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The Baby Blues: Mothers' Experiences After Adoption

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The Baby Blues: Mothers’ Experiences After Adoption

by

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A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy
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DEDICATION

I want to dedicate this dissertation to my mother, Gail Barno, whose unconditional love has been the foundation of all things I have achieved in life.

I also want to dedicate this dissertation to my children, Sydney and Avery, in hopes that they will be equally as blessed by my love for them and know all things are possible.
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ABSTRACT

It is not uncommon for new mothers to experience depression. However, depression after the arrival of a child is not limited to biological mothers. The term Post-Adoption Depression Syndrome (PADS) was created to capture the unique type of depression that may occur after adopting a child. The nature and prevalence of depression after adoption is still largely unknown since there is little published research exploring the experiences of mothers in the first year after adopting a child. The characteristics of this disorder are reportedly comparable to postpartum depression in a biological mother. A review of postpartum literature reveals risk factors unrelated to biology. The experiences of adoptive mothers were explored focusing on the psychosocial and psychological risk factors of postpartum depression and challenges specific to adoptive parenting were also considered.

Quantitative data were collected through an on-line survey. Findings revealed that 25% of adoptive mothers experienced depressive symptoms after adoption. Lack of support and increased fatigue were the most significant predictors of post-adoption depression. Other factors related to increased depression were found, such as infant temperament and marital status. Additionally, in-depth interviews with adoptive mothers were conducted that illustrate the experiences and challenges specific to adoptive parenting that may contribute to post-adoption depression. Implications for social work
practice, adoption agencies and adoption professionals are discussed. Improved assessment strategies are suggested.
CHAPTER ONE

Introduction

Adoption of a child should be a happy and joyous event. However, many adoptive couples report feelings of sadness and anxiety after the arrival of their child. For some adoptive parents, the physical and emotional strain of becoming parents can even lead to depression. Post-adoption depression syndrome (PADS) was first described to explain the negative feelings many families experience after adoptive placement (Bond, 1995). Adoptive parents began discussing life after placement of an adoptive child, in less than blissful terms.

“I don’t think enough is said about post adoption depression. I think many pre-adoptive parents think it won’t happen to them. I was one of those who wanted a child so badly that I never considered an adjustment period. I could never imagine myself anything but blissfully happy as a new mom. I dismissed any notion and was not willing to consider it. I think other adoptive parents suffer silently out of shame and fear. I typically will only speak for myself in most situations but today I speak for the new Mom that suffers in silence.” - Laurie

The first attempt to quantify post-adoption depression occurred in 1999 when an Internet survey was posted inquiring about post-adoption depression among adoptive families that completed international adoptions (McCarthy). Of the 145 adoptive parents that responded, over 65% of the parents reported experiencing depression after the adoption of their children. Seventy-seven percent of respondents also reported their symptoms lasted from two months to over one year, with 45% suffering for six months or longer. Seventy percent of the parents surveyed felt post-adoption depression had
interfered with their transition to parenting and also interfered in bonding with their child. Additionally, 85% of sufferers reported the depression affected their physical health in some way. Although McCarthy’s findings appear to support the existence of post-adoption depression, the representativeness of her findings are questionable since only adoptive parents of foreign children, mostly from Russia, were surveyed. Nevertheless, McCarthy’s survey results provided the first documented glimpse that some adoptive families experience stress and depression after adoption.

Adoption of a child is a complex social construct that is often challenging and does not always result in immediate happiness. Anxiety, fertility issues, and societal views are just some of the pre-adoption stressors that many families experience. Additionally, families may wait years before they actually receive their adopted child. Adoption stress and depression may manifest itself in a variety of ways, some of which can have devastating effects on the adoptive family and child. Although the effects of post-adoption depression on the child and family have yet to be researched, we can speculate that many of the same negative outcomes associated with maternal depression in biological mothers would also negatively impact adopted children. Research on postpartum depression offers us a place to begin looking at how adoptive parent depression may impact the child. The effects of postpartum depression have been extensively studied as evidenced by the abundance of articles on the topic. According to Murray and Cooper (1997), postpartum depression can result in a range of adverse cognitive and emotional outcomes including attachment difficulties and developmental problems in the children of depressed mothers. The negative effects of maternal depression on children include an increased risk of impaired mental and motor
development, difficult temperament, poor self-regulation, low self-esteem, and behavior problems. If left untreated, postpartum depression may also result in the death of mothers and their children, by suicide and infanticide (Wisner, Chambers, & Sit, 2006). There is also a need to understand the negative effects post-adoption depression has on parents to ensure they are able to meet the needs of their child while they experience depressive symptoms. Additionally, we need to better understand if this type of depression is the result of role transition, which can be a difficult and challenging transition for any new parent or does the complex family structure of adoptive families add another dimension that increases the likelihood of stress and depression. With so little known about post-adoption depression, it is likely that many adoptive families are struggling unnecessarily with this issue and are likely not receiving treatment. Social work professionals have long been leaders in providing adoption services, thus having rare insight into the lives of adoptive families. Just as maternal child nurses have become experts on postpartum depression, social workers have the opportunity to become experts on post-adoption depression.

In the year 2000, there were reportedly 2.1 million adopted children in the United States alone (U.S. Census Bureau, 2003). Approximately 127,000 children were adopted annually in the United States in the years 2000 and 2001 and this number has remained relatively constant since 1987, ranging from 118,000 to 127,000 (Child Welfare Information Gateway, 2004). According to the Public Opinion Benchmark survey, 6 out of every 10 people have a personal experience with adoption through being adopted, knowing someone adopted, or knowing someone who placed a child for adoption (Evan B. Donaldson, 1997). Additionally, adoptive families come in many forms; since the
1990’s single parent adoptions by both men and women have increased from 2.5 - 5% to currently 12-25% (Evan B. Donaldson Institute, 2007). In 1992, 42% of all adoptions were either kinship or stepparent adoptions (Flango & Flango, 1994). Furthermore, it is estimated that lesbian or gay parents have adopted approximately 65,500 children, which accounts for more than four percent of all adopted children (University of California, 1997). Prior to the ratification and implementation of the Hague Convention for Intercountry adoption, orphan visas issued by the United States exceeded 20,000 annually from 2002 until 2006 (US Department of State, 2007) and international adoptions had more than doubled since 1991 (Evan B. Donaldson, 2007).

Although people adopt for a multitude of reasons, infertility leads many families to seek adoption. Most married couples expect to achieve the developmental milestone of biological parenthood, but for couples that do not achieve parenthood by an expected point in time they are exposed to societal pressures ranging from subtle cues to outright comments inquiring about the absence of children in their marriage. Parenthood is regularly assumed, but is often met with challenges. In the United States, there are currently over 6 million women having difficulty getting or staying pregnant. In 2010, of the 147,260 assisted reproduction cycles reported by U.S. fertility clinics, only 47,090 resulted in a live birth (Centers for Disease Control and Prevention [CDC], 2013). As long as discrepancies this large exist between people wishing to be parents and people producing children, alternative options to parenting will be sought. When biological parenthood cannot be achieved, single people and couples must re-evaluate their desire to parent; for those who do not wish to remain childless, adoption becomes an option.
As more families seek adoption, the need to better understand the emotional and psychological impact of adoption becomes increasingly important. Although post-adoption depression is believed to impact many adoptive families, the question remains how many and more specifically, what types of adoptive families may be at greater risk for this type of depression. Adoption trends illustrate that types of adoptive families are changing; adoptions by relatives, single parents and gays and lesbians are increasing, which may add complexity to the already difficult transition to parenting. Moreover, a person’s motivation for adopting may also impact their adjustment if it involves issues such as unresolved infertility. By gaining a greater understanding of adoption stress and depression, we can better identify factors that place families at increased risk and intervene.

**Rationale for Study**

Post-adoption depression is becoming more widely discussed in the media and among adoptive parents; however, little is still known about actual incidence and prevalence rates for post-adoption depression. Adoption professionals should gain a better understanding of how depression after adoption impacts the adoptive family system.

This study was conducted in order to better understand:

1. The transition to adoptive parenthood can be challenging;
2. The prevalence of this condition deserves further investigation;
3. There is evidence that maternal depression can have serious negative affects on children;
4. Adoption professionals may fail to recognize post-adoption depression; and
5. The possibility for inadequate treatment of post-adoption depression is elevated because of the adoptive family’s reluctance to seek help.

**Research Questions and Objectives**

The overarching research question of the study is “What do adoptive mothers experience during the post-adoption period?” Additionally, this study addresses the following: 1) Is there evidence of depression among adoptive mothers? 2) How is depression manifested among adoptive mothers after the arrival of their child? 3) What factors appear to be associated with depressive symptomatology? The objectives of this study are to:

1. Explore the perceptions of adoptive mothers’ experiences during the post-placement and post-adoption transition period;
2. Identify the manifestations of depression among adoptive mothers after placement of their child;
3. Identify prevalence of depression among adoptive mothers at stages during the post-placement and post-adoption experience;
4. Examine the association between factors and symptoms of depression among adoptive mothers; and
5. Examine factors leading to positive experiences of adoptive mothers.
CHAPTER TWO

Review of the Literature

Social workers and other helping professions need to understand the psychological impact of adoption in order to provide families with both education and the support necessary to have a positive adoption experience. The aim of this chapter is to summarize the literature on a range of topics relevant to the current research on post-adoption depression. Topics include post-adoption depression, adoptive parenting adjustment, matching, psychological risk, attachment, and infertility. This review will also explore research on postpartum depression, which is examined as a comparison to post-adoption depression since several researchers have posited it as an effective comparison disorder (Gair, 1999; Foli & Thompson, 2004; Kane, 2006). Empirical studies from social work, psychology, child development, marriage and family, health, nursing, and medical literature were reviewed.

Post-adoption Depression

Gair (1999) completed one of the first studies to examine depression among adoptive mothers. She studied 19 adoptive mothers’ emotional responses to the post-adoption period using in depth interviews and the Edinburgh Postnatal Depression Scale (EPDS). At the time of the interviews, the adopted children were infants and children up to age 5, who all were adopted as infants and were between the ages of 3 days and 9 months at the time of adoption finalization.
Gair’s findings revealed that although some adoptive mothers adjust well to their new roles as mothers and caretakers, others experienced unexpected distress and depression. Many of the mothers’ comments indicated they might even have suffered depressive conditions similar to postpartum depression. Prior to any mention of postpartum depression, several mothers made spontaneous statements comparing their experiences to postpartum depression. Thirty-two percent of mothers in this study scored above the cut off point of the 10-item questionnaire indicating 6 of the 19 mothers were at risk of or suffering from depression. Interviews of these mothers also revealed feelings of anxiety, stress, and distress. Gair admitted, however, the EPDS was not administered as recommended by its developers in regards to research participants or time frames since, ideally, the scale should be administered from 6 to 8 weeks after the child’s birth and was designed for biological mothers.

Additional studies on post-adoption depression using the EPDS or a modified EPDS, report prevalence rates of depression ranging from 8.8% to nearly 30% at various time periods within the first 12 months of placement (Senecky, Agassi, Inbar, Horesh, Diamond, Bergman & Apter, 2009; Payne, Fields, Meuchel, Jaffe & Manish, 2010; Mott, Schiller, Richards, O’ Hara & Stuart, 2011; Foli, South & Lim, 2012).

In 2006, a doctoral student attempted to study adoptive mothers’ experiences of depression by utilizing biological parents’ experiences of postpartum depression as a comparison (Kane). Kane’s intent was to study both types of families (biological and adoptive) involved in support groups. However, after unsuccessfullly searching for a post-adoption depression support group, she opted to post a request for interviewees experiencing depression on an Internet list serve comprised mostly of families that
adopted internationally. Out of the nearly 100 families that responded, two-thirds reported experiencing post-adoption depression. Kane conducted 28 in-depth interviews of these adoptive families over the phone, lasting from one to six hours. Additionally, she interviewed 31 biological families. Kane selected to screen out the adoptive mothers reporting a history of prior depression as a type of control for post-adoption depression. Kane was concerned others may feel just having a prior history of depression could explain post-adoption depression.

Kane’s findings imply that both biological and adoptive mothers experience “discrepant emotions” about parenting. Their feelings of sadness or anger did not match the feelings they thought they would have after arrival of their child. Both biological and adoptive mothers attempted to perform the work of “good mothers” and eventually blamed themselves for their feelings. In some instances, their discrepant emotions moved to “deviant emotions”, which led some to seek help. In examining how adoptive parents dealt with the complex deviance associated with adoption, Kane found adoption was both positive and negative for families. Adoptive families struggled with the stigma of adoption being seen as second best and attempted to manage these negative aspects by “approximating biology” through seeking children that looked physically similar and by creating scripts associated with pregnancy and childbirth. The parents also attempted to reject societal comments that they were “rescuing” children, since it implied their children were a type of charity case. Lastly, the families prided themselves and their children for enduring their struggle to become a family.

Similar to Gair’s findings, many of the adoptive mothers interviewed revealed statements indicating they experienced symptoms of postpartum depression without
actually giving birth. Kane’s recruitment method, unlike Gair’s, did not screen for actual depressive symptoms using a postpartum instrument prior to interview. This method may have allowed for families to participate that might have been eliminated by a formal screening tool.

In support of Kane’s findings, a study of parents that adopted transracially attempted to “approximate biology” by identifying certain physical features and personality traits of their adoptive child that were similar to their own such as the child’s curly hair or the mother’s hot temper, even if some of the traits seemed far-fetched (Howell & Marre, 2006).

**Societal Perception**

Miall (1987) studied perceptions of adoptive parent status. She sampled 71 infertile women who had adopted or were in the process of adopting about how they felt society viewed adoption through the use of both interviews and surveys. Comparable to Kane’s findings, Miall reported adoptive parents felt society minimized their ability to love their child since there was no biological tie, their children were viewed as second choice over a biological child, and they were not “real parents” due to the lack of a biological tie. Miall admitted to difficulties in finding parents, especially adoptive fathers, to participate in the study, which prevented statistical representativeness. Over a decade later not much has changed; in 1997, a national survey was conducted to learn more about Americans’ perceptions of adoption (Evan B. Donaldson Institute). Of the 1,500 households surveyed, although 90% of Americans revealed they have a positive view of adoption, 50% said adopting is not as good as having one’s own children.
Matching

Adoption “matching” is a concept that is used by many adoption professionals and agencies. According to the Adoption History Project, adoption matching began as a method in the early 20\textsuperscript{th} century to “inject naturalness and realness into a family form stigmatized as artificial and less than real”. The goal was that physical resemblance, intellectual similarity, and racial and religious continuity existed between children and their adoptive families (Herman, 2007). Although the process of matching has changed due to laws that prevent children from languishing in temporary care while they wait for their perfect “match”, the matching of family preferences with desired child characteristics still exists today.

Similar to adoption matching, Lerner (1982) suggests a “goodness of fit” model for understanding how child characteristics promote reactions in their social environment. Belsky’s theoretical model of determinants of parenting also supports the idea of reciprocal linkages between the child and parent (1984). For example, children with difficult temperaments may promote feelings of incompetence in their parents, which may impact the care giving they receive. A “good fit” between the parent and child is associated with healthier family outcomes. Extrapolating on the works of Lerner and Belsky, Bogenschneider, Small, and Tsay (1997) offer another category of the goodness of fit model to include the “mismatch or incompatibility” between parent and child characteristics and asserts that a mismatch between a child and parent will result in higher levels of parental stress.
Psychological Risk

Brodzinsky (1987) studied psychological risk associated with adoption and described a model of adjustment based on Erickson’s psychosocial developmental model. The model proposes that adoptive parents must face additional tasks that are unique to adoption, in addition to normal developmental family tasks. In the early adjustment period, families must resolve feelings about their infertility, manage feelings of uncertainty and anxiety during the pre-placement period, and cope with the stigma of adoption as a “second best” alternative to parenting. Additionally, families must also go to great lengths to find appropriate role models while developing realistic expectations about parenting. For families choosing infant adoption, they face additional pressure of hoping to receive a child young enough in age so they may develop secure early attachments.

Attachment

Attachment of children to their adoptive parents has been extensively studied in adoption literature. However, there is little discussion about how adoptive parents attach to their children, and more importantly, what to do when they are not attaching. Many adoptive families expect to bond instantly with and feel love for their child. Lack of attachment early on is often very stressful for adoptive families (Foli, 2004). In addition to attaching to their child, adoptive families must become attached to and accept a child who was born to someone else, while also accepting this child as their own. They must also face the personal and familial history that existed prior to adoption (Noy, 2002). Furthermore, they have the challenge of disclosing and discussing adoption with their children (Nickman, Rosenfeld, Fine, & Macintyre, 2005).
Infertility

Adoptive parents must have the skills to master the complex task of adoptive parenting. Yet, many families enter the adoption process already feeling inadequate due to infertility. In a review of descriptive literature on the psychological consequences of infertility, infertility is presented as a “devastating experience” (Greil, 1997). The dominant themes that emerged from the review are: identity issues, feelings of loss of control, feeling defective and incompetent, lack of status and ambiguity, marital and sexual stress, alienation from the “fertile world”, stigmatization, difficulty understanding the level of meaning of infertility, treatment immersion, treatment stress, and strained provider relationships. In addition, Leon (2002) claimed the primary loss for many adoptive families was the realization they will never produce a child of their own. Some also experience the losses of their health, self-esteem, and confidence due to infertility (Roseman, 1999).

Postpartum Depression

Major depressive disorder is a mood disorder that affects approximately 14.8 million American adults or about 6.7% of the U.S population over the age of eighteen (National Institute of Mental Health [NIMH], 2005). Major depressive disorder is more prevalent in women than men and women of childbearing age at are a higher risk for developing major depression (Kessler, Berglund, Demler, Jin, Koretz, Merikangas, Rush, Walters & Wang, 2003). According to the World Health Organization (2012), major depression is the leading cause of disability in the U.S. and worldwide.

"Postpartum depression" is a clinical term referring to a major depressive episode associated with childbirth. The Diagnostic and Statistical Manual of Mental Disorders
(DSM IV) does not recognize postpartum depression (PPD) as being diagnostically different from other major depressive disorders except for the postpartum-onset specifier, which denotes onset of depression within four weeks of delivery (American Psychiatric Association, 1994). The period from birth to 3 months postpartum was found to be associated with increased risk for treatment, with even greater risk for first time mothers and during days 10 to 19 (Wisner et al., 2006). Depression after childbirth can include both minor and major depressive symptoms. “Maternity blues” or “baby blues”, a less severe form of depression, affects 30% to 75% of new mothers (O’Hara & Swain, 1996). This type of “blues” typically begins right after childbirth and may last up to ten days, typically peaking around the fifth day. Symptoms may include crying, irritability, fatigue, anxiety, and constant emotional change (Beck, 2006). There are more severe types of depression that occur after childbirth. Postpartum psychosis is the most serious of the postpartum mood disorders and symptoms may include delusions, hallucinations, sleep disturbances, and obsessive thoughts about the baby. Fortunately it is rare and only occurs in 1 or 2 out of every 1000 births and usually begins in the first 6 weeks postpartum (U.S. Department of Health and Human Services, 2005).

O’Hara and Swain (1996), estimate that 13% of women experience postpartum depression. Gaynes et al. (2005), explain the exact prevalence and incidence of postpartum depression is unknown, but estimates of the rates of major and minor depression in the postpartum period range from approximately 5% to 25% of new mothers. Postpartum depression can occur anytime within the first year after childbirth and many mothers require treatment by a mental health professional. According to the DSM IV, symptoms of postpartum depression include feeling restless, irritable, sad,
frequent crying, lack of energy or motivation, eating too little or too much, sleeping too little or too much, trouble focusing or making decisions, feeling worthless and guilty, loss of interest or pleasure in activities, withdrawal from friends and family, physical symptoms (headaches, chest pain, heart palpitations and hyperventilation), being afraid of hurting the baby or oneself or not having interest in the baby. If these symptoms last more than two weeks, they are signs of depression.

**Risk Factors Related to Postpartum Depression**

Two key meta-analyses were identified that examined risk factors of postpartum depression. O’Hara and Swain (1996) revealed the strongest predictors of postpartum depression were past history of psychological problems during pregnancy, poor marital relationship, limited social support, and stressful life events. Beck (1996) found moderate to large effect sizes between eight predictors of postpartum depression: prenatal depression, child care stress, life stress, lack of social support, prenatal anxiety, maternity blues, marital dissatisfaction and history of prior depression. In 2001, Beck conducted another meta-analysis to update the original 1996 findings, this time including the additional variables of self-esteem, infant temperament, socioeconomic status, and unplanned or unwanted pregnancy. The review indicated that self-esteem and infant temperament had a moderate effect, while socioeconomic status and unplanned or unwanted pregnancy had little to no effect.

Parenting expectations and the reality of parenting are not always congruent. Even the most prepared new parent will be faced with unexpected challenges regarding their child. The results of a metasynthesis of qualitative literature on postpartum depression found that many women’s expectations of parenting were very different than
the reality of motherhood (Robertson, Celasun & Stewart, 2003). Many felt overwhelmed which led to feelings of inadequacy and later guilt that they were not fulfilling their roles as defined by society. Feelings of isolation and not being able to share their problem for fear of being labeled as bad parents added to feelings of inadequacy. In another study of parenthood expectations, 71 first time mothers were surveyed at the time of birth and again at 4 months regarding their expectation of caring for their infant and the influence parenting had on their well-being and relationship (Harwood, McLean, & Durkin, 2007). The instruments used in the study were the Edinburgh Postnatal Depression Scale (EPDS), the Parenting Sense of Competence Scale (PSOC), and the Parenting Expectations measure. The results indicate most new mothers’ expectations matched or exceeded their actual parenting experience. However, in situations where their experiences did not meet their expectations, there was evidence of increased depression. Harwood admits having such a small sample and the homogeneousness of the group (all Caucasian women) may have impacted generalizability. Additionally, a very small portion of the women studied had experienced any significant difficulties during the transition to parenting, which accounts for the positive adjustment of most of the mothers.

Physiological factors such as lack of sleep can also contribute to postpartum depression. Dennis & Ross (2005) studied 425 mothers and found self-reported fatigue, getting less than 6 hours of sleep in a 24-hour period, and frequent infant crying were significantly associated with high scores on the Edinburgh Postnatal Depression Scale used to assess depressive symptoms at 4 and 8 weeks after birth. The design of this study
was not to demonstrate cause, therefore, it is unknown if depressive symptoms may have impacted levels of fatigue.

Adoptive mothers are vulnerable to the same stressors of parenting as biological mothers. Table 2 demonstrates risk factors of postpartum depression that could also be shared with adoptive mothers during the post-adoption period. Additionally, other risk factors have been identified in adoption literature that may help predict post-adoption depression.

**Assessment**

There are multiple instruments available that assess specifically for postpartum depressive symptoms. By far the most widely studied instrument in postpartum depression research is the Edinburgh Postnatal Depression Scale (EPDS), a 10-item self-report scale specifically designed to screen for postpartum depression (Boyd, Le & Somber, 2005). The EPDS addresses the following symptoms: inability to laugh, inability to look forward with enjoyment to things, blaming oneself unnecessarily when things go wrong, feeling anxious or worried, feeling scared or panicky for no good reason, feeling unable to cope with things, difficulty sleeping because of unhappiness, feelings of sadness or being miserable, crying, and thoughts of harming oneself.

The Beck Depression Inventory (BDI) has been used in general research and in many studies related to postpartum depression. However, some studies report the scale fails to identify some symptoms associated with postpartum depression (Groth-Marnat, 1990). The BDI is a self-administered 21 item self-report scale measuring manifestations of depression. The BDI takes approximately 10 minutes to complete and is written at a fifth or sixth grade reading level to adequately understand the questions.
Another commonly used instrument is the Postpartum Depression Screening Scale (PDSS). The PDSS measures seven symptoms areas of depression: sleeping/eating, disturbances, anxiety/insecurity, emotional liability, mental confusion, loss of self, guilt/shame, and suicidal thoughts (Beck & Gable, 2000).

The performance of the EPDS and the PDSS were compared along with the BDI-II, and revealed the PDSS achieved the highest combination of sensitivity and specificity when detecting both major depression and major or minor postpartum depression. The PDSS identified 94% of the women diagnosed with major postpartum depression. The EPDS identified 78% of these women and the BDI-II identified 56% of the women (Beck & Gable, 2001).

**Theoretical Assumptions Regarding Post-adoption Depression**

Belsky’s determinants of parenting process model provides a useful framework for understanding post-adoption depression (see Figure 1). This model emphasizes a multidetermined nature of parental functioning, which includes three interrelated domains: personal psychological resources of parents, characteristics of the child, and contextual stress and support (1984). The experiences of parents while children (developmental history) are assumed to impact both their mental health and parental functioning. Child characteristics also influence parenting, especially in cases where more difficult infant behavior undermines parental functioning. Additionally, Belsky asserts the social context of parental and child interaction must also be examined. Marital relationship, social networks, and work atmosphere are believed to impede or support parenting functions.
Belsky’s conceptual model of parenting determinants will be modified in this study in several ways. The review of literature on adoptive parenting demonstrates that adoptive parents must face additional tasks that are unique to adoption, in addition to “typical” tasks during the transition to parenting. It is my intent to include additional factors that are specific to adoptive parenting (see Figure 2).

**Summary of the Literature Review**

There are many paths to adoption and each family brings with them different developmental, psychological, and contextual factors that impact their journey. There is no perfect prediction for how a family will adjust to becoming an adoptive family system. Additionally, every adopted child brings to the process additional factors that impact the transition process. The review of the literature on post-adoption depression shows us that there is a need for further research in this area.

Literature on postpartum depression provides a useful framework to examine post-adoption depression more closely. By examining predictors of biological mothers’ depression, while also considering risk factors specific to adoptive parenting adjustment, we can better understand which families are at increased risk for stress and depression. Most adoption professionals have limited knowledge of post-adoption depression and therefore have little training in the identification of its presenting symptoms. As a result, they often do not recognize the symptoms as indicating depression. Additionally they may feel uncertain about how to effectively assist an adoptive parent and may be reluctant to raise the issue due to feeling inadequate in treating the problem. Research on postpartum depression demonstrates that screening for depressive symptoms may significantly assist adoption professionals in their ability to detect post-adoption
depression. Because biological and adoptive mothers share so many common characteristics during the early postpartum and post-adoption period, the use of postpartum screening scales appears promising in symptom identification. The PDSS also appears to be one of the most appropriate screening tools given its domains that include questions relevant to all mothers with newborns, regardless of biological ties.

Although the results of the aforementioned studies inform social work practice, our knowledge is still very limited. Studies on post-adoption depression conducted to date have included small sample sizes and utilized tools that were not specifically designed for adoptive populations. Additionally, most studies on adoptive families have focused primarily on the adjustment of the adoptee, rather than how adoptive parents cope during the transition to adoptive parenting. Furthermore, what we do know about adoptive parenting adjustment comes largely from qualitative data. Using more objective measures and larger sample sizes would enhance future studies and contributions to social work practice.
CHAPTER THREE

Research Design and Methodology

This study utilized a mixed-methods design to explore and examine adoptive mothers’ experiences in the post-placement and post-adoption period. Specifically, the study aimed to detect if adoptive mothers experience depressive symptomatology after placement of their adopted child, as well as identify factors associated with their experiences. An exploratory approach was an appropriate research method for this study since so little is known about post-adoption depression. Theoretical perspectives on postpartum depression were tentatively applied to help guide the research.

Study Design

A mixed method, two phase design was employed. The first phase of the project utilized interviews to address the research questions that are more exploratory and that served to inform phase II of the study. Research questions for phase I sought to explore and define the depressive symptomatology of adoptive mothers and delineate factors that influence or impede their experiences. The second phase of the study utilized a survey design to address research questions that examine factors associated with their depression. According to Greene, Caracelli, and Graham (1989), a mixed methods approach offers the opportunity to examine overlapping or different facets of a phenomenon, which in this case is adoptive parenting. Additionally, a mixed methods
design allows researchers to use the results from one method to “elaborate, enhance or illustrate” the results from the other.

**Research Questions**

1) Is there evidence of depression among adoptive mothers during the post-adoption period?
2) How is their depression manifested?
3) What factors are associated with their depressive symptomatology?

**Sampling Frame**

The study population of both phases was comprised of adoptive mothers who received placement of their child within the past 12 months. Adoptive mothers from three domestic adoption agencies participated in the study. All three agencies are private, profit/non-profit agencies that specialize in the placement of newborns. Each agency is briefly described below:

Heart of Adoptions, Inc. is a private, for profit adoption agency located in Florida. The agency serves adoptive families from all over the nation, as well as some adoptive families residing outside the United States (mostly European countries).

Catholic Social Service of the Diocese of Dodge City is a private, not-for-profit adoption agency located in Kansas. The agency serves adoptive families within Kansas that wish to adopt domestically.

Gift of Life Adoptions is a private, for profit “social work focused” domestic adoption agency located in Florida. The agency serves adoptive families from all over the nation.
Adoptive mothers residing throughout the United States, as well as several other countries, may be included in the sample.

**Phase I- Qualitative**

*Participants*

The sample for this study consisted of ten adoptive mothers who received placement of their adoptive child within the past twelve months from Heart of Adoptions, Inc. Adoptive mothers were identified through purposive sampling. In order to achieve a wide range of adoptive mother (and adoptive family) characteristics, maximum variation sampling was employed. The target sample was a minimum of 10 mothers, which is identified by Creswell (1998) as a reasonable number of participants that have shared the same experience or phenomenon. Rather than achieving representativeness through equal probabilities, maximum variation allows for deliberate selection of different extremes in small samples (Patton, 1987). This type of sampling enabled the selection of adoptive mothers based on various dimensions of interest (i.e. history of prior depression, single parenting, prior infertility, etc.).

*Instruments*

A semi-structured interview guide was utilized to capture the qualitative experience of adoptive mothers (see Appendix A). According to Lofland and Lofland (1995), an interview guide is an effective tool to obtain narrative or an account about a person’s experience. Using probes based on the theoretical findings of postpartum depression assisted in directing the interview. While semi-structured to focus on specific areas of adoptive mothers' lives, opportunity still existed to explore other topics that arose in the course of the interview. In-depth interviewing allowed for a rich description about
the distinct lived experience of an adoptive mother during the early transition to adoptive parenting. This method explored the adoptive mother’s perceptions of experiences during the post-placement or post-adoption period while allowing her experience to be expressed in her own words.

Key research questions explored: Adoptive mother factors (parenting expectations, prior history of depression, motivation for adoption, and level of fatigue), child factors (child’s temperament, attachment, goodness of fit, and health status), and contextual factors (marital relationship, birth family situation, societal perception, life change, and social support).

Procedures

The staff of Heart of Adoptions, Inc. received a list of preferred demographics based on maximum variation sampling characteristics. With this list, a roster of adoptive mothers meeting the preferred characteristics, including telephone numbers and addresses was created. Potential participants were contacted by telephone to inquire if they would be willing to participate in a study about the experience of adopting a child. Families were informed that their responses will remain anonymous.

Willing participants received a follow-up email thanking them for their participation and confirming the interview date, time, and location. Each interview was audio-recorded and transcribed verbatim.

Phase II- Quantitative

Participants

Adaptive mothers were recruited from the three participating adoption agencies: Heart of Adoptions, Inc., Catholic Social Service of the Diocese of Dodge City, and Gift
of Life Adoptions. Initially, the target sample size was 300 participants, which was selected primarily due to each agency indicating they complete approximately 100 domestic placements annually, which is the proposed study time frame (placements within the last 12 months). Post hoc power analysis indicated that the power to detect obtained effects at the .05 level was .99 for the overall regression in prediction of post-adoption depression based on the actual study sample size of 75 participants (Faul, Erdfelder, Buchner & Lang, 2009).

A mother’s appropriateness for participation in the survey required that the following selection criterion be met. 1) The adopted child must have been placed for adoption as a newborn (within 4 weeks of birth). 2) The child can be no older than 13 months of age. 3) The child must have been placed for adoption within the past 12 months, but not less than 2 weeks ago.

The aforementioned sampling frame was developed for several reasons. The primary screening instrument (depression scale) was developed for mothers at least 2 weeks postpartum. Additionally, postpartum depression can develop any time after the child’s birth so adoptive mothers were assessed throughout the post-placement period.

Adoptive fathers and families whose child was older than 4 weeks of age at time of placement were excluded from the study. Furthermore, the child must have resided in the home for at least two weeks at the time of the study, but could not have resided in the home for more than twelve months.

**Instruments**

Data were collected through an online survey (Appendix B) by using “SurveyMonkey.com”, which is a web-based survey service. The survey was developed
by the researcher and consisted of the following:

**Informed Consent and Inclusion Criteria.** The first two sections describe informed consent and screen for inclusion criterion. If the participant does not agree with the informed consent items or does not meet the inclusion criterion, they were automatically forwarded to the end of the survey.

**Depression.** The first group of questions is designed to answer the research question of whether the participant is experiencing depressive symptoms and to what extent, using the PDSS (Appendix C). The PDSS was developed by Beck and Gable (2000) to specifically measure postpartum depression. The PDSS was used to measure seven symptoms areas of depression: sleeping/eating disturbances, anxiety/insecurity, emotional liability, mental confusion, loss of self, guilt/shame, and suicidal thoughts. Confirmatory factor analysis provided empirical support for the existence of these seven dimensions. Additionally, a Tucker-Lewis goodness-of-fit index of 0.87 and a root mean square residual of 0.05 supported the model. Item response theory techniques provided further construct validity support for finer interpretations of the respective seven dimensions. This 35-item, self-report instrument can be administered in just 5 to 10 minutes and identifies women who are at high risk for postpartum depression. It is written at a third-grade reading level and the items are brief and easy to understand. Participants respond using a 5-point scale ranging from "strongly disagree" to "strongly agree." The test yields an overall severity score falling into one of three ranges: normal adjustment, significant symptoms of postpartum depression, or positive screen for major depression. Alpha internal consistency reliabilities ranged from 0.83 (sleeping/eating disturbances) to 0.94 (loss of self).
**Fatigue.** According to Goyal, Gay and Lee (2007), the most relevant screening question to predict sleep disturbance associated with depression in new mothers is by screening for sleep latency or inability to fall asleep. In the prior section, the PDSS includes the question, “I tossed and turned for a long time at night trying to fall asleep”, which according to Goyal et al. provided an accurate assessment of fatigue.

**Parenting Expectations and Life Change.** The next set of questions was designed to examine parents’ perceptions of themselves as parents and of the parenting experience with young infants using the instrument “What Being the Parent of a New Baby is Like-Revised” (WPL-R). The WPL-R (Appendix D) was developed by Pridham & Chang (1989) to assess perceptions of parenting among new mothers using 32-likert scales questions. The original instrument was a seven item self-report instrument, but was later revised to allow for a fuller understanding of the parenting experience. The WPL-R consists of three subscales: the Evaluation subscale (11 items) assesses satisfaction in being the parent of a new infant and in infant-care tasks, how well the parent knows the new infant, and the extent to which self-expectations as a parent as being met; the Centrality subscale (8 items) assesses how much the infant, or its physical health are on the parent’s mind, including times when the parent is away from home, difficulty leaving the infant with the spouse, partner, or someone else, and ease of being distracted from the infant; and the Life Changes Subscale (6 items) assesses changes in the parent’s personal life and self-image, change in life and relationships with family members, and overall stressfulness of life. The WPL-R has alpha coefficients of subscales .87 for Evaluation, .88 for Centrality and .81 for Life Change. Additionally, it has levels of internal consistency at 7, 30, and 90 days postpartum, and stability across administrations.
Infant Temperament. Mothers were asked to describe their baby’s temperament on a 9 point scale ranging from very easy going to extremely difficult.

Social Support. The “Multidimensional Perceived Social Support Scale-Revised” (MPSSS) (Appendix E) was used to assess adoptive mothers’ social support (Zimet, Dahlem, Zimet & Farley, 1988). The 12-item scale addresses different sources of support: family, friends, and significant other using a 7-point likert scale. It is quick, simple to use and has demonstrated good internal reliability and adequate stability over time. Cronbach’s coefficient alpha for the total scale and, for the significant other, family, and friends subscales was .88, .91, .87, and .85, respectively. The test-retest reliability for the total scale and three subscales was .85, .72, .85, and .75, respectively.

History of Depression. Adoptive mothers were asked if they have a prior history of depression. According to the DSM-IV, Depression is defined as experiencing five (or more) of the following symptoms that have been present during the same 2-week period and represent a change from previous functioning: (1) depressed mood most of the day, nearly every day (2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (3) significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day (4) insomnia or hypersomnia nearly every day (5) psychomotor agitation or retardation nearly every day (6) fatigue or loss of energy nearly every day (7) feelings of worthlessness or excessive or inappropriate guilt nearly every day (8) diminished ability to think or concentrate, or indecisiveness, nearly every day (9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide (American Psychiatric Association, 1994). Answer choices
included no or yes. If yes, the participant was asked to provide an explanation.

**Medication Use.** Mothers were asked if they currently take any type of medication to stabilize mood, such as for anxiety or depression.

**Socio-Demographic Variables.** The eighth section was designed to gather demographic information on the participant and the adopted child, including adoptive mother race/ethnicity, sexual orientation, marital status, education level, employment status, partner’s employment status, number of biological children, number of adopted children, age, age of most recently adopted child, and date of placement of most recently adopted child. Participant information was used to separate the sample into different categories for further analysis.

**Comments.** The last section of the survey allowed participants to share any additional information they feel is important.

**Definitions**

For the purposes of this study, adoption terms shall be used as defined in the “adoption glossary” located on Adoption.com, one of the premier websites for adoption information. The glossary contains definitions of words related to adoption and infertility (2007).

“Adoptive parent”- a person that is seeking to adopt a child or a parent that has already adopted a child.

“Birth parents” or “birth family”- the biological parents of a child placed for adoption.

Matching”- the process of bringing together qualified prospective adoptive parents and willing birth parents who are compatible with each other and who can agree
on terms under which the adoptive parents can adopt the available child.

"Placement"- the point in time when the child to be adopted comes to live in the home.

Post-placement period"- the period of time after a child has been placed with an adoptive family.

“Post-adoption period”- the period of time of an unspecified length after an adoption is finalized.

Procedures

The first step was to contact the three agencies to request their participation in the study. A summary of the proposed research study (Appendix F) along with copies of an agency consent letter (Appendix G) for each director to sign were sent to each agency following initial verbal agreement to participate.

The summary of the research proposal outlines the purpose of the study, describes the procedures to be utilized and also outlines participant criterion. All three agencies were assured that no identifying information about participants is required for the study. Agency staff identified the adoptive mothers eligible for participation in the study.

In order to maintain complete confidentiality, the study was announced in an email message sent by the agencies to adoptive mothers they identified for participation. The email message described the study as an investigation of adoptive mothers’ experiences of adopting a child and requested that only adoptive mothers respond. Interested participants were directed to the survey at an address on the Internet.

According to Dillman (2000), a PIN number should be required to complete the survey in order to limit access to invited participants and prevent others browsing the Internet from
completing the survey. Therefore, adoptive mothers were required to enter a password that was included in their email sent by the agency (Appendix H). An informed consent section was also included in the survey informing participants the survey provider (SurveyMonkey.com) employs multiple layers of security to ensure data remains private and secure, conducts daily audits of their security, utilizes the latest in firewall and intrusion prevention, and also collects data in an encrypted environment. Additionally, participants were informed that although these extensive security measures are in place, no guarantees can be made about the security of survey data transmitted via the Internet. Participants who agreed with the informed consent statement (by clicking I agree) were able to complete the survey. No identifying information was collected.

Pilot Testing

The survey was initially administered to an adoption social worker at Heart of Adoptions, Inc. and an adoptive mother. The adoptive mother was randomly selected by the agency. They each completed the survey to verify clarity of instrument questions and assess for amount of time necessary to complete the survey.

Study Variables

The independent variables in the study include: Adoptive Mother Factors- parenting adjustment (WPL-R score), prior depression, medication, fatigue, and social support (MSPSS score). Adoptive Child Factors- Infant temperament. The study’s dependent variable is the adoptive mother’s depression score on the PDSS. See Table 3 for the variables currently included in the study, noting additional variables may be added depending on the findings of the qualitative interviews.
Data Analysis

Phase I- Qualitative

A semi-structured interview approach was used to focus the participants’ narrative responses on specific aspects of their adoption experiences. Responses were recorded and transcribed verbatim. Transcripts were entered into the qualitative data analysis software, Atlas.ti. Prior to entry, the data was be “preened” in order to clean up, re-evaluate, and realign data as suggested by Drisko (2004). Due to the small sample, this researcher was solely responsible for coding data. Pre-defined categories or themes (a priori) based on the research questions and previous literature was used to help accelerate the initial coding of the data (Gibbs and Taylor, 2005). Careful attention was given to allow for ideas that do not fit the a priori themes.

Phase II- Quantitative

Descriptive statistics were used to describe the demographic data of the participants. Measures of central tendency, frequencies, means, and standard deviations were conducted on single variables.

Chi-square analysis and correlation analysis were used to assess relationships between the dependent variable and independent variables. The dependent variable was the depression score in the survey. Logistic regression analysis was used to assess the overall predictor power of the independent variables.

Limitations

In both phases I and II, the samples for the study were gathered by nonprobability sampling, as adoptive mothers were not randomly selected by the participating adoption agencies. This type of approach is weaker than random sampling because it is less
representative of the population being studied even though the sample is likely to contain a wide range of adoptive mothers from many geographical locations. Additionally, the sample of adoptive mothers was mostly nonminority since minority adoptive mothers are underrepresented in the adoptive population. The samples also consist of adoptive mothers of newborns who were adopted domestically; therefore, the increasing population of adoptive mothers of children adopted from other countries is not addressed. Lastly, there is a concern that adoptive mothers in both phases were hesitant to share negative experiences for fear that disclosure would jeopardize their adoption.

Another limitation is the instrument selection in phase II. Each instrument is based on self-report. This is a concern since it is difficult for the researcher to know how truthfully respondents answer.

The primary strength of this study is that it offers a substantive contribution to the literature on post-adoption depression. This study helps to determine if post-adoption depression affects many or only a few.
CHAPTER FOUR

Results

The purpose of this study was to determine what adoptive mothers experience after adoption. Specifically, this study was designed to answer the following research questions:

1. Do mothers experience depression after adopting a child?
2. What factors are related to depressive symptomatology?
3. How is depression after adoption manifested?

Each research question was answered using separate data analyses. Data collected to answer questions 1 and 2 were analyzed using quantitative analyses while data collected to answer question 3 was analyzed using qualitative analysis. This chapter presents analysis and results of the study data.

Quantitative Analysis

Pre-Screening of Data

Prior to data analysis, all data were screened for missing values and distribution of data by examining frequency distributions and descriptive statistics using SPSS. Also, using the EXPLORE procedure in SPSS box plots were examined to identify outliers for each variable. A few outliers were identified for PDSS score and WPL-R score. Violations of normality are addressed relative to the group and the specific statistical analysis procedures conducted.
Because all three scales (PDSS, WPL-R and MPSSS) had less than 5% missing data, mean replacement was used. In this instance, individual mean replacement is an acceptable solution to the problem of missing data. The assumption is that a respondent will have similar responses throughout a questionnaire (Shrive, Stuart, Quan & Ghali, 2006). The missing data appeared to be random and no more than one question was missing on each scale per case.

**Descriptive Statistics**

Descriptive characteristics of mothers and their depression scores were examined using bivariate analyses. All continuous outcomes were categorized, allowing the statistical significance of the groups to be tested by Fisher’s exact or Spearman’s rank order when more appropriate due to number of categories and cell size limitations (see Table 4). The following sections include discussion concerning the control variables of age, race/ethnicity, sexual orientation, marital status, education level, employment status, spouse employment status, number of biological children, number of adopted children, age of most recently adopted child at time of survey, history of prior depression, and medication. Additionally, independent variables were analyzed which included WPL-R scores, MPSSS scores, infant temperament and fatigue.

**Mother’s Age.** The respondents’ ages ranged from 25 to 51 years (n=77), with a mean age of 36.68 (SD=6.13). The vast majority of mothers were in the 30’s and 40’s (74.4%). Spearman’s rho confirmed that the difference was not significant and the effect size was small ($r(75) = .05, p = .688$).

**Ethnicity/race.** White mothers comprised the majority of respondents (88%, n = 68), followed by Hispanic/Latino (6%, n=5), Black/African American (3%, n=2), and
Asian mothers (3%, n=2). Because 80% of the cells had expected counts of less than five, these categories were recoded into dichotomous groups, i.e., Caucasian (88%, n=68) and Minority (12%, n=9). The results from the Fisher exact test confirmed that the difference was not significant and the effect size was small ($p = .429, V = .178$).

**Sexual Orientation.** All of the respondents indicated they were heterosexual ($n=75$).

**Marital Status.** A majority of the mothers were married (80%, n=72), while two mothers were divorced (2.2%) and two mothers were single (2.2%). Because 67% of the cells had expected counts of less than five, these categories were recoded into dichotomous groups, i.e., married (95%, n=72) and single parent (5%, n=4). Fisher’s exact test revealed a statistically significant relationship between marital status and depression score ($p < .05$) with a medium effect size ($V=.298$).

**Educational Level.** Sixty-six mothers had a college or graduate degree (73.3%) and nine mothers having some college (10%). One mother reported having a high school education (1.1%) and one mother reported less than high school (1.1%). Because 50% of the cells had an expected count of less than five, these categories were recoded into dichotomous groups, i.e., college degree (86%, n=66) and less than college degree (14%, n=11). The results from the Fisher exact test confirmed that the difference was not significant and the effect size was small ($p = .441, V = .138$).

**Employment Status.** Thirty-one mothers were stay-at-home parents (43%). Thirty-three mothers worked full-time (40%), while thirteen mothers worked part-time (17%). Because 16.7% of the cells had an expected count of less than five, employment categories were recoded into dichotomous groups, i.e., working (60%, n=46) and not
working (40%, n=31). The results from the Fisher exact test confirmed that the difference was not significant and the effect size was small ($p = .101, V = .203$).

**Spouse’s Employment Status.** Seventy mothers indicated their spouses worked full time (77.8%). One mother reported her spouse worked part-time (1.1%), while two mothers reported their spouses unemployed (2.2%). Four mothers reported having no spouse/partner (4.4%). Because 75% of the cells had expected counts of less than five, these categories were recoded into dichotomous groups, i.e., not working (3%, n=2) and working (97%, n=75). The results from the Fisher exact test confirmed that the difference was not significant and the effect size was small ($p = .415, V = .103$).

**Number of Adopted and Biological Children.** The majority of mothers were adopting for the first time (67.8%, n=61). Fifteen mothers were adopting their second child (16.7%) and one mother was adopting her fourth child (1.1%). Sixty-one mothers had no biological children (66.7%), eleven mothers had one biological child (12.2%) and four mothers had two biological children (4.4%).

**Total Number of Children.** In order to determine if the number of children impacted depression scores, the total number of children both adoptive and biological was calculated to create a new variable “total number of children”. Because 50% of the cells had an expected count of less than five, total number of children was recoded into dichotomous groups, i.e., one child (61%, n=45) and more than one child (39%, n=29). The results from the Fisher exact test confirmed that the difference was not significant and the effect size was small ($p = .283, V = .133$).

**Adopted Child Age.** Children’s ages at the time of the survey ranged from less than one month to 12 months, with an average age of 5.42 months. Child age was
grouped into 4 categories: 0 to 3 months (31.1%, \(n=28\)), 4 to 6 months (23.3%, \(n=21\)), 7 to 9 months (18.9%, \(n=17\)), and 10-12 months (12.2%, \(n=11\)). Spearman’s rho confirmed that the difference was not significant and the effect size was small (\(r(75) = -.16\), \(p = .151\)).

**Prior History of Depression.** A question was asked using the DSM IV definition for major depressive episode to assess for a history of depression. Six mothers indicated a prior history of depression (7.5%). The results from the Fisher exact test confirmed that the difference was not significant and the effect size was small (\(p = .142\), \(V = .176\)).

**Medication.** Mothers were also asked if they were currently taking any type of medication to stabilize mood, such as for depression or anxiety. Fourteen mothers reported taking a mood stabilizer (17.5%). Over half of these mothers reported taking medication prior to adopting their child, and four mothers indicated taking medication for at least nine years and up to twelve years. The results from the Fisher exact test confirmed that the difference was not significant and the effect size was small (\(p = .302\), \(V = .129\)).

**Adjusting to Parenting a New Baby.** A modified version of the “What Being the Parent of a New Baby is Like”-Revised (WPL-R) was used to capture mothers’ perceptions of parenting using a nine-point scale with a possible range of 25 to 225, mothers responded to questions about role adjustment with higher scores indicating a more negative perception of role development (Pridham & Chang, 1989). Respondents’ scores ranged from 34 to 142 (\(n=87\)) with a mean score of 73.38 (SD=17.93). Eighty-six mothers (96%) adjusted well to their parenting roles, while only one mother reported a negative adjustment (4%).
The variable was screened for outliers and with the use of boxplots, it was discovered that there was one mild outlier (less than three box lengths from the median). The response appeared to be legitimate by visual observation. According to Dietz and Kalof (2009), rather than discarding data that seems unusual, the trimmed mean should be applied prior to analysis. The mean value (73.38) and the trimmed mean value (73.10) were similar so the outlier was not eliminated. Because 96% of the cells had an expected count of less than five, WPL-R score was initially recoded into three categories (normal adjustment, neutral and negative role development) by dividing the total possible score range by three. However, because 50% of the cells had an expected count of less than five, WPL-R score was recoded into dichotomous groups by dividing the total possible score range in half, i.e., normal adjustment (99%, n=89) and negative role development (1%, n=1). The results from the Fisher exact test confirmed that the difference was not significant and the effect size was small ($p = .253$, $V = .052$).

**Support after Adoption.** Perceived social support from one’s friends, a significant other, and family was assessed using the Multidimensional Perceived Social Support Scale (MSPSS) (Zimet et al., 1988). This 12 item, 7 point scale (very strongly disagree to very strongly agree) has a possible range of 12-84 for an individual’s score, with higher scores indicating more perceived social support. Among mothers in this sample, the scores ranged from 54 to 84, with a mean score of 76.10 (SD=8.17). Because 96% of the cells had an expected count of less than five, MSPSS score was recoded into three categories (adequate support, neutral and inadequate support) by dividing the total possible score range by three. However, because 50% of the cells had an expected count of less than five, MSPSS was recoded once more into dichotomous groups by dividing
the total possible score range in half, i.e., inadequate support (18%, \(n=15\)) and adequate support (82%, \(n=66\)). Fisher’s exact test revealed a statistically significant relationship between MSPSS score and depression score \((p < .001)\) with a relatively large effect size \((V=.538)\).

**Infant Temperament.** Mothers were asked to describe their baby’s temperament on a 9 point scale ranging from very easy going to extremely difficult. Over 90% of respondents indicated their child’s temperament was positive or neutral; only one mother described her child’s temperament as extremely difficult. Because 69% of cells had expected counts less than five, infant temperament was recoded into two categories, i.e. easy/neutral (93%, \(n=81\)) and difficult (7%, \(n=6\)). Fisher’s exact test revealed a statistically significant relationship between infant temperament and depression score \((p < .05)\) with a medium effect size \((V=.259)\).

**Fatigue.** Using the question “I tossed and turned for a long time at night trying to fall asleep”, fatigue was assessed among mothers on a 7 point scale ranging from strongly disagree to strongly agree. Nine mothers reported sleeping difficulties (10%). Because 50% of the cells had an expected count of less than five, fatigue was recoded into two categories, i.e. difficult falling asleep (10%, \(n=9\)) and no difficulty falling asleep (90%, \(n=81\)). Fisher’s exact test revealed a statistically significant relationship between infant temperament and depression score \((p < .01)\) with a medium effect size \((V=.327)\).

**Research Questions**

*Research Question 1: Do mothers experience depression after adopting a child?*

In order to answer this research question, mothers were assessed using the Post-Partum Depression Screening Scale (PDSS) to determine if depression after adoption
existed among participants (dependent variable). Mothers were asked to rate their overall experiences on a five-point scale (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree) with a possible score range from 35-175 (Beck and Gable, 2000). For analysis purposes, depression score was recoded into two categories: depressive symptoms (25%, n=22) and no depressive symptoms (75%, n=68). The variable was screened for outliers and with the use of boxplots, it was discovered that there were 4 mild outliers. By visual observation the responses appeared to be legitimate and the mean value (51.96) and the trimmed mean value (50.49) were similar; therefore the outliers were not eliminated.

A majority of mothers (75%, n=68) reported normal adjustment after adoption. Sixteen mothers (18%) reported experiencing significant depressive symptoms, while six mothers (7%) were at risk for major depression. The overall mean was 51.96 and SD=16.27. These results indicate that the vast majority of mothers were doing well, although many mothers were experiencing depressive symptoms at rates found in prior studies on post-adoption depression and post-partum depression (Gair, 1999; Senecky et al., 2009, Mott et al., 2011).

Research Question 2: What factors are related to depressive symptomatology?

Answering research question two relies on the results of regression analysis. The logistic regression analysis with an enter method was used to verify potential factors influencing participants’ depressive symptoms. The logistic regression included all variables that were significant in bivariate analysis at p < .05. Four predictive factors were included in the model: fatigue, MPSSS score, child temperament, and marital status.
This section reports on the regression analyses and concludes with a summary of the findings and the response to the research question.

*Logistic Regression Analysis*

The model examined in this study used participants’ scores on the PDSS as a dichotomous dependent variable in a logistic regression analysis. The dependent variable had a skewed distribution. If the skewness statistic is greater than 1.0 (or less than 1.0), then the distribution is highly skewed (Bulmer, 1979). The skewness statistic for the dependent variable was 1.454.

PDSS score was split into a categorical variable (depressed and non-depressed) to examine the differences between the groups. Furthermore, logistic regression remained an appropriate statistical technique even with the substantial skewness of the dependent variable (see Figure 3). Table 5 presents the descriptive statistics for the dependent variable.

The data were examined in preparation for an initial logistic regression analysis using SPSS (Tabachnick & Fidell, 2001; Pallant, 2005). The preparatory examination of the data consisted of testing for sample size, multicollinearity, and identification of outliers.

The sample size (n=75) presents challenges of zero cell count for categorical predictors. In many instances, even collapsing categories does not correct zero cell count. According to Menard (2002) limited sample size may force the researcher to accept high standard errors and the uncertainties about the values of logistic regression coefficients. However, Menard adds that if the researcher is concerned with the overall model demonstrating the relationship between the predictors variables and the dependent
variable, rather than the effects of the predictor variables, the overall model should be unaffected by the zero cell count. Findings from a recent study testing the robustness and efficiency of inferences from logistic regression with small samples further supports the use of logistic regression in this instance (Bergtold, Yeager & Featherstone, 2011).

Correlations between predictor factors were examined to determine if multicollinearity existed. Of the four predictor factors, only a weak, negative correlation was found between MPSSS score and infant temperament ($r = -0.28$, $n = 81$, $p < 0.05$); therefore the correlations produce limited multicollinearity and do not affect the logistic regression model.

The data were then examined for the presence of outliers. A logistic regression analysis including the four predictive factors was performed and the standardized residual was saved. Tabachnick and Fidell (2001) indicate cases with residual values larger than one can be problematic. The standardized residuals for the 75 participants were examined and most fell within the acceptable range (96%). Three participants (4%) had standardized residuals above four. Because the results of a regression can be sensitive to outliers, Cook’s distance was used to further explore the level of influence in each of the three cases. In all three cases, Cook’s distance did not exceed 1, which indicates that removing these outliers was not necessary as the results of the regression would not substantially change if they were removed (Stevens, 1984).

Using SPSS software, the inferential statistic test of logistic regression was used to explore the relationship between the four independent variables and the dependent variable. The level when only a constant and none of the independent variables are in the model results in a $\chi^2 = 38.864$ with $p < 0.0001$. The significance of the chi-square statistic
substantiates adding the independent variables. The Cox & Snell R-Square statistic is .404 and the Nagelkerke R-Square statistic is .615, which shows that between 41% and 61.5% of the variability in whether someone experiences post-adoption depression is a result of the influence of the four independent variables. This is a very respectable accounting for variability. The model was able to correctly classify 89.3% of the cases (see Table 6).

An examination of the results yielded information on two individual predictor variables worth noting, which were fatigue and MPSSS score (see Table 7). First, one of the predictor variables, fatigue, is a significant predictor of post-adoption depression (Wald = 3.325, p = .002). Further, fatigue has an odds ratio (Exp(B)) of 27.80 indicating that for every one-unit increase in the mean of this variable with all other factors held constant, the likelihood of experiencing post-adoption depression increases by a factor of 27.8 times. This is a large effect and means the more participants indicating the inability to fall or stay asleep; the more likely they were to experience post-adoption depression.

Second, the predictor variable, MPSSS score, is also a significant predictor of post-adoption depression (Wald = -3.638, p = .000). The odds ratio (Exp(B)) of .026 indicates that for every one-unit increase in the amount of support a mother receives, she is 97.4% less likely to experience post-adoption depression, all other factors being equal.

Logistic regression was shown to be an effective technique for modeling predictors of post-adoption depression. The findings of this study suggest the importance in assessing levels of fatigue in mothers, while also evaluating the quality of support they receive from family and friends. High levels of fatigue and low levels of support are
shown to be excellent predictors of the likelihood of a mother to experience depression after adoption.

**Qualitative Analysis**

This phase of the study involved the collection and interpretation of qualitative data. Ten adoptive mothers were asked to take part in interviews about their adoption experience (see Table 8). The ages of the mothers ranged between 29 and 46 years old. Nine mothers were married and living with their spouse, while one mother was single. Five mothers had other biological and/or adopted children, while the other five mothers were first-time parents. Participants were interviewed using a semi-structured interview guide consisting of four categories with a total of 14 variables (see Table 9).

Interviews were transcribed and imported into ATLAS.ti Qualitative Data Analysis Software for content and theme analysis. Codes were developed based on a preliminary review of the transcripts. The researcher independently coded the transcripts, from which various categories and themes emerged. A second researcher coded several transcripts. The coded documents were compared by the two researchers and a final coding list was developed. All ten transcripts were recoded based on the finalized list.

**Research Question 3: How is depression after adoption manifested?**

In this study, thematic analysis of transcripts identified nine final themes that fell into four broad categories relating mainly to questions from the interview guide: (i) relationship with child (ii) relationship with birth parents, (iii) relationship with family and friends, and (iv) the hospital stay.

**Relationship with Child**

*Bonding and Attachment.* The interviews highlighted that without question all ten
participants felt very close to their child at the time of the interview. All mothers spoke
in positive and often glowing terms about their relationship with the child. Participants
happily talked about their new baby and described the joy they experienced in being a
mother. Several participants described “immediate” feelings of love, concern and care for
their child and three mothers spoke of feeling as if they “gave birth” to the child.

*I felt attached to him immediately and I felt definitely that mama bear protective
thing. (P2)*

*My milk started to come in the first night, it was crazy. (P6)*

For only a few mothers, bonding with the child was a lengthier process and the
attachment to their son or daughter developed over time. One mother admitted being so
intimidated at the thought of becoming a parent that she initially turned down the
placement of a child offered to her by her agency.

*I think the older he gets the more I feel like… I like to relate it to when I first met
my husband, you know that tingly feeling you get all over you, when you meet the
crush… that's what I feel... that's like the joy that I feel for him when I'm around him. (P11)*

*In the very beginning it was… what did I do? Kind of like buyer’s remorse… what
the hell did I just do? What did I get myself into? Even before I actually got
matched and they would call me to present… I'm like it scared me... oh wait this
is real... I pushed them and I would call them... now they’re calling me... so I
think it was in the very beginning a little bit of buyer’s remorse and I think it was
too me being afraid of doing it myself and I didn't know if I could do it. (P7)*

For three participants, the legal process undeniably impacted the emotional
process of getting close to and bonding with their child. These mothers explained how
fearful they were of loving the child and the child being removed. They felt it was better
to remain emotionally distant until the adoption was more legally secure.

*I think in the beginning when I was feeling like oh... I’m the type of person... I
have a personality where I’m really guarded which is probably why I'm single but*
anyway... so I don't really let people in so I had this fear of because she didn't identify the father... she never signed off on him. (P7)

I was scared. Oh my God, are they changing their mind? So there was a lot of... I couldn’t go there until the papers were signed but once we took her home... it was that type of barrier. After that it was just the best. (P9)

I will say that once we found out everything was okay, you know R. and I both were like... I think I was holding back a little with her knowing full well it wouldn’t have done any good because we were already completely in love with her, but there was something there that we were trying to almost... to not fully. (P5)

Conversely, two participants reported attempting to increase or speed up the bonding process out of fear of losing their child. One mother disclosed that just three days prior to the interview, she received a call that the child’s birth father may contest the adoption; another mother described how sickly her child was at birth. In both instances, the sense of helplessness and the lack of control over their situations moved these mothers to hold on tighter to their children and attempt to bond more quickly.

It's quicker because she was such a preemie and she was so little and she couldn’t eat. We were in the hospital... I was in there a week with her... There's this little girl, she's like 4 pounds and you know she can’t eat. You got the tubes up her nose.... Nobody can really come see her. I’m the only one sitting there and I’m thinking I want to take her home. I don’t want her to be here because she’s in that box and they are poking and prodding at her. (P10)

Obviously we've been through bad things before so we know God’s going to work things out but it's still really tough when you're going through it. I mean I still feel like his mom. I think maybe I'm trying to bond with the more because I'm feeling like it's threatened, but it's still really tough when you're going through it. (P4)

Three participants who were also biological parents admitted initially questioning their ability to love their adopted child as much as their biological child. In all three instances, mothers told how once their child arrived there was no difference in the love
they felt for either of their children. This interesting observation differs from the first
time parents who did not mention wondering if they could love the child.

You know I questioned myself because I have a biological daughter so I said
before he came along, I said I wonder if I can love him the way I love my
daughter and I said I guess I won’t know until the time comes and I can tell you
from the minute he was born... we were there for the birth... I got to help deliver
him and my husband got to cut the cord. I was in love that minute and the next
day the question popped into my head again and I just said I can tell no
difference. I can tell it feels the same... the love. You always wonder even when
you have one child... when you have a second child... how do you love the second
child as much as your first? But it's just there. I feel like it's a God-given instinct.
(P1)

I knew I could love the child but there was always the question am I going to
really love this child as much as I love my biological child? And you do, at least
for us I know we do, and I know that my son loves her just like a biological
sibling. To me it's no different at all. (P5)

This is incredible. It's amazing how your heart just keeps expanding and there’s
enough love for everybody. It has been different from my expectations, but I was
braced for a challenge and it just has not been a challenge yet. (P6)

All participants reported that parenting their child met or exceeded their
expectations and over half of these mothers said that parenting their child was easier than
expected. Some mothers appeared almost surprised by how well they adjusted to
parenting their child. One mother even described “bracing for a disconnect” thinking she
may not attach to her child, but the disconnect never happened.

I guess because I’ve adjusted so well to him and I felt like he just belonged here it
was a little bit easier than I expected. (P3)

I would say it's exceeded my expectations. I just can't describe... I mean it’s the
feeling you have when you see your baby and hold your baby for the first time...
it's indescribable. (P1)

I could be okay with saying I am going to do my best with this child and give them
everything I have and even if they can’t love me the way I love them, it’s going to
be okay. I felt like before we went into it I got there... it’s just so much more that
what I thought or what I was prepared for. (P6)
I think it's better than I expected just because it's been more fun than I expected. (P2).

Although one participant initially indicated her parenting expectations had been met, as the interview progressed she later admitted to possibly having false expectations as she told of her son’s health issues and the stress she experienced after his arrival.

I might've had false expectations and that it would be easier ... the second one would be easier because I already know what I'm doing and assuming he'd be so similar to L. It's just like what I did before so I think that expectation... I maybe put myself... and that was kind of foolish. It's definitely not easier and he’s nothing like L. so I'm learning all this new stuff again but other than that I think it has. (P4)

Two mothers also reported feeling a greater sense of obligation to the child because the child came to them through adoption. The process of removing the child from his/her birth parents and the loss the child will experience as a result of that separation carried additional weight for these mothers who coincidentally are also both biological parents. Furthermore, these two mothers demonstrated a significant degree of empathy for their child’s birth parents throughout the interview. Whether this additional burden is also shouldered by mothers that do not have biological children is unknown. There is increased likelihood that mothers that internalize their child’s loss may experience a greater sense of obligation.

I just felt like I don’t ever want him to feel like he missed something and I think that the love that I feel towards him and the love that the family feels towards him... I don't think he'll feel that way but that's kind of what crossed my mind but it didn’t make me want to hold back or anything it just made me want to love him more and give him more. (P1)

I do feel certain extra responsibility with I. I feel that weight of being a steward and that she is a gift to us beyond what... beyond what I have... I feel like I am accountable beyond us and God. (P6)

Goodness of Fit. The interviews highlighted that all participants believed their
adoptive child to be a good fit for her family. The reason the child fit so well differed greatly among participants. For some mothers, the child’s temperament and personality presented as primary factors making the child a good fit; nearly all the mothers described their child’s temperament in positive terms and several labeled their personality as “happy”, “easy going”, “peaceful”, and “sweet”. One mother whose motivation for adopting was to give her son a sibling indicated her new baby fit well due to the positive relationship that developed between the child and her other son. Another mother replied her son was “100%” a good fit. When asked to explain further, she told of how she was quite uncomfortable with boys and only ever wanted a girl. She also spoke of the pink nursery in her home that had to be repainted. Despite her adoptive child being male, she still believed him to be a perfect match. When another mother was asked why she felt her daughter was a good fit for her family, she simply replied “she’s ours no matter what.” Participants felt their child belonged in their family and were able to substantiate that feeling even if they could not provide a concrete reason. Interestingly, six of the ten mothers also identified characteristics of the child that they believed the adoptive family shared making the child a better fit for the family, even if far-fetched in some instances.

*People have asked what race she is. Everyone just basically says she looks like my husband…I know she really does…. It couldn't have been more perfect.* (P5)

*We’re pretty positive that there's a high chance that he has some of the Scottish family background in the last name of his father so they’re pretty thrilled about that... there is some kind of a tie to all that, kind of ties it all together for them.* (P1)

*I think she’s a perfect match for me like her temperament is very similar to mine and her personality already is similar to mine and she honestly looks a lot like my family when we were little.* (P7)

**Life Change.** Participants in this study openly shared the significant impact that
parenting their child had on their daily lives. Nearly all mothers mentioned the added responsibility of caring for an infant was difficult in many ways, and more so for mothers that were also caring for other young children. Two first time mothers talked about their loss of freedom and being more home-bound, which was a big adjustment for them. Some mothers talked about the juggling of schedules and sharing of child care duties. Additionally, two mothers described the importance of balancing the attention given to their new baby versus their older child. Regardless of how much life had changed for them, the love they felt toward their child outweighed any associated stress. Four of the ten mothers also disclosed already wanting to adopt again.

*I mean things have been different obviously just staying in all day. Maybe a sense of not getting things done like I used to. I always have a running list of things I want to do. All I'm getting done is bottles cleaned and laundry and changing diapers. Just a little bit of that but I'm used to it. Now I'm like, oh well, if I don't get things done off the list oh well. I want to play with her too.* (P9)

*There are days when I just feel exhausted. None of it has ever had anything to do with him per se, it's just me feeling drained like busily and emotionally. Holy cow, I've got to get up now and he's crying and I've got to feed him and I have to let the cat out and make sure that we have clothes to wear tomorrow and the dishes... there are definitely times when it does feel like it's very overwhelming.* (P11)

*It's twice the load. A lot more juggling, a lot more scheduling, trying to make sure Connor doesn't feel... you know because you have two... it's not just one so you have to make sure the second one feels as important and you don't know if there's a resentment going on.* (P10)

*I can't do the things I used to do like just go to happy hour, go out with my friends, drink and stay up late so in that way she's changed it but at the same time... I don't know that I really miss that... With her there are sometimes when I'm like I need to get out. I'm raising her by myself. I'm restricted from actually working really late at work because now I have to get to day care and pick her up by a certain time. Same with my gym schedule is totally screwed... That's the other thing that's changed dramatically. There's no dating at all. There's no going out dating or whatever. I don't know where I'm going to meet anybody.* (P7)
All participants experienced fatigue to some extent and most mothers were not sleeping consistently due to their child’s sleep and feeding schedules. The lack of sleep was a very difficult adjustment for several of them.

*I didn't think I'd be as sleep deprived... especially in the very beginning I got no sleep. (P7)*

*I think that's been one of my hardest things to transition from getting eight hours of sleep every single night to like three or four... and still hold and take care of a kid. (P11)*

**Relationship with Birth Parents**

All participants described an emotionally complex relationship with their child’s birth family. They were faced with feelings of guilt and sadness, as well as love and concern for the birth parents. Nearly all participants experienced a sense of loss even though each had successfully adopted their child.

**Guilt and Sadness.** Seven of the ten participants revealed experiencing great sadness for their child’s birth family. They acknowledged the loss of the child on behalf of the birth parents and in some instances felt guilty for being responsible for the child’s removal even though all of the adoptions were voluntary. Many mothers struggled with finding joy in the birth parents’ sorrow and loss.

*I felt guilty taking the baby, extremely guilty, and when we were leaving she noticed that I was crying a lot. (P1)*

*I felt part of me was grieving for the birth mother. I didn’t expect for it to be... I grieved for Iris that she lost that... you know there are so many layers. I have immense joy but then we are waiting for the birthmother to leave the hospital because she doesn’t want to see us and that’s really sad... it’s so emotionally layered that it’s just not a clear cut... a simple clear thing. (P6)*

**Care and Concern.** Participants spoke in positive or empathetic terms about the birth parents, especially the birth mother and several described feeling “love” for her.
Mothers chose to look past the negative behaviors and poor decisions of the birth parents and accept them unconditionally; many of the birth parents were drug abusers, homeless and incarcerated. Mothers demonstrated sincere concern for the birth parents and appreciated them for placing their child for adoption, to the point that some participants struggled, albeit briefly, with proceeding with the adoption after getting to know the birth parents better.

_I just remember that day sitting outside the hospital calling one of my friends, how am I going to do that? My heart went out to her. The strength that it takes to walk away having had a child. You know even in delivery at one point she looked at me... she was scared to death right after the baby was born. I would walk over there. I was so blown away with her too. She was so amazing._ (P5)

_I checked on her to make sure she had made her follow-up visits because she was very forgetful like any teenage girl would be and if she needed a ride and things like that... So probably every week I would check on her for a couple of weeks and she had a birthday so I sent her a happy birthday message._ (P1)

_I hope she went back to school because that was her plan, college. She was 26. She was finishing up college, she seemed okay but I always think about them too. What they're going through and are they depressed? I just can't think about them not being, but she felt really good about the placement at the time so that makes me feel a little bit better. So when I think about them I guess I feel kind of sorry for them. I hope they're doing okay. I hope they use it to... I hope she went back to school to finish like she wanted to._ (P2)

_Sad but, it’s unfortunate, parents that adopt wouldn’t have that gift without them so we have to keep that in perspective._ (P9)

For some participants the relationship with the birthmother was particularly emotional due to the birth mother being around the same age as the participant’s biological daughter. These mothers explained feeling an added sense of responsibility to help the birth mother throughout the pre-placement and post-placement periods. Although reportedly unprepared for this added sense of obligation, participants readily
accepted their perceived role of mother to the birth mother and assisted her in many ways; they were extremely sensitive to her needs and thoughts.

I put myself in the situation the whole time because I have a daughter around the same age so I tried to make suggestions to her on how she might be able to keep the baby and so forth but it didn't seem like it was something she wanted... I felt motherly towards her, I did, I felt like she needs to be adopted too, but I know that it's not going to be proper for us to be the ones to help, but I tried to through the agency see what we could do to help her. I know I had been checking on her all along but I felt guilty taking the baby, extremely guilty, and when we were leaving she noticed that I was crying a lot... I told her I felt really bad for her and I felt guilty. (P1)

You're doing the right thing and we're going to take of this baby and when she gets older she's going to know, hey I got a great life... and even before she left the hospital she said to me because I'm crying and she's crying... I said to her you know you did the right thing, you know it and she says I know, and I said it's hard. But that little girl, I couldn't name her yet. I couldn't name her in front of the mother. You can't say this is my kid. (P10)

On the contrary, the lack or absence of a relationship with the birth family was also challenging for some participants. Three participants never met their child’s birth mother and majority of participants never met the birth father. Several mothers explained wanting more of a relationship with the birth mother and nearly all expressed concern about the lack of information about their child’s history. Although nearly all desired to know more to answer their child’s questions, many of the mothers enjoyed their anonymity as it made their adoption feel more secure.

I don't know them so I'm certainly grateful to her but I don't know anything about her. I don't know anything about the father which in that respect I would like to know to help her with history... I guess I don't understand why I have to upload pictures when like it’s a closed adoption. She doesn't know who I am but I have to upload these pictures in case she ever wants to see a picture ... that used to scare me too if I upload these pictures and she sees her she’s going to want her back because she is so freakin’ cute. (P7)

The adoption is closed. She apparently hid the pregnancy. I don’t’ know... at different times, I think different things about it. I'm glad she... and then other times I think, wow, that had to be hard to do... that decision and to keep it from
everybody. I think... is it going to bother him or how do we approach that she doesn’t want to know anything about us and didn’t want to meet us or anything? (P3)

Every time she writes us she thanks us. She’s just a sweetheart... she lives three minutes away from me and she does not know that. One of the first things she asked me is if that happens, “how do you want me to handle that? Do you want me to just walk away?”... I know now we went through all that, we’d be thrilled to see each other especially living as close as we do. (P5)

**Legal Issues.** Another area of great concern to participants was the legal process during the adoption involving the birth family. Six of the ten mothers openly discussed how stressful it was waiting to hear whether the birth mother would sign a consent for adoption. In addition, participants dealt with learning of the birth father’s legal position and whether he was in agreement with the adoption. In several instances there were multiple potential birth fathers, which caused increased fear and anxiety. For three mothers, they were asked to make a decision whether to take placement of the child knowing the child could potentially be moved due to increased legal risk.

I just kind of live and do my thing and not worry about it and not let it bother me and when I need to deal with it deal with it. It’s definitely gone down a lot because once the birth mother decides she's still on board then you know... I realize knowing what I know about the two possible birth fathers that the chances of them doing it... it's just a matter of getting it done. It definitely went down but there was still that... you know it's up in the air still. Anything that's up in the air for me can cause anxiety. (P1)

The birth father’s parents called the agency and said that they wanted her so he had to be served... I didn’t realize it was affecting me as much as it really was. I wasn't showing it really... the second they called me and told me we’re clear, we’re good, I totally melted down real bad. It was like a release of all that stress. We were told at the hospital basically you have two options you can go ahead take her home with a slight chance that something could go wrong or we can foster her until we know. Well there's no way we’re fostering her and I just really felt it was very important for her to be in our home and to be bonding with us. (P5)
A mother’s emotional state can shift quickly during the adoption process. They may move from joy (the baby’s birth) to anxiety (will the birth parents go through with the adoption?) to happiness (the birth parents signed and the baby is legally free for adoption) to loss (the birth mother did not sign and the adoption has failed) or to fear (the adoption is contested by a parent) and ultimately to happiness or loss again. Six of the ten mothers told of crying at some point during the adoption due to stress. One mother became tearful during the interview when speaking of the potential legal issues with her son’s birth father. Several mothers spoke of the intense sense of relief they felt once they knew the baby was legally free for adoption and the subsequent happy tears that followed. They described using protective measures like “holding back” and being “guarded”. Several mothers told of being unable to relax about the adoption until the final hearing occurred; they described a chronic underlying fear that something would go wrong with the adoption and the child would be taken from them. One particularly nervous mother talked of losing her daughter and stated “I do feel like I would die without her”.

_The thought of losing Gage now would just be devastation for me. It would be. I can’t even... I get... I’m going to cry if I even think about it so luckily we have that letter and it's all going to go through now. That's something that's been in my head until we got it. Until I knew the second father was finally signed off on we got the final petition set up. Those are really the only fears I had was that possibly someone would change their mind but as far as us being capable or having the means, obviously I wasn't worried about that at all._ (P1)

_We actually just got a phone call three days ago that the birth father has come forward and he is claiming that he was lied to that baby died and he hasn't contested at this point but he is considering his options and so we’re just anxious now and praying that he decides not to contest and that he... it's been pretty tough. It is like a no-win situation. You know somebody's hurt no matter what so we really haven't done a lot. We’re still kind in a state of shock._ (P4)
I mean they go through their channels or whatever they have to do, but I had this fear in the back my head always even up until the final judgment day... the final hearing that somebody would somehow come and try to take her. (P7)

Relationship with Family and Friends

Family and Friends’ Response. Nearly half of the participants received unexpected responses from family members and friends when sharing their decision to adopt. Two mothers mentioned how surprised they were by their own mother’s negative response as it was completely unexpected. The mothers felt upset with the lack of support they received from those close to them.

My mother was kind of like why are you giving up so fast on having your own baby? I was kind of taken back by that... my mother said sometimes when you adopt you don’t know what you’re going to get. (P9)

I think it’s taken some adjustment but our church has fully embraced her. Our church... we have kind of a circle of friends that invest heavily in our kids and our family... We are very close with our kids. They are in love and went through the whole journey with us. Here, that is probably another reason that my parents’ response was shocking to me. (P6)

Whenever we first brought it up to his mom and his brother they said things... not like racial slurs or anything, but it was more like “why don’t you want to wait for a white baby?” I think her perception is your adopting some troublemaker kid who's going to cause nothing but grief for the family. (P11)

Five of the ten mothers adopted a child of a different race; all were Caucasian families adopting either African American or Caucasian/African American children. Three of the five mothers reported experiencing racial inferences or direct racial comments from family members or close friends and most were shocked and angered by the statements. Two mothers indicated that as a result of their experiences they have an increased awareness of the prejudices that still exist today and also have a more realistic view of how that will impact their child and the obstacles ahead of them.
I’ve noticed that I am way more sensitive to people being or saying anything racially slurring… a friend of mine’s sister made a comment on Facebook using a word that should never be used ever by white people much less any other color. It had nothing to do with my kid but I felt like I needed to stand up for my son, for his future, and that’s how I took it and I could’ve exploded all over her. Before I could have been like you’re just an idiot, let’s just move on with the conversation… I’m like no; let’s address this because this is ridiculous. (P11)

I was walking out with someone I consider a good friend at work and we were walking out to lunch together and we saw a little black baby right outside the building and I said, who could not love that child? “Yeah but maybe you won’t get one quite so dark”. It floored me. I went. I sat. I was sick to my stomach. I thought I was going to throw up. (P5)

I think there’s just a fear of the unknown. People don’t know and they’re afraid to say the wrong things so people kind of steer clear new situations that make people uncomfortable. I think if they’re ignorant we don’t fault them for it. (P4)

Marital Relationship. Nine participants were married at the time of the interview and each described a positive and supportive relationship with her spouse. The husbands took an active part in caring for the child. Six mothers indicated their spouse carried a sufficient share of the work load and six mothers also described how seeing their spouse in a parenting role brought additional satisfaction and joy to their adoption experience.

I’ve got a husband that helps. I mean he does just as much as I do if not more sometimes I think. (P5)

I think that it made us look at each other differently because now I can see him in a role that I hadn’t seen him before… I look at him and think, wow, I’m impressed because he’s doing so much more than I thought he was capable of. (P1)

He’s an amazing father… He’ll lug him around with him and take him to see people at work; he’s proud of him. It’s really amazing to see him as a dad… he’s a perfect dad. (P2)

One participant explained how her husband’s current schedule prevented him from helping much with family duties, which was a significant stressor for her as she was primarily responsible for caring for their two very young children while working part-time. Adding a second child into her family added a great deal of stress and she coped as
best she could. Although her statements were optimistic, there was an underlying sense that she could break down at any time. It was not until later in the interview that she also disclosed that very recently the family received notice that the child’s birth father may contest the adoption.

The responsibilities of the house kind of fall on me because of G., but I know that it's kind of for a time period and I can deal with it and G. helps whenever he can and so as soon as the summer comes, he'll be off school. That'll be a huge break for me because he'll keep the boys although he's doing his practicum then so he'll have hours to get but it'll be a big break ... I think for sure I have moments where I lose patience or I break down in tears because it's exhausting. Usually that happens in the middle of the night, mostly in the beginning when things were really bad with sleep. Our relationship has changed. We have way less time with each other so we're trying, you know, we're very committed and we have a very strong marriage and stuff so it's not like... it's not threatening, but it definitely requires us to make changes and we've had to have some talks about how we can... because it's really easy to just let that go and focus on the kids. (P4)

Hospital Experience.

One of the more surprising findings in this study revealed that eight of the ten participants spontaneously spoke of the difficulties during the birth and post-birth period at the hospital. Despite feelings of joy related to the birth of the child, the interview highlighted that participants experienced a range of emotions during this period. Adoptive parents have no control in these situations and whether they become parents rests solely on the birth mother’s decision at the hospital to place her child for adoption. They experience great anxiety during the wait for the birth mother to sign a consent after the child’s birth. One mother stated, “You know she can change her mind… that is very, very, very nerve-racking”. Several mothers spoke about how their anxiety turned into grief at the hospital. One mother recounted how she felt after the birthmother signed her consent.
I felt a lot of confused emotions on during that period. I felt part of me was grieving for the birth mother. (P6)

Half of the participants met the birth family for the first time during the hospital stay. Some mothers felt unprepared for meeting the birth parents; one mother described the situation as “awkward”, while another admitted she was “iffy” about meeting the birth parents. In both instances, the mother’s adoption agency was not present during the hospital period so the adoptive family navigated the experience on their own.

We got to the hospital and our hearts were about to jump out of our chests. It was so hard. I was nervous so for like the first half-hour to hour... I’m not sure, what do we say? I’m meeting you for the first time and you’re going to hand over your kid in a couple days so it makes for very awkward feeling at least on our end, but they were so nice. (P11)

I was really iffy about meeting the birth mother I don’t know why that was I just felt weird about it and when they said she wanted to meet us and after they described her to us, I was like okay; I can definitely do this... I felt like we were kind of tossed into the hospital with no guidance. We were in the hospital five days. That’s a long time to be with her and her family. (P5)

During the hospital stay, some mothers had difficulty balancing their desire to be the child’s mother with respecting the birth family’s role at the hospital. They also struggled with the emotions associated with “taking” the child from the birth family. The physical transfer of the child from the birth family to the adoptive family was described in detail by several adoptive mothers as being very difficult and extremely emotional. Although the loss of the child was experienced by the birth family, this loss resonated in the hearts and minds of participants as they put themselves in the shoes of the birth parents. Participants showed great empathy for the birth parents.

I had a great deal of respect for that mother who was 19, who could give this poor baby up. I will cry right now thinking about it. At 19 I could not have done that. I would’ve been so selfish I would’ve only thought about me and she had a lot of pressure from her peers on why she was giving that baby up. (P10)
I got in the car and I balled. I cried because it was like they are amazing to have just done that. I mean who does that? Who has that much faith in people they just met three days ago to be like here, I trust you enough to raise my kid and to thank us over and over again. (P11)

Additionally, nearly half of the participants reported hospital staff struggled with the legal dichotomy of the child’s two families (birth and adoptive). Hospital staff withheld information about the baby’s health status and made visiting and bonding with the baby difficult. Drug exposure and health issues contributed to added stress during the child’s hospital stay and several mothers explained feeling helpless and frustrated with doctors. One mother described feeling like an “idiot” because she did not understand how to read the child’s medical records. Another mother explained that her husband had a “knock-down drag-out fight” with a doctor over their son’s drug related feeding difficulties.

I kept asking the nurses in the hospital, but I guess they couldn’t say anything so I just felt like oh my God… somebody just tell me. I don’t know what to do. (P9) The hospital was very small and they don’t do a lot of adoptions so they were very… they were overly… they were just ridiculous really about how they handled things so that kind of made for a bad scenario. (P4)
CHAPTER FIVE

Discussion

This chapter reviews the current study and summarizes the qualitative and quantitative results, including sample characteristics. This chapter concludes with an acknowledgement of study limitations, recommendations for future research, implications for social work practice and final conclusions.

The primary goal of this study was to determine if mothers experience depression after adoption. Belsky’s (1984) determinants of parenting process model provided a valuable theoretical framework used in conjunction with current research on adoptive parenting and post-partum depression to better assess this specific population. A multi-method approach examined the experience of adoptive mothers during the first year after placement of their most recently adopted child. The first phase involved an exploratory design to capture the experiences of mothers using a semi-structured questionnaire in face to face interviews. In the second phase, mothers completed an on-line survey comprised of instruments and questions designed to assess for depression and other aspects of their parenting experience. Both phases required the adoptive child to reside in the home for at least two weeks and the child could be no older than twelve months of age.

Quantitative Research

The first two research questions were answered through the collection of survey data. The survey presented a series of questions using standardized and modified instruments
assessing for depression, support and parenting adjustment; additional questions measured infant temperament, fatigue, prior history of depression and medication use.

*Sample characteristics*

105 mothers initiated the on-line survey and 90 mothers completed all (or nearly all) of the survey. The mothers in the study were primarily Caucasian (88%), married (80%) and college educated (83%) and the majority were adopting and parenting for the first time (68%). Nearly 75% of these mothers were in the age categories of 30’s and 40’s, which is very common for women seeking to adopt a child.

*Findings*

*Question 1*- Research question one asked if mothers experience depression after adoption. Results from this study highlight that depression after adopting a child exists for a significant number of mothers. Of the mothers participating in the on-line survey, 25% were identified as depressed; 18% reported experiencing significant depressive symptoms and 6% were positively screened for major depression. This finding is consistent with prior studies of post-adoption depression (Gair, 1999; Senecky et al., 2009; Payne et al., 2010; Foli et al., 2012). Of note, recognition of even small levels of depression proves important as research has shown that those with minor depression are at increased risk of developing major depression (Cuijpers, De Graaf, & Van Dorsselier, 2004).

*Question 2*- Research question two asked what factors are associated with an adoptive mother’s depression. The purpose of this question was to test previous knowledge regarding predictors of adoptive parenting adjustment in combination with known predictors of post-partum depression. A predictor model resulted using binomial
logistic regression. The logistic regression revealed that the variables of marital status, level of support, infant temperament and fatigue contributed to predicting whether a mother experiences post-adoption depression. Furthermore, fatigue and level of perceived support were identified to be statistically significant in predicting depression in adoptive mothers. Prior studies on post-partum and post-adoption depression supported this predictor model, which emphasizes the importance of support (O’Hara & Swain, 1996; Beck, 1996) and adequate sleep (Dennis and Ross, 2005; Mott et al., 2011). The proper assessment of fatigue in the post-adoption period is particularly important given that fatigue during the post-natal period may often be misdiagnosed as depression (Fisher, Feekey & Rowe-Murray, 2002).

**Qualitative Research**

The focus of this research question was to gather more in-depth data about what depression may “look” like in adoptive mothers. The results of the interviews were consistent with prior research on parenting and adoptive parenting and fit well within the proposed theoretical model. Results of the qualitative findings suggest that managing relationships can be particularly emotional for adoptive mothers as they go through the adoption process. Additionally, the hospital experience is extremely stressful as it is a culmination of multiple aspects of the adoption process including the birth of the child, meeting birth parents, and legal relinquishment.

**Sample characteristics**

Ten adoptive mothers completed in-depth face to face interviews about their parenting experience. All ten mothers were Caucasian and were married with the exception of one mother who was single. Age categories were nearly evenly split.
between 20’s, 30’s and 40’s, and 60% of the mothers were stay-at-home parents. Most of the mothers were adopting for the first time and nearly half had a biological child already.

Findings

Question 3- Relationship with Child. All ten adoptive mothers expressed joy and satisfaction with adopting their child and declared feeling extremely close to and very loving toward their child. A difference did exist, however, in the timing of how each mother attached to their child. In some instances, mothers described either slowing down or speeding up the bonding process. Legal issues with the adoption tended to make some mothers “hold back” emotionally from their child as a protective measure in case the child was to be removed. For some mothers they attempted to attach to their child quicker due to fear of loss. Regardless of the length of the bonding process, all of the mothers felt their child exceeded their expectations and over half felt that parenting their child was easier than they anticipated. For a few mothers, parenting a child through adoption created a greater sense of obligation to the child knowing the loss the child will experience without his/her biological family; these mothers see their children as “gifts” that deserve added love and attention.

Another important theme that emerged in all of the interviews was how well the child fit into the family. Although the reasons varied widely from the child’s personality, skin tone, or disposition, to name just a few, each mother readily had an explanation to support her child’s “goodness of fit” (Lerner, 1982) within the family. This finding was also consistent with prior studies by Kane (2006) and Howell and Marre (2006).

The interviews also revealed that although these mothers were completely in love with their children and very pleased with the adoption, they openly admitted that caring
for their baby was challenging. This challenged increased for mothers also caring for other children. Whether balancing work and child care-taking responsibilities or ensuring their other children received a fair share of attention, mothers described how life felt very different since the baby’s arrival. All of the mothers reported being fatigued and several mothers explained how difficult it was for them to care for their baby while being so tired. However, regardless of the added pressures and lack of sleep, the joy of parenting their child outweighed any stress the mothers experienced. Notably, nearly half of the mothers disclosed they were already considering adopting again.

**Relationship with Birth Parents.** Mothers’ responses about their child’s birth family were emotionally complex. Mothers described sadness as they mourned for the birth parents knowing the loss they will experience from not being with their child. For several mothers, feelings of guilt accompanied this sadness as they admitted that through their joy of receiving a baby, the birth family might experience tremendous sorrow. Another significant theme emerged with the mothers’ care and concern for the birth family. The mothers genuinely cared for the birth parents, and especially the birth mothers. The mothers fully acknowledged and appreciated the birth parents’ sacrifice in choosing adoption and displayed a great deal of respect toward the birth parents. For the mothers that also had biological daughters, they relayed the experience as if they were “parenting” the birth mother, which was especially emotional for them. Several mothers admitted not being prepared for the level of concern they would have for the birth mother. On the contrary, in less open adoptions, the lack of relationship with the birth family unsettled some mothers as they wished to have more biological family history to give their child.
The legal process of the adoption is also an area of significant stress and anxiety. Waiting to learn whether the birth mother would proceed with placement after the child’s birth was very stressful. In cases where there were multiple birth fathers, their anxiety multiplied due to fear that one or more of the birth fathers may contest the adoption. Several mothers expressed the intense sense of relief they felt once hearing the child was legally free for adoption and over half of the mothers reported crying at some point in the adoption process due to stress.

**Relationship with Family and Friends.** One aspect of the adoption process that surprised several mothers came as a result of their friends’ and family’s negative response to their decision to adopt. In support of Miall’s (1987) study, family members implied that adoption should be a decision of last resort and that somehow an adoptive child is not as good as a biological child. Mothers of the adoptive mothers responded negatively when learning of the adoption and urged their daughters to continue trying for a biological child. Half of the mothers adopted transracially and several of these mothers recounted hearing prejudiced comments and remarks from family, friends and strangers. These mothers also admitted being surprised by the reactions of others.

For the married mothers, most described their spouses as helpful and supportive and took an active role in caring for their child. The mothers seemed very pleased with their husbands’ participation and several mothers explained how seeing their husbands perform so well in the parenting role strengthened their marital relationship. On the contrary, one mother disclosed how her husband was mostly unavailable to assist with the children or the household and confessed losing patience with her children and breaking down in tears on more than one occasion.
Hospital Experience. The mothers’ experiences at the hospital during and immediately following the birth of the child arose as the most surprising theme during the interviews. No question on the structured interview guide prompted discussion about the hospital experience, yet all of the mothers spontaneously mentioned it. According to these mothers, the hospital stay causes anxiety to skyrocket and emotions to collide.

Half of the mothers met the birth parents for the first time at the hospital when the birth mother’s labor set in. Some mothers felt unprepared and anxious about the meeting and depicted the experience as awkward due to not knowing what to say or how to act. Several mothers added that they received little assistance or guidance from their adoption agency during this time. Additionally, the wait to hear whether the birth mother executed a consent after birth for the child to be adopted was extremely difficult and “nerve-racking”. Paradoxically, after hearing the birth mother signed the consent some mothers experienced overwhelming feelings of sadness for the birth parents and even guilt for “taking” the child from the birth family. One mother questioned whether she could go through with accepting the child.

Several mothers reported that the hospital staff was difficult which added to their stress. Nurses and doctors struggled with the division between the birth and adoptive families and withheld information about the baby from the adoptive family and made visiting with the baby difficult.

Limitations

Several limitations to the study need to be acknowledged. First, the sample size of this study was small. The majority of participants in this study were Caucasian, married, college educated and heterosexual. Additionally, this study did not address the
unique challenges experienced by adoptive parents of internationally adopted children, older children, or children with special needs. Qualitative interviews were limited to mothers adopting through one particular agency so their experiences were likely impacted by the processes and policies of that agency. For these reasons, these findings cannot be generalized to the broader adoption community based on this study alone. Studies with a less homogeneous sample and more diverse characteristics are needed to adequately explore the findings.

Another limitation of this study resides with the disclosure of each mother’s prior history of depression or psychiatric medication use. The extent that mothers withheld this information is unknown, which may have limited the ability to detect an association between depressive symptoms and psychiatric history. McKay, Ross and Goldberg (2010), suggest that if mothers are surveyed prior to adoption finalization, they may not be forthcoming about these issues for fear that their responses may jeopardize their child’s placement or legal finalization. Based on the legal timeframe that one can finalize an adoption, it is likely that approximately 30% or more of these mothers completed the survey prior to finalization of the adoption based on the age of the child at the time of the survey (typically the adoptive child is at least three months old when finalization can legally occur).

**Recommendations for Future Research**

More evidence is needed to convince adoption professionals to transform their assessment practices of prospective adoptive parents. By identifying those at risk for depression early on, pre-adoPTION planning can include interventions to minimize the risk of developing depression after adopting a child. The pre-adoPTION home study continues
to be the primary assessment tool social workers and adoption professionals utilize to screen families. Last year the Harvard Law and Policy Review published an article about current adoption home study practices in the United States revealing that a new emphasis in the assessment process has been placed on credit ratings (Lengsfelder, 2011). A review of credit ratings will not help adoption professionals determine how well a parent handles significant sleep deprivation, a colicky baby or an unavailable spouse. Research is needed to create new instruments and tools that better assess and prepare prospective parents for the physical and emotional challenges associated with adopting a child. A more intensive examination of those risk factors found to be most significantly related to post-adoption depression should be included in the home study assessment.

Additionally, qualitative case studies of adoptive mothers identified as depressed would establish a greater degree of understanding on this matter. Of the ten adoptive mothers interviewed in this study, none openly confessed to feeling or being depressed. The qualitative findings could be much richer had a mother that identified herself as experiencing depressive symptoms be part of the sample and share details about how she felt the depression impacted her daily life and those around her.

**Implications for Social Work Practice**

These findings have a number of social work implications. First, this study supports the growing number of studies on post-adoption depression by concluding that depression after adoption is a real issue. In a recent study by Wolf (2012), four out of twelve adoption professionals interviewed about post-adoption depression displayed skepticism about its authenticity as a true disorder. Eleven out of twelve agency directors recounted past exposure or prior experience with post-adoption depression, but none
provided any type of intervention services to clients for post-adoption depression. Although adoption professionals may not agree on the clinical label (depression, adjustment, etc.) or the time frame (before, during or after adoption), adoptive parents should be assessed for risks associated with experiencing depression. The debate whether post-adoption depression exists must end and adoption professionals must begin addressing and mitigating its prevalence. Social work practitioners need to help prospective adoptive parents recognize and prepare for these feelings. An improved home study process that includes discussion about these important topics would provide the opportunity for professionals to normalize the feelings and symptoms that often accompany the challenging and complex process of adopting a child.

Nearly 20% of the mothers surveyed in this study reported taking medication for a mood disorder such as anxiety or depression. A number of studies exist that establish a link between depression and infertility (Schweiger, 2012). Even though this survey did not assess for fertility issues, the probability stands that a large majority of the mothers adopted due to infertility (Sokoloff, 1993; Barry, 1996). Knowing that so many adoptive mothers are at increased risk for depression based on a history of infertility, social workers must closely evaluate and continue to monitor those parents at risk. Social workers and adoption professionals need new and improved assessment and intervention models designed to address these types of issues that support disclosure without leaving families feeling threatened.

Furthermore, this study revealed how emotionally challenging it is for many adoptive mothers to manage the relationship with their child’s birth family. As information technology develops making it easier for adoptees to identify and locate
biological parents, siblings, and relatives, social workers must prepare families for these reunions. The days of “closed adoption” no longer exist as adoptees increasingly locate birth parents through the Internet and often without the knowledge of their parents.

**Conclusion**

Drawing on a population of mothers adopting newborns from domestic adoption agencies, the overall findings of this study suggest that the adoption process and subsequent placement of a child can be very stressful. Furthermore, some mothers experience depressive symptoms after the arrival of their child. This study found a number of links between factors that influence whether mothers experience depression after adoption. In survey data, these factors include infant temperament, fatigue, support and single parenting. Limited support and high levels of fatigue most notably relate to mothers’ depressive symptoms. In depth interviews captured other areas that mothers find particularly stressful during the adoption process. Conflicting feelings of grief, joy, sorrow and concern can all occur simultaneously, which for some mothers is overwhelming. Relationships with family, friends and birth parents can also be particularly stressful. The burden of educating family and friends about adoption often falls on the adoptive mother, but only after the mother experiences inappropriate and hurtful comments. Interacting with birth parents requires maturity and balance as adjustment occurs in the new parenting roles of the adoption triad.

Although this study did not use a representative sample of all adoptive families, the findings provide insight into the unique experiences of adopted mothers. As leaders in the adoption profession, social workers shoulder the responsibility for developing strategies that improve adoption outcomes for children and their families. The results of
this study carry implications that help social workers take a step in that direction by contributing to our understanding of post-adoption depression. The findings support prior studies suggesting that depression after adoption is a real issue that must be addressed by social workers and adoption professionals.
REFERENCES CITED


APPENDICES
### Appendix A: Tables and Figures

#### Table 1. Summary of Studies Examining Risk Factors of PPD (Strong/Moderate Predictors)

<table>
<thead>
<tr>
<th>Reported Risk Factors</th>
<th>Authors (Year)</th>
<th>Sample Size</th>
<th>Level of Effect and Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>Dennis &amp; Ross (2005)</td>
<td>N= 425</td>
<td>Strong</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>O’Hara &amp; Swain (1996)</td>
<td>N=&gt;552 (5 studies)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>Beck (2001)</td>
<td>N+ 1,056 (10 studies)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Infant temperament</td>
<td>Beck (2001)</td>
<td>N=1,056 (5 studies)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Marital relationship</td>
<td>Beck (2001)</td>
<td>N= 1,554 (14 studies)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Marital status</td>
<td>Beck (2001)</td>
<td>N= 580 (3 studies)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Maternity blues</td>
<td>Beck (2001)</td>
<td>N= 643 (5 studies)</td>
<td>Moderate</td>
</tr>
</tbody>
</table>
Appendix A (continued)

Table 2. Comparison of Postpartum Depression and Post-adoption Depression Risk Factors

<table>
<thead>
<tr>
<th>Postpartum Depression Risk Factors</th>
<th>Post-adoption Depression Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Life events</td>
<td>Life events</td>
</tr>
<tr>
<td>Social Support</td>
<td>Social Support</td>
</tr>
<tr>
<td>Prior history of depression</td>
<td>Prior history of depression</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>Neuroticism</td>
</tr>
<tr>
<td>Child care stress</td>
<td>Child care stress</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>Self-esteem</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Infant temperament</td>
<td>Infant temperament</td>
</tr>
<tr>
<td>Unmet expectations</td>
<td>Unmet expectations</td>
</tr>
<tr>
<td>Loss of autonomy, time, appearance, femininity, sexuality, occupational identity</td>
<td>Loss of autonomy, time, occupational identity</td>
</tr>
</tbody>
</table>

Many adoptive families experience added stressors specific to adoption:

| | Facing child’s birth history, birth family relationship, disclosing and discussing adoption with child |
| | Fear of not attaching to child or child not attaching to parent |
| | “Goodness of fit”, “matching” |
| | Resolving feelings about infertility |
| | Feelings of stigma, society minimized parent-child relationship since no biological ties |
Appendix A (continued)

Figure 1. Belsky’s Determinants of Parenting Model
Figure 2. Post-adoption Depression Model
**Appendix A (continued)**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Variable Type</th>
<th>Variable Name</th>
<th>Level of Measurement</th>
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</thead>
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<tr>
<td>Adoptive Mother</td>
<td>Independent</td>
<td>Parenting Expectations</td>
<td>Interval/Ratio</td>
</tr>
<tr>
<td></td>
<td>Independent</td>
<td>Life Change</td>
<td>Interval/Ratio</td>
</tr>
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<td></td>
<td>Independent</td>
<td>Prior Depression</td>
<td>Nominal</td>
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<td></td>
<td>Independent</td>
<td>Fatigue</td>
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</tr>
<tr>
<td></td>
<td>Independent</td>
<td>Medication</td>
<td>Nominal</td>
</tr>
<tr>
<td></td>
<td>Independent</td>
<td>Social Support</td>
<td>Interval/Ratio</td>
</tr>
<tr>
<td></td>
<td>Dependent</td>
<td>Depression</td>
<td>Interval/Ratio</td>
</tr>
<tr>
<td>Adopted Child</td>
<td>Independent</td>
<td>Infant Temperament</td>
<td>Ordinal</td>
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<tr>
<td>Family Demographics</td>
<td>Control</td>
<td>Adoptive Mother’s Age</td>
<td>Interval/Ratio</td>
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<td></td>
<td>Control</td>
<td>Adoptive Mother’s Race/Ethnicity</td>
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<tr>
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<td>Sexual Orientation</td>
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<td>Marital Status</td>
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<tr>
<td></td>
<td>Control</td>
<td>Adoptive Mother’s Employment</td>
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<td></td>
<td>Control</td>
<td>Spouse/Partner Employment Status</td>
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<td></td>
<td>Control</td>
<td>Number of Biological Children</td>
<td>Interval/Ratio</td>
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<tr>
<td></td>
<td>Control</td>
<td>Number of Adopted Children</td>
<td>Interval/Ratio</td>
</tr>
<tr>
<td>Child Demographics</td>
<td>Control</td>
<td>Child’s Present Age</td>
<td>Interval/Ratio</td>
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<tr>
<td></td>
<td>Control</td>
<td>Child’s Race /Ethnicity</td>
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Table 3. Study Variables
Appendix A (continued)

Table 4. Survey Sample Demographics Characteristics - Significance by Depression Score

<table>
<thead>
<tr>
<th>Variable</th>
<th>Values</th>
<th>N</th>
<th>% (of total)</th>
<th>Fisher’s Exact test/Spearman’s rho p value</th>
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<tbody>
<tr>
<td>Age (n=77)</td>
<td>25-29</td>
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<td>10.0</td>
<td>.688*</td>
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<td></td>
<td>30-39</td>
<td>40</td>
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</tr>
<tr>
<td></td>
<td>40-49</td>
<td>27</td>
<td>30.0</td>
<td></td>
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<tr>
<td></td>
<td>50+</td>
<td>1</td>
<td>1.1</td>
<td></td>
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<tr>
<td>Race/Ethnicity (n=77)</td>
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<td>68</td>
<td>75.6</td>
<td>.429</td>
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<tr>
<td></td>
<td>Black/ African American</td>
<td>2</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>White- Hispanic or Latino</td>
<td>4</td>
<td>4.4</td>
<td></td>
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<tr>
<td></td>
<td>Black- Hispanic or Latino</td>
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<td>1.1</td>
<td></td>
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<tr>
<td></td>
<td>Asian</td>
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<td>Marital Status (n=76)</td>
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<td>80.0</td>
<td>.033</td>
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<tr>
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<td>Single</td>
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<td></td>
<td>Divorced</td>
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<tr>
<td>Education Level (n=78)</td>
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<td>1.1</td>
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<td>High School</td>
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<tr>
<td></td>
<td>Some College</td>
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<td></td>
<td>College Graduate</td>
<td>36</td>
<td>40.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Graduate Degree</td>
<td>30</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td>Employment Status (n=77)</td>
<td>Full-time</td>
<td>32</td>
<td>35.6</td>
<td>.101</td>
</tr>
<tr>
<td></td>
<td>Part-time</td>
<td>13</td>
<td>14.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stay-at-home Parent</td>
<td>32</td>
<td>35.6</td>
<td></td>
</tr>
<tr>
<td>Spouse’s Employment Status (n=77)</td>
<td>Full-time</td>
<td>70</td>
<td>77.8</td>
<td>.415</td>
</tr>
<tr>
<td></td>
<td>Part-time</td>
<td>1</td>
<td>1.1</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix A (continued)

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Percentage</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>2</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td>No partner/spouse</td>
<td>4</td>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td><strong># of Children (n=74)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopted child only</td>
<td>45</td>
<td>61.0</td>
<td>.283</td>
</tr>
<tr>
<td>Additional children</td>
<td>29</td>
<td>39.0</td>
<td></td>
</tr>
<tr>
<td><strong>Age of Adopted Child (n=75)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 3 months</td>
<td>28</td>
<td>31.1</td>
<td>.151*</td>
</tr>
<tr>
<td>4 to 6 months</td>
<td>20</td>
<td>22.2</td>
<td></td>
</tr>
<tr>
<td>7 to 9 months</td>
<td>16</td>
<td>17.8</td>
<td></td>
</tr>
<tr>
<td>10 to 12 months</td>
<td>11</td>
<td>12.2</td>
<td></td>
</tr>
<tr>
<td><strong>Prior History of Depression (n=80)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>74</td>
<td>92.0</td>
<td>.142</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>7.5</td>
<td></td>
</tr>
<tr>
<td><strong>Currently Taking Medication (n=80)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>66</td>
<td>82.5</td>
<td>.302</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
<td>17.5</td>
<td></td>
</tr>
<tr>
<td><strong>WPL-R Score (n=87)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal adjustment</td>
<td>39</td>
<td>45.3</td>
<td>.408</td>
</tr>
<tr>
<td>Negative adjustment</td>
<td>47</td>
<td>54.7</td>
<td></td>
</tr>
<tr>
<td><strong>MPSSS Score (n=81)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Support</td>
<td>15</td>
<td>18.5</td>
<td>.000</td>
</tr>
<tr>
<td>More Support</td>
<td>66</td>
<td>81.5</td>
<td></td>
</tr>
<tr>
<td><strong>Infant Temperament (n=87)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy/ Neutral</td>
<td>81</td>
<td>93.0</td>
<td>.034</td>
</tr>
<tr>
<td>Difficult</td>
<td>6</td>
<td>7.0</td>
<td></td>
</tr>
<tr>
<td><strong>Fatigue (n=90)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No sleeping difficulty</td>
<td>81</td>
<td>90.0</td>
<td>.006</td>
</tr>
<tr>
<td>Sleeping difficulty</td>
<td>9</td>
<td>10.0</td>
<td></td>
</tr>
</tbody>
</table>

*Indicates Spearman’s RHO
Appendix A (continued)

Figure 3. Skewed Distribution of the Dependent Variable
### Table 5. Descriptive Statistics for PDSS Score Used as Dependent Variable

<table>
<thead>
<tr>
<th>Statistic Name</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>$N$</td>
<td>90</td>
</tr>
<tr>
<td>Mean</td>
<td>51.96</td>
</tr>
<tr>
<td>Median</td>
<td>47</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>16.272</td>
</tr>
<tr>
<td>Skewness</td>
<td>1.454</td>
</tr>
<tr>
<td>Minimum</td>
<td>34</td>
</tr>
<tr>
<td>Maximum</td>
<td>115</td>
</tr>
</tbody>
</table>
### Appendix A (continued)

Table 6. Logistic Regression Classification Table

<table>
<thead>
<tr>
<th>Observed</th>
<th>Non-Depressed</th>
<th>Depressed</th>
<th>% Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Depressed</td>
<td>53</td>
<td>5</td>
<td>91.4</td>
</tr>
<tr>
<td>Depressed</td>
<td>3</td>
<td>14</td>
<td>82.4</td>
</tr>
<tr>
<td>Overall Percentage</td>
<td></td>
<td></td>
<td>89.3</td>
</tr>
</tbody>
</table>
Appendix A (continued)

Table 7. Predicted Probability of Post-Adoption Depression

<table>
<thead>
<tr>
<th>Predictors</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>1.967</td>
<td>1.622</td>
<td>1.47</td>
<td>1</td>
<td>.225</td>
<td>7.149</td>
</tr>
<tr>
<td>Fatigue</td>
<td>3.325</td>
<td>1.088</td>
<td>9.33</td>
<td>1</td>
<td>.002*</td>
<td>27.795</td>
</tr>
<tr>
<td>Child Temperament</td>
<td>1.711</td>
<td>1.290</td>
<td>1.76</td>
<td>1</td>
<td>.185</td>
<td>5.536</td>
</tr>
<tr>
<td>MPSSS Score</td>
<td>-3.638</td>
<td>.921</td>
<td>15.60</td>
<td>1</td>
<td>.000***</td>
<td>.026</td>
</tr>
</tbody>
</table>

Two tailed tests of significance: ***p>.001; **p>.01; *p>.05
**Appendix A (continued)**

Table 8. Interviews- Sample Demographic Characteristics

<table>
<thead>
<tr>
<th>Mother and Child Characteristics</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mother's age (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-30</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>31-40</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>40-50</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td><strong>Mother's race/ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td><strong>Mother's marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>9</td>
<td>90</td>
</tr>
<tr>
<td>Never Married</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td><strong>Mother's employment status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>Student- not working</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Stay-at-home</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td><strong>Fertility Issues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoptive mother has fertility problems</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td>Unsure if infertile- no testing</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Have no fertility problems</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td><strong>Reason for adopting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to have a child</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td>Humanitarian Reasons</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Fertile, but medically risky</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Fertile, but no partner</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td><strong>Have other birth children?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td><strong>Have other adopted children?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>80</td>
</tr>
</tbody>
</table>
Appendix A (continued)

Table 8. Interviews- Sample Demographic Characteristics (continued)

<table>
<thead>
<tr>
<th>Mother and Child Characteristics</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children in home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>4 or more</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Type of Adoption</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Semi-open</td>
<td>9</td>
<td>90</td>
</tr>
<tr>
<td>Child's gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Child's race/ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>African American/Black</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Biracial- Black/White</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Hispanic (any race)</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Child's age at placement (days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to 3</td>
<td>8</td>
<td>80</td>
</tr>
<tr>
<td>4 to 10</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>11 to 30</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Child's age at time of interview (months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 3</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>4 to 8</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>9 to 12</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>
Table 9. Semi-structured interview guide

<table>
<thead>
<tr>
<th>Category</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoptive Mother Factors</td>
<td></td>
</tr>
<tr>
<td>• What was your motivation for adopting a child?</td>
<td>Infertility</td>
</tr>
<tr>
<td>• How has adopting a child changed your life?</td>
<td>Life Change</td>
</tr>
<tr>
<td>• Has parenting your son or daughter met your expectations?</td>
<td>Parenting Expectations</td>
</tr>
<tr>
<td>• Do you have any difficulty falling asleep at night?</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>• Have you experienced any feelings of sadness or depression since your child was born?</td>
<td>Depression</td>
</tr>
<tr>
<td>• When did you first notice these feelings?</td>
<td></td>
</tr>
<tr>
<td>• How did you know you were depressed?</td>
<td></td>
</tr>
<tr>
<td>• Do you have a prior history of depression?</td>
<td></td>
</tr>
<tr>
<td>Child Factors</td>
<td></td>
</tr>
<tr>
<td>• In what way does your child’s temperament affect the way you parent?</td>
<td>Temperament</td>
</tr>
<tr>
<td>• Describe your child’s physical health.</td>
<td>Infant Health</td>
</tr>
<tr>
<td>• Can you describe the level of closeness you feel to your child?</td>
<td>Attachment</td>
</tr>
<tr>
<td>• Do you think your child is a good match for your family?</td>
<td>Goodness of Fit</td>
</tr>
<tr>
<td>Contextual Factors</td>
<td></td>
</tr>
<tr>
<td>• Describe your relationship with your spouse/partner.</td>
<td>Marital Status</td>
</tr>
<tr>
<td>• How do you think others view your adopted child?</td>
<td>Societal Stigma</td>
</tr>
<tr>
<td>• Can you tell me about the people close to you?</td>
<td>Social Network</td>
</tr>
<tr>
<td>• How do you feel about your child’s birth family?</td>
<td>Birth Family History</td>
</tr>
<tr>
<td>• Describe any significant events (positive or negative) that have occurred since your child arrived.</td>
<td>Life Events</td>
</tr>
</tbody>
</table>
Appendix B: Internet Survey--Adoption! Tell me more!

So you've adopted a child... Tell me more!

Informed Consent

Thank you in advance for your participation in this survey. If you received an invitation to participate, it is because you are an adoptive mother and received placement of your son/daughter within the past 12 months.

This research is being conducted to obtain information about your most recent adoption experience for purposes of a social work doctoral dissertation. The principal researcher of this study is Brigitte Schupuy, Doctoral Candidate, at the University of South Florida. The title of the study is The Baby Blues: Mothers’ Experiences after Adoption - IRB #Pro 5594.

The goal of this study is to better serve adoptive families during their transition to parenting an adopted child. Answering personal questions about this topic may be uncomfortable for you. Please know your participation in this project is strictly voluntary and you may refuse to participate or discontinue participation at any time during the survey without penalty. If you decide to complete the survey, your responses will be anonymous since no personal identifying information will be collected. It is unknown whether you will receive any benefit by taking part of this study. This research is considered to be of minimal risk, meaning that the risks associated with this study are the same as what you face every day. There are no known additional risks to those who take part in this study.

Data gathered from this survey will be analyzed and shared with the University of South Florida (USF). Additionally, other people may need to review your study record for purposes of oversight of the research process in order to ensure the study is done properly and that your rights and safety are protected. This may include the Department of Health and Human Services (DHHS) and the USF Institutional Review Board (IRB) and its related staff.

Information learned from this study may be published. If it is published, no participant names will be included.

The survey will take you approximately 15 minutes to complete. You are welcome to contact me anytime if you have questions about the survey. Please direct any problems concerning the survey to Brigitte Schupuy, Ph.D. Candidate - bschupuy@usf.edu or (813) 277-4272. You may also contact the USF IRB Office at (813) 974-5638 with your questions about research participants’ rights.

Please note that SurveyMonkey.com employs multiple layers of security to ensure data remains private and secure, conducts daily audits of their security, utilizes the latest in firewall and intrusion prevention, and also collects data in an encrypted environment. Although these
### Appendix B (continued)

<table>
<thead>
<tr>
<th>So you’ve adopted a child... Tell me more!</th>
</tr>
</thead>
<tbody>
<tr>
<td>With extensive security measures in place, no guarantees can be made about the security of survey data transmitted via the Internet.</td>
</tr>
</tbody>
</table>

Again, thank you for your participation!

It is up to you to decide whether to take part in this study. Please understand that by clicking “I agree" to proceed with this study, you are agreeing to take part in research.

- [ ] I agree
- [ ] I do not agree
Appendix B (continued)

<table>
<thead>
<tr>
<th>So you’ve adopted a child... Tell me more!</th>
</tr>
</thead>
</table>

The following questions determine if you meet the criterion for this survey.

- **Are you an adoptive mother?**
  - Yes
  - No

- **Have you received placement of your adopted child within the last 12 months?**
  - Yes
  - No

- **Has your child resided in your home for at least 2 weeks?**
  - Yes
  - No

- **Was your child placed in your home as a newborn (within 4 weeks of birth)?**
  - Yes
  - No
### Appendix B (continued)

#### So you've adopted a child... Tell me more!

Please tell me what it is like caring for a new baby. Answer the following questions based on your most recently adopted child.

<table>
<thead>
<tr>
<th>How much do you agree or disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had trouble sleeping the night my baby was to sleep</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>I got excited over even the littlest things that concerned my baby</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>I felt like my emotions were on a roller coaster</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>I felt like I was losing my mind</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>I was afraid that I would never be my normal self again</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>I felt like I was not the mother I wanted to be</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>I was brought to the brink of total exhaustion</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>I lost my appetite</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>I felt really overwhelmed</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>I was scared that I would never be happy again</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>I could not do anything</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>
### So you've adopted a child... Tell me more!

<table>
<thead>
<tr>
<th>How much do you agree or disagree?</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt as though I had become a stranger to myself!</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>I felt like so many mothers were better than me</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>I started thinking I should be better at it</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>I woke up in the middle of the night and couldn't get back to sleep</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>I felt like I was laughing at my own jokes</td>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>I cried a lot</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>I thought I was going crazy</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>I did not know what I was doing</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐</td>
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<tr>
<td>I felt guilty because</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐</td>
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<tr>
<td>I couldn't do any</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>I wanted to hurt myself</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>I had heard too much time at night crying</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐</td>
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<tr>
<td>I felt lalalalal</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>I now feel very</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
</tbody>
</table>
## Appendix B (continued)

### So you've adopted a child... Tell me more!

<table>
<thead>
<tr>
<th>How much do you agree or disagree?</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need a daily built in time to myself every day.</td>
<td></td>
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<tr>
<td>I felt like I was not normal</td>
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<tr>
<td>I felt like I had to think about what I was thinking or feeling towards the baby</td>
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<tr>
<td>I felt like my baby would be better off without me</td>
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<tr>
<td>I felt like I need to keep moving or putting things around</td>
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<tr>
<td>I felt my anger ready to explode</td>
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<tr>
<td>I had difficulty focusing on a task</td>
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<tr>
<td>I did not feel relaxed</td>
<td></td>
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<tr>
<td>I felt like a failure as a mother</td>
<td></td>
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<tr>
<td>I just wanted to have this world</td>
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</tr>
</tbody>
</table>
### Appendix B (continued)

**So you’ve adopted a child... Tell me more!**

<table>
<thead>
<tr>
<th>Question</th>
<th>Level of Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much has your life changed since the baby arrived?</td>
<td>Not at all</td>
</tr>
<tr>
<td>How much has your life with members of your family changed?</td>
<td>Not at all</td>
</tr>
<tr>
<td>To what extent has the amount of love that you’ve shown increased since the baby arrived?</td>
<td>To a great extent</td>
</tr>
<tr>
<td>To what extent do you feel that having a baby affects what you do elsewhere?</td>
<td>To a great extent</td>
</tr>
</tbody>
</table>
### Appendix B (continued)

**So you’ve adopted a child... Tell me more!**

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>To a great extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How has adopting a child affected your overall life since the baby arrived?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. How has adopting a child affected your relationship with your family members or members of a different race or culture since the baby arrived?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>3. How satisfying has being the parent of a non-birth parent been for you?</td>
<td>Not at all satisfying</td>
<td>Very satisfying</td>
</tr>
<tr>
<td>4. How satisfying has the task of taking care of a non-birth parent been satisfying to you?</td>
<td>Not at all satisfying</td>
<td>Completely satisfying</td>
</tr>
<tr>
<td>5. How has the baby’s growth and development influenced you and the other adult in your home?</td>
<td>Not at all</td>
<td>To a great extent</td>
</tr>
</tbody>
</table>
### Appendix B (continued)

**So you’ve adopted a child... Tell me more!**

<table>
<thead>
<tr>
<th></th>
<th>Almost all of the time</th>
<th>Nearly all of the time</th>
<th>Mostly of the time</th>
<th>Sometimes of the time</th>
<th>Almost of the time</th>
<th>Never or very little of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>How much of the time do you tell your baby about your family?</td>
<td></td>
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</tr>
<tr>
<td>11</td>
<td>How satisfying are you with the way that you relate to your baby and your baby’s needs?</td>
<td></td>
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</tr>
<tr>
<td>12</td>
<td>How in tune with your baby do you feel?</td>
<td></td>
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<tr>
<td>13</td>
<td>How well do you think that you know your baby?</td>
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<tr>
<td>14</td>
<td>To what extent does the way you think about yourself influence your life with your baby?</td>
<td></td>
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</tbody>
</table>
# Appendix B (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent are you meeting your expectations (or your own) as a parent of a new baby?</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td></td>
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<tr>
<td>To what extent do you think your baby enjoys spending time with you?</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td></td>
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</tr>
<tr>
<td>One unique, non-stressful is your life being the parent of a young baby and having many other unexpected things to deal with</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td></td>
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<tr>
<td>To what extent have you felt sad or depressed in the last week?</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td></td>
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</tr>
<tr>
<td>How satisfied are you with the amount of support from family and friends towards the new baby?</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td></td>
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</tbody>
</table>
**Appendix B (continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
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<th>7</th>
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<th>10</th>
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</thead>
<tbody>
<tr>
<td>The amount of help that I have had with the baby has been</td>
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<tr>
<td>Adequate for my needs</td>
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<tr>
<td>Completely adequate for my needs</td>
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<td>N/A</td>
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<tr>
<td>The amount of help that I have had in the care of my older children has</td>
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<tr>
<td>Adequate for my needs</td>
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<tr>
<td>Completely adequate for my needs</td>
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<td>N/A</td>
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<tr>
<td>The amount of help that I have had with family responsibilities has</td>
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<td>Adequate for my needs</td>
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<tr>
<td>Completely adequate for my needs</td>
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<td>N/A</td>
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<tr>
<td>Someone with whom I have been able to talk things over</td>
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<tr>
<td>Adequate for my needs</td>
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<td>Completely adequate for my needs</td>
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<td>N/A</td>
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<tr>
<td>Never available</td>
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<tr>
<td>Always available</td>
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</tbody>
</table>
### So you've adopted a child... Tell me more!

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Easy</th>
<th>Very Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you describe your child's temperament?</td>
<td></td>
<td></td>
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<tr>
<td></td>
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</tr>
<tr>
<td>To what extent do you think you positively affect your child's development?</td>
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</tr>
</tbody>
</table>
Appendix B (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly disagree</th>
<th>Strongly disagree</th>
<th>Neither</th>
<th>Strongly agree</th>
<th>Very strongly agree</th>
<th>Very strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a special person who is around when I am in need</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>There is a special person with whom I can share my joys and sorrows</td>
<td></td>
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</tr>
<tr>
<td>My family really tries to help me</td>
<td></td>
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</tr>
<tr>
<td>I get emotional support I need from my family</td>
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<tr>
<td>I have a special person who is a real source of comfort to me</td>
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<tr>
<td>My friends really try to help me</td>
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<tr>
<td>I can count on my friends when things go wrong</td>
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</tr>
<tr>
<td>I can talk about my problems with my family</td>
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<tr>
<td>I have friends with whom I can share my joys and sorrows</td>
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<tr>
<td>There is a special person in my life who cares about me</td>
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</tr>
</tbody>
</table>
Appendix B (continued)

<table>
<thead>
<tr>
<th>Feelings</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>7</th>
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<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>My family is willing to help me move</td>
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<tr>
<td>More help</td>
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<tr>
<td>I can talk about my problems without</td>
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<tr>
<td>pressure</td>
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<tr>
<td>pressure and feel</td>
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</tbody>
</table>
Appendix B (continued)

**So you’ve adopted a child... Tell me more!**

Have you ever in the past experienced five (or more) of the following symptoms that occurred IN THE SAME 2-WEEK PERIOD which represented a change from previous functioning?

- (1) depressed mood most of the day, nearly every day
- (2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
- (3) significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day
- (4) insomnia or hypersomnia nearly every day
- (5) psychomotor agitation or retardation nearly every day
- (6) fatigue or loss of energy nearly every day
- (7) feelings of worthlessness or excessive or inappropriate guilt nearly every day
- (8) diminished ability to think or concentrate, or indecisiveness, nearly every day
- (9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation

- Yes
- No

If yes please list:

Are you currently taking any medication that is designed to stabilize your mood (i.e. for anxiety, depression, etc.)?

- Yes
- No

If yes please list:

\[112\]
So you’ve adopted a child... Tell me more!

Please provide information about your family.

**What is your race/ethnicity?**
- [ ] White
- [ ] Black or African American
- [ ] Asian
- [ ] American Indian or Alaska Native
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Other

**What is your sexual orientation?**
- [ ] Heterosexual
- [ ] Lesbian

**What is your marital status?**
- [ ] Single
- [ ] Married
- [ ] Partnered
- [ ] Divorced
- [ ] Separated
- [ ] Widowed

**What is your highest level of education?**
- [ ] Less than high school
- [ ] High School
- [ ] Some College
- [ ] College Graduate
- [ ] Graduate Degree
Appendix B (continued)

So you've adopted a child... Tell me more!

What is your employment status?
- Full Time
- Part Time
- Stereotypical Arab!
- Unemployed

What is the employment status of your spouse/partner?
- Full Time
- Part Time
- Stereotypical Arab!
- Unemployed
- No spouse/partner

How many biological children do you have?

How many adopted children do you have?

What is your age in years?

What is the age (in months) of your child most recently placed for adoption?

Enter date or approximate date (mm/yyyy) your child was placed in your home.
Appendix B (continued)

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there anything else you would like to share with us about how you or your family adjusted after your child arrived home?</td>
</tr>
</tbody>
</table>

115
Appendix B (continued)

<table>
<thead>
<tr>
<th>So you’ve adopted a child... Tell me more!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thank you for taking the time to complete this survey. Your assistance is very much appreciated.</td>
</tr>
</tbody>
</table>
### Appendix B (continued)

<table>
<thead>
<tr>
<th>So you’ve adopted a child... Tell me more!</th>
</tr>
</thead>
</table>

Have a Good Day!
Appendix C: Postpartum Depression Screening Scale (PDSS)

Below is a list of statements describing how a mother may be feeling after the birth of her baby. Please indicate how much you agree or disagree with each statement, in completing the questionnaire, please circle the answer that best describes how you have felt over the past 2 weeks. Read each item carefully. Then circle the number that best fits your answer. Please give only one response for each statement, using the following scale:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

If you wish to change your response, completely mark through your first response with an “X.” Then circle the response that best fits your new choice.

During the past 2 weeks:

1. I had trouble sleeping even when my baby was asleep.
2. I got a headache even over the littlest things that concerned my baby.
3. I felt like my emotions were on a roller coaster.
4. I felt like I was losing my mind.
5. I was afraid that I would never be my normal self again.
6. I felt like I was not the mother I wanted to be.
7. I have thought about death as the only way out of this living nightmare.

Stop here if you were asked to complete only the Short Form.

1. I lost my appetite.
2. I felt easily overwhelmed.
3. I was scared that I would never be happy again.
4. I could not concentrate on anything.
5. I felt as though I had become a stranger to myself.
6. I felt that so many mothers were better than me.
7. I started thinking that I would be better off dead.
8. I woke up at night or in the middle of the night and had trouble getting back to sleep.
9. I felt lonely, even when I was with my baby.
10. I felt like I was jumping out of my skin.
11. I cried a lot for no real reason.
12. I thought I was going crazy.
13. I did not know who I was anymore.
14. I felt guilty because I could not feel as much love for my baby as I should.
15. I wanted to hurt myself.
16. I used to have fun for a long time at night trying to fall asleep.
17. I felt all alone.
18. I have been very irritable.
19. I had a difficult time making even a simple decision.
20. I felt like I was not normal.
21. I felt like I had to hide what I was thinking or feeling toward the baby.
22. I felt that my baby would be better off without me.
23. I knew I should eat but I could not.
24. I felt like I had to keep moving or pacing.
25. I felt full of anger ready to explode.
26. I had difficulty focusing on a task.
27. I did not feel real.
28. I felt like a failure as a mother.
29. I just wanted to leave this world.
Appendix D: What being the parent of a new baby is like- revised (WPL-R)

What Being the Parent of a New Baby is Like (WPL-R)

For Staff Use Only:

1. How much is the baby or the baby’s care on your mind?
   - __________
   - Very little of the time
   - All of the time

2. How much is the baby’s physical health on your mind?
   - __________
   - Very little of the time
   - All of the time

3. To what extent does the baby or the baby’s care come first in your thoughts, taking precedence over things you would otherwise spend time thinking about?
   - __________
   - Not at all
   - To a great extent

4. Overall, how easy is it for you to be distracted from thinking about the baby?
   - __________
   - Not difficult at all
   - Very difficult

5. How much has your life changed since you had the baby?
   - __________
   - Hardly at all
   - A great deal

6. How much has your life with members of your family changed?
   - __________
   - Hardly at all
   - A great deal

7. To what extent has the amount of work that you do at home changed since you’ve had the baby?
   - __________
   - Not at all
   - To a great extent
Appendix D (continued)

For Staff
Use Only:

8. ____ 8. To what degree do you feel that having a baby affects what you do and when?

   1  2  3  4  5  6  7  8  9
   Not at all    To a great extent

9. ____ 9. To what extent do you look at yourself differently since you have had the baby?

   1  2  3  4  5  6  7  8  9
   Not at all    To a great extent

10. ____ 10. To what extent do you related to family members in a different way since you have had the baby?

   1  2  3  4  5  6  7  8  9
   Not at all    To a great extent

11. ____ 11. How easy would it be for you to leave the baby with your husband/partner when you go out?

   1  2  3  4  5  6  7  8  9
   Not difficult at all  Very Difficult

12. ____ 12. How easy would it be for you to leave the baby with someone (other than your husband/partner) when you go out?

   1  2  3  4  5  6  7  8  9
   Not difficult at all  Very difficult

13. ____ 13. When you go out and leave the baby with someone else, how much do you have the baby on your mind during the time that you are away?

   1  2  3  4  5  6  7  8  9
   Very little of the time  All of the time

14. ____ 14. How much is the baby on your mind when you are at home with him/her?

   1  2  3  4  5  6  7  8  9
   Very little of the time  All of the time
Appendix D (continued)

For Staff:  Use Only:

15.  **15.** How satisfying has being the parent of a new baby been for you?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>6</th>
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<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all satisfying</td>
<td>Completely satisfying</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

16.  **16.** To what extent have the tasks of taking care of a new baby been satisfying to you?

<table>
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<tr>
<th>1</th>
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<tbody>
<tr>
<td>Not at all satisfying</td>
<td>Completely satisfying</td>
<td></td>
<td></td>
<td></td>
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</table>

17.  **17.** To what extent has the baby’s growth and developmental changes been a source of satisfaction to you?

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<tbody>
<tr>
<td>Not at all</td>
<td>To a great extent</td>
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</table>

18.  **18.** How much of the time can you tell what your baby needs?

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<tbody>
<tr>
<td>Hardly ever</td>
<td>Almost all of the time</td>
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</table>

19.  **19.** How satisfied are you with the way that you relate to your baby and your baby’s needs?

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<th>1</th>
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<tbody>
<tr>
<td>Not at all satisfied</td>
<td>Completely satisfied</td>
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20.  **20.** How in tune with your baby do you feel?

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<tbody>
<tr>
<td>Not at all in tune</td>
<td>Completely in tune</td>
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21.  **21.** How well do you think that you know your baby?

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<tbody>
<tr>
<td>Hardly at all</td>
<td>Very well</td>
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### Appendix D (continued)

For Staff Use Only:

22. ____ 22. To what extent does the baby seem like a person, with his/her own personality, to you?

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</table>

| Hardly like a person at all | To a great extent is like a person to me |

23. ____ 23. To what extent are you meeting your expectations for yourself as a parent of a new baby?

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</table>

| Not at all | Completely |

24. ____ 24. To what extent do you think your baby enjoys his/her interaction with you?

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</table>

| Not at all | To a great extent |

25. ____ 25. To what extent do you think that you positively affect your baby’s development?

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</table>

| Not at all | To a great extent |

26. ____ 26. On a while, how stressful is your life, being the parent of a young baby and perhaps having other expected and unexpected things with which to deal?

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<td>7</td>
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</table>

| Not at all stressful | Very stressful |

27. ____ 27. To what extent have you felt blue or sad in the last week?

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<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

| Not at all | All of the Time |

28. ____ 28. How satisfied are you with the amount of interest that family members show towards the new baby?

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<td>9</td>
</tr>
</tbody>
</table>

| Not at all satisfied | Completely satisfied |
Appendix D (continued)

For Staff
Use Only:

29. The amount of help I have had with the baby has been?

<table>
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<tr>
<th>1</th>
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<th>6</th>
<th>7</th>
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<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely inadequate for my needs</td>
<td>Completely adequate for my needs</td>
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</table>

30. The amount of help that I have had with care of my older children has been:

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<tr>
<th>1</th>
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<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely inadequate for my needs</td>
<td>Completely adequate for my needs</td>
<td></td>
<td></td>
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</tbody>
</table>

|  | Not applicable: I have only one child (the new baby). |

31. The amount of help that I have had with family responsibilities that I usually have has been:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely inadequate for my needs</td>
<td>Completely adequate for my needs</td>
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</tbody>
</table>

32. Someone with whom to talk things over, including how I feel about being the parent of a new baby, is:

<table>
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<tr>
<th>1</th>
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<th>3</th>
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<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never available</td>
<td>Always available</td>
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</tr>
</tbody>
</table>


**Appendix E: The Multidimensional Perceived Social Support Scale (MPSSS)**

Your Name: ____________ Birthdate: _____ Male__ Female __ Todays Date: ______

**Instructions**

We are interested in how you feel about the following statements:

Read each statement carefully. Indicate how you feel about each statement.

Circle the 1 if you Very Strongly Disagree
the 2 if you Strongly Disagree
the 3 if you Mildly Disagree
the 4 if you are Neutral
the 5 if you Mildly Agree
the 6 if you Strongly Agree
the 7 if you Very Strongly Agree

<table>
<thead>
<tr>
<th>Very Strongly Disagree</th>
<th>Strongly Disagree</th>
<th>Mildly Disagree</th>
<th>Neutral</th>
<th>Mildly Agree</th>
<th>Strongly Agree</th>
<th>Very Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a special person who is around when I am in need.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2. There is a special person with whom I can share joys and sorrows.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3. My family really tries to help me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4. I get the emotional support I need from my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5. I have a special person who is a real source of comfort to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6. My friends really try to help me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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### Appendix E (continued)

<table>
<thead>
<tr>
<th></th>
<th>Very Strongly Agree</th>
<th>Strongly Disagree</th>
<th>Mildly Disagree</th>
<th>Neutral</th>
<th>Mildly Agree</th>
<th>Strongly Agree</th>
<th>Very Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>I can count on my friends when things go wrong.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>8.</td>
<td>I can talk about my problems with my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>9.</td>
<td>I have friends with whom I can share my joys and sorrows.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>10.</td>
<td>There is a special person in my life who cares about my feelings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>11.</td>
<td>My family is willing to help me make decisions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>12.</td>
<td>I can talk about my problems with my friends.</td>
<td>1</td>
<td>2</td>
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</table>
Appendix F: Research Summary

POST-ADOPTION DEPRESSION RESEARCH SUMMARY

In an effort to better understand the emotional and psychological impact of adopting an infant, I am conducting a study titled, The Baby Blues: Mothers’ Experiences After Adopting. The study is a closer look at the experience of adoptive parenting with an emphasis on the stress and depression that is sometimes associated with adoption. I have elected to focus solely on the experiences of adoptive mothers during the post-placement and post-adoption periods.

Your agency has been identified as an excellent source for study participants. I am hopeful you will find the study interesting, as well as useful. It is my hope that by learning more about adoptive parenting challenges, we can collectively increase service provision to adoptive families, ultimately benefiting the entire adoptive family system. It is my belief, both personally and professionally, that post-adoption depression is a very real issue and deserves additional investigation.

It is my hope that you will allow your clients to participate in this valuable research. The study is designed so you need not release any names or identifying information about your clients. Your agency will simply be asked to forward an email message to families that have adopted or are in the process of adopting from your agency. The email will include a link to a web-based survey, including password, as well as a brief description of the survey. Again, no identifying information will be collected about your clients.

The following is the criterion for the study:

☑️ The adopted child must have resided in the home for at least two weeks.
☑️ The adopted child must have been placed within the first four weeks of birth.
☑️ Placement of the adopted child must have occurred within the past 12 months.

The survey is designed to instantly “weed out” families that do not meet the criterion, which will make it simple for your agency to forward an email (see attached) to all clients that received a placement within the past year. I have attempted to make the process as effortless as possible for your agency in hopes of gaining your willingness to participate.

The research findings will hopefully be presented at numerous workshops and trainings and your agency shall always be acknowledged for its participation (if desired). Additionally, it is my hope that the findings will eventually be published in scholarly journal.

Brigette Barno Schupay, MSW  
Ph.D. Candidate, School of Social Work  
University of South Florida  
Phone: (813) 277-4272  
Email: barno@mail.usf.edu  
USF IRB# Pro 5594

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Appendix G: Agency Consent Letters

Heart of Adoptions, Inc.

Main Office
418 W. Platt Street
Suite A
Tampa, Florida 33606-1244
Tel: (813) 256-2501
Fax: (813) 244-2658
E-Mail: bridgette@heartofadoptions.com

September 26, 2011

Brigette Barno Schopay
580 N Fort Rd.
Leesville, LA 71446

Re: Dissertation Project- The Baby Blues: Mothers’ Experiences After Adopting

Dear Brigette:

I am pleased to support your request to survey our agency clients for the purposes of your research goals at the University of South Florida. I understand that your doctoral dissertation focuses on adoptive mothers and would be happy to facilitate sending your research survey to our clients.

As president and owner of Heart of Adoptions, Inc., I am excited this proposal affords us an opportunity to work in partnership to learn more about post-adoption depression and how it impacts our clients. Your findings should help us to better serve parents after placement of an adoptive child.

I look forward to the results of your study, and best of luck with your research.

Sincerely,

[Signature]

Jeanne T. Tate
Heart of Adoptions, Inc.
Appendix G (continued)

Catholic Social Service
of the Diocese of Dodge City
Catholic Charities for Southwest Kansas

Offices:
906 Central Avenue
Dodge City, KS 67801
620-227-1562
620-227-1572 (fax)
1-800-CARE-402

2201 16th St.
Great Bend, KS 67530
620-792-1393
620-792-1399 (fax)
1-800-794-9756

603 N. 8th St.
Garden City, KS 67846
620-272-0010
620-272-0025 (fax)

January 27, 2011
Brigette Barno Schupay
580 N Fort Rd.
Leesville, LA 71446

Re: Dissertation Project- The Baby Blues: Mothers’ Experiences After Adopting

Dear Brigette:

I am pleased to support your request to survey our agency clients for the purposes of your research goals at the University South Florida. I understand that your doctoral dissertation focuses on adoptive mothers and would be happy to facilitate sending your research survey to our clients.

I am excited this proposal affords us an opportunity to work in partnership to learn more about post-adoption depression and how it impacts our clients. Your findings should help us to better serve parents after placement of an adoptive child.

I look forward to the results of your study, and best of luck with your research.

Sincerely,

[Signature]
Deborah J Snapp, LBSW
Executive Director
Catholic Social Service

Providing Help, Creating Hope
www.catholicsocialservice.org
Appendix G (continued)

September 20, 2012

Brigette Barno Schupay
4550 16th Street N.
Saint Petersburg, FL 33703

Re: Dissertation Project - The Baby Blues: Mothers’ Experiences After Adopting

Dear Brigette,

I am pleased to support your request to survey our agency clients for the purposes of your research goals at the University of South Florida. I understand that your doctoral dissertation focuses on adoptive mothers and would be happy to facilitate sending your research survey to our clients.

As Executive Director of Gift of Life Adoptions, Inc., I am excited this proposal affords us an opportunity to work in partnership to learn more about post-adoption depression and how it impacts our clients. Your findings should help us to better serve parents after placement of an adoptive child.

I look forward to the results of your study, and best of luck with your research.

Sincerely,

[Signature]

Carl Stoll, LCSW, Ph.D
Executive Director

Cc: Lee Scharrer, President

4437 Park Boulevard | Pinellas Park, Florida 33781
TEL (727)549-1416 | (800)216-5433 | FAX (727)548-8174 | www.giftofalifeadoptions.com
Appendix H: Email Invitation to Participate

Dear Adoptive Parent,

You are invited to participate in a research study on adoptive parenting, specifically how adoptive mothers adjust after the arrival of their child. You are asked to complete an online survey. The study is for adoptive mothers only (sorry dads) that have received placement of their adoptive child within the last 12 months.

The placing agency for your recent adoption has identified you as a potential research participant. The study being conducted is confidential and you will not be asked any identifying information. The study questions ask about how you have adjusted to being an adoptive parent.

The survey is brief and takes approximately 15-30 minutes to complete. Your participation in this study could be very beneficial to other adoptive families and would be greatly appreciated.

If you would like to participate, please click:

https://www.surveymonkey.com/s/5KSZ3CG

Password: baby

Thank you for your time and input!

Brigette Barno Schupay, MSW  
Ph.D. Candidate, School of Social Work  
University of South Florida  
Study #: USF IRB Pro 5594

Whom to contact:  
If you have any difficulty accessing or taking the survey or have any questions or comments, please contact me at barno@mail.usf.edu or at (813) 277-4272.
Appendix I: Permission from IRB

November 21, 2011

Brigette Sobotny, MSW
School of Social Work
580 N Fort Rd
Lessorville, LA  70646

RE: Expedited Approval for Initial Review
   IRB# Pro00015564
   Title: The Baby Blues: Mothers’ experiences after adopting

Dear Ms. Sobotny:

On 11/21/2011 the Institutional Review Board (IRB) reviewed and APPROVED the above referenced protocol. Please note that your approval for this study will expire on 11/21/2012.

Approved Items:
Protocol Document(s):
Study Protocol

Consent/Assent Document(s):
Informed Consent to Participate in Research.pdf
Waiver of informed consent documentation granted for the online survey.

Please use only the official, IRB-stamped consent/assent document(s) found under the "Attachment Tab" in the recruitment of participants. Please note that these documents are only valid during the approval period indicated on the stamped document. If you have been granted a Waiver of Informed Consent Documentation you do not need such document IRB-stamped.

Your study qualifies for a waiver of the requirements for the documentation of informed consent as outlined in the federal regulations at 45CFR46.116 (6) which states that an IRB may approve a consent procedure which does not include, or which alters, some or all of the elements of informed consent, or waive the requirements to obtain informed consent provided the IRB finds and documents that (1) the research involves no more than minimal risk to the subjects; (2) the waiver or alteration will not adversely affect the rights and welfare of the subjects; (3) the research could not practically be carried out without the waiver or alteration; and (4) whenever appropriate, the subjects will be provided with additional pertinent information after participation.
Appendix I (continued)

It was the determination of the IRB that your study qualified for expedited review which includes activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the categories outlined below. The IRB may review research through the expedited review procedure authorized by 45 CFR 46.110 and 21 CFR 56.110. The research proposed in this study is categorized under the following expedited review category:

(6) Collection of data from voice, video, digital, or image recordings made for research purposes.

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval by an amendment.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

John A. Schinka, Ph.D., Chairperson
USF Institutional Review Board