

Research on Adoption and Post-Adoption Services and Supports (PASS)



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Overview

- What does research tell us about adoption?
- What are the implications for PASS?
- What do we know about current PASS?
- Future directions



Twin Studies Changed the Course of Child Development Research

- Identical twins are much alike on personality whether raised together or apart and no fraternal twins were more alike than separated identical twins
- Identical twins raised together have IQs correlated at .86; similar to same person tested twice; identical twins raised apart have IQs correlated at .75!
- Little of environmental variance is due to common family environment, including parental influence¹.

Twins and Siblings: Intelligence

- IQ Scores correlate:
 - Identical twins at about .86-.75
 - Siblings at about .55¹
 - Adoptive siblings at about .29-.34²
- Heritability: the extent to which genetic differences among people explain IQ differences³

Genetics and Personality

- *Happiness* for identical twins is highly correlated; happiness of an identical twin is a better predictor of happiness than marital status, educational attainment, or income.
- *Extraversion* has a genetic contribution of .49 and *Agreeableness* of .39¹
- Shared environments do influence social closeness/affiliation



Environment Counts (Some)

- Environmental experiences explain slightly more of personality traits than genetics¹.
- If genes explain 20-50% of the variation in personality, then environment (in concert with twin's differing perceptions of the environment) must explain the rest.



National Health Institute Survey (Zill, 1996)¹

- 15,416 children, aged 0-17, randomly selected from U.S. households (358 adopted); in-person interviews of informed parent/guardian
- Children adopted after infancy (n=47) were reported as having more mental health and behavior problems and lower academic performance than children raised by both biological parents and those raised by unwed biological mother

NHIS Continued

- Children adopted in infancy (n=115) were reported as having more mental health and behavior problems, but not much difference in academic performance, than those raised by both bio parents and just as well in most indicators compared to those raised by unwed biological mothers
- Children adopted in infancy performed better on mental health indicators and academic measures than those adopted after infancy

National Longitudinal Study of Youth (Feigelman, 1997)¹

- n=10,402; 101 non-step parent adoptees
- Comparison of adult behavior patterns between adoptees, children from step and other families, and those raised by both bio parents
- Found higher rates of delinquency and crime among adoptees and children from step and other type families v. those raised by both bio parents

More NLSY Results

- Consistently higher drug use, drug-related problems and crimes among adoptees and children from step/other families (though higher alcohol use was mostly present in step/other families' children)
- Step/Other families' children showed lower educational attainment, more unemployment, lower earnings and lower status jobs (though job satisfaction was similar for all 3 groups)

Prenatal and Post-natal Factors

- Study¹ of Iowa adoptees from the 1950s showed that prenatal contributions are significant in combination with post-natal environment
 - Adults with prenatal alcohol exposure and family stress did poorly--with high rates of diagnosable mental dysfunctions.
 - Adults with either prenatal alcohol exposure or family stress did far better.

California Long Range Adoption Study (CLAS): 8 Years Out¹

- Adopted children have higher than average ADHD and CD.
- Adopted drug-exposed children have somewhat higher rates of special education placements but few other differences
- Yet, adopted drug-exposed children are closer to parents than non drug-exposed
- Parental satisfaction is high but educational strains are showing.

IL Post-Adoption Services Research¹

- Found that for users of post-adoption services
 - Families sought psychological services at a high rate.
 - Behavioral (89%) and emotional (72%) problems of children were presenting clinical issues.
 - Sexually abused children and those placed before age 1 had significantly higher behavior problem scores.

Longitudinal Study: Adult Adoptees¹

- In a study of adopted children grown up, found
 - High use of mental health services
 - Considerable experience of running away
 - AOD problems
 - About 20% of the children had “problems with the law” (broadly defined.)
 - About 75% obtained education beyond high school graduation.

Adolescent Health (Miller et al., 2000)¹

- Adopted adolescents are higher on most important social indicators--substance use, school problems, and parent child conflict
- Adopted adolescents were, however, more involved in school activities
- Differences between adopted and not adopted children were greater for males, Asian and Hispanic youth, younger or older adolescents
- Distributional analysis indicate that adopted children are 1:1 in the middle of the outcome distribution but represented 3:1 in the tails of the distribution.

Adoption and Adopted Parents' Right to Information

- Adopted parents report needing to know more about their adopted child's background
- One form of information through open adoption¹
 - becoming more common
 - evolves over time
 - mixed research on effect on child, adopted parent, and bio parent

Adoption from Young Adult's Perspective (Brooks, 2000)¹

- Youth generally satisfied with adoption
- AA youth had strong ethnic identities
- AA youth and, especially, Asian youth did not think that same race adoptions should only be done when family had high levels of commitment to cultural competence.
- Correlation between parent and adoptee (aged 19-39) report of problem behavior is $r = .26$ ($p < .05$)

Implications for Service

- Do not overestimate interventions, sell patience
- Do not expect too much from parents
- Give parents respite
- Generate realistic expectations for social behavior and educational attainment

Implications for Services

- More, longer, services for most troubled children and parents
 - shared family care
 - post-adoption services to age 21 (consider adult models e.g. Assertive Community Treatment)
- Greater respect for what we are asking of biological, foster, and adoptive parents
 - large family size is very difficult
 - short-term residential and treatment services need to be normalized

Implications for Service

- Teach parenting skills with sensitivity to individual child differences--the same skills will not have the same effects on different children.
- Help families understand that environmental responses by family members are consequential but probably not sufficient.

Biopsychosocial: Beyond Family Systems

- Children at the extreme ends of the behavioral spectrum are not just a product of bad parenting or environments or sociopolitical constructions
- Even parents and friends often view their behavior as problematic.
- Understand that differences between parents and adopted children will increase over time at a rate that exceeds that of parents and biological children.

Biology in Biopsychosocial

- After Effects of Abuse and Neglect
 - Perinatal and post-natal insults to a child can have lasting effects
 - Fetal Alcohol Syndrome is almost certainly in a class by itself in terms of impact
 - Perinatal substance abuse and stress can both result in less cognitive/language complexity and impulsivity
- Recognizing genetic/biological contributions to behavior: reconsider the use of medication and other direct treatments.

Child and Family Risk Factors for Adoption Disruption

- Older age at time of placement
 - Children adopted between ages 3 and 6 have disruption rate that is 1/5 that of children adopted after age 12
- Placement of one child into homes with other biological children
- Threatens people, trouble at school, and cruelty to others are indicators of concern
- More educated, Asian, and younger mothers more likely to experience disruptions

Child and Family Risk Factors for Adoption Disruption

- Partial disclosure of information regarding child's problems or poor information
- Inadequate pre-adoption preparation
- Family is unable to obtain needed educational support
- Difficulty with child does not decrease with time
- Family pursues help that is too late or focuses only on child treatment

Child and Family Risk Factors for Adoption Disruption: Reduced

- Placement of two siblings into home with no biological children reduces risk
- Not receiving subsidy reduces risk
- Children with physical handicaps have reduced risk
- Transracial placements not associated with disruption¹

Service Characteristics Associated with Reduced Risk of Disruption

- Comprehensive and realistic information about the child
- Parents participate in group "home study" process
- Family receives educational support
- Family pursues timely adoption preservation services that are flexible and long-lasting

Predict Success

- IF YOU NEEDED TO MAKE A PREDICTION ABOUT HOW ANY ADOPTION WOULD TURN OUT, THE BEST PREDICTION WOULD BE

SUCCESSFULLY



Concepts Assumed in Adoption Services/Training¹

- Forming families by adoption is different than forming families by birth
- Yet, adoptive parents are “real” parents and entitled to the same honor and respect from children and service providers as other parents
- Comprehensive, adoption-sensitive assessments are important
- Adoption as a life-long process
- The impact of loss is great and is central to the adoption process

Concepts Assumed in Adoption Services/Training (cont'd)

- We need to help children and their parents understand grief and be able to grieve
- Children are traumatized prior to adoptive placement and this has a life-long impact
- Adoptive children are prone to physiological and neurological problems
- Attachment problems are common and persistent
- Different parental skills are needed by adoptive parents to deal with rage and control issues

Parental Demand for PASS¹

- Educational and informational services
- Clinical Services (e.g., family therapy)
- Material services (flexible use of subsidies, health benefits, residential or respite care)
- Support networks (access to other parents knowledgeable about adoption)

Public Agency-Provided and Supported PASS

- Services Provided by Adoption Workers as Part of Caseload Mix at DSS/CWS
- Special Post-Adoption Units in DSS/CWS
- Multi-Disciplinary Collaboration with Public Mental Health Services
- Privately Contracted PASS Parent Support, Family Resource Centers, and Clinical Services

Post-Adoption Interventions: What is Done Outside DSS?

- Educational Interventions (Top Concern of Parents)
- Individual Child Therapy
 - Post legal Adoption Services (e.g., Kentucky)
- Family Therapy
 - Post Adoption Family Therapy (e.g., Oregon)
 - Adoption Preservation Project (e.g., Illinois)
- Intensive Family Services [THESE ARE NOT RECOMMENDED]
 - HOMEBUILDERS/Medina Children's Services (WA)
 - Project IMPACT (e.g., Massachusetts)
- Community-based or Self- Help Services
 - Post-legal Adoption Services (e.g., Kentucky)
- Residential Treatment (OH, CA, and other states may pay for)

The Future of PASS: Toward Empiricism

- Multisystemic Family Therapy is increasingly becoming the standard of care for youth with education, mental health, and justice issues
- Attachment theory will become as discredited as other Freudian and post-Freudian psychoanalytic ideas like "penis envy."
- Medication will become accepted as a component of almost every intervention with youth

The Future of PASS

- Identify self-help & service models
- Agree on basic data collection
- Assess units of cost
- Determine standardized outcome measures
- Test empirically-based approaches
- Determine how much *adoption sensitivity* adds (test standard versions against versions adapted for adoption)