5-2018

Assessment of Adoptive Families' Adjustment Post Adoption

Madison Allen
mha13b@acu.edu

ABSTRACT

The purpose of this study was to determine the existing state of parent-child adjustment post-adoption of adults that have adopted children through New Horizons. A total of 46 parents who adopted a child from New Horizons between September 1, 2016, and August 31, 2017, were contacted and 14 parents participated. The participants were asked to answer demographic questions, a Strength and Difficulty Questionnaire, a Parental Stress Scale Questionnaire, and questions about services via a phone interview. The study found that there was a direct relationship between the age of the child at the time of adoption and internalizing problems. Approximately 25% of the participants stated there was no follow up after the adoption was finalized, and only half were aware of the services that were available to them. The Strength and Difficulties Questionnaire revealed that over half of the children fell within the Abnormal range for externalizing behavior. Parental stress did not appear to be high, however correlations were found between parental stress, the child's level of adaptation, and impact score from the Strength and Difficulties Questionnaire.

Assessment of Adoptive Families' Adjustment Post Adoption

A Thesis

Presented to

The Faculty of the Graduate School

Abilene Christian University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Social Work

By

Madison Haley Allen

May 2018

This thesis, directed and approved by the candidate's committee, has been accepted by the Graduate Council of Abilene Christian University in partial fulfillment of the requirements for the degree

Master of Science in Social Work

Assistant Provost for Graduate Programs

Date

5-10-18

Thesis Committee

Dr. Wayne Paris, Chair

Dr. Stephen Baldridge

Alice DeLaGarza

To my parents and sister,

To all of my adopted family members,

And to those that adopted them into the family.

ACKNOWLEDGEMENTS

First and foremost, I would like to thank my thesis chair for all of his support and help throughout this process as well as the contribution from the other members of my thesis committee, Dr. Stephen Baldridge and Alice DeLaGarza. I would also like to thank New Horizons for working with me and allowing me to carry out this study. Finally, I would like to thank my family. Without you all, none of this would have been possible. Thank you for this opportunity and your support.

TABLE OF CONTENTS

LIST OF TABLES iv

I. LITERATURE REVIEW 1

Introduction 1

Review of Literature 1

Importance of Assessment 3

Types of Adoption 6

Sibling versus single 6

Kinship versus non-kinship 7

Attachment 8

Child's Characteristics 9

Parental Struggles 12

Lack of rest 12

Sacrifices, uncertainty, and attachment 13

Post-adoption depression 13

Stress 14

Service Use 15

Importance of services and support system 16

Services used 16

Services needed 17

Decrease and increase of usage and satisfaction of services 18

Timing of delivery of services 19
Unmet needs 19
Barriers to utilizing services 20
Protective Factors 24
II. PLANS FOR THE STUDY 26
Methodology 26
Design 26
Human Subjects 26
Data Collection 26
Selection Criteria 27
Instruments 27
Strengths and Difficulties Questionnaire (SDQ) 28
Parental Stress Scale 28
Data Analysis 28
III. CONCLUSION 30
Results 30
Discussion 40
Implications 44
Limitations 45
REFERENCES 46
APPENDIX A: IRB APPROVAL LETTER 55
APPENDIX B: AGENCY APPROVAL 56
APPENDIX C: INFORMATIONAL LETTER 57
APPENDIX D: INFORMED CONSENT 58

APPENDIX E: INTERVIEW QUESTIONS.. 60

LIST OF TABLES

1.Demographics and Experience of Adoptive Parents 31

2.Demographics and Experience of Adopted Children 32

3.Motivation and Support 33

4.Challenges and Services 34

5.Feedback 36

6.Strength and Difficulties Questionnaire and Parental Stress Scale Scores.....37

7. Correlation of Child's Age, Parent's Level of Adaptation, and Results from Parental Stress Scale 39

CHAPTER I

LITERATURE REVIEW

Introduction

Evaluating the post-adoption adjustment of adoptive families and children exiting the foster care system through adoption is very important. Evaluating this is important because if an adoptive family or child does not adjust well, they face the risk of post-permanency placement discontinuity. This means the adoption could be severed and the child could reenter the foster care system (Faulkner, Adkins, Fong, & Rolock, 2017; White, 2016). However, there is little research on agencies conducting follow-ups or evaluations on families post adoption, so there are gaps in the literature and it is important to conduct further research on the topic. Studies that have researched and conducted studies on the adjustment of families and children from foster care post adoption have critical limitations in how the study was designed or the concept the study was based on (White, 2016).

Review of Literature

The primary purpose of this review of the literature is to increase the understanding of what is known about the adjustment of adoptive families and children that have been adopted as well as identify the knowledge gaps. It will cover topics that relate to the adjustment of families and children, including reasons it is important to assess a family's adjustment, types of adoption, attachment, child characteristics, parental struggles, influences and risk factors of adjustment post adoption, use of services, and

protective factors. There are various subcategories that relate to the adjustment of families including the characteristics of the child that was adopted and problems they face, parental struggles, and services.

There are many different risk factors and influences that affect how well a child and family adjusts to their new situation post adoption. It is important to be aware of what can affect the adjustment of a family, so that when a family is being assessed, the evaluator knows what to look for. This can also help the adoption workers have a better understanding if a placement will work out as well as how to help families experience a better adjustment. There is not much information found in the literature regarding any type of follow up or evaluation of families after the adoption has been finalized. According to the Minimum Standards, the standards developed by the Texas Department of Family and Protective Services for Child Placing Agencies, the case manager must write a post-placement adoptive report. One of the aspects of the report includes the adjustment of all individuals to the placement. However, that is after the child has been placed with the family, not after the adoption has been finalized. There are requirements regarding the number of times the case worker must see the child and adoptive family, but only for after the child has been placed with the family. No information is found in the Minimum Standards handbook regarding follow-up or evaluation after the adoption has been finalized. The only mention of post adoption is that the caseworkers must offer counseling services to the child, birth parents, and adoptive family. Each party must be aware that counseling services are available. Those services can either be delivered through the agency or an outside resource (Texas Department of Family and Protective Services, 2017). Some studies have found that parents feel abandoned because of the

abrupt termination of support from social worker services and other parents are not happy when the support services end (Jones, 2016; Phillips, 1990).

Importance of Assessment

As previously stated, it is important to assess the adjustment of a family. If this does not occur a family or child's needs may go unmet and could possibly lead to discontinuity of the child's placement and adoption. Placement discontinuity is when instability in the home occurs after a child has been adoption. It is a term used to describe a situation in which a child gets removed from his or her adoptive home and placed back into the foster care system. When this occurs, the adoption that had been finalized has ended and that adoption no longer exists. Other words or phrases that mean the same as placement discontinuity include adoption discontinuity, post-adoption placement discontinuity, and post-permanency discontinuity. There are multiple factors that contribute to adoption discontinuity. These factors may not have much of an impact on the adjustment of the child on their own, but multiple factors interacting with one another has shown to have the most influence on how well the child adjusts (Goldman & Ryan, 2011). There are factors that are characteristics of the child and factors that are characteristics of the family.

The age the child was adopted and the number of placements the child had in foster care were a couple risk factors of adoption discontinuity (Faulkner et al., 2017; Rolock & White, 2016). Children that experienced the least amount of discontinuity were children that were adopted or achieved permanence in some way before they turned three years old. Children are more likely to experience discontinuity the older they are. The probability of discontinuity is highest for teenagers (Rolock & White, 2016). Studies

show that children who spent more time in foster care and had more placements had a higher rate of discontinuity post adoption (Faulkner et al., 2017; Rolock & White, 2016). The number of placements a child has had can impact their ability to develop a healthy attachment with their caregivers.

Maltreatment and abuse can cause a child to acquire attachment problems, which in turn increased their risk of discontinuity. A healthy attachment is very important in the success of an adoption. One of the main risk factors of adoption discontinuity is if a child has attachment issues (Dance & Rushton, 2005). One study looked at many factors that may contribute to discontinuity and compared them to children who did not experience discontinuity. That study followed children up to 10 years after their adoption was consummated. According to the study, the majority of studies do not know about many cases of discontinuity for children because they only follow children for two years post adoption (Rolock & White, 2014). Other risk factors include the race of the child, problems the child has, and the child's history. According to a study conducted by Rolock and White (2014), children that were African American have a higher risk of discontinuity. However, over 70 percent of the children in their study that exited foster care were African American. Children that have emotional or behavior problems are also at risk of having their adoption discontinued (Faulkner et al., 2017; White, 2016). If the child does not feel a sense of belonging and if the family and child do not integrate well together, then there is a higher risk of placement disruption (Leathers, 2005). The difference between disruption and discontinuity is the timing. Placement and adoption disruption is when the adoption process ends after the child has been placed in the

adoptive home, but before the adoption has been finalized. On the other hand, discontinuity occurs after the adoption is legally finalized.

In addition to child characteristics, the characteristics of the family can also influence how well the child adjusts post adoption (White, 2016). Whether the child is placed with someone they are related to or not may also pose as a risk to discontinuity of the adoption. When a child is placed into foster care and reunification is not possible, many agencies prefer kinship care if the placement is appropriate over placing the child with a stranger. This is preferred because the child already has a connection to the family; therefore, stronger bonds exist between the individuals. Furthermore, the caregivers usually have more empathy as well as sense of duty to care for the child. Due to the stronger bond and attachment in addition to the increased empathy and sense of duty, kinship placements for foster care seem to be more stable than placements where the child and caregiver have no relationship prior to the placement (Liao & White, 2014; Testa & Slack, 2002). According to a study that examined post-adoption placement discontinuity in regards to kinship versus non-kinship care, the results did not show that a kinship adoption is more stable than a non-kinship adoption. The author stated the influence that was seen by kinship placements on the stability of the home during foster care is different after adoption is consummated (Liao & White, 2014). The amount of support the family has pre-adoption impacts the probability of disruption of the adoption. The findings of a study showed that families that had more formal support from the adoption agency workers prior to adoption were less likely to experience adoption disruption (Houston & Kramer, 2008).

Types of Adoption

There are a variety of types of adoption that can influence how well the child adjusts after being adopted. A couple of the types of adoption include a single adoption or sibling adoption and kinship or non-kinship adoption.

Sibling versus single. Some children that are in the foster care system and/or are adopted are separated from their siblings. Therefore, some adoptions that occur are single adoptions; meaning only one child is adopted. Single adoptions can occur for children that do not have siblings and for those that do. Other adoptions are when families adopt sibling groups. The placement of siblings has been shown to impact the risk of discontinuity (White, 2016). Some research and information in the literature has been found regarding how this can affect the adjustment and risk of post-adoption placement discontinuity of a child. Over half of one study's participants were adopted with at least one sibling and the results showed that there was not a significant difference found between children whose placements were discontinued and those whose placements were not discontinued. However, the study did find that children had a lower risk of discontinuity if they spent more time receiving support and were with a sibling prior to adoption permanency (Rolock & White, 2016).

A different study found a difference between sibling group adoption and single adoption related to the child having behavior problems. The study's results revealed that children who were adopted with a sibling had a lower risk of having externalizing behavior problems when compared to children that were not adopted with their sibling (White, 2016). Along the same lines, Hegar (2005), found that children who are placed with their siblings are as stable or more stable than children who do not have siblings or

children that are placed apart from their siblings. One study found a difference based on gender regarding the stability of a placement in relation to siblings. The study's results showed that girls specifically had more stable placements when they were placed with their siblings rather than placed separately (Tarren-Sweeney & Hazell, 2005).

Whether or not siblings are placed in the same home can affect the risk of a child's placement being disrupted. For instance, children that are separated from their siblings have a higher risk of experiencing placement disruption (Leathers, 2005). Other than having an influence on the stability of the placement, the placement of siblings can also affect a child's mental health and overall well-being. Evidence has shown that siblings who are placed together and positive relations with siblings can impact the children's mental health and well-being for the better (Tarren-Sweeney & Hazell, 2005; Wojciak, McWey, & Helfrich, 2013). Academic performance of children and the placement of siblings have been found to be correlated. Children that were placed with their siblings performed better in school than children who were placed separately from their siblings (Hegar & Rosenthal, 2011).

Kinship versus non-kinship. Children who were placed with a relative were less likely to reenter the foster care system than children who were placed with someone they are not related to, including group homes (Courtney, 1995; Shaw, 2006; Wells & Guo, 1999). Research has found that children placed with kin in foster care have more stable placements compared to children placed in foster care with nonrelatives (Koh, 2010; Liao & White, 2014). Even though studies have found that children in foster care with relatives have more stable placements than non-kinship placements, a study found that the same is not true post-permanency (Liao & White, 2014).

Attachment

There are three different types of attachment. Secure attachment is when a child's needs are met most of the time and the caregiver is able to sense the needs of the child. Children that have a secure attachment trust that their caregiver will be there when they need them. An avoidant attachment is when a child's caregiver does not meet his or her needs at a young age. This results in a child learning to depend on himself or herself early on because their caregiver is distant and does not meet their needs. Lastly, when a caregiver is inconsistent in meeting a child's needs, the child can be scared of being rejected or abandoned. Since they have this fear, they become clingy if he or she senses that the caregiver is becoming distant. However, when the caregiver is with the child and tending to him or her, it can be difficult for the child to trust the person (Strachan, 2017). The attachment and relationship between adoptees and their families can be impacted by a variety of sources. One source that can impact the attachment adopted children have with their adoptive families and other relationships, is the adoptive mother's attachment. A study found that if the adoptive mother had a secure attachment, the child had a higher chance of having a secure attachment. The attachment of the father and the personality of the adopted child did not influence the chance of the child having a secure attachment. However, the child's temperament did influence how strong the attachment with the mother was (Lionetti, 2014).

Another source that can affect the parent-child relationship is the expectations the parents have. When parents had appropriate expectations about the child's behavior, one of the results was a better rating in regards to the relationship between the child and parents (White, 2016). Services were also found to influence the parent-child

relationship. When the families received services, including informal and financial services, the parents were more satisfied with their relationship with the child. If the family had needs that had not been met, specifically for counseling, the relationship between the child and parents was not as good (Reilly & Platz, 2004).

Child's Characteristics

There are a few different characteristics of the adopted child that influence the adjustment post-adoption. However, how well the child functioned prior to adoption, including the child's behavioral, educational, and emotional indicators, predicted how well the child would adjust post adoption (Goldman & Ryan, 2011). Factors that influence how well the child adjusts include biological issues, which incorporate premature birth and low birth weight; if the child experienced abuse or neglect; the age of adoptive placement; and the number of placements. However, the main characteristic that is most commonly found throughout the literature is the existence of behavior problems, internalizing and externalizing. Specific information has been found throughout the literature about behavior including what can influence behavior problems, the frequency of behavior problems children adopted in the United States have compared to other populations, and the fluctuation of the level of behavior problems. The age the child is placed in their adoptive home can be a risk if the child is 4 years old or older. The more placements the child had in foster care, the higher the risk of post-adoption discontinuity (Hughes, 1999; Nadeem et al., 2017). Children that have experienced abuse, neglect, and/or have had multiple placements, often have attachment problems, which can contribute to adjustment problems (Hughes, 1999). One study's findings revealed that a parent's satisfaction with the adoption could be impacted by the amount of behavior

problems the child exhibited. More behavior problems were correlated with a lower parent satisfaction (White, 2016).

According to another study, the child's environment plays a major role in regards to how behavior problems are conveyed because the biological factors that were previously mentioned were not associated with the stress parents endure or a child's behavior problems. Children who were older than 4 years old when they were placed with their foster families were found to have higher externalizing behavior problems (Nadeem et al., 2017). When the behavior of adopted children was compared to the behavior of children that are not adopted, the findings indicated that adopted children have more internalizing and externalizing behavior. When the same topic was compared between children that were adopted domestically and internationally adopted children, those adopted domestically had more difficulties (Juffer & van IJzendoorn, 2005).

Lastly, another study compared children that were adopted out of foster care and children that were not adopted from foster care. Children adopted out of foster care were found to have higher internalizing and externalizing behavior problems and symptoms (Simmel, Barth, & Brooks, 2007). The amount of both externalizing and internalizing behavior problems present among the adopted children changes over time. In general, research has found that both internal and external problems decline after the child had transitioned and adjusted to the adoptive home. However, there are some exceptions. Even though the problems tend to change over time, some children still have major behavior problems. After some time has passed, if the child continues to have major behavior problems, the child more often continues to have externalizing problems rather than internalizing ones. Even though higher externalizing problems are found among

children that were placed with their adoptive family after they were 4 years old, have similar improvement rates when compared to children that were adopted below the age of four. After about a year of being placed with their adoptive family, the externalizing behaviors level out.

Unlike leveling off like children placed with their adoptive family after four years old after the first year, children that are placed at a younger age exhibit an increase in externalizing behavior problems. The younger children usually reach a behavior level of children that were placed at an older age around five years after they were placed with their adoptive families. Even though externalizing behavior problems fluctuate depending on when the child was placed with the family, internalizing problems tend to decline around the first year of being placed with the family. There are exceptions and the environment can impact a child's tendency to continue to have high levels of behavior problems. For example, children that have been abused or neglected in the past had noticeable behavior problems, internalizing and externalizing. The environment can also positively influence a child's behavior. A child whose adoptive family fosters a nurturing and stable environment usually shows improvement in his or her behavior (Nadeem et al., 2017).

There are certain characteristics of children that increase their risk of having their adoption disrupted or discontinued and reentering the foster care system. Children that have been found more likely to reenter the foster care system are children who are African America, children with health problems, children that receive Aid to Dependent Children, children who have spent three months or less in foster care, children who are not placed with kin, and children with more placements (Courtney, 1995). A different

source stated that children who are older, have a chronic health or mental health diagnosis, have a history of delinquency, or behavior problems have a higher risk of placement instability (Lockwood, Friedman, & Christian, 2015). There are also groups of children that have been found to be more likely to reenter foster care including infants, children that have been neglected, and children that have siblings. Children that have been neglected are more likely to reenter the system when compared to children that have been abused physically or sexually (Jones & Morris, 2012). Stressful events that the child or parent has experienced can impact the child and can contribute to more behavior problems when the child is an adolescent (Compas, Howell, Phares, Williams, & Giunta, 1989).

Parental Struggles

Not only is the transition of adoption a challenge for the children, it also poses struggles for the adoptive parents. Parents that adopt children face many difficulties and struggle with an assortment of issues, some are similar to what parents of biological children face and only adoptive parents experience others. For instance, every parent has trials they deal with each day related to parenting, but people that have adopted often have situations related to the adoption that add to the stress. These unique situations may include previous losses the child has experienced, the child's age, and legal issues.

Lack of rest. Another struggle adoptive parents deal with that differs from parents who have not adopted is the lack of rest. The difference is the reason for the lack of rest. This lack of rest can come from the adopted child, such as the child's previous experiences affecting his or her ability to sleep. It can also come from the parents, including, but not limited to losses they have experienced specifically related to children.

These losses involve adoptions that have fallen through and among other barriers they were not prepared for, yet faced throughout the adoption process (Foli, Hebdon, Lim, & South, 2017).

Sacrifices, uncertainty, and attachment. Many parents make sacrifices for their children. Adoptive parents have reported that this is a struggle they have as well, but their sacrifice mainly has to do with nurturing the bond between them and the child. Prior to adoption permanency, many prospective adoptive parents struggle with uncertainty. This uncertainty has to do with the timing of when they will have a child in their home, the challenges the child may struggle with and who the child will be, and the adoption process as a whole (Foli et al, 2017; McKay, Ross, & Goldberg, 2010). Raising children that have problems with forming attachments is a struggle adoptive parents experience that the majority of other parents do not face. Children that cannot form an attachment with his or her caregiver can pose many challenges for the parents. Many times, children that have attachment problems refuse to allow others to support or comfort them and learn to rely on themselves. Therefore, parents have a hard time parenting, supporting, and caring for a child that exhibits this kind of behavior (Hughes, 1999).

Post-adoption depression. One struggle that adoptive parents struggle with that has been identified in the literature is post-adoption depression (Foli et al., 2017; McKay et al., 2010). One study indicated that some of the same variables that have been associated with the depression of biological mothers are also correlated with depression among the adoptive parents. Some of these variables include the mother not receiving enough sleep and the personality and behavior problems of the child (Gair, 1999). When adoptive mothers were assessed for depression symptoms by scales, such as the Beck

Depression Inventory (BDI) and the Edinburgh Postnatal Depression Scale (EPDS), a difference in scores on the two scales was present between pre and post-adoption. The difference was not significant, but the mean score on the two scales was less at post-adoption (Senecky et al., 2009). A different study that researched depression in regards to adoption found five different classes of depressive symptom trajectories. The classes differed by points in time when depression was experienced. Examples of some of the classes include parents that had depressive symptoms at the time the child was placed with them and parents that showed symptoms of depression six months after the child or children have been placed with them. Findings from this study indicated that the depression parents experienced and the expectations parents had prior to adoption and the actual experience post adoption were correlated. This conclusion derived from the results of some of the trajectories of when adoptive parents experienced depression (Foli, South, Lim, & Jarnecke, 2016).

Stress. Parents who have adopted experience different levels of stress due to a variety of reasons that may or may not be due to the child. Nonetheless, the stressful life events a parent experiences can impact the child he or she has adopted. According to Jones and Morris (2012), the stressful life events a parent experiences is linked to more behavior and emotional problems in the adopted child when he or she reaches adolescent years. A study found that adoptive parents of adolescents have higher levels of stress compared to other parents that have not adopted. The same study showed that parents that adopted children did not experience a higher level of stress than parents that did not adopt. However, the proportion of adoptive mothers that experience a higher level of stress is higher compared to mothers that have not adopted. Certain situations that

contribute to the stress adoptive parents experience pertain to characteristics of the adoption (Sánchez-Sandoval & Palacios, 2012).

Characteristics or situations that contribute to the prediction of the stress level adoptive mothers will face include the adoption of siblings at one time, the perception of similarities and differences of the adoptive parents regarding families that have not adopted, and expectations families have prior to adoption (Sánchez-Sandoval & Palacios, 2012; Viana & Welsh, 2010). One study focused on the stress parents had post adoption and the findings suggested that the stress level parents experienced reduced during the first year after adoption. The difference in the changes seen with the stress levels after the first year depended on the age of the child. The stress level of parents that adopted older children leveled out. On the other hand, parents that adopted younger children had an increase in their stress level (Nadeem et al., 2017). A few different factors can influence the level of satisfaction parents feel regarding the adoption. Parents are at risk of being less satisfied with the adoption the more often the parent is thinking about the child and the higher level of stress the parent is experiencing (White, 2016).

Service Use

As previously stated, after a child has been adopted the caseworker must offer counseling services to the child, birth parents, and adoptive parents through the agency or an outside resource. Other than this the agency is not required to offer any other services. There is quite a bit of literature on services regarding adoption, specifically what services are being used, the service needs of those that have adopted, and barriers to accessing the services.

Importance of services and support system. Services, and whether the need for them is met or not, can have an impact on the quality of the child-parent relationship (Houston & Kramer, 2008; Reilly & Platz, 2004). Moreover, it is very important for families to have a strong support system and this is especially true for families that adopt a child from foster care (Nadeem et al., 2017). An example of a situation of when it is important to provide families with services and make sure they a strong support system is when they adopt children who have had problems with attachment. Children usually have attachment problems due to their previous experience of maltreatment. It is very important that the family is provided services and has a strong support system in this situation because possessing these qualities decreases the risk of the adoption being disrupted (Hughes, 1999). Due to the significance of receiving support, it is important to understand the services that families utilize, services they need, barriers they face in accessing those, and the timing of that need or utilization in order to better evaluate the adjustment of the family and child post adoption.

Services used. Families use a variety of services and the majority of families use some type of services. One study's results indicated that the type of services utilized depends on the type of maltreatment the child experienced (White, 2016). Support and advice from other parents that have adopted was the service that was most accessed for parents of all children and it was followed by adoption subsidy, assistance from someone at the adoption agency, training and education, medical care, child therapy, groups and resources online (Hill & Moore, 2015). Children that have social problems used services that dealt with mental health, family counseling, and mentoring services. If a child was adopted out of foster care, they were more likely to receive mental health services.

Adoption assistance, advice and support from other parents that have adopted, assistance from someone at the adoption agency, medical care, training and education, child therapy, online groups and resources, and newsletters were the most common services utilized by families that adopted a child with a disability (Hill & Moore, 2015). A different study provided a checklist that included 33 different services and asked the parents to mark which ones they accessed. Out of the 33 services on the list, the parents used about eight services for the most part. Only four sources were needed by over half of the parents. Those four services were a consistent classroom setting, primary care physician, financial assistance, and a lawyer (McDonald, Propp, & Murphy, 2001).

Services needed. In addition to characteristics of the child, the person that adopted the child has been shown to impact the amount of services needed. There are two different types of caregivers that can adopt a child, kin and non-kin. The results of a study showed that children that were adopted by relatives needed less services than non-relative adoptions. Not only did caregivers that are related to the child need fewer services, but they requested fewer services than non-kin caregivers as well (Merritt & Festinger, 2013; Liao & White, 2014). Differences have been found between kin and non-kin adoptive families and the gender of the child regarding services. Adoptive families that adopted a girl, who they were not related to, discussed services after adoption finalization with an agency worker, while families that were kin to the adopted girl did not want a discussion about services. On the other hand, families that adopted a boy they were related to were more likely than non-kin families to state they did not receive the services they wanted and their child did not receive mentoring (Liao & White, 2014).

Decrease and increase of usage and satisfaction of services. One study examined, over the course of three years, how supportive resources offered by the agency or outside the agency relate to the stability of families that have adopted at least one child out of foster care. The study's results revealed that the families' contact with all sources of support decreased over the first three years after the adoption was finalized. The form of support that decreased the fastest was professional services, including the adoption agency, mental health services, health care services, and education services (Houston & Kramer, 2008). Other studies have found that support from social work professionals decrease as time goes, but the support usually ends after the adoption has been finalized (Bonin, Beecham, Dance, & Farmer, 2014). One reason these services were the ones to decrease the fastest is because sources of support that are informal are more convenient to access and more comfortable for the family due to the established relationship (Dhami, Mandel, & Sothmann, 2007).

Informal services and services such as support groups with other adoptive parents and community-building activities can help the entire family address various issues surrounding adoption and help the family feel more connected by meeting others in similar situations (Child Welfare Information Gateway, 2012). Parents reported that their satisfaction with the help they received from informal supports did not decrease while their satisfaction with formal supports did (Houston & Kramer, 2008). Parents seem to be more satisfied with informal services and find them more useful compared to formal services (Bonin et al., 2014; Houston & Kramer, 2008; Reilly & Platz, 2004). Informal services seem to help adoptive parents navigate the challenges they face daily (Bonin,

Beecham, Dance, & Farmer, 2014). A second possible reason is that parents are reminded that their child is adopted when they receive formal services (Dhami et al., 2007).

Timing of delivery of services. Even though some families access services after they have adopted a child, they are usually delivered because the family sought out the service (Child Welfare Information Gateway, 2012; Dhami et al., 2007; Testa, 2004). The problem with the parents reaching out for the service(s) is that they are doing so because the problem has become an emergency. Since the families are reaching out in that time of need, the services should be provided prior to the family reaching that point (US Government Accountability Office, 2015). Some services are geared more for reacting to a problem or emergency rather than being proactive and providing the services before the family arrives at the point where they need to reach out for help (Dhami et al., 2007). When it comes to services, there are some adoptive families that feel their needs were not met.

Unmet needs. One study's results showed that 44 percent out of 37 families that participated reported that their needs were not met by the services offered (Monck & Rushton, 2009). This lack of met needs may look different based on the type of family or characteristics of the child. For instance, the unmet need in a child that was adopted by a relative may be a different need than a child that is adopted by someone he or she is not related to. The findings of a research study revealed that there was a significant difference in the unmet need in family therapy for kinship adoptions and non-kinship adoptions. Family therapy as an unmet need was more likely to be found in a kinship adoption. As previously mentioned, families that adopted a child they are related to are less likely to request services and even though they have unmet needs, the amount of

unmet needs among kinship adoptions was not higher than the amount of unmet needs for non-kinship adoptions (Liao & White, 2014).

Not only can the unmet needs vary between the types of adoption; it can also vary based on characteristics of the child. Children that are adopted out of the foster care system may have a disability of some kind and parents that adopted children that have a disability stated they had unmet needs in three areas. These areas were support in school related areas, emotional support, and mental health support. Parents that adopted a child that has a disability also stated that they did not feel prepared to meet the needs of the child and that they felt overwhelmed when trying to do so (Hill & Moore, 2015).

A study sent out surveys to families that lived in an area with a program called Adoption Support Program (ASP) and were on its mailing list. The ASP provides services and support to families that have adopted. The survey included a list of services offered by the program and participants used a scale to report how often they used each of the 13 services. Participants also rated how important they thought each service was. Results suggested that the families considered most of the services as important, but the parents rarely used them (Dhami et al., 2007). There are many reasons families' needs may be unmet and reasons they do not access services (Dhami et al., 2007; Hartinger-Saunders, Trouteaud, & Johnson, 2015; Hill & Moore, 2015; Ryan, Nelson, & Siebert, 2009).

Barriers to utilizing services. As previously mentioned, many parents look to informal services for support, so this is one reason other services, including formal services, may not be utilized (Dhami et al., 2007). One study asked professions that work with adoption what barriers exist for families accessing services. Some of the

participants' answers are similar to those that parents give, but other answers given by adoption professionals are barriers not stated often. Some barriers that exist include limitations in funding for adoption assistance, affording services, and problems with insurance; a family's lack of awareness of services that are offered; lack of services or lack of qualified services for children that need clinical support; lack of available services, and the adoptive families' fear of what others would think about them receiving services (Dhami et al., 2007; Hartinger-Saunders et al., 2015; Hill & Moore, 2015; Ryan et al., 2009).

In one study when parents were asked about services, specifically what barriers they faced, the third most common barrier reported was how costly services were (Hill & Moore, 2015). Another barrier for accessing services related to finances is when families move locations and have to transfer the paperwork about the adoption as well as transfer paperwork about insurance, specifically Medicaid. This can make it difficult to access services especially because it can take a long time for these items to be transferred. This means if the family wants to access services, they would do so out of pocket when Medicaid has not transferred or if it will not cover the service (Ryan et al., 2009). A barrier that families face that may seem obvious is a lack of awareness of what services are available (Dhami et al., 2007; Hartinger-Saunders et al., 2015; Ryan et al., 2009). The lack of awareness may be due to a problem with communication with both the professional telling the clients about services and with families requesting or asking about services. This is why it is important for adoption agencies to make sure their services are known throughout the community (Dhami et al., 2007; Ryan et al., 2009). Even if

families know about services that are offered, some do not know how to access the service or if they are eligible (Dhami et al., 2007; Phillips 1990).

The top two barriers identified by parents in a study include that they, the parents, were unable to find services and they felt there was a shortage of people who are competent on the subject of adoption (Hill & Moore, 2015). The inability to find services, which was the barrier that was reported most often, can also mean that a family can not find a service they need that is offered at a time or location that is doable for them. The services they need may be offered at a location that is not close enough for them to go to or at a time when they can attend (Dhami et al., 2007; Hill & Moore, 2015). Some parents even have trouble accessing services when they are in the same relative location because their child may need multiple services that are not offered at the same location or by the same service system (Hill & Moore, 2015). Parents may also have trouble accessing services for their child because of the wait time to get in contact or get an appointment with the specialist they need. In a study that included 37 families, 12 of the families stated they had to wait over a year before they could even get in contact with the specialist they were trying to reach out to for help (Monck & Rushton, 2009). In the matter of the second most common barrier, the lack of adoption competence among service providers, many families find it hard to find services with professionals that are knowledgeable about adoption and the related literature (Hill & Moore, 2015). There have been studies in the literature whose research yields findings that suggest the satisfaction of families with services is associated with the skills and competence of the adoption workers (Rushton, 2003).

Another barrier found in the literature about accessing services has to do with fear. Some parents do not reach out to services they need out of fear of what that says about them as parents (Dhami et al., 2007). Some parents are scared of what others will think about them asking for services and think that says they are not capable of parenting the child. If the child does not want to obtain services, the parents may not do so because they fear that if they do, the child will be mad at them or not love them.

Two barriers the professionals identified that are not often brought up in the literature are worker discontinuity and parents not thinking their child has a problem. The professionals that stated worker discontinuity was a barrier believed it is one because of the consequences of worker discontinuity. One of these consequences include higher caseloads for the workers that continue to work and because of the higher caseloads, offering additional services to the families is much more difficult. The participants stated that some reasons they see parents not accessing services is because the parents do not think their child has a problem or they do not detect that their child has a problem. A different reason parents may refuse services is because they think that parenting adoptive children is the same as parenting biological children (Ryan et al., 2009). Rather than seeing the child that has been adopted as a child with his or her unique problems that differ from problems biological children face and parent them accordingly, they parent the child how they would their biological kid. The problem is that a child that has been in the foster care system and/or adopted may have different needs than a biological child.

Some parents do not want services and the reason is unknown. One study researched services including the need and access of the services. This study included 592 families that adopted a non-kin child from foster care. Over half (52.2%) of the

families did not want to discuss post adoption services with someone from the agency because they did not want the services. Certain characteristics of adoptive families were prevalent in the families that reported they did not want to have a discussion about services. These characteristics are comprised of families that adopted boys, were white, from a lower socioeconomic status, and had no other children in the home (Merritt & Festinger, 2013).

Protective Factors

There are factors that can decrease the amount of behavior problems the child has, decrease the risk of adoption discontinuity, and increase the stability of the adoptive placement. A factor that was found to do all three of these was adoptive parents being more prepared prior to adoption. This preparation includes more information about the adoption process, what the family may face post-adoption, and more support (Barth & Miller, 2000; White, 2016). Factors, in addition to more adoption preparation, that affect the amount of behavior problems children have in a positive way include the adopted child being a female and receiving a higher annual income (White, 2016). Environmental factors, specifically having two or less placements and an absence of experiencing sexual abuse, have also been shown to be protective factors resulting in lower externalizing behavior (Goldman & Ryan, 2011). A single parent adopting a child, the closer a family is, the approval from the support system including other family members, and the more the child enjoys school are factors that contribute to a lower risk of post-adoption placement discontinuity (Liao, 2016; White, 2016). Other protective factors that decrease post-permanency discontinuity and increase the stability of the placement include the child being in the care of a relative, the parents' having coping capabilities that are

problem or emotional-focused, the parents' having a positive awareness of stress, and a high level of adoption openness (Liao, 2016).

CHAPTER II

PLANS FOR THE STUDY

Methodology

Design

An exploratory descriptive study was conducted in order to determine the existing state of parent-child adjustment post-adoption. The results of this study provided information about the situation regarding how the child has adjusted post adoption to his or her new family as well as how the parents have adjusted to having adopted the child.

Human Subjects

The application for the Institutional Review Board (IRB) approval was submitted on December 6, 2017. The researcher received a confirmation letter stating that the IRB approved the study on February 12, 2018 (see Appendix A).

Data Collection

In order to gather the data necessary for this study, parents that have adopted a child from New Horizons within the last fiscal year were contacted by phone for a semi-structured interview. The contact information of the people that have adopted a child within the last year from New Horizons was provided to the researcher from New Horizons. An envelope containing two letters was sent to the families approximately two weeks prior to calling. One letter was from the agency that described the study and to expect a call and the other letter was an informed consent (see Appendix D). When the researcher called the parents that would possibly participate, she provided a full oral

description of the study, its purposes, and their right to refuse to participate without any negative repercussions from New Horizons either now or in the future. If the parent provided verbal consent, the researcher continued with the interview or set up a time that was convenient for the parent to be interviewed. If the parent did not want to partake in the study and did not give verbal consent, the interview ended and the individual was not contacted about the study again. The parent that participated was based on who was available at the time of the call or at the scheduled time for the interview. The questions asked only related to the adopted child. If more than one child was adopted by that family within the last fiscal year from New Horizons, a separate interview was conducted for each child. The parents' responses remained confidential. In order for the researcher to distinguish data between families, each survey was assigned a code which coordinated to the name of the parent, which was password protected on the researcher's computer.

Selection Criteria

In order to participate in the study, one had to meet the following criteria. The participant had to have adopted a child from New Horizons between September 1, 2016 and August 31, 2017. The child that was adopted had to have been in foster care prior to adoption.

Instruments

The instrument consisted of two standardized forms and one demographic sheet within an interview. All data obtained from the phone interviews were provided to the researcher by parents that adopted a child from New Horizons within the last fiscal year. The interview is composed of two scales as well as a list of relevant questions in order to gather additional information. The first section of interview questions intended to gather

information related to demographics, personal information about the family and child, and the experience throughout the adoption process. One of the scales included is the Strengths and Difficulties Questionnaire (SDQ), in which only sections relevant to this study are included. This questionnaire consists of a list of statements that the participant rated on a scale in regards to their child's behavior. The relevant sections address symptoms, duration of symptoms, and an overall score. The second scale is the Parental Stress Scale, which was used in its entirety during the interview process.

Strengths and Difficulties Questionnaire (SDQ). There are various versions of this instrument, however, for purposes of this study, portions of the PC1 and PY1, which is the baseline version, were used. The PC1 is the parent report measure for children aged 4 to 10 and the PY1 is identical, except that it is for youth aged 11 to 17. According to Goodman (2001), the alpha coefficient regarding reliability for the parent informant versions of the SDQ for total difficulties is .82. The validity of the versions of the SDQ reported by the parents', ranges between .74 and .84 for total difficulties.

Parental Stress Scale. The Parental Stress Scale is composed of 18 items and responses are based on a five-point scale (i.e. 1 is strongly disagree and 5 is strongly agree). This instrument has a high score of internal reliability at .83 and test-retest reliability at .81. The validity of the instrument is also satisfactory.

Data Analysis

The data was entered into an SPSS file and was kept in an excel spreadsheet on a locked computer. The appropriate parametric, nonparametric, and inferential statistical tests were run. These tests were used to analyze the data under the supervision of Dr. Wayne Paris, the thesis chair. Since some parents adopted more than one child, there

were more children than parents. Some of the questions the parents were asked do not change for each child such as ethnicity, marital status, and age of the parents. For these types of questions, the results will show the numbers out of the total number of adult participants. Answers for questions that will change based on the child or a different situation include, but is not limited to, questions related to the type of relationship the parents had with the child prior to adoption, biological children, prior adoptions or foster experience, support, challenges, and services. For these types of questions, the numbers and percentage will be out of the total number of children that the parents answered questions.

CHAPTER III

CONCLUSION

Results

Between September 1, 2016, and August 31, 2017, New Horizons had a total of 95 children that were adopted and around 52 families that adopted the children. A total of 46 families were contacted for the study on behalf of 70 children. Of the 46 contacted, 14 of the families participated, which resulted in answers for 20 children. The demographics of the participants and parents that adopted can be seen in Table 1. The adoptive parents' experience in regards to biological children and their relationship with the adopted child prior to adoption can also be seen in the table. All of the participants were female and the majority of them are Caucasian and married. The average of the parents' ages is 40.6 years old. The youngest parent is 28 and the oldest is 56. The majority of the parents knew the child prior to adopting them because the child was their foster child. Some participants knew the child prior to adoption because they are related to the child. The last few participants stated they had a relationship with the child prior to adoption and a couple stated they did not know the child prior to adoption. Most of the participants have biological children and have not fostered or adopted children prior to the one the interview was based on. The average response participants gave regarding the level of ease or difficulty they adapted to having the child in the home is 3.1. One means it was very easy to adapt and 7 represents that it was very difficult.

Table 1

Demographics and Experience of Adoptive Parents

Variable	$\underline{x}$	Minimum	Maximum
Age	40.6	28	56
Level of Adaptation	3.05	1	7
	n	%	
Race			
Caucasian	11	55.0	
Hispanic	2	10.0	
Mixed	1	5.0	
Marital Status			
Divorced	2	10.0	
Married	11	55.0	
Single	1	5.0	
Relationship Prior to Adoption			
Foster	14	70.0	
No prior relationship	3	15.0	
Relative	3	15.0	
Know Child Prior to Adoption			
No	2	10.0	
Yes	18	90.0	
Number of Biological Children			
0	4	20.0	
1	1	4.0	
2	4	20.0	
3	4	20.0	
4	1	5.0	
Previously Adopted Children			
No	17	85.0	
Yes	3	15.0	
Previously Fostered Children			
No	12	60.0	
Yes	8	40.0	
Number of Previous Foster Children			
0	12	60.0	
2	3	15.0	
4	1	5.0	
5	1	5.0	
6	2	10.0	
9	1	5.0	

Note: Mixed race is Caucasian and Hispanic for this table.

The demographics of the children can be found in Table 2 as well as their experience with the foster care system, specifically how many placements they have had and how well they have adapted to their adoptive families. The majority of the children the interviews were based on were males and Caucasian. The children's' average age at the time of adoptive placement is 3.9 and the average age at the time the adoption was finalized is 5.1. The average amount of time between the time the child was placed in the adoptive home and the time the adoption was finalized is about 1.1 years. The average of foster placements the children had been placed in is 2.3 and the average adoptive placements the children had is 1.1. All of the children were either abused, neglected, or both prior to adoption.

Table 2

Demographics and Experience of Adopted Children

Variable	$\underline{x}$	Minimum	Maximum
Child's Age at Time of Adoptive Placement	3.9	.1	13.0
Child's Age at Time Adoption was Finalized	5.0	1.3	15.0
Time Between Adoptive Placement and Finalization	1.1	.1	2
Number of Foster Placements	2.3	1	6
Number of Adoptive Placements	1.1	1	2
Level of Adaptation	2.1	1	7
	n	%	
Child's Race			
African American	4	20.0	
Caucasian	8	40.0	
Hispanic	6	30.0	
Mixed	2	10.0	
Child's Gender			
Female	6	30.0	
Male	14	70.0	
Child Abused or Neglected			
Yes	20	100.0	
No	0	0.0	

Note: Mixed race is Caucasian and Hispanic for this table.

Tables 3, 4, and 5 include a variety of information gathered from the participants in regards to different aspects of the adoption process.

addresses the participant's motivation to adopt and the support the family had. Most of the parents stated they were motivated to adopt because either they could not have children and wanted them or they wanted more children.

Table 3

Motivation and Support

Variable	*n*	%
Motivation to Adopt		
Foster child became available for adoption	1	5.0
Child motivated them/they loved the child/the child is family	7	35.0
Desire to have children but could not/want more children	9	45.0
One of the adoptive parents is adopted	2	10.0
A parent works with kids that need adoption	1	5.0
Support Throughout Process		
Yes	19	95.0
No	1	5.0
Type of Support		
Agency Workers	5	25.0
Family	14	70.0
N/A-no support	1	5.0

When asked what challenges they faced throughout the adoption process, almost half of the participants stated they did not have any challenges (see Table 4). When asked what challenges they faced post adoption, over half of the participants stated they did not have any challenges. The possible reasons for this response will be examined in the discussion section. Of the participants that stated they had challenges either throughout the process or/and after the adoption was finalized, the majority stated they handled the challenges with the support they had. The support included services, agency workers, friends, and family.

Table 4

Challenges and Services

Challenges Faced Throughout Process		
Biological Family	1	5.0
Child's understanding of situation	1	5.0
Finding childcare	1	5.0
Facilitation of adoption	1	5.0
None	7	35.0
Patience	3	15.0
Paperwork/Timing of Paperwork/Requirements	4	20.0
The unknown	2	10.0
Challenges Faced Post Adoption		
Adjusting to child and adapting	2	10.0
Attitude (typical for child's age)	1	5.0
Trying to find help for child	1	5.0
None	13	65.0
Paperwork	1	5.0
Not qualifying for services/loss of services	1	5.0
The unknown about the child's medical history and genetics	1	5.0
How Challenges Were Handled		
Goal setting	1	5.0
N/A	12	60.0
Patience	1	5.0
Support (services, agency, friends, family)	3	15.0
Makes sacrifices	1	5.0
Talk to child and teach him or her how to act	2	10.0
Awareness of Services		
Yes	10	50.0
No	10	50.0
Source of Awareness for Services		
Agency, case/agency workers	9	45.0
Previous experience	1	5.0
N/A- no knowledge of services	9	45.0
Research	1	5.0
Utilization of Services		
Yes	10	50.0
No	10	50.0
Services Used		
Financial services (monthly stipend, Medicaid, plans to use college)	9	45.0
N/A-no services used	9	45.0
Therapeutic and counseling services	2	10.0

In the matter of services, half of the participants were aware of the services available to them. Those that were aware of services had knowledge of them because of the agency or caseworkers. The majority of services used were those that dealt with financials, so the monthly stipend and Medicaid. When participants were asked their feedback on the services they used, the majority of them stated there is no follow-up and that it would be nice for someone to follow up and discuss services with them after the adoption is finalized (see Table 5).

The majority of the participants stated the most positive experience throughout the adoption process was in relation to the child. When asked their feedback about the overall adoption process, half of the participants stated they have no complaints, are not disappointed, and that it was a good situation overall.

Table 5

Feedback

Feedback for Services Used		
More communication with caseworkers and CPS workers	1	5.0
No follow up- nice for someone to follow up and discuss services	5	25.0
It is good/participant is happy with them	2	10.0
Agency/services need more money so they can help more	1	5.0
N/A-did not use services	9	45.0
Kids need the resources and services they had in foster care	1	5.0
Put adoptive or foster care kids at top of wait lists	1	5.0
Most Positive Experience		
Meeting the biological parents	1	5.0
The child (having permanency, being taken are of, stability, thriving)	13	65.0
Finalization of the adoption	3	15.0
Good experience, it went well	1	5.0
Helpfulness/competence of the workers	2	10.0
Feedback for Process		
Sometimes it appears that the system is in favor of parental rights/needs more than child's	1	5.0
Make process easier for parents and not be so hard on things	1	5.0
Everything was explained very well	1	5.0
None- no feedback	10	50.0
No complaints or disappointment, nothing wrong with process	3	15.0
Nice to have CPS and agency for support	1	5.0
Lack of knowledge and understanding of services	3	15.0

The results of the two scales used in the interviews are shown in Table 6. The results of the Strength and Difficulties Questionnaire provide a total score, externalizing score, internalizing score, and an impact score. The results showed that the mean total score for this scale is 14.8. The average is 9.9 for externalizing and 4.9 for the internalizing score. The externalizing behavior score is calculated by combining the score of the conduct and hyperactivity scale while the internalizing behavior score is calculated by the adding the score from the emotional and peer problems scale. The impact score had an average of 2.3. The parental stress scale resulted in an average of 33.0. This table also shows the standard deviation for each of these scores. The standard deviation was

high for the total score for the strength and difficulties questionnaire and the parental stress scale as well as the strength and difficulty externalizing score. The frequency comparison found that externalizing behavior of 12 children, out of the 20, fell within the abnormal category (data not shown).

Table 6

Strength and Difficulties Questionnaire and Parental Stress Scale Scores

Variable	Minimum	Maximum	$\bar{x}$	Std. Deviation
StDiff Total Score	2	24	14.8	7.6
StDiff External Score	1	17	9.9	5.4
StDiff Internal Score	0	11	4.9	3.2
StDiff Impact Score	0	7	2.3	2.3
Parental Stress Total Score	18	61	33.0	10.1
Variable	$\bar{x}$	Minimum	Maximum	
Level of Adaptation	3.1	1	7	

Note: StDiff represents Strength and Difficulties Questionnaire.

Correlations were run for the child's age at the time the adoption was finalized, the parent's and child's level of adaptation, all of the scores for the Strength and Difficulties Questionnaire, and the scores from the Parental Stress Scale (see Table 7). The child's age at the time of finalization is directly related to the parent's level of adaptation, the child's level of adaptation, and the internal score from the Strength and Difficulties Questionnaire. The older the child, the more difficult the child and parent adapted and the higher the score the child received for internal behavior problems. The parent's level of adaptation has a positive relationship with the child's age at the time the adoption was finalized, the child's level of adaptation to being with the adoptive family, and the total score from the Parental Stress Scale. The more difficulty the parents

reported having in regards to adapting to having the child in their home, the older the child was, the more difficulty the child experienced in adapting, and the higher score the parents received on the stress scale. The Parental Stress Score has a positive correlation with the parent's and child's level of adaptation and the total score, externalizing score, internalizing score, and impact score from the Strength and Difficulties Questionnaire.

Table 7

Correlation of Child's Age, Parent's Level of Adaptation, and Results from Parental Stress Scale

Variable	Child's Age at Finalization	Parent's Level of Adaptation	Parental Stress Scale Total Score
Child's Age at Finalization			
Pearson Correlation	1	.4	.4
Sig. (2-tailed)		.0	.1
Parent's Level of Adaptation			
Pearson Correlation	.4	1	.6
Sig. (2-tailed)	.0		.0
Child's Level of Adaptation			
Pearson Correlation	.6	.5	.6
Sig. (2-tailed)	.0	.0	.0
StDiffTotal Score			
Pearson Correlation	. 3	.3	.5
Sig. (2-tailed)	.2	.1	.0
StDiff External Score			
Pearson Correlation	.1	.3	.5
Sig. (2-tailed)	.6	.3	.0
StDiff Internal Score			
Pearson Correlation	.5	.4	.5
Sig. (2-tailed)	.0	.1	.0
StDiff Impact Score			
Pearson Correlation	.3	.1	.5
Sig. (2-tailed)	.3	.8	.0
Parental Stress Total Score			
Pearson Correlation	.4	.6	1
Sig. (2-tailed)	.1	.0	

Note: StDiff represents Strength and Difficulties Questionnaire.

Discussion

A total of 53 parents adopted 90 children from New Horizons within the last fiscal year. A total of 46 parents were contacted and of all of those that were contacted, 20 agreed to participate with 28 children. Even though 20 agreed, some of them set a day and time to call and did not answer at that time or they said to call back at a different time for various reasons. In the end, a total of 14 parents participated on behalf of 20 children.

For the majority of the children's adoptions, 13 out of 20, parents stated they did not face any challenges after the adoption was finalized. One reason for this can be that the participants did not view the challenges they faced as challenges that are special for their child or a child that has been in foster care and adopted. Rather, they viewed the challenges as something that is normal for their child's development stage. Another reason some participants stated they did not have any challenges is because the child had been with the family for an extended period of time or because the family is all the child has known due to the child being placed in the home at a very young age. The average time period between the child being placed in the home as an adoptive placement and the finalization of the adoption is a little over a year (1.1 years). In over half of the cases, 14 of 20, the children were in the home of the family that adopted them as foster children. Therefore, the amount of time the majority of the children were in the home of the family who adopted them was over a year.

The literature stated that children who are placed in the home at an older age have a higher risk of having their placement discontinued and were found to have a higher level of externalizing behaviors when compared to internalizing behaviors (Hughes,

1999; Juffer & van IJzendoorn, 2005; Nadeem et al., 2017). The data gathered from this study showed different results. When a correlation was ran between the child's age at the time the adoption was finalized and the externalizing score from Strength and Difficulties Questionnaire, the correlation was not significant, $p=.58$. However, when the child's age at finalization and the internalizing score from the same questionnaire was run, the correlation was significant, $p<.05$.

In regards to services, the findings concluded from this study are related to information found in the literature. Some studies in the literature stated that the support families received from the agency usually ceased post adoption (Bonin, Beecham, Dance, & Farmer, 2014). When asked about the support families had throughout the process, there were only five adoptions, 25 percent, where adults stated that they received support from the agency. This means that in over 75 percent of the adoptions, the parents either did not mention receiving support from agency workers or they did not mention their primary support derived from the agency. The parents stated that there was no follow-up after the adoption was finalized and stated that it would be nice for someone to follow up and see how they are doing, as well as explain services in five of the 20 adoptions.

The literature also states that usually services are delivered to families because the families have sought the services out (Child Welfare Information Gateway, 2012; Dhami et al., 2007; Testa, 2004). In this study, one person out of the 10 that are aware of services learned about the services through her own research. The literature reports indicate that lack of awareness in regards to available services that people have is a barrier that families encounter (Dhami et al., 2007; Hartinger-Saunders et al., 2015; Ryan et al., 2009). In this case, in half of the adoptions, the adults were aware of services,

while adults had no knowledge of how to access services they may need in the other half of the adoptions. This result can mean that, as the literature explained, a lack of knowledge of the available services is a barrier that families confront, which hinders their ability to receive the help they may need. Surprisingly, in 8 of the 11 adoptions, parents that used or stated that they plan to use services reported that the services they used are financial services. For this study, financial services included the monthly stipend adoptive families received and Medicaid. The literature stated that mental health services are the type of services children who have been adopted out of foster care are more likely to access (Hill & Moore, 2015). Parents of only two children reported that they received therapeutic and counseling services. Two reasons the results from this study do not coincide with that which is found in the literature is because many families did not view their child as having problems or because the limited amount of awareness regarding services. It is possible that these are the only services families had knowledge about.

The results from the Strength and Difficulties Questionnaire yielded some pertinent information. The study found that the average total score was 14.8, which is within the Borderline range. The average externalizing score is 9.9, which falls within the Borderline category as well. However, the frequency of this score was examined due to the high standard deviation and it found that 12 of the children's behavior fell within the Abnormal range. This means that 12 participants viewed their child of having a high level of conduct problems and hyperactivity, which is not reflected when asked about the challenges the family faced post adoption. Only seven people reported having challenges after the adoption was finalized. The average internalizing score fell within the normal

range. The score regarding how much the problems impact the child's daily lives from the parents' perspectives fell within the abnormal range as well.

The Parental Stress Scale's scores range from 18 to 90, with a mean score of 33. Overall the standard deviation was 10.1, but only one person received a score over 49. This suggests only one parent had a high level of stress. However, the parent's level of stress was found to be significantly correlated with child's level of adaptation. This suggests that both stress and adaptation are inversely related.

The literature indicated that the level of stress reduced after the first year of adoption and that the stress level parents that adopted older children had levels out whereas parents who adopted younger children experienced an increase in their level of stress (Nadeem et al., 2017). The participants interviewed had adopted a child within the last year. This may be why the correlation between the child's age at finalization and the parent's stress level was not significant. The literature also discussed how behavior problems can impact the level of satisfaction parents have about the adoption. Specifically, that the more behavior problems a child had, the less satisfied the parent was (White, 2016). This is not exactly what was examined in this study, however, it can be seen that the amount of behavior problems directly impacted the amount of stress the parent's had.

The correlation found the older the child was at the time the adoption, the harder it was for the parents and children to adapt to being with the family and the higher score the child received in relation to internalizing problems. The literature discussed how children that were older had a higher chance of experiencing placement discontinuity (Rolock & White, 2016). The positive correlations between the child's age and other

variables showed how the age of the child can influence how well everyone adjusts as well as the extent and type of behavior problems the child had.

Implications

The results from this study can be helpful given the information gathered from people that have adopted. Additionally, there is no follow up with families after they have adopted, therefore, all of this data is new that the agency did not previously have. After reviewing the literature and gathering responses from participants, the researcher can draw conclusions in regards to what factors have the potential to influence how well the parent and child adjusts. The agency can also have a better understanding of some possible needs parents and their children may need, but lack.

Since the parent's level of stress is positively correlated with the child's behavior and 12 of the 20 children fell within the Abnormal range for externalizing behavior, it may be beneficial to help the families find services that can serve the child and address the problems they have. This, in turn, may be able to decrease the amount of stress the parents are experiencing, which can also aid the parents and children in adapting easier.

This study also tells the agency that not many services are being accessed even though there may be a need for it and that there are many people who are not aware of services that are available to them. Half of the participants did not know of the services available and the majority of those that did, accessed financial services. It would be beneficial for families to receive information of services that are available to them in a way where they have a better understanding of services. It also appears that it would be beneficial for the agency to follow up with families after they have adopted.

There is also information found in the literature and in the results of this study associated with the age of the child when they are adopted or placed in the home. Knowing this, the agency can prepare the families that are interested in adopting an older child for what they may experience and find ways to be proactive in order to minimize the problems the children and/or families may experience.

Limitations

This study had multiple limitations. One of the limitations for this study was the sample size. With a larger sample size, the data would be more precise and would make generalized statements more accurate. Another limitation is that some of the answers on the Strengths and Difficulties Questionnaire the parents answered on behalf of the children may be due to the child's developmental stage and be normal for their age rather than due to their situation. The participants' answers may also be a limitation in the way that the answers may not have been completely accurate. The time frame the study was conducted in is also a limitation. A longer time frame can allow the researcher to gather more data and the study to be conducted and analyzed more thoroughly and allow the researcher to analyze more variables.

REFERENCES

Barth, R. P., & Miller, J. M. (2000). Building effective post-adoption services: What is the empirical foundation? *Family Relations,* 49 (4), 447- 453. Retrieved from http://ezproxy.acu.edu:2397/eds/pdfviewer/pdfviewer?vid=18&sid=a824f828-9481-43d2-b319-f1693b68e455%40sessionmgr104

Bonin, E. M., Beecham, J., Dance, C., & Farmer, E. (2014). Support for adoption placements: The first six months. *British Journal of Social Work*, 44(6), 1508–1525. doi:10.1093/bjsw/bct008

Child Welfare Information Gateway. (2012). Providing postadoption services. *Bulletins for Professionals*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from file://localhost/Users/MadisonAllen/Zotero/storage/DQ6HKS7I/f-postadoptbulletin.html

Compas, B. E., Howell, D. C., Phares, V., Williams, R. A., Giunta, C. T. (1989). Risk factors for emotional/behavioral problems in young adolescents: A prospective analysis of adolescent and parental stress and symptoms. *Journal of Consulting and Clinical Psychology*, 57(6), 732-739. doi: 10.1037/0022-006X.57.6.732

Courtney, M. E. (1995). Reentry to foster care of children returned to their families. *Social Service Review*, 69(2), 226-241. Retrieved from http://ezproxy.acu.edu:2397/eds/pdfviewer/pdfviewer?vid=15&sid=a824f828-9481-43d2-b319-f1693b68e455%40sessionmgr104

Dance C, & Rushton A. (2005). Predictors of outcome for unrelated adoptive placements made during middle childhood. *Child & Family Social Work*, 10(4), 269–280. Retrieved from http://ezproxy.acu.edu:2397/eds/pdfviewer/pdfviewer?vid=11&sid=a824f828-9481-43d2-b319-f1693b68e455%40sessionmgr104

Dhami, M. K., Mandel, D. R., & Sothmann, K. (2007). An evaluation of post-adoption services. *Children and Youth Services Review*, *29*, 162–179. doi:10.1016/j.childyouth.2006.06.003

Faulkner, M., Adkins, T., Fong, R., & Rolock, N. (2017). Risk and protective factors for discontinuity in public adoption and guardianship: A review of the literature. *Quality Improvement Center for Adoption & Guardianship Support and Preservation.* Retrieved from https://txicfw.socialwork.utexas.edu/wp-content/uploads/2017/02/Risk-Protective-Factors-for-Discontinuity-in-Public-Adoption-and-Guardianship.pdf

Foli, K. J., Hebdon, M., Lim, E., & South, S. C. (2017). Transitions of adoptive parents: A longitudinal mixed methods analysis. *Archives of Psychiatric Nursing*, 31, 483–492. doi:10.1016/j.apnu.2017.06.007

Foli, K. J., South, S. C., Lim, E., & Jarnecke, A. M. (2016). Post-adoption depression: Parental classes of depressive symptoms across time. *Journal of Affective Disorders*, 200, 293–302. Retrieved from https://ezproxy.acu.edu:2130/science/article/pii/S0165032715310430?_rdoc=1&_fmt=high&_origin=gateway&_docanchor=&md5=b8429449ccfc9c30159a5f9aeaa92ffb&ccp=y

Gair S. (1999). Distress and depression in new motherhood: Research with adoptive mothers highlights important contributing factors. *Child & Family Social Work*, 4(1), 55-64. Retrieved from http://ezproxy.acu.edu:2397/eds/pdfviewer/pdfviewer?vid=25&sid=a824f828-9481-43d2-b319-f1693b68e455%40sessionmgr104

Goldman, G. D., & Ryan, S. D. (2011). Direct and modifying influences of selected risk factors on children's pre-adoption functioning and post-adoption adjustment. *Children and Youth Services Review*, *33*, 291–300. doi:10.1016/j.childyouth.2010.09.012

Hartinger-Saunders, R. M., Trouteaud, A., & Johnson, J. M. (2015). Post adoption service need and use as predictors of adoption dissolution: Findings from the 2012 national adoptive families study. *Adoption Quarterly*, 18(4), 255–272. doi:10.1080/10926755.2014.895469

Hegar, R. L. (2005). Sibling placement in foster care and adoption: An overview of international research. *Children & Youth Services Review*, 27(7), 717–739. doi:10.1016/j.childyouth.2004.12.018

Hill, K., & Moore, F. (2015). The Postadoption Needs of Adoptive Parents of Children With Disabilities. *Journal of Family Social Work*, *18*(3), 164–182. doi:10.1080/10522158.2015.1022846

Hegar, R. L., & Rosenthal, J. A. (2011). Foster children placed with or separated from siblings: Outcomes based on a national sample. *Children and Youth Services Review*, 33, 1245–1253. doi:10.1016/j.childyouth.2011.02.020

Houston D.M., & Kramer L. (2008). Meeting the long-term needs of families who adopt children out of foster care: a three-year follow-up study. *Child Welfare*, *87*(4), 145–170. Retrieved from http://ezproxy.acu.edu:2397/eds/pdfviewer/pdfviewer?vid=30&sid=a824f828-9481-43d2-b319-f1693b68e455%40sessionmgr104

Hughes DA. (1999). Adopting children with attachment problems. *Child Welfare*, 78(5), 541–560. Retrieved from http://ezproxy.acu.edu:2397/eds/pdfviewer/pdfviewer?vid=34&sid=a824f828-9481-43d2-b319-f1693b68e455%40sessionmgr104

Jones, A. M., & Morris, T. L. (2012). Psychological adjustment of children in foster care: Review and implications for best practice. *Journal of Public Child Welfare*, 6(2), 129–148. doi:10.1080/15548732.2011.617272

Jones, C. (2016). Sibling relationships in adoptive and fostering families: A review of the international research literature. *Children & Society*, 30(4), 324–334. doi:10.1111/chso.12146

Juffer, F., & van IJzendoorn, M. H. (2005). Behavior problems and mental health referrals of international adoptees: A meta-analysis. *JAMA: Journal of the American Medical Association*, 293(20), 2501–2515. doi:10.1001/jama.293.20.2501

Koh, E. (2010). Permanency outcomes of children in kinship and non-kinship foster care: Testing the external validity of kinship effects. *Children and Youth Services Review*, *32*, 389–398. doi:10.1016/j.childyouth.2009.10.010

Leathers, S. J. (2005). Separation from siblings: Associations with placement adaptation and outcomes among adolescents in long-term foster care. *Children and Youth Services Review*, 27, 793–819. doi:10.1016/j.childyouth.2004.12.015

Liao, M. (2016). Factors affecting post-permanency adjustment for children in adoption or guardianship placements: An ecological systems analysis. *Children and Youth Services Review*, *66*, 131–143. doi:10.1016/j.childyouth.2016.05.009

Liao, M., & White, K. R. (2014). Post-permanency service needs, service utilization, and placement discontinuity for kinship versus non-kinship families. *Children and Youth Services Review*, *44*, 370–378. doi: 10.1016/j.childyouth.2014.07.007

Lionetti, F. (2014). What promotes secure attachment in early adoption? The protective roles of infants' temperament and adoptive parents' attachment. *Attachment & Human Development*, *16*(6), 573–589. doi:10.1080/14616734.2014.959028

Lockwood, K. K., Friedman, S., & Christian, C. W. (2015). Permanency and the foster care system. *Current Problems in Pediatric & Adolescent Health Care*, *45*(10), 306–315. doi:10.1016/j.cppeds.2015.08.005

McDonald, T. P., Propp, J. R., & Murphy, K. C. (2001). The postadoption experience: Child, parent, and family predictors of family adjustment to adoption. *Child Welfare*, 80(1), 71–94. Retrieved from http://ezproxy.acu.edu:2397/eds/pdfviewer/pdfviewer?vid=38&sid=a824f828-9481-43d2-b319-f1693b68e455%40sessionmgr104

McKay, K., Ross, L. E., & Goldberg, A. E. (2010). Adaptation to parenthood during the post-adoption period: A review of the literature. *Adoption Quarterly*, 13(2), 125–144. doi:10.1080/10926755.2010.481040

Merritt, D. H., & Festinger, T. (2013). Post-adoption service need and access: Differences between international, kinship and non-kinship foster care. *Children and Youth Services Review*, *35*, 1913–1922. doi:10.1016/j.childyouth.2013.09.013

Monck E, & Rushton A. (2009). Access to post-adoption services when the child has substantial problems. *Journal of Children's Services*, *4*(3), 21–33. Retrieved from https://ezproxy.acu.edu:3060/docview/1012100107?accountid=7006

Nadeem, E., Waterman, J., Foster, J., Paczkowski, E., Belin, T. R., & Miranda, J. (2017). Long-term effects of pre-placement risk factors on children's psychological symptoms and parenting stress among families adopting children from foster care. *Journal of Emotional and Behavioral Disorders*, 25(2), 67–81. Retrieved from http://ezproxy.acu.edu:3089/doi/abs/10.1177/1063426615621050

Phillips, R. (1990). Post-adoption services—The views of adopters. *Early Child Development and Care*, 59, 21–27. doi:10.1080/0300443900590103

Reilly, T., & Platz, L. (2004). Post-adoption service needs of families with special needs children: Use, helpfulness, and unmet needs. *Journal of Social Service Research*, 30(4), 51–67. doi:10.1300/J079v30n04_03

Rolock, N., & White, K. R. (2016). Post-permanency discontinuity: A longitudinal examination of outcomes for foster youth after adoption or guardianship. *Children and Youth Services Review*, *70*, 419–427. doi:10.1016/j.childyouth.2016.10.025

Rushton A. (2003). Support for adoptive families: A review of current evidence on problems, needs and effectiveness. *Adoption & Fostering*, 27(3), 41–50. Retrieved from http://ezproxy.acu.edu:3089/doi/abs/10.1177/030857590302700308

Ryan, S. D., Nelson, N., & Siebert, C. F. (2009). Examining the facilitators and barriers faced by adoptive professionals delivering post-placement services. *Children and Youth Services Review*, *31*, 584–593. doi:10.1016/j.childyouth.2008.11.003

Sánchez-Sandoval, Y., & Palacios, J. (2012). Stress in adoptive parents of adolescents. *Children and Youth Services Review*, *34*, 1283–1289. doi:10.1016/j.childyouth.2012.03.002

Senecky, Y., Agassi, H., Inbar, D., Horesh, N., Diamond, G., Bergman, Y. S., & Apter, A. (2009). Post-adoption depression among adoptive mothers. *Journal of Affective Disorders*, 115(1–2), 62–68. doi:10.1016/j.jad.2008.09.002

Shaw, T. V. (2006). Reentry into the foster care system after reunification. *Children and Youth Services Review*, 28, 1375–1390. doi:10.1016/j.childyouth.2006.02.006

Simmel C., Barth R.P., & Brooks D. (2007). Adopted foster youths' psychosocial functioning: A longitudinal perspective. *Child & Family Social Work*, 12(4), 336–348. doi:10.1111/j.1365-2206.2006.00481.x

Strachan, J. (2017). Psychological ideas in palliative care: Attachment theory. European Journal of Palliative Care, 24(1), 24-27. Retrieved from http://ezproxy.acu.edu:2397/eds/pdfviewer/pdfviewer?vid=42&sid=a824f828-9481-43d2-b319-f1693b68e455%40sessionmgr104

Tarren-Sweeney, M., & Hazell, P. (2005). The mental health and socialization of siblings in care. *Children and Youth Services Review*, 27, 821–843. doi:10.1016/j.childyouth.2004.12.014

Testa, M. F. (2004). When children cannot return home: Adoption and guardianship. *The Future of Children*, 14(1), 115-129. doi:10.2307/1602757

Testa, M. F., & Slack, K. S. (2002). The gift of kinship foster care. *Children and Youth Services Review*, 24, 79–108. doi:10.1016/S0190-7409(01)00169-4

Texas Department of Family and Protective Services. (2017). Minimum standards for child-placing agencies. Texas Department of Family and Protective Services-Licensing Division. Retrieved from https://www.dfps.state.tx.us/Child_Care/documents/Standards_and_Regulations/746_Centers.pdf

US Government Accountability Office. (2015). Child welfare, steps have been taken to address unregulated custody transfers of adopted children: Report to congressional requesters. United States Government Accountability Office. Retrieved from https://www.gao.gov/assets/680/672575.pdf

Viana, A. G., & Welsh, J. A. (2010). Correlates and Predictors of Parenting Stress among Internationally Adopting Mothers: A Longitudinal Investigation. *International Journal of Behavioral Development*, *34*(4), 363–373. Retrieved from http://ezproxy.acu.edu:3089/doi/pdf/10.1177/0165025409339403

Wells, K., & Guo, S. (1999). Article: Reunification and reentry of foster children. *Children and Youth Services Review*, 21, 273–294. doi:10.1016/S0190-7409(99)00021-3

White, K. (2016). Placement discontinuity for older children and adolescents who exit foster care through adoption or guardianship: A systematic review. *Child & Adolescent Social Work Journal*, 33(4), 377–394. doi:10.1007/s10560-015-0425-1

Wojciak, A. S., McWey, L. M., & Helfrich, C. M. (2013). Sibling relationships and internalizing symptoms of youth in foster care. *Children and Youth Services Review*, 35, 1071–1077. doi:10.1016/j.childyouth.2013.04.021

APPENDIX A

IRB Approval Letter

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

February 12, 2018

Madi Allen
Department of Social Work
ACU Box 27866
Abilene Christian University

Dear Madi,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled Assessment of Adoptive Families' Adjustment Post-Adoption

was approved by expedited review (46.110(b)(1) category 7) on 01/23/2018 for a period of N/A (IRB # 17-096). The expiration date for this study is N/A . If you intend to continue the study beyond this date, please submit the Continuing Review Form at least 30 days, but no more than 45 days, prior to the expiration date. Upon completion of this study, please submit the Inactivation Request Form within 30 days of study completion.

If you wish to make **any** changes to this study, including but not limited to changes in study personnel, number of participants recruited, changes to the consent form or process, and/or changes in overall methodology, please complete the Study Amendment Request Form.

If any problems develop with the study, including any unanticipated events that may change the risk profile of your study or if there were any unapproved changes in your protocol, please inform the Office of Research and Sponsored Programs and the IRB promptly using the Unanticipated Events/Noncompliance Form.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs

Our Promise: ACU is a vibrant, innovative, Christ-centered community that engages students in authentic spiritual and intellectual growth, equipping them to make a real difference in the world.

APPENDIX B

Agency Approval

FOSTER CARE AND ADOPTION | RESIDENTIAL TREATMENT FOR CHILDREN | YOUTH COUNSELING

294 Medical Drive Abilene, TX 79601 – 325.437.1852 – www.newhorizonsinc.com

November 7, 2017

To Whom This May Concern:

New Horizons is pleased to have a Master's level intern from the ACU School of Social Work conducting a research project to include an in-depth look at our adoption process. Part of this study will include an over-the-phone questionnaire with our past adoptive families to gather information related to their experiences. Through this process, we hope to continually improve our role in the adoption process so that we can provide the best possible care to our families and kids. As part of this agreement, we agree to defer to the ACU Human Subject Committee for human protection.

Sincerely,

Alice DeLaGarza, MSW
Family Services Director

Dedicated to the preservation of families and the prevention and treatment of child abuse since 1971

Abilene – Goldthwaite – Wichita Falls – Brownwood – San Angelo – Fort Worth

APPENDIX C

Informational Letter

FOSTER CARE AND ADOPTION | RESIDENTIAL TREATMENT FOR CHILDREN | YOUTH COUNSELING

294 Medical Drive – Abilene, TX 79601 – 325.437.1852 – www.newhorizonsinc.com

November 6, 2017

Dear Families,

We are so thankful for your commitment to giving kids permanent homes by choosing to adopt. In order to help better serve families going through the adoption process at New Horizons, we have a Master's level intern from the ACU School of Social Work who will be taking an in-depth look at our adoption process. Part of this study will include an over-the-phone questionnaire about your experiences. With your consent, Madison Allen will be contacting you to guide you through these questions during the next few months.

We would also love for you to share family pictures with us so that we can share your adoption story with others. Our hope is to have a short story from each of our adoptions to share with other families who are also going through the adoptive process. Overall, our hope is to continually improve on our role in the adoption process so that we can provide the best possible care to our families and kids.

Thank you,

Stephanie Duncan, LCSW, LCPAA
Treatment and Operations Director
New Horizons CPA and Family Services

APPENDIX D

Informed Consent

Educating Students for Christian Service and Leadership Throughout the World

Abilene, Texas 79699
325-674-2000

ACU
ABILENE CHRISTIAN UNIVERSITY

Good Afternoon,

I am contacting you and asking that you participate in a research study. Before you give your consent to volunteer, it is important that you read the following information to be sure you understand what you will be asked to do.

Investigators

The primary investigator, Madison Allen is a master level social work student at Abilene Christian University, and I will be contacting you via phone in the very near future as part of my practicum at New Horizons (see attached letter). My research advisor is Dr. Wayne Paris, Professor of the Social Work at Abilene Christian University. Dr. Paris can be reached at 325-674-4886 if you have any questions or concerns. His address is: Abilene Christian University, 1600 Campus Ct, ACU PO Box 27866, Abilene, TX. 79699-7866.

Purpose of the Research

This research study is designed to determine the existing state of parent-child adjustment post-adoption. The data from this research will be used to provide information regarding how the child as well as how the parents are adjusting to having adopted the child. This study is the primary investigator's masters' thesis, which is a part of her graduate school requirements.

Procedures

If you volunteer to participate in this study, you will be asked to answer 76 questions via a phone interview. The participants are asked to complete one interview for each child that was adopted from New Horizons within the last year. Your participation will take

approximately between 20 and 25 minutes. You have the right of refusal and doing so will not influence or affect your future involvement with New Horizons.

Potential Risks or Discomforts
The nature of the study and the data being collected is not intrusive or anxiety provoking. The questions are designed specifically to help the agency determine potential adoptive parent needs during the pre and post-adoption process.

Potential Benefits of the Research
Results from this study will provide feedback to the agency that is not likely to have been available.

Confidentiality and Data Storage
Once data is collected, individual parent responses will be coded with a number and that information will be kept by the researcher and not available to the agency nor to the faculty supervisor. All data will be entered into a password-protected computer that will always be kept in a locked room when not in the possession of the researcher. The only people that will have access to the data is the primary investigator and the research advisor.

Participation and Withdrawal
Your participation in this research study is voluntary. You may refuse to participate or stop participation at anytime during the interview without penalty. To stop simply tell the investigator over the phone when she calls or over email at madison.allen@newhorizonsinc.com.

Questions about the Research
If you have any questions about the research, you may contact Madison Allen, the primary investigator, at New Horizons (325) 437-1852 and ask for Madi Allen or at this email madison.allen@newhorizonsinc.com.

This research project has been reviewed and approved by the Institutional Review Board for the Protection of Human Subjects at Abilene Christian University.

I have read the information provided above. I understand that by agreeing to be interviewed I am agreeing to participate in this research study.

KEEP THIS INFORMED CONSENT COVER LETTER FOR YOUR RECORDS.
January 19, 2006

Sincerely,

Madison Allen

APPENDIX E

Interview Questions

Demographics/General Information

1. What is the gender of the person being interviewed?
2. Child's age at the time of adoptive placement?
3. Child's age at the time the adoption was finalized?
4. What is the race of the child?
5. What is the gender of the child?
6. What are the adoptive parents' ages?
7. What is the adoptive family's race?
8. What is the marital status of the adult(s) that adopted the child?
9. What was your relationship with the child prior to adoption?
10. How many foster placements has the child been placed in prior to adoption?
11. How many adoptive placements has the child previously been placed in?
12. Was your child abused or neglected prior to adoption?
13. Did you know the child prior to adoption?
14. Do you have any biological children? If so, how many?
15. Have you adopted children before?
16. Have you fostered any children before? If so, how many?
17. What motivated you to choose to adopt?
18. Did you have any support throughout the adoption process? If so, what was it?
19. What challenges did you face throughout the adoption process?
20. What challenges have you faced post adoption?
21. How did you handle those challenges?
22. If you were to rate, on a scale of 1 to 7, the level of ease or difficulty of your experience with adapting to having the adopted child in your home, what score would you give and why? The score of 1 being very easy to adapt and 7 being very difficult to adapt.
23. Using the same scale, what score would you provide regarding how your adopted child adapted and why?

Strengths and Difficulties Questionnaire

For the next set of questions, rate the following statements on a scale of 1 to 3 on the basis of your child's behavior. One is not true, two is somewhat true, and three is certainly true.

24. Considerate of other people's feelings
25. Restless, overactive, cannot stay still for long
26. Often complains of headaches, stomach aches, or sickness
27. Shares readily with other children, for example toys, treats, pencils
28. Often loses temper
29. Rather solitary, prefers to play alone
30. Generally well behaved, usually does what adults request
31. Many worries or often seems worried
32. Helpful if someone is hurt, upset or feeling ill
33. Constantly fidgeting or squirming

34. Has at least one good friend
35. Often fights with other children or bullies them
36. Often unhappy, depressed or tearful
37. Generally liked by other children
38. Easily distracted, concentration wanders
39. Nervous or clingy in new situations, easily loses confidence
40. Kind to younger children
41. Often lies or cheats
42. Picked on or bullied by other children
43. Often volunteers to help others (parents, teachers, other children)
44. Thinks things out before acting
45. Steals from home, school, or elsewhere
46. Gets along better with adults than with children
47. Many fears, easily scared
48. Good attention span, sees chores or homework through to the end
49. For this question rate your answer between 1 and 3. Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behavior or being able to get along with other people? No is one, yes-minor difficulties is two, and yes-definite difficulties is three.
    (If answer to previous question is yes, answer the following 4 questions, 49-52, about these difficulties)
50. How long have these difficulties been present? Less than a month, 1-5 months, 6-12 months, over a year)
51. On a scale of one to four, do the difficulties upset or distress your child? One is not at all, two is a little, three is a medium amount, and four is a great deal.
52. Do the difficulties interfere with your child's everyday life in the following areas? For the four areas, rate your response on a scale of one to four. It is the same scale from the previous question. One is not at all and four is a great deal.
    a. Home Life
    b. Friendships
    c. Classroom Learning
    d. Leisure Activities
53. Do the difficulties put a burden on you or the family as a whole?

Parental Stress Scale

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items on a scale of one to five, one being strongly disagree and five being strongly agree.

54. I am happy in my role as a parent
55. There is little or nothing I wouldn't do for my child(ren) if it was necessary.
56. Caring for my child(ren) sometimes takes more time and energy than I have to give.

57. I sometimes worry whether I am doing enough for my child(ren).
58. I feel close to my child(ren).
59. I enjoy spending time with my child(ren).
60. My child(ren) is an important source of affection for me.
61. Having child(ren) gives me a more certain and optimistic view for the future.
62. The major source of stress in my life is my child(ren).
63. Having child(ren) leaves little time and flexibility in my life.
64. Having child(ren) has been a financial burden.
65. It is difficult to balance different responsibilities because of my child(ren).
66. The behaviour of my child(ren) is often embarrassing or stressful to me.
67. If I had it to do over again, I might decide not to have child(ren).
68. I feel overwhelmed by the responsibility of being a parent.
69. Having child(ren) has meant having too few choices and too little control over my life.
70. I am satisfied as a parent
71. I find my child(ren) enjoyable

General Questions

For the final set of questions, there is not a scale on which to rate your response.

72. Are you aware of the various services available to you after the adoption is finalized?
73. If you do know about these services, how did you hear about them?
74. Have you utilized any post-adoption services? If so, what service(s)?
75. How would you rate your experiences with the services you utilized and why? Do you have any feedback on how they can be improved?
76. What were the most positive experiences throughout the adoption process?