



Longitudinal Course of Risk for Parental Postadoption Depression

Karen J. Foli, Susan C. South, Eunjung Lim, and Megan Hebdon

Correspondence

Karen J. Foli, PhD, RN,
School of Nursing, Purdue
University, Johnson Hall of
Nursing, 502 N. University
St., Room 234, West
Lafayette, IN 47907.
kfoli@purdue.edu

Keywords

adoption
anxiety
longitudinal
nursing
postadoption depression
risk

ABSTRACT

Objective: To determine whether the Postpartum Depression Predictors Inventory–Revised (PDPI-R) could be used to reveal distinct classes of adoptive parents across time.

Design: Longitudinal data were collected via online surveys at 4 to 6 weeks preplacement, 4 to 6 weeks postplacement, and 5 to 6 months postplacement.

Setting: Participants were primarily clients of the largest adoption agency in the United States.

Participants: Participants included 127 adoptive parents (68 mothers and 59 fathers).

Methods: We applied a latent class growth analysis to the PDPI-R and conducted mixed effects modeling of class, time, and class \times time interaction for the following categories of explanatory variables: parental expectations, interpersonal variables, psychological symptoms, and life orientation.

Results: Four latent trajectory classes were found. Class 1 (55% of sample) showed a stably low level of PDPI-R scores over time. Class 2 (32%) reported mean scores below the cut-off points at all three time points. Class 3 (8%) started with scores at an intermediate level that increased after postplacement but decreased at 5 to 6 months postplacement. Class 4 (5%) had high mean scores at all three time points. Significant main effects were found for almost all explanatory variables for class and for several variables for time. Significant interactions between class and time were found for expectations about the child and amounts of love and ambivalence in parent's intimate relationship.

Conclusion: Findings may help nurses be alert to trajectories of risk for postadoption depression. Additional factors not included in the PDPI-R may be needed to determine risk for postadoption depression in adoptive parents.

JOGNN, 45, 210–226; 2016. <http://dx.doi.org/10.1016/j.jogn.2015.12.011>

Accepted December 2015

Karen J. Foli, PhD, RN, is an associate professor, School of Nursing, Purdue University, West Lafayette, IN.

Susan C. South, PhD, is an associate professor, Department of Psychological Sciences, Purdue University, West Lafayette, IN.

Eunjung Lim, PhD, is an assistant professor, Biostatistics & Quantitative Health Sciences, University of Hawaii John A. Burns School of Medicine, Honolulu, HI.

(Continued)

The authors report no conflict of interest or relevant financial relationships.



Approximately 2% of children in the United States join their families through adoption (Vandivere, Malm, & Radel, 2009). Adoptive families exhibit unique traits compared with non-adoptive families, and they are often more racially diverse, better educated, and more affluent (Adamec & Miller, 2007). Despite these advantages, adoptive families require support, and almost 20% of adoptive families engage in counseling after adoption (Vandivere et al., 2009). As with birth parents, some adoptive parents struggle with depression symptoms after a child is placed in the home. In previous work, we used a modified version of the Postpartum Depression Risk Inventory–Revised (PDPI-R; Beck, 2002) to determine risk for postadoption depression (PAD) in adoptive parents (Foli, South, & Lim, 2012; Foli, South, Lim, & Hebdon, 2013). In the current study, we extended this work to use the adapted risk inventory in the identification of distinct classes of adoptive parents at risk for depression

followed longitudinally from preplacement to postplacement of the child.

Definition and Distinction of PAD

Parental PAD was first noted in 1995 by June Bond, an adoption professional. She described symptoms such as panic, anxiety, and depression (Bond, 1995). Since Bond first identified the phenomenon, several research groups have attempted to measure the frequency of PAD. The rates of PAD are similar to or greater than rates of postpartum depression. Investigators estimate rates of postpartum depression at 10% to 15%, whereas rates of PAD are as great as 26% (Fields, Meuchel, Jaffe, Jha, & Payne, 2010; Foli, South, & Lim, 2012; Mott, Schiller, Richards, O'Hara, & Stuart, 2011; Senecky et al., 2009).

Postpartum depression results from multiple mechanisms that include personal, physiologic,

and social factors (Beck, 1998; Beck, 2002; Beck, Records, & Rice, 2006; O'Hara & Swain, 1996). Postadoption depression is also a multifaceted condition, but the contexts that surround the adoption process are often quite different from the environments and experiences of birth parents. In two studies, investigators directly examined the differences between birth and adoptive parents. Levy-Shiff, Goldshmidt, and Har-Even (1991) compared 52 first-time adoptive couples with 52 first-time birth-parent couples. For both groups, parental expectations and depressed mood were significant predictors of parental experiences. However, predictors for adoptive parents also included feelings of deprivation, social support, and self-concept. Mott et al. (2011) assessed symptoms of anxiety and depression in 147 adoptive mothers and 147 postpartum mothers at 12 months after placement in the home or birth. Rates of depression symptoms did not significantly differ between adoptive and birth mothers. For adoptive mothers, a regression model was used to explain 35% of the variance in depression symptoms with four significant variables: past psychological disorder, sleep deprivation, the degree to which the individual was bothered by infertility, and marital adjustment. Thus, there is evidence to suggest that the risk factors for depression symptoms may be different in adoptive parents than in birth parents.

Assessment of PAD

Measurement of postpartum depression and PAD requires a multimodal approach because of the complex nature of these conditions. Beck (1998) developed the Postpartum Depression Predictors Inventory to identify women at risk for the development of postpartum depression. In 2002, Beck conducted a meta-analysis to update the Postpartum Depression Predictors Inventory. The revised inventory included 13 risk factors related to postpartum depression: self-esteem, marital status, socioeconomic status (SES), unplanned/unwanted pregnancy, prenatal depression, child care stress, life stress, social support, prenatal anxiety, marital satisfaction/relationship, depression history, infant temperament, and maternity blues.

An adapted version of the PDPI-R was used by Foli, South, and Lim (2012) to assess risk for depression symptoms in 300 adoptive mothers. Adaptations included modification of the word *infant* to *infant/child* and measurement of life stress with other items. A regression analysis that used the Center for Epidemiological Studies Depression Scale

Longitudinal data analysis addressed Postpartum Depression Predictors Inventory–Revised scores from preplacement to postplacement. Most adoptive parents scored below risk cut-off points.

(Radloff, 1977) and the Edinburgh Postnatal Depression Scale (Cox, Holden, & Sagovsky, 1987) as dependent variables revealed that several items from the PDPI-R were significant risk factors: self-esteem, history of depression, perception of friend support, and marital satisfaction (only for the Edinburgh Postnatal Depression Scale). In a complementary analysis, PAD symptoms of 38 adoptive fathers were also predicted through the use of the adapted PDPI-R (Foli et al., 2013). Perceived friend support, a PDPI-R variable, as well as older age of the child who was adopted, higher partner satisfaction scores, and lower scores on unmet expectations of the child were found to be significantly related to lower depression symptoms in the regression analysis (Foli et al., 2013). These findings demonstrated that the PDPI-R items provided valid explanatory variables in the examination of depression symptoms in adoptive parents. However, these studies were cross sectional and used samples of adoptive parents who reported retrospectively up to 2 years postplacement. To our knowledge, no researchers have examined how risk for depression, as assessed by the PDPI-R, may change longitudinally, particularly from preplacement to postplacement of the child.

Current Study

In addition to the experiences of adoptive parents being different *from* birth parents, the contexts of adoptive parenting *within* this population also differs, which we hypothesized creates different trajectories of risks for depression symptoms. For example, age of the child at placement varies among families, as do the level of support offered by family and friends, motivation to adopt, length of time waiting for placement, and whether there is a history of infertility also vary among families who adopt children (Ishizawa & Kubo, 2014; Jones, 2009). As further support for the hypothesis, we point to the wide range of parental depression symptoms reported in the literature. In our own work, we found that 18% to 26% of adoptive mothers and 11% to 24% of adoptive fathers experienced clinical rates of depression symptoms (Foli, South, & Lim, 2012; Foli et al., 2013). Variable rates such as these lead to speculation that there may be distinct classes of adoptive

Megan Hebdon, DNP, RN, NP-c, is an assistant professor, School of Nursing, Radford University, Radford, VA.

Download English Version:

<https://daneshyari.com/en/article/2632576>

Download Persian Version:

<https://daneshyari.com/article/2632576>

[Daneshyari.com](https://daneshyari.com)