Post-Adoption Support in Rural Minnesota: An Exploratory Study of Parents' Experiences

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Post-Adoption Support in Rural Minnesota: An Exploratory Study of Parents' Experiences

by

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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

The purpose of this interpretive study was to explore adoptive parents’ experiences with accessing and utilizing post-adoption services in rural areas of Minnesota. The study sought to answer three research questions: What are the experiences of adoptive families when accessing and utilizing post-adoption support in rural areas of Minnesota? What is the role of the social worker in facilitating post-adoption support and services? How can the social work profession adapt to help meet the needs of adoptive families and improve permanency outcomes for children? Semi-structured interviews were used to gather data from seven (n=7) participants, and grounded theory methodology was used to analyze the data. Themes from the study include discussion about formal and informal post-adoption support, qualities and characteristics that are desirable in professionals who provide post-adoption support, benefits of post-adoption support for family relationships, experiences and views on pre-adoption training, and similarities and variances in the data. Implications from the study include the need for basic standards of education for adoption professionals, the need for expansion of services in rural communities, and the need to provide adoption support over the life-span.
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Adoption is more than just a unique way of constructing a familial relationship between parent and child. It is an enduring intergenerational convention that often brings together people from different cultures, backgrounds and life experiences to create family (Silverstein & Kaplan, 1982). Every aspect of the child-adoptive’s life can be, and often is, affected by adoption in some way. It also has significant impact on the lives of other people. Several other circles of people such as birth family, foster family, adoptive family and other people closely connected to the adoptee are deeply moved by adoption. Life-long challenges are possible for everyone involved because of the inherent loss that occurs when a child is moved from one family and environment to join another (Zamostny, O’Brien & Baden, 2003). The main relationship focus of this paper is on the relationship between the child and his or her adoptive family.

The placement, and subsequent adoption, of a child is not a simple interaction that occurs within a vacuum environment. Children who are placed in a foster family or adoptive family have experiences, relationships, and interactions that precede the placement and impact their development. The same can be said for foster and adoptive families. Bringing a family together through adoption presents some unique challenges that are not common for biological families. Some challenges that may be more characteristic of an adoptive family include, but are not limited to: issues with identity or loyalty related to birth family; sense of belonging; transracial, transcultural or transnational adoption; and early traumatic life experiences (Evan B. Donaldson, 2010). Often the most challenging aspects of this familial relationship and personal development manifest after the adoption professionals have finished the basic requirements for finalization and are no longer in regular contact with the family.

In general, potential parents do not start the adoptive process with a vast knowledge
about the distinctions of adoption and raising a child who was adopted. Some potential adoptive parents start the process with incorrect knowledge due to myths or misconceptions. Families may collect knowledge through informal paths or by doing their own research, but often the adoption agency is responsible for disseminating correct information about adoption and dispelling myths. Pre-adoption support and education is a part of the home-study process and is one familial protective factor that can influence the outcome of an adoptive placement (Evan B. Donaldson, 2010). Pre-adoption and post-adoption education and support plays a fundamental role in helping to create stable home environments. For families with children who have experienced significant risk factors such as trauma history, multiple placements, older age at placement, and other special needs, post-adoption support can decrease negative adoption outcomes (Wind, Brooks & Barth, 2007).

Post-adoption support is not easily accessible in every region due to lack of services. Thus, the community in which a family lives can be a barrier to meeting the child welfare needs of some of the most vulnerable children and families. Belanger and Stone (2008) state that social services in general are more obtainable in metropolitan areas than in rural areas. It is important for social workers to know the issues surrounding the environment, history and systems involved that prevent access to adoption support and services. The goal of this exploratory study is to inform social work practice surrounding the needs of adoptees and adoptive families by exploring the experiences of adoptive families who live in rural areas of Minnesota.

**Literature Review**

**Types of Adoption**

Adoptions are typified as international adoption, foster care adoption, infant domestic
adoption, kinship adoption and step-parent adoption (Zamostny, et al., 2003). The labels given to adoption generally allude to where the child is born and how it is facilitated for them to join the adoptive family. Adoption can also be categorized according to whether the adult(s) and child(ren) know each other prior to the adult’s intention to adopt. In a study through Adopt US Kids, McRoy (2007) gives the term “general adopter” to parents who do not know the children prior to starting the adoption process. Foster care adoption is sometimes a general adopter situation where the parents go into the foster relationship with the intention of growing their family through adoption. Sometimes foster parents move toward adopting a child that has been in their care and consequently have a close relationship prior to starting the adoption process. For this project, the focus is on adoptions where the parents are general adopters and do not have a relationship with the child prior to placement with the family and the adoptees are older children (non-infant adoption).

Adoption laws fluctuate depending upon the type of adoption and the state where the adoptive parents reside. International adoption laws are specific to the country of birth. Within the United States, adoption laws vary by state and in some states, by county. One major challenge when researching topics related to adoption is the lack of centralized data. There is not a central authority that oversees all adoptions or a national clearinghouse that maintains information related to adoption. International adoption has oversight from the U.S. Department of State, and domestic adoptions have oversight from state laws and the Children’s Bureau, depending on the type of domestic adoption (Kim, 2015).

Child Welfare as the Main Goal of Adoption

The motivation for adopting a child is unique to everyone, although some common motivators may include personal or spouse’s desire for the parent-child relationship, secondary
or primary infertility, or altruism. Some people may look to adoption to meet someone else’s needs or their own needs. From society’s historical perspective of adoption, meeting the need of the child is a relatively new motivator for adoptive parents (Kim, 2015). Kim (2015) cites, “Adoption, according to Cole (1990), ‘was intended to suit the political, religious and economic needs of the adults’” (p. 16).

Adoption professionals have a responsibility to explore the motivations of each family that wishes to adopt. The adoptive relationship can be extremely fulfilling for everyone involved but even if it is not a positive experience, adoption needs to be viewed as a lifelong parent-child relationship and a lifelong commitment. In terms of child protection, Rees and Selwyn (2009) state, “Removing children from their parents’ care for their protection presupposes that the alternative will be better” (p. 561). They explored the use of adoption to “remedy” the effects of abuse and neglect. Rees and Selwyn were also seeking to inform practice and identify the responsibilities of professionals to adoptive families. Their research found that permanency and adoption can be viewed as therapeutic. It is also well known that negative adoption outcomes, such as adoption disruption or dissolution, are exponentially traumatic to children and the need for post adoption support is great.

An adoption dissolution occurs when an adoption has been finalized and then the adoptive relationship is “dissolved” or severed. Disrupted adoption means the adoption “disrupted” or ended after the child was placed with the family but before the adoption is finalized (Beech, 2015). Disruption and dissolution are often used interchangeably, but the technical difference between the two is the timing of the break in relationship. For children who have adverse histories, adoption disruption or dissolution can lead to perpetuation of trauma. Hartinger-Saunders, Trouteaud & Matos (2015) state, “when children are removed from an
adoptive home, they experience a range of feelings, including rejection, anger, despair, and resignation (Smith & Howard, 1999)” (p. 77).

Professionals have a responsibility to provide quality services and support to adoptive families over the lifetime. “Although finalization of an adoption relieves states of their legal obligation to the child, it does not ensure that adoptive parents are adequately prepared or supported as they take on this commitment” (Rees & Selwyn, 2009, p. 256). If adoption is to be utilized as a remedy to abuse and neglect, then there also needs to be a system in place to support adoption with resources (Rees & Selwyn, 2009).

**Pre-Adoption Expectations Versus Post Adoption Realities**

Each adoptive parent enters the adoption process with a unique set of life experiences and perspectives as well as expectations about what it will mean to adopt a child. He or she may have personal experience with adoption, or have heard from other people, well informed or ill-informed, about adoption and what it means. Potential adoptive parents use these experiential filters and motivations to decide what type of adoption process they will pursue. In some instances, potential parents’ ideas of adopting a “healthy” child versus a child with a disability does not fit reality. In one study parents reported pursuing an international adoption because it was viewed as a way to adopt a “healthy” child (Kim, 2015). In many cases children that have been adopted internationally have disabilities due to traumatic early life experiences such as prenatal exposure, abuse, neglect or institutional care. These facts may be unknown to their parents until they meet the child or until the challenges manifest later in development.

Various factors can cause a difference between pre-adoption expectations and post-adoption realities. In some instances, parents come into adoption with preconceived notions or an avoidance of hard truths, and are unable to fully hear the needs of a child. Sometimes
adoption or placement agencies don’t have a cohesive awareness of the needs of the child they are placing. The amount and type of pre-adoption training and preparation that parents receive varies depending on the type of adoption and the type of authority that is overseeing the adoption (Brooks, Allen & Barth, 2002). There is no standard for pre-adoption training across programs.

Pre-adoption training is often the first experience that families have with adoption support and education. This training can help influence the future parent’s expectations about possible needs and challenges related to adoption and raising children who have experienced early trauma and difficult beginnings. It can also be a catalyst for conversations about birth parents, identity formation, grief, loss and other topics that are not commonplace for families who do not adopt. Pre-adoption training is time sensitive, temporary and limited since potential parents often attend a one-time training course or utilize other media to obtain the information in the time prior to having a child or children placed with them. Wind, et al. (2007) found that families who receive thorough pre-adoption training are more likely to utilize both general and clinical post-adoption support. They propose that families who go into adoption with a skill set and awareness about the possible needs of their children are more aware of the effect of pre-adptive risk history. They also propose that families are better equipped to advocate for their child’s needs.

Core Issues in Adoption

Silverstein and Kaplan (1982) present seven core issues that are intrinsic in adoption. They specifically discuss how these issues manifest for birth parents, adoptive parents and adopted persons. Silverstein and Kaplan identify the seven issues as: loss, rejection, guilt and shame, grief, identity, intimacy, and mastery or control. They state,

It is not our intent here to question adoption, but rather to challenge some adoption
assumptions, specifically, the persistent notion that adoption is not different from other forms of parenting and the accompanying disregard for the pain and struggles inherent in adoption. However, identifying and integrating these core issues into pre-adoption education, post-placement supervision, and all post-legalized services, including treatment, universalizes and validates triad member’s experiences, decreasing their isolation and feelings of helplessness. (para. 6 & 7)

Adolescents can be an especially difficult time for children who have been adopted. It is during adolescents that children become acutely aware of their adoption and how the adoption process has played a role in their lives. Independence and integrated identity are major tasks in the adolescent development, and can also be impacted by adoption (Silverstein and Kaplan, 1982). Professionals who provide adoption services and support are prime facilitators of discussion and education surrounding these issues.

**Adoption Support by Trained Professionals**

Sometimes post adoption support is offered but parents access the service at low rates. Dhami, Mandel and Sothmann (2007) propose some insight as to why some parents fail to utilize post adoption support even though they find it to be an important service and have a need for it. Parents may have been told at one time about certain services that are available, but when they need the service that information is not clear to them. Services may not be offered at opportune times, and accessing them may cause more stress in an already stressful situation. Parents may turn to a trusted informal support relationship instead of accessing formal support. Feelings of insecurity, fear of judgment, and fear of failure may interfere with help seeking actions. Parents may avoid asking for help due to a fear that professionals will open an investigation into their family even if they have done nothing wrong. It may be challenging for parents to access
services since they tend to be more reactive than proactive. Parents may feel the services do not fit their need (Dhami, et al., 2007). Families are not the only ones to notice the deficit in availability and use of post adoption services and support. Professionals note that in some cases parents are unsuccessful in identifying a need in their family. Families may also deny that parenting a child who has experienced abuse, trauma or neglect is different from parenting a child who has not had those experiences (Ryan, Nelson & Siebert, 2009).

It is important to note that parenting a child who has experienced trauma, abuse and neglect is different than parenting a child who has not had those experiences (Silverstein & Kaplan, 1982). These families may have intense needs that require therapeutic interventions that can only be provided by highly trained and skilled professionals. Evan B. Donaldson Adoption Institute (2010) recognizes that when an adoption is made it is a covenant between parent(s) and child(ren), but also states that it is a covenant “between agencies and families and between state or federal governments and adoptive families whom they help create” (p. 64).

Research has shown that when support is provided by adoption professionals, adoptive families benefit. Houston and Kramer (2008) conducted a study to explore the benefits of formal and informal support for adoptive families and how it contributed to permanency for children over the course of three years. Their findings highlight the unique role played by adoption professionals in the lives of the families. They found that families who had pre-adoption support and training were more likely to follow through with adoption plans and avoid adoption disruption. Adoption professionals help identify needs of the children and family, and link them to appropriate resources and services. They also note that skilled adoption professionals can help “adoptive parents to understand, manage and cope with children’s difficult behaviors” (p. 164).
Post-Adoption Support and Services in Rural and Metropolitan Communities

Categorizing areas as metropolitan or urban, and non-metropolitan or rural is challenging in terms of research and statistics because there is not just one way to define them. For this study, I will use the definitions used by Belanger and Stone (2008), which is the “U.S. Census Bureau’s classification of counties in 1999” (p. 102). Metropolitan is defined as a county that consists of 50,000 or more people and the counties adjacent to it. Rural is defined as a county that is non-metropolitan and consists of less than 50,000 people and not adjacent to a main metropolitan county (Belanger & Stone, 2008).

Although the previous definitions focus specifically on the number of people residing in each county, the differences between rural and metropolitan areas are often notable beyond the numbers. Social concepts, as will be discussed further in the conceptual framework section, often differ between rural and urban areas. Resources and services are typically not evenly distributed by region. Some systemic factors that may characterize the rural area include: slow internet or lack of technology, lack of necessary services, lack of transportation and few providers who speak the language of the clients or participants (Belanger, Price-Mayo & Espanosa, 2007). These factors can present real difficulties when working to meet the needs of people living in rural areas.

Menanteau-Horta and Yigzaw (2002) conducted a study that highlighted some of the challenges for people who live in rural areas compared to metropolitan areas. They evaluated the level of social well-being within Minnesota counties. They utilized variables that are indicative of standard of living, socio-economic conditions, health and household characteristics, measures of alienation and social disengagement. Data were collected from publicly available resources such as the U.S. Bureau of the Census, and the Minnesota Department of Health. Self-reporting
and personal satisfaction was not taken into consideration. A formula was used to create an Index of Social Well-Being, and each county received a score. The scores ranged from -15.25 to 15.59 with the lowest scores representing the lowest level of social well-being. Findings from the study indicated the top six scores (meaning the highest levels of social well-being) included “six large metropolitan counties (Washington, Dakota, Carver, Scott, Sherburne, and Anoka) and one small metropolitan county (Olmstead)” (p. 719). On the other end of the scale “six rural counties (Mahnomen, Clearwater, Red Lake, Aitkin, Cass and Big Stone) scored on the lowest end” (pp. 719-720). Twenty counties were classified as rural and of those counties eighteen of them had negative scores on the scale. These results need to be evaluated within the context of the study, but what can be concluded from the study is the need to create policies and service growth based on the needs of the counties. This study showed the greatest need in the rural counties.

Belanger et al. (2007) state, “While poverty and substance abuse are two critical predictors of entry in the child welfare system, rural families have at least as frequent mental health and substance abuse treatment needs as their urban counterparts, greater poverty, and less access to services” (p. 1). Lack of services in the rural communities is directly connected to permanency for children. For example, foster children who need mental health services, court ordered treatment, or other professional services, may not be placed with families who live great distances from providers (Belanger et al., 2007). Prospective adoptive parents may also feel unable to adopt a child with significant needs when services are lacking in their community. This creates an extra barrier to adoption for waiting children with special needs. Families who are unable to find services to meet the needs of their child and family are more likely to have lower quality of relationships within the family. Alternatively, families tend to experience more
positive familial relationships and higher parental satisfaction when supports are in place to meet their needs, such as financial support, social work coordination, connection to a support group, and legal services (Reilly & Platz, 2004).

The preceding literature review presents several dynamics that have been found in previous studies that directly affect the lives of adoptive families and potentially affect permanency outcomes. The culmination of this information leads me to pursue the following research questions: What are the experiences of adoptive families when accessing and utilizing post-adoption support in rural regions of Minnesota? What is the role of the social worker in facilitating post-adoption support and services? How can the social work profession adapt to help meet the needs of adoptive families and improve permanency outcomes for children?

**Conceptual Framework**

The lens used to guide this research project was social constructionism paradigm. Social constructionism is a post-modern theory that is guided by the thought that reality and knowledge regarding social and human features is subjective and created through commonly agreed upon definitions, manifested through social interactions. Burr (2015) states, “The key tenet of social constructionism is that our knowledge of the world, including our understanding of human beings, is a product of human thought rather than grounded in an observable, external reality” (p. 1). Through this theory, it is understood that what we know is dependent upon history, culture, time, place and social interactions. Although knowledge is ever changing, it is not always necessarily more “correct” given more time. The way we think about concepts changes because as a society, our ideas change and the way we construct meaning also changes.

The use of language is one way of expressing shared realities, and it is symbolic of social constructs. “These shared realities become social conventions that guide behaviors, and are
legitimized through our institutions” (Kim, 2015, p. 35). Language pertaining to adoption also has been created through shared meaning and is perpetuated through institutions. For example, the online resource for the Merriam-Webster Dictionary, www.meriam-webster.com provides an example of a way to use the word “adopt” in a sentence. The sentence is, “They were unable to have children of their own, so they decided to adopt” (Merriam-Webster). One of the definitions of own in the same online resource is, “used to express immediate or direct kinship ‘an own son [or daughter]’” (Merriam-Webster). The subtle connotation of the use of own in this way assumes that a child who came to a family through adoption is not “an own son [or daughter].”

Kim (2015) discusses this need for adoptive parents to prove the legitimacy of the parent-child relationship. She states:

A common task for adoptive parents is to assert their position as the “real parent” of their child in a society that privileges married, heterosexual, biologically-formed families. To understand that adoptive parents in the U.S. feel the need to assert themselves as their child’s “real” parent speaks to the way societies construct historically and culturally specific meanings for social roles, and the consequences administered to those who violate these accepted meanings (p. 35).

Adoption is also sometimes viewed as a second-best option for expanding a family compared to reproducing biologically. Some families do turn to adoption due to infertility, some people choose to adopt for other reasons, but regardless of the catalyst for expanding a family through adoption, the result is family. There are some differences between biological and adoptive families, but neither one is better or worse than the other.
Method

Research Design

The purpose of this interpretive study was to explore adoptive parents’ experiences with accessing and utilizing post adoption services in rural areas of Minnesota. The researcher was interested in exploring which types of formal and informal supports are utilized by families, and what qualities they see as desirable in professionals providing post-adoption support. The study also explored their experiences with pre-adoption training to gauge their perception of preparedness prior to placement.

Semi-structured interviews were used to gather data in this qualitative study (See Appendix A: Interview Guide). This provided structured questions to guide the interview, and allowed for flexibility to explore unique situations of each family. Grounded theory methodology was used to analyze the data and observe themes and similarities in the data. The sample included adoptive parents who live in rural Minnesota.

Sample

The form of sampling used in this project was a mix of convenience and purposive snowball sampling, as a way to find participants who fit the characteristics needed for this study (Grinnell, Williams & Unrau, 2016). Participants were initially recruited through a social media group whose focus is adoption support in Minnesota, resulting in five participants. Participants were also recruited through purposive snowball sampling, where participants were asked at the end of the interview if they knew of other families who may be interested in participating, resulting in two more participants. The final sample size included seven females who reside in various rural regions of Minnesota.

The participants range in age from thirty-two to fifty-three years old, with four of the
participants aged fifty to fifty-three years old. Each family is currently parenting at least two children who joined the family through adoption, and the age of those children range from three to sixteen years old. Four of the families are also parents to biological children and four of the families have adult children who do not currently live with them. One family currently has a child in out-of-home placement. Although the initial research design for this study included families who had adopted through the foster care and international adoption programs, the sample includes six families who joined with their children through the foster care system, and one family who joined through the domestic infant adoption program.

**Protection of Human Subjects**

**Recruitment process.** The Institutional Review Board (IRB) through the University of St. Thomas reviewed and approved the research proposal prior to any recruitment activities. The initial bid for participants was posted on a social media site in a closed group (See Appendix B: Participant Recruitment Letter). Prior authorization was obtained from the agency who facilitates the group (See Appendix C: Agency Letter of Support). The social media post included the email address and phone number of the researcher so individuals could respond without posting on the social media page. After individuals made an inquiry, the researcher shared the participant consent form and encouraged them to ask questions (See Appendix D: General Consent). The interviews were scheduled after the consents were given to the researcher.

**Measures to assure confidentiality/anonymity.** Confidentiality and anonymity of the participants was priority and the researcher employed preventative measures while handling personal information and data. Personal contact information was only utilized to communicate with participants as it pertained to recruiting and scheduling interviews. The personal
information has been destroyed, and personal information was not linked to the interviews. Participants were informed that information they provided in the interview will remain confidential. Participants were also informed that while every effort was made to maintain their anonymity, complete anonymity is not attainable since some information or characteristics of their family may be identifiable to someone who knows them.

**Informed Consent.** Starting with the initial recruitment post, possible participants were informed that participation in the study was completely voluntary. The researcher obtained written consent from each participant. At the time of the interview, the researcher also discussed informed consent and verbally verified that the participant agreed to an audio recording of the interview prior to the start of the recording. The researcher also engaged the participants in a discussion about the option to withdraw at any time without risk or consequence. Information that was collected during the study was kept in a password protected file in the researcher’s OneDrive account with the University of St. Thomas.

**Data Collection**

The instrument used in this research project was a semi-structured interview. Research questions were developed to allow the participants opportunities to express their unique experiences. Participants could choose to share as much as they were comfortable with. The initial interview question allowed the participant to share how they define post-adoption support without bias. Other questions pertain to formal supports, informal supports, and desirable qualities in social workers.

The preferred method of collecting the data was to talk via speaker phone. The researcher recorded the conversation on the computer and immediately saved the recording to the password protected OneDrive site. Participants could choose the time and location that was most
convenient and comfortable to them for the interview. The researcher conducted the interview in her home office, and took measures to maintain privacy to protect the confidentiality of the participants. Following the interview, the researcher then transcribed the recording to create functional data that could then be coded and analyzed.

**Data Analysis Plan**

The technique that was used to analyze the data is a variation of grounded theory method. Instead of coding the data to develop theory, the researcher coded the data and collected them into themes. Both techniques utilize an inductive process of moving from concrete data toward abstract information (Peterson, 2016). To begin the process of turning raw data into functional data, the researcher transcribed the interview audio. After the transcript was created, the researcher reviewed it to get a general sense of ideas. The next step was to do a first level of coding by reading through the transcript line by line noting actual words or phrases that stood out as being important to the main research questions. Grinnell et al. (2016) call this phase identifying meaning units, since the data that is being noted has meaning in relation to the main question. Then the researcher looked at the codes and categorize the information into primary themes and then secondary themes.

**Findings**

Analysis of the data resulted in six main themes: formal post-adoption support, informal post-adoption support, desired qualities and skills for service providers, benefits of post-adoption support for family relationships, experiences and views on pre-adoption training, and data similarity and variance. Subthemes were also formulated out of the data collected in this study. This section will utilize quotations from the transcripts to reveal the participants’ perspectives, and experiences within each of these themes and subthemes.
Formal Post-Adoption Support

Three subthemes emerged from the data under the topic of formal post-adoption support. They include: adoption finalization signals an end to formal adoption support from the agency, the gap between needing and finding services, barriers to accessing services in rural communities, and things that have worked and ideas for improvement.

Adoption finalization signals an end to formal adoption support from the agency.

Several participants communicated this feeling that adoption finalization also meant the end to adoption support from the agency that facilitated the adoption. Some of the statements made by participants that demonstrate this subtheme follow:

*The [adoption agencies haven’t] been involved with any of our post-adoption stuff. Once we signed the papers we haven’t had any support at all with either one of the organizations, other than like a yearly picnic kind of thing…. So, it would be nice to have that open communication versus feeling, ok, your adoption is all final, move on and I’m going to move on to the next family.*

*I kind of feel like right now there’s a disconnect. Once we had our placement and finalization, there’s never been anymore, as in nothing.*

*When we finalized there was just nothing, kind of like just “good luck!”*

*We adopted from [a] county. Three kids on the books, you know, they were kind of in a hurry to push us through. My husband and I were young … So, we were like, “oh, we’re good. We are going to love these kids.” And the kids were young too. And we were like, “oh, these are pretty normal behaviors for that age.” But then they just didn’t really outgrow them. So, part of it is we were a little uneducated, but when they are sending you all of that paperwork, there’s just so much happening. I went back and I’m like, “oh, there’s a paper on that?” I feel like it would be nice if somebody called you like a year later, and just say, “I’m just going to follow up with you to see how you’ve been doing.”*

This subtheme demonstrates a need for continued services after the adoption is finalized.

Participants were typically unaware of their future needs at the time of finalization.

The gap between needing and finding services. The next subtheme was derived from responses that described times where the family experienced an unmet need. Sometimes the
need was eventually met, but other times there was not a way to provide for the need.

When I hear the words, “post-adoption support” now, I think of Adoption Support Network and think of MNAdopt Help. But, they did not come to mind until I was at my breaking point. So, I did not feel that the post adoption support information was available to me when I needed it.

It was a couple of years of mentioning to our adoption worker that we needed help with our [child] before finally getting some.

I wish we would have done more support groups earlier. Like we didn’t find the Adoption Support Network until we were pretty far into our journey, I guess. I think that would have been helpful, and I tend to be more active with that stuff than my husband does. So, if I could go back and do it over I think it would have been nice to find something together early on.

We were 2 ½ years post adoption, and we had had a few bumps in the road with the kids, but when our oldest son started kindergarten it became a daily thing. And then our [child]... was having (inaudible) and then they were starting to escalate a little bit more. Our youngest son was starting preschool and at the conference the teacher said, “well, we’re starting to see some of the same behaviors.” My husband and I were both working full-time, well, I guess full-time plus we own a business and then I was working about 50 hours a week at my job. And so, at that point we just said, alright, we just need to slow down a little bit. So, we moved back home and that was when I found out about the Minnesota Help Line. I called that, and I was in tears, I was just like, I don’t know what to do... You know originally [we] just did a bunch of traditional parenting, but kind of looking outside the box, you know, on different things. At that point, we didn’t have our fetal alcohol diagnosis yet. And so, I just remember talking to the worker and telling her how I felt. She said, “OK, tell me where you are located... let’s figure out what supports are available. So that was really kind of the start of our post-adoption support.

Participants expressed feelings of isolation and helplessness when they were in this state of limbo between needing and finding services.

Barriers to accessing services in rural communities. Participants were insightful when identifying the complexities of barriers to accessing services in rural communities. They discussed the non-existent or limited service providers in the area.

I think there’s just an all-around lack of services around here for kids. It’s not really a matter of how far we have to drive, there’s just not services. We have social workers in
town, but there’s not a crisis team or anything like that. I think had there been one, maybe we could have avoided the out of home stuff a little longer maybe.... I know for adult mental health and children’s mental health, there just... aren’t services available. I had a social worker tell me that the issues that we were having with my son, [who has] FAS, RAD, ODD, conduct disorder, she said the issues were from me not being attached to him. So, for the longest time I was like, oh my gosh, but then after doing some reading and doing some more talking to other parents and realizing that... yea... no, sorry that’s not it. There’s some serious mental illness issues here. Even some of the social workers that we talk to aren’t even sure how FAS even works.

The following quote delves into the challenges of traveling long distances for appointments and the subsequent impingements that it causes.

It was really difficult to find a therapist who understood our adoption needs in rural MN. We were kind of forced with the decision, do we drive super far to find somebody, or do we settle on somebody that we don’t feel like is trauma informed, or do we just end up stopping services. We actually did end up stopping services which is a bummer.... I’m really picky about finding somebody who really understands adoption. So, I do think that our kids could benefit, but it just got to the point of sometimes it felt like it was more harmful than helpful to have somebody who didn’t really get it. And the driving is such a challenging thing.... Then we end up pulling the kids out of school to get to an appointment, and they don’t transition very well and they are missing things and already behind educationally, so I guess the drive is kind of attached with other problems. And us taking off work.

Oftentimes, specialized service providers do not have immediate openings for appointments so it can take a significant amount of time to get on their schedule. This is especially detrimental when families are in a state of crisis. These scheduling challenges mixed with the effects of driving in winter weather can create extra challenges for families who live a great distance from providers.

Anything that has to be done is going to take up a big chunk of travel. In [the winter], when you don’t know what the weather is going to be like, it is a challenge to schedule appointments out of town because you have to reschedule with bad weather, but then when it takes 3 months to get an appointment, you can’t just reschedule for next week. For [our child] to make it to a therapy appointment, we have to plan on him missing a half a day of school. Because school is something that we don’t want him missing, we do his appointments in the evening, so most nights we get home about 10, just to
accommodate so he’s not missing so much school. That’s our reality, we don’t just kind of drive across town for anything.

**Things that have worked and ideas for improvement.** Near the end of the interviews, participants were asked if there was anything else they would like to say about post-adoption support. The following statements were gleaned from that question.

*I think my biggest thing with post adoption support is being able to hook people up with adoption competent therapists, and preferably having a pool to choose from. I think that is just such a huge thing in rural MN. Also, having a better resource list for parents, like tips and tricks, things... like you know, you can call these people and they’ll come to school with you to help you. Things that, if you’re not connected within the adoption community you might not know until it’s too late. I don’t know how that would look, but I would just love to have adoptive families have more comprehensive resource lists going into it.... I think just someone checking in. I think sometimes it’s as simple as someone calling and saying, “How are you guys doing? This is a lot!” Or just someone who understands the complexity of adoption, and cares, and is checking on us. Because it can be so isolating. I don’t know what this would look like either, but we didn’t get any guidance on navigating like birth family contact. As our kids get older, that comes up more. That was just another piece where nobody seems to want to give recommendations about that, and obviously, it’s on a very case by case thing. But that was another thing that didn’t come up until post-adoption where you are kind of like, “what should this look like and what’s the right thing to do?”*

The need for education around birthparent relationships was discussed several times by participants and shown to be an area that could use some attention. The birthparent relationship is unique and can be unlike any other familial relationship that the adoptive parent has experienced, and navigating some of the nuances can be especially challenging for those involved in the relationship.

The following quote demonstrates how being connected with other adoptive parents and service providers can strengthen the network of support for families.

*Our school has really been amazing where we had MOFAS (Minnesota Organization on Fetal Alcohol Syndrome) come in and brought a therapist to just teach them about attachment disorder and what that looks like in the school setting and how they can support the kids in attaching.... I think the school getting it was huge for healing our*
We actually just had a friend that told us, if you call MOFAS and ask them to come to like your kids’ IEP meeting that they will and they’ll just do that for free, and I had never heard that before. So, we did. We called them and they came and they talked to our kids’ teachers and all of that was about what fetal alcohol looks like in school and how they can support them. They also encouraged us to have written into the kids’ IEP that any direct care staff in the school setting had to have additional training about fetal alcohol. I had no idea you could do that.

The following quote expressed a participant’s desire to connect with services that could help fulfill her child’s need in a way that she was unable to.

*Probably one of the biggest things is availability of support groups for the kids. You know to talk to other kids about being adopted and the feelings that go along with how they feel about birth mom and why she didn’t take care of them or the anger and resentment that comes along with it. Because that is something as a parent I really don’t know how to address, aside from validating the feelings, but I think being able to talk to other kids who are in the same position would be very beneficial.*

The next participant shared some services that worked well, and in doing so, she also shared how having one service provider in place can be the catalyst for finding other services that are needed.

*We* got connected with ASN on Facebook, and then we started using the SEED (Social Emotional Enrichment and Development) program through Greater Minnesota. That was an awesome program for us and we increased play therapy, family therapy, we did some horse therapy, we got connected with PCA’s, CADI waivers, massage and chiropractic. These are all things that we contribute to the support through the Adoption Support Network. Because, so many of these things are new for this area, so when I would go to family services, and I would say, can we talk about this? They’d be like, oh, we don’t know what that is. Or they wouldn’t be familiar enough with it and so then I would jump back to the ASN people and say, “ok, tell me how you got this, and how does it work?” And then I’d go back... and educate them.

**Informal Post-Adoption Support**

The importance of informal post-adoption support was evident in the participants’ responses. One of the questions in the interview inquired about the phrase, “it takes a village to raise a child,” and asked if participants felt it applied to their family.
We have a great support system. We’re like four years in now, and so things aren’t as chaotic, but at the beginning we would have... one of our kids has PTSD pretty bad and would have some really intense episodes where we would have to call a neighbor to come get our other kids out. So, I think that it always takes a village, but with adoption it really does.

My sister. She has adopted also. I have a co-worker who has adopted and deals with a lot of the same issues, like the fetal alcohol stuff that we’ve dealt with, so she’s been a really good support.

There’s two sides of a coin with living in a smaller town. Now there’s enough people in the neighborhood that know the kids and if they see something that isn’t quite right, they’re going to let us know. So, that’s the good part of it. And you know, there’s people, there’s teachers that play an important part in their life that help, I mean, they spend a lot of time with the kids. They have done some crisis intervention stuff and have just been another person for them to count on.

It’s true. It does apply. It does take a village. You know, we’ve had support and stuff from our family, folks in town, our church family, and things like that. We have great support that can help.

Informal support from individuals who really care and understand the complexities of adoption can fulfill a great need for parents. However, it is also important to note that sometimes friends and family who may typically be a source of support in most aspects of life may be unsupportive or hurtful when addressing adoption specific topics.

I wouldn’t say family [is supportive] necessarily, cause my mom, she does not get it. I could tell her, like I told her my [child] called me an “f-ing meany” on Saturday, and she’s like, “oh, not [that child], my sweet little [child]?” Yeah, [that child is] not always so sweet mom. That’s all she sees is the good. Of course [the child is] going to hurt someone that loves [the child] the most and she’s not in the thick of it with [the child].

Desired Qualities and Skills for Service Providers

Data showed that participants had varied expectations for professionals who provide post-adoption support and services. Most participants stated it was important to have adoption competent professionals, and having personal experience with adoption was also beneficial.

For me I think it is about adoptive parents being able to connect with people who really
get it. That might mean therapeutic support, or a support group, or a social worker.... I think just a lot of experience with adoptive families. I really love when they have a personal connection with adoption because sometimes it’s really hard to completely get it if you are not living it. So, it’s important to me that they have some personal connection with adoption and just lots of extra training. I guess grad school doesn’t really completely prepare, they don’t really cover it that much. So, I would like to see additional training related to adoption and trauma.

Someone that’s knowledgeable about adoption and the core issues surrounding it. Someone that likes their job.... Someone who isn’t afraid to call a spade a spade, and isn’t afraid to say, hey, what you’re doing isn’t working, and may give some ideas on what might work.

Our therapist that we were seeing before was excellent.... she knew about fetal alcohol and a lot of the warning signs. She’s the one who suggested that we get evaluations in the first place, and helped us figure out some things to do to help... Until insurance wouldn’t let us go see her anymore.

I guess somebody that has experience in adoption, or at least studied the different effects that kids go through with adoption placement. Cause every psychologist that we’ve seen for our three kids... they’re all like, “oh, they don’t remember that, they don’t have any trauma, they don’t remember anything because when you got them, they were 2 and 3. They’re too young to remember anything, so there’s no trauma. They don’t need trauma therapy. So, all three of my kids have not had trauma therapy.

We’ve been really lucky here, for the most part with providers cause they’re pretty open to learning. We’ve had some that were already pretty educated. One of our counselors that we see for family therapy, she pretty much specializes in adoption. She’s like, I have a lot of adopted kids, so she’s really taken her continuing education trainings based on adoption. So, she’s been really awesome because there’s so much going on with adopted kids. We’ve been to some providers where they just want to fix the behaviors and so we just always say, “we’re trying to put a band-aid over a broken leg.”

Probably the thing that stands out the most, is knowing that... she may not have the resources, but she’s amazing and able to point me in the right direction. She doesn’t have all the answers... but sometimes it just feels good to be validated.... Wherever a parent is coming from, to just meet them there. My husband and I, we’re both living it, and sometimes we’re both a little overwhelmed and obviously not the person we should be bouncing that off of because we’re living it. You kind of need to be able to give it to someone else who isn’t going to try to fix it. But might be able to just hear what you’re saying.
Data in this theme showed that professionals who have adoption specific knowledge and skills are preferred. Some quotes, however, express an understanding that finding an adoption competent professional isn’t always possible.

**Benefits of Post-Adoption Support for Family Relationships**

The data that support this theme were mostly derived from a question that asked participants if the post-adoption support they received has improved the quality of their family relationships, and how.

Yes, ... probably the biggest thing is learning how to look beyond the behaviors to see what lies beneath it. You know, what’s causing it.

I would say the SEED program really was kind of the jumpstart of the post-adoption support services that were recommended to us, of just understanding a different type of parenting. We were constantly beating our head against the wall with Love and Logic and stuff like that. But the SEED program kind of helped us at home, and then the kids were getting training from professionals every day…. That constant support from them was helpful.

The following quote gives an example of how post-adoption support can help prevent negative adoption outcomes.

Most definitely, like when things started unraveling with [our child], like with RAD, when they start to get comfortable, they start to push back. That was very shocking to us. One of the things [the child] would do is, like if we tried to correct a behavior, [the child] would just loose it. [The child] would be screaming, and it was really confusing, and pretty scary actually. I remember being in a room with [the child], and [the child] had just taken gum out of the garbage, and I was like, “you can’t eat the gum out of the garbage” and [the child] lost it. [The child] was screaming and my husband and one of my older daughters came flying in the room and both of them looked at me and said, “what did you do to [the child]?” And I remember going, oh my gosh... I just said [the child] couldn’t eat the gum out of the garbage. And that just tells you how overwhelmed we were. That is, as we learned, very classic. [Children with Reactive Attachment Disorder] ... try to get you mad at each other because then it takes off of them. Had we not had support or resources that came our way, I don’t know that my husband and I would have been able to survive raising [our child] together. We were at such a point where we were at odds with each other, you know in a sense, kind of criticizing each
other’s methods…. So, we had to learn... we’re learning ways to not get sucked into it. I think we’ll always be a work in progress. We’ll always need to be reminding ourselves to just walk away from it, and breathe. But if we hadn’t been given the support at that point, I don’t see that we would have been able to stick it out because it was pretty crazy. It still is sometimes.

Experiences and Views on Pre-Adoption Training

Pre-adoption training experiences were different for each participant.

We had very limited training, to be honest, we were licensed through our county first, doing foster care and didn’t have a very good experience as far as support. And then we switched over to a private agency to be matched with our waiting kids. That agency shut down in the middle of our adoption. But they waived a whole bunch of stuff for us because of our professional roles… I’m pretty sure that wasn’t even legal probably… so they waived almost everything, so we didn’t really have any training.

[We did] not really [have] anything, we had our foster care training. I think that’s all we had with that. You know, we didn’t have… before we adopted we didn’t know anything about FASD or ODD or any of that stuff. That’s one thing that I think there needs to be more of. Because, you know, you get these ideas... the whole nature -vs- nurture. If they get in a good environment, things are going to be great, and a lot of times you just aren’t prepared for what can happen.

We did a weekend class that included presentations and instruction. We also had a panel of kids that came, and I say that because that was one of the most moving parts of the whole process. It was at that time that we had our first glimpse into the lives of these kids. They are not being saved when you adopt. I think a lot of people think, “oh, we’re just going to bring these kids into our home and love them and then they’ll be saved.” We felt different about it after that training. Some of the kids said, “I’m ok without [adoption]. I don’t need somebody to pick up the pieces.” That training did give us a little different perspective of adoption than we had when we went into it. But, we were nowhere near prepared for the life that we have now. I feel like we got “Adoption 101” and then we dove in.

The data in this theme portrays a wide variety of pre-adoption training experiences. The ability of the participants to recall pre-adoption training also varied. Participants who were personally moved by the training experience had an easier time recalling it.
**Data Similarity and Variance**

Most of the data collected from one of the interviews differed from the data collected from the other six interviews. Three similarities were found when analyzing the data. First, the perspective that people who have lived through challenging aspects of parenting a child with FAS or RAD truly understand how it affects the family dynamics. When asked who has been the greatest supporter, the participant responded:

> *My greatest supporter... umm, people that have been in the foxholes, like [a friend], people that have actually been in there.*

The next similarity was found when describing desired characteristics of a professional who provides post-adoption support.

> *I do have one therapist that I can go into and she knows me very well... and she knows RAD very well, and so when I speak to her, she says, “Absolutely... yeah” instead of “no, you shouldn’t do it this way or you shouldn’t do it that way.” She says, “I get what it is that you’re living through.... So, she doesn’t condemn us, she comes along side of us. So therefore, I have brought my kids to her for assessments and stuff because I know that she’s a safe person who gets it.*

The last similarity was found in the data about pre-adoption training.

> *They can put you in different trainings and they can have... classes on fetal alcohol, they can have classes on RAD, they can have classes on this and that, but until you actually have a child that you’re living with... I mean, it’s just so different... It’s just not the same at all.*

The other data from this interview varied significantly from other themes. Other than the one therapist mentioned previously, this participant has not utilized post-adoption services and has experienced service providers and social services staff as unsafe.

> *I don’t really think much about adoption support, because I think it’s too candied. I don’t think it’s real.... If you could have adoption support with people that are in the foxholes with you, and just have a group of adoptive parents together, fine and dandy, but I don’t think that it’s a good idea with social service, or a therapist or, stuff. I think it has to be pretty safe for the parents, for the adoptive parents to actually come together and share*
their concerns and get support from each other, I think it’s got to be safer than having anybody who has any legal hold over you. Because the legal stuff is so, they are so into candy coating everything that they choke us. And they make us feel defeated.

They need to not look at us like we’re doing things wrong, but need to look at us like we are surviving, and here’s what you’re doing to survive. Because it is a survival for some of these kids, and there’s very few kids that are adopted... where the family is surviving. They come from so many issues, how can they not? So, there’s so many out there that are giving families troubles, and the families are completely... well, they’re oblivious to it when they adopt, because so many think all they need is love. So, they’re really torn apart when they actually get hit by the storm. So, they get hit by the storm with the child and they get hit by social service, and authorities and therapists, and they get hit by everybody. Yet, nobody can take care of that child, but the person that has said, ok, I’ll try it. They are the ones that are going to get nailed.

The following response was given when the participant was asked if she was able to access and utilize support for adoption when needed, thinking about parenting children through adoption, birth family support, or early trauma.

The only thing that was needed for [the children that were placed as infants] was their assessments and just helping us figure out what was wrong with them. Otherwise, social service handled anything that needed to be done as far as keeping them connected with parents, you know... but then, the [school aged child], [that child] was in therapy and the school helped with stuff for [the child], but I didn’t really seek out much, I’ve never really. For us it was just mainly stuff that had to be done when I wasn’t in control, that social service would make happen. Once we adopted them we kind of cut off all stuff, except for assessments or health issues that needed to be carried through, or stuff like that.... My thought was and is, that there are too many people involved in everything and I don’t like having so many people involved. So, for us, I don’t want anybody involved unless I absolutely have to. But, before you adopt there’s so many people involved that you can hardly parent because everybody’s got their hands in on what’s happening with the kid and you can’t, I feel you can’t, properly parent. They take all of your parenting away, and they’re the ones involved and you can’t do anything because we all have to be, “la-dee-dah.” ... Then once they’re adopted, I cut off everything and start parenting the way that I need to parent. Unless it’s something important where they have to for physical needs, then... I’ll bring in everything I can if it is a physical problem or a medical problem... oh man, I’ll go to the end of the earth to get all the support and all of the specialists that I can.

When asked if the participant had addressed mental health concerns, she stated:
As [the child] should need therapy to get through [the child’s] neglect as a child, that might come up in the future. If [the child] can handle it and still be-, because the one I’m talking about is RAD, Reactive Attachment Disorder. When they go through therapy they become worse. If [the child] becomes worse through therapy I will not do therapy. [The child is] going to have to handle it some other day when [the child is] not in my care, because RAD is awful, and when they become worse, you just can’t handle it in your home. My opinion.

Discussion

The purpose of this qualitative research study was to further inform social work practice about the experiences with adoption support for families living in rural areas of Minnesota. The study sought to explore answers to the following three research questions. What are the experiences of adoptive families when accessing and utilizing post-adoption support in rural regions of Minnesota? What is the role of the social worker in facilitating post-adoption support and services? How can the social work profession adapt to help meet the needs of adoptive families and improve permanency outcomes for children? Whereas the previous section presented the data of this study by utilizing the participants’ voices to explore their perspectives with post-adoption support, this section will provide interpretation and discussion about the findings and explore possible meaning of the data. Next there will be discussion regarding the strengths and limitations of this study. The report will conclude with a discussion about implications for social work practice, policy, and research.

Interpretation of the Findings

Grounded theory analysis of the data led to five main themes: formal post-adoption support, informal post-adoption support, desired qualities and skills for service providers, benefits of post-adoption support for family relationships, experiences and views on pre-adoption training, and data similarity and variance.

**Formal post-adoption support.** Adoption support provided by skilled and
knowledgeable professionals has the potential to meet unique needs of families. Professionals are often sought out to help adoptive families navigate through some of the lifelong challenges that they may experience. The theme, formal post-adoption support, was formulated out of a wide range of data. Consequently, it was beneficial to break it down further into subthemes.

Adoption finalization signals an end to formal adoption support from the agency. Participants described the finalization of their adoption as a time of feeling cutoff from the support of the adoption agency. In one instance the steep decline of involvement from various professional providers was a welcome change for a period because they were ready to find a typical routine that did not include time-consuming meetings and commitments with service providers. The feeling changed over time though, when the family started to experience challenging behaviors and other issues that they did not feel equipped to handle. Several respondents reported feeling like the communication with the adoption agency ended before they were properly equipped to parent the children placed with them.

The gap between needing and finding services. It is common for families to experience a period of calm in their relationship with their child after placement and finalization, but then have significant change where new challenges make day-to-day tasks difficult. As stated previously, parents often feel cut off from the agency that facilitated the adoption, especially if it has been a significant amount of time since they had communication with the agency (possibly the period of calm). Then when difficult issues manifest, parents are at risk of feeling helpless and isolated. Previous literature found that post-adoption support can reduce these feelings of isolation and helplessness for parents (Silverstein & Kaplan, 1982). Wind, et al. (2007) found “both general and clinical post adoption services increased dramatically over an 8-year post adoption period” (p. 385) when studying the rates of service utilization. The study did not
specifically ask participants what their motivations were for seeking support at a given time but it does demonstrate a need for ongoing support over time. The data from this research show how challenging it can be for parents to need help and services, but not know how to connect with support. Some of the participants were eventually able to connect with services, but in some cases, the specific services are not available.

**Barriers to accessing services in rural communities.** Lack of services in rural communities is a major barrier for families. In some areas families can drive a distance to access services, but if the therapist is not adoption competent, it is not worth the drive. One respondent expressed how challenging it is for them to get to therapy appointments because the children need to miss school due to travel time. Academics may be a challenge, and then taking the child out of school complicates it more because the child falls further behind. It is common for children who have experienced trauma to struggle with transitions, which adds another layer when taking a child out of the typical routine of school for therapy. Traveling to access services is not an option for some participants. The findings with this study are consistent with other studies that show accessing services in rural communities is challenging and can influence the social well-being of the people who live there (Belanger, et al., 2007, & Menanteau-Horta and Yigzaw, 2002).

**Things that have worked and ideas for improvement.** Participants reported that finding an initial support provider often led to connections with other service providers. Resources and services that are available to families regardless of their location are very beneficial to families living in rural areas. Some of these resources include: social media support groups, online support services and help lines (such as MN Adopt Help). Utilizing a combination of both formal and informal support was useful to participants.
**Informal post-adoption support.** When asked who has been your greatest support on this journey of adoption and parenting, most of the participants responded with an informal support person (friend or family member). Informal supports play a major role in the support networks of the participants, and this finding is consistent with previous literature (Hartinger-Saunders, et al., 2015). When discussing both formal and informal support, participants expressed a preference for individuals who have personal experience with adoption and are knowledgeable regarding the core issues of adoption. Spouses were listed as strong support for the participants, however, one participant acknowledge the need for an objective perspective from someone who does not live in the home.

**Desired qualities and skills for service providers.** Data in this theme demonstrate the need for standardized training requirements for adoption professionals. Currently there are no basic requirements for professionals working within the adoption field. It is interesting to think about the data in this theme in terms of social constructionism paradigm. Participants expressed the need for adoption competent and trauma informed professionals. However, the data shows that it is common for participants to educate the professionals about their child’s diagnosis and early trauma history. Instead of being surprised that the provider is not trained in that area, the adoptive parent’s response is possibly softened because it is common to meet professionals who do not have adoption specific training. For example, one participant stated, “she may not have the resources, but she’s amazing and able to point me in the right direction. She doesn’t have all the answers… but sometimes it just feels good to be validated.” In this case, the service provider is fulfilling a need for the parent, but she or he is not fulfilling the need that a skilled adoption professional may be able to meet. Perhaps, the expectation of some parents is lower due to the lack of access to adoption competent and trauma informed professionals in rural communities.
Benefits of post-adoption support for family relationships. Findings from this study show that post-adoption support does improve the quality of family relationships. This finding was consistent with previous literature that describes post-adoption support as a protective factor for families (Evan B. Donaldson, 2010, & Wind, et al., 2007). One participant shared that she felt post-adoption support possibly saved her marriage because it provided them both with support and education when they were feeling overwhelmed by the chaotic environment in their household.

Experiences and views on pre-adoption training. The data from this study show a variety of experiences with pre-adoption training for these families. Some of the participants had limited or no pre-adoption training, while others had training and felt it impacted them. This study is representative of the fact that there is not a standard requirement for pre-adoption training and education across all programs. The literature shows that families who have pre-adoption training are more likely to access post-adoption support. These families have more knowledge about pre-adoption risk history and how that can impact their child’s life (Wind, et al., 2007). The data from this study support previous literature that states the amount and type of pre-adoption training and preparation that parents receive varies depending on the type of adoption and the type of authority that is overseeing the adoption (Brooks, et al., 2002).

Strengths and Limitations

Strengths of the study. The first strength of this qualitative study is the exploratory nature of the research design. The semi-structured interview schedule provided a foundation for covering specific topics related to the research questions, but also provided participants with an opportunity to delve into rich detail about their experiences through the interview format. Participants were given the opportunity to share their perspectives regarding post-adoption
support, pre-adoption training, and desired qualities for professionals who provide post-adoption support. Although the sample size for the study is small (n=7), participants were from several different rural areas of Minnesota. The final strength of the study is the use of grounded theory methodology to analyze the data. Analyzing the data in this way led to thematic development based on similarities of the participants’ experiences. Variances in the data were also discussed as well as the implications. The findings from this study will be used to help inform social work practice.

**Limitations of the study.** The sampling techniques utilized in this study is a limitation. To identify participants for this study, a mix of convenience and purposive snowball sampling was used (Grinnell, et al., 2016). Another limitation related to the study sample is the small number of participants (n=7). Because of the limited number of participants in the study the sample is not representative of the overall population. The non-probability sampling technique also leads to a sample that is not representative of the population because participants are selected based on specific characteristics. The complexity and timeline of the study is limited by the nature of the clinical research project.

**Implications for Social Work Practice**

Implications for social work practice were gleaned from this research study. The first implication focuses on the need for standardized training for adoption professionals. Currently in Minnesota, professionals have the option to participate in the Permanency and Adoption Competency Certificate program through the Center for Advanced Studies in Child Welfare (CASCW) and Training for Adoption Competency through the Center for Adoption Support and Education (CASE) to receive comprehensive training in adoption, but it is not required and it requires financial investment. Families who have adopted children could benefit from working
with clinical adoption professionals who have a strong understanding of the core issues of adoption.

Another implication for social work practice is the need for standardized quality pre-adoption training for potential adoptive parents from professionals who have a strong understanding of adoption issues. It may also be beneficial for professionals in the adoption community to change the perception of pre-adoption training. Findings from this study show that pre-adoption training has an educational component, but is viewed by adoptive parents as basic education in terms of parenting a child with traumatic early life experiences. One possible conceptual shift is to look at pre-adoption training as part adoption education and part relationship formation with formal post-adoption supports. Connecting families with post-adoption supports prior to placement with a child builds in the expectation that post adoption support is part of parenting children who have adverse histories. Pre-adoption training is also an opportunity for exploring parents’ assumptions about adoption, and a time to reflect on the motivations of adults seeking an adoption. Most of the participants did not have positive pre-adoption training and for one family the requirement was waived because of their occupations. When adoption agencies place an emphasis on pre-adoption training and make it a priority for potential adoptive parents to participate, parents may be more likely to also see the benefit of the training.

The final implication for social work practice is the need for minimum education and experience standards for professionals who provide adoption support and services to families before and after adoption. Education and experience needs to include knowledge pertaining to the core issues of adoption, and clinicians also need to be trauma informed. In one example demonstrated in this study, the participant openly accepted medical support and interventions for
family members’ physical health concerns but disapproved of mental health support or interventions for her children and family. One of the tasks of the professional who conducts the home-study process needs to be assessment of aversion, distrust and avoidance of mental health professionals. This example also captions the dangers of perpetuating myths and stigma surrounding mental illness and mental health needs.

Another example in this study that supports the need for minimum standards of education for professionals is the participant who shared about her interaction with multiple mental health professionals who denied that her children experienced trauma because of their age at placement. The participant stated that she was told, “they’re too young to remember anything, so there’s no trauma.” The participant articulated her concerns that the clinicians who should be able to address the needs related to her children’s traumatic experiences denied the existence of trauma.

Implications for Research

This qualitative study provided rich data about seven personal experiences with adoption support in rural areas of Minnesota. Future research could expand beyond this sample so that findings may be generalized to the greater population. The social work field would benefit from further research into the best practices of providing pre-adoption training to potential parents and to explore techniques that can be used to prepare them.

Future research that delves into finding new ways to provide formal adoption services in rural areas of the state would also benefit the social work field. TeleHealth and other online or phone based therapy support may be an innovative way to connect families with service providers who otherwise may not be able to access resources. Researchers could explore the advantages and disadvantages of these services as they specifically relate to adoption support. Studies should focus on the effectiveness of these services when providing mental health
support. It would also be obligatory to consider implications on the core values of social work when researching the use of internet and phone media in this way.

**Implications for Policy**

One implication from this study for policy is the need to financially support the development of post-adoption services that are accessible in rural regions of the state. Doing so will not only benefit the adoption population, but the general population as well. For example, mental health services, trauma informed care and crisis intervention services would benefit the entire population. The need for permanency options for children is high. Providing the needed adoption support to families in rural areas may increase permanency opportunities for children who are living in foster care.

**Conclusion**

The purpose of this clinical research project was to further inform the field of social work regarding adoptive parents’ experiences with accessing and utilizing post-adoption services in rural areas of Minnesota. Findings from this study show a need for more formal adoption support and services in rural areas of Minnesota where resources and providers are limited. Providing professional development specifically related to core issues of adoption and trauma to current service providers across disciplines could be an effective way to increase the knowledge base in rural regions. Parents often feel disconnected and isolated from adoption support following the finalization of an adoption due to the sudden cessation of contact from the adoption agency. Adoption agencies might mediate this isolation by providing post-adoption services or facilitating the transition to alternative post-adoption support for families.
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Appendices

Appendix A: Interview Guide

1. When you hear the words “post-adoption support” what comes to mind?
   Prompt: Can you name some post-adoption services or supports?

2. What post-adoption supports or services has your family accessed?
   Prompt: - adoption subsidy
            - individual, family or marital counseling or therapy
            - medical treatment
            - school services
            - support groups

3. Were you able to access and utilize the support when you needed it?
   a. If yes, can you tell me about your experience with utilizing the service or support?
   b. If no, what were the barriers?

4. What are some qualities or characteristics that you would hope to see in a professional
   that provides post-adoption support or services?

5. What do you think of when you hear the phrase, “It takes a village to raise a child?”
   a. Does that phrase apply to your family? How?

6. Who has been your greatest supporter on this journey of adoption and parenting?
   a. Why?

7. Do you feel like the support that you have received since adopting has improved the
   quality of your family relationships?
   a. If yes, in what way?
   b. If no, is there something that can be done differently to help?

8. Do you feel like the support that you have received since adopting has improved the
   quality of life for your child? ..for you?

Demographics

- Number of children?
- Number of children that were adopted?
- Age of children that were adopted?
- Age at placement? Finalization?
• Gender of children?
• Number of adults in the family/household?
• Age of parents?
• Do you live in a metropolitan area? (Defined as a county that consists of 50,000 or more people or the counties adjacent to it.)
• Do you live in a rural area? (Defined as a county that is non-metropolitan and consists of less than 50,000 people and not adjacent to a main metropolitan county)
Appendix B: Participant Recruitment Letter

Greetings,

My name is Jean Soehl and I am currently enrolled in the Master of Social Work program at the University of St. Thomas/St. Catherine University. The reason that I wanted to connect with you today is to see if you have an interest in participating in my graduate research study. I am interested in learning more about your experience as it relates to accessing and utilizing post-adoption support for your family. Participation in the study is completely voluntary, and if you choose to participate you may withdraw at any time without consequence. The study is not affiliated with [THE AGENCY], and if you choose to participate it will have no consequence, positive or negative, on your relationship with the agency.

If you are curious to learn more or have questions, please feel free to contact me via e-mail.

Warm Regards,

Jean Soehl
soeh2181@stthomas.edu
Appendix C: Agency Letter of Support

November [INSERT DATE], 2016

Jean Soehl
[ADDRESS]
[CITY, STATE, ZIP]

Jean,

The purpose of this letter is to extend our support for your research study. It is my understanding that the purpose of your study is to explore and compare the experiences of adoptive parents living in rural areas and metropolitan areas when accessing and utilizing post-adoption services. You will provide a preapproved recruitment letter in electronic form that we will share with families who have adopted children through our agency. The letter will explicitly state that participation in the study is completely voluntary and that participants may withdraw at any time without consequence. The letter will also state that the study has no affiliation with [agency], and involvement with the study will not influence the relationship with the agency in either a positive or negative way.

The details of your study, particularly recruitment strategies, have been discussed with your research chair, Lance Peterson, and research committee members to ensure the protection of possible participants. It is also understood that all recruitment tools and methods will be approved by the University of St. Thomas Institutional Review Board prior to the start of the study for the protection of human subjects. I am aware that there are possible risks, but also acknowledge that you have, in good faith, implemented protections to mitigate these risks. I understand that you will protect the privacy and confidentiality of participants by separating identifying information from the interview content, and store all data in secure, password-protected locations.

Sincerely,

[Authorized Agency Member]
[Title]
[Agency]
Appendix D: General Consent

Consent Form

983880-1 The Role of Social Workers in Post-Adoption Support

You are invited to participate in a research study about families’ experiences accessing and utilizing post-adoption support. I invite you to participate in this research. You were selected as a possible participant because you are currently parenting a child that came to your family through adoption. You are eligible to participate in this study because you live in Minnesota and finalized an adoption over two years ago and the child is between the ages of seven and eighteen years old. The following information is provided to help you make an informed decision whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Jean Soehl, a graduate student in the School of Social Work at the University of St. Thomas and under the supervision of Dr. Lance Peterson and with direction from a research committee. This study was approved by the Institutional Review Board at the University of St. Thomas.

Background Information

The purpose of this study is to explore the experiences of families’ experiences accessing and utilizing post-adoption support. I will be comparing the experience of families living in or near the metropolitan area with families living in the rural area. This study will help inform professionals who serve people in the adoptive community, and hopefully improve the experiences of adoptive families.

Procedures

If you agree to participate in this study, I will ask you to participate in an interview that will last 30 – 45 minutes. The interview will be audio recorded and then transcribed for the purpose of data analysis. The interview will focus on your experience with post-adoption support, your opinion about ways that adoption support could be improved, and qualities that you look for in professionals who provide formal support. I will be interviewing four or five families who live in rural areas and four or five families who live in or near metropolitan areas.

Risks and Benefits of Being in the Study

The study has risks. [Does the research involve any possible risks or harms to subjects? The consent
The form must describe all anticipated risks associated with the research study. You should reiterate the risks that you identified in the Application for Initial Review. Describe the precautions used to minimize each risk. Be sure to include the likelihood of the risk(s) and provisions made to minimize the risk(s). If the study has no risks, please delete “The study has risks” and instead state, “This study has no known risks.”

The direct benefits you will receive for participating are: [List any anticipated direct benefits for subjects that participate in this research project. Adding to existing knowledge or compensation are not considered direct benefits. If there are no direct benefits for participation, please state “There are no direct benefits for participating in this study.”]

Compensation

[Explain if participants will receive any compensation for participation, such as monetary compensation, gift cards, or being entered into a drawing for a prize. Omit this section if neither payment nor cost is involved. The consent form must explain when the compensation will be given to the participant. Participants must receive compensation even if they withdraw from the study.]

[The following statement must be included in the consent form if the research study involves either 1) a physically invasive procedure or an exercise component where there is even a slight risk of injury, or 2) more than minimal risk:]

In the event that this research activity results in an injury, emergency treatment will be available. The University of St. Thomas is not able to offer financial compensation nor absorb the costs of medical treatment should you be injured as a result of participating in this research.

Privacy

Your privacy will be protected while you participate in this study. [Indicate how you will protect the participant’s privacy. If you plan to interview participants, indicate how they will control the location, timing, circumstances of sharing their information. If privacy cannot be guaranteed, indicate this by stating, “Due to the nature of the study procedures, privacy cannot be guaranteed while you participate in this study.”]

Confidentiality

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you. The types of records I will create include [List each type of record that will be created during the research study, including recordings, transcripts, master lists of information, and computer records, and explain what will happen to each item (where it will be stored, who will have access, and when it will be destroyed). If audio or video recordings will be made, explain who will have access, and when they will be erased. If you will be collecting data while traveling, indicate how all data will be kept confidential while traveling]. All signed consent forms will be kept for a minimum of three years upon completion of the study. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance.
Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with [any individuals, employers, cooperating agencies, or institutions] or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Should you decide to withdraw, data collected about you [state whether or not you will use their data]. You can withdraw by [Provide directions for participants who wish to withdraw]. You are also free to skip any questions I may ask [state if and where there are any exceptions to this rule and include a rationale for these exceptions].

Contacts and Questions

My name is Jean Soehl. I encourage you to ask any questions you may have now and any time during or after the research procedures. If you have questions later, you may contact me at (507) 828-1198 or by email at soeh2181@stthomas.edu, or you may contact my advisor, Dr. Lance Peterson, at (651) 962-5811 or by e-mail at pete2703@stthomas.edu. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6035 or muen0526@stthomas.edu with any questions or concerns.

Statement of Consent

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

You will be given a copy of this form to keep for your records.

_______________________________________________________________  ____________
Signature of Study Participant                  Date

_______________________________________________________________
Print Name of Study Participant

_______________________________________________________________  ____________
Signature of Researcher                  Date