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## Exploratory Evaluation of the Role of Social Workers During Adoption Disruption

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Running head: ADOPTION DISRUPTION

Exploratory Evaluation of the Role of Social Workers During Adoption Disruption

by

Elise K. Reding

MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
St. Catherine University and the University of St. Thomas  
St. Paul, Minnesota  
in Partial fulfillment of the Requirements for the Degree of  
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/ University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### Abstract

This research study is a qualitative project exploring social workers' experiences in working with adoption disruption. The literature covers adoption history, adoption statistics, disruption information, disruption risk factors, services and mental health aspects. Seven participants, including adoption social workers and a post adoption parent support specialist were interviewed from various adoption agencies. Findings include discovering there is a lack of a concrete definition for adoption disruption, the importance of expectations from adoptive parents, identifying struggles faced by adoption social workers, initial responses to a family wanting to disrupt, current services, barriers to services, and ways to reduce adoption disruption.

### **Acknowledgments**

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### Exploratory Evaluation of the Role of Social Workers During Adoption Disruption

Adoption disruption is a potential problem faced by American families who have adopted domestically and families who have adopted internationally (also known as intercountry adoption). Adoption disruption is never an ideal outcome in adoption (Coakley & Berrick, 2008). Among professionals, there is not an agreed upon definition for adoption disruption. Currently, adoption disruption can include situations where there is a failure in adoption before legalization, failure in adoption after legalization and when adoptees are placed in out-of-home placements, such as group homes (Coakley & Berrick, 2008). Throughout history statistics regarding adoption disruption have drastically varied, partially due to the lack of an agreed upon definition and lack of reporting requirements. Adoption disruption was estimated to be around 2.8% in 1971 (Kadushin & Seidl, 1971) and between 7%-47% in 1987 (Barth & Berry, 1987). In the early 1990s rates were estimated to be between 6%-11% (Coakley & Berrick, 2008). Characteristics have been identified that place adopted children at risk for higher rates of adoption disruption. A history of sexual abuse, physical abuse and/or neglect (Dhami, Mandel, & Sothmann, 2006) increases the risk of adoption disruption due to the sexually acting out behaviors (Coakley & Berrick, 2008) that are often present due to earlier abuse. Being exposed to drugs or alcohol during pregnancy are additional risk factors (McKay & Ross, 2011). Further risk factors include increased age at which the child is adopted (Barth & Miller, 2000), behavior problems, cognitive and language delays, attachment disorders and mental health issues (Dhami et al, 2007).

In order to address adoption risk factors, services are available for families pre and post adoption. The adoption process typically begins with a home study investigation and education for parents about adoption expectations, which are both conducted by a social worker (Sar, 2000). Post adoption services can include support groups, advocacy, information sessions, parental training, counseling, respite and crisis intervention (Atkinson & Gonet, 2007). Multiple studies have determined that while parents might be grateful for the services available, they want more (Atkinson & Gonet, 2007; Linville & Lyness, 2007). Families who have adopted children want: professionals working with adoptees to be adoption competent (Atkinson & Gonet, 2007), improved coordination between service providers and more parent support groups (Linville & Lyness, 2007).

The main purpose of this research project was to explore the role of social workers in dealing with adoption disruption. The researcher explored the definition of adoption disruption and risk factors associated with higher rates of adoption disruption. The researcher also explored services available for families who adopt children and what improvements are needed concerning these services. In this study the researcher interviewed social workers who work at adoption agencies in Minnesota in order to conduct a qualitative research project. The following research questions were examined: How is adoption disruption defined? What role do social workers have in the adoption disruption process and what service improvements are needed?

### **Literature Review**

Adoption is one way to build a family, but with adoption comes risk factors. Adoptees come with a past and often the past can be filled with negatives such as abuse, trauma, neglect, and unstable households. Families wanting to adopt can utilize services pre and post adoption in order to be prepared with realistic expectations and allow the adoptee and family to get needed help. The literature review will focus on the history of adoption, current adoption trends, adoption disruption, risk factors for adoption disruption and services related to adoption.

### **History**

Adoption has been a part of family building for many years, even being written about in the bible. The history of adoption begins with informal adoptive arrangements. As informal adoptions became a part of family building, there was often a sense of secrecy and shame that came with the adoption. Families living in poverty and single mothers felt pressure from society to place their children for adoption so the children could be raised by stable families. Adopting families also faced the struggle of battling beliefs that adopted children often inherited ‘mental defects’ from their birthparents (Kahan, 2006).

The sense of secrecy was slowly erased due to advocacy, education and policies. Social workers advocated for adoption, educated the general public about adoption and helped to pass policies supporting adoption. The Act to Provide for the Adoption of Children In Massachusetts in 1851 was the beginning of adoption policy history. This act served to highlight the importance of taking into account the best interest of the children, evaluating potential adoptive parents, and obtaining birthparent consent and court



approval for adoptions (Kahan, 2006). Children's code of Minnesota was passed in 1917, which made investigations of adoptive parents essential in the adoption process and created a probationary period before parents were able to legally finalize the adoption (Kahan, 2006). The Adoption Assistance and Child Welfare Act was passed in 1980, which dealt with long term foster care and pushed for permanency for children. Another adoption law focusing on adoption promotion is the Adoption and Safe Families Act of 1997 (Kahan, 2006). This act essentially promoted permanent placements while ensuring the safety of adoptees ([www.childwelfare.gov](http://www.childwelfare.gov)).

Another key part in adoption history took place from 1854 to roughly 1930. Between 1854 and 1930 it is estimated that between 150,000 to 250,000 child were adopted using the orphan trains. Children from orphanages, almshouses, asylums, prisons and children from low income families were removed from poverty and sent out west to live on farms to improve their lives. Neither birth families nor adopted families were investigated during this time. Orphan trains prompted child-welfare reform in the early 1900s (Kahan, 2006).

The definition of adoptable children was expanded after the Child Welfare League of America (CWLA) held their first conference in the late 1940s. It was after this conference that children with disabilities and minority children were included as adoptable children and social workers began slowly placing these children with families (Kahan, 2006). Following the CWLA conference, American families began adopting internationally. International adoption became more acceptable as the availability of

American infants for adoption decreased due to the creation of birth control in 1960 and legalization of abortions in 1973 (Kahan, 2006).

International adoption increased a couple times with the ending of war. The first increase took place after the end of the Korean War in 1953. Many biracial children who had been conceived by Korean mothers and American troops were not accepted by Korean culture, and therefore internationally adopted by Americans. International adoption once again increased with the end of the Vietnam War in 1975. After Korea and Vietnam started international adoption programs, India, Central America and South America followed suit by beginning international adoption programs with the United States in the mid 1980s. A decade later Romania, China and countries throughout Eastern Europe also started international adoption programs with the United States (Price, 2005). In order to specifically protect children adopted through intercountry adoptions, the Hague Convention was established in 1993. The Hague Convention was enforced in the United States of American beginning in 2008. Through the Hague Convention, accredited adoption agencies were encouraged, a Central Authority was established within each participating country, and similar to many previous policies passed, the best interest of the child was stressed with the aim of preventing illegal practices (Crea, 2009).

Five unfortunate circumstances often lead to international adoption: war, disasters, authoritarianism, poverty and cultural norms. In the past, the majority of casualties during war were soldiers, but today these statistics have shifted as more civilians are killed. As the number of civilian deaths increases so does the number of orphans left without parents to raise them. Drought, flooding, earthquakes, hurricanes,

tsunamis and HIV/AIDS are examples of geographic and medical disasters that leave millions of children without parents to raise them around the world. Authoritarianism consists of government policies around the world that increases the number of children being placed for adoption, such as China's encouragement for families to only have one child. Many children are placed for adoption by parents who are struggling to survive financially or medically, cannot afford to feed another child and believe the baby has a better chance at life through adoption. In numerous countries around the world the cultural norm is for two parents to raise a baby together. This cultural norm is accompanied by a stigma for single women who become pregnant. Often the stigma is so strong, that single women feel for their safety, they must give up their baby for adoption (Price, 2005).

### **Current Statistics**

As a society we have gone from adoption being associated with secrecy, to six out of ten people in America having a close connection to adoption (Kahan, 2006).

Henderson (2002) estimated that five to six million Americans are adopted. Adoption within our society has also evolved with technology, as embryo adoption is now an option. Sperm and egg are used from donors and the embryo is placed in the uterus of the adopting mom (Kahan, 2006).

Children are adopted from more than 100 countries around the world (Linville & Lyness, 2007). International adoption is preferred by some families because of the greater availability of infants and younger children, the cost, the shorter adoption time frame, the distance from birth family and negative media coverage of institutions

(Linville & Lyness, 2007). Research from Linville & Lyness (2007) focused on obtaining information, through semi-structured interviews, about adaptation of families who had adopted a child from Eastern European institutions. Children who are adopted from Eastern European countries typically have spent some time living in institutions. This research has connected institutions to developmental delays, health concerns and psychological issues (Linville & Lyness, 2007). Institutionalized care is often lacking in proper nutrition, medical care and stimulation due to under staffing and lack of training for staff members. With the high number of infants, toddlers and children living together, infectious disease has also been linked to institutions (Vandivere & McKlindon, 2010).

### **Disruption**

Adoption disruption has been highlighted as an issue since more families are opting to adopt. Enactment of policies concerning adoption, fertility issues, increasing eligibility for single heterosexuals along with gay and lesbian couples to adopt are all factors leading to increased adoption. More families considering adoption, along with more adoptees being children with special needs, have factored into adoption disruption. Currently there is not an agreement on a definition for adoption disruption. The term adoption disruption has been used as a description for adoptions that dissolve before or after being legally finalized and adoptees being placed in out of home placements (Coakley & Berrick, 2008).

The statistics concerning adoption disruption have ranged dramatically throughout the years. In 1971 the disruption rate was estimated to be 2.8% (Kadushin & Seidl, 1971), in 1987 the disruption rate was estimated to be 7-47% (Barth & Berry, 1987) and

in the 1990s the disruption rate was estimated to be 6-11% (Coakley & Berrick, 2008). Unfortunately, current statistics are not available due to the lack of a concrete definition (Coakley & Berrick, 2008). Children with special needs are considered to be at a higher risk for adoption disruption with rates estimated to be 10-16% (Barth & Miller, 2000) and even as high as 10-26% (Linville & Lyness, 2007).

### **Risk factors**

There are several risk factors that have been identified as characteristics that increase the chances of adoption disruption either within the children, families adopting children or adoption agencies. Often the medical and social risk factors identified within the children make the abrupt transition into parenthood increasingly overwhelming and difficult for adoptive parents (McKay & Ross, 2011). According to Barth and Miller (2000) the age at which the child is adopted is a critical risk factor for adoption disruption. Disruption is more likely to take place as the age of the adopted child, at the time of adoption, increases. Findings include that older children being adopted were more likely to have spent significant time with birth parents, which could have resulted in a bonding with birth parents or could have included abuse or neglect. If significant time was not spent with birth parents, then it is likely the child spent significant time in foster care and possibly could have experienced multiple placements (Barth & Miller, 2000). Children experiencing multiple placements within the foster care system and potentially with adoption placements have a higher rate of adoption disruptions within a family due to the lack of stability they have been exposed to (Dhami et al, 2007). A study conducted in California found the same results (Coakley & Berrick, 2008). Findings indicated that

an increased age at the time of adoption was a significant risk factor for disruption and identified an odds ratio of 1.4 for each year increase of age (Coakley & Berrick, 2008).

Mental health issues resulting from a variety of circumstances increase the risk of adoption disruption. Drug exposure increases the risk for disruption. Being exposed to alcohol, resulting in fetal alcohol spectrum disorder, greatly increase the risk for disruption (McKay & Ross, 2011). Fetal alcohol spectrum disorder is associated with a higher likelihood of psychiatric symptoms later in life, meaning a family may adopt a child who does not show any signs of psychiatric symptoms for years (Barth & Miller, 2000). Children suffering from mental health issues related to previous histories of sexual abuse were also at higher risk for adoption disruption, often due to displaying sexualized behaviors (Coakley & Berrick, 2008). Along with histories of sexual abuse being a risk factor, children with histories of abuse and/or neglect face similar challenges of adoption disruption (Dhami et al., 2007). Behavioral problems, conduct disorders, eating disorders, attachment disorders, cognitive and language delays are also all considered risk factors in adopted children (Dhami et al., 2007)

Risk factors in adoptive parents have been identified and are centered on education. A risk factor for adopting parents is being unprepared and/or uneducated about issues that may arise and that are associated with adopted children who have a history of trauma (Dhami et al., 2007). Another risk factor is adopting parents being poorly prepared and uneducated specifically about raising an adopted child with special needs such as cognitive delays, language delays, behavior problems, conduct disorder or attachment disorders (Dhami et al., 2007). Parents are often uneducated and unprepared,

not because they lack motivation to become educated. The adoption process is so unpredictable and adoptive parents simply do not have enough time to prepare for every possible situation and characteristic the adopted child may display (McKay & Ross, 2011).

Dhami et al. (2007) found evidence that the risk for adoption disruption increases when children are adopted by non-related caregivers such as non-parents or step-parents. The issue with non-related caregivers who adopt is sometimes their lack of knowledge about parenting in general along with the abrupt transition to parenthood (Dhami et al., 2007). A risk factor with conflicting results is higher education for adopting mothers. It is thought that an adoptive mother with higher education presents higher expectations for adopted children who are often unable to meet these expectations due their histories with negative exposure and experiences (Dhami et al., 2007). Lack of social support for adoptive families is also a risk factor due to the isolation of feelings for the adoptive family (Linville & Lyness, 2007).

In intercountry adoptions and even domestic adoptions, language barriers, culture identity and barriers and racial differences are common risk factors that families must contend with and resolve (Dhami et al., 2007). McKay & Ross (2011) discovered that while these barriers may make the adoption transition difficult, adopting parents often do not want to admit to social workers the difficulties they are going through for fear they will look weak and be perceived as bad parents. Instead of disclosing difficulties and seeking services, these parents try to understand and work problems out themselves (McKay & Ross, 2011). Vandivere & McKlindon (2010) discovered that in adoption

placements children are less likely to be identified as “well being” if necessary services were not utilized. Services include crisis intervention, counseling, parent support groups, mental health services and drug and alcohol services (Vandivere & McKlindon, 2010).

Adoption agencies can present risk factors for adoption disruption. When presenting a family with information about a child who is eligible for adoption, social workers can be vague with information or overly positive to encourage the family to adopt (Barth & Miller, 2000). Only communicating limited information or overly positive information can leave a family feeling unprepared if the child they have adopted has any mental or physical issues that need attention. Coakley & Berrick (2008) reported that families who had experienced an adoption disruption felt that lack of information about the child was partially to blame. Parents often did not receive critical information regarding age, ethnicity, prenatal services or substance abuse issues of the birth mother (Coakley & Berrick, 2008).

### **Services**

Pre and post adoption services are available for families who are going through the adoption process. Social workers guide families through the adoption process. Families wanting to adopt a child must first engage in the qualification process, which requires a home study. The social worker conducting the home study investigates reasons for wanting to adopt and expectations for family life after the adoption. Aspects of those wishing to adopt that are assessed include marital status, education, employment history, income, personal life, legal history and health history. Home studies can include encouraging parents to attend support groups and information sessions to further their



education about adoption (Sar, 2000). Home studies have recently been getting attention due to lack of quality and consistency. While weaknesses in home studies have been identified, current research needs to be conducted to begin the improvement process (Crea, 2009).

Families involved in Virginia's Adoptive Family Preservation (AFP) program stated five reasons for requesting post-adoption services. Behavior problems were the reason most identified, with 60% of families agreeing. Issues with school, adoption, attachment and social adjustment were also identified as reasons for seeking out services (Atkinson & Gonet, 2007). Post adoption services can be geared toward adoptive parents, the child who was adopted or the entire family unit. Services geared toward parents include parent support groups, advocacy, information sessions and parental training. Services that are specifically desired for the child adopted or entire family include counseling, crisis intervention and support groups for the adopted child or siblings (Atkinson & Gonet, 2007). Social workers participating in a study by McKay & Ross (2011) identified that services needed for parents were task-related. Parents requested parenting classes to be educated on the stages of child development, specifically for children who have been adopted (McKay & Ross, 2011).

Atkinson & Gonet (2007) conducted a study in order to determine what services adopting families used and believed were most effective. Three services were identified as helpful; support, counseling and respite. Parent support groups were found to be helpful by the parents because they were able to communicate with other families who were in similar situations. Barth & Miller (2000) learned through the Adoption

Preservation Project that parents found the support groups to be the most beneficial service along with counseling, if the counselor was adoption competent. Professionals considered to be adoption competent are knowledgeable in the following areas, adoption process, attachment, trauma, developmental milestones, loss and grief (Casey Family Services, 2003). Respite, either with professionals or informally, allowed both parents and children to recharge (Atkinson & Gonet, 2007). Families adopting internationally identified that they had accessed multiple services including health care, psychiatric services, speech and language services, occupational therapy and Individual Education Plans (IEP) through schools (Linville & Lyness, 2007).

Families felt the need for counselors, school staff, social workers, medical personnel and other professionals they had come in contact with through their adoption journey to be adoption competent in order to be considered helpful (Atkinson & Gonet, 2007). Similarly, families who had adopted internationally felt the need for more professionals to be educated specifically on the effects of institutionalization on a child (Linville & Lyness, 2007). These families were also disappointed in the lack of coordination between providers, lack of collaboration from schools concerning IEPs and expressed a need for more support groups to be available (Linville & Lyness, 2007).

### **Mental Health**

It has been identified through surveys that psychiatric issues are evident in the majority of children who have spent time in out of home care, which as of 2005, was 5 in 1000 children in western nations (Tarren-Sweeney, 2010). Children in foster care and adopted out of foster care are considered a vulnerable population who are at a higher risk

for health issues such as mental illness (Golding, 2010). It is estimated that between 5-20% of children in out of home care in the USA are suffering from some form of emotional disturbance (Golding, 2010). Adoption from foster care is not the therapy cure for mental illness. Rushton (2004) discovered that as many as 60% of children began having mental illness difficulties six years after being adopted out of foster care.

Many children entering foster care come from highly disorganized families, where health needs are typically not addressed due to the quantities of needs within the family, which are constant and considered critical. Once children enter foster care, barriers to service continue to exist as children are frequently moved from foster home to foster home. Poor communication between agencies and lack of advocacy also exists as barriers. The environment of foster care often promotes low expectations and acceptance of unusual behaviors due to the children's backgrounds (Golding, 2010). Additional barriers specific to mental health which also affect service for children in foster care include waiting lists, lack of information, transportation difficulties, inconvenient appointment times, cultural issues and language barriers (Golding, 2010).

### **Conclusion**

Two estimations make it evident that adoption disruption is an issue that needs to be addressed by social workers, including estimations that five to six million Americans are adopted (Henderson, 2002) and estimations that between 10-26% of adoptions disrupt (Linville & Lyness, 2007). Throughout the literature review, risk factors have been identified that place children at higher rates of adoption disruption. Pre and post adoption services available have been acknowledged. Research has been conducted to determine

what services adopting families find to be helpful and want to see utilized more (Atkinson & Gonet, 2007; McKay & Ross, 2011). Further research is needed to clarify a global definition of adoption disruption, the role of social workers and identification of continued improvements for available services. Due to information obtained through the literature review the following research questions will be examined throughout this research project: What role do social workers have in the adoption disruption process and what service improvements are needed? How is adoption disruption defined?

### **Conceptual Framework**

This research project will rely on bio-psycho-social paradigm and multilevel family practice model as the conceptual framework. This section will focus on viewing adoption disruption through both bio-psycho-social and multilevel family practice views.

#### **Bio-psycho-social Paradigm**

Bio-psycho-social paradigm views human development and functioning through a multiple lens approach, including a biological, psychological and social lens. Within these three variables are sub-variables, such as culture, economy and politics (Forte, 2007). This paradigm forces professionals to view a client from multiple angles and perspectives which are essential to building human life. It is the interaction between biological, psychological, and social systems that forms human behaviors (Hutchison, 2008).

Behaviors from a child adopted from a Romanian orphanage, for example, have the possibility of stemming from biological (birth-family history), psychological (trauma suffered), and social systems (daily interactions with caregivers/children). Another

example of viewing the problem from the bio-psycho-social paradigm is with children who are exposed to drugs and alcohol during pregnancy. This kind of exposure often has lasting effects biologically and psychologically. Social workers offering services to this unique population of adoptees and families, can benefit from taking into account the variables, biological, psychological, social and sub variables, culture, economy and politics.

Interdisciplinary cooperation is essential within the bio-psycho-social paradigm (Forte, 2007). In terms of adoption disruption, cooperation is required between adoption agencies, case managers, counselors, medical professionals, mental health providers, foster care system, school systems, and advocacy groups. Golding (2010) categorizes children in foster care and adopted out of foster care as a high risk population and believes the best treatment for this population first includes uniting providers. Cooperation between the education system, health care providers, mental health providers, social services and counseling is necessary to properly treat this population (Golding, 2010).

Using a paradigm that focuses on all the dimensions involved in a client's life is believed to be essential by Tarren-Sweeney (2008) who has advocated a holistic view for treatment of children who have been adopted. Holistic mental health treatment would ultimately focus on the mental health aspect, while including all other areas and aspects of life. Additional aspects of life that need to be taken into account include school, community, religion, culture, emotional health and physical development (Tarren-Sweeney, 2008).

### **Multilevel Family Practice**

Multilevel family practice model is comparable to the family system model, with an extended world view (Hutchison, 2008). A family system takes into account all members of a family, interactions, roles and communication among members when working with a client (Hutchison, 2008). The multilevel family model focuses on the same aspects as family systems, but also includes a broader outlook; viewing the family in terms of neighborhood, economy, politics, culture and global socioeconomic system (Hutchison, 2008). Changes in these factors have the ability to extend or limit resources available to families and to determine how a family views their situation and challenges. A change in adoption policy could either affect families hoping to adopt or who have adopted in a positive or negative way. Problems with the economy can lead to loss of jobs and therefore lack of health insurance and money to be used for mental health treatment for children who have been adopted and are having psychological issues (Hutchison, 2008).

Combining the bio-psycho-social paradigm with the multilevel family practice model in order to treat adoptees or families who have adopted would give providers a world view. They would be keeping in mind biological, psychological and social factors, along with specific family dynamics, neighborhood qualities, economy, politics and culture. Using bio-psycho-social paradigm and multilevel family practice model for this research project allows all aspects of the child's life to be considered and accounted for when deciding what services are necessary in the adoption process.

### **Methods**

## **Research Design**

This study used a qualitative design. According to Berg (2009) “Qualitative research, thus, refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things” (p. 3). The researcher interviewed social workers and a post adoptive parent support specialist to get their definitions of adoption disruption along with characteristics of children and families who demonstrate adoption disruption and services utilized. By using a qualitative design, in-depth information was collected regarding adoption disruption definitions and services currently available and utilized, along with suggested improvements needed with various services.

## **Sample**

The sample for this study included social workers and a post adoptive parent support specialist working for adoption agencies. Six social workers currently working in an adoption agency with adoption disruption experience were recruited, along with one post adoptive parent support specialist. Adoption agencies were contacted and asked if they have social workers willing to participate in the study (see Appendix A). A cooperation letter was sent to the supervisor at agencies with willing social workers (see Appendix B). An email was sent to supervisors at agencies willing to participate to be forwarded to social workers (see Appendix C). The email included the purpose of the study, interview information and contact information. Once potential participants contacted the researcher, more information regarding the study was provided, additional questions were answered and an interview was arranged (see Appendix D). Once

potential participants agreed to participate in the study a consent form was signed (see Appendix E).

### **Protection to Human Subjects**

To ensure protection of human subjects the proposal was submitted to the Clinical Research Committee. After approval from the Clinical Research Committee an application was submitted to St. Catherine University Institutional Review Board (IRB). The IRB reviewed the application to ensure human subjects were being protected throughout the research.

Identity of participants was kept confidential. All information obtained during interviews was kept confidential. Contact information, notes taken during interviews and audio tapes were kept in a secure place at the researcher's residence. The researcher and committee chair were the only people with access to audio tapes, transcripts and notes taken during interviews. Audio tapes were destroyed May 20, 2013. Minimal risks were associated with participating in this study. It was thought that emotional discomfort could have possibly occurred. This research focused on the role of social workers in adoption disruption and improvements that are needed, which could have led to emotional discomfort for social workers that have dealt with adoption disruption in the past or are currently dealing with adoption disruption. The possibility of emotional discomfort was disclosed to participants before the interview process occurred. Participants had the option of stopping the interview process at any time. All participants were given a list of resources before the interview began (see Appendix F).

### **Data Collection and Data Analysis**



The researcher conducted semi-structured interviews with participants to collect data. Interviews took between 25 to 60 minutes to complete. Interviews consisted of nine questions (see Appendix G). The researcher audio taped interviews in order to develop a transcript and later coding. Interviews were conducted in a private conference room at each adoption agency or a private room at the public library.

Content analysis was used for analysis of data. Berg (2009) states “Content analysis is a careful, detailed, systematic examination and interpretation of a particular body of material in an effort to identify patterns, themes, biases, and meanings” (p. 338). First, the researcher transcribed the interviews verbatim. Secondly, the researcher examined the interview for grounded categories, and then carefully examined the interview for specific themes and patterns. According to Monette, Sullivan & DeJong (2011) “In content analysis, validity refers to whether the categories we develop and the aspects of the content coded are meaningful indicators of what we intend to measure” (p. 211) and “In content analysis, reliability relates to the ability of coders to apply the coding scheme consistently” (p. 212). In order to ensure validity and reliability in this study, the researcher had a social worker perform a reliability check with the coding.

### **Strengths and Limitations**

Contributing to research concerning a vulnerable population is a strength of this research project. Adoptive children with psychological issues, behavior issues, histories of neglect and abuse are considered a vulnerable population that need protection and improvement in the adoption process to facilitate their success. Further protection and clarification can come through this research that works toward defining adoption

disruption. Currently the social work field is lacking a global definition for adoption disruption. This research focusing on social workers' roles, service improvements and defining adoption disruption will hopefully inform social service agencies on how to better serve this population.

A limitation with this study is the researcher has her own personal experience with adoption. The researcher was adopted as an infant and because of this experience, may have focused on this project through a narrow, biased lens. Another limitation is the small sample size, with seven participants. Having a small sample size leads to a limited view about adoption disruption. Even though it is a small sample size it is a starting point for further research about adoption disruption regarding views from the social workers' perspectives.

### **Findings**

Seven interviews were completed for this study. The participants were all Caucasian females ranging in age from 29 to 47 years. Six of the participants were social workers and one was a post adoptive parent support specialist. All of the participants were employed by private adoption agencies. While information from participants mirrored results from previous research studies, their information was often unique to their specific adoption setting. The following themes were uncovered through this project; adoption disruption definition, risk factors, expectations, grief, struggles of social workers, initial response to adoption disruption, current services, barriers to service and reducing adoption disruption. Participants will be referred to as participant A through G.

### **Adoption Disruption Definition**

One intention of this research study was to uncover how adoption disruption is defined by adoption agencies, which leads to the first theme of adoption disruption definition. Results show that definitions varied. All participants agreed that adoption disruption includes having children removed from the home. Participants disagreed on timing of removal in adoption disruption cases or did not specify removal time.

Participant A defined adoption disruption as "...they can no longer parent that child and so they need to make arrangements for the child to not be in their home anymore...it could be finalized or it could be not...at our agency we use adoption disruption for both." Similarly, participant F stated that her agency defines adoption disruption as "when the parent completely absolves guardianship of the child and returns them to the state." Participant B's stated "It means that there is a placement that wasn't going well and the family needs to make an alternative placement for the child...well I know there is a distinction between disruption and dissolution and that has to do with whether or not the adoption was finalized or not." Participant C described disruption as "a child has been or children have been placed with the idea of permanency and they are not planning to leave but for some reason that adoption dissolves after finalization occurs." Participant D and E agreed on the definition of disruption describing it as "It's a pre-adoptive placement that has not finalized when the kid is moved out" and "It is before the child is adopted legally, so before finalization but after the child has moved in." Participant G identified adoption disruption as "Whenever a placement does not go through, whenever a family is matched with a baby and baby is born and then birth mom changes her mind."

**Risk Factors**

Participants named numerous risk factors that reflected the various populations they are working with. Participant A mentioned "...FAS...attachment problems and neurological problems" as additional adoption disruption risk factors. Participant C focused on trauma as a risk factor by stating "...how much trauma the child has had." Participant F included trauma as a risk factor and issues regarding birth mother, "...trauma and neglect backgrounds...drug and alcohol exposure and lots of biological mental health issues." Participant B was more environmentally focused as she stated:

Age of child...traumatic history...being abandoned...being abused...behavioral issues...older kids...dynamics of the adoptive parents...personalities...if the adoptive family has bio kids...blending bio kids with adoptive kids...if parents aren't well educated.

**Expectations**

Participants responses for the question concerning common risk factors for adoption disruption led to the next theme, expectations. The most common risk factor spoken about was unrealistic expectations or unmet expectations. According to participants, an adopting family's expectations for a child entering the family can lead to a positive environment or a negative environment ultimately ending in adoption disruption. Five of the participants spoke of expectations when asked about risk factors. Participant A stated:

The adoptive family's preparedness for the type of program and child they are proceeding with, their expectations and reality versus sort of the fantasy that has

been imagined about their child, their motivations for adoption...I think people that get sort of caught up with I'm saving a child kind of thinking, rescuing a child from this bad situation but it's sort of do you really want to actually parent that child?

Participant B verbalized:

I think sometimes adoptive parents can have really unrealistic expectations of what it's going to look like. They have this image or ideas of this child or children that they are going to adopt and if it doesn't turn out that way and if they can't wrap their head around it and they can't attach to the child, sometimes the child will attach to the adoptive parent and the parent won't attach to the adopted child for whatever reason and that is usually due to unmet expectation or just feeling that it didn't turn out the way they had anticipated.

Participant C responded:

I would say the most common reason for disruption is expectations on behalf of the adopting family. Not taking into account what the child may have experienced before coming to that home and having an expectation of that child that that child is not meeting for them.

Participant E explained "I think I have had three [disruptions] and two of the disruptions I could probably say firmly for both it was the expectations on the parents behalf."

Participant F stated "Rigidity, inflexibility, unrealized expectations, unrealistic expectations and stress is just a huge one."

Participant D referred to how prepared or unprepared a family is going into adoption as a risk factor by recounting “The risk factors I think are lack of appropriate preparation, matching [of child to family] and support by adults of the parents. I don’t think the risk factors are the kids.” Later in the interview participant D identifies expectations as a protective factor for adoption parents by explaining that parents with realistic expectations, not low expectations do the best with adoption through her statement “I think parents who have realistic expectations, and I don’t mean low expectations.”

### **Grief**

Only one participant mentioned the process of grieving that adopted parents experience as they grieve the loss of the child they expected if expectations are not met. She passionately stated

As a parent myself, I have a child with severe emotional disorder and we never wanted that life. I never wanted this child to have this life....There is a lot of grief in that process that I don’t want this to be my life. I was trying to do a good thing by adopting this child and this child has wrecked our life you feel sometimes and that’s grief.

### **Struggles of Social Workers**

Struggles faced by social workers was another theme identified as important through this study. Participants identified feelings of frustration as the main struggle for social workers. Three participants voiced frustration with clients directly for failing to follow through with suggested services. Participant A stated:

To get families to sort of do the work that we think they should do or call the services that we think they should call and, you know, we can recommend stuff, but we can't make people do it...We can offer the information and explain why it's helpful, but it's their choice. So that's hard. I think feeling like it's just not enough, I can't do enough for this family.

Participant B responded:

It's really frustrating to sit by and watch a bad situation unfold...I think it's really hard to feel like your hands are tied, like you can't make a family make a decision, you can't make them go to therapy, you can't make them do what is in the best interest of the child even though as an outsider it's kind of clear what is happening.

Participant C stated:

I think that for me the biggest challenge is knowing what a family needs to do and knowing that you can lead a horse to water but you can't make them drink. So if they aren't willing to do what you know, based on all of your education, is going to help the situation it's very frustrating. It makes you sad for the kids that this family isn't doing a, b, and c and that's really what they need to do. So to me I feel like the hardest thing in social work, in any capacity, is not shaking the person and saying do you not understand this is what you have to do and it will help.

Participant D responded to the question with underlying frustration but her frustration

was directed toward the system instead of being directed toward families adopting.

Participant D reported:

I think it often feels like a train wreck that you can see coming, but again it's like there is not one in charge...There is a lot of crappy social work practice...I think our county system is [crappy]...I know that the way we function here is for crap...I am angry all the time...The challenges are system and person created. It's one thing to be, to fight to fix injustice and trouble that are not person created.

### **Initial Response to Adoption Disruption**

How social workers respond to a family wanting to disrupt an adoption is critical. Assessing the situation was a common response from participants when adoptive parents begin exploring disruption. Assessment of the current situation often includes asking the family questions such as what services they think they need, and what needs to change in order to make the situation better?

Four of the participants spoke about assessing the situation and exploring available options with families alternative to disrupting the adoption. Participant C shared:

Because we are a Christian agency we believe strongly along the way and we have many conversations along the way about God placing children in families and so part of our approach is asking ok do you believe God has placed this child in your home and why do you believe God has placed this child in your home? And kind of sometimes that is a big starting point and it's not a guilt thing but it's like why are you wanting to walk away? Are you wanting to walk away because



it's just too hard or are you wanting to walk away because you truly aren't the best fit for this child?...We kind of take the stance that disruption isn't an option and I have used that terminology with families before.

Participant D reported:

I think for me, one I am pretty stern with parents, disruption can not even be on the table if there are things we haven't tried...So the first thing is: Are there other solutions?...When families start talking about like little Johnny maybe can't be here, I want to be really clear from the onset with them when you say that, what you are saying is you think little Johnny needs to be in a more restrictive setting with rotating staff and that and your intention is to be a parent of a kid in a residential program. That's what your saying right? You're not saying you're ready to walk away from this kid right? What do we need to do to help you keep the commitment you made?

Participant E revealed:

We try to bring them back to that time that they told us there would be nothing that would make them say no...We just try to talk to families about you know what can we do differently to make things better. What do you think needs to be in place? What would make things helpful? Do services need to be different? And we don't try to give them an easy out...We just try to get, you know, do a lot of just visiting with the family figuring out what the struggles are.

Participant F communicated:

My response is to get them respite right way and then start asking what does help look like to you? What do you need? What would be most helpful for us to do with this child, with this family?...So while we use formal systems to help to get them stabilized right away and then once they come back and things are good, I really try to help them create informal supports to help them build that support network.

Two participants identified their first step as following the client's lead. Participant A responded:

We could do sort of like case consultation about what was going on and sort of decide what we would recommend would be the steps to take...we would have then tried to reach out to our families that were waiting or had adopted in the past or people who had gotten denied from other programs that would still be interested...or people who had taken kids before that were considered hard to parent and had success with....We would have also offered to assist with the paper work...But I think our first response is to consult here and then help the family with gathering records and then finding another family if possible.

Participant B did not speak of actively searching for a new family for the child immediately but spoke of the importance of listening to the client by stating:

Yea, well you always follow their cues, they direct what happens...If they are mentioning disruption for the very first time I would just start to have a lot of conversations with them about it and with both parents and get an assessment of what the other family members, if there are other family members what they are

thinking about it...You just follow whatever, you know clients' right to self determination so they are the ones that have to ultimately chose.

### **Barriers to Service**

Five participants agreed finances were a significant barrier to receiving services for families who had adopted. Participant A stated "Cost is an issue for a lot of families."

Participant C responded:

I think the largest barrier is financial...Families that have adopted internationally they have spent so much money that they do not have the ability to continue spending money when the child comes home and when they need play therapy, or attachment therapy...

Participant E revealed "There is financial hardships because of the cost of services or insurance won't pay for this or that." Participant F simply verbalized "Money is a big one." Participant G agreed with "Sometimes cost is an issue."

When identifying barriers, three participants named location as a significant barrier. Participant A reported "Distance is an issue. If there is one great place, but it is in [this town], how many people are really going to go there?" Participant E responded with "Sometimes if families live in rural areas it's hard to get services that are near by." Participant G stated "Sometimes location is a barrier."

A third barrier identified by participants included lack of available services and lack of adoption competent services. Participant A stated "I think having therapist that are familiar with reactive attachment disorder and trauma and adoptions is helpful."

Participant B responded:

Families feel left on their own after the child is placed in the home...There is a lack of [post placement services], in our agency specifically, but I think in the adoption community in general there is a lack of services available after the placement has occurred.

Participant D reported:

There is a philosophical conflict that plays out in practice and the conflict is whether or not adoptive families should have some kind of preferential access to services. I think they should...Adoptive families should have a central place [for services], it should be simple and we shouldn't be starting over. We should not be moving kids in without having the mental health services arranged...Lack of respite, available respite.

### **Current Services**

Participants were asked what services were provided to families during the adoption process and all participants in this study spoke about providing training or education for individuals or couples who are interested in adoption. Post placement services were mentioned by five of the seven participants. Participant A stated:

We provide home study services....adoption counseling and assessment and we provide training...they would be assigned a social worker who would do visits with them and home visits and office visit...and then when the child is placed, we provide placement and post placement services.

Participant B shared, “Support, training, education...and then post placement services would be visits and follow up, contacts with the families after the child is placed in their home.”

Participant D stated:

We recruit families, provide pre-adoptive training and prep, home study, we do a very extensive matching, very thorough matching process and pretty extensive transition planning and then we make an on going commitment to families in a way that is different than other organizations...We are proactive in that we reach out to families well past finalization to make sure folks are ok, or if they need resources we make sure they get them.

Participant E responded:

We begin by doing a lot of training with our families...While we are going through the matching process and even while they are with their kid, we are always doing training and we help set up services and get resources in place, we help during crisis.

Participant F reported:

You know they go to information sessions. They have opportunities to go to numerous trainings. The worker will sit down and talk to them about expectations during the home study process. Hopefully given a list of resources regarding the particular child they are adopting...Once they finalize they have three placement visits...Providing support through family events, we are going to do service Saturdays with the kids and support groups.

Participant C and participant G both spoke about providing education to families wanting to adopt, which was similar to other participants, but they did not speak about offering post placement services. Participant G did not mention post placement services and participant C explained her agency does not provide post adoption training in a formal sense but hope their clients are able to turn to the adoption agency for help if needed. Participant G stated “We provide a lot of education.” Participant C revealed:

Because we are so small a lot of our services kind of come from more one on one counseling or helping to provide resources through therapist or info through DVDs or seminars...We don't have any ongoing post adoption training, it's more because we have built a relationship they feel comfortable to come to us and then we can refer them to whatever we feel like they need.

### **Reducing Adoption Disruption**

When participants were asked for their opinion on how adoption disruption could be reduced, there was little commonality between the answers. Ideas of improvement for social workers, families, and foreign countries were given. Three participants alluded to the importance of supporting the family. Participant A stated “Supporting the families and making sure they do have what they need and continuing to be a stronger presence during the post placement visit.” Participant E had a similar response with “You know I wish we had the magic answer...Being a supportive team around them and having a network of resources for them to access.”

Along with acknowledging the importance of support, Participant F also acknowledged need for mental health services for children by stating:

If we had a program, you know whether it be agency related and supplemental how ever, where you started the adoption process with that family...if we could just get them from the very beginning and give them continued support till that kid has aged out I think that would be helpful...And continued training...We also need more programming for kids, kids with mental health disorders...There are a lot of missing elements in working with mental health with these kids.

Two participants focused on international adoption, with one participant explaining the need for foreign countries to improve services and the other participant wanting adoption agencies in the United States dealing with international to have increased accountability. Participant B shared:

If children could be placed earlier in life...If foreign countries that we are working with could get their system working better so they weren't housing their kids in orphanages for so many years before they allowed them to be freed for intercountry adoption.

Participant D stated:

I think we need to know what the numbers are...There needs to be some kind of structural change in the accountability for international adoption...There is no expectation that they [agencies] make a commitment past the handing off of the kid and I just think that is so unethical.

Participant C highlighted the importance of childhood trauma education for both social workers and adoptive families. Participant C explained:

I think training ahead of time and I think...I think there are a lot of social workers who haven't bought into what is truly needed to parent kids...There isn't a lot of people who understand what early trauma does to a child's brain so I think first educating workers on it and then just being very honest with adoptive families.

### **Discussion**

Numerous similarities were found between literature reviews and participants' interviews. Similarities between participants' answers and research discovered were not always identified as themes, due to lack of consistency between participants, but individual participants often mentioned the same information presented in literature reviews.

### **Adoption Disruption Definition**

Similar to what was discovered through interviewing participants for this research study, previous literature reviews also identified the lack of a single adoption disruption definition. Coakley & Berrick (2008) found researchers vary on how to define adoption disruption ranging from "return of the child to the agency at any time between placement and legal finalization" to "children returned to the adoption agency before or after the legal finalization of the adoption" and "whether or not the child is physically living in the adoptive family's home at the time of data collection" (p. 102). The definitions of adoption disruption from participants ranged from removing a child from an adopted home before finalization, to removing a child from an adopted home after finalization. One participant identified adoption disruption as removing the child from a home without specifying if the removal took place before or after finalization. Another participant's



definition of adoption disruption was when the birth mother decides to parent the child after initially choosing an adoptive family to parent the child.

Having an agreed upon definition between researchers and professionals is critical in order to improve the circumstances surrounding adoption disruption. It is apparent through the research and participants in this study that adoption disruption and adoption dissolution are sometimes being used interchangeably. Not all adoption agencies are differentiating between adoption disruption and adoption dissolution, which can lead to the illusion of higher or lower percentages of adoption disruptions in research. Without a clear, agreed upon definition of adoption disruption, we, as a society, are unable to grasp the magnitude of the adoption disruption issue. Without an understanding of how prevalent adoption disruption is, effective solutions can not be enacted.

### **Risk Factors**

Multiple risk factors for children being adopted are acknowledged in numerous literature reviews. Coakley & Berrick (2008) list age of child at time of adoption, special needs, history of sexual abuse, challenging emotional/behavioral characteristics, strong attachment to birth mother, adoption of sibling groups and highly educated mothers as risk factors. The age of the child when adopted, history of trauma, history of neglect, history of abuse and behavioral issues were all mentioned by participants in the current study.

In addition to these risk factors Linville & Lyness (2007) include unrealistic expectations, rigidity of adoptive family functioning and low social support. Out of these risk factors mentioned in the literature reviews, expectations of adoptive parents was

highlighted by the most participants in the current study and spoken about with the most passion. Participants spoke about parents' expectations for the child, their family, the future and the power of unrealistic expectations in a family with a newly adopted child or children. Sar (2000) acknowledges the importance of addressing expectations through this statement "Preparation increases parents' knowledge of child's past, modifies unrealistic expectations held by prospective parents, all of which impact outcome by lessening the risk of disruption" (p. 64).

Acknowledging the power behind expectations for adoption disruption is critical in trying to reduce adoption disruptions. Social workers have the power to reduce unrealistic and unmet expectations of adopted parents through training, education and support groups. Individuals and couples exploring adoption need to be presented with information that allows them to form the most realistic expectations possible about what life is going to be like once the child they have adopted has entered the home. The future can not always be predicted, which leads to the importance of prepping adopting families for the unknown. An adopted infant might develop normally for the first three years before physical or emotional struggles appear.

### **Adoption Services**

Preparation mentioned by participants includes home studies, adoption counseling, trainings through DVD's and in person, support, extensive matching, information sessions and education. While support services prior to adoption are essential, support services after in home placement of a child are just as importance in order to maintain permanency (Coakley & Berrick, 2008). One participant

acknowledged not having formal post placement services. Five of the participants spoke about post placement services including visits, follow up, trainings, connecting families to services and resources and hosting family events. One participant strongly stated that her agency expects a commitment from their families and in return has an on going commitment to families long after finalization of the adoption has occurred. Dhimi, Mandel & Sothmann (2007) discovered through surveys that adoptive families desired post services that include special education resources, medical services, financial assistance and family counseling. These are not post placement services that participants in the current study spoke about.

While the majority of participants mentioned their agency having post placement services, the amount of time families receive post placement services is often limited. One participant mentioned establishing an extended commitment as a support for families. Other participants spoke of performing a limited number of home visits after the adopted child was placed with a family. Post placement services need to consist of more than a limited number of home visits. Adoption social workers know the research concerning adoption, including risk factors and service barriers for families adopting. Helping families to connect with services before they are in crisis is a proactive way to fight those risk factors and service barriers and ultimately reduce adoption disruption. Support and services can be obtained informally. Social workers can stress the importance of adopting parents to set up respite with friends or family members on a monthly basis. Helping connect adopting parents with other adopting parents through support groups is advantageous for parents who are feeling stressed and alone. Formal

services are also essential for adopting families. It is the role of the social worker to connect families to family therapy, children's mental health services, respite providers, and similar services. Social workers can not neglect to continue serving adopting families after the placement of a child.

### **Strengths and Limitations**

Contributing to research concerning a vulnerable population is a strength of this research project. Adoptive children with psychological issues, behavior issues, histories of neglect and abuse are considered a vulnerable population who need protection. Further protection and clarification can come through this research that works toward defining adoption disruption. Currently the social work field is lacking a global definition for adoption disruption. This research focusing on social workers' roles, service improvements and defining adoption disruption will hopefully inform social service agencies on how to better serve this population.

An aspect of this research project that can serve as both a strength and limitation is that the researcher has her own personal experience with adoption. The researcher was adopted as an infant. As a strength this personal connection to adoption fueled the researcher with a passion from deep within herself. Having her own personal experience with adoption can serve as a limitation of this study because the researcher is aware that because of this experience, there was the possibility of focusing on this project through a narrow, biased lens. Another limitation was the small sample size, of seven participants. Having a small sample size leads to a limited view about adoption disruption. Demographics was also a limitation of the study, as all of the participants were Caucasian

females. Even though it was a small sample size, it was a starting point for further research about adoption disruption regarding views from the social workers' perspectives.

### **Implications for Social Work Practice**

This study acknowledges a couple areas that social workers in adoption agencies could improve on: preparedness and post placement support. Participants stressed the importance of education and training of families wanting to adopt, along with needed support systems. The education and training that takes place before and after placement of the child should address realistic and unrealistic expectations. The education, training and support should not stop at the most critical time, which is after the child has been placed in the home. Social workers need to continue building their relationship with the family after placement so there is a level of comfort felt by the family, which allows them to turn to the social worker in proactive ways.

### **Implications for Policy**

This study highlights the need to have policies in place that demand accountability for adoption agencies and families with post adoption services. If accountability is going to be demanded, then there is also a need for the creation of additional and expansion of current post-adoption services and programs. Limited respite was acknowledged as a problem faced by families who have adopted, so a policy expanding access and funding for respite would be helpful. Participants often expressed that the state only requires a very limited number of visits after a child has been placed with an adoptive family. Increasing the amount of contact required post-adoption could

help strengthen the relationship between adoptive parents and social worker, which ultimately could lead to proactive services instead of reactive services.

A policy to define adoption disruption, to clear up confusion is also needed.

Adoption agencies across the country need to use the same criteria when labeling a case as adoption disruption. In order to resolve the issue, researchers and professionals need to understand the definition of adoption disruption.

### **Implications for Future Research**

Along with a lack of a concrete definition for adoption disruption comes a lack of accurate research. Coakley & Berrick (2008) state

it should be noted that no recent national US estimates of adoption disruption are available; the paucity of information in this area and the fact that there are no data collection mechanisms currently in place to study the issue may be a cause for concern (p. 102).

Future research should concentrate of differentiating between adoption disruption and adoption dissolution in studies. Determining what percentage of adoptions disrupt compared to adoptions that dissolve would be beneficial to the adoption community.

Through appropriate data collection based on accurate adoption disruption definition social workers could determine the extent of the adoption disruption problem. Once a concrete definition of adoption disruption has been determined, continued evaluation of programs that are effective for families contemplating adoption disruption would be available.

### **Conclusion**

This study explored the definition of adoption disruption, risk factors associated with adoption disruption and the role of social workers. While adoption disruption is a stressful experience for the family, child and social worker involved, there are precautions that can be taken and services that can be offered to minimize the risk of adoption disruption. Intense support and education are needed for families and adoption social workers. Support and education can come in the form of home studies, trainings, support groups, information sessions, adoption counseling, family counseling, post placement support and a strong relationship with the social worker.

## References

- Atkinson, A., & Gonet, P. (2007). Strengthening adoption practice, listening to adoptive families. *Child Welfare, 86* (2), 87- 104.
- Barth, R. P., & Miller, J. M. (2000). Building effective post-adoption services: What is the empirical foundation. *Family Relations, 49* (4), 447-455.  
doi: 10.1111/j.1741-3729.2000.00447.x
- Berg, B. L. (2009). *Qualitative research methods for the social sciences seventh edition*. Boston: Allyn & Bacon.
- Bryan, V., Flaherty, C., & Saunders, C. (2010). Supporting adoptive families: Participant perceptions of a statewide peer mentoring and support program. *Journal of Public Child Welfare, 4*, 91-112. doi: 10.1080/15548730903563178
- Casey Family Services, C. (2003). Promising practices in adoption-competent mental health services: A white paper.
- Coakley, J. F., & Berrick, J. D. (2007). Research review: In a rush to permanency: preventing adoption disruption. *Child and Family Social Work 13*, 101-112.  
doi: 10.1111/ j.1365-2206.2006.00468.x
- Crea, T. M. (2009). Intercountry adoptions and domestic home study practices. *International Social Work, 52* (5), 673-678. doi: 10.1177/0020872809337683
- Dhami, M. K., Mandel, D. R., & Sothmann, K. (2006). An evaluation of post-adoption services. *Children and Youth Services Review, 29*, 162-179  
doi:10.1016/j.chilyouth.2006.06.003



- Golding, K. S. (2010). Multi-agency and specialist working to meet the mental health needs of children in care and adopted. *Clinical Child Psychology and Psychiatry*, *15* (4), 573-587. doi: 10.1177/1359104510375933
- Henderson, D. B. (2002). Challenging the silence of the mental health community on adoption issues. *Journal of Social Distress and the Homeless*, *11* (2), 131- 141. doi:10.1023/A:1014311817729
- Hollingsworth, L. (2003). International adoption among families in the United States: Considerations of social justice. *Social Work*, *48* (2), pp. 209-217. doi: 10.1093/sw/48.2.209
- Kahan, M. (2006). "Put up" on platforms: A history of twentieth century adoption policy in the United States. *Journal of Sociology & Social Welfare*, *33* (3), 51- 72.
- Kim, S., & Smith, C. J. (2009). Analysis of intercountry adoption policy and regulations: The case of Korea. *Children and Youth Services Review*, *31*, 911-918. doi:10.1016/j.chilyouth.2009.04.006
- Linville, D., & Lyness, A. P. (2007). Twenty American families' stories of adaptation: Adoption of children from Russian and Romanian institutions. *Journal of Marital and Family Therapy*, *33* (1), 77-93. doi: 10.1177/ 1066480709347357
- Luckock, B., & Hart, A. (2005). Adoptive family life and adoption support: policy ambivalence and the development of effective services. *Child and Family Social Work*, *10*, 125-134. doi:10.1111/j.1365-2206.2005.00358.x.

- McKay, K., & Ross, L. E. (2010). Current practices and barriers to the provision of post-placement support: A pilot study from Toronto, Ontario, Canada. *British Journal of Social Work, 41*, 57-73. doi: 10.1093/bjsw/bcq023
- Monette, D., Sullivan, T., & DeJong, C. (2011). *Applied Social Research: A Tool for the Human Services*. Belmont, California: Brooks/Cole Cengage Learning.
- Price, K. (2005). Best interest of a child: An introduction to international adoptions. *Journal of the North American Association of Christians in Social Work, 32* (3), 248-262.
- Reilly, T., & Platz, L. (2004). Post-adoption service needs of families with special needs children: Use, helpfulness, and unmet needs. *Journal of Social Service Research, 30* (4), 51- 66. doi:10.1300/J079v30n04\_03
- Rushton, A. (2004). A scoping and scanning review of research on the adoption of children placed from foster care. *Clinical Child Psychology & Psychiatry, 9* (1), 89-106. doi: 10.1177/1359104504039768
- Sar, B. K. (2000). Preparation for adoptive parenthood with a special-needs child: Role of agency preparation tasks. *Adoption Quarterly, 3* (4), 63- 78. doi:10.1300/J145v03n04\_05
- Senescky, Y., Agassi, H., Inbar, D., Horesh, N., Diamond, G., Bergman, Y. S., & Apter, A. Post-adoption depression among adoptive mothers. *Journal of Affective Disorders, 115*, 62-68. doi:10.1016/j.jad.2008.09.002
- Tarren-Sweeney, M. (2008). The mental health of children in out-of-home care. *Current Opinions in Psychiatry, 21*, 345-349.

Tarren-Sweeney, M. (2010). It's time to re-think mental health services for children in care, and those adopted from care. *Clinical Child Psychology and Psychiatry*, 15 (4), 613-626. doi:10.1177/1359104510377702.

U.S. Department of Health and Human Services. Adoption statistics. Retrieved from [www.childwelfare.gov](http://www.childwelfare.gov)

Vandivere, S., & McKlindon, A. (2010). The well-being of U.S. children adopted from foster care, privately from the United States and internationally. *Adoption Quarterly*, 13, 157-184. doi: 10.1080/10926755.2010.524871

Wegar, K. (2000). Adoption, family ideology, and social stigma: Bias in community attitudes, adoption research, and practice. *Family Relations*, 49 (4), 363- 360. doi: 10.1111/j.1741-3729.2000.00363.x.

**Appendix A: Telephone Script**

Hello. My name is Elise Reding and I'm a graduate student at St. Catherine University/ University of St. Thomas getting my masters in social work. This year I am conducting a research project regarding adoption disruption. I'm focusing on the definition of adoption disruption, role of social workers in the adoption disruption process, what services are available and what service improvements are needed. I'm calling you to ask if there would be any social workers at your agency willing to participate in an interview around January or February?

Thank you for taking the time to discuss my research project and for providing me with email addresses of potential participants.

### **Appendix B: Letter of Cooperation for Research Project**

Institutional Review Board  
 St. Catherine University  
 St. Paul Campus  
 2004 Randolph Avenue  
 St. Paul, MN. 55105

**RE: Exploratory evaluation of the role of social workers during adoption disruption and service improvements needed.**

**Lead Investigator:** Elise Reding  
 Graduate Student  
 St. Catherine University and the University of St. Thomas  
 School of Social Work; Joint Program

Dr. Catherine Marrs Fuchsel, PhD., LICSW  
 Assistant Professor  
 St. Catherine University and the University of St. Thomas  
 School of Social Work; Joint Program

To whom it may concern:

We have agreed to assist Elise Reding with her research project by allowing her to interview social workers working at our agency. Elise Reding's research project will be centered around identifying the role social workers play in the process of adoption disruption and what service improvements are needed. We will allow Elise Reding to email all social workers at our agency to recruit social workers. Elise Reding will make it clear to potential participants that their participation will include a face to face interview that will be audio recorded. Elise Reding and her advisor, Catherine Marrs Fuchsel will be the only people with access to the audio tapes and upon completion of the research project the audio tapes will be destroyed. Elise Reding will also make it clear to potential participants that they are free to refuse to participate in the research project. If you have any questions please feel free to contact me at [xxxxx.xxxxxx@gmail.com](mailto:xxxxx.xxxxxx@gmail.com) or by phone, xxx.xxx.xxxx.

**Sincerely,**

\_\_\_\_\_  
 Signature and Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

### **Appendix C: Email to potential participants**

Hello. My name is Elise Reding. I am currently getting my masters in social work through St. Catherine University and University of St. Thomas. I am conducting a research project about adoption disruption under the supervision of Catherine Marrs Fuchsel, PhD, LICSW . I'm focusing on the definition of adoption disruption, the role of social workers in the adoption disruption process, services available and service improvements needed.

For my research project I am interested in interviewing adoption social workers. I received your email address from your supervisor, who has given me permission to interview social workers through your agency. The interview would be in person, consists of nine questions and would take 60 minutes to complete. The interview will be audio taped. The interview would take place in January or February. The interview can be scheduled at your convenience and can occur at your adoption agency. If you chose to participate in the study you will be asked to sign a consent form before beginning the interview.

Any information obtained during the interview will be kept confidential. I will be the only person with access to notes and the audio tape, which will be kept in a secure location at my residence.

Minimal risk are associated with participating in this study. In case of emotional discomfort occurring during or after the interview I will provide a list of resources for you to contact.

This is a voluntary study and you may chose to stop participating at any time. If you chose not to participate it will not affect your relationship with St. Catherine University or University of St. Thomas.

If you have any questions or concerns please contact me through email or I can be reached at xxx.xxx.xxxx. If you are interested in participating please contact me through email, xxxxx.xxxxxx@gmail.com.

Thank you

Elise Reding

### **Appendix D: Initial Call**

Hello, thank you for taking the time to call me. I'm Elise and I am the one who will be conducting the interview for my research. I am conducting this research about adoption disruption because it is a subject that needs further research in order to allow providers working with this population to be as informed as possible and best serve clients. The research questions for this study include: What role do social workers have in the adoption disruption process and what service improvements are needed? How is adoption disruption defined? Do you have any additional questions about the study or interview? Can we schedule a time we can meet and conduct the interview? I can work around your schedule so let me know what day and time work best for you, along with a place you feel most comfortable meeting. That works for me so our interview is scheduled for \_\_\_\_\_ at \_\_\_\_\_. Thank you for your time and I look forward to meeting you.



**Appendix E:**  
**Exploratory Evaluation of the Role of Social Workers During Adoption Disruption**  
**INFORMATION AND CONSENT FORM**

**Introduction:**

You are invited to participate in a research study investigating adoption disruption. This study is being conducted by Elise Reding, a graduate student at St. Catherine University and the University of St. Thomas under the supervision of Catherine Marrs Fuchsel, a faculty member in the School of Social Work. You were selected as a possible participant in this research because you are a social worker currently working in an adoption agency in Minnesota. Please read this form and ask questions before you agree to be in the study.

**Background Information:**

The purpose of this study is to research the social worker role with adoption disruption, along with services available and improvements in services needed. Approximately eight people are expected to participate in this research.

**Procedures:**

If you decide to participate, you will be asked to sign this consent form and participate in an interview. This study will take approximately 60 minutes.

**Risks and Benefits of being in the study:**

The study has minimal risks. Emotional discomfort is a possibility since the participants will be asked questions about adoption disruption. Participants will have the option of discontinuing with the research project at any time.

There are no direct benefits to you for participating in this research.

**Confidentiality:**

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.

I will keep the research results in a secure location at my residence and only I or my advisor will have access to the records while I work on this project. I will finish analyzing the data by May 2013. I will then destroy all original reports and identifying information that can be linked back to you. I will be audio taping the interview and the audio tape will be kept in a secure location at my residence. Myself and my advisor Catherine Marrs Fuchsel will be the only people to have access to the audio tapes and they will be destroyed in May 2013.

**Voluntary nature of the study:**

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with your adoption agency or St. Catherine University and University of St. Thomas in any way. If you decide to participate, you are free to stop participating at any time without affecting these relationships.

**New Information:**

If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings.

**Contacts and questions:**

If you have any questions, please feel free to contact me, Elise Reding at xxx.xxx.xxxx. You may ask questions now, or if you have any additional questions later, the faculty advisor, Catherine Marrs Fuchsel, Ph.D., LICSW, 651.690.6146 will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

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I consent to participate in the study and to be audio taped.

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Signature of Participant

Date

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Signature of Researcher

Date

## **Appendix F: Resources**

### **Crisis Connection**

Minnesota Crisis Line 612.379.6363

Toll Free MN 1.866.379.6363

[www.crisis.org](http://www.crisis.org)

### **Pathways Psychological Services Pa**

Minneapolis, MN

763.273.8650

[www.pathwayspsych.com](http://www.pathwayspsych.com)

### **Fairview Counseling Center**

Minneapolis, MN

612.672.6999

<http://www.fairview.org/Services/BehavioralHealth/CounselingCenters/index.htm>

### **Walk-In Counseling Center**

Minneapolis, MN

612.870.0565

[www.walkin.org](http://www.walkin.org)

### **Appendix G: Interview Questions**

1. When you hear the term adoption disruption, what does it mean to you?
  - A. How does your agency define adoption disruption?
2. What services does your agency provide to families who are adopting?
3. Please describe what you understand to be common risk factors for adoption disruption in terms of the bio-psycho-social model?
4. Please describe protective factors against disruption?
5. Please describe your experiences in working with adoption disruption?
  - A. Examples of specific cases you have worked with?
  - B. Struggles faced by social workers working with disruption?
6. Once disruption has been mentioned by a family, how might you respond?
7. Please describe ways in which you think adoption disruptions could be reduced?
8. Please describe barriers for effective services faced by families who have adopted?
9. Would you like to share any other thoughts?

#### Demographic Questions

1. Gender?
2. Age?
3. How many years have you been working in an adoption agency?