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Research paper

Post-adoption depression: Parental classes of depressive symptoms across time

Karen J. Foli [a,*], Susan C. South [b], Eunjung Lim [c], Amber M. Jarnecke [b]

[a] Purdue University School of Nursing, United States
[b] Purdue University Department of Psychological Sciences, United States
[c] Office of Biostatistics and Quantitative Health Sciences, University of Hawaii John A. Burns School of Medicine, United States

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ABSTRACT

Background: Approximately 10–15% of birth mothers and fathers experience postpartum depression, but reports of depressive symptoms in adoptive parents are more variable. Findings from investigators range from 10% to 32%, which may mask the experiences of distinct groups of adoptive parents from pre-to post-placement of a child.

Methods: We performed latent class growth analysis using the Center for Epidemiologic Studies-Depression scores of 129 primarily heterosexual, adoptive parents (50% females) for three time points: 4–6 weeks pre-placement of the child, 4–6 weeks post-placement, and 5–6 months post-placement. Mixed effects models by parent depressive trajectories were also conducted for three types of variables: interpersonal, psychological symptoms, and life orientation.

Results: Five classes of depressive symptom trajectories were found. The majority of parents (71%) belonged to a class with low levels of depressive symptoms across time. However, two classes of parents were above the threshold for depressive symptoms at placement, and three classes of parents were above the threshold at 6 months post-placement. The majority of interpersonal, psychological symptom, and life orientation variables were significant across classes and by time.

Limitations: The homogeneity of the sample calls for replication of study findings.

Conclusions: An explanation for inconsistencies in the range of adoptive parent depressive symptoms may be explained by different subgroups of parents who vary by their trajectory of depressive symptoms before and after placement of the child. Adoption and mental health professionals should be aware that select adoptive parents may struggle pre-and post-placement of a child.

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1. Introduction

Placement of an adopted child in the home has been typically viewed as an endpoint in the process and in research investigations surrounding adoptive parents. Relatively little attention has been given to families' ongoing challenges during the vulnerable post-placement period when almost 20% of adoptive families engage in family counseling (Vandivere et al., 2009). An assumption is often made that such counseling is based on the child's needs; however, evidence suggests that adoptive parents may struggle with depressive symptoms in the post-placement time period. It is critical to assess depression in parents; adoptive parental major depression has been associated with a significantly greater risk for major depression and disruptive behavior disorders in adopted adolescents (Tully et al., 2008), externalizing behaviors in adopted toddlers (Pemberton et al., 2010), and internalizing and externalizing behaviors in children adopted by both same-sex and opposite-sex couples (Goldberg and Smith, 2013). Therefore, addressing post-adoption depression (PAD) in parents is important for both parental and child wellbeing.

Since 1995, a limited number of investigations across disciplines have explored the phenomenon of parental PAD. Studies of PAD have reported a wide range of rates, from 8% to 32% (Dean et al., 1995; Fields et al., 2010b; Foli et al., 2012a; Gair, 1999; Mott et al., 2011; Senecky et al., 2009). Many of these studies were limited: using small samples, including only parents of children adopted from abroad, or excluding adoptive fathers (e.g., Fields et al., 2010b; Gair, 1999; Senecky et al., 2009; Viana and Welsh, 2010). Despite methodological limitations, these and more recent studies provide preliminary indications of the extent of the problem. In the current study, we report on a longitudinal investigation of adoptive parents in which we attempt to identify parents'

* Correspondence to: Purdue University School of Nursing, Johnson Hall of Nursing, 502 N. University Street, West Lafayette, IN 47907, United States.
E-mail address: kfoli@purdue.edu (K.J. Foli).

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trajectories of depressive symptoms following the placement of the child in the home.

1.1. Adoptive parents' transition and depressive symptoms

The transition to adoptive parenthood is individualized and unique, with parents experiencing emotions ranging from joy to fear. The continuum of experiences of new adoptive parents was supported in qualitative findings based on interviews with parents (McKay and Ross, 2010). Investigators identified the meta-themes of challenges and facilitators, individualized factors that interact with the other. For example, family support, or the lack of such support, may be a facilitator for one parent and a barrier for another (McKay and Ross, 2010). In a systematic research synthesis, McKay et al. (2010) examined 11 studies that reported findings of adoptive parent mental health, physical health, and intimate partner relationship satisfaction through the immediate post-adoption period (3 years after placement). Conclusions included the scarcity of research that examines adoptive parent transitions in the post-placement time period and the "relatively common" (p. 38) prevalence of PAD; however, studies related to PAD often did not examine both the difficulties of parenting and buffers to those difficulties, such social support and resilience. Conclusions could not be drawn for physical health nor couple satisfaction as only two studies reviewed included these variables (McKay et al., 2010). Since then, two studies have examined relationship functioning of adoptive parents; significant predictors of depressive symptoms included coping and relationship maintenance (Goldberg et al., 2010), and socioeconomic status, anxiety, partner support, partner's enthusiasm for being an adoptive parent, feelings of rest, and total number of adopted children (South et al., 2013).

To date, studies providing rates of PAD have varied in who were sampled (primarily mothers), the depressive screening measures used, and when and how parents were assessed for depression. Senecky et al. (2009) measured depressive symptoms of 39 mothers in Israel who were registered with international adoption agencies using the Edinburg Postnatal Depression Scale (EPDS), the Beck Depression Inventory (BDI), and the Brief Symptom Inventory (BSI). Clinically significant symptoms of depression were found in 25.6% of the mothers prior to adoption and in 15.4% six weeks after adoption. Fields and colleagues (2010) found an even higher rate of depression (27.9% at 0–4 weeks and 25.6% at 5–12 weeks) in 86 adoptive mothers of infants who were assessed retrospectively based on the first year post-placement. Most recently, Nguyen and Gunnar (2014) assessed two groups of adoptive mothers, one of post-institutional care children (high risk group) and one of overseas foster care children, and one group of birth mothers at 1–3 months and 8–9 months post-adoption/post-birth. They found no significant differences in Center for Epidemiologic Studies Depression (CES-D) scores between the three groups of mothers. However, a higher percentage of mothers who had adopted children from post-institutional care declined to participate in the study (45%) compared with the other two groups (overseas foster care [15%] and non-adopted mothers [10%]; Nguyen and Gunnar , 2014). The under-representation of this group of mothers is important because of the unique needs and negative outcomes that may arise in children who have been exposed to such institutional settings (e.g., Hawk and McCall, 2010).

In a series of preliminary studies, our research team recruited both mothers and fathers who had adopted a child up to two years before the research assessment. We found PAD rates from 18% to 26% in mothers and 11% to 24% in fathers (Foli et al., 2012a, 2013). We also examined several variables that might have predicted depressive symptoms in this population. Depression in adoptive mothers, as measured by the CES-D, could be explained by nine variables: feeling of rest, self-esteem, history of depression, perceived friend support, parent-to-child bonding, marital satisfaction, and the items related to expectations (of themselves as parents, the child, and family and friends) (Foli et al., 2012a). In adoptive fathers, regression analysis revealed four significant predictors of depressive symptoms as measured by the CES-D: age of the adopted child, partner satisfaction scores, perceived friend support, and scores on unmet expectations of the child ($n=31$; $R^2=0.82$).

There has been a tendency to compare birth parents' and adoptive parents' rates of depression in PAD studies, with authors generally finding that rates have not significantly differed (e.g., Mott et al., 2011; Nguyen and Gunnar, 2014). However, given the differences in contextual features between adoptive and birth parents, such comparisons of positive screening rates may limit a deeper understanding of depression in adoptive parents. Examples of contextual differences between adoptive and birth parents include the home study process during which the adoptive parent is required to report physical, financial, social, and home details; the variable time frame during which adoptive parents wait for a child; educational and socioeconomic levels of adoptive parents; and issues of infertility. Depressive symptoms have also been examined in same-sex adoptive parents. In gay men and lesbian adoptive parents, variables that were related to lower depressive symptoms included higher support from the workplace and family, and relationship quality; the researchers also found increasing depressive symptoms across time (Goldberg and Smith, 2011). Given these contextual features of adoption, the experience of depression in adoptive parents may be quite different than in birth parents (Fontenot, 2007; McKay and Ross, 2010).

In addition to differences between birth and adoptive parents' experiences of postpartum/post-adoption depression, we further hypothesize that there may be heterogeneity in depressive symptoms *among* adoptive parents which may be hidden by merely reporting rates across the entire sample at a given point in time. Cross-sectional investigations have been common in the study of PAD (Gair, 1999; Mott et al., 2011; Foli et al., 2012a, 2013), but provide limited understanding into how symptoms may vary over time.

1.2. Theoretical framework

A middle range theory of parental post-adoption depression has been forwarded by Foli (2010) and subsequently supported in several studies (Foli et al., 2012a, 2014, 2012b, 2013). In summary, the theory describes the influence of the adoption process on prospective parents, including the uncertainties and inherent stressful nature of the process. During this process, adoptive parents create expectations in four dimensions: of self as parent, of the child, of family and friends, and of society and others (Foli, 2010). When a dissonance occurs between parental expectations that are created pre-placement and the reality that is faced post-placement, depressive symptoms may emerge. As a child is integrated into the home, we believe parents' experiences and adaptation also change across time. What is needed moving forward is an understanding of how depressive symptoms in adoptive parents fluctuate across the transition from pre- to post-placement. We have included several variables in the current study that surround parental expectations, including psychological variables, child characteristics, friend and family support, and orientation to life.

1.3. The current study

The range of rates presented in the literature makes conclusions related to the prevalence of PAD difficult to ascertain and therefore, debate continues regarding how widespread the

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