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## The evolution of challenges for adoptive families: the impact of age as a framework for differentiation

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## The evolution of challenges for adoptive families: the impact of age as a framework for differentiation

### Cover Page Footnote

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## Introduction

There are approximately 50,000 children adopted each year in the U.S. from the child welfare system (U.S. Department of Health and Human Services, 2014). National studies have found that the vast majority of adoptive placements endure. However, extant research suggests that between 1% and 10% of adoptions result in children returning to state custody. Markedly, many of these studies only follow children for 18 to 24 months post-finalization (Child Welfare Information Gateway, 2012). Longitudinal studies that follow children for at least 10 years, or through the age of majority, estimate this proportion to be closer to 15% (Rolock, 2015). While this is a relatively small proportion of adoptive families, research has found that post-permanency discontinuity is often very difficult for all involved (Coakley & Berrick, 2008; Barth, Gibbs, Siebenaler, 2001; Festinger, 2001; Festinger, 2002; Fuller et al., 2006; Smith, Howard, Monroe, 2000). Post-permanency discontinuity is defined as a child prematurely leaving their adoptive or guardianship home due to a variety of circumstances that temporarily disrupt the continuity of their care. This includes, for instance, when a child re-enters foster care after adoption or guardianship, or if the court appoints a new guardian after the death of an adoptive parent or guardian (Rolock, 2015).

Extant research has found that children who had multiple moves while in foster care were more likely to experience discontinuity, as were children whose emotional or behavioral challenges were difficult for their parent or guardian to address (Rolock & White, 2016; Testa, Snyder, Wu, Rolock & Liao, 2014; White, 2016). Regardless of the type of issues children present, a consistent finding is that the age of the child is associated with post-adoption challenges. Studies report that the older children are at the time of the adoption, the more difficulty they may have in adjusting to their adoptive families, which places these families at

greater risk for post-placement challenges and/or discontinuity (Berry & Barth, 1990; Leung & Erich, 2002; McDonald, Propp, & Murphy, 2001; Rushton & Dance, 2006; Smith, Howard & Monroe, 2000; Smith, Howard, Garnier, & Ryan, 2006). Other studies have found that as children reach adolescence, they are at higher risk for discontinuity regardless of their age at the time of the adoption or the length of time they have been in the home (Rolock & White, 2016). Nevertheless, there is a dearth of literature that explores why adoptive families with older children may be at increased risk for discontinuity. The purpose of this exploratory study was to identify possible reasons that may contribute to discontinuity as children who have been adopted reach adolescence.

### **Literature Review**

The exploration of the age of a child who has been adopted has garnered a great deal of attention among adoption researchers and scholars. Studies report that children adopted at age 8 or older demonstrated more difficulties in post-adoption adjustment (McDonald et al., 2001). Families who adopt older children report poorer perceptions of family functioning (Leung & Erich, 2002). For older children, higher levels of family functioning were a significant predictor for the severity of behavioral and emotional problems; the same associations were not observed for younger children (Averett, Nalavany, & Ryan, 2009).

In a large-scale longitudinal examination of post-adoption and post-guardianship outcomes (N=51,576) multivariate results showed that while children adopted prior to the age of three were less likely to experience discontinuity than children adopted after the age of three, there was little difference in hazard rates for children over the age of three (Rolock & White, 2016). This study posited that what may be more important than the age of the child at the time of legal permanence is the current age of the child. For children who experienced discontinuity,

their mean age at the time of discontinuity was 13.2,  $SD=3.3$  years old. When examined by age at the time of discontinuity, an increase is observed as children age, with 15% of discontinuity occurring when children are between the ages of 9 and 11 years old, 29% during the early teen-aged years (12 – 14), and 45% at the age of 15 or older (Rolock & White, 2016).

### **Age Combined with Other Challenges**

The possible effect of the age of the child on post-adoption outcomes cannot be viewed in a vacuum. Many other factors are interwoven with the child's age or developmental stage and can affect post-adoption outcomes for the child and adoptive family. These factors include: information the adoptive parent receives about the adoptive child prior to adoption (Wright & Flynn, 2006); supports available to the family (Leung & Erich, 2002); prior abuse or pre-adoptive stress (Groza & Ryan, 2002); adoptive parent's expectations of the child and relationship (Reilly & Platz, 2003); adoptive parent's satisfaction with the relationship (Groza & Ryan, 2002); age of adoptive parent (Berry & Barth, 1990; Orsi, 2014); adoptive parent's strong connection to religion or faith (Belanger, Cheung, & Cordova, 2012); whether there are other children in the home (Cowan, 2004); and parent-child attachment (Niemann & Weiss, 2011).

Several studies highlight the complex effects that multiple factors may have on post-adoption outcomes. Goldman and Ryan (2011) found that the cumulative effect of all child-related risk factors studied (prenatal alcohol, tobacco, and/or other drug exposure, gender, sexual abuse, and the number of placements) had the most significant influence on child's post-adoption adjustment. Simmel, Brooks, Barth and Hinshaw (2001) found that children placed at a later age, as well as those exposed to drugs, multiple foster homes, and abuse or neglect, were more likely to externalize problem behaviors. Berry, Propp, & Martens (2007) explored the use of intensive family preservation services and their effect on family intactness at 6 and 12 months' post-

services. They found that child and family characteristics were strong predictors at 6 months while service characteristics (i.e. issues addressed) were stronger predictors at 12 months.

A handful of studies found no correlation between adoption at an older age and post-adoption outcomes, but these studies relied on relatively small sample sizes, brief follow-up periods, or cultural factors and therefore may not be generalizable. For example, Forbes and Dziegielewski (2003), interviewed 14 adoptive mothers and observed that there was no difference in post-adoption outcomes based on the child's age at adoption (ranging from newborn to age 9). Niemann and Weiss (2011) did not find any significance between attachment and age at adoption in the 22 children involved in their study, although children were young when adopted (mean age at adoption = 13 months) and the pilot followed children for only 6 months post-finalization. In a study of 83 African American families, Smith-McKeever (2006) posits historical and cultural factors, such as African Americans' willingness to accept others as family, without blood ties as kin, may have led to her findings that neither the age of child at the time of the survey nor the child's age at the time of adoption was significantly associated with the parent's contentment with the adoption. In sum, these studies suggest that more research is needed to fully understand the impact of age, both the age of the parent and the adoptees, on post-adoption outcomes. This study contributes to this literature, demonstrating that age differentially impacts family functioning after an adoption has been finalized.

### **Limitations of Extant Research**

The existing post adoption research is limited. Few longitudinal studies examine children adopted at an older age and follow them into adulthood (Bohman & Sigvardsson, 1980). Furthermore, many studies focus on the age of the child at the time of adoption, while emerging research suggests that it may be more instructive to take a life course perspective and target

families post adoption based on the current age of the child (Rolock & White, 2016). This study attempts to address some of these limitations by adding insights from adoptive parents about factors that affect their families post adoption, as their children transition into young adults. Using a developmental lens, this study provides a starting place for topics that may be challenging families with younger or older children. The research question guiding this study was: What factors influence adoptive families' experiences post-finalization?

### **Methods**

An exploratory study was conducted to examine post-permanency challenges experienced by adoptive parents. Exploratory studies provide a deeper understanding of the problem and result in new data and insight. This type of study was selected to explore existing research and tackle new problems on which little or no previous research has been conducted (Maxwell, 2008; Saunders, Lewis, & Thornhill, 2012). This study lays the groundwork for future studies and identifies areas of additional research that are worth pursuing.

### **Sample**

The sample comprised of 20 adoptive families who adopted a total of 45 children through the public child welfare system. The adoptive parents' ages ranged from 32 to 59 years old, with a mean age of 44. The majority of participants were mothers (95.5%) who adopted their children anywhere from 16 months to 14 years prior to participation in the focus groups. Age ranges for the children were varied; thirty children were 12 and under and 15 children were 13 and older. There was an even distribution of families who only had adopted children and families who had both adopted and biological children, with the number of children adopted ranging from 1 to 4 per family. Racially, the sample was predominantly White (64%), with 27% African American and 1% Asian.

## **Recruitment**

The target population consisted of adoptive parents of all ages who were receiving services from a post-adoption agency. Participant recruitment was conducted by phone and email by staff within the agency. Follow-up calls were completed if families expressed interest but did not commit to a specific focus group time during the initial call. The purpose of the focus groups was to understand post adoption challenges experienced by parents. Interview topics included demographic information on participants, general questions about the challenges and joys of adoption and resources participants accessed to meet those challenges. Adoptive parents were contacted until at least 8 participants were scheduled and confirmed to attend each of the focus groups. Among eligible participants, a total of 4 focus groups were conducted with a total of 20 adoptive and guardianship parents. Eleven adoptive parents were scheduled but did not show up for the focus groups.

## **Data Collection**

This study grew out of a larger study conducted at the request of a private non-profit agency that serves families post adoption. The purpose of this larger study was to better understand the needs of post adoptive families and ways that the agency could better meet those needs for families (Wahl, Blakey & Rolock, 2015). Focus groups were conducted with adoptive parents and agency staff. This manuscript focuses solely on the results from the focus groups with adoptive parents. Focus groups were employed to solicit comprehensive responses from adoptive parents on a series of semi-structured interview questions (see questions below). Focus groups are ideal with naturally occurring social groups, such as adoptive parents. The social experience can increase the meaningfulness and validity of the findings because respondents' attitudes, feelings, beliefs, experiences, and reactions are shaped by the social interaction (Gibbs,



1997; Patton, 2015). Interactions with others often lead to a deeper understanding of individuals' experiences and feelings. Focus groups were used as a way to obtain diverse perspectives as well as compare and contrast the views and experiences of adoptive families post-finalization (Patton, 2015). The authors' Institutional Review Board approved this research. Each focus group was conducted by University researchers, consisted of 4-11 participants, lasted approximately 2 hours and was audio recorded. Audio recordings were transcribed by a professional transcription service. Focus group participant's names as well as the name of the agency were changed to protect confidentiality.

### **Measures**

The initial focus group questions are listed below. As participants brought up issues, additional topics were discussed, creating a more naturally-flowing conversation, in line with grounded theory (Gibbs, 1997; Morgan, 1988; Strauss & Corbin, 1994).

1. First Name (Name Tag)
2. Age
3. Race
4. First name and age of your children
5. How long have you been an adoptive parent?
6. What made you want to adopt?
7. What has been the most rewarding part of adoption?
8. What has been the most challenging part of adoption?
9. Have you thought about ending the adoption? What contributes to you wanting to end the adoption?
10. What if any could be done to make the experience better or go more smoothly for you and your adoptive children?
11. What services are you aware that the Post Adoption Services (PAS) provides?
12. Do you think that the initial outreach by the PAS increased your knowledge of the services available to you as a parent of a child who was adopted? If yes, in what ways? If no, what could they have done to increase your knowledge of services available to your family?
13. Is the PAS a place where you could go for assistance? Have you ever reached out to the PAS for assistance? How helpful was PAS staff in meeting your needs?
14. Think ahead to 5 – 10 years and you start having challenges with your child, who would you reach out to for help?
15. PAS wants to be someone you can reach out to for help. What could they do so you see

them as a resource, 5 years, and 10 years from now?

### **Data Analysis**

Data analysis involved several steps. The first step involved reviewing the transcripts for accuracy. This serves two purposes: 1) to verify the transcript for accuracy and 2) to familiarize the researcher with the data. The transcribed interviews were then uploaded into a qualitative software program, NVivo, to code the data. The second step involved open coding (i.e. identifying, naming, categorizing, and describing words or passages of the interviews) of the transcribed interviews. This coding generated an initial list of in vivo (i.e., codes that used the participants' words) and descriptive codes (Strauss & Corbin, 1994). Once all of the focus group transcripts were coded, the third step involved thematic analysis. This analysis consists of identifying patterns (e.g. themes) that exist across data that describe a phenomenon and help the researcher address the research question(s) (Braun & Clarke, 2006).

After searching for themes that could potentially help to answer the research questions (i.e. what factors influence adoptive families; experiences post-finalization), those themes were reviewed and refined (Braun & Clarke, 2006). The emergent themes identified through this step were as follows: disruptive or challenging behaviors, adoptive identity, involvement with the birth family, the adoption story, parental control and autonomy, and feelings of hopefulness and hopelessness. The final step of thematic analysis is to determine how themes are related, explore alternative explanations, and to move from description to interpretation (Braun & Clarke, 2006). This helps the researchers gradually reach conclusions about the data and answer the research questions (Miles & Huberman, 1994).

Several strategies were used to increase the rigor and trustworthiness of the findings. The first strategy was to seek alternative explanations (Lincoln & Guba, 1985; Miles & Huberman,

1994; Shenton, 2004). This consists of testing the consistency of a theme across the data. When there were inconsistencies, the research team reviewed the data to understand if it disconfirmed the theme, or if there were some instances when the theme may not be true. When the latter occurred, additional explanations were reported (Shenton, 2004). Another strategy used to increase rigor and trustworthiness of the findings was peer debriefing. This involved presenting the conclusions and interpretations being made to others for feedback in an effort to reduce researcher bias (Padgett, 2008). The research team was led by two seasoned social work researchers with experience in qualitative methods and adoption research, a Master level social work student, and a public health doctoral student. The team met on a monthly basis to discuss the coding and emerging themes. The final strategy employed to increase rigor and trustworthiness of the findings, was that multiple researchers coded the interviews (Lincoln & Guba, 1985; Padgett, 2008). The public health doctoral student coded the data which was then closely reviewed by the qualitative social work researcher. While passages were labeled differently, there were very few discrepancies. Existing discrepancies were discussed and resolved.

### **Findings**

The purpose of this exploratory study was to examine factors that influence adoptive parents' experience post-finalization. Generally, families were divided in how they experienced post finalization: families who were doing well and families who were facing significant challenges. Although the adoptive families who were doing well had some challenges, overall they felt positive and hopeful about their adoptive experience. For example, although their children displayed disruptive behavior, they had access to services that they believed were helping their children. The adoptive families who were struggling with their adopted children

possessed significant challenges affecting their adoptive experience. Such challenges included: challenging behaviors of the child; school-related issues due to fighting and suspension; children's unwillingness to participate in therapeutic services; and encounters with law enforcement. Analyzing the data according to these two groups revealed that most of the families who were struggling had children 12 and older, which is consistent with the literature (e.g., Liao, 2016; Smith, Howard, Monroe, 2000; Tan, Major, Marn, Na, & Jackson, 2015). However, it was not the age of the child that seemed to influence these families' adoptive experiences and put these families at risk for discontinuity. Instead, age appeared to be a proxy for whether families were primarily internally protected or externally influenced. Within each theme (internally protected and externally influenced), families differed along three dimensions: Challenging Health Issues and/or Behaviors, Adoptive Identity, and Bio-family Involvement.

### **Internally Protected Families**

Internally protected families refers to the extent which the adoptive parents are in control of, take part in, and make decisions regarding what is best for their families. Internally protected families were able to insulate and protect their family from many outside forces. They were able to meet their children's needs or find ways to get their children's needs met. Catherine, an adoptive mom of a seven-year-old son reported:

The things that he's been through psychologically, emotionally, the letdown, the disappointments...being up all night long because he's sick. He was a child that was born with an illness. He has seizures...He had a lot of issues...A young boy going through all of that and seeing a lot of different behaviors. We went to therapy together. We learned how to talk together...He can communicate with me now. He can tell me his issues, his problems...Instead of acting them out, he can talk to me.

Many adoptive parents of younger children experienced significant health issues and challenging behaviors often resulting from children's prior histories of trauma. Although therapists and other social service providers were external to the family, adoptive families with

younger children voluntarily accessed and participated in therapy and other services to meet the needs of their children. Jeanne, a 46-year old adoptive mother of sibling boys who were 10 and 12 years old states:

My children remember being in a neglected situation...It impacts their behavior and their choices. And so they're both in therapy, and working on those issues, but each therapist tells me, you know, these will be lifelong challenges for them. We work together... I'm supposed to give them an update for the week, which I do, but I also get like tips, insight, you know, how I can better interpret what they're doing, and maybe respond differently next time...So I think that's been really helpful. I have two really good therapists that I'm really happy with. And so those are some of the things I'm trying to do.

These families learned how to address their children's health and/or behavioral issues and obtained support, which helped the family care for their children. The service providers also included them in the process. This made parents feel like they were part of the treatment as well as provided them with the tools to care for their children. Internally protected families had more control and saw these entities as sources of support rather than punitive, corrective measures forced on the family.

Another component of internally protected families is the level of control they had regarding information and when that information was shared with their children. Internally protected families controlled when and how the child's adoption story would be shared. Some families elected to wait until the children were older to tell them they were adopted as they felt their children were too young to understand what it meant to be adopted. Jane, a parent of younger children commented, "telling [their] story is important, but as a year or two-year-old, they're not going to understand it. They're not going to get what you're talking about." Heidi also reported that the adoption story is not as important when children are young. She explains, "My kids are so little, it's just the basics right now. You have a birth mom. You have a birth dad. This

is your adoption date. But when they get older, they're going to want to know their story and we figure out what to say at that time."

Internally protected adoptive parents also controlled the adoption story by deciding how the adoption story was told. Quinn described how she explained adoption to her 10-year-old daughter. She stated:

It is a very difficult conversation to have. She's asking, "But if she's my sister, why does she have another mother and I have another mother?" And I'm like, "Because you're adopted, so your mother that actually gave birth to you is the same." She looks at me, and you can tell the wheels are going in her head. We read the book about how families come in all different shapes, sizes, colors, and all that stuff. But it's still perplexing to her. She's still trying to figure out how does this work.

Jenna, an adoptive mom of a four-year-old daughter, explained how she approached the topic and confirmed that it was difficult to explain the adoption to kids. Jenna reported:

Tabetha, she's so young...She knows her birth mom as Ms. Trisha ...I kind of was in conflict as to what to call Ms. Trisha ...I want Tabetha to live her truth...I did a lot of research, talked to a lot of people about what should I call Ms. Trisha. So at some point after the adoption, I started calling her Mama Trisha ...I told Tabetha she is your "tummy mommy." We started talking about how babies come from mommy's tummies, and, you came from Ms. Trisha's tummy.

Jenna and other adoptive parents had control over their children's adoption story and how and whether the adoption story was told. Having control also allowed them the space to make sense of the adoption, particularly in the case when the birth parent was involved in their children's lives.

The final component of internally protected families was having the power to decide if and how the birth parents and other family member would be involved in their children's lives. Many internally protected families did not have a relationship with their child's birth family. If members of their child's birth family were involved, the adoptive parents were able to set the terms of the relationship and establish clear boundaries and expectations regarding their

interaction with members of their child's birth family. Gail said: "We stopped allowing any contact from the father, the paternal father. He was creating a lot of mental stress and problems."

Other adoptive parents talked about the difficulty of adopting children of younger mothers who also were looking to them for support and guidance. Jill stated:

Our bio-mom and son are special needs. She took a liking to myself and my husband. I think she saw us as like we could adopt both of them... She had a hard time grasping the realities of the situation, having appropriate boundaries with her, having appropriate interactions with her. She had a very distorted view of how it was going to be, and she kind of thought she was just going to always be around and she could just stop over and see them. She acted like: "They're my kids, you're just taking care of them"... We put a stop to it. We had to.

Candy also confirmed the difficulty of trying to maintain a relationship with her children's birth family. She opted to end contact with the birth family because of the impact it was having on her adoptive children. She reported:

I would have liked for my son to have contact with his biological family... There was no contact information with any of them... Dad is no longer incarcerated... One day we were at the doctor's office, and someone recognized him because he is the spitting image of his biological father... I was open to some kind of visiting arrangement, but they were just so inconsistent. They wouldn't make visits, and the kids would be looking forward to the visits... It hurt them when they were so inconsistent... So we just can't do that anymore. So we stopped them.

Many participants expressed the desire to involve biological parents through open adoptions but were unsure of how to do so successfully. Serena explained,

I had to let her know, that's not really the way it was going to work out, that yes, we wanted an open adoption, but I don't know what that's going to look like, honestly. I don't. You know, we need to figure this out as we go. Don't put pressure on me right now. I really don't know... It feels good because I am in control of when and how much contact my daughter has with her biological family.

Internally protected families often were involved with their children's outside service providers. In most cases, they sought out these services to help address problematic behaviors. Many of these parents described being included in the therapy, which inadvertently taught them

some of the needed skills to deal with their children's behavior as well as reinforce the services at home. Control was another component of internally protected families. They were able to decide when and how their children would learn their adoptive story. They also had control over how the story was told. Finally, internally protected families had the power to decide when and if their children would have a relationship with members of their child's birth family. This was very empowering in that they could establish clear boundaries and rules about contact with birth families and if those boundaries were broken, the adoptive parents could end the contact.

### **Externally Influenced Families.**

Externally influenced families reported an inability to limit outside forces that affected their family and children's adoptive experiences as well as the extent to which it took away their power and control over their families. These families had involvement with the school, community, and/or law enforcement, often because of children's disruptive behavior. The adoptive parents had no choice as to whether these outside entities were involved in their children's lives. As children aged and transitioned into adolescence, youth seemed to have more difficulty regulating their behavior, which often lead to more serious consequences that families with younger children did not experience. Franny, an adoptive mother of a 17-year-old, confirmed the challenges associated with raising adoptive teenagers. She stated:

When they are younger, they might have the temper tantrums or whatever...As they get older, the bigger the problems become. Because now the law can get involved in it. Disruptiveness in school. And you're trying to figure out, "What am I to do?" I mean, I get a call every day from the school... That's every single day. I just hit zero to say, "I received this message," and hang up the phone... Hope School, that's where I really wanted to send him... I can't go through another year of this! When he turns 18, it's going to be hard for me to put him out but I'm going to have to. I tell him, you're going to force me to put you out.

A primary difference between the internally protected and externally influenced families was the degree of voluntariness they had regarding outside services and interventions. Many



adoptive parents of older youth had no control over these external forces, such as school or police involvement. Older children demonstrated a broad range of behavioral issues, including acting out and disrupting school, discipline issues, and running away from home, as well as physical altercations and other criminal activity, resulting in police and added law enforcement involvement. Overall, externally influenced families had more significant and complex post-finalization challenges than internally protected families.

Sometimes these challenges proved so significant that adoptive parents indicated that they delayed adoptions until the appropriate services could be put in place or they decided not to follow through on the adoption of other children because they were unable to manage their children's behaviors. Chrissy, who was an adoptive parent of two teenage sons, described her reluctance to adopt another teenage boy. She reported:

He was stealing stuff...He's starting fires, he's doing this, he's doing that. I'm like, wait a minute... He was putting some kind of danger and fear in me like what if he burns my house down? I really did want to adopt him because I wanted to make some kind of impact in his life. He had been with me for years...We were all set to finalize the adoption...I kept delaying so I could get the appropriate services...He was disrupting the whole family and I realized I had to let him go...If I adopt another, I'm thinking maybe somebody younger. No more teenage boys.

Internally protected and externally influenced families both experienced challenging behaviors from their adopted children, but the externally influenced parents often had less control over the kind of involvement from school officials, law enforcement, and other social service providers.

Another component of externally influenced families was having very little control over the adoption story or how to help their children who were struggling with their adoptive identity. Internally protected adoptive families were able to control the adoption story and decide how and when that story was told whereas externally influenced families often had no control over the

adoption story. The primary reason for this was that older youth were acutely aware that they were adopted. They had been placed in multiple foster homes prior to being adopted. Ernestine stated:

I have adopted Steven when he was – I think he was 11, and he's 17 now. Steven...came with a lot of issues. He was abandoned by his mother who was on drugs, and he didn't know his father. He had three other siblings in the house when they took him out, and I think he was only like six or seven years old, and so he was placed in a foster home. The foster home – some relatives tried to help him, but they couldn't. He was too much for them... So now he's at a later stage in his life...his adoption story is pretty set.

Many youth in these families had ties to their birth family and wanted to maintain contact with them. In some cases, youth were maintaining contact with their birth family without the knowledge of their parents, which was disruptive to their adoptive family. Catherine remarked:

I couldn't stop them from calling her...She would call and tell the oldest ones, "Get out the house, and burn that Bitches house down." And they just do just what their momma say. So I was monitoring the calls and everything. It was horrifying. And the kids – the two oldest ones tried to jump on me. 'Cause she'll call 'em and tell 'em beat me up or whatever.

The more external forces affecting or influencing the parent-child relationship, the more families seemed to struggle, which placed them at greater risk for discontinuity. Moreover, youth who were adopted when they were older like Brenda's children often ascribed a different meaning to being adopted than younger children. Many older youth did not see their adoptive parents as their "mother" and "father" but rather as people who cared about them and were going to raise them. Suzanne, an adoptive mother of sibling brothers who were 14 and 16 years old stated:

My two boys knew their birth mother. They lived with her all their life and it was very traumatic when she passed. When I adopted them, I asked them if they wanted to change their names, they said no, they wanted their name to remain the same. The state changed their birth certificate and we never got the original birth certificate with their biological mom's name. They're adamant that they want to get it.

Adoptive identity also was challenging because of external pressure to constantly defend the adoption as in many cases the parents and children were not the same race. Transracial adoption was the only instance in which both younger and older families had no control over the adoption story or if and when that story was told. People often questioned whether they were, in fact, a family because they were different races. Rizza, adoptive mother of a six and an 11 year old, described how she constantly had to defend her adoption of African American children:

One day I was at a drugstore picking up medicine for – well the kids call her granny. She's my daughter's dad's aunt, and me and one of my little guys were in the line for the pharmacy and he said "Mom, I love you", and this African American lady turned around, "You can't be his mother. You're the wrong color." And another African American was behind me, I said "He can call me Mom any time he wants because I adopted him, but I shouldn't have to answer to you. Only God knows what I do and how I do it", and the lady behind me, "You go, girl."

Sasha, an African American adoptive parent of 15 and 17-year-old boys reported:

In 2007, I adopted two little boys...They were brothers and they're Caucasian...When the boys and I are in the store shopping...people...do a double-take. "I know them kids not with her." Yes, they are...I think that just speaks to the ignorance of our society. I've even had black people say "Oh, you couldn't find no Black kids to adopt?" When I adopted these children I didn't think of it as I'm going to adopt some white kids. That's not what I said. These are just kids...that needed someone to love them.

Other adoptive parents also shared their struggle with people who made judgments about them adopting children from different racial and ethnic backgrounds. Tia said, "I was walking at the zoo one day with my boys and an African American woman looked us up and down and said, "That's disgusting." I just kept walking and hoped my kids didn't hear."

In most cases, internally protected families had more control over the adoption story. In fact, an adoptive parent of a 9-year-old girl was not sure that she was going to ever tell her daughter she was adopted. For externally influenced families, this was not the case primarily because of the age of the child. The teenagers remembered their birth parents and families and wanted to remain loyal to them while trying to embrace their new parents who also wanted to be

there for them. The only exception was transracially-adopted families who also had no control over the adoption story and faced judgement from other people who often did not agree with their decision to adopt children with different racial and ethnic backgrounds.

Challenges related to birth parents was the final overarching theme that differentiated internally protected and externally influenced families. Externally influenced adoptive parents also struggled with birth parents' involvement; however, they had less control over this as children reached adolescence. Older children expressed varying degrees of involvement with their birth family. Catherine talked about the difficulty of her sons having contact with their birth family. She indicated that:

So I just went through all the steps that were necessary in 2009 to adopt two little boys. They are now 15 and 20 and I continue trying to work with them. Their biological family came back into their lives about two years ago, so that's kind of been rough because it's like everything that I taught them, I raised them, they're coming in now and kind of disrupting that.

Many of the older adoptive children maintained relationships with their birth family without the adoptive parents' knowledge. Teens found their biological family through social media outlets. Other times, a birth family member (e.g. grandmother or aunt) remained in the children's lives and undermined the adoptive parent by letting the birth parents spend time with the children. The relationship between older adoptive youth and their birth parents was considered externally influenced because the adoptive parents had no control or very little control over whether the adoptive family was involved with or had a relationship with their children. Birth family of older adoptive children often disrupted the family. Sasha confirmed this:

My boys were good boys before their family came back into their life. Soon as those people came into their life they did a 360. I don't even know who these kids are. I thought it would be a good thing to let these kids have a relationship with the grandmother...It started by just phone calls. Then, can I take them for the weekend?" Then the

grandmother was letting the boys see the dad...They are telling them that they don't have to listen to me...They don't wanna go to school. They wanna come in 11:00 at night. They weren't like this before the family came into play, and I think prior to the family coming back into their lives.

Although some of the adoptive parents expressed angst about the influence of birth family members had on their children, other adoptive parents indicated that their adoptive children were “running away to their bio family.” Adoptive parents discussed how they feared that children wanted to reunite with their “real family” and that this challenged not only their role as parents but also their commitment to their children as part of their forever family. This contributed to feelings of hopelessness, caused parents to feel overwhelmed by the extent of their children’s needs, and at a loss for how to effectively help them. Adoptive parents of older children often described severe anxiety and feelings of panic. While not all participants expressed this level of exasperation, externally influenced families tended to have more struggles and expressed these sentiments far more frequently than parents of younger children. Whereas, internally protected families tended to be more positive and hopeful about adoption. Daphne, an adoptive parent of three said: “I see all adoptive kids as possibilities. All of them, as having possibilities.” This hopeful outlook of adoptive parents of younger children was characteristic of internally protected families.

### **Discussion**

The purpose of this exploratory study was to identify reasons that may have contributed to difficulties as adoptive children reached adolescence. Similar to other studies (Rolock & White, 2016; White, 2016), this study found that adoptive families tended to struggle and were at greater risk of discontinuity as their children reached adolescence. Data analysis revealed that the primary explanation for this was whether the family was internally protected or externally influenced. Internally protected families were able to insulate and protect their family from many

outside forces. They were able to meet their children's needs or find ways to get their children's needs met. Service providers involved with the family were often voluntarily sought out by the parents. In these families, the parents reported that they had control over their children's adoption story and how and whether the story was told. Finally, the adoptive parents were able to establish the boundaries around the extent and conditions for involvement with their child's birth family.

In contrast, externally influenced families tended to have less positive interactions with community institutions, such as their child's school, community services, and law enforcement, often resulting from children's disruptive behavior. The adoptive parents reported that they had limited to no choice as to whether outside entities were involved in their children's lives. In these families, the youth were struggling with their adoptive identity and trying to find their place within their family. Youth in these families often wanted to maintain contact with their birth family. In some cases, adopted youth were maintaining contact with their birth family without their adoptive parents' knowledge, which often led to children's disruptive behavior. Essentially, the more external forces affecting or influencing the adoptive family, the more families seemed to struggle, which placed them at greater risk for discontinuity.

Several studies have reported that families with older adopted children experience more difficulties post finalization (e.g., Leung & Erich, 2002; McDonald et al., 2001). Simmel, Brooks, Barth and Hinshaw (2001) found that children placed at a later age, as well as those exposed to drugs, multiple foster homes, and abuse or neglect, were more likely to externalize problem behaviors. Existing literature reports that the characteristics of the parents and/or adoptive families also are associated with post-finalization challenges. The extent of family functioning (Averett, Nalavany, & Ryan, 2009); supports available to the family (Leung & Erich,

2002); adoptive parent's expectations of the child (Reilly & Platz, 2003); and adoptive parent's satisfaction with the relationship and level of attachment to the child (Groza & Ryan, 2002; Niemann & Weiss, 2011) are additional factors to consider when trying to understand family functioning post-adoption finalization. This study is unique in that it helps us understand why adoptive parents of older children may struggle more and are at greater risk for discontinuity. Future studies should build upon these findings to further understand the struggles and strengths of adoptive families, what puts some families at greater risk for post-adoption struggles, and the mechanisms adoptive families use to overcome these issues.

Although this study helps us to understand how age influences adoptive families' experiences post-finalization, there are limitations of this study. Focus groups were the primary source of data collection. Focus groups have the advantage that they draw upon respondents' attitudes, feelings, beliefs, experiences, and reactions in a way that would not be feasible using other methods such as observation, one-to-one interviewing, or questionnaire surveys (Gibbs, 1997). Group dialogue tends to generate rich information, as participants' insights trigger the sharing of others' personal experiences and perspectives in a way that can more easily or readily tease out the nuances and tensions of complex topics and subjects – a dynamic that often is not present during in-depth interviews. However, a limitation of this method is that researchers have less control over the data produced than, for instance, with in-depth interviews (Morgan, 1988). There is also a possibility that individuals are influenced by other participant's views, that the views that emerge are not representative of all focus group members because some people may not feel comfortable talking in a group, are less out spoken about their beliefs and experiences, or they do not trust that people will keep their experiences confidential (Gibbs, 1997). Another limitation of the study is that only 33% of the sample had older children (12 and older). It is

possible that other adoptive families with older children have had different experiences and would have changed the results of this study. In addition, all focus group participants resided in one Midwestern area in the United States and were recruited from one agency in which they were recipients of post finalization services. Supports and services provided to families' post-finalization vary by state and agency (Fuller, Bruhn, Cohen, Lis, Rolock, & Sheridan, 2006; Houston & Kramer, 2008; Merritt & Festinger, 2013; Smith & Howard, 1991). The experiences of study participants may be different than families living in other areas, or those who do not receive post-adoption services. Despite this limited sample, these findings are consistent with the literature.

### **Implications for Practice**

This exploratory study examined issues that parents experienced after they had adopted children from the public child welfare system. The findings in this study have significant implications for practice. Internally protected and externally influenced family life is a useful framework to understand how to help and support families after they have adopted. Internally protected families had the greatest amount of flexibility and control in service provision and how their children's stories were shared. In contrast, once family life was more externally influenced, parents experienced more difficulty in helping their children manage emotions and issues that arose. Ongoing support was a crucial theme for adoptive parents; formal and informal supports may help parents and youth through difficult times. This may include supports targeted within the family for internally focused families and supports and assistance with managing external issues for the externally influenced families. Families formed through adoption often are in need of services and supports.



Whether adoptive families were internally protected or externally focused, they both needed help and strategies regarding how to talk with their children about adoption, birth parents, identity, transracial adoption, and other issues unique to adoptive families. Hanna, Tokarski, Matera and Fong (2011) posit that the creation of an adoption identity is often a life-long endeavor, one that may be defined as a foster-adoption identity. Findings from this study suggest that adoptive families may need assistance from service providers who understand adoption issues to assist them with this process. The stories shared in these focus groups also suggest the need for more assistance as adoptive children enter their teen years and early adulthood. The challenge is to provide tailored supports throughout the child's life in dealing with identity, attachment, and grief, while at the same time, emphasizing family unity and both the uniqueness and sameness of the adoptive family.

Finally, internally protected and externally influenced adoptive families reported needing help figuring out how to manage and navigate relationships with birth parents and other family members. Internally protected families tended to have more control over when and if birth families were involved with their families. Externally influenced families may need help regarding social media, how to keep aspects of their family private in the age of social media, and how to set boundaries with adoptive children and birth families regarding their ongoing relationship with birth family. As children get older, they may have more questions about their birth families. This is an area where the extant research is nuanced. Research has established that family discussions about birth family relationships are critical components to identity development during adolescence (Von Korff & Grotevant, 2011). However, the success of these relationships seems to be largely dependent upon the individuals involved, how their roles are defined, navigated, and maintained throughout the process (Neil, 2009, 2012). Prior research has

found, for instance, that the level of the adoptive family's satisfaction with contact with birth family members was more important than the presence or absence of contact itself (Grotevant, McRoy, Wrobel & Ayers-Lopez, 2013; Grotevant, Rueter, Von Korff & Gonzalez, 2011).

Study respondents reported the need for service providers to understand the unique needs of adoptive families. Specifically, providers should be skilled in helping families negotiate relationships with birth families, address issues related to the child's identity as part of two families, and issues of loss and separation that may arise as a result of the adoption. Parents emphasized the importance of age-appropriate services provision, suggesting that the needs of their children are different for those who are more internally protected compared to those who are more externally focused. Resources to assist parents with birth family interactions need to be tailored to the strengths and limitations of all parties involved, roles should be well-defined, and activities should be age-specific.

### **Conclusion**

Adolescence is a difficult time for birth as well as adoptive families. Emerging research suggests that as adoptive children reach adolescence, families need support and services that help them reduce external forces affecting or influencing the adoptive family. The more external forces influencing the family, the less control adoptive parents have, which may result in parents feeling inadequate. Families of older adoptive children need help and support in order to remain intact. This study highlights three areas where families indicated they need most help: external service providers such as school, community, and legal involvement, adoption identity, and healthy relationships and boundaries with birth families.

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