



Private & Intercountry QIC•AG

**National Quality Improvement Center for Adoption and
Guardianship Support and Preservation:
Insights into Post-Adoption Service Programs for Private
and Intercountry Adoptions**

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**CENTER ON CHILDREN,
FAMILIES, AND THE LAW**

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GENERAL OVERVIEW

About the QIC-AG

The National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) is a program dedicated to increasing the stability and permanency of families who adopt children. QIC-AG works with sites across the country to deliver post-adoption services. Each site provides a different intervention dedicated to improving the well-being of adoptive parents and their children.

The Current Project and Report

While post-adoption services have been shown as important in family well-being and health, little research has assessed the effectiveness of these services for families who adopt children through intercountry or private domestic adoption processes. To address this gap, parents who adopted through intercountry or private domestic adoption processes and participated in an intervention in one of the QIC-AG pilot sites were invited to interview with the research team. Forty parents completed surveys and semi-structured interviews related to their experiences with adoption, their child's behavior, challenges of raising the child, and their experience in the intervention. The four interventions were Trauma Affect Regulation: Guide for Education and Therapy Program (TARGET; Illinois), Tuning in to Teens (TINT; New Jersey), The Neurosequential Model of Therapeutics as part of Adoption Support and Preservation Program (NMT; Tennessee), and Adoption Guardianship Enhanced Support (AGES; Wisconsin). Each intervention offered unique approaches in helping parents and children manage stressors and will be described in more detail in the following pages.

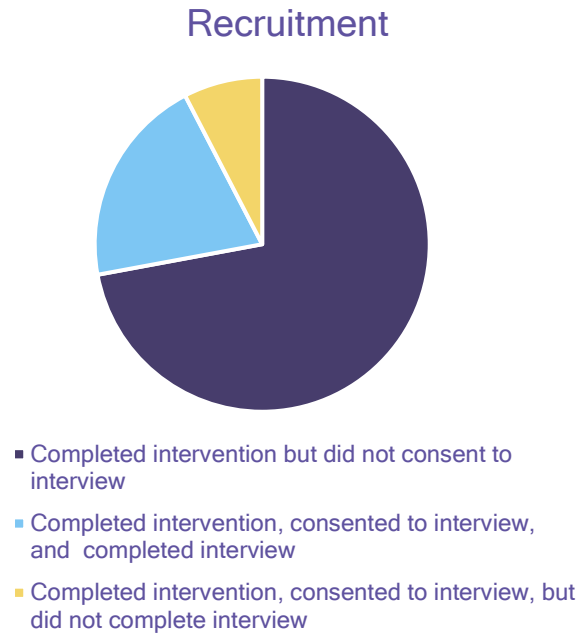
In general, results showed that parents identified stressors related to their child's engagement, family conflict, poor conflict management, and school struggles. To manage stressors, parents reported developing skills in the following domains: stress-reduction and conflict de-escalation, and language and child behavior changes (TARGET); communication and empathy/perspective-taking (TINT); knowledge building/strategies/insight, support, and activities (NMT); and resources (AGES). Across sites, parents recommended ongoing programs and support, adapted programming, and more widespread services.



Participants

Program staff at each intervention site were asked to distribute information related to the current study to parents who completed the intervention. Of the 197 families who completed an intervention at one of the selected sites, 55 parents consented with the program staff to be interviewed (27.9%). The research team contacted parents who consented with the program staff. Of the 55 parents who consented on site, 40 parents completed the interview (20.3%).

Prior to the interview, participants were sent a survey link to assess participants' demographics and their perceptions of their family. Participants who did not complete the survey before the interview were asked the survey questions during their interview. All interviews were completed over the phone.



- » Participants reported adopting through intercountry processes (21; 52.5%) and through private domestic adoption (19; 47.5%).
- » Participants were White/Caucasian (39; 97.5%) and Black/African American (1; 2.5%). Parents who completed private domestic adoptions reported their child's race as White/Caucasian (12; 57.1%), Black/African American (2; 9.5%), Hispanic/Latino (2; 9.5%), Multiracial (4; 19.0%), or White/Caucasian and Black/African American (1; 4.8%). Parents who completed intercountry adoptions reported their child's race as White/Caucasian (6; 31.6%), Black/African American (3; 15.8%), Hispanic/Latino (3; 15.8%), or Asian/Pacific Islander (7; 36.8%).
- » The reported average annual household income was \$88,749 (Private domestic adoption = \$91,749; Intercountry adoption = \$85,749).
- » The average age of the adopted children at the time of the interviews was 12.76 years of age (Private domestic adoption = 13.47 years of age; Intercountry adoption = 12.05 years of age).

In the following sections, findings from the interviews are presented by site. Findings were similar between parents who adopted through private domestic adoption means and parents who adopted through intercountry processes. Unless specifically noted, the findings are presented together.

Family challenges

Many intercountry and private domestic adoptive families find themselves facing challenges post-adoption as they begin to navigate the specific needs of their adopted child. Based on their survey and interview responses, parents across program sites reported the following stressors:

Low child engagement. Parents indicated that they felt their child was resistant to bonding and struggled with attachment.

Family conflict. Parents reported engaging in frequent conflict with their adopted child over mundane activities such as bathing. Parents of privately adopted children reported more emotional, developmental, and behavioral problems than parents of children who were adopted intercountry.

Poor conflict management. Parents reported that when conflict occurred, both themselves and the children engaged in poor conflict management, including losing their temper and yelling.

School struggles. Parents reported that their children experienced stressors outside of the home, particularly at school. These stressors included conflict with teachers, classmates, schoolwork, truancy, and end of the school year “survival mode.” Parents who adopted children through intercountry adoption reported their children achieving high academic success than parents of privately adopted children.



TRAUMA AFFECT REGULATION: GUIDE FOR EDUCATION AND THERAPY (TARGET) PROGRAM

About TARGET and our sample

TARGET is designed to enable youth affected by trauma and adverse childhood experiences to recognize, understand, and gain control of their stress reactions, focusing on seven essential steps using the acronym FREEDOM (Focus, Recognize triggers, Emotion self-check, Evaluate thoughts, Define goals, Options, and Make a contribution). TARGET is an in-home intervention offered to adoptive families with children ages 10-17 in the state of Illinois to educate parents and children on trauma and provide therapy. Our sample included twelve adoptive mothers and three adoptive fathers. Their adopted children ranged from 10 to 16 years of age and included four girls and eleven boys. Seven adoptions were intercountry and eight were private domestic adoptions.

Skill-Building

The primary focus of TARGET is to teach parents and children how to understand and regulate emotional responses to trauma and stress. Parents reported improved skills in:

Stress-reduction and conflict de-escalation. Parents reported that they and their children developed skills to prevent conflicts from escalating and identifying emotions to reduce the severity of conflict.

Helpful language. A key skill in managing conflict was gaining language to help children who are adopted put words to name their feelings and talk through their stresses without fighting.

What worked

According to parents, TARGET...

- » decreased resistance of attachment of child
- » increased implementation of skills learned through training

“Put a name on it... that feeling just needs to go into the filing cabinet and stay there for a little bit and I'll come back and deal with it when I'm ready.”

– Adoptive mother

TUNING IN TO TEENS (TINT) PROGRAM

About TINT and our sample

The TINT program is designed for youth 10 to 18 years of age, but for the purposes of the current project, New Jersey focused on families with a child between the ages of 10 and 13. The main goal of the program is to help parents better understand their child's emotions, so their responses are appropriate and help the child develop and improve their emotional well-being. Our sample included five adoptive mothers and one adoptive father. Adopted children ranged in age from 7 to 14 years of age and included one girl and five boys. One of the adoptions was intercountry and five were private domestic adoptions.

Skill-Building

TINT focuses on emotional intelligence and emotional coaching. This program hopes to improve the relationships and interactions within the family, and address and prevent children's behavioral issues. Participants reported learning the following skills:

“Interactions with your child are more about connecting... and building that relationship than they are about solving the problem at hand.”
– Adoptive mother

Communication. Parents reported that TINT helped them reconceptualize communication with their child as focused on connecting with the child rather than solving problems. Additionally, they reported their conflicts involved less yelling and more listening.

Empathy/Perspective-taking. Parents reported that TINT helped them develop an understanding of their child's circumstances and patience when met with conflict with their child.

What worked

Parents noted that participation in TINT improved...

- » child's sense of belonging
- » view of child's emotions and behaviors
- » emotional regulation and expression
- » conflict management

THE NEUROSEQUENTIAL MODEL OF THERAPEUTICS (NMT) ASSESSMENT

About NMT and our sample

NMT helps clinicians organize a child's developmental history and current functioning to inform the clinical decision-making and treatment planning process, guiding the selection of the most appropriate, developmentally sensitive interventions for a child. Our sample was eleven adoptive mothers and three adoptive fathers in the state of Tennessee. Adopted children ranged in age from 6 to 18 years of age and included seven girls and seven boys. Eight of the adoptions were intercountry and six were private domestic adoptions.

Skill-Building

NMT is a developmentally informed and trauma-sensitive approach to working with at-risk children and their families. Skills parents identified included:

Knowledge Building/Strategies/Insight. Parents reported that the program provided them with information about their child's experiences. Topics included trauma and trauma response, developmental issues, attachment, and brain development. Knowledge about these topics helped them apply their learning to adjust their expectations and help children identify emotional triggers.

Support. Parents reported that the intervention gave them the opportunity to connect with others who could empathize with their experiences and offer support for one another.

Activities. Parents reported that NMT sessions provided them with useful activities to connect with their children and help them manage stressors.

“Other people that were kind of dealing with the same issues and just having somebody to process that with on a weekly or biweekly basis was wonderful.”
– Adoptive mother

What worked

Parents who participated in NMT noted the following improvements in their families through...

- » Lower family stress
- » Higher family cooperation
- » Positive behavioral changes

ADOPTION GUARDIANSHIP ENHANCED SUPPORT (AGES) PROGRAM

About AGES and our sample

The AGES program is an enhanced case management service that offers families individualized assessment of their strengths and needs, identification of child- and family-specific goals, personalized assistance with identifying resources and navigating services, and targeted advocacy. The AGES program has five different phases: support initiation, assessment, support planning, support delivery, and case closure. Participants in AGES were five adoptive mothers from the state of Wisconsin. Adopted children ranged in age from 4 to 15 years of age and included three girls and two boys. Three of the adoptions were intercountry and two were private domestic adoptions.

Skill-Building

Goals of this program are to increase post-permanency stability, increase overall family well-being, and provide tools to manage family stress. Parents reported more:

Resources. The primary strength of the AGES program outlined by parents was the access to resources that it provided them and that it encouraged them to consider the resources they might need as the child grows.

What worked

Parents who participated in AGES reported the following...

- » Increased access to resources
- » Lower levels of family stress
- » Satisfaction with the experiences of the program
- » Access to counselors for additional support

“Access to resources and information that I might – as a parent – not come across.”
– Adoptive mother

RECOMMENDATIONS FOR POST-ADOPTION SERVICE PROGRAMS

At the conclusion of their interview, participants were asked if they had any recommendations for the programs in which they participated. Across sites, participants offered the following recommendations:

Ongoing programs and support. Overwhelmingly, parents reported that they would benefit from ongoing support programs, following completion of the initial program. In addition to practicing the skills they learned in each program, they felt that it would be a good way to maintain connections with support systems.

Adapted programming. While the programs helped parents develop skills to manage their relationships with their adopted child, some parents expressed the need for the programs to address more “extreme cases,” particularly for children with mental health diagnoses and special developmental needs.

More widespread. Parents reported that they believe that adoption service programming needs to be more available and accessible. One parent noted that there was probably a very big need for these services in other places. Additionally, some participants reported that programming was more difficult to find in rural areas.

“Sometimes you just... need a refresher course” that would ensure that

“I’m using [the skills] in the right way.”

– Adoptive mother



CONCLUSIONS

Intercountry and private domestic adoptive families often face challenges on their journey during and after the adoption of a child. Post-adoption services that serve to ensure adoption stability and enhance the behavioral health of the adopted child as well as general family well-being play a critical role in the lives of intercountry and private domestic adoptive families. Evidence from our interviews suggests the 40 participating families received distinct benefits from four services used with post-adoptive families (i.e., TARGET, TINT, NMT, AGES). These programs served to increase the quality of parent-child relationships, reduce family stress, ameliorate adopted youth behavioral problems, and connect the family with vital resources. The main suggestion from families on how to improve post-adoption services was to add booster sessions and/or an ongoing service of some kind for adoptive families. Overall, parents who completed post-adoption programming reported maintaining commitment to helping their child grow and thrive.

