Adjustment and the Honeymoon Period

Abstract

The process of adopting a child holds specific challenges for a new adoptive family. When a child joins an adoptive family, the adjustment necessary for each family member plays a significant role in the outcome of the placement. Yet, despite the importance that adjustment plays in the success of an adoption, very few studies have focused on the adjustment process or the "honeymoon period" for children and families. This study offers valuable insight into various aspects of healthy adoption adjustment and the honeymoon period and provides a foundation for a model of adoption adjustment with specific time frames and insight into when the most challenges to healthy adjustment arise. Implications for practice include tools and strategies for adoption workers in child welfare to monitor adoption adjustment more closely.

Keywords: adoption, adjustment, child welfare, honeymoon period, post-adoption support, adoption disruption, adoption breakdown

Introduction

Human growth and development requires each person to navigate a variety of adjustments throughout life. When a child joins a new adoptive family, the adjustment necessary for each family member plays a significant role in the outcome of the placement. With over 61,000 children who exited the United States child welfare system to adoptive homes in 2018, understanding how to support a healthy adjustment for these

87

children and families is critical (USDHHS, 2019). Most often, studies show adoption placements have resulted in the child becoming a legal member of the family. Yet an estimated 10% to 25% of these placements end with disruption where the family does not continue with the adoption and the child returns to the foster care system (Child Welfare Information Gateway, 2012; Evan B. Donaldson Adoption Institute, 2004; Rolock & Testa, 2004; Smith, 2014). This broad range is due to methodological variations from the studies that have reported adoption disruption rates, including various geographic locations, study durations, and differences in the age of the children included in the studies (Child Welfare Information Gateway, 2012). Research shows that the experience of losing another family after already enduring the loss of biological family often leads to compounded future emotional turmoil and attachment disturbances for these children (Selwyn, Wijedasa, & Meakings, 2014).

Adoption professionals are well aware that the emotional and behavioral health of each family member during the adjustment period is vital for the family to remain intact up to legal finalization of the adoption and beyond. For the past twenty years, adoption researchers have explored factors that contribute to adoption breakdown, a term encompassing both disruption (prior to legal finalization) and dissolution (after legal finalization) (Palacios, Rolock, Selwyn, & Barbosa-Ducharne, 2019). Studies have found that one of the most significant factors contributing to adoption breakdown is the age of the child at placement (Coakley & Berrick, 2008; Faulkner, Adkins, Fong, & Rolock, 2017; Festinger, 2014; Smith, 2014). When the child is older, the child has often been exposed to adverse conditions for a longer period of time, making adjustment to a new family setting more challenging (Palacios et al., 2019). Additionally, when an older child

is placed for adoption, the child may be beginning the process of individualization according to the natural process of child development (Piaget, 1952). The child is tasked with forming long-lasting bonds of attachment with new adoptive parents while simultaneously focused on becoming their own individual. Another child factor found in previous studies on adoption breakdown is the child's emotional and behavioral challenges (Child Welfare Information Gateway, 2012; Coakley & Berrick, 2008; Evan B. Donaldson Adoption Institute, 2004; Faulkner et al., 2017; Festinger, 2014; Maza, 2014; Rushton, 2004). When children struggle to form close attachments or when they exhibit aggression, anger, criminal behavior, violent outbursts, or inappropriate sexual behaviors, the association with adoption breakdown increases (Palacios et al., 2019). Other child factors that have been identified in previous studies include child's race, gender, and the number of placements experienced while in foster care (Barth, Berry, Yoshikami, Goodfield, & Carson, 1988; Dellor & Freisthler, 2018; Rolock & White, 2016; Selwyn et al., 2014).

Researchers who study the phenomena of adoption breakdown have suggested two other groups of factors that may contribute to an outcome of breakdown: parent factors and agency factors (Palacios, et al., 2019). Research has shown that parents tend to struggle with harboring unrealistic expectations of what the adopted child or the adoption process will be like (Palacios, Jimenez-Morago, & Paniagua, 2015; Reilly & Platz, 2003; Rosenthal, Groze, & Curiel, 1990; Smith, 2014). Another contributing parental factor is parents' lack of preparedness and difficulty managing the challenging behaviors that some children exhibit due to traumatic histories or various personality characteristics (Marinho, Barbosa-Ducharne, & McRoy, 2012; Maza, 2014). When these

challenges appear, research has found that parents who were willing and able to seek help from both formal and informal supports had a lowered risk of breakdown (Berry, 1997; Marinho et al., 2012; McRoy, 1999; Rosenthal et al., 1990). The final group identified by researchers is agency factors. Numerous studies have shown when community supports are available for adoptive families, they often lack the knowledge and skillsets to effectively assist in these new adoptive placements (Barth & Miller, 2000; Festinger, 2002; Palacios et al., 2015).

Adoption Adjustment

To date, few studies have focused on specifics of the adjustment process for an adopted child and their family. Studies that have explored adjustment have done so from a generalized perspective based on various family therapy models, such as the family life cycle (Brodzinsky & Huffman, 1988) or family stress theory (Moyer & Goldberg, 2015; Liao, 2016; Zomastny, O'Brien, Baden, & Wiley, 2003). These models have been applied as well as Erikson's eight stages of psychosocial development to provide a broad understanding of how children and families may experience the adjustment process (Brodzinsky & Huffman, 1988). Additionally, more recent studies have explored specific characteristics of the family process during adjustment and how it can affect the outcome of the placement. For example, Grotevant, Dunbar, Kohler, and Esau (2000) noted that the narrative a family develops about their adoption experience is vital to healthy adjustment. Barone and Lionetti (2012) utilized attachment theory to explore how the adult attachment styles of the adoptive parents affect adjustment after placement. And

finally, Selwyn & Meakings (2015) observed the importance of adequate post-adoptive support services as a critical support in the adjustment process of adoptive parents.

More recently, Neil, Beek, and Schofield (2018) contributed to the understanding of adoption adjustment by focusing on the role of the foster parent in supporting the child's ability to begin building trust with the prospective adoptive family. In their study, Neil and colleagues (2018) outlined three stages beginning at the point a child and family are matched for adoption and extending to four weeks following after the child moves into the adoptive family's home. Stage 1 includes a 1 to 8-week period in which the child gradually becomes familiar with the prospective adoptive family, and trust is being established. Stage 2 includes a 9-14 day intensive period in which the child officially moves into the prospective adoptive family's home ("placement day") following daily visits with the family (p. 3). Stage 3 includes a four-week period following the child's formal transition into the home during which the agency works intensively to support the various relationships meaningful to the child as well as the relationships that the different entities have with each other. In each stage, the foster parent remains available to the child and adoptive parents until they have had time to establish a positive foundational relationship with those in their new home. Neil and colleague's (2018) study was the first to highlight the value of including foster parents in the child's initial transition into adoption.

Thus far, the only study that has offered a model for adoption adjustment is Pinderhughes' (1996) introduction of the *four-phase model of family readjustment*. This model drew from the same aforementioned family and attachment theories to present a framework for conceptualizing the process of adjustment a child and family experience

91

following the child's placement in the home. The four phases included: (a) anticipation, (b) accommodation, (c) resistance, and (d) restabilization (Pinderhughes, 1996). The model was in the initial stages of development and does not appear to have been tested further.

When discussing the adjustment process for children and families, adoption professionals often use the term, *honeymoon period*. This term refers to the period during which interactions between the child and family are more positive than negative in nature (Pinderhughes & Rosenberg, 1990). The honeymoon period is considered by many professionals to be a temporary condition that often ends abruptly. A few studies have mentioned the honeymoon period as a recognized phenomenon in adoption (Gill, 1978; Jewett, 1978; Pinderhughes & Rosenberg, 1990; Howe, 1995; Baldo & Baldo, 2003), yet none have included an empirical description of what this time frame looks like or entails. Outside of adoption literature, the honeymoon period has been examined within various experiences of human transition. Boswell and colleagues (2005) reported that new employees often experience a brief honeymoon period that consists of an increase in job satisfaction immediately following a job change. Additionally, LaBarbera and Dozier (1985) reported that children who enter psychiatric hospitalization undergo a honeymoon period during which their behavioral symptoms of aggression and misbehavior are initially subdued. Yet, the honeymoon period is most often discussed within the context of the adjustment of two individuals joining together in a marital covenant (Rapoport & Rapoport, 1964). Rapoport and Rapoport (1964) discussed the honeymoon period as a critical transition point in a marriage when earlier roles and relationships transition into new and different ones. Similar to each of these transitions in human experience,

successfully navigating the honeymoon period in adoption is vital for the development of a healthy family system.

The Current Study

This study investigated the adoption adjustment transition and the honeymoon period for families adopting a child from foster care through the perspectives of 18 child welfare workers in a state in the southwest region of the U.S. (n=18). Child welfare workers who had worked in the field of adoption for at least three years were recruited and asked to participate in interviews seeking their perspectives on what families and children experience following initial placement for adoption and up to legal finalization. This study is significant because it expands on the work of prior studies on adoption adjustment through the inclusion of adoption case workers for this purpose. State-employed adoption workers are some of the first available support professionals involved with a family when they begin their journey of adopting from the child welfare system. As such, the participants' collective perspectives will help to develop a better understanding of the overall adoption adjustment experience from foster care, including the honeymoon period. Ultimately, this study seeks to provide a more in-depth understanding of the honeymoon period in adoption and establish a foundation for the development of an adoption adjustment model.

Methodology

Subject Selection and Recruitment

Institutional Review Board approval was sought and received from [redacted for peer review] prior to initiating recruitment of participants for the study. Participants in the semi-structured interviews were all state-employed child welfare adoption workers

(*n*=18) from one state that directly manages adoptions of children in the state's foster care system. Per the study's inclusion criteria, every participant had worked in the field of adoption for at least three years. An email with information regarding the purpose of the research study was distributed to approximately 750 workers statewide by state and local child welfare administrators. Two follow-up emails were sent by supervisors to recruit additional participants. Eighteen case workers expressed interest in being interviewed. These workers were directed to email their contact information to the principal investigator, who responded with a copy of the consent form. All 18 workers who expressed interest in participating in the study were interviewed. The consent form explained to participants that their participation had no bearing on their employment and that all responses would be recorded anonymously.

Participants in this study (*n*=18) included 12 participants who identified as Caucasian/White, three who identified as African American/Black, one who identified as Native American/American Indian, and two who identified as Native American/American Indian and Caucasian/White. Two men and 16 women were interviewed. The youngest participant was 28 years of age, while the oldest was 54 years (*M*=38.9). Participants' years of experience in the field of adoption ranged from three years to 15 years, with a mean of 6.6 years. This sample is closely representative of the foster care adoption workforce in this state with an average experience of 7.03 years with most workers (mode) working in child welfare for 5.04 years. Furthermore, this sample includes a comparable proportion of female (81%) and white (85%) workers as other cross-sectional studies that have examined child welfare workers in geographically similar states (e.g., Balfour & Neff, 1993; Drake & Yadama, 1996; Havig, Pharris,

McLeod, Natale, & Miller-Cribbs, 2020; Milner, 2016). Additional efforts for recruitment ceased when saturation was achieved. That is, when no additional new information was drawn from the interviews (Creswell, 2017).

Methods and Procedures

Interviews (*n*=18) were completed by the principal investigator; two were conducted in-person and 16 were conducted over the phone. All 18 participants agreed to be recorded during the interview. The recordings of the interviews were then transcribed verbatim. All names of other child welfare workers or children and families served were redacted to protect client confidentiality. A semi-structured interview protocol with 12 questions was used to guide the interviews (See Appendix E). The purpose of this study was reviewed with the participants before the interview began. The principal investigator clarified for the workers that the interview was designed to gather information about the initial months of adoption transition prior to legal finalization. Additional probing questions were asked as needed to clarify participants' responses. Interviews lasted from 30 minutes to an hour.

Three levels of data analysis were utilized to explore child welfare workers' understanding of the overall adoption adjustment experience from foster care and the honeymoon period: open coding, axial coding, and selective coding (Corbin & Strauss, 2015). Open coding was completed line-by-line; 122 codes were created overall. During axial coding, these codes were combined and organized into 10 different categories based on their relationship with each other. These codes were then organized into two main groups during selective coding—adoption adjustment (including the honeymoon period) and the factors of adoption breakdown according to prior literature. These two

overarching groups were formed based on the overall aim of this study, which was to understand adoption adjustment, the honeymoon period, and times when the risk of adoption breakdown may be heightened. To ensure rigor and validity, the principal investigator spoke with four of the participants following the analysis of the interviews to discuss the themes found in the data, a process called member checking (Creswell, 2017). No discrepancies were identified in the follow-up discussions with these participants. Additionally, the principal investigator engaged in the practice of reflexivity through memo writing during the data collection and analysis due to her own previous experience as an adoption professional (Corbin & Strauss, 2015). The principal investigator sought to identify her own feelings and thoughts connected to her own experience with the goal of separating any preconceived ideas regarding the adoption adjustment process.

Results

Themes addressed by the adoption case workers (*n*=18) who participated in the interviews reflected previous research in adoption breakdown by highlighting many of the same child, parent, and systematic agency factors as critical during the initial adjustment period into adoption.

Child Factors

Child factors discussed by workers in the study included age of the child at placement, the history of trauma, and how many times the child was separated from an attachment figure prior to adoption (e.g., initial removal from their family of origin, moving to different foster homes, experiencing placement disruptions). Workers also identified that the child often expressed fear of attachment to the new adoptive parents or

behaved in a way that seemed resistant to the formation of attachment due to prior lost

relationships. For example, one participant noted,

> So, they don't attach to people very closely or very quickly because they are in a home, they know that, "Well, tomorrow they are going to kick me out of the home, why do I have to form an attachment when that attachment is going to be broken within three or four days, or possibly within a month."

Participants asserted this fear or resistance to attaching to the new adoptive family could

be exacerbated as legal finalization neared. Often, these emotions turned into challenging

behaviors that tested the relationship and the resolve of the parents to follow through with

finalization. As noted by this case worker, "Kids tend to get stressed over the possibility

of forever and they will start pushing boundaries and pushing buttons." Another case

worker described these behaviors as "testing" the parents to see if they were going to

continue to choose to have the child remain a part of the family. One case worker offered

examples of extreme behaviors including, "[busting] out a window, hiding in the closet,

yelling, cussing and screaming, and running off."

Parent Factors

Eleven out of 18 workers (61.1%) identified adoptive parents' unrealistic

expectations of the child and the placement as one of the most challenging aspects of

adjustment parents experience after adopting a child from the child welfare system. Even

after receiving the required training provided by the child welfare agency, workers felt

that many parents did not have a good grasp of the effects of the trauma children had

experienced prior to being placed in their homes. Additionally, workers felt that parents

did not always understand the implications of early traumatic experiences on children's

emotions and behaviors. Therefore, parents would approach the adjustment process with

a host of unrealistic expectations. These included unrealistic expectations for how the

child would respond to them and behave, especially when parents felt that their

willingness to adopt a child from foster care would be sufficient in helping the child

overcome their traumatic background. One case worker stated,

> One thing I like to tell families is that this kiddo is going to push you to see "will you still love me if, will you still love me when..." Families don't think about that. Some of them will think, "We're doing this great service for this kid and we're bringing them into our home and we're giving them all these things and they should be grateful." It's trying to explain to them that [the child has been] in lots of homes and people have done lots of things for them. They're not looking for someone to do things for them, they're looking for someone to be there for them. So, they're going to test your willingness on that.

Additionally, workers felt that parents' desire to adopt quickly or the pressure

parents felt from the child welfare system to finalize the adoption before the parents or

child were ready created additional challenges for the family and child during the

adjustment period. When the transition into the home was rushed, parents often became

overwhelmed by the child's challenging behaviors and called the worker to come to pick

the child up. For example, one case worker noted,

> …they'll take a child that may not necessarily be what they want but because they want a child. Then when the behaviors start to escalate it's like, "this is why I didn't want an older child or a child with these behaviors," but they compromise to get the kid and then it's really more than they can handle.

Workers also identified positive characteristics they observed during the adoption

adjustment period. One characteristic mentioned by a participant was the ability of the

parent to be flexible in their parenting style—*"a parent that can bend a little bit and not*

be so rigid because most of these kids…they don't know rules and their lives have been

different." Also, workers noted if the parent was willing and open to learning new

parenting techniques and approaches designed with children from traumatic backgrounds

in mind, the parent could then communicate with the child that they were not going to

give up when things got hard. Rather, the parent's efforts to communicate and show flexibility demonstrated to the child that the parent was willing and able to adjust with the child along the way. Furthermore, these efforts demonstrated the parents could show humility and adapt, while consistently providing structure and guidance for the child.

Systematic Agency Factors

During the interviews, workers also discussed their own role in the health of the family during the adjustment period. The workers exhibited a strong belief that it was their responsibility to maintain an open and consistent relationship with parents during the adjustment phase. Workers shared that they work to provide a connection to community resources to help support the child and family as well as to be a dependable place to vent and talk through challenging moments. One participant noted,

> But just knowing that you're just not thrown out there, like, "Okay, we're done. Thanks for the service." I think that ongoing knowledge that even if they never reach out to you, just knowing they have somebody to reach out to, to talk.

Many of the workers also mentioned the work of those in the post-adoption department within the child welfare system as an additional resource for families after finalization. Yet, workers believed that there were shortcomings in the benefits of post-adoption support because of the limited engagement post-adoption workers had with each family. Workers explained that the staff in the post-adoption department were available only when the family reached out to make contact with them; when they did reach out, they most often received the phone numbers for various mental health and community support services. Many workers expressed that they wished that the post-adoption workers were more active in the field and more proactive in keeping in touch with adoptive families in the months following finalization. One case worker described her wish for families in the

following statement,

> Right now, our post-adoptive services are, "You contact us, and we'll help you get connected with things," but I don't think sometimes people realize that [parents] are not going to reach out. I don't think [workers in the post-adoption department] realize someone reaching out to them, just even to reassure them, "Hey, we're in a good spot," or "I've got this person to talk to," and there's someone there. So, I would like for someone to be able to be assigned to [families] for another three to six months just to check in afterwards and make sure things are going well. See if they need anything.

Workers were able to identify several post-adoptive services available to the families on their caseload in the community around them. However, this became more of a challenge to workers who served families in rural areas. One case worker mentioned, "It's that location and how far are you able to go, willing to go, and things like that to get that help." Many of the families living in rural areas would have to drive long distances to attend family counseling or take their child to individual counseling. One worker observed, "the services up here are not equipped a lot of times to handle kids with these behaviors. Our kids." Workers expressed that finding mental health professionals who readily understood the needs of the children and families on their caseload was a significant challenge, particularly in rural areas. When asked what post-adoptive service they wished their families had available to support them during the adjustment period and after finalization, one worker stated,

> The only thing maybe that I can think about, at least off the top of my head, is more of the correct types of resources in terms of for our kids and families like so, maybe a therapist that, or resources in general, that are more adoption aware and more aware of the unique aspects of adoption that come along with that. And then just more trauma-based and trauma-focused therapies and resources because they're out there and they're available but there are always wait lists for those ones because they're not as prominent as a cognitive behavioral therapist that maybe does that but doesn't really have any adoption knowledge.

The Honeymoon Period

Approximately half of the workers who participated stated that they believed that all new adoptive families experience some sort of honeymoon period after a child is placed in the home. One worker noted, "[the] honeymoon period is pretty famous." In contrast, the other half of workers explained that some families do not experience a honeymoon period because they immediately begin experiencing challenges following initial placement. The caseworkers noted that these challenges either stemmed from the traumatic events experienced by the child before being placed for adoption or because the child exhibited difficult, yet normal, behavior that was typical of the child's age. Additionally, workers explained that families who had previously fostered their child prior to adopting did not always experience a honeymoon period as they had already adjusted to the child being in their home.

Workers were able to specifically identify behaviors children and parents exhibit during the honeymoon period. Children were described as "being on their best behavior," to try to fit in to the home and make the adoptive parents happy. One participant stated, "They're trying to do their pleasing roles. Picking up after themselves, helping around the house, not challenging any of the rules, maybe even keeping to themselves more so out of fear of doing something wrong." Parents were described during this phase as demonstrating extreme patience and leniency towards the child. Workers also reported that they often see parents plan several outings during this period to promote bonding and provide the child with fun experiences. Several workers referred to this as the "Disney World Effect." The workers shared that they try to caution adoptive parents to plan visits that will provide the child with a glimpse of everyday life in their home rather than

creating an unrealistic picture for the child. Workers observed that it can be a frustrating and confusing transition for the child when the outings and fun suddenly stop and the day-to-day routine of life takes over.

Regarding the timing of the honeymoon period, workers' responses ranged from less than one month to three to four months following initial placement in the adoptive home. Fourteen out of 18 workers (77.8%) approximated the end of the honeymoon period as landing before or right at the two-month mark (see Figure 4.1). Workers agreed that they could tell the honeymoon period had ended when they would begin to receive more phone calls focusing on the child's behavior. They said that the child and family both started becoming a bit more comfortable and "real life sets in." One case worker explained,

> You can only keep up that – I can't even be a pleasing person for very long. Like, all the time, twenty-four hours, seven days a week. Eventually those things start to slip away, and they'll have outbursts or maybe they might have been able to control it for a little bit of time and then they start having little explosions and stuff like that. Families start to see, "Oh wow, this is not what we've been seeing for the last little bit and now we're starting to see these things."

Most Challenging Time During Adjustment

Interestingly, workers identified that the most challenging time following initial placement ranged from two to four months (see Figure 4.1). Workers mentioned that this period often occurs after the honeymoon period is over, but not always immediately. Workers reported there is a time frame in between the honeymoon period ending and the peak of frustration when the child is beginning to test the boundaries in the home and the parents are trying different strategies to respond. When these strategies do not appear to work, parents increase their calls to the workers for help. Workers noted that at this point, some parents begin to voice their thoughts regarding potential disruption— "…they

called me last week and they were ready to just, 'what do we need to do to start the process to give him back?' Workers reported that their standard response to the situation is to locate more community services that could be of assistance to the child and family and visit the home more often. Additionally, the workers said they try to respond to the calls or emails so parents will have a safe place to vent and process their emotions.

If the family is able to find supportive and helpful services and not give up during this peak time of challenge, the workers noted that this is when they look for signs of healthy adjustment. Signs of healthy adjustment mentioned by the workers included 1) receiving fewer calls from the parents and child, 2) the child doing well in school, 3) the child responding to parents' attempts to manage their emotions and behavior, and most of all, 4) observing indicators of growing attachment and family bonding. One worker described,

> You know, again, I think a lot of it is observable when you see them interacting. The reciprocal relationships starting to develop. They're starting to trust one another more and more. You see some, I guess, not discipline but redirection and acceptance a little bit more, but you start to see them grow as a family instead of just staying stagnant.

Other Challenging Times

Workers discussed additional periods when challenges increased significantly during the adoption adjustment process. A few workers identified that the timing of when the child was placed within the school year was important due to the demands of the school schedule and stress levels of the child and family. When a child was placed during the summer break, workers said that it allowed for some additional time together for the parents and child, but it was sometimes a struggle to adjust to a school routine after so much time together. Additionally, workers mentioned holidays and specific times when a

103

child may be reminded of their history and losses (e.g., biological family, friends, previous placements, and relationships), increasing the emotional burden a child might be bearing at any one moment. The onset of puberty during the adjustment process was another time when challenges arise as the child is often already managing various confusing emotions and changes to their body. And finally, workers mentioned that right after finalization of the adoption, children might struggle as they realize the finality of losing their biological family (see Figure 4.1). One worker remembered a child going through this challenging time,

> After finalization, one of the child's behaviors came back. Things were doing great and everything was fine. He had some behaviors when he first started placement there. Struggles that he had. They worked through that and things were great up to adoption and after they finalized is when his behaviors started coming back and a lot of it was, you know, it was over, he didn't have anybody to come see him. The realization of that loss of mom and dad that, you know, "they're really not coming back for me" kind of thing.

The child might have grieved the loss of biological family in a new way after the adoption finalization, or they might have been afraid something would cause them to lose this new family as well. It is critical for parents and those providing post-adoptive support services to understand the potential for these feelings and make room for them in the continued adjustment following adoption finalization.

Figure 4.1. *Adoption Adjustment Time Frames.* Note: Depicted timeframes of adoption adjustment are estimates. Six months is the average period required for a child to be in an adoptive home before parents are permitted to petition the court to finalize the adoption (Coakley, 2005).

Discussion

This study provides a foundation for the development of an adoption adjustment model. The proposed model discussed in this study (see Figure 4.1) can help adoption professionals, prospective adoptive parents, and children placed for adoption prepare for the experience before them. Knowing time frames when difficult behaviors and experiences could occur following the adoption might help those involved anticipate and prepare for potential challenges. The information provided by the proposed model will allow workers to be proactive in identifying and connecting families to services and post-adoption supports rather than waiting for parents to first reach out for help. Challenges are expected with any significant transition in a person's life; however, when those challenges are normalized as an acceptable part of the process, parents' sense of failure or fear of making a mistake can be lessened. Furthermore, the information provided by the model allows public child welfare agencies to adjust their policies and procedures to anticipate periods of increased risk for families and proactively work to fill gaps with available post-adoption supports. With this knowledge, the focus of the child welfare

105

system can be on finding adoptive homes for waiting children and putting necessary services and supports in place to preserve those placements for a lifetime.

Limitations

All research studies possess inherent limitations and this study is no exception. The focus of this research on adoption adjustment and the honeymoon period is on the perspectives of adoption workers from a public child welfare system. While the perspective of adoption workers is important due to each worker's experience actively monitoring and supporting multiple adoptive placements in their three or more years of experience in the field, this study represents just one perspective of this complex topic. Given that the workers were not present 24 hours a day, seven days a week in each adoptive home, there may be experiences, feelings, and challenges that occurred in the home of which the workers were never made aware. As such, further research is needed to understand the perspectives of adoptive parents and adult adoptees on adoption adjustment transition and the honeymoon period. Additionally, adoptions completed through private domestic adoption agencies, international adoptions, and other types of adoption were not included in the scope of this study. Therefore, the findings of this study should not be generalized as the adjustment process for all types of adoption.

An additional limitation of this is study relates to the characteristics of the participants. In this study, the gender and race of the participants were overwhelmingly female and Caucasian. Research shows that the number of female workers in child welfare practice strongly outweighs male worker numbers (Bureau of Labor Statistics, 2020). However, it is possible that the findings might have differed to some degree had the perspectives of other males been included. Additionally, recruitment of black,

indigenous, and other workers of color is critical in future research on adoption

adjustment and the honeymoon period to gain a more complete understanding of possible

variations in how adjustment is perceived and how it unfolds for children adopted from

foster care. It should be noted that participants were recruited from the workforce of one

southwestern state's child welfare system. Adoption workers in other locations may have

very different experiences than those presented in this study. Additional research is

needed from adoption workers who represent a broader range of geographic areas.

Finally, participants included in this study chose to respond to the recruitment efforts;

therefore, the bias of self-selection is an additional limitation. Because of this and other

limitations mentioned, the findings of this study should be viewed with caution.

Nevertheless, the perspectives shared by these participants address a gap in the literature

by including the voices of adoption workers on this important and under-researched

topic.

Comparison to Prior Adjustment Studies

This study supports the findings of previous studies that have shown that

attachment and a child's ability to trust their new adoptive parents play a significant role

in the adjustment process (Barone & Lionetti, 2012; Mariscal, Akin, Lieberman, &

Washington, 2015). Additionally, Rolock and White's (2016) finding that the child's

developmental stage plays an important role in a healthy adjustment after placement was

also supported by this study's findings. The availability and effectiveness of post-

adoption support from the child welfare agency and the community mentioned in

previous studies was strongly supported by this study as well (Barth & Miller, 2000; Festinger, 2002; Palacios et al., 2015; Selwyn & Meakings, 2015).

Pinderhughes (1996) four-phase model of family readjustment, although more general than the current study's identification of time frames, was also upheld by these findings. Specifically, Pinderhughes (1996) second phase, *accommodation*, was congruent with the characteristics of the honeymoon period described by the workers in this study. Furthermore, in the third phase, *resistance*, was reflected in the workers' discussion of when challenges began and parents reached out for help. And finally, the fourth phase of Pinderhughes (1996) model, *restabilization*, was reflected during the workers' explanations of when the family was able to regroup after the most challenging time and then move toward finalization of the adoption. It is important to note the other challenging times mentioned by workers in the current study do not fit neatly into just the four phases suggested by Pinderhughes (1996). Perhaps there are additional cycles of resistance and restabilization, depending on circumstances, specific memories and anniversaries of events in the child's life, and the physical and emotional development of the child. These are important pieces of an adoption adjustment model that require consideration as further research is conducted.

Implications for Practice

Regarding the specific time frames and identification of the most challenging times during adoption adjustment, the findings of this study provide important guidance for state adoption workers and post-adoption support services. If adoption workers are provided a greater understanding of the peaks and valleys of adoption adjustment, they can use this information to better assist parents in identifying and addressing their

expectations for the placement and how the child will adjust. First, workers will be empowered to help parents by normalizing the periods of increased emotional and behavioral challenges they may experience with their adopted child. If workers can share with parents that it is typical to see a child's behaviors increase at certain identified times, parents may be more willing to discuss the struggles they face during post-adoption. Furthermore, workers can use this information to formulate more specific questions to ask parents about their feelings and thoughts during the adjustment period. Regularly identifying and addressing parents' stress throughout the identified adjustment timeframe can assist workers in seeking and implementing timely appropriate post-adoption resources. These resources can help parents identify and adjust their expectations of their child and the adoption experience. When unrealistic expectations are appropriately addressed, parents may be more emotionally available to bond with their child. Furthermore, when parents are supported in reframing their child's behavioral challenges within the context of previous traumatic experiences, they are more likely to be open to employing appropriate therapeutic parenting strategies. Finally, workers may also use the information on adoption adjustment and honeymoon period to assist the adopted child in gaining insight into their own emotional ups-and-downs, empowering them to feel less out of control during the adjustment process. Incorporating the information on adoption adjustment from this study into public child welfare trainings, placement monitoring prior to finalization, and post-adoption communication efforts with the adoptive family (e.g., newsletters, follow-up calls) will ultimately strengthen adoption workers' ability to support a healthy transition from foster care to adoption.

The time frames identified in this study provide guidance for additional training

and support for families in post-adoption. Trainings provided for adoptive parents are

meant to prepare them for the adoption experience and are often offered several months

before a child is placed in the home. These trainings include material on various topics on

adoption, often including information on the effects of early childhood trauma on

children. This information is critical to prepare parents for the potential emotional and

behavioral challenges their adopted child may experience. Yet, even with this

preparation, several workers mentioned that parents struggled to fully grasp the impact of

early trauma on the child, leading to additional challenges in post-adoption. This finding

is consistent with another recent study on adoption breakdown in which former foster

youth shared their parents did not appear to understand the impact of their previous

traumatic experiences (Mariscal et al., 2015). These concerns should be used to inform

child welfare agencies' pre-adoptive training for prospective adoptive parents as well as

agency requirements for ongoing trainings for parents in post-adoption. One worker in

this study shared, "…every adoptive parent has to go through 27 hours of training before

they qualify to become an adoptive parent. So, they have the knowledge. But the ability

to rightly apply what they know is a different thing." The ability to appropriately apply

knowledge gained in a learning environment requires a higher cognitive level of

complexity, according to Bloom's Taxonomy (Forehand, 2010). The lower cognitive

level of complexity includes remembering knowledge that has been given in a traditional

learning environment. Yet, the process of applying the knowledge requires cognitive

complexity two levels higher than remembering (Forehand, 2010). Child welfare

agencies must incorporate higher levels of cognitive complexity in pre-adoptive trainings

for prospective adoptive parents, as well as provide ongoing trainings to assist in the application of the knowledge once a child is placed in their home. Providing regular opportunities to apply knowledge of the impact of trauma on their child could encourage adoptive parents to seek and apply therapeutic parenting strategies in the home, ultimately strengthening the family.

Furthermore, families should be informed about specific ways to form and foster healthy attachment even before the child is initially placed in the home. When parents are given detailed strategies to assist with bonding from the moment the child is placed in the home, the family is in a better position to capitalize on the calm that occurs during the honeymoon period. Additionally, adoptive parents should be taught the importance of finding and utilizing adoption competent mental health providers and community wraparound systems in preparation for when the most challenging times occur. Identifying knowledgeable providers from the very beginning of the adjustment process allows the child and family time to develop strong relationships with these providers. Having these relationships established early allows the providers to deliver greater support during the most critical periods—two to four months, at finalization, and other potentially triggering moments (e.g., holidays and milestones such as birthdays and anniversaries).

The findings of this study relating to the honeymoon period in adoption adjustment and the identification of the most challenging time frame (i.e., two to four months after initial placement) are of vital importance to the training of workers and parents. It is critical that adoptive parents understand the role parents often unintentionally play during the honeymoon period— the "Disney World Effect"—results

in confusion and frustration for the child. Strategies to help parents plan a more consistent and representative routine the first month after the child is placed in the home should be highlighted by workers through discussions and service planning with the family. Additionally, workers should proactively help families identify and initiate participation in adoption competent community services prior to the second month of the adoption transition period. This proactive step is critical to the success of some placements. Understanding that no two families experience adoption adjustment in the same way, the findings of this study regarding the honeymoon period and the potential for significant challenges within the first two to four months suggests that agencies and workers must build a proactive layer of support around the child and family when they are at their most vulnerable. Standardizing these practices will help communicate to families that they are normal, valuable, and worthy of all available support.

Workers who participated in interviews expressed a profound understanding of the power of their presence for families and the need for consistent and ongoing support for parents during the identified adjustment period. This awareness highlights the need for specialized training for workers walking through adoption with a family and the need to address the importance of workers playing this role in each adoptive placement. In addition to addressing the findings of this study and prior research, specialized training should include instruction on how to conduct post-placement visits using evidence-based interviewing methods to assist families with changes experienced during the adjustment process. The adoption worker could also serve the family by functioning as a central facilitator of agency and community support. The worker should not be limited to referring families to services, but rather actively engaging service providers, monitoring

112

families' progress with the providers, and functioning as a single communication facilitator. However, the specialization and workload of this role would require an administrative understanding of the training, resources, and time adoption workers need to perform this job well.

Finally, this study supports previous post-adoption research highlighting the need for specialized adoption training for mental health providers providing post-adoption support for children and families (Atkinson et al., 2013; Atkinson & Gonet, 2007; Smith, 2010). Atkinson and Gonet (2007) noted that adoptive parents in their study reported their greatest post-adoption need was to have mental health services provided by a practitioner who understands adoption. Workers who participated in the current study reiterated this need, stating that far too often the mental health providers available in their area lacked adoption-specific knowledge. With awareness of the need for adoption-competent mental health services, state child welfare agencies could benefit greatly by promoting existing adoption-competency trainings to service providers serving their children and families.

Future Research

As mentioned previously, this study was completed in a southwestern, statewide public child welfare adoption department with adoption case workers. The findings of this study would be strengthened by additional exploration of the experience of adoption adjustment and the honeymoon period from the perspectives of adoptive parents and adult adoptees, experiences from different types of adoption, and from adoption workers representative of more diverse populations. The groundwork for the development of an adoption adjustment model was laid with Pinderhughes' (1996) study offering the four-

113

phase model of family readjustment framework. The current study expanded this framework by identifying specific time frames when the risk of adoption breakdown increases due to growing emotional and behavioral challenges in the family. Awareness of these time frames offers families and service providers a practical guide for when post-adoption support services are most needed by families. However, these outcomes must be reinforced and strengthened by additional studies with more broad and diverse samples. Additionally, future research on adoption adjustment should examine the variances in the honeymoon period and the most challenging times based on the developmental age of the child. This further exploration of adoption adjustment is necessary as it would be a questionable assumption that an infant placed for adoption would experience the same challenges in adjustment as a child placed at 12 years of age. Furthermore, the challenges that children and families face in their adoption journey do not end right after legal finalization. Therefore, future research should seek to expand the model and examine other potential times when challenges increase for children adopted from the foster care system.

Conclusion

One goal of the child welfare system is to ensure that every child has the opportunity to transition into adulthood with the permanent connections that a family often affords. Many of the children in the foster care system have found these permanent connections through the process of adoption. Various factors play a significant role in the adjustment process for a child and a family following initial placement. At times, challenges can become too much to bear and the adoption breaks down, resulting in devastating grief and loss for the child and the parents. Studies such as this have explored

the adoption adjustment process and have sought to offer insights and suggestions to support the various stakeholders of adoption: the child, family, agency, and community service providers. However, this study specifically sheds light on what the honeymoon period looks like in adoption, when the most challenging periods are in the adjustment process, and potential implications for practice for child welfare workers. While this study provides an important foundation for the development of an adoption adjustment model, additional research on this subject is needed to strengthen the model further. The implications of strengthening the model are numerous and profound for both adoption professionals as well as for children and their adoptive families.

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CHAPTER FIVE

Conclusion

Introduction

Over 61,000 children were adopted from foster care in the U.S. in 2018 (USDHHS, 2019). The vast majority of these adoptions remain intact until the child reaches adulthood. Yet, 10% to 25% of these placements end before the adoption becomes legally finalized (Child Welfare Information Gateway, 2012; Smith, 2014). Of the adoptions that do reach finalization, an estimated 1% to 9% end in dissolution, the term that describes adoption breakdown after finalization (Evan B. Donaldson Adoption Institute, 2004; Rolock & Testa, 2008). Adoption breakdown, a term the includes both disruption and dissolution (Palacios, Rolock, Selwyn, & Barbosa-Ducharne, 2019), leads to social and emotional trauma for the child and the adoptive family (Smith, 2014). The child has already experienced traumatic events when they become available for adoption. Research shows that experiencing an adoption breakdown compounds these earlier traumatic experiences with further loss of meaningful relationships (Smith, 2014). Yet, the child is not the only one who experiences negative effects from adoption breakdown. Barth and Berry (1988) reported the relationships between all family members experienced a decline after the child leaves the home following an adoption breakdown. Each family member suffers the residual effects of significant loss and trauma (Adams, 2002; Barth & Berry, 1988; Smith, 2014). It remains critical for adoption researchers to continue examining adoption breakdown to identify potential ways to strengthen families in post-adoption and decrease the risk of breakdown. Therefore, this dissertation aimed to

identify child, parent, and agency factors as well as aspects of the adoption adjustment process that can be strengthened so that adoption breakdown can be minimized.

The theoretical frameworks that were used to inform the conceptualization of these studies were John Bowlby's (1969) attachment theory and Urie Bronfenbrenner's (1979) ecological systems theory. Attachment is a central issue in adoption as it relates to the child's previous losses and traumatic experiences. It is also a critical element during adoption adjustment as the child and family must develop bonds and attachment to each other to form a new family unit. The role of attachment is discussed in each of the studies included in this dissertation. The systematic review addressed in Chapter Two highlights the attachment challenges children and parents face when a child is adopted at an older age. The older the child is, the more adverse experiences the child may have endured, particularly the loss of meaningful relationships and chronic trauma (Palacios, et al., 2019). The quantitative study detailed in Chapter Three features the importance of attachment in two of the variables investigated, whether the parent was motivated to adopt based on a prior relationship with the child and whether the child exhibited attachment-related behavioral challenges. Both variables were found to be statistically associated with adoption breakdown. Specifically, all of the parents in the sample who reported that they had experienced an adoption breakdown (*n*=8) reported that they did not have a prior relationship with the child before they adopted. Additionally, six out of eight families who experienced adoption breakdown indicated that their child exhibited attachment-related behavioral challenges. Finally, in the qualitative study presented in Chapter Four, attachment issues were a prominent theme mentioned by many of the workers who were interviewed. Workers identified the struggles children experience in

the process of attaching to new caregivers as well as the critical role of bonding and attaching at the beginning of adoption adjustment.

Furthermore, for a child being adopted from foster care, the importance of understanding and navigating the different systems identified in Brofenbrenner's model is reflected in each of the studies. Research on adoption breakdown recognizes these systems in adoption by categorizing the factors associated with breakdown. As Schweiger and O'Brien (2005) identified, child and parent factors reflect the interaction and relationships between the child and other supportive adults in their foster care and adoption journey. The mesosystem may also include some child factors associated with adoption breakdown as it relates to the memories the child brings with them as they move to a new family setting (Schweiger & O'Brien, 2005). The exosystem incorporates many of the agency factors discussed in adoption breakdown research as this system includes the network of adoption workers and other professionals who work to guide and support the adoption (Schweiger & O'Brien, 2005). Finally, the macrosystem holds some aspects of the factors associated with adoption as this system relates to culture and subcultures the adopted child navigates throughout their lifetime (Schweiger & O'Brien, 2005). These theoretical frameworks offer a foundation of knowledge from which the studies included in this dissertation were conceptualized.

The systematic review and quantitative analysis included in this dissertation provide a current examination of factors associated with adoption breakdown in the U.S. The ongoing evaluation of trends in adoption breakdown provides critical empirical knowledge needed by professionals and advocates in the adoption field to make informed decisions based on the most current information available. As such, the findings

contained in this study can be used to inform ongoing efforts to support adoption from foster care at the state and national levels. The qualitative study in this dissertation provides valuable insight on the adjustment children and families experienced after placement. Furthermore, the findings of this study can be used to inform child welfare agencies and post-adoption support service providers in their efforts to stabilize and strengthen the family before the legal finalization of the adoption.

<div align="center">*Systematic Review*</div>

The systematic review included in this dissertation explored the effect of federal initiatives on adoption by examining prior studies (*n=6*) on adoption breakdown in the U.S. that have occurred since the implementation of the Fostering Connections to Success and Increasing Adoptions Act (e.g., Fostering Connections Act) of 2008. U.S. federal policy has focused attention on supporting the adoption of children from foster care for the past four decades (Coakley & Berrick, 2008; Rolock, 2015; Smith, Howard, Garnier, & Ryan, 2006; White, 2016). The Fostering Connections Act is the most recent legislation, providing increased financial support for families who adopted older children and children with special needs (Child Welfare Information Gateway, 2019; Stoltzfus, 2008). Additionally, the Act instated a requirement for child welfare agencies to make reasonable efforts to place siblings together for adoption and expand opportunities for kinship placements (Child Welfare Information Gateway, 2019; Stoltzfus, 2008).

The systematic review revealed that child characteristics that have been found to be associated with adoption breakdown in prior research (i.e., age of child at adoption, number of placements while in foster care, emotional and behavioral challenges) remained noteworthy in the six studies that have occurred since the implementation of the

Fostering Connections Act. Parent and agency characteristics were not examined in every study included in the review; however, the parent characteristics that were identified included parental stress and emotional challenges, pre- and post-adoption training, and the existence of a kinship relationship. Kinship relationships were explored in two of the studies that were quantitative in nature (Dellor & Freisthler, 2018; Rolock, White, Ocasio, Zhang, MacKenzie, & Fong, 2019). The findings were mixed on whether having a kinship relationship with the child decreased or increased the risk of adoption breakdown.

One of the more encouraging findings noted in the review was the absence of financial needs reported by adoptive families. Financial support for adoptive parents has been a focus of adoption legislation in the U.S. since the Adoption and Safe Families Act of 1997. This Act established the Adoption Incentive Program that has been reauthorized and expanded in more recent legislation. Financial strain was previously identified as a specific challenge for parents in post-adoption (Buckles, 2013). Therefore, the absence of financial stress in current studies on adoption breakdown is notable as one of the studies specifically examined stress parents experience in post-adoption (Moyer & Goldberg, 2017). This suggests that U.S. legislative efforts to expand financial incentives for families adopting from foster care may have alleviated many of the financial concerns adoptive parents have historically experienced when adopting a child from the foster care system. However, further research is needed in this area to explore the post-adoption needs of kinship adoptive families as well as potential organizational changes needed for equal access to resources.

Finally, all six studies included in the review identified increased experience and understanding by adoption workers and mental health professionals as a critical post-adoption support need. Former foster youth interviewed in Mariscal and colleagues' (2015) study reported that the lack of experience or knowledge of adoption-related issues by the professionals they encountered created substantial challenges for the youth. Adoptive parents also described the post-adoption professional support available to them as insufficient (Moyer & Goldberg, 2017). Recent efforts have been made at the federal level to provide specialized training to child welfare professionals and mental health providers on adoption competency (Wilson, Riley, & Lee, 2018). The identified need for adoption competency training lends critical support for the need to continue state and national level efforts to create trainings in adoption competency for all adoption professionals.

Quantitative Study

This current study is the first of more recent studies completed on adoption breakdown in the U.S. to collect survey data from a sample of adoptive parents who adopted within the past 10 years (*n*=204). The study sought to answer the research question: *What factors remain significantly associated with adoption breakdown in U.S. adoptive families who have adopted from child welfare in the past 10 years?* Respondents were recruited throughout the U.S. through public and private special interest groups and pages on the social media platform, Facebook. Directors of adoption and post-adoption service agencies across the U.S. also publicized the survey through their respective social media accounts and newsletters. Furthermore, snowball sampling was utilized by asking respondents to share the survey with other adoptive parents they knew. The survey

utilized in the study was developed using inventories from the McRoy (2007) study on barriers and success factors for adoption and the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet, & Farley, 1988). Out of 204 total respondents, 196 adoptive parents reported their adoption was intact at the time they completed the survey. In contrast, eight of the 204 respondents reported that they had experienced adoption breakdown.

Descriptive and bivariate analyses were used to explore the relationship between adoption outcome and several different factors identified through the application of theory and other factors found to be significantly associated with adoption breakdown in previous literature. Three variables were found to be significantly associated with adoption breakdown within this sample. One variable was identified in each overarching category of factors—parent, child, and agency. Whether the parent had an already established relationship with the child prior to adoption was the only parent factor identified as significant (p=0.026). This variable included parents who were relatives of the child they adopted, parents who had fostered the child prior to adoption, and situations where parents had already had a chance to bond with the child prior to adoption. None (0.0%) of the parents who experienced adoption breakdown indicated they had a previous relationship with the child they adopted, while 39.3% of parents who did not experience adoption breakdown reported having a previous relationship. When the child and parents had the opportunity to begin building a meaningful relationship with each other before the child was placed into the parents' home, the association with adoption breakdown decreased. This finding provides valuable insight that suggests that children may also benefit from targeted recruitment strategies that focus on recruiting

caring adults already known to the child, such as current and former foster parents or other important individuals (e.g., teachers, coaches, faith leaders).

Whether parents indicated their child exhibited attachment-related behavioral challenges was the second variable found to be significant in this study (p=0.012). Behaviors exhibited by the parents' children in in this category of behavioral challenges included an inability to attach, rejection of affection, and sabotaging relationships. These types of challenging behaviors may interfere with the child's ability to attach to their new adoptive parents and other family members (Doyle & Cicchetti, 2017). Three-fourths (75.0%) of parents who experienced adoption breakdown indicated that their child had exhibited one or more of these behaviors. In contrast, only 29.1% of the parents who did not experience adoption breakdown indicated their child exhibited any of these behaviors.

The final variable found to be significantly associated with adoption breakdown in this study was the agency characteristic that addressed the availability of more intensive supports the parents wished they had had access to post-adoption. Specifically, a higher proportion of parents who experienced adoption breakdown indicated they wished they had access to supportive out-of-home services (37.3%) compared to parents who did not report adoption breakdown (7.1%). Included in this group were inpatient psychiatric care, out-of-home residential services, and emergency shelter services. These services are typically used in times of crisis when the child's emotional and behavioral needs require more intensive mental health treatment. This finding suggests the importance of having services available to families that are prepared to meet the child's emotional and behavioral needs when the child and/or the adoption is in crisis.

Qualitative Study

The qualitative study in this dissertation sought to answer the research question: *How do child welfare adoption workers perceive adoptive families' adjustment to adoption?* Prior research on adoption adjustment explored the process from a broad perspective through the lenses of family therapy models (Brodzinsky & Huffman, 1988) and family stress theory (Moyer & Goldberg, 2015; Liao, 2016; Zomastny, O'Brien, Baden, & Wiley, 2003). Pinderhughes (1996) introduced a possible model for adoption adjustment drawn from family and attachment theories. This study is the first to seek specific information on the beginning months of adoption adjustment from adoption workers' perspectives and experience.

Child, parent, and agency factors were identified by workers as an important indicator of how adoption adjustment was going for the child and family. Child factors included the age of the child at placement, the child's experience in the foster care system, and the child's history of trauma. Eleven out of 18 workers (61.1%) interviewed identified parents' unrealistic expectations of the adoption as one of the most challenging parent factors. Additionally, workers expressed a concern that parents struggled with understanding the impact of the child's traumatic experiences. Finally, the agency factors discussed by workers in this study included several limitations in post-adoption support available through the child welfare system's post-adoption department and community mental health providers. Workers stated that post-adoption department staff were too few and unable to provide many tangible supports to families and instead were limited to providing referrals for community services over the phone to those in crisis. Adequate mental health services were extremely limited in availability to families in rural areas.

Furthermore, workers expressed a concern that many mental health providers did not fully understand the needs and experiences of the children and families on their caseloads.

One of the most valuable results of this study is the foundation for the further development of an adoption adjustment model. Workers provided generalized time frames from when the honeymoon period occurs after placement as well as when the most challenging times transpire for children and families. This data provided a framework to conceptualize when the risk for adoption breakdown increases the most before legal finalization. This model provides a greater understanding of the specific time frame in which families are most vulnerable to breakdown. This knowledge can guide adoption workers and post-adoption support services agencies in responding to the needs of children and families immediately after placement.

Dissemination Plan

All three manuscripts have been submitted for review to a scholarly academic journal. The systematic review of the literature and qualitative study were each submitted to the *Children and Youth Services Review*. The qualitative study, entitled "Adoption Workers' Perspectives on Adoption Adjustment and the Honeymoon Period" has been accepted for publication and the systematic review, entitled "Factors Associated with Adoption Breakdown Following Implementation of the Fostering Connections Act: A Systematic Review" was returned from *Children and Youth Services Review* with a request for revisions and resubmission. The quantitative manuscript, entitled, "Current

Factors of Adoption Breakdown in the United States: A Comparative Analysis" is in final

was submitted to the *Children and Youth Services Review* in September 2020.

Additionally, the principal investigator has been accepted to attend and present at

the 2021 Summer Institute for Doctoral Students at the International Conference of

Adoption Research (ICAR) in Milan, Italy, and will present on the findings of each of

these studies in July 2021. Funds allowing, proposals will be submitted to present at the

Council on Social Work Education (CSWE) 2021 Annual Program Meeting and the Rudd

Adoption Institute annual meeting, the New Worlds of Adoption Conference.

Furthermore, the findings from these studies are being used to inform trainings that are

being developed for child welfare adoption professionals at the Oklahoma Department of

Human Services.

Practice Implications of the Research

The studies included in this dissertation provide important implications for

practice in child welfare and the adoption field. The systematic review provides valuable

feedback on the positive impact of ongoing legislative efforts to provide financial support

for U.S. adoptive families who adopt from foster care. Furthermore, the studies provide

information on the various factors associated with adoption breakdown and the role they

may play in recent adoptions from the U.S. child welfare system. The age of the child at

the time of adoption remained a key child factor identified in the systematic review as

well as the qualitative study. Unrealistic expectations of adoptive parents and their ability

to receive specialized adoption training remained a key parent factor. Finally, the agency

factor that was discussed in each study included in this dissertation was the critical need

for crisis services that include adequate and accessible mental health services. The

130

understanding of these parent, child, and agency factors provided by these three studies and through the prior research efforts of others provides important guidance for future legislative efforts. Furthermore, the adoption adjustment model presented in the qualitative study provides valuable guidance for child welfare agencies in the continued efforts to strengthen adoptive placements and decrease the occurrence of adoption breakdown.

Limitations of Dissertation

Each of the studies included in this dissertation have their own particular limitations. Given the sensitive and somewhat taboo nature of adoption breakdown in U.S. culture, challenges were experienced in the recruitment of participants, particularly during the recruitment of adoptive parents for the quantitative study. In light of the effects of adoption breakdown on all family members, it is possible that some potential respondents may have found it too difficult or emotionally taxing to discuss their experience. Additionally, the majority of adoptions remain intact; therefore, studying breakdown required the principal investigator to seek information from a very small percentage of the overall population of U.S. adoptive families. The small sample size of families who experienced adoption breakdown (n=8) suggests that the results of this study are not generalizable and should be viewed with extreme caution. An additional limitation of the quantitative and qualitative studies included in this dissertation include the overall lack of diversity in the samples. The quantitative study included a sample of adoptive parents who were overwhelmingly White/Caucasian and female. Similarly, the qualitative study included a sample of adoption workers who were also overwhelmingly White/Caucasian and female. The small sample sizes and lack of data from black,

indigenous, or people of color or male respondents also suggest that the findings of the two studies should be read with extreme caution.

An additional limitation of the quantitative study in this dissertation pertains to the number of cases that included parents who had experienced an adoption breakdown that had to be omitted from the analytic sample. In the original sample of 645 respondents, 20 reported they had experienced adoption breakdown. Five of the 20 cases were omitted because they completed less than 85% of the survey. An additional seven were dropped from the analysis because they reported their adoption occurred over 10 years ago. It is possible that the outcomes of the quantitative study may have differed if these cases had been included in the overall analytic sample. Additionally, it should be noted that some efforts during the recruitment of respondents were completed on private social media interest groups that had been formed specifically for the support of parents who had experienced adoption breakdown. Experiencing adoption breakdown is a traumatic experience for adoptive parents (Adams, 2002; Barth & Berry, 1988; Smith, 2014), and healing from trauma takes a significant amount of time. As Payne, Joseph, and Tudway (2007) stated in their study on psychological processes following traumatic experiences, "the nature of recovery from trauma is likely to be a long, slow process marked by peaks and troughs in emotions" (p. 87). Therefore, it is possible that parents who adopted more than 10 years ago may have only recently become ready to share about their experience with breakdown. Limiting the study to adoptions that occurred within the last 10 years likely reduced the number of respondents who were

psychologically ready to share their experiences, thus, potentially altering the outcomes of this study.

Another potential limitation of the quantitative study and the qualitative study in this dissertation is the possibility of recall bias. Recall bias relates to circumstances in which participants are asked to recall events that happened in the past. When participants are asked to remember experiences of facts from the past, they often forget details or generalize incidents (Bradburn, Rips, & Shevell, 1987). Additionally, numerous psychological processes can affect the accuracy of responses. Two psychological processes that introduced potential bias in these studies include the participant's assumption of what the researcher is expecting to hear as well as the possibility of social desirability of their answers (Bradburn et al., 1987). In the qualitative study, adoption case workers were asked to discuss their perceptions about what happened with children and families after placement for adoption. Successfully achieving permanency for children in foster care is an explicit goal in the field of child welfare. Therefore, workers' memories may have been influenced when asked to share circumstances relating to challenges in the stability of placements. Additionally, adoptive parents may have felt embarrassment or shame when asked questions about their experience of adoption breakdown. The presence of these feelings may have altered their recollection of the event of breakdown as they completed the survey.

Integrative Summary and Future Direction

The studies included in this dissertation provide a cohesive examination of current experiences of adoption breakdown in the U.S. The systematic review and quantitative studies present direct analyses of breakdown, while the qualitative study addresses

133

outcomes related to challenges in adoption adjustment that may lead to an adoption breakdown. Each study gathered data from different adoption-related sources, in adoption, including adoption workers, adoptive parents, and recent literature published on adoption breakdown in the U.S. It is clear that adoption breakdown remains an ongoing concern for families adopting children from the foster care system. As such, the factors that continue to be associated with adoption breakdown must be noted and addressed in future legislation, post-adoption support programs, and research on adoption.

One factor that continued to be significantly associated with adoption breakdown and was discussed in each of the studies included in this dissertation is the need for specialized adoption training for parents and professionals. This finding is consistent with numerous recent studies on adoption (e.g., Dellor & Freisthler, 2018; Kim, Piescher, & LaLiberte, 2019; Mariscal et al., 2015; Moyer & Goldberg, 2017; Rolock et al., 2019). The U.S. Children's Bureau has begun the work of responding to this gap in post-adoption support with the National Adoption Competency Mental Health Training Initiative (NTI) (Wilson et al., 2018). Yet, this training was developed for professionals in child welfare and the mental health field rather than for adoptive parents. Additional trainings must be created for adoptive parents to easily access information critical to adopting a child from foster care before the placement of a child in their home as well as any time after the adoption has been legally finalized. Other factors associated with adoption breakdown, such as the older age of a child at adoption or parents' unrealistic expectations, could be positively impacted by the implementation of extensive and specialized training for both professionals and parents. If parents and professionals had the opportunity to comprehensively and continuously discuss the impact of trauma on

134

child development and appropriate adoption competent mental health services, perhaps children adopted at an older age would have a better chance of remaining with their families. Furthermore, the mental health community must realize the critical need for adoption competent practices and the need for better access to supportive out-of-home services for children and their families during periods of crisis. The impact of early trauma and the lifelong impact of adoption on a developing child must be better understood by mental health providers. When a child's emotional and behavioral needs intensify at different times in their life, parents must have immediate access to appropriate and effective mental health treatment.

Recommendations for Social Work Research, Practice, and Policy

Future research on adoption breakdown should continue the ongoing evaluation of the effect of post-adoption support services and the legislative efforts implemented to bolster these efforts. It is necessary for adoption professionals and advocates to know current trends in breakdown so that they might focus their efforts on the families at greatest risk. Current studies included in the systematic review utilized administrative data from individual states to analyze adoption breakdown (Dellor & Freisthler, 2018; Rolock & White, 2016; Rolock et al., 2019). These studies should be replicated nationwide to compare and contrast outcomes for more generalizable findings.

Additionally, future research in adoption should seek to continue the development of the adoption adjustment model presented in the qualitative study in this dissertation. Perspectives from adoptive parents and children on their experiences during adoption adjustment would strengthen the capacity of this model to guide future post-adoption support and policies. Understanding when challenges increase for the child and family

during adoption adjustment could inform post-adoption efforts both within the child welfare system as well as community supports. Furthermore, parents would benefit from the adoption adjustment model by learning what to expect and when challenges are typically encountered during adoption adjustment.

Conclusion

Adoption breakdown has devastating effects on all members of the adoptive family. Current studies examining adoption breakdown have shown some promising indications that recent efforts in the U.S. to strengthen post-adoption support appear to be positively impacting adoptive families. Factors that continue to be significantly associated with adoption breakdown must remain at the forefront of adoption practice, policy, and research. With increased awareness of what to expect in adoption adjustment, adoption professionals and families can be better prepared to navigate challenges when they occur. Finding permanency through adoption for a child in foster care who is unable to return home to their biological family is an overarching goal of the U.S. child welfare system. However, preserving these families created through adoption must also be a central goal of the child welfare system, federal legislators, post-adoption support systems, and adoption researchers. There is far too much at stake for the children and families at risk of adoption breakdown to not continue all efforts to strengthen families in post-adoption.

APPENDICES

APPENDIX A

Table A.1. *Summary of Selected Articles*

Study	Research Design	Sample Size and Characteristics	Child Factors	Parent Factors	Agency Factors	Other Factors
Mariscal et al. (2015)	Qualitative study from a theoretical thematic analysis and an ecological framework. Data was collected in interviews and focus groups.	Former foster youth 18 years or older (n = 9 completed a survey; n = 16 participated in focus groups). One third of the focus group sample had experienced adoption disruption or dissolution (n = 5).	• Youth forced into adoption • Pressures of performing • Youth struggle to trust others • Older aged youth have a hard time being adopted • Sibling groups • Mental health diagnoses • Sexual orientation	• Lack of adequate training • Lack of understanding of the role of trauma in trust, attachment, and loss and grief • Unrealistic expectations • Parents make assumptions based on the case file • Parents treat the adopted child differently than biological kids • Unclear communication	• Negative stigma being associated with the foster care system • High worker turnover • Challenges with caseworkers • Families left without adequate post-adoption support • System policies overruled the youth's voice • Lack of adoption competence in mental health services	

(continued)

Study	Research Design	Sample Size and Characteristics	Child Factors	Parent Factors	Agency Factors	Other Factors
Rolock & White (2016)	Quantitative study that used multivariate Cox proportional hazards model to examine the relationship between child age and discontinuity.	Secondary data from Illinois child welfare administrative records of children who exited foster care through adoption or guardianship for 10 years or until 18 years of age (n = 51,576 children); 13% (n = 6781) experienced post-permanency discontinuity (adoption breakdown)	• Discontinuity increases dramatically as children enter their adolescent years • African American children had much higher discontinuity risk • Number of placements associated with a marginally higher odds of discontinuity with 5% more for each additional placement • 3+ years in foster care lower odds of discontinuity • Placement with siblings had 15% lower hazard of experiencing discontinuity • Infant at placement had lowest odds of discontinuity • Mean age of discontinuity at 13.2 years; rate increased with adolescence			• At 2 years post-finalization, discontinuity rate was 2%, 5 years was 6%, and 10 years was 11%.

(continued)

139

Study	Research Design	Sample Size and Characteristics	Child Factors	Parent Factors	Agency Factors	Other Factors
Moyer & Goldberg (2017)	Qualitative study that used thematic analysis framed by family stress theory.	Adoptive parents were recruited to participate three months after placement (n = 90 individuals).	• Older age of child increased parental stress and disappointment	• Parents who were able to utilize cognitive flexibility and reframe unmet expectations were able to shift their perspective and see their children's characteristics as positive.	• Unmet expectations related to age and special needs status. • Unexpected special needs increased parental stress considerably • Insufficient professional support	
Dellor & Freisthler (2018)	Quantitative study that used logistic regression to predict adoption dissolution and description analysis of independent variables.	Data gathered from L.A. County Dept of Children & Family Services, Adoptions & Permanency Resources Division. Additional data collected from case record reviews (n = 197).	• Child significantly more likely to be female and older at entry to care • Children who had witnessed drug use in bio home, physical abuse, and voluntarily been relinquished • More placements prior to adoption • Children with developmental delays had lower odds of experiencing dissolution	• 64.23% of dissolved families were related adoptive parents; over a quarter of dissolved families had previous substantiated cases of abuse or neglect		

Study	Research Design	Sample Size and Characteristics	Child Factors	Parent Factors	Agency Factors	Other Factors
Rolock et al. (2019)	Quantitative study that used Cox proportional hazards regression models to estimate the hazard of foster care reentry over time.	Secondary data gathered from Illinois and New Jersey child welfare administrative records. All children adopted through the foster care system in either state tracked through Nov 1, 2015, or until the child turned 17.5 (n = 38,429).	• Strongest predictor was age of child at the time of adoption (3 or older). • African American children more likely to reenter foster care • Additional placement moves were associated with increased likelihood of reentry in both states • Longer than 3 years in foster care was NOT associated with increased risk of reentry in either state.	• Adoption by relatives was NOT associated with increased risk for reentry.	• Child having spent time in an institutional setting or a group home was NOT associated with increased risk of reentry.	• Risk of reentry into foster care peaked in Illinois at 7 and 11 years after adoption • New Jersey risk peaked at 4 and 10 years

(continued)

Study	Research Design	Sample Size and Characteristics	Child Factors	Parent Factors	Agency Factors	Other Factors
Kim et al. (2019)	Quantitative study that used hierarchical logistic regression & chi-square analysis	Case managers in state-licensed, private residential treatment centers, group homes, & treatment foster home placement agencies in Midwestern state were recruited to complete the survey about youth on their caseloads (n = 869 youth)	• Total number of previous placements (5 or more) increased risk of adoption breakdown • Presence of special needs • RAD & FASD diagnoses correlated to disruption & dissolution • Developmental diagnosis nearly 3x more likely to experience a disruption • Black, Multiracial (including Native American) were overrepresented in disrupted/dissolved cases.			

APPENDIX B

Baylor IRB Approval

Baylor University

INSTITUTIONAL REVIEW BOARD — PROTECTION OF HUMAN SUBJECTS IN RESEARCH

NOTICE OF EXEMPTION FROM IRB REVIEW

Principal Investigator: Bonni Goodwin
Study Title: Exploring the Adoption Experience

IRB Reference #:   1472559

Date of Determination: 07/30/2019
Exemption Category: 45 CFR 46.104(d)(2)

The above referenced human subjects research project has been determined to be EXEMPT from review by the Baylor University Institutional Review Board (IRB) according to federal regulation 45 CFR 46.104(d)(2): Research involving the use of educational tests, survey procedures, interview procedures or observation of public behavior.

The following documents were reviewed:
- IRB Application, submitted on 07/24/2019
- Protocol, submitted on 07/24/2019
- Consent Form, dated 07/24/2019
- Survey, submitted on 07/24/2019
- Recruitment Materials, submitted on 07/24/2019

This exemption is limited to the activities described in the submitted materials. If the research is modified, you must contact this office to determine whether your research is still eligible for exemption prior to implementing the modifications.

If you have any questions, please contact the office at (254) 710-3708 or IRB@baylor.edu

Sincerely,

Deborah L. Holland, JD, MPH, CHRC, CHPC
Assistant Vice Provost for Research
Director of Compliance

OFFICE OF THE VICE PROVOST FOR RESEARCH I RESEARCH COMPLIANCE
One Bear Place #97310 • Waco, TX 76798-7310 • (254) 710-3708

133

INSTITUTIONAL REVIEW BOARD – PROTECTION OF HUMAN SUBJECTS IN RESEARCH

NOTICE OF EXEMPTION FROM IRB REVIEW

Principal Investigator:	Bonni Goodwin
Study Title:	Exploring the Phases of Adoption Adjustment
IRB Reference #:	1328287
Date of Determination:	09/28/2018
Exemption Category:	45 CFR 46.101(b)(2)

The above referenced human subjects research project has been determined to be EXEMPT from review by the Baylor University Institutional Review Board (IRB) according to federal regulation 45 CFR 46.101(b):

(2)   Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

The following documents were reviewed:
- IRB Application, submitted on 09/27/2018
- Protocol, dated 09/27/2018
- Consent Form, dated 09/27/2018
- Recruitment material, submitted on 09/27/2018
- Interview Questions, submitted on 09/27/2018

This exemption is limited to the activities described in the submitted materials. If the research is modified, you must contact this office to determine whether your research is still eligible for exemption prior to implementing the modifications.

If you have any questions, please contact Deborah Holland at (254) 710-1438 or Deborah_L_Holland@baylor.edu.

Sincerely,

Deborah L. Holland, JD, MPH
Assistant Vice Provost of Research
Director of Compliance

OFFICE OF THE VICE PROVOST FOR RESEARCH

One Bear Place #97310 • Waco, TX 76798-7310 • (254) 710-3708 • FAX (254) 710-7309 • http://www.baylor.edu/research/irb/

APPENDIX C

Oklahoma Department of Human Services IRB Approval
DHS Institutional Review Board
Sequoyah Memorial Office Building
PO Box 25352
Oklahoma City, OK 73125-0352
(405) 521-3552 Ÿ www.okdhs.org/irb

November 16, 2018

Dear applicant,

The DHSIRB has approved the modification request for the protocol entitled, "Exploring the Phases of Adoption Adjustment" (#039102018). More specifically, we have approved the request to expand recruitment efforts to all DHS Foster Care & Adoption workers, maintaining all other previously agreed-upon specifics included in the protocol. The DHSIRB approved the modification via expedited review pursuant to Federal Regulation 45 CFR 46, with an expiration date of 10/24/2019. The previously approved materials are attached.

As a reminder, the principal investigator of this research study is responsible for:

- The timely submission of a continuation application to the DHSIRB. All research is reviewed by DHSIRB until it is completed. This happens when the analysis of data has ended and reports have been written. Research studies that were initially reviewed using the expedited process may be re-reviewed using the same process, as long as the degree of risk associated with the research has not changed.

- Promptly reporting to DHSIRB, and appropriate institutional officials, of unanticipated problems involving risks to research participants, interviewers, or others; serious or continuing noncompliance with the requirements of the DHSIRB; suspension or termination of DHSIRB approval; or, disapproval of other DHSIRB submissions.

If you have questions about this notification, please contact us at DHS.IRB.Application@okdhs.org.

Sincerely,

Candace Smith
DHS Institutional Review Board Chair

APPENDIX D

Adoptive Parent Survey

EXPLORING THE ADOPTION EXPERIENCE

Purpose of the study: The purpose of this study is to explore characteristics in the process of adoption and how your experience relates to others' experiences.

The survey begins with some questions on demographic information and information on your adoption experience. Question #31 asks whether the child is still considered to be an adopted member of your family. If you answer **yes** to question #31, please skip to Section 3. If you answer **no** to question #31, please continue to Section 2 where there will be some questions asking about your experience. Section 3 has a series of scaled questions asking about your perception of support you experienced when you were going through the process of adoption and placement of the child in your home. Sections 4 and 5 ask questions based on your experiences as a child and Section 6 asks about your experience with close relationships. Please take time to review the directions at the top of each section before completing the questions. The survey will conclude with an open-ended question and some room to enter contact information and the name of who shared the study with you for entry into a drawing for one of 4 $25 gift cards. This information, if you choose to enter, will be kept confidential. You have the option of sharing this study with another adoptive parent whom you know has adopted in the past 10 years. If you choose to share, ask the potential participant to write your name in as their referral source at the end of the questionnaire for another entry into the drawing.

You are asked to answer the questions based on your experience with one adopted child. It is understood that you might have adopted more than one child. In this circumstance, please identify one focus child to refer to during the survey – this child should be the child who was a part of the most challenging adoption experience for your family.

I appreciate your time, effort and willingness to share your experience for the purposes of this study. I am aware that this subject might potentially be a difficult one to discuss openly with others, and I do not take that lightly. If there is any further assistance that I might be able to provide, such as a connection to a local or online support group focused on unsuccessful adoption or general adoption, please let me know and I will do what I can to help. Thank you, again, for your time.

SECTION 1 – DEMOGRAPHIC AND BACKGROUND INFORMATION
Please complete these questions, allowing us to gather additional data to further understand your experience.

1. Your age (at last birthday) _____ years

2. Your race/ethnicity:
   - ☐ White or Caucasian (not Hispanic)
   - ☐ African American/Black (not Hispanic)
   - ☐ Hispanic or Latino(a)
   - ☐ American Indian or Alaskan Native
   - ☐ Asian/Pacific Islander
   - ☐ Other (Please specify): _____

3. Adopted child's race/ethnicity:
   - ☐ White or Caucasian (not Hispanic)
   - ☐ African American/Black (not Hispanic)
   - ☐ Hispanic or Latino(a)
   - ☐ American Indian or Alaskan Native
   - ☐ Asian/Pacific Islander
   - ☐ Other (Please specify): _____

4. Which gender identity do you most identify?
   - ☐ Female
   - ☐ Male
   - ☐ Not Listed _____
   - ☐ Prefer Not to Answer

5. Which gender identity does the adopted child most identify?
   - ☐ Female
   - ☐ Male
   - ☐ Not Listed _____
   - ☐ Prefer Not to Answer

6. What is your marital status?
   - ☐ Single (never married)
   - ☐ Married, or in a domestic partnership
   - ☐ Widowed
   - ☐ Divorced
   - ☐ Separated

7. If different than answer in #6, what was your marital status when adoptive child was first placed in your home?
   - ☐ Single (never married)
   - ☐ Married, or in a domestic partnership

- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Not applicable

8. What, if any, is your religious affiliation?
- ☐ Protestant
- ☐ Catholic
- ☐ Mormon
- ☐ Jehovah's Witness
- ☐ Orthodox
- ☐ Jewish
- ☐ Muslim
- ☐ Buddhist
- ☐ Hindu
- ☐ Atheist
- ☐ Agnostic
- ☐ Other

  _____

9. To what extent do you consider yourself a religious person?
- ☐ Not religious
- ☐ Slightly religious
- ☐ Moderately religious
- ☐ Very religious

10. How often do you spend time in private religious activities, such as prayer, meditation or study of a religious text?
- ☐ Rarely or never
- ☐ A few times a month
- ☐ Once a week
- ☐ Two or more times a week
- ☐ Daily
- ☐ More than once a day

11. What is the highest degree or level of school you have completed? (If you're currently enrolled in school, please indicate the highest degree you have *received*.)
- ☐ Less than a high school diploma
- ☐ High school degree or equivalent (e.g. GED)
- ☐ Some college, no degree
- ☐ Associate degree (e.g. AA, AS)
- ☐ Bachelor's degree (e.g. BA, BS)
- ☐ Master's degree (e.g. MA, MS, MEd)
- ☐ Doctorate (e.g. MD, DDS, PhD, EdD)

12. What was your employment status when the adoptive child was placed in your home?
- ☐ Employed full time (40 or more hours per week)
- ☐ Employed part time (up to 39 hours per week)
- ☐ Unemployed
- ☐ Student
- ☐ Retired
- ☐ Homemaker
- ☐ Self-employed
- ☐ Unable to work
- ☐ Unsure

13. What was your motivation to adopt this child (check all that apply)?
- ☐ Infertility
- ☐ Wanted to expand family
- ☐ Wanted sibling for a child
- ☐ Had adopted child's sibling
- ☐ Wanted to provide a permanent home for a child
- ☐ Had already formed a bond/loved the child
- ☐ Related to child prior to adoption
- ☐ Other

_____

14. When you made the decision to adopt, how long after the adoption training did it take for you to have a child placed in your home (months/years)?
- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ Over 12 months
  - o 1-3 years
  - o Over 3 years

15. How would you *best* describe this time of waiting?
- ☐ An overall positive time in my life
- ☐ An overall negative time in my life
- ☐ Both negative and positive time in my life
- ☐ Other

_____

16. When (month/year) was the adoptive child placed in your home?_____

17. How old was the child when he/she was placed in your home? _____ years

18. How many placements (including all orphanages, shelters, foster homes, relative placements, etc.) had the child experienced before joining your home?
- ☐ 0-2 placements
- ☐ 3-5 placements
- ☐ 6-8 placements
- ☐ 9 or more placements
- ☐ Unknown

19. How many case workers (including permanency, foster care, adoption, etc.) had the child had before joining your home?
- ☐ 1-3 case workers
- ☐ 4-6 case workers
- ☐ 7-9 case workers
- ☐ 10 or more case workers
- ☐ Unknown

20. How many case workers did you work with in the process of adopting your child?
- ☐ 1-3 case workers
- ☐ 4-6 case workers
- ☐ 7-9 case workers
- ☐ 10 or more case workers
- ☐ Unknown

21. What was the reason the child was available for adoption?
- ☐ Voluntary placement by biological parents
- ☐ Child was involuntarily removed from biological parents (please check all applicable reasons for removal)
  - o Physical abuse
  - o Sexual abuse
  - o Neglect
  - o Medical neglect
  - o Incarceration
  - o Truancy
  - o Death of parent

22. Does the child experience any medical and physical challenges (check all that apply)?
- ☐ Serious vision impairment (NOT including minor vision problems)
- ☐ Serious hearing impairment or deafness
- ☐ Serious speech impairment or muteness
- ☐ Physical handicap (non-orthopedic disability)
- ☐ Physical handicap (orthopedic disability)
- ☐ Motor disability
- ☐ Cerebral palsy
- ☐ Intellectual disability
  - o Please chose one:

- Mild
- Moderate
- Severe
- Profound
- Down's Syndrome
- Autism
- Seizure disorder (example: epilepsy)
- Chronic medical problem (NOT terminal or life threatening)
- Chronic medical problem (terminal or life threatening
- Learning disabilities
- Attention deficit disorder (ADD)
- Attention deficit hyperactivity disorder (ADHD)
- Developmental delays
- Emotional problems
    - Please chose one
        - Mild
        - Moderate
        - Severe
        - Profound
- Behavioral problems
    - Please choose one
        - Mild
        - Moderate
        - Severe
        - Profound
- Psychiatric problems
    - Please circle one
        - Mild
        - Moderate
        - Severe
        - Profound
- Other
    _____

23. Does the child exhibit any of the specific behavioral challenges (check all that apply)?
- Anger
- Arguing/problems with peers (excessive)
- Arguing with siblings (excessive)
- Arrests, legal difficulties
- Cruelty to others or animals
- Defiance
- Depression
- Eating disorder
- Fire setting

- ☐ Hanging out with bad friends
- ☐ Homicidal tendencies
- ☐ Hyperactivity
- ☐ Impulsive
- ☐ Inability to attach to family members
- ☐ Irritability (excessive)
- ☐ Lying (chronic or severe)
- ☐ Manipulative behavior
- ☐ Persistent disobedience/noncompliance
- ☐ Physical aggression
- ☐ Rejects affection
- ☐ Running away
- ☐ Sabotaging relationships
- ☐ Self-abuse
- ☐ Sexual acting out
- ☐ Stealing
- ☐ Substance abuse
- ☐ Suicidal behaviors or threats
- ☐ Threats/use of weapon(s)
- ☐ Tantrums
- ☐ Vandalism, destruction of property
- ☐ Verbal aggression
- ☐ Violating rules of conduct (home or school)
- ☐ Violence
- ☐ Wetting or soiling the bed or clothing (intentional)
- ☐ Withdrawn
- ☐ Other

---

24. Some adoptive parents experience a particularly positive beginning when a child is placed in their home. Professionals call this a *honeymoon period*. Do you believe you experienced a *honeymoon period*?
- ☐ Yes
- ☐ No
- ☐ Unsure

> 1a. If **yes**, how long did the *honeymoon period* last?
> - ☐ Less than one month
> - ☐ 1-2 months
> - ☐ 3-4 months
> - ☐ 5-6 months
> - ☐ More than 6 months
> - ☐ Unsure
>
> 1b. How did the child act during this time (check all that apply)?

☐ Quiet and reserved
☐ Agreeable
☐ Outgoing
☐ Personable
☐ Shy
☐ Anxious
☐ Other

_____

1c. How did you know the *honeymoon period* was over?

_____
_____

2a. If *no*, which better describes the period of time right after the child was placed in your home (check all that apply)?
☐ Chaotic
☐ Uncomfortable
☐ Angry
☐ Disconnected
☐ Avoidant
☐ Other

_____

25. How would you describe your relationship with your child now?
☐ Our family is bonded and secure
☐ We are stable, but still working on feeling secure
☐ We are overwhelmed and not stable
☐ We have never been able to bond or feel secure
☐ Other

_____

26. How long do you feel like it took you to bond and feel secure in your relationship with your adopted child?
☐ Less than 1 month
☐ 1-3 months
☐ 4-6 months
☐ 7-9 months
☐ 10-12 months
☐ More than 12 months
☐ I do not feel bonded or secure in my relationship with my child
☐ Other

_____

27. When was the most difficult time after placement?
☐ Less than 1 month

143

- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ More than 12 months
- ☐ There is not a specific time that stands out as more difficult
- ☐ Other

_____

28. What, if anything, do you think happened to make this the most difficult time (check all that apply)?
- ☐ Adjusting to daily life (i.e. honeymoon period ending)
- ☐ Legal finalization of adoption
- ☐ Child's birthday
- ☐ A major holiday (i.e. Christmas, Mother's Day, etc.)
- ☐ An experience unrelated to the adoption happened to the child (i.e. bullied at school)
- ☐ An experience unrelated to the adoption happened to parent (i.e. loss of job)
- ☐ I don't know
- ☐ Other

_____

29. What was the most helpful support after placement (select top 5 answers)?
- ☐ Adoption subsidy
- ☐ Routine medical care
- ☐ Dental care
- ☐ Other financial supports
- ☐ Individual child therapy
- ☐ Educational assessment
- ☐ Psychological evaluation
- ☐ Time with other adoptive parents
- ☐ Special education curriculum
- ☐ Family therapy
- ☐ Time with other adopted children
- ☐ Time with experienced adoptive parents
- ☐ Adoptive parent support group
- ☐ Parenting skills counseling
- ☐ Adoption issues counseling
- ☐ Abuse issues counseling
- ☐ Separation issues counseling
- ☐ Respite care (overnight)
- ☐ Speech therapy
- ☐ Legal services
- ☐ Social work service coordination

- [ ] Child development counseling
- [ ] Sexual issues counseling
- [ ] Daycare: out-of-home
- [ ] Daycare: in-home
- [ ] Physical or occupational therapy
- [ ] Child's future counseling
- [ ] Tutoring
- [ ] Support group for adopted child
- [ ] Psychiatric hospitalization
- [ ] Medical care for disability
- [ ] Out-of-home placement (residential treatment, group home, rehabilitation facility, etc.)
- [ ] Counseling to prevent out-of-home placement
- [ ] Daycare for child with psychiatric problems
- [ ] Transracial counseling
- [ ] Daycare for a disabled child
- [ ] Emergency shelter care
- [ ] Home health nurse
- [ ] Drug/alcohol services
- [ ] Other

_____

29b. Why were these supports so helpful?

    Answer 1: _____

    Answer 2: _____

    Answer 3: _____

    Answer 4: _____

    Answer 5: _____

30. Which supports do you wish you had or had more access to after placement (select top 5 answers)?

- [ ] Adoption subsidy
- [ ] Routine medical care
- [ ] Dental care
- [ ] Other financial supports
- [ ] Individual child therapy
- [ ] Educational assessment
- [ ] Psychological evaluation
- [ ] Time with other adoptive parents
- [ ] Special education curriculum
- [ ] Family therapy
- [ ] Time with other adopted children
- [ ] Time with experienced adoptive parents
- [ ] Adoptive parent support group

- ☐ Parenting skills counseling
- ☐ Adoption issues counseling
- ☐ Abuse issues counseling
- ☐ Separation issues counseling
- ☐ Respite care (overnight)
- ☐ Speech therapy
- ☐ Legal services
- ☐ Social work service coordination
- ☐ Child development counseling
- ☐ Sexual issues counseling
- ☐ Daycare: out-of-home
- ☐ Daycare: in-home
- ☐ Physical or occupational therapy
- ☐ Child's future counseling
- ☐ Tutoring
- ☐ Support group for adopted child
- ☐ Psychiatric hospitalization
- ☐ Medical care for disability
- ☐ Out-of-home placement (residential treatment, group home, rehabilitation facility, etc.)
- ☐ Counseling to prevent out-of-home placement
- ☐ Daycare for child with psychiatric problems
- ☐ Transracial counseling
- ☐ Daycare for a disabled child
- ☐ Emergency shelter care
- ☐ Home health nurse
- ☐ Drug/alcohol services
- ☐ Other

_____

31. Is the child still considered to be a legal adopted member of your family?
- ☐ Yes
- ☐ No
  - o If *yes*, please skip to Section 3; if *no*, please continue to Section 2

SECTION 2 – ADOPTION BREAKDOWN EXPERIENCE

Please complete the following questions, allowing us to gather additional data to further understand your experience.

1. How long after placement was the child no longer living with you?
- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ More than 12 months
  - o 1-2 years
  - o 3-4 years
  - o More than 4 years

2. If the adoption was legally terminated, did this occur before or after adoption finalization?
- ☐ Before
- ☐ After
- ☐ Not applicable

3. If the adoption was *not* legally terminated, but the child no longer lives with you, where does the child live currently?
- ☐ In a long-term residential home
- ☐ In a long-term inpatient hospital setting
- ☐ Another adult/family has guardianship
- ☐ Not applicable
- ☐ Other _____

4. When did you begin to question if the adoption was going to succeed?
- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ More than 12 months

5. When did you know that the adoption was not a viable option for you or the child?
- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ More than 12 months

6. What do you perceive as the main cause of the need for the child to no longer live with you (check all that apply)?

☐ Child's behavior and mental health needs
☐ Management of child's physical or developmental needs
☐ Lack of preparation (did not understand child's needs or history)
☐ Lack of support and resources
☐ Lack of trust/bonding in relationship with child
☐ External stressors (loss of job, financial struggles, marital challenges)
☐ Unable to keep the child safe
☐ Unable to keep other members of the family safe from child
☐ Other

_____

7. What other factors led to the need for the child to no longer live with you (check all that apply)?

☐ Child's behavior and mental health needs
☐ Management of child's physical or developmental needs
☐ Lack of preparation (did not understand child's needs or history)
☐ Lack of support and resources
☐ Lack of trust/bonding in relationship with child
☐ External stressors (loss of job, financial struggles, marital challenges)
☐ Unable to keep the child safe
☐ Unable to keep other members of the family safe from child
☐ Other

_____

8. Is there anything related to your adoption experience that you feel is important for me to know that has not already been asked?

_____
_____
_____

SECTION 3 – MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT (Zimet, Dahlem, Zimet & Farley, 1988) *modified item wording to past-tense for purposes of this study.* Read each statement carefully and please indicate how you feel about each statement since you adopted the child(ren).

- Circle the "1" if you **Very Strongly Disagree**
- Circle the "2" if you **Strongly Disagree**
- Circle the "3" if you **Mildly Disagree**
- Circle the "4" if you are **Neutral**
- Circle the "5" if you **Mildly Agree**
- Circle the "6" if you **Strongly Agree**
- Circle the "7" if you **Very Strongly Agree**

1. There was a special person who was was around when I was in need.	1	2	3	4	5	6	7
2. There was a special person with whom I could share my joys and sorrows.	1	2	3	4	5	6	7
3. My family really tried to help me.	1	2	3	4	5	6	7
4. I got the emotional help and support I needed from my family.	1	2	3	4	5	6	7
5. I had a special person who was a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really tried to help me.	1	2	3	4	5	6	7
7. I could count on my friends when things went wrong.	1	2	3	4	5	6	7
8. I could talk about my problems with my family.	1	2	3	4	5	6	7
9. I had friends with whom I could share my joys and sorrows.	1	2	3	4	5	6	7

10. There was a special person in my life who cared about my feelings.	1	2	3	4	5	6	7
11. My family was willing to help me make decisions.	1	2	3	4	5	6	7
12. I could talk about my problems with my friends.	1	2	3	4	5	6	7

SECTION 4 – PHILADELPHIA EXPANDED ACE SURVEY (Cronholm, Forke, Wade, Bair-Merritt, Davis, Harkins-Schwarz, Pachter, & Fein, 2015)

1. While you were growing up, how often did a parent, step-parent, or another adult living in your home swear at you, insult you, or put you down?	**More Than Once**	**Once**	**Never**
2. While you were growing up how often did a parent, step-parent, or another adult living in your home act in a way that made you afraid that you would be physically hurt?	**More Than Once**	**Once**	**Never**
3. While you were growing up did a parent, step-parent, or another adult living in your home push, grab, shove, or slap you?	**More Than Once**	**Once**	**Never**
4. While you were growing up did a parent, step-parent, or another adult living in your home hit you so hard that you had marks or were injured?	**More Than Once**	**Once**	**Never**

5. During the first 18 years of life, did an adult or older relative, family friend, or stranger who was at least five years older than yourself ever touch or fondle you in a sexual way or have you touch their body in a sexual way? OR	**Yes**	**No**
6. Attempt to have or actually have any type of sexual intercourse, oral, anal, or vaginal with you?	**Yes**	**No**

7. There was someone in your life who helped you feel important or special	**Very Often True**	**Often True**	**Sometimes True**	**Rarely True**	**Never True**
8. Your family sometimes cut the size of the meals or skipped meals because there was not enough money in the budget for food.	**Very Often True**	**Often True**	**Sometimes True**	**Rarely True**	**Never True**

9. How often, if ever, did you see or hear in your home a parent, step-parent, or another adult who was helping to raise you being slapped, kicked, punched, or beaten up?	**Many Times**	**A Few Times**	**Once**	**Never**
10. How often, if ever, did you see or hear in your home a parent, step-parent, or another adult who was helping to raise you being hit or cut with an object, such as a stick, cane, bottle, club, knife or gun?	**Many Times**	**A Few Times**	**Once**	**Never**

11. Did you live with anyone who was a problem drinker or alcoholic?	**Yes**	**No**
12. Did you live with anyone who used illegal street drugs or abused prescription medications?	**Yes**	**No**
13. While you were growing up, did you live with anyone what was depressed or mentally ill?	**Yes**	**No**
14. Did you live with anyone who was suicidal?	**Yes**	**No**
15. Were your parents ever separated or divorced?	**Yes**	**No**
16. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	**Yes**	**No**

17. How often, if ever, did you see or hear someone being beaten up, stabbed, or shot in real life?	**Many Times**	**A Few Times**	**Once**	**Never**

18. While you were growing up, how often did you feel that you were treated badly or unfairly because of your race or ethnicity?	**Very Often True**	**Often True**	**Sometimes True**	**Rarely True**	**Never True**

	All of the Time	Most of the Time	Some of the Time	None of the Time
19. Did you feel safe in your neighborhood?	**All of the Time**	**Most of the Time**	**Some of the Time**	**None of the Time**
20. Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted?	**All of the Time**	**Most of the Time**	**Some of the Time**	**None of the Time**
21. How often were you bullied by a peer or classmate?	**All of the Time**	**Most of the Time**	**Some of the Time**	**None of the Time**

22. Were you ever in foster care?	**Yes**	**No**

SECTION 5 – PARENTAL BONDING INSTRUMENT (Parker, Tupling, & Brown, 1979) This questionnaire lists various attitudes and behaviors of parents. As you remember your primary caregiver in your first 16 years would you check the most appropriate box next to each question.

	Very Like	Moderately Like	Moderately Unlike	Very Unlike
1. Spoke to me in a warm and friendly voice	☐	☐	☐	☐
2. Did not help me as much as I needed	☐	☐	☐	☐
3. Let me do those things I liked doing	☐	☐	☐	☐
4. Seemed emotionally cold to me	☐	☐	☐	☐
5. Appeared to understand my problems and worries	☐	☐	☐	☐
6. Was affectionate to me	☐	☐	☐	☐
7. Liked me to make my own decisions	☐	☐	☐	☐
8. Did not want me to grow up	☐	☐	☐	☐

153

9. Tried to control everything I did	☐	☐	☐	☐
10. Invaded my privacy	☐	☐	☐	☐
11. Enjoyed talking things over with me	☐	☐	☐	☐
12. Frequently smiled at me	☐	☐	☐	☐
13. Tended to baby me	☐	☐	☐	☐
14. Did not seem to understand what I needed or wanted	☐	☐	☐	☐
15. Let me decide things for myself	☐	☐	☐	☐
16. Made me feel I wasn't wanted	☐	☐	☐	☐
17. Could make me feel better when I was upset	☐	☐	☐	☐
18. Did not talk with me very much	☐	☐	☐	☐
19. Tried to make me feel dependent on her/him	☐	☐	☐	☐
20. Felt I could not look after myself unless she/he was around	☐	☐	☐	☐
21. Gave me as much freedom as I wanted	☐	☐	☐	☐
22. Let me go out as often as I wanted	☐	☐	☐	☐
23. Was overprotective of me	☐	☐	☐	☐
24. Did not praise me	☐	☐	☐	☐
25. Let me dress in any way I pleased	☐	☐	☐	☐

SECTION 6 – REVISED ADULT ATTACHMENT SCALE – CLOSE RELATIONSHIPS VERSION (Collins, 1996)

The following questions concern how you *generally* feel in *important close relationships in your life*. Think about your past and present relationships with people who have been especially important to you, such as family members, romantic partners, and close friends. Respond to each statement in terms of how you *generally* feel in these relationships.

Please use the scale below by placing a number between 1 and 5 in the space provided to the right of each statement.

1---------------2---------------3---------------4---------------5

**Not at all
characteristic
of me**

**Very
characteristic
of me**

1)   I find it relatively easy to get close to people.   _____

2)   I find it difficult to allow myself to depend on others.   _____

3)   I often worry that other people don't really love me.   _____

4)   I find that others are reluctant to get as close as I would like.   _____

5)   I am comfortable depending on others.   _____

6)   I <u>don't</u> worry about people getting too close to me.   _____

7)   I find that people are never there when you need them.   _____

8)   I am somewhat <u>un</u>comfortable being close to others.   _____

9)   I often worry that other people won't want to stay with me.   _____

10) When I show my feelings for others, I'm afraid they will not feel   _____
     the same about me.

11) I often wonder whether other people really care about me.   _____

12) I am comfortable developing close relationships with others.   _____

13) I am <u>un</u>comfortable when anyone gets too emotionally close to me._____

14) I know that people will be there when I need them.   _____

15) I want to get close to people, but I worry about being hurt.   _____

155

16)   I find it difficult to trust others completely.   _____

17)   People often want me to be emotionally closer than I feel   _____
      comfortable being.

18)   I am not sure that I can always depend on people to be there when _____
      I need them.

SECTION 7 – FINAL PAGE

Is there anything that has not been addressed in this survey already that you feel is important to share with the researcher?

_____

_____

_____

_____

_____

_____

_____

_____

If interested in entering the drawing for one of 4 $25 gift cards, please enter contact information:

_____

If someone referred you to this study, please enter their name below to allow them another chance to receive one of the gift cards. If you would like to be eligible for another entry into the drawing, please share this survey with other eligible parents and ask them to write in your name as their referral source.

_____

APPENDIX E

Interview Protocol for Qualitative Study

INTERVIEW GUIDE

- What is your race/ethnicity?

- What is your gender and age?

- How long have you worked as an adoption case worker?

    o Did you work in any other area of child welfare before?

    o What were your jobs prior to working as an adoption case worker?

- What drew you to this field of work?

- Please describe what it is like when a child is first placed into an adoptive home.

    o *If the honeymoon period is shared*, please tell me more about that?

- If the family has experienced a generally positive beginning, does this dynamic ever change?

    o *If yes,* how does it change? Tell me what that looked like.

    o *If yes,* why do think this is the case?

    o *If no,* tell me more about the family and child – why do you think they were able to experience a smooth adjustment?

- How do you know when it has become more difficult for the family? What characteristics do you see?

- Have you worked with any families who have not experienced a positive beginning?

- o Tell me more – why do you think this family and child struggled immediately?

- How do you know when a family is going to make it to a successful finalization? What characteristics do you see?

- When, after placement, do you think is the most difficult time in adjustment?

  - o Why do you think this is the most difficult?

  - o Are there other challenging times? When? Why are these difficult?

- What, in your opinion, helps the adoptive family the most post-placement?

  - o How does this help?

  - o What other factors help? Other supports? Characteristics?

  - o Are there any post-adoptive supports you wish were available to your families?

    - ▪ Why do you believe these would be helpful?

- Is there anything that I have not asked during this interview that you would like me for me to know?

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