Factors That Impact Parent-Child Closeness in Special Needs Adoptions

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MSW Clinical Research Paper

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 their findings. This project is neither a Master’s thesis nor a dissertation.

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Abstract

This study set out to determine if adoptive parents with biological children would report a lower degree of closeness with their adoptive child with special needs than adoptive parents without biological children. A review of the literature showed that multiple factors impact the rates of adoption disruption and parental satisfaction, including; stress, externalizing behaviors exhibited by the child, family structure and levels of pre and post-adoption support provided to parents and families. One hundred and twelve adoptive parents responded by completing an online survey. Levels of closeness between the adoptive parent and their adoptive child were measured using a five point Likert scale. Information on the type and frequency of externalizing behaviors, parental satisfaction with their adoption agency and types and frequency of post-adoption support was also gathered. The results showed that adoptive parents with biological children rated their degree of closeness with their adoptive child lower than adoptive parents without biological children. Given the steady increase in domestic special needs adoptions, further research that looks more deeply at the differences between adoptive parents with biological children and those without would benefit the social work community and the families that they serve.

Keywords: adoption, attachment, parenting, special needs
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Introducing children through adoption into an established family structure has the potential to significantly alter both the dynamics and relationships within the family system. The stress placed on families through the process of adoption can have life altering consequences for each member of the family. During 2010, 52,891 US children were adopted from within the foster care system (United States Children’s Bureau, 2011). Children adopted from the foster care system have complex histories that may include abuse, neglect, disrupted attachments and prenatal exposure to drugs and alcohol (Houston & Kramer, 2008). For the purpose of this study, “special needs” refers to any child that has been placed outside of the home prior to adoption. Many parents coming forward to adopt special needs children already have biological children living in the home.

A review of the literature showed that many individuals and couples adopting children with special needs also have biological children living in the home. As early as 1973 over half of women who adopted a child had already given birth to a child (Ternay & Wilborn, 2001). Parent recruitment activities by adoption agencies and county adoption departments are increasingly targeting experienced parents for special needs adoption. Social workers play a critical role in the preparation and ongoing support of adoptive families (personal interview). As a result it is imperative that social workers have a working knowledge of the factors that can impede the success of adoptive placements.

In a study of 161 adoptive families conducted by researchers from the School of Social Work at The University of Texas the mean number of biological children in the
home was 1.3 (United States Department of Health and Human Services, 2007).

Rosenthal, Groze, and Curiel (1990) cited a five state study that estimated the disruption rate of special needs adoptions to be 13%. The cost of adoption disruption can take an emotional toll on parents, the adopted child and biological children already living in the home. In a study of similarities and differences among adoptive and biological parents, Levy-Shiff, Goldschmidt, and Har-Evan (1991) found that problems with adjustment to parenthood occurred when a mother’s expectations did not match her experiences. It is possible that the experience of parenting biological children may shape the expectations of adoptive parents in such a way that they find themselves unprepared for the challenges that present themselves following the adoption of a special needs child. The expectation of parents may include an emotional connection to the adopted child that is similar to their relationship with their biological child. There are many factors that impact how parents form relationships with their biological children, specifically the process of bonding and attachment.

The early post-natal period has been found to be critically important for the bonding of mother and child (Ward, 1981). Ward describes the bonding process in the following way:

Immediate contact including putting the baby to her breast and extended periods spent together during the next few days appear to increase the mothers attachment as measured by the length of time the baby is breast fed, levels of positive interaction between mother and child and incidence of abuse and neglect. (p. 181)
It is possible that parents of biological children may discount the significance of the early attachment process thereby forming the expectation that they will quickly form a similar attachment to their adopted child. The frame of reference for the parents is the connection that they feel with their biological child. The absence of an immediate bond with the adopted child may begin to stir feelings of dissatisfaction on the part of the adoptive parent. Parents may also experience discomfort when engaging in physical contact such as hugging and kissing with their newly adopted child. Parents may even take a strong disliking to their child (Hoffman-Riem, 1986). All of the above factors can cause additional stress on the parent-child relationship.

Though there is a rich amount of literature regarding the factors that contribute to adoption disruption and dissatisfaction on the part of adoptive parents, there is a lack of literature studying the impact of previous parenting of biological children on the adoptive child-parent dyad. In studying this issue this researcher set out to test the hypothesis that parents of biological children would rate their level of emotional connection to their adopted children lower than adoptive parents without biological children. The results of this study could help to shape the practices used by social workers to prepare potential adoptive parents that have biological children.

This study will use a quantitative survey to measure parental perceptions of closeness to their adopted children in family structures that include adoptive only and both adoptive and biological children (mixed).
Literature Review

In response to concerns regarding the growing number of children in foster care, Congress passed The Adoption and Safe families Act of 1997. This legislation requires child welfare agencies to develop permanency plans for children in foster care within a specified time frame (U.S. Department of Health and Human Services, 2007). As a result of this act, adoptions from foster care rose from 31,000 in 1997 to 51,000 in 2005, placing increased pressure on the social workers and agencies responsible for the recruitment and preparation of adoptive parents (Center for Adoption Research, 2006).

Beginning in the 1960s and 1970s increasing numbers of married couples were coming forward to adopt children for reasons other than infertility. This generation of adoptive parents was generally of middle to upper middle class backgrounds and seemingly motivated by external forces such as a desire to use their financial resources to positively affect the life of a child (Feigelman & Silverman, 1983). These couples were the most likely to adopt children with special needs including physical and mental disabilities (Center for Adoption Research, 2006). Around the same time, adoption agencies began to widen their criteria for prospective adoptive parents to include single adults. Other restrictions such as income requirements, home ownership and gender that may have kept potential parents from seeking to adopt were also loosened thereby increasing the pool of potential parents (Center for Adoption Research, 2006).

Given the prevalence of special needs adoptions it is necessary to examine the factors that impact the success of these adoptions. Much of the adoption literature uses the incidence of adoption disruption as the barometer by which outcome is judged. For
the purpose of this research study, disruption is defined as the removal of the child from the pre-adoptive home prior to legal finalization. Though the majority of adoptions do not result in disruption, the literature reveals that many of those adoptions proceed with great difficulty.

For an adoption that continues, there are many factors that may impact the parent-child relationship thereby affecting the emotional health and adaptive functioning of the family unit. A review of adoption literature revealed parental stress, family structure, child characteristics, post-adoption support and characteristics of the parents as factors that impacted the parent-child relationship and ultimately the health of the adoptive family.

**The Impact of Stress**

The findings of Libscombe, Moyers, and Farmer (2004) in their work with foster parents found that parenting ability is greatly reduced when parents found themselves under considerable stress. Their study showed that parents experiencing strain showed a decrease liking of the child and increased “disciplinary indulgence” (p. 355) as manifested by an inability to provide consistent appropriate limits. In addition, those parents experiencing increased strain showed a change in their level of aggression towards the child in their care in the form of increased aggression or withdrawing behaviors. From their study of psychological stress in adoptive parents of children with special needs, McGlone, Santos, Kazama, Fong, and Mueller (2002) found that all of the parents reported some type of stress. Stress was found to play a role in parent-child interactions, child behavior, family cohesion and adjustment to the adoption and adoption
services components. In speculating that increased stress may be a risk for disruption it is helpful to look at factors that may contribute to the stress experienced by adoptive parents.

**Expectations of Parent-Child Bond**

There are many sources that contribute to parental stress; however, adoption presents a unique set of circumstances. Multiple factors impact an adoptive parent’s ability to form close bonds with their child including life histories of the parent and child, social supports, characteristics of the child and opportunities for positive interactions with the child (Ward, 1981). “Data suggest that the period following the child’s transition from out of home care to an adoptive placement can be a particularly vulnerable time for the families” (McCarty, Waterman, Burge & Edelstein, 2009, p. 572). Katz (1986) summarizes the initial feelings that the adoptive parent may experience. “Immediately upon meeting the child parents often have difficulty finding any sameness to take pleasure in, any family characteristics as the child looks, sounds and even smells like a stranger. Despite an intellectual knowledge that this will be so, its reality often has more impact than the parents ever expected” (p. 572). This unmatched expectation can overwhelm parents putting further stress on the parent-child relationship.

In a post-placement study of families McCarty et al. (1999) found the following; 36% of parents scored in the clinical range of the attachment scale which indicated difficulty feeling a sense of attachment to their child or understanding the child’s feelings and needs. Difficulties experiencing the child in a positive way were also reported by parents. In a study of 161 families who had finalized an adoption 2% rated their adoption
as unsuccessful citing difficulties with attachment (United States Department of Health and Human Services, 2007). Ward (1981) maintains that the attachment process is not dependent solely on biological factors. In the cases of children whose biological parents failed to nurture a healthy attachment, adoptive parents can compensate.

From a qualitative study of eleven adoptive families, Clark, Thigpen, and Yates (2006) found that the parents behaviors mirrored bio attachment processes including nesting, seeking physical similarities between parent and child, experiencing feelings of protectiveness and meeting the child’s needs in the form of providing for comfort, sustenance and safety. “Many of the families described a recursive process whereby experiencing a connection to the child and perceiving a reciprocal connection of the child appeared to be integral to the integration of the child into the family” (Clark, et al, 2006, p. 190). In a longitudinal study of adoptive placements Dance and Rushton (2005) found a positive correlation between the parents’ perception that the child was attaching to them and increased parental rewards. However, lack of indicators of attachment to the mother after one year in placement was found to be a predictor of disruption. There are a host of factors that may interfere with the process of forming an emotional connection between the parent and adopted child, thereby placing added stress on the adoptive parent.

**Child Behavior**

The literature consistently shows that externalizing behaviors exhibited by the child has a negative impact on the parent-child relationship. During the course of interviews with 25 sets of adoptive parents, McGlone et al. (2002) found that the following externalizing behaviors were reported by parents to negatively contribute to
parental stress levels; lying, stealing, physical/verbal aggression, tantrums, hyperactivity, and inattention. In addition, increased ratings on the child behavioral checklist were significantly correlated with the parent-child dysfunctional interaction subscale which measures perceptions regarding the child’s meeting of parental expectations. This finding reinforces that the child’s behavior has a direct negative effect on their relationship with the parent.

In a similar study, parents of both adopted and biological children reported more negative feelings and fewer positive feelings toward their adopted child than toward their biological child (Glover, 2010). Parents also reported higher levels of externalizing behavior exhibited by their adopted child compared to their biological child thus showing a significant correlation between externalizing behaviors and increased parental negative feelings. In a study of families receiving post-adoption services, Atkinson and Gomet (2007) report that 60% of adoptive families cited behavioral problems as the reason for seeking services. Of those families, 54% of their adopted children carried one or more of the following serious diagnoses; Attention Deficit Hyperactivity Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Bi-Polar Disorder and Fetal Alcohol Spectrum Disorder. Dance and Rushton (2005) found high levels of behavioral and over activity problems continuing after one year of placement to be a predictor of disruption. Of 161 respondents in the University of Texas study that completed the Parenting Stress Index, 58% indicated that the child did not give reinforcement to the parent and 64% indicated that the parent was not accepting of the child (United States Department of Health and Human Services, 2007).
The findings of Clark et al. (2006) dispute the impact of behavioral factors alone on disruption. “Children’s actual functioning may have less impact on successful adoption outcomes than parental perceptions of behaviors” (Clark et al., 2006, p. 191). The findings were consistent with other studies in that they showed that for those families that develop a process for managing behaviors, the behaviors taken independently do not present a significant risk for disruption, and in fact were shown to significantly diminish within one year of placement. The characteristics that enable these parents to reframe their child’s behavior in a way that allows them to respond to the emotional needs of their child may serve to decrease parental stress, thereby contributing to the enhancement of the relationship between parent and child. Pre-adoptive counseling may be helpful in shaping parental expectations thereby decreasing stress. In a study of families who adopted children with special needs, Reilly and Platz (2003) found that realistic expectations correlated with increased satisfaction with the adoptive placement. “The more appropriate parents’ expectations for their child the more positive impact on their relationship with their children, their families and their marriages were reported” (p. 797). According to the literature parental characteristics play a role in both the formulation of parental expectations and the overall success of the adoptive placement. Some characteristics are of particular interest.

**Parental Characteristics**

**Race and Social Class**

Rosenthal et al. (1990) found that higher educational attainment and increased socioeconomic status were associated with lower levels of satisfaction among white
parents. The inverse was found to be true among minority parents. Behavioral problems exhibited by adopted children were seen as less problematic among minority families. “These families may be more child oriented and less consumed with accomplishment in career” (p. 538).

In their study of families who adopted children with special needs, Reilly and Platz (2003) found that lower socioeconomic status led to better adoption outcomes. Similarly, Houston and Kramer (2008) assert that previous data suggest mothers with more education are more likely to see their adoptions disrupt. They concluded that the educational expectations may be more rigorous. In families in which the primary parent worked outside of the home there was a decreased likelihood of permanence at six months post-adoption. The findings from a study described below mirror the above findings.

Using a telephone survey, Hollingsworth (2003) asked the following question to 916 adult respondents: “Once parents have adopted a child, should they be permitted to change their minds if the child develops severe behavior problems, or should they be required to keep the child” (p.162)? Fifty-eight percent of respondents stated that the parents should be required to keep the child. Twenty-three percent of respondents stated that the parents should be permitted to change their minds. And 12% of respondents answered “it depends.” Significant associations were found between respondents attitudes toward adoption disruption and education. Thirty-five percent of respondents with some college compared to 25% of respondents with a high school education or less stated that the parents should be permitted to return the child. The results of this study seem to support the theory put forth by Houston and Kramer (2008) that educational
expectations among this group may be more rigorous, thereby increasing the likelihood of parental dissatisfaction. Results also showed that 35% of respondents aged 30-44 stated that parents should be permitted to change their minds compared to 21% of respondents aged 18-29. The author suggests that the older age group is more likely to have parented a child giving them a greater understanding of the challenges faced by parents. If the experience of parenting children impacts attitudes about disruption, it isn’t out of reach to assume that this is the case in families with both adopted and biological children.

**Family Structure**

The structure of adoptive families is becoming more diverse. Families are led by heterosexual and same sex couples, single males and single females. The US 2000 census indicated that 78% of adopted children live with married parents, 17% are parented by unmarried females with 10% of households including an unmarried partner, 5% live with an unmarried male parent with 1/3 of these households including an unmarried partner. (AFSCAR) There are families comprised of adopted only children and those which include adoptive and biological children (mixed). This researcher’s review of the literature focused primarily on studies that included mixed families with particular attention to the impact of the adoptive placement on family functioning.

The introduction of an adopted child into a family significantly alters the dynamics of its members. Outcome statistics related to the presence and numbers of biological children in the home are confusing at best. In a longitudinal study of family structure on adoption outcome, Barth and Brooks (1997) found that a single child
adopted into a family with one other birth child has a 5.26% greater likelihood of problems than a single child adopted into a family without birth children. In cases where adopted children were 0-5 years of age parental feelings of closeness to their adopted child declined significantly when households went from zero to one biological child. The authors conclude that adoptions are less successful when adopted and biological children are present in one family. Dance and Rushton (2005) found that child-free status predicted better outcomes. In contrast, Ternay, Wilborn and Day (2001) found that adopted children in a mixed family scored higher on personal adjustment scales than adopted children in an adopted only family. In cases when a birth child was less than two years younger than a foster child, the placement was likely to continue. In these cases the birth child acted as a “protective factor” (Libscome et al., 2004)

In a study that looked at the impact of a special needs child on biological, adoptive and mixed families, Asbury, Cross, and Waggenspack (2003) found that a significant negative relationship between special needs and parental satisfaction is the strongest for the mixed family type. Though mixed families may contain more children thereby contributing to the stress on the mother, the number of children alone did not predict parental satisfaction. There was no significant relationship between special needs and the biological parents. In an effort to explain this phenomenon the authors suggested the presence of a “biological bias” (p. 66) whereby the biological parent feels more empathy towards their special needs child due to the level of relatedness within the parent-child dyad. On the other hand an adoptive parent may tend to over emphasize the difficulties related to their special needs child contributing to a higher level of
dissatisfaction for this family type. It is possible that the phenomenon of biological bias may also influence parents’ perception of sibling relationships within a mixed family.

McGlone et al. (2002) found that parents reported stress related to the overall adjustment of the family including difficulty with cohesion. Parents cited issues with the biological children and the adopted children in the form of teasing, sibling rivalry and angry responses from the biological children to the adoptive child’s behavior. Findings of Libscomb et al. (2004) parallel this finding. Foster parents expressed difficulty in managing the negative impact of the foster child’s behavior on children already living within the home. When faced with this situation, foster parents were likely to show decreased warmth and commitment to the foster child, thereby leading to poorer placement outcomes.

In describing a model of preparation of birth children prior to the placement of an adoptive sibling, Mullin (1999) identifies the vulnerability of adoptive placements in situations where “adoptive parents feel threatened, insecure and ambivalent about their decision to adopt” (p. 581). In the cases where biological children express strong reactions to the adoptive child, parents may be vulnerable to feeling as though they have sacrificed the well-being of the children who came first. These feelings could potentially impact the parent’s decision to finalize the adoption. Mullin’s model for preparing siblings prior to an adoption is an example of the type of support that the literature shows positively impacts adoption outcomes.
Support

Dance and Rushton (2005) refer to adoption as a “life-time journey” (p. 279) for which an accessible supply of “adoption aware” professionals is needed. Among the adoptive parents in the study, one quarter of continuing placements were experiencing difficulties at the child’s point of adolescence. Libscombe et al. (2004) found that support in the form of regular and reliable contact with a child’s social worker was shown to mitigate the level of parental stress. In a study of post-adoption services by Atkinson and Gomet, (2007) parents most often cited support as being the most beneficial aspect of post-adoption services. Of the parents that received assistance from the agency, 60% noted moderate or substantial progress in addressing issues related to their adoption situation.

Houston and Kramer (2008) assert that the support received by families of children with special needs in an important factor in the attainment of permanency. “It was stunning to find that support from adoption agency personnel predicted family outcomes three years later” (p. 159). They found that parents who rated their pre-adoption supports as helpful also reported decreased levels of post-adoption family conflict. Respondents were more likely to proceed with adoption finalization if they reported high levels of adoption agency support prior to placement. Reilly and Platz (2003) found that satisfaction with the preparation process provided by their adoption agency was seen as one of the most critical predictors of satisfaction among adoptive parents.
Formal post-adoption support addressing behavior and parent issues was found by Berry et al. (2006) to positively impact adoption outcomes. A greater desire to adopt again was positively correlated with satisfaction of post-adoption agency support. In addition to formal agency support, adoptive parents sought support from friends, family members and faith communities. Parents who rated the support from their spouse, family and friends as more helpful also reported greater life satisfaction (Houston & Kramer, 2008). Levy-Shiff et al. (1991) found social support to be an important predictor of family adjustment following adoption.

A review of the literature offered several factors that may impact the rate of adoption disruption or contribute to ongoing difficulties in adoptions that continue past finalization. These include parental stress related to difficulty with feeling an attachment to the child, externalizing behaviors exhibited by the child, family structure specifically the stresses placed on the family unit by the addition of an adoptive child and parental expectations influenced by race and social class and poor preparation for adoption. The literature also revealed interventions that can serve to mitigate the negative impact of the above factors including pre and post-adoption support and reframing parental expectations.

Though several studies cited above include the variable of biological children briefly within the findings, absent from the literature are studies that directly examine the relationship between the emotional experience of parenting biological children and its effects on an adoptive parent’s ability to perceive a strong bond with their adoptive child.
Conceptual Framework.

The methods used to study the parent-child relationship were based on ecological theory using a risk and resilience model. Attachment theory will also inform the choice of methodology and will be the lens through which data is examined. Knowledge of attachment theory is critical to understanding the parent-child relationship.

Attachment Theory

Attachment theory within an ecological systems framework holds that “attachment is bidirectional and involves characteristics of both parents and children” (Schweiger & O’Brien, 2005 p. 514). “Attachment is built on stable, reliable, consistent, safe, secure, comfortable, valuing, joyous and loving care” (van Gulden & Vick, 2005, p. 9). The cycle that builds secure attachment begins when an infant is in a state of relaxation. As the infant awakens and senses a need the infant enters a state of arousal and begins to cry. When the caregiver responds to the need of the infant by offering sustenance and comfort, the infant returns to a state of relaxation. The arousal/relaxation cycle is repeated hundreds of times beginning in infancy. (van Gulden & Vick, 2005).

“The strength of attachment is built on the parent’s ability to consistently meet the needs of the child with comfort and warmth and the child’s ability to receive the parent’s offerings” (van Gulden & Vick, 2005, p. 10). A parent’s anger or frustration related to their child’s behavior can interfere with both the parent’s ability and their desire to connect with their child. A child that rejects the parent’s attempts at attachment, or exhibits behavior that interferes with the parent’s desire to connect, will place the relationship at risk. A parent’s own inability to relax will undermine their effectiveness in
bringing their child from a state of arousal to one of relaxation (van Gulden & Vick, 2005). The assessment of risk factors that may interfere with an adoptive parent’s ability to form a connection to their child is an important component that should inform the process of screening potential adoptive parents.

Based on attachment theory, Walker (2008) identifies strengths needed by adoptive parents to foster a connection with their child. Parents should have the ability to manage a wide range of feelings. Children without secure attachments often present with emotional dysregulation. To effectively assist children in moving from dysregulation to relaxation, parents must be able to regulate their own emotions. Contributing to the inability to regulate emotions may be the parents’ own unresolved issues related to loss or trauma. In these cases, parents must have the reflective skills that will allow them to identify the source of their reactions to their child and modulate their response accordingly. Those same reflective skills must be continuously used to interpret the root of the child’s behavior so that the parent can respond appropriately. Studies show that individual temperament serves as either a risk or a protective factor in adoption. (Corcoran & Nichols-Casebolt, 2004)

Those adoptive children who were deprived of positive parenting have varying degrees of impairment in their ability to self-regulate. Their past experience with abuse or neglect may negatively impact their ability to trust that their adoptive parents are going to provide for their needs within a safe and nurturing relationship (van Gulden & Vick, 2005). Children with attachment issues may react with anger towards their parents’ attempts to engage emotionally with them. Dr. Anne Garity, licensed therapist and clinical consultant, offers an explanation for this phenomenon, “They love you one day,
and then the next day they lose the reliability of your function. They don’t lose you, but lose their trust that this relationship will keep functioning” (interview excerpt, Minnesota Department of Human Services, 2010). Dr. Garity cautions parents to resist their intuitive response to pull away from their child when the child’s behavior is difficult. Failure of the parent to respond counter intuitively in the face of this behavior can place the parent-child relationship at risk.

**Ecological Theory**

“In social work practice, applying an ecological approach can be best understood as looking at persons, families, cultures, communities and policies and to identify and intervene upon strengths and weaknesses in the transactional process between these systems” (unknown). Adoption viewed through the lens of ecological theory emphasizes the importance of a match between parental expectations and the characteristics of the child (Schweiger & O’Brien, 2005; Walker, 2008). The child that arrives in the flesh may not be what the parent imagined or wanted. A risk to the parent child relationship may develop if parents assign a role to their adopted child such as big brother, good student or healer of infertility wounds (Schweiger & O’Brien, 2005). The inability of the child to live up to the parents’ expectations can impair the connection between parent and child. “Central to ecological theory is that other relationships within the family such as between siblings and between husband and wife are important to children’s development” (Schweiger & O’Brien, p. 515). Gathering data from respondents related to family structure and the presence of conflict outside of the parent-child relationship will be important in ascertaining the impact of family dynamics on the parent-child
connection. Dysfunction within these relationships may prompt the adoptive family to seek support from outside resources.

As the literature revealed, pre and post-adoption support has the ability to impact parental expectations for their adoption experience and their adoptive child, their decision to move forward with the finalization of an adoption and overall satisfaction with the process and outcome of the adoption. Support can thus be viewed as either a risk or resilience factor. The survey will include questions designed to examine the adoptive parent’s perception of the availability of pre and post-adoption support, the quality of the support and the parent’s ability to access the support as factors that may impact the quality of the parent-child connection.

Macro factors have the potential to influence the adoptive experience as well. A couple’s assessment of their family may be influenced by a societal narrative that suggests that adoptive parenting is second best or just good enough. As couples struggle to build a connection with their adopted child they may use society’s view of what constitutes a family as the yardstick by which they measure the legitimacy of their parenting experience (Costa and Rosselli-Ferreira, 2009).

As cited earlier in the study by Hollingsworth, (2003) society places a high degree of pressure on adoptive parents to succeed. In a paper exploring the reasons for silence on the part of mental health professionals regarding the problems experienced within adoptive families, Henderson refers to the “feel good” (p. 405) model of adoption that is presented to society as a win-win situation. “Acknowledging problems with the adoption process may be seen as an admission of failure”(Henderson, p. 405). The author goes on
to suggest that “professional pride” (p. 405) on the part of social workers responsible for the preparation of adoptive parents may impact the worker’s ability to acknowledge problems within adoptive families. Despite the views of society, the reality is that for some adoptive families a “happily ever after” ending is out of their reach.

Studying the relationship between adoptive parent and child cannot be undertaken without a strong command of attachment theory. Individual characteristics of both the parent and child can contribute to or detract from a close connection between adoptive parent and child. Relational behaviors demonstrated by the parent and child will be measured by using a Likert scale. Questions on the scale will be formulated with attachment theory in mind. The realization that adoptive families do not operate in a vacuum necessitates a closer look at factors outside of the immediate family that may impact the parent-child relationship. An ecological framework guides this examination. Identifying factors of risk and resilience within the micro, meso and macro systems, within which the family operates, will be a goal that guides this researcher’s methodology.

Methodology

Design

The study set out to answer the following question: Will adoptive parents of biological children rate their level of closeness to their adopted children lower than adoptive parents without biological children? This researcher’s hypothesis was that a statistically significant number of biological parents would rate their level of closeness to their adopted child lower than adoptive parents without biological children. In order to test the hypothesis this researcher employed a mixed method of data collection by using a
survey (See appendix A) that culminated with an open ended question designed to identify parents’ perceptions of the primary factor that contributed to or detracted from their connection to their adopted child. The mixed method design allowed for a quantitative analysis of causal factors while also capturing some of the emotions expressed by respondents by allowing respondents to freely express their opinions regarding the factors that contributed to or detracted from the level of closeness with their child.

**Sampling**

Parents, who had legally finalized the adoption of a child with special needs as defined earlier in this proposal, and were still actively parenting that child were eligible to participate in the study.

**Recruitment of Sample and Data Collection**

This researcher utilized both word of mouth and social media to recruit respondents. Invitations to participate were posted on social networking sites geared towards adoptive parents and those persons affected by fetal alcohol syndrome, including an agency sponsored family forum, an agency’s Facebook page, and two Yahoo groups. An invitation was also posted on the researcher’s personal Facebook page. Participants were invited to follow a link to the Qualtrics website to access the survey.

**Protection of Human Subjects**

The online survey included a consent form that identified the author of the study, the educational institution that this researcher is affiliated with, the purpose of the study, this researcher and committee chair’s phone contact information and the risks and benefits resulting from participation in the study (See Appendix B). Those receiving the
survey had the choice to either decline to participate or withdraw from participation at any point during completion of the survey. Partially completed surveys were excluded from data analysis. The respondent’s consent to participate was implied through their completion of the survey.

This researcher acknowledged the sensitive nature of the survey questions and believed that for some respondents the process of completing the survey would elicit strong emotions regarding their adoption experience. In an effort to minimize the chance for harm to respondents, the consent form included contact information for the North American Council on Adoptable Children (NACAC), a national organization that promotes and supports adoptive families. Respondents were invited to contact NACAC to obtain information on adoption support services in the area in which they lived.

Instrument

The first portion of the survey captured demographic information from the individual respondents. Respondents were asked to provide information related to their gender, age, marital status, income, race and level of education. Questions related to family structure included the number of children in the home and if their status is adoptive or biological. Parents’ perception of closeness to their adopted child was measured using a five point Likert scale developed by this researcher with (1) representing a response of strongly disagree and (5) representing a response of strongly agree. The scale included five items keyed in a positive direction and six items keyed in a negative direction. Responses were summed to a single score for the purpose of data analysis. A similar Likert scale developed by this researcher was used to measure the type and frequency of externalizing behaviors exhibited by the adopted child. The survey
measured the degree of the respondents’ satisfaction with their agency and adoption process with a list of five questions for which they responded “Agree,” Neither Agree or Disagree” or “Disagree.” An additional five questions measured the types and frequency of adoption support received by the respondent, including: attendance at adoption support groups, attendance at educational workshops related to adoption, contact with other adoptive parents, participation in family, individual or couples counseling, and support from family and friends. Respondents ranked the frequency of each item ranging from “Never” to “Daily.”

Analysis

This researcher used descriptive statistics to identify the sample including the similarities and differences among respondents. The data was then analyzed to identify relationships between the dependent variable, parental closeness to their adopted child, and independent variables including, type and frequency of externalizing behaviors exhibited by the child, type and frequency of adoption support received by the respondent and, most importantly, whether or not the respondent was the parent of a biological child. These variables were analyzed through the use of Pearson correlations and two sample t-tests.

Limitations of the Method

Studies of attachment in older child adoptions rely on parental reports versus observation of the interactions between parent and child. Schwieger and O’Brien (2005) assert that parental attitudes toward the child may influence the data in such a way as to limit its reliability. This researcher acknowledged that a quantitative method of data collection made it more difficult to ascertain parental attitudes and their effect on the
parent-child connection, than if the information had been gathered during the course of an interview. In addition the respondents’ answers to survey questions may have been impacted by their most recent interaction with their child which may not be an accurate representation of the overall quality of the parent-child relationship. A qualitative method would also have allowed for greater exploration of the impact of societal views and expectations on parental attitudes.

A risk to the validity of survey data was the sensitive nature of the questions included in the parent-child closeness scale. It is possible that prior to completion of the survey, respondents may have never admitted either to themselves or to others the true feelings that they held regarding their decision to adopt or their feelings toward their child.

The method of recruiting respondents from informal adoption support networks such as web based communities had the potential to skew the data to the negative. Those adoptive parents that are seeking support may be experiencing conflict in their parent-child relationships or otherwise dealing with difficulties related to their decision to adopt. Adoptive parents who are not experiencing difficulties may therefore be underrepresented in the sample.

This researcher asserts that the limitations of this method were outweighed by the benefits that the survey method provided, such as the ability to capture a larger sample and a greater amount of information than could have been obtained within the time constraints inherent in a qualitative method of data collection.

**Obtained Sample**
One-hundred and twenty-five adoptive parents initiated the survey. Of those respondents one-hundred and twelve completed the survey and data from those surveys was included in the analysis. For the purpose of analysis, the data was divided into two distinct groups. One group contained the survey responses of the 58 participants that had answered “Yes to the question “Are you the parent of a biological child?” and the other group contained the survey responses of the 54 participants that had answered “No” to the question. Figure 1 illustrates the almost equal distribution of respondents between the two groups.

![Figure 1](attachment:image.png)

Figure 1. Sample

**Sample Demographics**

Table 1 identifies the characteristics of participants by group. Of the total number of respondents, 15% were male and 85% female. The majority of respondents, 86% were
married and 8% were single. The age of respondents ranged from 26 to over 55, with the greatest number, 61% falling within the age range of 41-55. Ninety-six percent of respondents identified themselves as white, 3% Native American and 1% black. The majority of respondents, 71% had a college degree or greater and 4% had a high school diploma or equivalent. Three percent of respondents reported an income of less than $20,000 and 41% of respondents reported an income of greater than $75,000. The question did not ask the respondent to specify if the income amount was individual or household.
Table 1
*Characteristics of Respondents*

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Biological parent</th>
<th>Non-biological parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>10</td>
<td>17%</td>
</tr>
<tr>
<td>Female</td>
<td>48</td>
<td>83%</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>60</td>
<td>93.7%</td>
</tr>
<tr>
<td>Single</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
<td>4.6%</td>
</tr>
<tr>
<td>Separated</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Cohabitating</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-25</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>26-40</td>
<td>15</td>
<td>26%</td>
</tr>
<tr>
<td>41-55</td>
<td>36</td>
<td>62%</td>
</tr>
<tr>
<td>over 55</td>
<td>7</td>
<td>12%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>White</td>
<td>61</td>
<td>95.3%</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Latino</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 or GED</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Some college</td>
<td>21</td>
<td>36%</td>
</tr>
<tr>
<td>4 year or higher</td>
<td>35</td>
<td>60%</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $20,000</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>$20,000 - $35,000</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>$36,000 - $50,000</td>
<td>12</td>
<td>21%</td>
</tr>
<tr>
<td>$50,000 - $75,000</td>
<td>19</td>
<td>33%</td>
</tr>
<tr>
<td>&gt; $75,000</td>
<td>20</td>
<td>35%</td>
</tr>
</tbody>
</table>
Findings

Family Structure

The number of adopted children per household ranged from one to ten among respondents. Forty percent of biological parents and 27% non-biological parents had one adoptive child. The mean number of children was 3.5 for biological parents and 2.4 for non-biological parents. The mean age of the child at the time of placement was 2.5 for biological parents and 4.75 for non-biological parents. The youngest child at the time of placement was <12 months and the oldest child was 17. The number of adults living in each household ranged from 1-7. The respondents were not asked to specify whether the adults were heads of household or adult children.

Adoption Agency Support/Satisfaction

The respondents’ satisfaction with their adoption agency was measured by indicating their level of agreement with five statements related to agency support. Fifty-six percent of biological parents would recommend their adoption agency to others compared to 50% of non-biological parents. Forty-five percent of biological parents and 46% of non-biological parents indicated agreement with the statement “I was not given adequate and/or accurate information about my adoptive child’s background. To the statement “I felt supported by my agency throughout the adoption process” 55% of both biological and non-biological parents agreed. One parent commented “We have had awesome support and have been guided to resources that fit our particular situation.”
Post-adoption Support

The responses from a 5 item Likert scale measuring the type and frequency of post-adoption support were summed to receive a total score ranging from 5 to 25 with (25) representing the highest degree of support. Respondent’s chose either (1) never, (2) 1-4x per year, (3) monthly, (4) weekly or (5) daily. Types of support included attendance at adoption support groups and adoption educational events, participation in individual, couples or family therapy, contact with other adoptive parents, and support received from family and/or friends. The mean score for biological parents was 11.7 and 12.7 for non-biological parents. Forty-seven percent of biological parents and 41% of non-biological parents had never attended an adoption support group. Daily contact with other adoptive parents occurred for 28% of biological parents as compared to 46% of non-biological parents. In response to the qualitative question, one adoptive parent commented “Support from other struggling adoptive parents has been the most helpful.” A correlation was run that showed no statistically significant relationship between the frequency of post-adoption support and closeness scale scores.

Closeness Rating

This study was concerned primarily with measuring factors that impact the degree of closeness between adoptive parents and their adoptive child. The primary hypothesis proposed that adoptive parents with biological children would rate their level of closeness to their adopted child lower than adoptive parents without biological children. Responses from the 11 item Likert scale were summed to achieve a total score within the range of (1) lowest to (55) highest. A two sample t-test was utilized to compare the closeness
scores between the two groups. Table 2 shows the mean score for biological parents was 37.9 and the mean score for non-biological parents was 42.72. The resulting $p$-value of 0.017 indicates that the difference in scores is statistically significant.

Table 2

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio parent</td>
<td>58</td>
<td>37.9</td>
<td>11.4</td>
</tr>
<tr>
<td>Non-bio parent</td>
<td>54</td>
<td>42.7</td>
<td>9.65</td>
</tr>
</tbody>
</table>

Note. Possible scores range from 1 to 55, 1 being lowest degree of closeness and 55 being the highest degree of closeness.

As shown in Table 3, two sample t-tests were used to analyze the individual Likert scale items to determine if scores differed significantly between the two groups. Differences in the responses between the two groups were statistically significant for 7 out of 11 total items. For the statement “The first time I saw my child I felt an emotional connection,” mean scores for the two groups were virtually identical. The mean for biological parents was 3.69 and 3.67 for non-biological parents.
Table 3
*Closeness Scale*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Bio parent (n = 58)</th>
<th>Non-bio parent (n = 54)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child shows me physical affection++</td>
<td>3.83</td>
<td>4.15</td>
<td>0.147</td>
</tr>
<tr>
<td>I feel tense when I am around my child</td>
<td>2.86</td>
<td>3.02</td>
<td>0.518</td>
</tr>
<tr>
<td>I look forward to spending time with my child++</td>
<td>3.28</td>
<td>3.74</td>
<td>0.032*</td>
</tr>
<tr>
<td>I expected to feel closer to my child than I do</td>
<td>2.69</td>
<td>3.31</td>
<td>0.029*</td>
</tr>
<tr>
<td>It is difficult to find positive things about my child</td>
<td>3.22</td>
<td>3.80</td>
<td>0.013*</td>
</tr>
<tr>
<td>When I saw my child for the first time I felt an emotional connection++</td>
<td>3.69</td>
<td>3.67</td>
<td>0.929</td>
</tr>
<tr>
<td>I enjoy providing physical affection to my child++</td>
<td>3.60</td>
<td>4.29</td>
<td>0.001**</td>
</tr>
<tr>
<td>It is difficult to find things that I like about my child</td>
<td>3.41</td>
<td>4.06</td>
<td>0.004**</td>
</tr>
<tr>
<td>I would not choose to adopt this child again</td>
<td>3.48</td>
<td>3.96</td>
<td>0.073</td>
</tr>
<tr>
<td>I feel love for my child++</td>
<td>4.25</td>
<td>4.64</td>
<td>0.033*</td>
</tr>
<tr>
<td>I feel close to my child++</td>
<td>3.52</td>
<td>4.07</td>
<td>0.017*</td>
</tr>
</tbody>
</table>

Note. ++denotes inversely scored items; * p < .05; ** p < .01.

Externalizing Behavior Rating

The responses from the 14 item Likert scale measuring the type and frequency of externalizing behaviors exhibited by the adoptive child, were summed to achieve a total score ranging from 1 to 70 with (70) representing the highest level of behavior. Two sample t-tests were utilized to compare the scale scores between the two groups. The mean scores for the two groups were 43.2 for biological parents and 41.6 for non-biological parents. The difference in the scores was not statistically significant. Results showed that there was no significant difference in the severity of externalizing behaviors exhibited by the adoptive children of biological and non-biological parents. Table 4 shows the mean score for each item by group.
Table 4

*Externalizing Behaviors*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Bio parent (n = 58)</th>
<th>Non-bio parent (n = 54)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child is generous++</td>
<td>3.05</td>
<td>2.98</td>
<td>0.753</td>
</tr>
<tr>
<td>My child becomes angry easily</td>
<td>3.78</td>
<td>3.94</td>
<td>0.434</td>
</tr>
<tr>
<td>My child is demanding</td>
<td>3.76</td>
<td>3.96</td>
<td>0.408</td>
</tr>
<tr>
<td>My child helps around the house++</td>
<td>3.79</td>
<td>3.94</td>
<td>0.316</td>
</tr>
<tr>
<td>My child throws tantrums</td>
<td>3.10</td>
<td>3.00</td>
<td>0.669</td>
</tr>
<tr>
<td>My child gets into fights with other children or siblings</td>
<td>3.17</td>
<td>2.91</td>
<td>0.365</td>
</tr>
<tr>
<td>My child sticks up for his/her friends and/or siblings++</td>
<td>3.45</td>
<td>3.13</td>
<td>0.167</td>
</tr>
<tr>
<td>My child is physically aggressive; ie.hits, kicks, property damage</td>
<td>2.81</td>
<td>2.52</td>
<td>0.266</td>
</tr>
<tr>
<td>My child is verbally aggressive, threatens others, swears, yells</td>
<td>2.83</td>
<td>3.00</td>
<td>0.544</td>
</tr>
<tr>
<td>Other adults compliment me on my child's behavior++</td>
<td>3.36</td>
<td>3.65</td>
<td>0.174</td>
</tr>
<tr>
<td>My child gets into trouble at school</td>
<td>2.41</td>
<td>2.17</td>
<td>0.371</td>
</tr>
<tr>
<td>My child lies</td>
<td>3.62</td>
<td>2.89</td>
<td>0.005</td>
</tr>
<tr>
<td>My child gets along well with other children++</td>
<td>2.91</td>
<td>2.74</td>
<td>0.466</td>
</tr>
<tr>
<td>My child steals</td>
<td>2.40</td>
<td>1.98</td>
<td>0.114</td>
</tr>
</tbody>
</table>

Note. ++denotes inversely scored items.

To determine if there was a relationship between the sum scores of the closeness scale and the externalizing behavior scale, a Pearson correlation test was conducted which showed that the scores were = -0.0470 resulting in a p-value of 0.000. This negative correlation indicates that the greater the severity of externalizing behaviors exhibited by the adoptive child, the lower their parent rated their degree of closeness to the child. Parent comments related to behaviors exhibited by their child included “It is hard to feel close to someone who constantly causes stress in the family” and “I was unprepared for how much it sucks the complete soul out of you to parent an extremely
challenging child. I do not like to say this, but if she were to disappear tomorrow, I can honestly say that I would feel relief.”

To determine if the presence of certain externalizing behaviors was correlated to reduced closeness sum scores, Pearson correlation tests were run on select variables. As displayed in Table 5, results showed a statistically significant negative correlation between the sum score and the following externalizing behaviors; lying, stealing and verbal aggression. Behavioral items that did not show a significant correlation included throwing tantrums and becoming easily angered.

Table 5

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Correlation</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stealing</td>
<td>-0.395</td>
<td>0.000</td>
</tr>
<tr>
<td>Verbal aggression</td>
<td>-0.222</td>
<td>0.019</td>
</tr>
<tr>
<td>Lying</td>
<td>-0.508</td>
<td>0.000</td>
</tr>
<tr>
<td>Tantrums</td>
<td>-0.154</td>
<td>0.106</td>
</tr>
</tbody>
</table>

**Multivariate Analysis**

Given that the sum scores on the closeness scale were significantly lower for the biological parents than for the non-biological parents; regression analysis tests were run to determine if other variables could account for the difference in scores. When controlling for the number of adopted children, total number of children in the household, externalizing behavior sum score and level of post-adoption support, the outcome did not change. This information along with the results of the *t*-test comparing sum scores between the two groups indicates that we can reject the null hypothesis and say that
adoptive parents with biological children will rate their level of closeness to their adoptive child lower than adoptive parents without biological children.

**Analysis of the Open Ended Question**

At the end of the survey respondents were asked to comment on factors that the respondent felt contributed to, or detracted from the degree of closeness between them and their adoptive child. Of the 112 total respondents fifty biological and forty-three non-biological parents chose to respond.

The responses to the question were divided into two groups; positive (contributed to) and negative (detracted from). Common themes within the positive comments included parenting approaches, support from others, and having realistic expectations and a positive attitude. Approaches ranged from attachment focused behaviors, to maintaining consistency and structure. One respondent wrote “We would do many things to foster the attachment from brushing my hair to rubbing lotion on my feet and arms, and also me doing that for him.” Another wrote “I have had to change my expectations. The child we adopted is not like what I expected. I sought counseling early to head off potential problems.”

Common themes within the negative comments included developmental and mental health diagnoses of the child, externalizing behaviors exhibited by the child, trauma experienced by the child prior to placement, and trauma experienced by the adoptive parent and family system as a direct result of the child’s placement within the adoptive home. A parent responded to the open ended question by saying “I am always waiting for the shoe to fall and I walk on eggshells trying not to upset him.”
respondent whose child suffers from reactive attachment disorder wrote, “The more I reach out, the more she pulls away.”

A pervasive theme within the comments was that the adoption of the respondent’s child had resulted in stress within the family system. The findings of Libscombe, Moyer, and Farmer (2004) found a relationship between the levels of strain experienced by parents and a decreased liking of the child and increased withdrawing behavior. One parent commented on the fact that her attempts to connect with her child had been rebuffed by the child repeatedly. The parent’s response to the child’s behavior was to quit trying to connect. Another stated “Nothing that we do is ever good enough.”

**Discussion and Implications**

There is an abundance of literature available on the topic of adoption. Much of the previous research has focused on factors that impact adoption disruption rates and parental satisfaction with their adoption experience. This researcher was unable to locate any previous studies in which the primary independent variable was whether or not the adoptive parent had a biological child. The results of this study show a strong correlation between level of closeness and status as a biological parent. This research serves as an important addition to the adoption literature that is used to inform the practice of adoption professionals.

What is clear to this researcher, from reading the comments about factors that contribute to or detract from the closeness parents feel towards their adoptive child, is that adoption is not an experience that is absent of pain. Children with special needs who are welcomed into an adoptive home are likely bringing with them past experiences filled...
with trauma, abuse and neglect. Parenting traumatized children can test the resilience of any parent, regardless of their previous experience with parenting.

**Post-adoption Support**

Much of the research literature indicates that pre and post-adoption support are critical factors in the success of adoptions and satisfaction among adoptive parents. (Dance & Rushton, 2005; Libscombe et al. 2004) Though this study did not look at the effects of support in the same way as the above authors, the fact that the research sample was recruited via virtual support group forums demonstrates that adoptive parents are seeking and seemingly valuing that support.

**Externalizing Behaviors**

The strength of the relationship between the severity of externalizing behaviors and the closeness scale sum reinforces the findings of McGlone et al. (2003) which found a direct correlation between increased ratings on the child behavioral checklist and the parent-child dysfunctional interaction subscale. The themes identified within the qualitative comments regarding the negative impact of diagnosis and behaviors on parental closeness, mirror those of Atkinson and Gomet (2007) in which parents reported behavioral issues as the primary reason for seeking post-adoption support. Over half of their sample also reported serious diagnosis in their children. A respondent from this study shared the following in response to the open ended survey question; “My daughter has FASD and ADHD among other disorders. Up until she was about three years old we were very close. After she turned three her behaviors have appeared and are terrible. She
is not enjoyable to be around. She will be five years old in a month. Nothing works to help her. She has sucked out every ounce of patience I had.”

**Family Structure**

Results of this study showing that there is no significant relationship between number of children in a household and the degree of closeness, supports the finding of Asbury et al. (2003) who studied the impact of special needs children on adoptive only and mixed family types. It may be possible that whether conscious or unconscious there is a “biological bias” at play for parents with biological children which has the potential to negatively impact the parent’s level of closeness to their adopted child. Parents of biological children cannot help but use the natural attachment that they feel towards their biological children as a frame of reference from which they judge their relationship with their adoptive child.

Interesting to this researcher was the absence of comments from respondents identifying their status as a biological parent as a factor that detracts from their degree of closeness with their adoptive child. It may be that respondents did not want to admit either to this researcher or to themselves the “little secret of adoption” which is that their feelings toward their biological child are stronger than towards their adoptive child.

**Implications for Practice**

The reported measures of emotional connection felt by parents initially upon meeting their adoptive children were equal between the two groups. A question for adoption professionals is; at what point and in response to what factors, do the levels of emotional connection begin to decrease for parents of biological children? In the face of
that question, adoption agencies perform a disservice to prospective adoptive parents if they do not prepare them for the differences inherent in parenting a child that was not born to them. The home study process is an ideal time for social workers to talk with parents. It is important for parents of biological children to know that it is both expected and normal for them to feel differently towards their adoptive child than towards their current or future biological children. Preparing parents will help to minimize the chance that they will feel shame if they do not feel a strong connection to their adoptive child.

The amount of education and post-adoption support offered to parents is not necessarily standardized among adoption agencies. The results of this study reinforce this researcher’s belief that all adoptive parents and their children would benefit from an educational curriculum that pays greater attention to attachment theory. After a child is placed in the home, further education should be provided to the parent that is focused on practical applications of attachment theory including reciprocal activities that parent and child can engage in to promote bonding and attachment.

**Study Limitations and Implications for Further Research**

The majority of respondents were recruited from virtual adoption support forums. Parents that are already experiencing conflict within their relationship with their adoptive child may be more likely to utilize these forums than parents who are not experiencing conflict. Therefore, the sample may not be an accurate representation of all adoptive parents. Future researchers would be advised to utilize greater diversification in sample recruitment.
The research sample lacked diversity in the areas of race, socioeconomic status and educational attainment. Though Rosenthal et al. (1990) had found these variables to impact satisfaction levels among adoptive parents; this study was unable to determine if the variables would have also impacted the level of closeness between parent and child. The inclusion of kinship adoptive parents may provide a more accurate reflection of the general population.

Respondents were not asked if their adoption preceded or followed the birth of their biological child. This researcher wonders if a “biological bias” would be at play for those parents who adopted before they became biological parents. Further research on this topic could look at the timing of adoption as variable to see if closeness scale scores differed between those parents who became biological parents prior to adoption and those who had their biological children after they had adopted.

The outcome of this study may discourage the reader from believing that adoption of special needs children can have a positive impact on families. Although it is easy to focus on the negative aspects of adoption, there is hope, healing and happiness that result from bringing children with special needs into adoptive homes. The following comment from one adoptive mother is a moving testimony in favor of adoption; “I will go to hell and back to make sure that she gets what she needs to find success in this life. I’m so happy that we found each other.”
References


Gurney-Smith, B., Granger, C., Randle, A., & Fletcher, J. (2010). 'In time and in tune' -- the fostering attachments group. *Adoption & Fostering, 34*(4), 50-60.


Appendix A

Survey Instrument

This first set of items will identify similarities and differences among the adoptive parents who complete the survey. Please answer the questions in a way that best reflects yourself and your household.

What is your gender?

- ☐ Male
- ☐ Female

What is your marital status?

- ☐ Married
- ☐ Single
- ☐ Divorced
- ☐ Separated
- ☐ Cohabitating

What is your age?

- ☐ 18-25
- ☐ 26-40
- ☐ 41-55
- ☐ Over 55

What is your race?

- ☐ Black
- ☐ White
- ☐ Asian
- ☐ Latino
- ☐ Native American
- ☐ other
How many years of education have you had?

- ☐ 12 or GED
- ☐ Some college
- ☐ 4 year degree or higher

What is your income?

- ☐ Less than $20,000
- ☐ $20,000-$35,000
- ☐ $36,000-$50,000
- ☐ $50,000-$75,000
- ☐ Over $75,000

How many adults live in your household?

How many adopted children live in your household?

How many non-adopted children live in your household?

I am the parent of a biological child.

- ☐ Yes
- ☐ No
The following items will help me to understand the ways in which you and your adopted child relate to each other. If you have more than one adopted child, base your responses on the child who has been in your family for the longest period of time. The child must still be living in your home.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>--My child shows me physical affection.</td>
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<tr>
<td>--I feel tense when I am around my child.</td>
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<tr>
<td>--I look forward to spending time with my child.</td>
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<tr>
<td>I expected to feel closer to my child than I do.</td>
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<tr>
<td>It is difficult to find positive things about my child</td>
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<tr>
<td>When I saw my child for the first time I felt an emotional connection.</td>
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<tr>
<td>I enjoy providing physical affection to my child.</td>
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<tr>
<td>It is difficult to find things that I like about my</td>
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</tbody>
</table>

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I would not choose to adopt this child again.

I feel love for my child.

I feel close to my child.

Please rate the frequency that your child (same as above) displays the following behaviors.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Never</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
<th>More than 1x per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child is generous</td>
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<tr>
<td>My child becomes angry easily</td>
<td></td>
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<tr>
<td>My child is demanding</td>
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<tr>
<td>My child helps around the house</td>
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<tr>
<td>My child throws tantrums.</td>
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<tr>
<td>My child gets into fights with other children or his/her siblings.</td>
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<tr>
<td>My child sticks up for his/her friends or siblings</td>
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</tbody>
</table>
My child is physically aggressive ie. hits kicks, property damage.

My child is verbally aggressive ie. threatens others, swears, yells

Other adults compliment me on my child’s behavior.

My child gets into trouble at school.

My child lies.

My child gets along well with other children.

My child steals.

How old was your child (referred to above) at the age that he/she entered your home?

The experience that parents have with their adoption agency in the form of preparation and support has the potential to impact the success of an adoptive placement. Please answer each item in a way that best describes your experience.

I would recommend my adoption agency to others.

- Agree
- Neither agree or disagree
- Disagree
I was not given adequate and/or accurate information about my adopted child's background.

- Agree
- Neither Agree nor Disagree
- Disagree

My adoption agency has been there for me since my child was placed in my home.

- Agree
- Neither Agree nor Disagree
- Disagree

I felt supported by my agency throughout the adoption process

- Agree
- Neither agree or disagree
- Disagree

I wish that I had more adoption support.

- Agree
- Neither Agree nor Disagree
- Disagree
Professional and social support can be a powerful tool for helping adoptive parents to overcome difficult experiences. Please rate your experience with support below.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>1-4x per year</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
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</thead>
<tbody>
<tr>
<td>I attend an adoption support group.</td>
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<tr>
<td>I attend educational workshops to help me to better understand and parent my adopted child.</td>
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<tr>
<td>I have contact with other adoptive parents</td>
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<tr>
<td>I participate in individual, couples or family therapy.</td>
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<tr>
<td>I receive support from family and/or friends.</td>
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</table>

Please comment on figures that you feel contribute to or detract from the degree of closeness between you and your adoptive child.

To seek adoption support in your area, visit The North American Council on Adoptable Children at www.nacac.org.

Thank you for participating!
Appendix B

Consent Form

Dear adoptive parent,

I am a graduate student in the school of social work at The University of St. Thomas. As a requirement of my degree I am conducting a research study. As an adoptive parent myself, I am very interested in the factors that impact the relationships between parents and their adoptive children. I have designed a research study to explore this topic in greater depth. Please consider participating in my research study by completing the attached survey.

The survey will take approximately 10-15 minutes to complete. Survey questions are designed to gather the following information; demographics, relational behaviors between the parent and their adoptive child, behavioral characteristics of the child, parental satisfaction with their adoption agency/worker and the type and frequency of parental support. Survey responses will be entered into an electronic data base that will analyze the results.

I recognize the unique and sometimes emotional experiences of adoptive parents. Some of the survey questions are sensitive in nature and may elicit strong emotions in the participants. You may stop completing the survey at any time if you become uncomfortable.

Participation in this study is voluntary and confidential. There is no personal benefit for you as a participant in this research. Your identity will be unknown to me.

If you have questions regarding this research study you may contact me directly by phone, or my research chair Andrea Nesmith. If you would like to know more about adoption support resources in your area contact the North American Council on Adoptable Children at www.nacac.org.

Thank you,

Mary Morrison