



An exploration of family challenges and service needs during the post-adoption period

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ABSTRACT

This study investigated caregiver-initiated contacts to a statewide, phone-based adoption support program to understand the breadth and range of challenges families experienced during the post-adoption period. Characteristics of families and their reasons for seeking post-adoption support are described, and the relationship between family characteristics and the type and range of challenges families reported were examined using bivariate and multiple regression analyses.

In one-year caregivers from 238 families representing 257 adopted children sought phone-based post-adoption support. Callers had primarily adopted children internationally or from U.S. child welfare systems. The average child age at the time of adoption was 3.6 years, however post-adoption help seeking occurred when the average child age was 12 years. Caregivers reported an average of 9 different challenges which crossed four domains; child emotional-behavioral difficulties, caregiver strain, school challenges, and adoption specific resource and assistance needs. Challenges were positively correlated and co-occurring. Larger sibling groups were associated with increased child behavior issues, caregiver strain, and school related challenges. Older sibling groups and adoptions from foster care were associated with increased school related challenges.

The timing of caregiver help seeking suggests the transition from childhood to adolescence may be a particularly vulnerable period for some adoptive families, and post-adoption service providers should consider bolstering supports for adoptive families during this time. The breadth and range of challenges reported also suggest the need to increase the availability of multidimensional, adoption-specific services for children, caregivers, and broader family system in the years following adoption finalization.

1. Introduction

Adoptive family systems are a unique and ubiquitous representation of family life. According to 2010 census estimates more than 1.5 million children under the age of 18 were living in an adoptive family home, accounting for approximately 1.8% of U.S. households (Kreider & Lofquist 2014). Within the United States common pathways to adoption include private domestic organizations and intermediaries, child welfare/foster care systems, or international organizations (Grotevant & McDermott 2014). While it is difficult to determine the number of children adopted through private agencies or family arrangements each year, estimates from 2008 to 2009 suggest approximately 14% of adoptions occurring in the U.S. each year are conducted through non-international or public adoption channels (Child Welfare Information Gateway 2011). In FY 2015 the U.S. Department of State (2016) issued 5372 adoption related immigration visas, however beyond country of origin little public data about these children or their adoptive families is

available. Children adopted from public agencies and foster care systems represent the largest known adoption pathway and provide the most reliable source of information on adopted children and their families; In FY 2014 there were 111,820 children waiting to be adopted from foster care. These children were living primarily in non-relative foster homes (52%, $n = 58,146$) and kinship care/guardianship arrangements (25%, $n = 27,955$). Nearly half of adoption eligible child welfare involved youth (47.9%, $n = 53,549$) realized a permanent adoption. The average age at the time of adoption was 6.2, and the majority achieved permanency through a foster parent (52%, $n = 26,983$), followed by relative (34%, $n = 17,853$) and non-relative (14%, $n = 7316$) caregivers (US DHHS 2016).

Adoption is an incredibly diverse phenomenon which extends far beyond a child's pathway into an adoptive family. Children's developmental trajectories occur primarily in the context of family systems and are shaped by biological and social processes which occur over time (Bronfenbrenner 1986). Early or prolonged deprivation in childhood

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(e.g., pre-adoptive exposure to adversity) can impair neurobiological and physical development, which can in turn increase risk of maladaptive adjustment and negative social, cognitive, emotional, and behavioral outcomes (Grotevant & McDermott 2014). This may be of particular concern among children adopted from child welfare systems and institutions where risk of pre-adoptive exposure to adversity may be elevated. However, not all adopted children experience pre-adoptive adversity or encounter developmental difficulties as a result of their experiences. Further, adoption may provide many children with the ideal context in which to develop and thrive, irrespective of their pathway into an adoptive family system.

2. Literature review

2.1. Factors influencing post-adoption adjustment

A body of research suggests age at the time of adoption may impact children's cognitive, emotional, and behavioral development and subsequent adjustment into an adoptive family system. A meta-analysis of cognitive development and school achievement among adopted youth found that children who were adopted before 12 months of age did not differ from non-adopted peers, and actually outperformed biological siblings who remained in dysfunctional homes. However, youth who were older than 12 months at the time of their adoption were more likely to lag in language acquisition and be referred to special education services than their non-adopted peers and non-adopted siblings (van Ijzendoorn, Juffer, & Klein Poelhuis 2005). A meta-analysis by van den Fries, Juffer, van Ijzendoorn, and Bakermans-Kranenburg (2009) found that children adopted before 12 months of age tended to be as securely attached to their caregivers as their non-adopted peers, however children adopted after 12 months of age showed less secure attachments than non-adoptive youth.

The pathway through which children are adopted may influence children's adjustment to an adoptive family. For youth adopted from foster care, multiple pre-adoptive placements, caregiver inconsistency, and exposure to stress can negatively influence attachment security in adopted youth (Neimann & Weiss 2013). Children with insecure attachments may display higher rates of conduct problems, hyperactivity, and emotional difficulties than securely attached adoptees (Rushon, Mayes, Dance, & Quinton 2003). Adoption from institutional placements, particularly if the adoption was finalized more than 24 months after the child's birth, is associated with increased internalizing and externalizing behavior problems (Gunnar et al. 2007). Internationally adopted children tend to be overrepresented in mental health services and display greater behavior problems than non-adopted children, particularly those exposed to pre-adoption adversity and extreme deprivation (Juffer, & van Ijzendoorn, M.H. 2005).

International and foster-to-adopt arrangements can present challenges for caregivers, who must not only make sense of the child's prenatal and pre-adoptive experiences but also help the children successfully navigate feelings of uncertainty and ambiguous loss related to the adoption and surrounding circumstances (Powell & Afifi 2015). These challenges are compounded for caregivers of late-adopted youth who must promote successful family adaptation, define new family boundaries, negotiate competing loyalties to the child's birth family, and determine when and how to preserve relationships to siblings and others in the family of origin (Cossar & Neil 2013). For families formed through international adoption, parents may need to navigate trans-racial adoption issues specific to cultural and racial identity (Anderson, Rueter, & Lee 2015) and discrepant views between parents and children on the importance of racial and ethnic differences can contribute to children's problem behaviors (Anderson, Lee, Rueter, & Kim 2015).

Family characteristics and the availability of adoption related supports have been shown to influence post-adoption adjustment. Adoptive caregivers are more likely to be distressed if they've adopted multiple children, older youth, and had few adoption supports available to them

during the adoption process (Bird, Peterson, & Miller 2002). In foster-to-adopt families, post-permanency adjustment is influenced by caregivers prior parental child care experiences, socioeconomic status, non-biological relatedness to the child, special needs among the adoptees, and youth's prior exposure to maltreatment and foster care placement instability (Liao 2016). Among families who utilized post-adoption supports, non-relative caregivers with higher levels of education and no previous foster or child care experience were particularly vulnerable to post-adoption difficulties. Children in these homes tended to be older, born to biological parents with lower cognitive abilities, and have more emotional and behavioral problems (Barth & Miller 2000). The integrity of adoptions appears most vulnerable among older children adopted into families with no other children and younger, better educated non-relative caregivers with little or no prior caregiving experiences (Coakley & Berrick, 2008). Older child age, presence of externalizing behaviors, and child emotional difficulties in the home are associated with increased risk of adoption dissolution (Semanchin-Jones & Laliberte 2010).

2.2. Post-adoption resource and service needs

The need for clinical, supportive, and material post-adoption supportive services appears to increase over time (Wind, Brooks, & Barth 2007), particularly for caregivers whose permanency commitments to their adopted children have been weakened by attachment and behavioral related difficulties (Testa, Snyder, Wu, Rolock, & Liao 2015). Caregivers report needs related to informal and formal counseling services, in-home supports, daycare and respite services, as well as financial subsidies for medical, dental, and adoption related legal services (Reilly & Platz 2004). Risk of impaired family adaptation and adoption dissolution can be offset with strategies that include preparing youth for the adoption (Henry 2005), creating permanency options for eligible youth at a younger age, ensuring the stability of foster care and pre-adoptive placements, and providing adequate pre-adoption preparation including full disclosure of the children's history and professional support at each phase of the adoption including the post-adoption period (Coakley & Berrick, 2008; Liao 2016).

A review of post-adoption support programs suggest advocacy, clinical, and educational services as well as material resources are promising approaches to addressing adoptive family needs (Barth & Miller 2000). Clinical services may be particularly beneficial when provided by mental health professionals who specialize in working with adoptive family systems (Atkinson, Gonet, Freundlich, & Riley 2013; Tarren-Sweeney 2010; Weir & Brodzinsky 2013). The ability to identify and access adoption specific services (Dhami, Mandel, & Sothmann 2007), caregiver supports (Bryan, Flaherty, & Saunders 2010), and adoption specific clinical services (Ryan, Nelson, & Siebert 2009) appear particularly salient to promoting healthy adaptation in adoptive family systems. Families who are able to access to mental and behavioral health care, engage in adoption education, advocacy, and caregiver support groups fare better than families who cannot access these services during the post-adoption period (Hartinger-Saunders, Troteaud, & Johnson 2015). Yet, accessing comprehensive and high quality post-adoption services remains a barrier for many families (Dhami et al. 2007; Reilly & Platz 2004).

3. Study purpose

The extant research suggests that families may experience a number of challenges and service needs during the post-adoption period. It remains unclear however whether certain adoptive family characteristics are associated with specific types of post-adoption challenges. Additional insights into the relationship between adoptive family characteristics and the type and range of challenges families experience may bolster the capacity of human service practitioners to better provide personalized care to families during the post-adoption period, and

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