

6-2017

# Post-Adoptive Services' Impact on Adoption Outcomes

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POST-ADOPTIVE SERVICES' IMPACT  
ON ADOPTION OUTCOMES

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Sarah Elizabeth Cantino

June 2017

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## ABSTRACT

Adoption is a common occurrence within the field of social work, yet adoptees and their adoptive parents grapple with a multitude of challenges unique to this population. The needs of these children and families are continually scrutinized by social service professionals prior to adoption, but less is known of the needs and services available to this population after adoption is finalized. This study addressed the question: Does adoptive families' use of post-adoptive resources increase positive adoption outcomes? Ten adoptive parents participated in semi-structured interviews as part of this study. Most participants felt they had access to adequate services, and struggled with issues common to all types of parenthood, adoptive or biological. Two issues which parents identified as needs, and which provide direction for social work practice, were: normalizing their families' experiences; and navigating conversations regarding adoption and birth families with their children.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

Two-thirds of Americans have had a personal experience with adoption, through their own family or the family of a close friend (Carnes-Holt, 2012). Adopted children comprise 2% of the total population of children in the United States (Carnes-Holt, 2012). Adoptive families experience an array of challenges that continue after the adoption is finalized. Adopted children have histories of trauma, including physical abuse, sexual abuse, neglect, and prenatal drug exposure (Tan & Marn, 2013). These experiences have lasting effects on children after adoption. Adopted children are three to four times more likely to need special education services than non-adopted children (Rycus, Freundlich, Hughes, Keefer, & Oakes, 2006). Adopted children demonstrate more behavioral problems and mental health problems than non-adopted children (Harwood, Xin, & Yu, 2013). Many adopted children develop attachment disorders as a result of their early experiences. This poses a significant challenge to the newly-formed parent-child relationship created by the adoption, and often causes additional distress as parents perceive their child's behavior as a persistent rejection of the parents (Carnes-Holt, 2012, p. 420).

Because of their traumatic histories, adopted children have special needs. Yet, after adoption, the agency-provided support system is withdrawn, and many adoptive parents feel cut off from needed resources (Festinger, 2002). In an



analysis of adoptive parents' need for and use of postadoption services, Hartinger-Saunders, Trouteaud, and Johnson (2014) found significant disparities between adoptive parents' reported need of resources, and their actual use of these resources. Less than 50% of adoptive parents access services they report they need, including educational advocacy, parent support groups, specialized treatment for child trauma, and substance abuse treatment for their child (Hartinger-Saunders et al., 2014).

U.S. adoption rates have consistently increased since the Adoption and Safe Families Act was passed in 1997 (Festinger, 2002). In 2012, close to 120,000 children were adopted in the U.S. (Child Welfare Information Gateway, 2016). Adoptive families are eligible to receive federal and state financial assistance, as well as Medicaid. However, as the number of adoptions has increased, states have decreased the amount of these adoption assistance payments due to budget concerns (Rycus et al., 2006). Therefore, as adoption has become increasingly common across the U.S., state support for individual adoptive families has shrunk.

The challenges facing adoptive families also reach into education and mental health systems. Many adopted children need special education resources due to developmental disabilities or behavioral problems (Rycus et al., 2006). However, adoptive parents often lack adequate understanding of the special education system and struggle to ensure their child's needs are met (Rycus et al., 2006).

Adopted children commonly struggle with psychological and emotional issues related to their history of abuse, and to the adoption itself, and frequently require mental health services. According to Harwood, Feng, and Yu (2013), adopted children are disproportionately represented as clients in the mental health system. Yet, Rycus et al., critiques the mental health sector for the limited number of clinicians who are “adoption-competent” (2006, p. 217). Mental health services are often needed by adoptive families, and are essential to the stability of the parent-child relationship in these families (Carnes-Holt, 2012). This lack of knowledge and understanding of the special needs of adopted children and their families is widespread within the field of social work.

A finalized adoption is commonly considered a “successful” adoption, but true success extends beyond a legal document; are adoptive families adequately supported? Adoptive families continue to face many of the same issues both before and after adoption is finalized. There is a need to look beyond the event of adoption, to long-term health for adoptive families. According to Rycus et al., one of the biggest challenges to adoptive families, and social workers in this field, is a lack of information and resources available after adoption is finalized (2006). Little is known regarding factors posing the biggest challenge to adoptive relationships; and little is known regarding protective factors—resources and approaches which strengthen and protect these relationships (Rycus et al., 2006).

## Purpose of the Study

The purpose of the research study is to assess the impact of post-adoptive resources on adoption outcomes. After adoption, many adoptive parents and adoptees are left to continue working through trauma histories, medical and educational challenges, and problematic relationship dynamics without the support of social services. Although some resources are available to these families, little research has been conducted to identify which of these tools is being utilized by adoptive families, or to assess how effective these resources are in assisting adoptive families as they continue to work through the challenges unique to their circumstances.

In order to begin addressing the problem of curtailed attention and assistance available to adoptive families, this study collected data directly from adoptive parents, related to the types of services used post-adoption, and the dynamics of the parent-child relationships in these adoptive families. By identifying the resources which appear to be most effective in increasing attachment within the parent-child relationship and stabilizing and improving child behavior, social workers will be more prepared to educate and equip clients preparing for adoption, as well as provide appropriate services for this population post-adoption.

The overall research method used in this study is a qualitative design. This study employed a structured interview of study participants in order to collect data. This method allowed for more in-depth answers from study participants.

Although the interviews were structured, live data collection will also allowed for more flexibility throughout the process, to clarify or focus questions more for each participants, or allow them to provide more context for their answers.

### Significance of the Project for Social Work Practice

This study sought to address a need in social services to provide services to adoptive families, meeting the unique needs of this population which extend beyond the legal adoption finalization. Many adoptive families experience an abrupt removal of supports provided by social service professionals prior to adoption finalization. Those families which continue to access services post-adoption may find it difficult to obtain services from a professional educated in the specific needs of adoptees and their families.

This study sought to mitigate this challenge by providing more information on the needs and services available to adoptive families. This study assessed the needs of families who have successfully adopted children, to ascertain whether or not these needs are being met by post-adoptive services currently available. This information is vital to the education of social workers who work with members of this population. In order to practice competently, social workers need to know the unique challenges and needs of their clients to effectively help them. By being aware of these needs, social workers will then be able to develop more programs to serve adoptive families.

It is hoped that the findings of this research study contribute to the profession by equipping social workers with a deeper consciousness of the

needs of adoptive families both during the assessment and termination phases of the intervention process. For social workers encountering clients with adoptions in their histories, this study may serve to educate professionals toward more culturally competent practice during the assessment phase of intervention. For social workers preparing clients for termination at the point of adoption finalization, this study may emphasize the need for adoptive families to be prepared with post-adoptive resources to support the challenges they will continue to face after adoption is finalized.

The question the current study addressed is: Does adoptive families' use of post-adoptive resources increase positive adoption outcomes?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter presents an overview of existing research addressing issues related to challenges typically experienced by adoptive families, and resources available to families post-adoption. The subsections will include adoptees' special needs, preparedness of adoptive parents, resources available, and resources access/used. The final subsection will discuss Attachment Theory and Crisis Intervention Theory as they relate to an understanding of the topic addressed by this study.

#### Adoptees' Special Needs

Adopted children and their families have special needs. Due to the instability, neglect, and abuse which characterizes their early lives, adoptees commonly experience more difficulty forming secure attachments with their adoptive parents; as a result, the parent-child relationship suffers (Carnes-Holt & Bratton, 2014; Harwood et al., 2013; Tan & Marn, 2013). Children in foster care, who are later adopted, commonly experience the loss of multiple caregivers, disrupting the attachment process. As this issue continues into later life, many adoptees need therapeutic services (Carnes-Holt & Bratton, 2014; Pearson & Chapman, 2007; Tan & Marn, 2013). Adoptees often struggle with a number of behavioral problems stemming from disrupted attachments and exposure to

trauma. Adoptees are more likely than non-adoptees to externalize behavioral problems; this issue spills into all areas of their lives, negatively manifesting itself in school performance and social situations (Carnes-Holt & Bratton, 2014; Hartinger-Saunders et al., 2015). Frequently comorbid with these externalized behaviors are internalized behavioral problems which lead to emotional difficulties in adoptees (Carnes-Holt & Bratton, 2014; Harwood et al., 2013; Tan & Marn, 2013).

#### Preparedness of Adoptive Parents

Carnes-Holt and Bratton (2014) studied the efficacy of child parent relationship therapy for children with attachment disorders, and observed that adoptive parents are typically not prepared to deal with the behaviors resulting from adoptees' attachment problems. Lack of preparation and appropriate expectations for the parent-child relationship result in adoptive parents feeling like failures, "discouraged, withdrawn, and unresponsive to their child's needs" (Carnes-Holt & Bratton, 2014, p. 328).

In a study of international adoptees, Harwood et al. (2013) found that children who spent a period of their early childhood in institutionalized care displayed delayed physical, social, and emotional development; a higher frequency of sensory processing problems; speech, language, and learning disabilities; were likely to display attention deficits; and demonstrated lower cognitive scores. Adoptees who experience prolonged neglect prior to being placed with their adoptive families sometimes have severe and enduring

psychological issues. These can present with features similar to autism, disinhibited attachment disorder, or cognitive impairments (Harwood et al., 2013). Harwood et al. (2013) suggest that the parent-child relationship is highly symbiotic; the parent's mental, emotional, and physical difficulties will impact these same aspects in the child, but the child's mental, emotional, and physical difficulties also influence and impact these areas of the parent's life. Thus, a child's externalized behaviors may influence the parent's mental health, which may in turn impact the child's mental health—potentially compounding the original problem (Harwood et al., 2013).

Harwood et al. (2013) emphasizes the critical nature of the parent-child relationship for adoptive families, and recommends the provision of services which support the development of more positive parent-child relationships for families postadoption. Strong parent-child relationships have also been found to mediate the effects of childhood neglect, trauma, and abuse on an adoptee in later life (Carnes-Holt, 2014; Harwood et al., 2013; Rycus et al., 2006). The power of the parent-child relationship is demonstrated forcefully for adoptees; it can make or break their long-term development.

#### Resources Available

Adoption assistance payments, federally funded through Title IV-E, are the primary service that adoptive families utilize (Festinger, 2002; Hartinger-Saunders et al., 2015; Rycus et al., 2006). Families who benefit from this service receive cash payments, and their adopted children are eligible for Medicaid



(Hartinger-Saunders et al., 2015; Rycus et al., 2006). Although Medicaid provides some measure of physical and mental health coverage for adoptees, the scope of this coverage is limited, and often inadequate to their special needs, which require more intensive care than is available through Medicaid (Rycus et al., 2006).

Special education services are available to adoptive and non-adoptive families through the Individuals with Disabilities Education Amendments of 1991 (Rycus et al., 2006). These services include special assessments and individual education plans for students, and allow parents to be involved in making decisions regarding their child's educational needs. Even with this attempt at inclusivity and collaboration, the special education system can be difficult to navigate, and adoptive parents sometimes struggle to effectively advocate for the special needs of their children (Rycus et al., 2006).

#### Resources Accessed/Used

In an article investigating barriers to adoption success, Rycus et al. (2006), contend that lack of programs and systems to address the special needs of adoptive families, and lack of resources to fund these programs, is a chief obstacle to stable permanent placements.

Existing research consistently shows adoptees are overrepresented in mental health settings (Carnes-Holt & Bratton, 2014; Harwood et al., 2013; Juffer & van IJzendoorn, 2005). This suggests that although adoptees are more likely than non-adoptees to experience behavioral and mental health problems, these

greater needs are also being met by current systems. In a study of postadoption permanence, Festinger (2002) found many adoptive parents who participated in the study had not been able to access services adequate to the needs of their children. The primary causes identified by the parents in the study were lack of information regarding services, and the cost of services needed (Festinger, 2002). These two barriers prevented the adoptive families from accessing additional academic services for their children, and adequate medical care (Festinger, 2002). Parents voiced a variety of unmet needs, including: basic information regarding available services, “after-school services, educational services, home assistance, clinical services, health services, housing assistance, vocational services, and legal assistance” (Festinger, 2002, p. 531).

The early experiences of adoptees put them at greater risk of developing physical or mental health problems, and research appears to confirm this with physical and mental health needs reported more frequently for adoptees than non-adoptees (Festinger, 2002; Rycus et al., 2006; Tan & Marn, 2013). However, Harwood et al. (2013) suggests caregivers are more conscious of this risk, and are therefore more likely to seek special medical attention for adoptees than for non-adoptees. If this is the case, the higher rates of medical problems among adoptees may be partially attributable to parents’ hyperawareness and indicate adoptees may be more likely than their non-adopted peers to receive the resources they need.

## Existing Research on Adoption Outcomes

Multiple methods of evaluating family dynamics and the parent-child relationship have been used in previous studies. Carnes-Holt and Bratton (2014) employed the Child Behavior Checklist – Parent Version and the Measurement of Empathy in Adult-Child Interaction scales to evaluate the parent-child relationship in their study of effective therapeutic interventions for adoptive families. To measure the quality of parent-child relationships among their study participants, Harwood et al. (2013) asked adoptive parents to complete a survey rating their parent-child relationships on three levels: “1) parental perception of closeness of the relationship; 2) parental report of child affection; and 3) parental satisfaction with the relationship” (p. 412).

The Child Behavior Checklist (CBCL) and Family Adaptability and Cohesion Scales (FACES) are two instruments which have been used to measure adoption outcomes—specifically related to adoptees’ experience in school and within the adoptive family (Rosenthal & Groze, 1994). In a study of families who had adopted special needs children, Rosenthal and Groze (1994) used both of these instruments to evaluate impact of adoption on the adoptive family, current family functioning, and parent-child relationships.

Although previous research has examined adoption outcomes, few studies have specifically addressed the impact of services on family dynamics and more subtle outcomes. Within those addressing adoption outcomes, there is a gap in research regarding the experiences of adoptive families in California. Few

studies have focused on assessing the relationship between postadoption services and more family-centered adoption outcomes as reported by adoptive parents. This study sought to narrow this gap in the literature by addressing the relationship between postadoption services and adoption outcomes as perceived by adoptive parents, and focused specifically on this issue as experienced by adoptive families in California.

### Theories Guiding Conceptualization

Two theories guiding the conceptualization of this proposed study were Attachment Theory and Crisis Intervention Theory. Attachment Theory was first introduced by John Bowlby (1973), and examines the impact of early parent-child relationships on human behavior and development. Bowlby (1973) suggested an individual's early experiences, and the nature of his/her early attachments, shapes the way that person views the world and will powerfully influence the dynamics of his/her future relationships. The best foundation for an individual's healthy human development and future relationships is secure attachment between that person and his/her caregiver during early childhood (Bowlby, 1973).

Secure attachment during early childhood is an exception to the rule for adopted children. Adoptees commonly experience neglect and abuse during early childhood, preventing secure attachment to their original caregivers. Following these experiences, adoptees are then traumatically and permanently separated from their original caregivers, and placed with different caregivers—and too often this cycle repeats as children are repeatedly removed from

temporary placements and introduced to new caregivers, experiencing repeated disruptions in attachment before being finally placed in their adoptive home (Carnes-Holt & Bratton, 2014). The behavioral outcomes of these early experiences persist after adoption. Attachment-related issues within the parent-child relationship of the adoptive family, or externalized behaviors arising from insecure or disrupted attachments are the most common obstacles experienced by adoptive families (Carnes-Holt & Bratton, 2014; Purvis, K. Cross, D., & Sunshine, L. 2007; Ryan, 2007).

Crisis Intervention Theory was developed during the 1960s as a framework for understanding non-pathological occurrences of anxiety, depression, or other psychological aberrations from homeostasis (Rapoport, 1962; Rycus et al., 2006). This theory postulates that the unifying theme of crises is a perceived threat, loss, or challenge (Rapoport, 1962). Anxiety is evoked in the individual faced with a real or perceived threat. Depression is evoked in the individual faced with real or perceived loss (Rapoport, 1962). Individuals in crisis often demonstrate maladaptive coping methods, by withdrawing, or displaying regressive behaviors (Rapoport, 1962).

These reactions to crises are especially relevant to adoptive families. All adoptees have experienced the loss of their original caregivers at least—many adoptees have difficulty coping with additional losses as well (Rycus et al., 2006). Adoptees also commonly experience threats to their wellbeing prior to being placed with their adoptive families. It is not surprising that such crises cause

intense anxiety and depression in adoptees even after their adoption (Hartinger-Saunders et al., 2015; Carnes-Holt & Bratton, 2014). Other special needs and problem behaviors may also arise from these experiences.

This study sought to examine the experiences of adoptive families through the lens of these two theoretical perspectives, specifically as they impact adoption outcomes within these families. The question the current study will address is: Does adoptive families' use of post-adoptive resources increase positive adoption outcomes?

### Summary

Adoptees often enter their adoptive families with histories of trauma, special medical and educational needs, and externalized behavior problems. Although some supports are available to adoptive parents during the process of adoption, many are still unprepared for the full spectrum of challenges unique to parenting children with special needs, and integrating these children into their adoptive families. Some resources are available to families post-adoption, including adoption assistance payments. However, whether or not adoptive families' needs are being met by adequate services to support and strengthen these families, is an area of concern. Little research examines the connection between post-adoptive services and positive adoption outcomes, especially as experienced by adoptive families in California. This study sought to address this gap in the literature.

## CHAPTER THREE

### METHODS

#### Introduction

This study sought to describe adoptive families' use of post-adoptive resources, and to evaluate the impact of these resources on adoption outcomes. This chapter contains a description of the methods used to conduct this study. The sections discussed will be study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

#### Study Design

This purpose of this study was to describe adoptive families' use of post-adoptive resources in the state of California, as well as describe the experiences of these families with attachment and integration of the child into the family through adoption. These two aspects of the post-adoption experience are described in order to evaluate the impact of one upon the other—in other words, the research questions asks: Does adoptive families' use of post-adoptive resources increase positive adoption outcomes?

This study employed a qualitative design, and employed a structured interview of study participants in order to collect data. This method was chosen due to the difficulty of accessing a sample size large enough to satisfy the requirements of a quantitative study. The benefit of using a qualitative study design was it allowed for more in-depth answers from study participants.

Although the interviews were structured, this study design also allowed the researcher to clarify questions when participants did not understand them, and to discover new information through open-ended questions. The limitation of this study design was that the data collection process was lengthy, and the minimal number of participants did not allow for a very comprehensive assessment of the impact of post-adoptive resources on adoption satisfaction throughout California.

### Sampling

Data for this study was obtained from ten participants. Since the purpose of this study was to examine the impact of post-adoptive services on adoption satisfaction, specifically in the state of California, participants were required to meet the following criteria: 1) participants were current California residents; 2) participants were parents of one or more child(ren) by adoption; and 3) adoption of participants' child(ren) had been finalized for a minimum of one year prior to study participation, and a maximum of ten years prior to study participation. Participants were not selected based on ethnicity, occupation, religious affiliation, or socioeconomic status; however, these demographics were recorded. Participants were selected using the snowball sampling method. This is a non-probability sampling method in which one study participant provides a referral to an acquaintance, family member, or other contact, who may act as another potential study participant. Initial interview contacts were referred by adoption social workers employed by an adoption agency in Southern California,



and by the researcher's person contacts. Additional participants were contacted through referrals provided by these individuals.

### Data Collection and Instruments

Qualitative data was collected through the use of individual, structured interviews of study participants. Interviews were audio recorded, and later transcribed and analyzed for recurring themes. Prior to each interview, the participant was prepared with a description of the study, and provided with information on informed consent, and the protection of study participants' identities and information. Each interview was approximately thirty minutes long, and conducted according to an interview guide (see Appendix A). This interview guide contained questions addressing the following topics: demographics of participants; adoptive parents' use of post-adoptive resources; and perceived impact of post-adoptive services on adoption satisfaction.

### Procedures

Data for this study was collected by one researcher. This researcher conducted individual interviews of each participant. These interviews were structured and followed an interview guide which included the following question domains: 1) Demographics; 2) Post-Adoptive Resources; and 3) Parent-Child Attachment. These interview questions were formulated by the researcher in order to assess participants' use of post-adoptive resources, and their perceived efficacy in supporting and strengthening adoptive families. Questions were

rephrased as needed during the interviews in order to clarify meaning and elicit the most reliable responses. These interviews lasted for approximately thirty minutes each. Interviews were conducted using one of three methods: a) in person; b) via telephone; or c) via email correspondence. The method employed was determined based on the participants' location and availability for an in-person interview. In-person interviews took place at the participant's residence. Participation was solicited through referrals, and incentivized through the use of a raffle at the conclusion of data collection, wherein participants were given the opportunity to win a modest prize.

#### Protection of Human Subjects

The identities of all study participants are kept confidential. Interviews took place in a location of participants' choice. All participants read and agreed to an informed consent (Appendix B) prior to participating in an interview. In addition to an informed consent, participants read and agreed to a consent to be audio recorded (Appendix C). Audio recordings were stored on the researcher's personal computer and password-protected. One year from completion of this study, the audio recordings and any other identifying information will be destroyed.

#### Data Analysis

All data for this study was collected using qualitative methods. Audio recordings of structured interviews were transcribed. These written transcriptions

were then analyzed to note themes within participants' responses. Responses were categorized topically, as either addressing post-adoptive services, parent-child relationship dynamics, and perceptions of the post-adoptive experience/impact of resources on adoption outcomes. These categories were further organized according to positive and negative participant reports or evaluations of the topics addressed.

Participant responses will be organized thematically using an excel chart. This excel chart will include each topic and type of response included within the interview. Frequencies of each type of participant response will be tracked on this document as well.

### Summary

This study describes adoptive families' use of post-adoptive resources, and evaluates the impact of these resources on family dynamics. The interviews used to collect data for this study offered first-hand reports from adoptive families on these issues, and provided insight into the strengths and weaknesses of currently available resources for adoptive families. The methods used by this study provided opportunity for flexible and in-depth research into the characteristics and needs of this population.

## CHAPTER FOUR

### RESULTS

#### Introduction

In this chapter, demographics and characteristics are presented for the ten adoptive parents interviewed for this study. Major findings, regarding participants' use of services before and after adoption finalization, the dynamics of their family support systems before and after adoption, and of the impact of these services and supports on families' adoption outcomes, will be reported.

#### Presentation of Findings

##### Demographics

Ten adoptive parents were interviewed for this study. Of these ten individuals, 70% (7 participants) were Caucasian, 10% (1 participant) was African-American, 10% (1 participant) was Caucasian/African-American, and one 10% (1 participant) was Caucasian/Latino. All participants interviewed were females, and all reported their relationship as mothers to their adoptive children. Of those who participated in the study, 80% (eight participants) identified their religious affiliation as Christian/Protestant, 10% (1 participant) as Catholic, and 10% (1 participant) as "other".

Each participant provided the ages of each member of her family. The majority of adoptive parents interviewed were of middle age. Seventy percent of those interviewed, as well as their spouses, were in their 40s and 50s; the

remaining 30% (3 participants) stated they and their spouses were in their 30s at the time of the interview. Interviewees qualified for participation in the study by having adopted children in their care who were under 18 years of age at the time of the interview. Participants had a sum total of 23 adopted children, the majority of whom were elementary school age, all ranging from 2 to 16 years of age. At the time of the interview, the ages of participants' adopted children broke down along the following lines: 17% (4 children) were age 9; 17% (4 children) were age 7; 13% (3 children) were age 2; 8% (2 children) were age 12; 8% (2 children) were age 8; 8% (2 children) were age 5; 8% (2 children) were age 3; 4% (1 child) were age 10; 4% (1 child) were age 6; 4% (1 child) were age 4; and 4% (1 child) were age 2. Of the ten participants, two disclosed they also had biological children. One participant was also currently fostering an infant.

#### Needs of Adopted Children

All participants were asked if they considered their adopted children to have special needs. Two participants stated that their children had never had special needs. Another two participants stated that their children had special needs at one point, but that they had progressed and no longer had special needs. One of these participants stated that her daughter had been diagnosed with autism before the age of five, due to severe developmental delays. However, she had progressed in her development and this diagnosis was dropped when the child entered kindergarten. Another participant stated that two of her children had developmental delays early in life, but both had progressed

and were developmentally on track at the ages of five and seven years old, respectively. One participant stated that her daughter was “labeled” as a special needs child at birth because she was being monitored for AIDS. However, since her daughter did not actually have AIDS, she was uncertain why the label had continued into her childhood, as she had no other needs above the ordinary.

The remaining 50% of participants stated that their children continued to have special needs at the time of the interview. These needs included medical conditions, developmental delays, and behavioral issues, and learning disabilities. One participant stated one of her children had dyslexia, and the other had Attention Deficit Hyperactivity Disorder (ADHD) and sensory integration issues. Another participant stated that one of her children had ADHD and an “overactive temper” (Participant #5, personal interview, February 2017). Another participant stated her child had Reactive Attachment Disorder (RAD) and intellectual disabilities. Another participant stated her child had cerebral palsy, with limited use of his right side. Another participant stated one of her children had cerebral palsy, epilepsy, and mild-moderate intellectual disabilities; one of her children had mild-moderate intellectual disabilities as well as behavioral issues; one of her children had “Disruptive Disorder [sic]” and Intermittent Explosive Disorder; one of her children had developmental delays and intellectual disabilities; and one of her children had a speech impediment.

### Service Use Prior to Adoption Finalization

Participants were asked what formal supports, resources, or services they had utilized prior to adoption finalization. Responses fairly consistently included use of adoption agencies (4), agency and county social workers (10), support groups (3), parenting classes (10), counseling (1), Medi-Cal coverage (10), medical specialists (2), regional center services, including occupational and physical therapy (6), WIC (1). Others services used included legal services (3), adoption counselors (1), speech therapy (2), and Early Start services (1).

All participants stated they used county and agency social workers. Forty percent (4 participants) of participants stated they used adoption agencies prior to adoption finalization. Thirty percent (3 participants) stated they participated in support groups. All participants stated they used parenting classes. Ten percent (1 participant) of participants stated they used counseling. All participants stated they used Medi-Cal coverage. Twenty percent (2 participants) of participants stated they used medical specialists. Sixty percent (6 participants) of participants stated they used regional center services, including occupational and physical therapy. Ten percent (1 participant) of participants stated they used WIC. Thirty percent (3 participant) of participants stated they used legal services. Ten percent (1 participant) of participants stated they used adoption counselors. Twenty percent (2 participants) stated they used speech therapy. Ten percent (1 participant) stated they accessed Early Start services for their child.

### Support System Prior to Adoption Finalization

Participants were asked to describe different informal support systems prior to finalizing adoption. Most participants identified family and friends as their primary source of support. Others identified church groups and foster/adoption support groups as informal sources of support. Immediate family, extended family, and close friends were identified by all participants as primary sources of support. Forty percent (4 participants) identified their church as a significant source of support. Twenty percent (2 participants) identified support groups as a source of support. Forty percent (4 participants) identified other foster/adoptive families as sources of support.

One participant identified her informal supports prior to adoption finalization as her immediate family, mother, aunt, and a support group for foster/adoptive parents. Another participant identified families from her church as her family's primary source of support, "We have a very close knit group at church of families, and there are several of them that are pretty close. There are several of them that were going through adoption at the same time" (Participant 9, personal communication, February 2017). Another participant identified her informal support system as consisting of family, extended family, friends, and church members: "We brought her home at 8:00 on a Thursday night, and by 8:15, our house was filled with people and clothes and items for her" (Participant 8, personal communication, February 2017). Other participants described their support system as very strong, celebrating their child immediately upon arrival,



and providing consistent support throughout the adoption process. One participant identified her child's biological aunt as a source of support:

I don't know how to explain it. I think I'm closer to her than I am to some of my own family members. You know, it's funny because going into adoption you don't know if you want to keep those ties; it can be scary for some people. For us, we were always really open, whether that would mean family members, or just seeing connections that the children have. It just worked out really well from the get-go for us. (Participant 4, personal communication, February 2017)

### Post-Adoption Experiences

Participants were asked to describe their post-adoptive experiences—changes in their use of services, the strength of their support system, and changes in family dynamics. Most participants identified removal of county and/or as the only loss they experienced in their formal or informal support systems post-adoption. Other than this, the majority of participants experienced continuity in their use of services both before and after adoption finalization, and either consistency or growth in their informal support system after finalization.

One participant stated that the most significant change she noticed post-adoption was simply a removal of mandatory home visits and other requirements to comply with different laws, policies and procedures regulating foster care. Even though they were no longer required to communicate with their social workers, 40% (4 participants) stated they maintained contact with their social

workers after finalization, either because they had become friends, or found their continued support and consultation valuable. One participant stated: “I still keep in contact with our first social worker—she doesn’t work at that place anymore. She’s really resourceful to me because: 1) she was trained in that field, and 2) she has adopted children of her own. So, I’ll ask her things like: should stay with Medi-Cal, or should we go out on our own?” (Participant 4, personal communication, February 2017).

Only one participant stated that she stopped using Medi-Cal for her adopted child. This participant stated that her choice to stop accessing Medi-Cal for her daughter was based on the availability of private insurance through her husband’s employer, and the convenience of utilizing this insurance rather than Medi-Cal.

Two participants who utilized support groups prior to finalization, stopped participating in these groups soon after finalization because they felt they did not need the support of the group at the time, had a difficult time finding appropriate child care for their children while they attended the group, or because other commitments interfered with group attendance. One participant stated that the support group fell by the wayside after finalization: “I want to say we went for a couple months and then we stopped just because life took over” (Participant 4, personal communication, February 2017).

While the majority of participants seemed to experience relief from a reduction in formal services post-adoption, some perceived this as a loss in

support. One participant related negative experiences reaching out to post-adoption social workers with a county Child and Family Services office. She stated that the social workers with whom she had contact post-adoption were kind and empathic, but did not provide her with valuable information or tangible resources: “They’re nice, no doubt about that, ‘Oh, honey, that is so sad. We’re so sorry you’re going through this’...And that’s the extent of help you get from CPS after all is said and done” (Participant 6, personal communication, February 2017).

One participant commented on adoptive parents’ continued utilization of services after finalization, averring that many adoptive parents discontinue use of some services because there is no longer an external authority requiring them to do so. However, she argued that the same supports and services are available to adoptive families before and after adoption finalization:

It’s [access to supports/services] pretty much the same afterward. I think it depends on the person being the resource parent, utilizing the services before and after...I’ll find some resource parents that they will use those services during the time, up until once they adopt, then they don’t want to do the work anymore. (Participant 5, personal communication, February 2017)

### Adoption Outcomes

Participants were asked to relate what they perceived to be their most significant challenges in parenting, and changes in their family dynamics, post-

adoption. Many participants related challenges in parenting their children as they matured and developed in different ways. Many of these challenges were linked to different stages of development in their children. For others, the specific behavioral needs related to their children's mental health diagnoses (e.g. ADHD, RAD) were the most significant parenting challenges.

One participant stated that the biggest challenge her family experienced post-adoption was getting their child accustomed to a daily routine, and continuing to provide her with the special medical treatment she needed to recover from severe abuse and neglect experienced prior to adoption. Regional center services and medical care were helpful in assisting this family post-adoption, and their child was able to reach age-appropriate developmental milestones within three years after adoption finalization.

Another participant stated that the biggest challenge she and her spouse experienced was simply in becoming parents: "You go from not doing anything, just taking care of yourself to—all of a sudden, you have to take care of someone else, and it does make a lot of changes" (Participant 3, personal communication, February 2017). Challenges related to adopting included practical issues such as purchasing larger vehicles and/or moving to larger residences with more space to accommodate a larger family. Some participants emphasized their perception that the challenges they experienced as parents were similar to those experienced by parents with biological children: "We had to deal with the typical changes in our life by going from a couple to parents, but I don't think any of that

is related to our son being adopted” (Participant 1, personal communication, February 2017).

Another participant stated she and her spouse experienced some challenge in learning how to parent their child, but that the support group they participated in was a valuable resource, and provided them with insights from other parents dealing with similar behaviors in their children: “We can see that what we’re dealing with is normal, and it’s not as bad as what other people are dealing with, that we’re on the right track with her” (Participant 8, personal communication, February 2017). Multiple participants described a shift in their family dynamics after adopting, from being focused on each other as a couple, to being focused on their children. One participant identified this challenge, but also described how her support system was valuable in allowing her and her husband to take breaks in order to spend time alone together.

Other participants noted that the dynamics in their extended family also changed as a result of adopting a child:

Just having children, whether they’re adopted or not, it changes everything in how you related to other people...My mom has recently moved back into this area because her health is declining. Her expectations of what I can do is different—her expectations of what I can help her with—is greater than what I can do with two young children...There’s a learning curve on my side in relating to my mom, and also on her side...me

learning how to handle it and her learning how to handle it too. (Participant 9, personal communication, February 2017).

Multiple participants described their families as growing closer post-adoption. One participant stated that she experienced growth and deepened relationships as a family post-adoption:

We feel like a family now, and we feel like a whole unit now. We feel complete, and it's just been a great thing for us...My favorite place to be is just home with my children. I would say it has really changed our family dynamics. It just brought us a lot of joy. It made us complete. (Participant 4, personal communication, February 2017)

One participant stated that her family experienced many challenges post-adoption, related to her child's diagnosis with RAD. This participant described her child's behaviors as "tormenting" to the other members of the family, and said family relationships had suffered (Participant 6, personal communication, February 2017). This participant identified online support groups for adoptive parents as a source of support post-adoption, and said they normalized her experience as the parent of a child with RAD.

Fifty percent (5 participants) of participants were ambivalent about the value of post-adoptive services, and either did not attempt to use services post-adoption, or did not perceive the services they used to have much impact on their children and families. Other participants found services to be generally helpful. Fifty percent (5 participants) felt their children's needs were met by the services

they used. One participant stated: They've all been a great help. They've taught us how to use coping skills and things we could do that we didn't know because we'd never been in that situation" (Participant 5, personal communication, February 2017).

### Perceived Needs

Participants were asked their perceptions of adoptive families' needs, and how these needs change after adoption finalization. Participants overwhelmingly vocalized the need for guidance in addressing the reality of adoption with their children as they grow older. Fifty percent (5 participants) stated the greatest need of adoptive families is help in navigating conversations about adoption and birth families. Some were currently having these conversations with their older children, while others anticipated what these conversations might sound like years in the future. One participant stated, "My youngest daughter was taken away from her birth mother. She didn't want to give her up; she had to. When my daughter gets older, how do we manage that relationship—how do we manage that conversation with her?" (Participant 7, personal communication, February 2017).

Thirty percent (3 participants) expressed a need for more adoption support groups, mentorship programs, or other ways in which to connect to families with similar experiences and challenges:

You need to stay with a care group [support group] to help you continue to adjust because things are going to continue to evolve over

time...Resources are there, but it's just finding them and knowing how to access them, who to call, and what to do. (Participant 3, personal communication, February 2017)

Twenty percent (2 participants) of participants stated financial needs change and increase in the years following adoption: "A lot of people fail to realize that they're [children] going to continue to grow. Your budget is going to need to continue to grow" (Participant 3, personal communication, February 2017).

Twenty percent (1 participant) of participants stated that one of the greatest needs of adoptive families as general support from family and friends (e.g. help caring for children, someone to talk to, etc.). Twenty percent (2 participants) also stated that one of adoptive families' greatest needs is to maintain connections with their social workers after finalization.

Twenty percent (2 participants) of participants stated that there is a great need for medical practitioners and therapists specializing in adoption: "It took me forever to find an attachment therapist. There's a few psychologists around...it's just they need more services" (Participant 6, personal communication, February 2017).

### Summary

Participants were interviewed as part of this study of adoptive families. Their responses fell into one of six categories: 1) needs of adopted children; 2) services use prior to adoption finalization; 3) support system prior to adoption



finalization; 4) post-adoption experiences; 5) adoption outcomes; and 6) perceived needs of adoptive families. Participants gave a variety of answers to the interview questions regarding their experiences with adoption, and multiple themes emerged across participants' responses.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter includes a discussion of major findings presented in Chapter 4. It also presents the limitations of the study, recommendations for social work practice, policy, and research. The chapter concludes with a summary of findings and implication for social work practice.

#### Discussion

One theme which emerged in this study was the significant number of participants who reported their adopted children had special needs of one kind or another. Half of participants stated that their children continued to have special needs at the time of the interview. These needs included medical conditions, developmental delays, and behavioral issues, and learning disabilities. Of the remaining participants, one expressed confusion over why her child was considered special needs, and another indicated that her child was misdiagnosed at special needs at a young age, and that this diagnosis had later been corrected. One participants stated that her children had at one point had developmental delays, but had “caught up” and no longer had special needs. The remaining two participants reported that their children had never been considered special needs children.

The disproportionate number of participants who reported their adopted children as having special needs is consistent with multiple existing studies (Carnes-Holt (2012); Harwood et al. (2013); Rycus et al. (2006); and Tan & Marn (2013). According to Rycus et al., adopted children are three to four times more likely to need special education services than non-adopted children (2006). Harwood et al. found that adopted children more commonly demonstrate behavioral problems and mental health problems than non-adopted children (2013). Tan and Marn found that adopted children in the United States were more likely than non-adopted children to need mental health services, with anywhere from 24.8% to 52.4% of adoptees receiving mental health services (2013). Carnes-Holt found that, due to their histories of trauma and disruption in caregivers, many adopted children demonstrated mental health issues, behavioral issues, and other forms of maladjustment (2012).

However, the fact that three participants in this study reported their children had either been misdiagnosed with special needs, or had progressed so far as to no longer be considered special needs, also begs the question whether adopted children may be over-diagnosed with behavioral or developmental needs. When considering these responses, it is unclear whether or not the reason adopted children are disproportionately represented as experiencing mental health issues, behavioral issues, or developmental delays, is due to a greater need in this population, or simply a greater awareness amongst professionals of adoptees' adverse experiences and potential for additional

services. Harwood et al. similarly suggested that adoptive parents may simply be more aware of their children's potential needs, and therefore more likely to reach out for services (2013).

Another significant finding of this study was that most of the adoptive parents' interviews did not perceive a loss in support or services post-adoption. Most participants identified removal of county and/or as the only loss they experienced in their formal or informal support systems post-adoption. Other than this, the majority of participants experienced continuity in their use of services both before and after adoption finalization, and either consistency or growth in their informal support system after finalization. While one participant perceived this as a loss in support, the majority of participants seemed to experience relief from a reduction in formal services post-adoption.

This finding was somewhat surprising when contrasted with studies by Rycus et al. (2006) and Festinger (2002). Rycus et al. identified a number of barriers for adoptive families in accessing services in areas such as mental health, education, and health care (2006). These barriers included lack of specialized professionals, and a dearth of knowledge of dynamics unique to adoption among professionals in these fields. Participants interviewed by Festinger also reported difficulty in accessing services post-adoption, identifying two major barriers as a lack of information on where/how to find services, and the financial cost of services (2002).

Another significant finding from this study was that the majority of participants interviewed identified their greatest challenges post-adoption as those common to all parents. This theme was reinforced by multiple participants, who reaffirmed that their experiences with their adopted children were no different, more or less challenging, than other parents' experiences with biological children. One participant stated that the biggest challenge she and her spouse experienced was simply in becoming parents: "You go from not doing anything, just taking care of yourself to—all of a sudden, you have to take care of someone else, and it does make a lot of changes" (Participant 3, personal communication, February 2017).

These responses either point to a hyperawareness of researchers of the uniqueness of adoption and the potential for challenges within the parent-child relationship, or they indicate an attitude among adoptive parents that is intent on normalizing the experience of their families. Although many participants identified their children as having special needs, the majority of these participants did not identify their children's special needs as the greatest challenge they faced after adopting their children. One participant, who stated that her child was diagnosed with RAD, was an exception to this pattern, and appeared to represent an experience more in line with existing research on challenges for adoptive families. This participant identified issues with attachment, and severe behavioral issues, resulting from her child's traumatic history, as a significant challenge. This response was an exception to the majority of participant responses, but is

consistent with findings from other studies of adoptive families, which have found that adoptees commonly experience more difficulty forming secure attachments with their adoptive parents due to the instability, neglect, and abuse which characterizes their early lives (Carnes-Holt & Bratton, 2014; Harwood et al., 2013; Tan & Marn, 2013).

Another theme which emerged from this study was the need several participants identified for adoptive families. The most consistently reported need of participants was guidance in navigating conversations with their children regarding their adoption. Participants were asked their perceptions of adoptive families' needs, and how these needs change after adoption finalization. Participants overwhelmingly vocalized the need for guidance in addressing the reality of adoption with their children as they grow older. Fifty percent (5 participants) stated the greatest need of adoptive families is help in navigating conversations about adoption and birth families.

This finding was not voiced by adoptive families in other similar studies, however, it may be an underlying cause or factor in adoptive families' use of support groups, or individual or family therapy. Several studies have identified adoptive families as using mental health services more often than non-adoptive families (Carnes-Holt & Bratton, 2014; Harwood et al., 2013; Juffer & van IJzendoorn, 2005). The nature of this challenge, and the fact that it underlies the entire family dynamic and parent-child relationship, may simply point to the root

of many issues common throughout existing research, such as problems with attachment or behavioral issues.

### Limitations

Limitations of this study include the small sample size of ten participants interviewed for this study. The sample was also rather homogenous, and failed to capture an accurate picture of adoptive parents' ethnicities and genders. All participants were female, and the majority of participants were Caucasian, with only one African-American participant, one Caucasian/African-American participant, and one Caucasian/Latino participant. Another limitation of the study was that all participants interviewed were still in the process of parenting fairly young children. While this was a strength in discovering more immediate perceptions of adoptive families' needs and service use, it did not allow for a long-term assessment of family dynamics and changing needs as participants' adopted children grow older and begin having conversations about their experiences. A final limitation of this study was that all participants were recruited either through their former social workers or through friends, many of whom had also adopted children and participated in the study. Because of this consideration, it is possible that those who volunteered to participate in this study represent a sample of adoptive parents who were already connected with supports and services, and may also be more inquisitive and proactive in seeking out help, than the typical adoptive family.

## Recommendations for Social Work Practice, Policy, and Research

Two themes emerged within participants' responses which may provide some guidance for future social work practice. The majority of participants identified their greatest challenge post-adoption as similar to that of any other parent of adopted or biological children—simply adjusting their lifestyle to accommodate and care for children who now depended upon them. Many participants emphasized that the experience was the same, regardless of whether children were adopted or biological. Various participants also described support systems of family, friends, support groups, or even past social workers, as normalizing their experience because these support persons had also adopted children. These two responses coupled together suggest that social workers may need to balance their education of adoptive parents regarding their children's traumatic histories, and potential for special needs, with simply reassuring adoptive parents and normalizing their experiences as new parents to the children in their care. Although trauma education remains essential to understanding children who have been through the foster care system and eventually adopted, it is perhaps more helpful to normalize adoptive families' experiences rather than draw too sharp a distinction between families formed through adoption or through birth.

In addition to this, participants' responses, indicating that their greatest need was guidance in navigating conversations with their children regarding adoption and birth families, provide direction for future social work practice.



Social workers in both the fields of child welfare and mental health may benefit from training and education in order to equip them to prepare adoptive parents for these conversations, or to facilitate these conversations between parents and children in therapeutic settings. Although this has micro implications in social workers' direct practice with adoptive families, it also requires some macro considerations. In order to prepare adoptive families for these difficult conversations, social workers will need proper training in facilitating these conversations county child welfare offices, private foster family agencies, adoption agencies, and mental health providers specializing in work with adoptive families, are recommended to consider developing and providing such a training to their staff.

Future research may give attention to this last concern of adoptive families. More studies examining varying degrees of openness in adoptions, where adopted children maintain some form of contact with their birth families, may benefit professionals in the field, as well as the adoption community. Research which focuses specifically on adoptive families' experiences in discussing the reality of adoption, and their children's histories and birth families, would greatly benefit the adoption community.

### Conclusion

This study was conducted in order to assess the impact of post-adoptive services on adoption outcomes. Ten adoptive parents participated in interviews as part of this study, and provided information regarding their adoption

experiences, use of services before and after adoption finalizing, use of support systems, and the tenor of their family dynamics before and after adoption finalization. It is hoped this study will better prepare social workers in the field of child welfare and mental health to work with adoptive families by providing them with services appropriate to their needs and experiences.

APPENDIX A  
INTERVIEW GUIDE

## ADOPTIVE FAMILY INTERVIEW GUIDE

### Family History

1. When was your child first placed with you?
2. How old was your child when s/he was first placed with you?
3. When was your child's adoption finalized?
4. How old is your child now?
5. Do you have any biological children?
6. What were the ages of your biological children at the time your adopted child was first placed with you?
7. What are the ages of your biological children now?
8. What is the birth order of your biological and adopted children?
9. Would you describe your adopted child as having special needs? If so, what are these needs?

### Post-Adoptive Resources

10. What formal supports and/or resources did you use before adoption finalization?
11. Did you continue to use any of these postadoption? Which ones?
12. What informal supports (i.e. family, friends, clubs) did you use before adoption finalization?
13. Did you continue to use any of these after adoption? Which ones?
14. Why did you continue/discontinue use of resources after adoption?

15. After adoption finalization what changes did you notice in your formal/informal support system?
16. After adoption, what areas of parenting did you feel you were struggling with?
17. How have you felt post-adoptive resources have helped or hindered your relationship with your child after adoption?
18. What was your experience in requesting/seeking out support after adoption finalization?

#### Adoption Outcomes

19. What changes did you perceive in your family dynamics post-adoption?
20. What is the greatest need of adoptive families after adoption finalization?
21. How do the needs of adoptive families change in the years following adoption finalization?

Interview Guide developed by Sarah Cantino (2017).

APPENDIX B  
INFORMED CONSENT

## INFORMED CONSENT

The study in which you are asked to participate is designed to examine the use of post-adoptive resources by adoptive families in California. The study is being conducted by Sarah Cantino, a graduate student, under the supervision of Dr. Janet Chang, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

**PURPOSE:** The purpose of the study is to examine the use of post-adoptive resources by adoptive families.

**DESCRIPTION:** Participants will be asked questions regarding use of post-adoptive resources, perceived impact of service, parent-child dynamics and attachment within the family.

**PARTICIPATION:** Your participation in this study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY OR ANONYMITY:** Your responses will remain anonymous and data will be reported in group form only.

**DURATION:** It will take 30 to 60 minutes to complete the interview.

**RISKS:** There are no foreseeable risks to the participants.

**BENEFITS:** There will not be any direct benefits to the participants.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Chang at her office number (909) 537-5184.

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2017.

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College of Social and Behavioral Sciences  
*School of Social Work*

This is to certify that I read the above and I am 18 years of older.

\_\_\_\_\_

Place an X mark here

\_\_\_\_\_

Date

I agree to have the interview audio recorded.

\_\_\_ Yes     \_\_\_ No

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393



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