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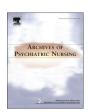
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### Transitions of Adoptive Parents: A Longitudinal Mixed Methods Analysis

Karen J. Foli <sup>a,\*</sup>, Megan Hebdon <sup>b</sup>, Eunjung Lim <sup>c</sup>, Susan C. South <sup>d</sup>

- <sup>a</sup> Purdue University School of Nursing, Johnson Hall of Nursing, 502 N. University Street, Room 234, West Lafayette, IN 47907, United States
- <sup>b</sup> Radford University School of Nursing, Waldron Hall, Radford, VA 24142, United States
- Coffice of Biostatistics & Quantitative Health Sciences, University of Hawaii John A. Burns School of Medicine, Biosciences Building, Suite 211, 651 Ilalo Street, Honolulu, HI 96813, United States
- <sup>d</sup> Purdue University Department of Psychological Sciences, 703 Third Street, West Lafayette, IN 47907, United States

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#### ABSTRACT

As adoptive parents create a new family, they face myriad changes both pre-and post-placement of their child. The aim of this study was to describe parent perceptions and depressive symptoms during this transition via reports collected with an online survey. Using content analysis, we analyzed a total of 110 responses from 64 parents at three time points: 4–6 weeks pre-placement, and 4–6 weeks and 5–6 months post-placement. Five main themes were revealed: Transition from uncertainty to a new normal; unique experiences related to adoption; rest/fatigue: out of balance; life stressors; and faith/spirituality. Two subthemes were also identified: previous losses (pre-placement) and joy and love (post-placement). During the transition from pre-to post-placement, adoptive parents experience a unique passage, with both challenges and strengths exclusive to this group of parents. While acknowledging the commonalities of some parenting experiences, healthcare and adoption professionals should recognize the unique dynamics that adoption brings to families.

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#### INTRODUCTION

The transition to parenthood is a time of upheaval physically, psychosocially, emotionally, and financially. Having a new child is an inherent transitional experience for all parents, but there are unique circumstances for adoptive parents (McKay & Ross, 2010). Adoptive parents not only have to adapt to the presence of a new child, but they may also have to travel, endure legal battles, invest significant amounts of money, face the possibility that their child may not be relinquished, and potentially encounter stigma regarding adoption (Foli, South, Lim, & Hebdon, 2012a; Foli, South, Lim, & Hebdon, 2012b; Levy-Shiff, Goldshmidt, & Har-Even, 1991; Vandivere, Malm, & Radel, 2009). Adoptive parents may also have experienced previous infertility issues and grieve the loss of a hoped for biological child (Tasker & Wood, 2016). There is also overlap with the stressors that any parent faces: role changes, increased levels of stress, lack of sleep, and even alterations in their intimate partner relationships (Foli et al., 2012a, b). Hence, it is crucial that informed assessments and interventions occur in this unique parent group; to date, however, there have been few studies that attempt to understand adoptive parents' experiences and perceptions across time. To provide parental perspective throughout the adoption process, the purpose of the current study is to assess the transition

*E-mail addresses*: kfoli@purdue.edu (K.J. Foli), lime@hawaii.edu (E. Lim), ssouth@purdue.edu (S.C. South).

of adoptive parents from pre-placement to post-placement, using both qualitative and quantitative longitudinal data.

The current study examines the transition to parenthood for adoptive parents, both mothers and fathers from weeks prior to the child's placement to immediately after, as well as six months following placement. Parents contributed comments in response to a grand tour question soliciting general perceptions of adoptive parenting. These comments were paired with assessments of depressive symptoms at each time point. Approaching the data in a temporal manner – from prior to and after child placement – the transition to adoptive parenthood can be holistically and temporally explored.

#### CHALLENGES OF ADOPTIVE PARENTING

The process of adopting a child can be unpredictable. Some adoptive parents have described the experience of having to become parents without major pregnancy or developmental milestones, especially for those parents adopting older children (Fontenot, 2007). In contrast to three trimesters of pregnancy, adoptive parents endure months, sometimes years, working through the adoption process, which may facilitate or inhibit growth into their role as parents. The addition of a possible special needs child, including an older child, to the family causes prospective parents to wonder what the next step will bring (Fontenot, 2007; Vandivere et al., 2009). Adoptive parents may have to navigate school systems with older children and the medical system with children who have significant physical or developmental health issues (Foli, 2017). Adoptive parents may also put greater pressure on

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<sup>\*</sup> Corresponding author.

themselves to be perfect parents (McKay & Ross, 2010). This pressure can be both internal and external, with adoptive parents describing the expectations from friends and family that they are blessed and lucky to be parents (McKay & Ross, 2010). Fear of having their child taken as well as an internal expectation for perfection due to the long wait for parenthood may be other factors contributing to the pressure to be exceptional parents (Fontenot, 2007; McKay & Ross, 2010).

Adoptive parents may be parenting sibling groups rather than just one child, which results in potential challenges with pre-existing family dynamics (Tasker & Wood, 2016). Families are faced with creating a new family script, reconciling new and old family relationships (Fontenot, 2007; Tasker & Wood, 2016). For those adopting internationally, there may be challenges related to caring for children and adolescents who have been institutionalized (Gunnar, Bruce, & Grotevant, 2000; Loman, Johnson, Quevedo, Lafavor, & Gunnar, 2014; Stellern, Esposito, Mliner, Pears, & Gunnar, 2014; Wiik et al., 2011). Domestic adoptions, such as foster care to adoption cases, may involve children who have experienced neglect and past trauma (Child Welfare Information Gateway, 2013). Adopted children may present with special health care needs that may or may not have been disclosed prior to adoption (Foli, South, & Lim, 2012; McKlindon, Welti, Vandivere, & Malm, 2011), leaving the parents scrambling to cope and care for the child after placement.

The financial ramifications of adoption may be significant for some adoptive parents, depending on the type of adoption. When adopting from a public agency, adoption can cost up to \$2500, while agency, independent, and intercountry adoptions can cost up to \$30,000–\$40,000 (Child Welfare Information Gateway, 2011). There are universal adoption expenses such as home study and court costs, and there are unexpected expenses related to the care of a child with special needs. The addition of adoption-related expenses to the existing expense of caring for a child can be daunting for some parents (Child Welfare Information Gateway, 2011).

Adoptive parents may experience strain on their marital relationship from the stressors of the peri-adoption period. Relationship quality and risk for dissolution has been studied in both heterosexual and homosexual couples (Goldberg & Garcia, 2015; Goldberg, Smith, & Kashy, 2010; Hock & Mooradian, 2012). Goldberg and Garcia (2015) found no difference in the odds of relationship dissolution between heterosexual and homosexual couples. Predictive factors for relationship dissolution in this study included interpersonal processes such as relationship maintenance activities, adoption related processes, such as adoption preparedness, and child factors, such as child age (older child age increased risk of dissolution) (Goldberg & Garcia, 2015). In another study, Goldberg et al. (2010) found similar rates of relationship decline between homosexual and heterosexual couples, with relationship maintenance again being an important factor in relationship quality. Relationship factors have also been implicated in co-parenting quality for adoptive couples (Hock & Mooradian, 2012).

#### PARENTAL POST-ADOPTION DEPRESSION

Researchers have long recognized the impact of the transition point from non-parent to parent for biological parents, and many researchers and organizations, including the American Congress of Obstetricians and Gynecologists, recommend screening for postpartum depression (Smith, Gopalan, Glance, & Azzam, 2016). Measures to support biological parents, especially those experiencing peripartum depression, have been instituted through public and private institutions (e.g., Postpartum Support International, n.d.). However, these parenting support mechanisms may not be relevant to adoptive parents (e.g. breastfeeding classes) (Postpartum Support International, n.d.; Postpartum Progress, n.d.; Virginia Hospital Center, 2016). In addition, health care providers and school teachers often do not understand the specific issues that adoptive parents and their children

face; therefore, adequate support may not be offered to these families (McKay & Ross, 2011). Part of this may be due to the lack of literature addressing parental demands and mechanisms to support parents during the postadoption period (McKay, Ross, & Goldberg, 2010). Adoption professionals, while recognizing this difficult transition, may not be empowered within the adoption system to render social support for families after placement of the child (McKay & Ross, 2011).

Because of the challenges adoptive parents face, they are vulnerable to depression just as biologic parents are vulnerable to depression. Mott, Schiller, Richards, O'Hara, and Stuart (2011) found similar levels of anxiety or depressive symptoms in biological (n = 147) and adoptive mothers (n = 147). As measured by the Edinburgh Postnatal Depression Scale (EPDS), 7.5% of birth mothers compared with 8.8% of adoptive mothers screened positive for depressive symptoms (Mott et al., 2011). Adoptive fathers also experience depression, with one study demonstrating rates of depressive symptoms at 24% as measured by the Centers for Epidemiologic Studies Depression Scale (CES-D) and 11% as measured by the EPDS (Foli et al., 2012). Both adoptive and biological parents experience issues such as lack of sleep, infant fussiness, and behavioral problems in children that are linked to depression in the literature (McKay et al., 2010). More specifically, research has identified factors associated with depressive symptoms in adoptive parents including: preadoption emotional stability, partner relationship, age of the child, social support, history of infertility, how much the parent is bothered by the infertility, sleep deprivation, and parental expectations of the adopted child and themselves (Foli et al., 2012a, b; Levy-Shiff et al., 1991; Mott et al., 2011).

#### TRANSITION TO ADOPTIVE PARENTING

Despite the challenges and potential vulnerabilities during the adoption transition period, adoptive parents have inherent strengths. Adoptive parents are generally older, more established in their careers, and have a longer lasting intimate relationship (Levy-Shiff et al., 1991). Additionally, they are often more well educated and in a higher socioeconomic class (Jones, 2009; Vandivere et al., 2009). They may have weathered the obstacles of infertility and the pre-adoption process, possibly developing resiliency that allows them to cope with the adoption process. Adoptive parents have also made the conscious choice to parent, have waited and sacrificed for parenthood, and have possibly experienced infertility, miscarriage, and even failed placements prior to adoption (Levy-Shiff et al., 1991; Vandivere et al., 2009). In a study comparing prospective adoptive parents versus prospective nonadoptive parents, researchers found that the adoptive parent group had more positive perceptions of their own parents, lower anxiety and avoidance regarding relationships, and higher levels of marital adjustment compared to the nonadoptive parent group (Calvo, Palmieri, Codamo, Scampoli, & Bianco, 2015).

Awareness is growing regarding the challenges that adoptive parents face, but there continue to be gaps in research regarding the transition process for adoptive parents from preplacement to post-placement. Fully understanding this transition process is vital in the appropriate development of resources for parents and their children (McKay & Ross, 2010). For example, in a study addressing relationship quality across the adoption transition, there was evidence suggesting that relationship quality declined over time and was related to avoidant or confrontational relationship coping mechanisms, existing depression, and maintenance of relationship (Goldberg et al., 2010). This demonstrates the need for relationship and family support for adoptive families to address depressive symptoms, partner relationships, and coping. Families at risk, whether they are biological or adoptive, deserve and require empathetic support services during times of acute stress.

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