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A Phenomenological Study on the Challenges Experienced by Kinship Adopters

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Abstract

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by

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MSW, Grand Valley University, 1997

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

This research addressed the social and emotional challenges kinship adoptive families have encountered when their adopted child's trauma symptomology surfaces. The unique relationship between the adoptive relative and the kinship child offered a different view on the coping techniques used by kinship families and uncovered areas where resources could support permanency. In this phenomenological study, 12 interviews with relative adoptive parents guided by the attachment and family system theories, offered insight to what fosters or degrades the bond with the adopted child. Using post-adoption resource events, service agencies, and community resources, this study recruited participants through flyers posted on websites, agency waiting areas, public bulletin boards, and email distribution. The self-selected respondents learned more about the study to decide if they would participate. The data reached saturation after 12 interviews and the transcribed accounts were reviewed with each corresponding participant. Using NVivo 11 to organize the data,, the transcribed interviews were compared to discover themes inherent to the adoptive relative parent(s). Learning about kinship challenges after adopting a child exposed to maltreatment, neglect, or pre-adoptive trauma and the methods used by these families to overcome thoughts of dissolution or their discovery of areas that would benefit from supportive resources may contribute to the understanding of successful kinship adoption. The implication for social change is the decrease in dissolution rates of the adoptive relationship, thereby creating permanency outcomes in the lives of the children and creating a system of care that is proactive to societal needs and influential in providing for future generations.

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Dedication

This study is dedicated to the kinship adoptive parents who allowed me into their lives. Thank you.

Acknowledgments

I would like to thank my Chairman Dr. Larimore for his encouragement and support. Dr. Hogan your insight and direction as to what was necessary in my study and what was not was invaluable. Dr. Yick-Flanagan thank you for your experience and expertise in qualitative research. Without the help from Ms. G. Stelmaszek this study would have never reached completion as she was a major contributor in my accessing participants. This study would not be complete without the love and support of my family and friends. Thank you all.

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Chapter 1: Introduction to the Study

Introduction

Since the passing of the Fostering Connections to Success and Increasing Adoptions Act of 2008, kinship foster care families have been urged to adopt or provide guardianship for the children in their home. As a result, research has followed the course of kinship care to guardianship, yet few studies have examined kinship adoption through a qualitative lens (Bell & Romano, 2015). The heterogeneity of foster families resembles the breadth of variation of kinship families (Berrick & Hernandez, 2016). Accounts of relative adopters' lived experiences are scarce and deserve attention (Berrick & Hernandez, 2016). This research may elucidate particular methods used by kinship families that parents could incorporate into their care practices when addressing their adopted child's issues.

The implications for social change are the decreased number of dissolved adoptions thereby increasing the permanency placements for children. The following chapter includes information on the scope of this study, the need for the study, the conceptual underpinnings, the nature of the study, definitions of foundational concepts, assumptions, scope and delimitations, limitations, and the significance of the study.

Background

Kinship care in the United States has gained popularity due to dwindling licensed foster care placement options (Batchelor, 2016; Berrick & Hernandez, 2016; Hegar & Scannapieco, 2016; Zinn, 2017). Kinship care as an alternative to non-relative foster care has been relied upon more often in the last 20 years than ever before (Batchelor, 2016).

With the decline of foster care placements and foster care adoption, kinship care has risen considerably in popularity amongst social workers and foster care workers (Rosenthal & Heger, 2016). Berrick and Hernandez (2016) found 7.7 million—or 10% of children in the United States—being raised by a relative.

Although there is insufficient information regarding the benefits garnered by the children during and after kinship care, it is considered by some as the better alternative for many children (Batchelor, 2016; Hegar & Scannapieco, 2016). The rationale for kinship care as the better alternative stems from the familial familiarity, which is thought to divert the child's experience of trauma when removed from their parent's care (Zinn, 2017). Rosenthal and Hegar (2016) reported that, 3 years after placing children in kinship care, they continued to live with the same caregiver and exhibited fewer behavioral problems and social skill deficits as compared to children placed with strangers. Berrick and Hernandez (2016) referred to kinship care as "the full-time protecting and nurturing of children by grandparents, aunts, uncles, godparents, older siblings, non-related extended family members and anyone to whom children and parents ascribe a family relationship, or who 'go for kin'" (p. 24).

Zinn (2017) found that the inconsistency of kinship family uniformity can just as easily have adverse effects on children in comparable situations. Rolock and Perez (2016) added that adoption and guardianship kinship placements changed just as frequently as other types of placements, as the caregivers were unable to meet the needs of the child. In fact, adults who experienced the foster care system did not stay in the initial kinship placement but moved in with other relatives, left a kinship guardian to be adopted by

non-relative parents, or left the family before their 18th birthday (Rolock & Perez, 2016).

However, the data kept on these children, who were documented as living in permanent

placements, did not accurately reflect their history (Rolock & Perez, 2016). In some

cases, the post-permanency services were not enough for adoptive families; this resulted

in one to 10% of children returning to the welfare system in what is termed a dissolution

of an adoption (Rolock, 2015). The dissimilarities in kinship family structure and

dynamics created challenges for both the family and the child (Ford, 2015). Ford (2015)

identified some emotional and social challenges within the non-kinship adoptive families

while living with their traumatized child. What was not known were the relatives' social

and emotional challenges after adopting a child who had endured a traumatic experience.

There is a paucity of previous research specifically targeting the challenges

kinship adopting parents have surmounted (Ford, 2015). This study addressed this area

of adoption to discern the challenges kinship parents experienced. The kinship family

possesses insight, dependent on the ties created by the familial bonds, which open areas

of understanding regarding interventions and resources necessary when raising an

adopted child. These insights benefit other nonrelative families, who are less inclined to

maintain permanency and decide to return their child to foster care, by offering

alternatives.

Problem Statement

The problem that I explored in this qualitative study was the social and emotional

challenges kinship adoptive families face after adopting a traumatized child and the

mitigating factors that affect the possible dissolution of the adoption. The U.S

Department of Health and Human Services (2014) related an increase of kinship adoption

by 5% between 2006 and 2013 (Hegar & Scannapieco, 2017). Yet, only three studies,

Denby (2011), Radel et al. (2010), and Ryan et al. (2010) reviewed large target

populations to find information regarding the stability of the adoptions by kinship

families (Hegar & Scannapieco, 2017). After a literature review regarding kinship family

adoption outcomes, Hegar and Scannapieco (2017) remarked, "Researchers have dealt

much less frequently with outcomes related to children's behavior, mental health, and

satisfaction with placement" (p. 84). Cederbaum et al. (2017) found that caregivers and

adolescents with existing close relationships occasioned a decrease in a child's

internalizing behavior. However, Rolock and White (2016) found a paucity of research

on post-adoptive families' long-term stability and the risk factors associated with

negative outcomes. A quantitative study conducted by Liao and White (2014) focused on

service use of kin and non-kin adoptive and guardianship homes. Liao and White's

(2014) stated that, "despite recognition of the benefits of kinship care and the rapid

growth in the number of kin foster, adoptive and guardianship homes, little is known

about how to support and best serve kinship adoptive or guardianship families" (p. 370).

The researchers concluded that kinship families have just as many unmet needs and rates

of discontinuity as non-kin families, but kinship adoptive parent(s) request fewer services

(Liao & White, 2014). Rolock and White (2017) mentioned the lack of research on the

interactions "with-in kin" in adoptive or guardianship situations (p. 33). The researchers

suggested an in-depth study of the adoptive relatives and the roles the children, the birth

parents, the court, and case worker's decisions play in determining post-permanency

continuity (Rolock & White, 2017). The findings from this phenomenological study

added to the insufficient data regarding the relationships between the kinship family and

their adopted child, and the circumstances that alluded to the discontinuity or permanency

of the adoption when dealing with social and emotional challenges.

Purpose Statement

The purpose of this qualitative phenomenological study was to explore the lived

experiences of kinship families who adopted traumatized children. Using a number of

individual's experiences provides related ideas to form patterns (Rudestam & Newton,

2015). I focused on participants' life events and uncovered the structures that lie beneath

their understanding of the challenges to elucidate a common interpretation through

themes and patterns. Fossey, Harvey, McDermott, and Davidson (2002) described the

phenomenological approach as a study of the ordinary "life world" of people (p. 720). I

based this study on the assumptions of the interpretative paradigm to understand the

particular social and emotional challenges of the family resulting from the pre-adoptive

trauma endured by the adopted child.

The social challenges experienced by kinship families could involve extended

family's refusal to interact in traditions or celebrations due to the adopted child's

exhibited behaviors. Outside of the family circle, school personnel, other parents, and the

child's peers may alienate the child. The child's alienation brought about by his or her

noncompliant behaviors leading to school suspension, invitation to peer celebratory

activities, or the child's peers refusal to choose the child to participate in school time

activities. Emotional challenges could involve the reactions of the kinship family

members to the actions exhibited by the child, the responses by persons of authority, or the reactions by friends and peers.

As the challenges occurred it is not understood how the family determined if they could continue to function while the child was still a part of their family, or if these families faced the decision to dissolve the child's adoption to maintain a stable home life. If the family endorsed particular tactics and techniques to disincline the dissolution of the adoption these practices may help unrelated adoptive families strengthen their resolve to persevere when the obstacles seem insurmountable.

A qualitative approach uses individual interviews to ascertain the lived experiences of the participants (Patton, 2015). Using a qualitative exploration I sought to elicit discourse with individual kinship family semistructured interviews in a location of their choice, to provide descriptive accounts of kinship encounters to occasion additional research, supportive resources, and services. I collected qualitative data to contribute rich details to the body knowledge on kinship families.

Research Questions

I attempted to answer the following questions through this qualitative study:

RQ1: What emotional and social challenges do relative adoptive families face after adopting a child with trauma experiences?

RQ2: What factors influenced the kinship family's decision to maintain or dissolve the adoption?

Theoretical Framework

Phenomenological research is an interpretative process framing experience from an individual's perspective (Patton, 2015). Groenewald (2004) stated that, "a researcher's epistemology according to Holloway (1997), Mason (1996) and Creswell (1994) is literally her theory of knowledge," developing how the phenomena will be studied (p. 45). The researcher is the medium to gather raw, unfiltered information from subjective matter (Patton, 2015).

I used a phenomenological approach to engage with kinship parents and collect unfiltered data regarding their everyday experiences living with a traumatized child. The phenomena of interest were the reactions of the kinship family when dealing with both social and emotional problems arising from the behavioral, psychological, and emotional displays exhibited by the traumatized youth. I used a phenomenological approach to gathering data and used attachment theory and family systems theory created a structure for the interview questions.

Bowlby (1988) described the concept of attachment as the security of an attachment between people. The innate need for a child to feel secure relies on the availability of someone to protect, provide, and offer unhampered comfort (Bowlby, 1988). Without the sense of security, children experience fear, anxiety, and eventual dysfunctional anger over the loss or being abandoned by a secure attachment (Bowlby, 1988). Because a child lacked a secure attachment to a biological parent, the resulting trauma disrupts an adoptive family's ability to effectively bond and relate to the child. The child's reactions and behaviors resulting from the child's trauma experiences often

end sustainable attachments; however, in this research study I found that they did not lead to the discontinuation of the adoption.

Fundamentally, adopting kinship caregivers represented protection and security for a child. The child, removed by protective services to prevent the biological parent's further attempt at harm, developed coping mechanisms to survive the adverse environment (Tarren-Sweeney, 2013). Trauma reactions are the child's learned dysfunctional coping techniques which persisted after the removal of the trauma source (Purvis, McKenzie, Becker, Cross, & Buckwalter, 2014). The social and emotional challenges adoptive families contend with begin when the traumatized child enters the home (Ford, 2015). The child's symptomatic behavior attacks the integrity of the liaison as the adoptive caregiver reconsiders their decision to adopt (Ford, 2015). The caregiver's ability to cope with the child's behavior resulted in the endurance of the adoptions in this study. What sustained the family's ability to cope with the child's unpredictable trauma reactions was their unconditional love to see the child succeed.

In Bowen's family systems theory it was suggested that the family functions together to promote survival and increased synchronicity through the security of the relationship (MacKay, 2012). For the individual members there is a need to continue holding onto the family as security, yet the need to separate for independence (MacKay, 2012). The association of these contradicting concepts is decided upon by the family's functional health (MacKay, 2012). When a kinship parent is enmeshed with the emotions of their biological family, known as undifferentiation, it can become difficult to separate the cause of their anxiety (MacKay, 2012). In some cases the adopted child's behavior

becomes the focus of the parent's anxiety creating an exaggeration of the child's

symptomatic reactions to the previous trauma (MacKay, 2012). The functionality of the

kinship family predisposed their ability to handle the trauma reactions of the child and

created an enduring relationship (MacKay, 2012).

     I used attachment theory and family systems theory to design the interview

questions used in interviews with kinship adopters who remained connected to their child

or who experienced the dissolution of this relationship. The theoretical foundation based

on the phenomenological framework relied on the interpretation of the experience by the

subject's retrospective explanation. Through individual interviews, I explored the

family's attachment to the child and the social and emotional challenges related to the

family's ability to maintain the balance of the relationship. Chapter 2 includes a further

explanation of the phenomenological focus, the attachment theory, and the family

systems theory as they relate to the interview questions.

Nature of the Study

     I used a qualitative phenomenological approach conducting interviews to

ascertain the lived experiences of the participants. Conducting interviews to understand

an individual's lived experience is an approach of qualitative phenomenology (Patton,

2015; Ravitch & Carl, 2016). This method of inquiry allowed me insight into the kinship

familys' lives. When using the phenomenological methodological approach, researcher's

seek understanding of how people view and interpret the world around them (Fossey et

al., 2002).

The importance of understanding how kinship families view the situation of adopting a traumatized child and their experiences with everyday challenges exposed how relatives deal with unexpected events such as running into the biological mother at the grocery store. Other qualitative methods may revolve around the interpretation from the researcher's point of view or the collective societal perspective of the experience (Patton, 2015). By using the individuals' experiences, the accounts are first hand, unique, and explain the experiences from the family's perspective.

I interviewed relative adoptive parent(s) or kinship families in Michigan's northern region and the upper peninsula who had adopted a traumatized child in order to understand the challenges they faced and the impact of the adoption on the household. The gathered information was used to address the research questions to correlate kinship adoptive family problems and the impact of the experiences on the family's decision making related to the adoptive child. The key concepts that were investigated became the perceived challenges both in a social and an emotional context the family experience. Each household interpreted what they believed were challenges. As the interviews were studied and patterns discovered each family had similar accounts associated with their perceived challenges. Their interpretations, the processes in which they worked to rectify the problems, and the ultimate decision to persevere or dissolve the adoption could enlighten other researchers, and service providers on areas needing support.

Definitions

Adoption referred to the legal transfer of parental rights and responsibilities from a child's birth parents to adults who will raise the child (Grotevant & McDermott, 2014).

Emotional challenges referred to the adoptive family reactions to the child's trauma symptomology (Ford, 2015).

Fictive kin referred to individuals who had a close relationship with the child and biological parents but were not related by blood or marriage (Hegar & Scannapieco, 2015).

Kinship care and relative care referred to family members acting as a foster care placement for the displaced child (Koh & Testa, 2011).

Kinship family and relative family referred to the individual parent(s) who are blood relations to the child (Koh & Testa, 2011).

Non-kinship and non-relative families referred to a family not having a prior relationship nor blood tie with the child (Koh & Testa, 2011).

Social challenges referred to adoptive parent's non-inclusion into family, school and community activities (Ford, 2015).

Substitute parents referred to kinship or non-kinship foster caregivers who take over the care of a child while parent's work to overcome the issues preventing the children to live with them (Altenhofen, Clyman, Little, Baker, & Biringen, 2013; Biehal, 2014).

Trauma experience referred to the emotional, physical and sexual abuse, maltreatment and neglect the child endured while living with the biological family (National Child Traumatic Stress Network [NCTSN], 2017) which resulted in the child's removal from their home and subsequent placement for adoption (Michigan Department of Health and Human Services [MDHHS], 2017).

Assumptions

I assumed that the kinship caregivers would honestly share the positive as well as the adverse experiences encountered as an adoptive parent. Kinship parents who dissolved the adoption with a child may have felt too ashamed, guilty, or uncomfortable to share the challenges resulting in the dissolution of the relationship. The group of adoptive parents did not choose to participate in this study, lowering the response to Research Question 2. Other kinship parents may not have wanted to identify characteristics and did not call me to find out more about the study, minimizing the findings to Research Question 1 and 2. I also assumed that post-adoption resource centers and family and child service agencies would provide access to participants participating in support groups, and those referred would want to participate. Families were busy, and some were unwilling to take the time for interviews which reduced the amount of data for Research Question 1 and 2..

Scope and Delimitations

I chose to recruit northern and upper peninsula kinship adoptive families to focus on rural adoptive families. It also increased my ability to access these families through the use of my personal transportation.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 sought to increase the rate of adoption and guardianship by kinship caregivers to decrease the number of children placed in nonrelative foster care (Annie E. Casey Foundation, 2009). Many quantitative studies have resulted in statistical information that agencies can use to understand the general needs of adoptive and guardianship families (Bell &

Romano, 2015). Few studies inquire into the personal experiences of adoptive kinship parent(s) (Bell & Romano, 2015). For these reasons the scope of my study was phenomenologically focused on the specific challenges kinship parents faced as a result of the push for adoption of children to relative caregivers.

The inclusion of blood relatives as kinship adopters has reduced the use of fictive kin as a legitimate kinship tie for adopted children. Kinship guardians interact with biological parents as the parental rights are not terminated eliminating a guardians inclusion in this study. The adopting relatives included grandparents, aunts, and uncles. The marital status, sexual orientation or the ethnicity of the adopting family or the adopted child were not factored into this research.

I used the attachment theory and family systems theory to frame the interview questions for this study. In this phenomenological study the participant's accounts of their lived experience to answer the research questions were addressed. The insights of the participants provided their view of the social and emotional challenges they encountered, and the reasons they chose to continue the adoption permanency plan.

To ensure the scope of this study I included rich descriptions of the experiences of kinship families which other readers may use to understand similarities and differences in other research studies. I based my qualitative study off of the limitations explained in Ford's (2015) study, who portrayed her participants as "adoptive parents who were familiar with the challenge of childhood trauma with their own adopted children"(p. 45). What was dissimilar were the locations in Arizona, the use of adoptive parents and the service agencies Ford (2015) sought to provide the research participants.

Limitations

One of the limitations of this study was my choice to use adoptive parents from northern and the upper peninsula of Michigan. The defined area is marked by a northern climate, rural communities, and few resources. These issues interfered with the study's transferability to similar studies on kinship adoption due to the large expanse of rural terrain and my difficulty locating and attracting families to participate, the wintery conditions during recruitment and the limited attendance to events. Although, the interview synopses and the rich description of procedures, may contribute to other researchers finding similar results in the location of their choice regardless of my recruitment difficulties.

Participants of the kinship adoption groups around Northern and the Upper Peninsula of Michigan self-selected their participation by contacting me by email or telephone. The process of data gathering included 12 participants. At the conclusion of the twelfth interview the information became redundant, eliminating the further need of participants. Some group members did not deem divulging their stories as therapeutic, preventing interest in the self-selection process to call or email me, which lessened the participant selection without creating a paucity of viable data. The PARC representatives asked to resend or hand out flyers to kinship parent(s) when the response rate was low, to maintain the confidentiality of the adoptive community (MDHHS, 2017).

Remaining unbiased as an interviewer and observer was extremely important. As a mental health therapist, working with children in foster care informed the conceptualization and direction of this study. Reframing the point of view of adoption

through an interview with the adoptive parents did not test my resolve to postulate the

child's perspective. The search for peer-reviewed articles and when reading numerous

accounts about kinship, adoptive, and foster caretakers heightened my awareness of the

subject matter to be an objective researcher.

Significance

The literature addressing the psychosocial challenges faced by relatives when

their adopted child experienced maltreatment and neglect at the hands of their biological

parents was understudied (Ford, 2015; Vasquez, 2014). Found was that a child developed

severe emotional, behavioral, and relational problems the longer they stayed in a foster

care setting (Otten-Fox, 2012) and that children who had more than one pre-adoptive

placement had higher rates of referral post-adoption (Orsi, 2015). Additionally, kinship

adopters rated the impact of the adoption on family functioning more negatively than

non-relative families (Ryan, Hinterlong, Hegar, & Johnson, 2010). The specific

emotional and social problems kinship families faced were not addressed thoroughly

enough to assess outcomes that precluded the child from being returned to foster care or

informally placed with another family. This study explored the specific problems relative

adoptive parent(s) faced and uncovered specific factors that played a role in the stability

of the family.

While conducting this study it was found that kinship families had issues treatable

within a group setting. Instead of treating each family or child individually, a treatment

method would engage caregiving families to provide support, respite, and advice to one

another. The meeting could follow the constructs of trauma-focused cognitive behavioral

therapy and multi-family psycho-educational groups (Cohen, Deblinger, Mannarino, & Steer, 2004; Dixon et al., 2001). In conjunction, a separate, but an equally important group would provide traumatized youth an opportunity to share their feelings, misunderstandings, guilt, and shame through similar trauma-focused psycho-educational meetings (Cohen et al., 2004; Dixon et al., 2001).

The caregiver group would work to understand the challenges their children faced while living in traumatic environments. The symptomology of trauma and helpful information on how to navigate the negative behaviors provide additional insight for caregivers, to help the struggling child. Caregivers, in turn, would help each other by extending additional support by offering babysitting, an open ear to talk with after an exhaustive emotional night, or in finding a new friend who enjoys similar hobbies.

The purpose behind the psycho-educational groups was the promotion of social networks in the community outside of an agency atmosphere (Cohen et al., 2004; Dixon et al., 2001). If implemented this new treatment method through a trauma psycho-educational group, second families and their children might find it easier to hope, cope, and heal promoting positive social change (Cohen et al., 2004; Dixon et al., 2001).

As participant parents explained, they were not offered enough information nor education to advocate for their children actively. A few families stated that other adoptive families were somewhat different from their own hence they would refrain from asking for their insight to answer developmental, trauma reactions or general questions comparative to their experience. As such the use of specific trauma psycho-educational groups could create a phenomenon of social change creating an environment where every

family has something to offer regardless of the family dynamics. Social workers could introduce new adoptive families to the group, and with enough insight the collective voice of the parents could request training, speakers, and possibly influence policy makers if the group members were adamant about an issue. The success of the group remains in the details for it to persist and grow. Subsequently, the implication for social change could result in the decrease in dissolution rates or the transfer of parental authority to another family or relative creating permanency outcomes in the lives of the children.

Summary

The practice by families to care for relative children has expanded to include kinship adoption (Bell & Romano, 2015). Research into the realization of the intricate nuances in family dynamics has been slow to fetter out the struggles faced once the adoption finalizes (Ford, 2015). Previous studies sought answers related to non-relative adoption, kinship foster care and kinship guardianship (Rolock & Perez, 2016; Rosenthal & Hegar, 2016; Zinn, 2017). The nature of the adoption or guardianship has been studied to a certain extent, though the reliability of the data was skewed due to the child leaving the care of their initial placement to live elsewhere (Rolock & Perez, 2016). To understand the relational attachments and family dynamics of the kinship family, both the Attachment Theory (Bowlby, 1982) and the Bowen's Family Systems Theory (McKay, 2012) aided the formulation of the 30 interview questions. The point of utilizing the two theories was to understand the bonding of the relationships when affected by expressions of trauma and to follow the outcome progression of dissolution or

permanency of the adoption. Participants from Northern Michigan and the Upper

Peninsula of Michigan were readily accessible. Procuring parents to participate meant

reaching out to community sources able to post or inform others about the study. An

assumption from previous contact with one of Michigan's post-adoption resource centers

was the availability of support groups catering to adoptive parents. Unfortunately, the

regularity and continuity of the support groups was not as stable as previously described.

Research depicting the scope of the subject matter previously studied is addressed in

Chapter 2.

Chapter 2: Literature Review

Introduction

Dissimilarities in the makeup and ever-changing dynamics in the adoptive family structure create challenges for both the family and the adopted child (Ford, 2015). Some emotional and social challenges have been identified in Ford's (2015) study with non-kinship adoptive families while living with their traumatized child. What is not known is the extent of the challenges faced by relatives who decide to adopt a child who has endured traumatic experiences. Further research was needed to determine the magnitude of the problems encountered by kinship adoptive families, which lead to a child being returned to foster care and, if problems had existed, were there mitigating factors during the adoption period which deterred the family from dissolving the relationship?

Hegar and Scannapieco (2017) related the need for further study with kinship adopters as there was a lack of recent research on the outcomes of kinship adoption. Rolock and White (2016) investigated the permanency outcomes for post-adoptive families with little success in locating previous research material. Rolock (2015) suggested the need for qualitative research with kinship families to obtain their accounts of adopting a traumatized child.

In this chapter, I discuss the databases and keywords that I used to discover current peer-reviewed literature. I used a phenomenological approach for this qualitative study. An extensive review of literature involved the methodological choices of other

authors, a presentation of the strengths and weakness inherent to chosen approaches, the concepts already studied, and what remains unknown about kinship adoption.

Literature Search Strategy

Databases searched included Academic search complete, EBSCO eBook's, GoogleScholar, ProQuest, ScienceDirect, SocioIndex, Thoreau multi-database, and Walden dissertations and all dissertations. Websites recognized for information included the Child Welfare Information Gateway and Annie E. Casey Foundation. The search terms I used included: *adoption, foster care, kinship care, kinship adoption, relative adoption, relative dissolution, adoption challenges, adoption trauma, adoption dissolution, special needs, substitute parents, children, kinship supervision, and adoption disruption.*

In the Thoreau database, the search terms *kinship care AND adoption* produced zero articles. *Kinship AND adoption AND disruption* elicited seven articles. *Kinship AND dissolution AND adoption* produced zero articles. *Kinship AND dissolution* offered 64 articles, yet none were helpful for this study. After selecting peer-reviewed and not full text, 508 articles were highlighted when *kinship* AND dissolution were used. Narrowing the scope of the *kinship* AND dissolution search to years 2012 to 2017, 188 articles gave a thorough description of post-adoptive service studies, one of which was particularly useful was by Orsi (2015). Also, other keywords were *re-involvement, child welfare, adjustment, special needs, psychology, child protection services, and trauma.* Another group of words on Thoreau included: *Families AND adoption AND trauma*, delivered 203 articles with the addition of new search terms: *challenging behavior, children and*

families, and domestic violence. Using the SocIndex with a full-text database the search

terms applied included: *Kinship AND care*, resulting in 867 articles for dates between

1955 to 2017. By narrowing the span to 5 years (2012-2017), the items decreased to 280.

The term *kinship care* was associated with *foster families* and not *kinship adoption* in the

majority of the articles. GoogleScholar offered 17,500 articles when using the search

terms: *kinship adoption, ward of state, challenges, trauma and child*. Similarly, the

keywords *kinship adoption, challenges, trauma and child* produced 17,200 articles. The

combination of keywords supplemented the formation of other keywords and offered a

variety of articles to which the cited by option within the article presented further

author's articles on this particular line of research. Other databases used involved

ProQuest for up to date thesis work. Academic Search Complete data base produced

similar results obtained from Thoreau, SocIndex, and GoogleScholar. GoogleScholar

opened to all dates using "substitute parents" yielded 92,000 results, subsequently the

articles pertaining to kinship care were utilized and referenced. The cited by option

offered by GoogleScholar presented additional articles useful to this study.

I found the majority of the literature by checking the "previous 5 years" showing

information more current than 2012. This literature research technique allowed the

discovery of journal articles dated after the passage of the Adoption and Safe Families

Act of 1997 and the Fostering Connections to Success and Increasing Adoptions Act of

2008. Other quantitative and qualitative studies covering the broader arena of adoption

segued to a narrower view of issues affecting families and sole caretakers. Much of the

data focused on foster care and kinship foster care comparisons despite the use of the

search term *kinship adoption*. The studies I discovered determined the rate in which

children moved from one foster care home to another, and the less frequent moves from

kinship care, validating the stability of this type of placement. Other works described

kinship parent(s) who chose guardianship, kinship care, and informal kinship care over

kinship adoption. A few of the studies were designed to focus on the dissolution of

adoptions; yet, even fewer accounted for the parents' perspective on the challenges they

faced. Adoption challenges from a relative's point of view were rare as kinship care and

guardianship were the preferred affiliation with the children. Hegar and Scannapieco's

(2017) study reasserted the need for further study of adoptive kinship families and the

outcomes from the relationship.

Theoretical Foundation

Edmund H. Husserl was the founder of phenomenology (Patton, 2015). Husserl's

"basic philosophical assumption was that we can only know what we experience by

attending to perceptions and meanings that awaken our conscious awareness" (Patton,

2015, p. 116). Within the phenomenological philosophy it is addressed as an "unbiased

appreciation of pure human experiences" (Rudestam & Newton, 2015, p. 42).

I acquired the data in this study through the answers to the my interview questions

and the description of the subject's experiences (Rudestam & Newton, 2015). The

interviews in my study were similar to those in previous studies.

As a child develops, he or she relies on others to maintain the homeostasis of their

environment (September, Rich, & Roman, 2016). Positive interactions with a caretaker

create cognitive connective pathways for a child, which build into feelings of trust,

happiness, and contentment (September et al., 2016). Over time, as the family interacts

with each other, patterns of the relationships become more ingrained (September et al.,

2016). Thus, the homestatis of routine allow the family members to relate to one another

in a familiar way. Two theories, attachment theory (Bowlby, 1988) and Bowen's family

systems theory (1978) framed the interview questions presented to kin adoptive parents to

determine the challenges presented by an adopted child relative in a kinship relationship

(Papero, 2014).

Attachment theory identified how a child bonds with their birth parents and the

effects on the child when this connection does not occur (Golding, 2007). In John

Bowlby's attachment theory it was addressed that an average infant developed a

personality within the first three years as he or she secured a bond with their caregiver

(Bowlby, 1988; Golding, 2007). Attachment theory was critical when studying adoption,

as children who have experienced early trauma were shown to resist connecting with a

caregiver (Bowlby, 1988; Golding, 2007). The attachment to an abusive parent creates a

child's dysfunctional perception of a healthy relationship between parents and their

children (Bowlby, 1988; Golding, 2007). Through the removal of a child's primary

caregiver and over the course of many foster parent placements, behaviors of impulsivity

and oppositional behavior, a lack of emotional expression of empathy, and the lack of a

demonstrated conscience can lead to an inability to reciprocate manifestations of love

(Bowlby, 1988). Adoptive parents who are unfamiliar with abusive relationships are

beleaguered with shame, guilt, anger, and helplessness as they are unable to create a

connection with their child (Bowlby, 1988). The parents persevered as they believed in a

positive outcome. In this research study I did not find that the kinship parents thought

their child or themselves dysfunctional enough to lead to the dissolution of the adoption.

Bowen's family systems theory illuminated the interworkings of a family's

symbiotic relationship. Bowen (1978) posited that members of a family are a part of a

system which, and when they are emotionally charged by one member, they can cause a

behavioral reaction in the other family members (Papero, 2014). The term *differentiated*,

used by Bowen (1978) in his description of his theory, means a family member can

express themselves and not feel threatened or threaten another family member's opinion

(Papero, 2014). Described differently, when someone differentiates it can mean a person

has a "sense of self" separate from the family unit (Papero, 2014).

Once the family member leaves the biological family unit and finds a mate a new

family system is created (Papero, 2014). Couples bring into the relationship their family

dynamics and perspectives (Papero, 2014). If the members of a couple did not

individually differentiate and could not handle stress and conflict maturely, they may

avoid one another or act with aggression or violence (Papero, 2014). Other reactions

when individuals have not differentiated are for one spouse to acquiesce to the other's

decisions, or the couple to seek a third individual to relieve the building stress (Papero,

2014).

A family adopting a traumatized child may not foresee the need to adjust to the

child's needs. If the parents' systems of relating to one another are imbalanced, further

stress is placed on them and could polarize their view of the child's issues (Papero,

2014). The child's distressful behaviors are the challenges adoptive family face and part

of the problem when understanding the issues encountered by adoptive kinship families. The familial dynamics impressed upon the individual adoptive parent when young, could have produced the negligent conduct by the biological father or mother. The parents' perceptions of their relationship with the child may be influenced by post-trauma reactions that the adopting relative developed when they were younger.

Certain constructs of the attachment and family systems theory were used as the theoretical framework focusing the interview questions on learning how children and parent's bond and how the family system worked together when the child had been traumatized preadoption. What could be found for both the non-relative and relative families, would be this sense of togetherness when facing the child's experiences could be very much the same or very different.

Research has shown that kinship families, like non-kinship foster care families, have increased stress when they believe they are inadequate parents (Denby, Brinson, Cross, & Bowmer, 2015; Ford, 2015). Understanding how adoptive relative parent handled the additional stress they experienced after adoption, may help other adoptive familys' permanency outcomes (Denby et al., 2015).

In Ford's (2015) qualitative study, the use of Bowlby's (1969) attachment theory helped to address associated feelings of security and the bond between parents and their adopted child. Children who were moved between foster families lost a degree of trust and their sense of safety (Ford, 2015). Vasquez (2014) studied children who developed reactive attachment disorder (RAD). Attachment theory as addressed in his argument

provided an outline to show that multiple separations and neglectful parenting resulted in the subsequent increase in dysfunctional survival skills (Vasquez, 2014).

Bowen's family systems theory explained the influence of family, generational patterns of behavior, and the dynamics of relationships in Tate's (2015) qualitative study on child violence against parents. Bowen's theory addressed the differentiation of self as opposite forces between the fusion of emotional ties with family and the ability of an individual to become emotionally independent from family influence (MacKay, 2012). Tate's (2015) study included evidence that some adults who experienced trauma in their childhood developed a convoluted impression of household and relationship issues. In an explanation of multigenerational behavior, Bowlby (1988) related, "violence breeds violence, violence in families tends to perpetuate itself from one generation to the next" (p. 76). Therefore, familial dysfunction can migrate through the family system as individual members lay claim to the troubling perspectives and influence their spouses and children (Ziegler, 2005).

To understand the bonds between the individuals within a family, I used the attachment theory as a guide when creating the research questions regarding the social and emotional challenges adoptive families faced after adopting a child with traumatic experiences. Kinship parents felt that attaching to a child as an adoptive parent and relative created confusion for the child as to the exact nature of the relationship. The attachment process was complicated by the trauma experiences of the adopted child due to parental neglect, which created maladaptive survival skills when attaching to others.

When regarding the family system and familial bonds there are factors present that affect kinship family decisions when considering the continuation of the adoption. Trauma experiences are passed down through generations of families (Bowlby, 1988; Zeigler, 2005). In Bowen's theory this this type of occurrence is described as the multigenerational transmission process, which tracks behaviors that are passed down from one generation to the next (Tate, 2015). Within the paradigm of family, the adopting kin experienced the trauma provoking the biological parent's behavior producing a degree of "unresolved emotional attachment" with the nuclear family (MacKay, 2012; Tate, 2015). Thus, the kinship family, too close to the problem of behavioral responses to adequately deal with the child subsequently dissolve the adoption.

Literature Review

Stability of Kinship Care

In 2015, an estimated 427,910 children were in foster care of which 128,373 (30%) were residing with a relative (Child Welfare Information Gateway [CWIG], 2017). Between 2014 to 2016, 3% of all children were living with extended family and close friends in kinship care (Annie E. Casey Foundation, 2017).

Kinship caregivers are considered informal, voluntary or formal, dependent upon their relationship with either the biological parents or a public child welfare agency (CWIG, 2016a). When parents temporarily leave their children with a relative, it is called informal kinship care (CWIG, 2016a).

Voluntary kinship care involves an intervention by a welfare agency, but the State does not take custody as it happens when formal kinship care is pursued by the child

welfare agency (CWIG, 2016a). Formal kinship care is similar to foster care as both have equivalent standards of care, licensing requirements, and benefits (CWIG, 2016a).

Hayduk (2017) accessed data through the Adoption and Foster Care Analysis and Reporting System (AFCARS) on children living in kinship care environments between 1998 to 2011. Conclusions of this quantitative study indicated kinship family care provided more stability and higher well-being levels in children (Hayduk, 2017). As comparable evidence, Rowe's (2013) research review addressed guardianship and kinship adoption showing children sought advice on such subjects as school, dating, and personal issues. Brown and Sen (2014) expressed similar outcomes of stability with kinship caregivers but offered the caveat that stability should not mean a decrease in quality. One point which stood out, in Brown and Sen (2014) literature review, was the higher rate of occurrence of maltreatment complaints by children in kinship placement than from children in non-relative situations.

The results of Winokur, Holtan, and Batchelder's (2015) review of 102 studies concluded children in kinship care had fewer behavioral issues, mental health disorders, fewer placement disruptions and mental health services and similar reunifications rates. The study's limitations included "controlling for baseline differences in nonrandomized studies" (p. 9). Some researchers believed the initial placement produced the behavioral complications displayed by the child causing foster families to discontinue their care by requesting the child be removed (James, 2004). Foster children reported similar experiences when living with kin as non-kin (Dunn, Culhane, & Taussig, 2010). The diverse composition of kinship families coupled with extended family influence

complicates extrapolating conclusions to the safety and solidity of the relationship (Zinn, 2017).

A study involving six focus groups comprised of family and kinship service workers from two Ontario Canada agencies were audio recorded to ascertain their thoughts, preconceptions, and motivation when working with kinship foster caregivers (Brisebois, 2013). Heterogenic results ensued as to the benefits and deficits of the kinship placement (Brisebois, 2013). The benefits of a kinship placement were the continuation of cultural traditions and customs, the quick adjustment to an extended family home when remaining within the same community, and the effect of the caregiver's emotional attachment even without the caregiver receiving remuneration (Brisebois, 2013).

The mentioned deficiencies of kinship care held greater deficits for the children of whom were under care (Brisebois, 2013). The Family and Kinship service workers voiced their concern over the occurrence of similar abuse in the kinship home as was endured by the child while living with their parents (Brisebois, 2013). The addition of stress and pressure on the kinship families to continue caring for the child when the parents failed in reunification, and the few resource services available to decrease the financial burden when transporting the child to mental, physical or educational services weakened the family's resolve to continue care (Brisebois, 2013). When the family members were unable to provide supervision and maintain boundaries with biological parents, the placement workers were expected to intervene (Brisebois, 2013: Irizarry, Miller, & Bowden, 2016). The workers were overwhelmed with investigating even minor infractions, due to the rigid bureaucratic requirements causing the more severe cases of

mistreatment to go undetected for an extended length of time (Brisebois, 2013). Child welfare workers disclosed their concern over some of the kinship caregivers archaic discipline practices (Harden, Clyman, Kriebel, & Lyons, 2004), finding family members conspiring with parent abusers (Irizarry et al., 2016), and the use of "triangulation" (Peters, 2005, section 3.2.3) by non-caregiving family by implying grievous acts against the caregiving family member's superficial offenses (Peters, 2005).

Other opponents of kinship care placement voiced their concern stating, "the apple does not fall far from the tree" (Rowe, 2013, p. 4). The criticism over grandparents having raised the child's (abusive, drug-addicted, criminal) parent and the possibility of unsupervised contact, plus the lax requirements on background checks and home studies of kinship care providers, produced additional opposition over the fear of further assault to the children (Irizarry et al., 2016; Rowe, 2013).

Kinship Care Relationships

The Fostering Connections to Success and Increasing Adoptions Act of 2008 aimed to increase kinship temporary and permanent adoption placements for vulnerable children (2008, H.R. 6893/P.L. 110-351). Riley-Behringer and Cage (2014) reflected that the Fostering Connections Act recruitment was successful in acquiring kinship fostering caretakers but it failed to increase the overall placement options. Previous research indicated the depth of literature on the capabilities of a fostering kinship family when meeting the needs of a child (Batchelor, 2016; Cuddeback, 2004; Hegar & Scannapieco, 2017; Rosenthal & Hegar, 2016; Smithgall, Yang & Weiner, 2013; Zinn, 2017). Hegar and Scannapieco's (2017) literature review denoted that much of the research on kinship

relationships had been deduced from foster care to account for the adoption outcomes.

Berrick and Hernandez's (2016) qualitative study indicated that the majority of research

focused on kinship foster care and guardianship arrangements more so than other kinship

arrangements. The paucity of investigative material examining kinship adoption creates a

dearth of documented information on the results of the adopted child and the kinship

family. The problems lie in tracking the outcomes for both the caretaker and the child

involved in different kinship arrangements (Berrick & Hernandez, 2016).

Children placed with relatives accounted for 30% of 52,000 children adopted in

2012 (Liao & White, 2014). Accounts that depicted the characteristics of the kinship

caregivers and the children in their care questions the extrapolation of the gathered data

to produce an accurate picture. Both the child and the relatives were mentioned to possess

more vulnerabilities than other children and parents in the United States (Liao & White,

2014). Garcia et al. (2015) study showed kinship caregiver depression exacerbated the

child's social, emotional, and behavioral problems. Other findings found that both

kinship and foster care parents scored 20% of the children in their care as having

"complex-attachment- and trauma-related symptomatology" (Tarren-Sweeney, 2013, p.

740). Kinship caregivers provided less warmth and respect, were overly protective and

strict, and experienced anger and conflict with the children in their care when compared

to non-relative foster caregivers (Harden et al., 2004).

The complexity of mental illness when present in a kinship caretaker and the child

under their care further complicates permanency decisions. As Denby's (2011) findings

showed, there existed a lack of desire to create a permanent relationship unless the

kinship children were not exhibiting depression, did not talk about their biological parents, had another sibling in the caregiver's home, or did not run away. A significant portion of the sample of survey respondents were unmarried grandmothers who earned lower wages and had been caring for the children over a long duration (Denby, 2011).

The kinship relationship between a child and their caregiver can be a grandparent, aunt, uncle, or sibling. Grandparents raising their grandchildren were 75% more common than other relative lead families (Kaye, Adle, & Crittenden, 2010). Further reported, 71% of grandparents were under the age of 60 (Kaye et al., 2010). Gleeson et al. (2009) related the eight reasons 207 interviewed Chicago area caregiver relatives took over the care of their niece, nephew or grandchild. The caregivers eight reasons include the parent abused substances; the child was neglected, abandoned or abused, an incarcerated parent, the parents were too young, an unstable home life, lack of resources, the parent had a mental illness, physical illness or death (Gleeson et al., 2009). Reasons for becoming the kinship caregiver ranged from keeping the child out of the public foster care welfare system, maintaining the child's safety from the parents, or a sense of obligation (Gleeson et al., 2009, Davis-Sowers, 2012).

Denby, Brinson, Cross, and Bowmer (2014) compared male and female caregiver relationships with their kinship children in a federally funded analysis of 830 relative caregivers through a mailed survey. Using a four-point Likert scale to measure, the male caregivers were found to experience less stress, have less family support, experienced more motivation to sustain the relationship, perceived a high level of well-being and

understood the level of community and service supports but they were frustrated with the accessed services (Denby et al., 2014).

Black aunts in Davis-Sowers' (2012) study believed it a "historical expectation . . . a sisterhood of other mothering and co-mothering" for women to care for both the relative and the non-relative children (p. 241). Similarly, Coupet (2010) summarized traditionally recognized extended family parenting as, "other mothering or child keeping within the black community" (p. 603).

In England, 34% of the kinship caregivers were siblings, the second largest to grandparents in caring for dependent children in 2001 (Selwyn & Nandy, 2012). Further findings found fostering siblings were often younger than the parents in the general population raising children (Selwyn & Nandy, 2012). Adult siblings, the third largest caregiver group in the United States, were behind grandparents and aunts and uncles respectively (Denby & Ayala, 2013)

When fostering a relative, the caregivers bound by the laws governing the care of the child, and the parental rights afforded to the biological parents, caused caregivers to exist in tenuous limbo acquiring neither the authority to make executive decisions nor offer parental consent on medical, mental or educational services (Coupet, 2010).

Post-Permanency Outcomes

The Adoption Advocate published by the National Council for Adoption found that once the decision had been made to become a guardian or adoptive parent, kinship families confronted unexpected challenges (Rowe, 2013). An aunt, uncle or grandmother understood the title of their relationship to another relative's child when the child

remained with his or her biological parents (Rowe, 2013). What became confounding were the changes to the relationships when the relative adopted another relative's child (Rowe, 2013). Biological parents angered at relatives for "stealing their child" created problems to disrupt the dynamics of the newly formed family (Rowe, 2013, para. 16). The adoptive parents, as an aunt, uncle or grandmother, guiltily acknowledge the need to terminate parental rights, though the follow through for permanency was often delayed (Rowe, 2013). Some children regarded the adoption as a betrayal to their biological parent finding it difficult to resolve their feelings (Rowe, 2013).

Testa, Snyder, Wu, Rolock, and Liao (2015) studied post-permanency outcomes when foster children were adopted by or under the guardianship of kin. The researchers related that few studies had examined children remaining in their homes after adoption and guardianship before adulthood (Testa et al., 2015). The quantitative study found limited terminated post-permanency relationships out of the 346 Illinois caregivers surveyed (Testa et al., 2015). Although, eight percent of the relationships that did dissolve characterized "distant kin, lone and unmarried caregivers," who regarded the financial subsidies as adequate at the time, they eventually viewed the arrangement negatively if the child's behaviors were not considered problematic (Testa et al., 2015). Remarkably, the term "crowding interaction effect" explained the change of perspective of the caregiver who voiced misgivings at the beginning of the placement due to the challenging behaviors displayed by the child, and who believed the subsidies were adequate remained committed to the placement (Testa et al., 2015). Rolock (2015) studied what was referred to as post-permanency discontinuity which described the

situations when a child leaves their adopted or guardianship home before adulthood and returns to foster care. Thirteen percent of Illinois youth experienced post-permanency discontinuity the reasons included transferred custody to another adoptive parent or legal guardian, the children entered state custody then returned to their adoptive parent, children received intensive services while remaining in state custody, and specific circumstances were the result of the caregiver dying (Rolock, 2015). The quantitative results of this study showed different conclusions for the Illinois youth (Rolock, 2015), yet, there remain few qualitative studies understanding the kinship adoptive family reasons for discontinuing an adoptive relationship.

Kinship Service Needs

The transition from foster care parents to adoptive parents can be one of exuberance or ambivalence for both the family and the child. State subsidies given to the non-relative adopting families offered the chance to decrease the financial strain of having another child in the household (Liao & White, 2014). Though the defined parameters of each kinship family differ per State, a relative caretaker may collect payment when classified as one type of living arrangement or collect nothing in another arrangement (Berrick & Hernandez, 2016).

Depictions of kinship families describe single, older adults, earning modest incomes and living in low-income neighborhoods (Liao & White, 2014). For some relatives, the transition to an adoptive parent can be tempered by guilt and anger (CWIG, 2012c). The relative's feelings of guilt for the conditions the child was living in before their removal from their parent's home and anger at the family member who would cause

their child harm (CWIG, 2012b). The feelings of the adopting kin played a part in the use of services and when acquiring subsidies (CWIG, 2012b). Much of the research suspect kinship families promote support amongst themselves, connecting with other relatives to share the caretaking (Liao & White, 2014). Research has shown that kinship families under-utilize adoption and family services more often than their non-related adoptive family counterparts (Harden et al., 2004; Liao & White, 2014; O'Brien, 2012; Smithgall, Yang, Weiner, 2013). Accounting for this difference, Liao and White (2014) suggested kin families may have unique needs not addressed by services, view the service as costly, or lack regular contact with agencies. Similar to other studies, the kin adoption service needs are mentioned but show vague accounts as to the reasons these families dismiss services. (Liao & White, 2014; Smith et al., 2013). Despite under-utilized service results, the adoptive relative parent(s) experienced challenges when caring for their traumatized children, yet the magnitude of the issues appeared misunderstood outside of the family system.

Results of Prenatal Abuse

Healthy bonding between a mother and child begins during prenatal development (Carlis, 2015). When separated at birth, the newborn suffers from a "primal wounding" often felt into their adulthood (Carlis, 2015, p. 245). The adopted child, once matured to an adult, will continue to feel the inherent pre-delivery maternal attachment (Carlis, 2015). Inattention to, and less realized, was the suffering of the developing child inside his or her mother's womb when the pregnancy was unwanted (Carlis, 2015; Shukla, Bell, Maier, & Newton, 2016). Drug use, negative thoughts or verbal expressions of the

pregnancy impacted the infant's in-utero development (Carlis, 2015). The impressions left by the used substances, and the verbal and emotional abuse, lingered in the child's consciousness as he or she grew and developed (Agarwal, 2015) creating children who were predisposed to trauma reactions (CWIG, 2013; Harden, 2015). Adoptive parents of infants previously in the public welfare system, private agency, or international adoption have had considerable difficulty attaching to their babies as a result of the substance exposure, and social and emotional environmental deficits (Grotevant & McDermott, 2014).

Results of Child Abuse

Living spaces, occupied by families who are familiar with child protective services, attract exposure to disturbing activities unfit for a child (Cuddeback, 2004; Shukla et al., 2016). The accommodations of kinship families were likely to reside in sociologically deprived (Ehrle & Geen, 2002), violent, drug-saturated neighborhoods, and in structurally damaged homes which were over-crowded (Cuddeback, 2004). Also, the homes were prone to the presence of violence, abuse and drug using adults (Cuddeback, 2004).

The National Alliance for Drug Endangered Children (2015) "estimated nine million children reside in homes with a parent or other adult who currently use illegal drugs" (as cited in Shukla et al., 2016, p. 69). The National Center on Addictions and Substance Abuse at Columbia University (1999) uncovered evidence that children of drug users were at a higher risk for physical or sexual abuse, and neglect (as cited in Shukla et al., 2016). In high-risk communities, researchers found one-quarter of the

children under four years old experienced some degree of trauma (Harden, 2015). Direct

family victimization may be the most damaging to children as they depend on the same

neglectful caregiver for nurturance (Harden, 2015; Shukla et al., 2016). Research has

shown that four-fifths (80.3%) of abusers were parents, six percent were relatives other

than the parents, and little over four percent were unmarried partners of the parents (U.S.

DHHS, 2013). Multigenerational drug use correlated with the history of familial

maltreatment in abusive adults (Bowlby, 1988; MacKay, 2012, Shukla et al., 2016; Tate,

2015).

 Unrelated families demonstrated more attention and caring for their foster

children than comparative kinship families (Cuddeback, 2004, Ehrle & Geen, 2002).

Unfortunately, some interviewed foster children believed living with their physically

abusive biological parents was better than living in foster care (Dunn et al., 2010). The

more severe the physical abuse, or if the abuse was sexual or emotional, presented a

different determination of the foster care environment as more acceptable than living with

bio-parents (Dunn et al., 2010).

 A child remembering little of the previous parent inflicted traumas residing in

long-term foster care participated as a part of the substitute family just as the opposite

was true for many children who did remember (Biehal, 2014). Female infants, placed in

substitute care before 6–months of age attached to the caregiver (foster, kin, and

adoptive), with little disorganized, emotional response (Altenhofen et al., 2013). Boys, on

the other hand, presented attachment disorganization comparable had they remained in

the neglectful parental domains before and after three years of age (Altenhofen et al., 2013).

Internal and External Behaviors

Shukla et al. (2016) revealed higher antisocial behaviors and practices, and psychological, educational, and social deficits displayed in children who were brought up in abusive environments. The potential impact of trauma can cause a child to experience frightening and disturbing thoughts and feelings such that odd responses toward others are demonstrated (Harden, 2015).

The emotions of excessive fear or anger displayed by a child can appear as cognitive developmental processing problems similar to distractibility, learning disabilities, and poor verbal skills (NCTSN, 2017). Other trauma reactions exhibited by a child may appear as physiological symptoms of poor appetite, stomachaches, and headaches (NCTSN, 2017). Often these cognitive, emotional or physical symptoms are diagnosed by the mental health professionals as a childhood disorder, as the symptoms depict traits of attention deficit hyperactivity, oppositional behavior disorder or depression (Singer, Katheryn, Humphreys, & Lee, 2016).

Once removed from the abusive environment, and placed into foster care, research has shown a variety of behavioral responses from children living in kinship care (Taussig & Clyman, 2011). However, most notably observed in Taussig and Clyman's (2011) research were behaviors determined by the length of time living with kin. The longer the duration of time with kin, the more "delinquency, sexual risk behaviors, substance use, total risk behaviors, ticket/arrests, poorer grades,"..."more suspensions and

trauma symptomatology" (p. 83). Noted by the researchers were the limitations associated with the study and the suggestion to not conclude avoiding placement of children in kinship care, but to not presume that spending more time with kin is beneficial (Taussig & Clyman, 2011). Research conducted by Wu, White, and Coleman (2015) found the older youth in kinship care displayed fewer behavioral problems and the younger children did not show behavioral issues with statistical significance as demonstrated by the response of caregivers.

After Foster Care

For adult alumni, who transitioned out of foster care, mental health problems correlated with older age at placement, maternal mental illness, an increase in the number of placements, and maltreatment while in care, while ethnicity had little significance in association with mental health (Villegas & Pecora, 2012). Adult adoptee alumni, presented similar psychological problems if adopted at an older age, lingered in foster care, internalized or externalized behaviors, and as with foster care alumni, ethnicity did not factor into mental illness (Melero & Sánchez-Sandoval, (2017).

A study conducted by Selwyn, Sturgess, Quinton, and Baxter (2006) found that "60% of children manifest mental health difficulties six years after being adopted from care" (as cited in Tarren-Sweeney, 2013). Burke, Schlueter, Vandercoy, and Authier (2015) indicated post-adoption services waned at the three-year mark, but requests for the services by adoptive families subsequently occurred after the three-year mark. The sought support services dealt with mental health access, adoption resources, out-of-control behavior, aggression and school problems exhibited by the child (Burke et al., 2015).

Further study of adults with psychiatric issues, encompassed a younger age at first hospitalization, recent suicide attempts, re-victimization, PTSD, health risk behaviors, substance abuse, homelessness, and physical and mental service utilization, found childhood placement into kinship and non-kinship foster care perseverated as an adverse experience (Lu, Mueser, Rosenberg & Jankowski, 2008). Though slightly less impactful and often coupled with witnessing domestic violence, endured physical or sexual abuse, foster care placement evidenced a rise in adult psychosis (Lu et al., 2008).

Special Needs Children

Hussey, Falletta, and Eng (2012) called difficult to place children as "special needs" (p. 2072). The use of this term includes: Children who are older, a part of a sibling group, a minority group, youth exposed to violence, drugs or alcohol, or a child who has an intellectual, physical, or mental health disability (Hill, 2012; Hussey et al., 2012; James, 2004). The U.S. General Accounting Office (2002) cited researchers who quoted that "85% of children awaiting adoption through the child welfare system have 'special needs'" (Hussey et al., 2012, p. 2072).

Once adopted, the stability of the adoption was contingent upon the family's perspective of functioning and support, in Leung and Erich (2002) correlated analysis. Specifically, a low score on the adopted child's behavior problems increased the score on family functioning (Leung & Erich, 2002). A knowledgeable physician, support from other parents with adopted children, daycare and spousal support (McDonald, Propp, & Murphy, 2001) all favored significantly in increasing the functionality of the family (Leung & Erich, 2002). Support from other relatives, social services, and educators

(Rycus, Freundlich, Hughes, Keefer, & Oakes, 2006), as well as an adoptive child's

problem behaviors (McDonald et al.,2001), cast a negative light on the workings of the

family eliciting greater occurrence of discord in the adoption (Leung & Erich, 2002).

As it has been problematic to place special needs children when it is

accomplished Liao and White, (2014) related many kinship families are less likely to care

for a child with multiple issues. Research indicated when a child had an increased

placement history or a parent with mental illness it reverberated by negatively affecting a

permanent kinship placement (Aguiniga, Madden, & Hawley, 2015; Beeman, Kim, &

Bullerdick, 2000). Kinship permanency after adoption or guardianship was not found to

be more stable compared to other non-kinship placements (Liao & White, 2014).

Temporary Placement, Disruption, and Dissolution

The temporary placement of an adopted youth refers to the intense intermediary

services in a residential facility for mental, behavioral, and social interventions (Purvis et

al., 2014). The child is not given a time limit but remains in placement until his or her

issues resolve, and the child's adoptive parents are prepared to accept him or her back

into the home (Purvis et al., 2014).

Disruption of an adoption happens after a child is placed with a family and the

adoption fails to be completed resulting in the child being returned to foster care or a new

adoptive parent (CWIG, 2012a; Holtan, Handegård, Thørnblad, & Vis, 2013). Adoption

dissolution transpires once the adoption is legally finalized and the relationship between

the child and adoptive parents is voluntarily or involuntarily severed (CWIG, 2012a). As

this study targets post-permanency challenges by adoptive kinship parents, the dissolution of the adoption would avail itself to this research.

An inconsistency in the definition of "disruption," "displacement," and "dissolution," have skewed previously presented data further complicating the ability to track outcomes (Nobile, 2015). This distinction is further complicated by adoptive parents who have created forums, such as Yahoo's "Adopting From Disruption," or Facebook's "Way Stations of Love," to "advertise unwanted children and transfer guardianship of children through a simple power of attorney document" (Nobile, 2015, p. 474). Instead of dissolving the adoption, parents "rehome" their child legally to others who answer their advertisement (Nobile, 2015, p. 474). Children exposed to this type of transition ranged from ages six to fourteen and were adopted internationally as well as from state foster care creating another account of dissolved adoptions difficult to track (Nobile, 2015). Other issues arose during the calculations of adoption dissolution as the type of adoption, and the change in the child's name and social security number distorted conclusive evidence (Hartinger-Saunders, Trouteaud, & Johnston, 2015; Nobile, 2015). What was found was a small percentage (1 to 5%) of completed adoptions dissolved (CWIG, 2012a). Beyond this estimate, it is complicated to place any exactness to statistical analysis due to human, electronic and data collecting procedure errors. This study inquired into the outcome of the kinship adoption as a definitive end to the challenges the family has faced.

The deterioration of the adoptive parent's emotional fortitude to care for their child, the deficiency of insight into the child's trauma reactions and the perceived

increase in the financial burden have resulted in children being returned to the foster care system either temporarily or permanently or rehomed (Nobile, 2015; Liao & White, 2014). Less known are the kinship adoptive family's social and emotional issues connected to their understanding the trauma reactions expressed by their child to ascertain the outcome when the challenges become overwhelming (Liao & White, 2014).

Summary

Previous research has considered the adoption of children a step up from foster care for the degree of permanency it provides (CWIG, 2016b). Many State jurisdictions prefer a relative or foster care provider who is familiar with the child adopting over an unknown caretaker (CWIG, 2016b). Though in some studies, the stability of kinship care has been found better over other types of care (Batchelor, 2016; Hegar & Scannapieco, 2017), it has not been studied thoroughly enough to guarantee a child's security (Font, 2015; Zinn, 2017). Many kinship care relationships have been investigated through comparing the stress and strain on caregivers and children, the frequency of placement changes, and the length of stay between placements, with non-kinship foster care. Adult foster children stated that even though the kinship placement was considered stable, their permanent caregiver did not stay constant, but changed to another relative, an adoption by non-relatives, or they left home before becoming a legal adult (Rolock & Perez, 2016). Much of the research on adoption outcomes was concluded from foster care kinship relationships (Hegar & Scannapieco, 2017). The majority of recent research has come from quantitative data gathering and comparison with little qualitative material to explain the intricacies of the family dynamics involved (Bai, Leon, Garbarino, & Fuller,

2016; Berrick & Hernadez, 2016). The present study used a phenomenological approach by interviewing adoptive relative parent(s) to elucidate the social and emotional challenges they faced after adopting a traumatized child. This study's results will add to the little qualitative research on the effects of trauma and the factors that influence the outcome of permanency in kinship families.

The following Chapter 3 depicts the methodology used to gather, analyze, and transcribe the study's participants recorded interviews and further explain the tactics to ensure confidentiality, and informed consent.

Chapter 3: Research Method

Introduction

The purpose of this qualitative phenomenological study was to uncover the social and emotional issues relative families face after adopting a child who has experienced pre-adoptive trauma and to determine if factors are present that predict the dissolution of the relationship. Through this qualitative exploration with kinship families, I discerned if the pre-adoptive trauma that their adoptive child experienced presented any particular social and emotional challenges for the family. I also examined if there were precursors or an event during the adoption period that deterred the family from dissolving the relationship. I used a phenomenological process with family interviews in a location of their choice. The reason for collecting qualitative data was to infuse rich details into the body of the emergent research topic.

The following chapter includes the design and rationale for the study, the role of the researcher, the methodology, and the issues of trustworthiness. The study was based on a qualitative research method using interviews with kinship families who have experienced a duration of time with their adopted child's pre-adoptive trauma. The following section includes a detailed account of the role of the researcher in the collection and portrayal of the gathered data. In the third part, I describe the methodological approach so others may replicate the study. The final section includes information on the issue of trustworthiness depicted as credibility, transferability, and dependability or confirmability.

Research Design and Rationale

Research Questions

In this qualitative study I attempted to answer the following questions:

RQ₁: What emotional and social challenges do relative adoptive families face after adopting a child with trauma experiences?

RQ₂: Are there precursor or outcome factors which affect kinship family decision making regarding the continuation of the adoption?

A qualitative study encompasses the observation of participants and the way they make meaning about their lived experiences, including their attitudes about and perceptions of their environment (Patton, 2015). Qualitative research involves interviews, observations, and documentation through which patterns and themes are interpreted (Patton, 2015). The use of a phenomenological qualitative research method allowed the study of events through the stories told by participants who have experienced the phenomena first-hand (Patton, 2015; Rudestam & Newton, 2015). Unlike quantitative statistical and numerical analysis, which offers a summary of significant patterns, qualitative studies find significance in data through the expressions of the individuals (Patton, 2015).

With this study I explored the phenomena experienced by kinship families as a result of the adopted child's trauma-induced behaviors. The central concepts involved were the social and emotional challenges the kinship family members experienced as a result of adopting a child with emotional, behavioral, or developmental differences. The social challenges for a kinship family could come from school personnel, the child's

peers, friends, or other family members. Emotional challenges may develop for family members because routines and relationships are different, or because friends become reluctant to come over to the house. Nobile (2015) stated about 75% of adopted children have "special needs" and children under six are 25-40% more likely to present with behavioral problems when adopted from foster care (p. 477). During the past 30 years, the federal government has promoted the adoption of children with emotional, behavioral, and developmental problems (Nobile, 2015). Even if the adoption is final, the success of the adoption is not guaranteed (Nobile, 2015).

Phenomenological research is a method used to understand how people interpret their world by placing the researcher amidst the rabble to observe, take notes and ask questions (Patton, 2015). The reality of an experience can only be told by the families who have lived the events. In my pursuit to understand the situation, I needed to ask adoptive relative parent(s) to relate their stories to allow their voices to speak their truth. Survey questions, data banks or secondary sources would not supply comprehensive knowledge to appreciate what an individual accepts when in the situation.

The insights gleaned from semistructured interviews provide direction for adoptive families experiencing difficult adoptions. Some of the experiences may relate to an adoptive family's situation and offer answers when handling tough decisions.

Role of the Researcher

The researcher in a qualitative study is the instrument that procures the data through observations and in-depth interviews with participants (Patton, 2015; Rudestam & Newton, 2015). The collection of data through "empathic neutrality and mindfulness"

(Patton, 2015, p. 59) is the process of interviewing and observing without judgment. I positioned myself as an observer-participant in this phenomenological study. As a therapist, working for a local community mental health agency, my job required the evaluation and the therapeutic intervention with children and youth placed in foster care. While at this job, I provided therapy for a child returned to a foster care setting after the dissolution of his adoption A lengthy discussion with an advisor during a subsequent residency allowed me to reflect on the historical events of the relationship between the child and the adoptive family. Because of the personal bias involved with gathering data from the child's point of view, I altered the study to interview the adoptive families and examine the challenges they faced after the adoption.

Further reading and discovery of problems brought about after the adoption of abused children increased my understanding of challenges faced by adoptive families. The social and emotional challenges the families encountered ranged from the child engaging in benign acting-out behavior to acts of violence toward family members. Similar occurrences are shared by me after becoming a step-parent of a traumatized child. At one point I had to add locks to my bedroom door because of an undercurrent of potential violent behavior.

My involvement with a youth returned to foster care after the dissolution of his adoption and my experience with my step-child's violent behavior threatening my personal safety balances my bias on this subject. My disconnection to foster youth and families is substantiated through my self-imposed unemployed status.

During data collection, I occasionally found myself comparing participants' socioeconomic opportunities. While one family was able to afford trips to Florida to leave the cold weather of Michigan and educate their children on marine life and relevant history, another family had never left the upper peninsula. As a result I called into question access to services and support easily found when paying for them compared to families reliant on food stamps and church donations. This process of comparison led to recollections while analyzing the data when parents related their experience when dealing with their child's disrespectful behaviors and the effectiveness of the consequences when the parent took away a cell phone compared to another parent denying their child dessert. The level of respect given to the parents by their child was no more or less than another participant parent's experience, yet their ability to effectively negotiate the terms of corrective measures was dramatically affected. I found myself wanting to step in and counsel the parents on affective strategies when dealing with a child's problem behavior. More than once I regretted leaving my employment to pursue my doctorate full time because I felt the need to intervene.

To ensure the trustworthiness of the findings, I shared the transcribed interviews with the interviewee to correct any discrepancies.

Methodology

Participant Selection

Qualitative phenomenological sampling involves a small number of participants that are observed or interviewed for a long period (Fossey et al., 2002; Rudestam & Newton, 2015). This study used *saturation* or *redundancy sampling* (Ravitch & Carl,

2016, p. 135). This type of sampling allowed the analysis of patterns as data are gathered until nothing more is learned (Ravitch & Carl, 2016). For the purposes of this study, I chose 12 participants, as the data repeated describing the phenomena being studied (Fossey et al., 2002, p. 726). Fossey et al (2012) stated that sampling in qualitative research continues until themes emerge and are fully developed, investigating all instances until further sampling is redundant. The use of a purposive sampling strategy can enhance the range of input on the experiences (Fossey et al., 2002). For that reason I used purposive sampling with the kinship parents. Fossey et al. (2002) explained the benefit of snowball sampling which entails a participant's willingness to discuss the details of the study with others who have relevant experience of the subject matter being studied. I encouraged participants to share with other individuals who did not participate in the support groups and would have been difficult to access otherwise.

Northern Michigan, and the Upper Peninsula of Michigan defined the parameters to secure a sample of the adoption family population. I chose the designated areas in Michigan because of their proximity to my home.

The state has contractual agencies placed within existing organizations to manage post-adoptive services (MDHHS, 2017). The eight contractual regional agencies, called Post Adoption Resource Centers (PARCs), offer "support, education, training, advocacy, information, service coordination and case management services" for adopted children and their families (MDHHS, 2017, p. 1). For regions one and two, the existing agencies are UP KIDS, and Bethany Christian Services, respectively (MDHHS, 2017). I obtained a letter of cooperation (Appendix E) from the UP Kids Service agency.

Achieving a purposeful sampling strategy such as saturation sampling involves choosing participants who have lived the phenomena of the study (Fossey et al., 2002; Patton, 2015). For this study, this meant the kinship adoptive parents' who experienced the adoption of a traumatized child. The traumatic event transpired while the child lived with his or her biological parents. The kinship parents were related to one of the biological parents, eliminating fictive kin, nonrelated foster parents, or guardianship situations. Kinship families were made up of two-parent households where the English language was spoken and understood.

I contacted the PARC representatives for regions one and two and informed them about the study. I sent a flyer (Appendix E) to each site director to explain the nature of the research. I asked for assistance which involved a flyer being posted on the agency's webpage providing kinship parent(s) access through the organizations data base. I was invited to participate in three events to describe the research study to event participants. A letter of cooperation (Appendix F) initiated the partnership between region one PARC organization and me. I left flyers at a table for participants to take. When few kinship families contacted me, the PARC representative was asked to resend or hand out flyers to kinship parents to maintain the confidentiality of the adoptive community (MDHHS, 2017).

To secure additional participants, I made contact with each county mental health clinic, county family court, and area nonprofit organizations working with adoptive families. An initial phone call or email determined if the organization was appropriate for the study's participant pool. A flyer and an introduction letter or email that I sent to the

designated agency personnel gained approval or disapproval of the agency's support. If the organization required a letter of cooperation, preapproval or the affirmation through the Central Registry Clearance request of the Michigan Department of Health and Human Services all requests were met and adhered to per the organizations regulations.

The Adoptive Family Support Network (AFSN) is an organization in Michigan that, when contacted, agreed to email the research flyer to adoptive relative parents in Michigan. I sent the organization a flyer to align my study with the AFSN support network. Once contacted by the parents, I further explained the details of the study and asked for background information to determine eligibility (Appendix A). To participate in the study, kinship families had to have adopted a child who had experienced maltreatment, neglect, or trauma while living with their biological parents. The families must have adopted the child during the past 10 years, and the adoption process must have been reconciled as permanent or dissolved.

As the prospective participants called or emailed me, they choose to either set up a time and location for an interview or wait to consider their future participation. The order of each interview was the order in which the participants called and decided to join the study. This method continued until either the information reached saturation or the number of participates had been interviewed. If the data did not reach saturation, I sent another participation request to each organization's representative. The act of reaching saturation involved recurring patterns and the emergence of no new information during subsequent participant interviews. At the time of the participant's interview, a discussion

on confidentiality procedures, the participant's rights, a review and signing of an informed consent form, and the use of an audio recorder, was presented.

Kinship interviews ceased once the results from the data reached redundancy. If additional interviews were necessary, I contacted the PARC representatives to assist in recruiting other participants. To secure additional participants I made contact with each county mental health clinic, county family court, and area nonprofit organizations working with adoptive families. A flyer and an introduction letter or email was used in place of an initial phone call unless the organization did not have a contact person through email. When using an initial phone call it determined if the organization was appropriate for the research study. If the organization required appropriate approval, a letter of cooperation or the affirmation through Central Registry Clearance Request of the Michigan Department of Health and Human Services or volunteer registration form all requests were met and adhered to per the organization's regulations.

The Adoptive Families Support Network is an organization in Michigan which was willing to mass email the research flyer to kinship families in Michigan. A flyer and introductory email was sent so the organization was able to email the flyer. I determined if the participant was located in Region 1 or Region 2 for the interview to be scheduled.

Michigan State University has a kinship resource center. The Program Coordinator for the Kinship Care Resource I contacted to ask for her assistance in sending out an email to adoptive relative parent(s). As her assistance did not require access to a kinship directory no other binding forms were necessary.

The MSU kinship resource center's website listed kinship support groups in some of the State's counties. The support groups in the counties of regions 1 and 2 I found to be out of date and were not used to recruit volunteers.

The Menominee-Delta-Schoolcraft Community Action Agency and Human Resource Authority Main Office located in Delta County I contacted to inquire into their ability to distribute a flyer to kinship adoptive parent group members. Unfortunately, I did not receive a return phone call.

Of the 12 participants willing to partake in my research study five lived in region two and seven lived in region one. Further analysis and reporting strategies involved an "inductive analysis and creative synthesis" (Patton, 2015, p. 64). This process included a detailed study of the patterns and themes found by close examination of the gathered data.

Instrumentation

The instrumentation to collect data consisted of kinship family semistructured interviews arranged at a convenient time and location for each household, which contributed to the credibility of this study. A set of questions, were developed (Appendix D), guided the structure of the interview to obtain information toward answering both research questions which are: "What emotional and social challenges do relative adoptive families face after adopting a child with trauma experiences?" and "Are there precursor or outcome factors which affect kinship family decision-making regarding the continuation of the adoption?" To provide additional credibility, the questions were asked in an open-ended manner to elicit further descriptive accounts of living with an adopted

child. This form of question permitted the participants to describe more than what the question was asking allowing an understanding of the lived experience of the kinship families. Credibility also depended on the chosen research design as using a phenomenological study better captured the lived experiences of parents instead of relying on quantifiable data gathered through secondary sources (Ravitch & Carl, 2016). This phenomenological research study aligned with the use of personal interviews as it is one method used to discover the meaning of people's lives (Patton, 2015).

The use of semistructured interviews sought "focused exploration" on specific experiences while engaged in a flexible conversational dialog (Fossey et al., 2002, p. 727). To discern the dependability of the study and interview questions I asked friends who had adopted children, committee members, and two former colleagues to review and comment on each interview question to obtain their concerns and suggestions to assess content validity.

An audio recorder on an Android phone was used during the initial meeting to acquire an accurate transcript of the interview. To address the accuracy of the family's answers to the interview questions, an additional meeting to review the interview transcript and ask follow-up questions was arranged. A thorough analysis of the interview transcripts governed the coding patterns and themes eliciting similarities and differences between the adoptive families.

Procedure for Recruitment, Participation, and Data Collection

To accurately relate the procedures on recruitment, participation and data collection a series of steps are presented to allow other researchers to replicate this study. The following procedures serve as a guide to answer each research question:

RQ$_1$: What emotional and social challenges do relative adoptive families face after adopting a child with trauma experiences?

RQ$_2$: Are there precursor or outcome factors which affect kinship family decision making regarding the continuation of the adoption?

The process of obtaining a sample from the adoption family population began by designating the parameters for the study. For this particular study Northern Michigan, and the Upper Peninsula of Michigan were chosen.

Contact was made with the State Post Adoption Resource Centers (PARC) representatives for Region 1- UP Kids, and Region 2- Bethany Christian Services.

The PARC representative was contacted and informed about the study. A flyer was sent to each site director to explain the nature of the research. (Appendix V).

Assistance was requested which involved a flyer emailed or distributed to kinship parent(s) through the organizations data base. I was invited to participate in three events to describe the research study to event participants. A letter of cooperation was sent to the site director to sign prior to the event (Appendix F). Flyers were left at a table for participants to take.

When few kinship families contacted me, the PARC representative was asked to resend flyers to adoptive relative parent(s) to maintain the confidentiality of the adoptive community.

To secure additional participants contact was made with each county mental health clinic, county family court, and area nonprofit organizations working with adoptive families. The initial phone call or email determined if the organization was appropriate for the study's participant pool.

A flyer and an introduction letter or email was sent to the designated agency personnel to gain agency approval. If the organization required pre-approval, a letter of cooperation or affirmation through the Central Registry Clearance request of the Michigan Department of Health and Human Services all requests were met and adhered to per the organizations regulations.

The Adoptive Family Support Network (AFSN) is an organization in Michigan when contacted agreed to email the research flyer to kinship families in Michigan. The organization sent a flyer to align the study with the AFSN support network.

Once contacted by the parent(s), I further explained the details of the study, reviewed the informed consent agreement and ask for background information to determine eligibility (Appendix II).

As the prospective participants called or emailed me, they chose to either set up a time and location for an interview or wait to consider their future participation. The order of each interview was the order in which the participants called and decided to join the study.

During the initial phone call, the participants were told the interview would take 1- 2 hours and audio recorded on an Android device, at a location and time convenient for them as I travelled to their location. A reading of the informed consent and a review of the eligibility questions ascertained the participants selection to continue in the study. A second meeting took approximately an hour and was explained as gaining the participants' approval of the typed interview.

At the time of the participant's interview, a discussion on confidentiality procedures, the participant's rights, a review and signing of an informed consent form which contained a clause allowing participants to discontinue their participation at any time (Appendix A), the handout of area supportive resources and providers, and a reminder of the use of an Android device audio recorder. The participants were made aware of a break half way through the interview so they could plan accordingly. The interview proceeded with the interview questions (Appendix D).

At the end of the interview each participant was asked to discuss the study with other prospective participants as in the "snowball technique" (Patton, 2015, p. 270). A flyer was left with each family (Appendix E).

Follow up appointments, lasting about an hour, were scheduled to review the transcripts with each participant at a time and location of their choice as I drove to their location.

The second meeting included offering my phone number and email address if the participants has future questions or issues regarding the study. I remained with the family until they felt comfortable with their participation in the study.

If additional interviews were necessary, the PARC representatives were contacted to assist in recruiting other participants.

Data Analysis Plan

Information collected during the first meeting with kinship parent(s) used open-ended questions during the interviews. A set of interview questions (Appendix D) used to gain insight into the lived experiences of kinship adoptive parent(s). The interviewer restated the purpose of the study and answered any questions the participants had prior to the interview. Questions 1-8 addressed the initial reactions of the participant to the news of the child in foster care. Questions 9-11 asked about the child's behavior and the types of experiences the parent(s) had with the child. Questions 12-18 asked if the immediate family members (family system theory) were affected by the child's behavior to provide answers to RQ_1. Questions 19-26 addressed the attachment of the child to the family (attachment theory) and provided answers to RQ_1. Questions 27-30 focused on RQ_2 and the parent's thoughts on the permanency of the child's placement. The questions were open-ended to encourage participants to add further information.

To reconcile uninterpretable verbalized answers to questions and to verify the transcribed interviews, a second meeting occurred 2 to 3 weeks after the initial meeting. To add depth to the interview process, field notes of my reactions, observations of participant non-verbal behavior, and possible themes introduced during the interview were recorded.

Ten of the audio recorded interviews I uploaded to Trint, a transcription program to transcribe the interviews for this study (Trint, 2018). Two interviews I manually

transcribed as the Trint program failed to transcribe the complete interview. The program allowed me to fix errors, and substitute any participants' identifying information. The transcriptions, once reviewed by the respective interviewee, I uploaded to NVivo version 11. NVivo (11) is an analysis program which provided me the ability to code transcribed material through broad themes, patterns, and comparative word queries. I did not find discrepant cases that challenged the preconceptions formed from similar data results and extracted contradicting explanations. Though in some cases contradicting data did contribute to disconfirming the results of other studies mentioned in the literature review (Ravitch & Carl, 2016). Each transcribed interview I read and reread to determine poignant concepts and terms. Within the NVivo program, terms and concepts placed as nodes which are considered a code in various text books. As I formed the codes, the dialog from each transcript was placed to signify its relevance to the term. The codes were viewed via the NVivo programs interface, for overlapping dialog, promoting the combination of coded words or concepts. Though some of the coded words, such as trust, were not distinguished in all of the transcribed dialog, the innuendo of the feeling was portrayed by the speaker through their descriptions and retelling of incidences. With each code and concept I referred back to its relationship with the research questions, and the interview. It was important to validate that the nuances of the interview were captured by the terms and directly answered the questions posed by the study. The process of review of each transcript, analyzing each word, combined with my observations was a difficult process. I often found myself re-reviewing the context of the phrases associated with the terms to assuage my concern that my interpretation was misaligned. The pattern of loss

was a constant theme throughout the parent's retold accounts. Though some of the parents did not acknowledge any true loss as the presence of their child and the promise they made to raise him or her dominated their awareness.

Issues of Trustworthiness

To ensure the collected data was credible to the study, a triangulation process was incorporated to validate reliable assessment tools, recorded open-ended interviews, and noted observations (Rudestam & Newton, 2015). Additional transcription and assessment answered verification at a second scheduled meeting with interviewees supported the credibility of the written narrative and the accuracy of the assessments. Each participant received a copy of their transcribed interview. While I did not read each question aloud, the participants did review their answers, correcting errors through verbal and written expression. The participant and I made notes directly on their respective transcript. I noted observations, both personal, to prevent bias, and the participant reactions, comments and made corrections to the transcript associated with the participant's verbal expression. Bias, in qualitative research, describes the researcher's interpretations of the data being allowed to influence the results (Ravitch & Carl, 2016).

The transferability of the findings was determined by the thick descriptive narrative to relay coinciding features to other research studies. Further detail of the participants was denoted in the eligibility (Appendix B) and demographic questionnaires (Appendix C), which provided comparison studies with similar participants. Throughout the gathering, analysis, and synthesis of data, a notebook documented the procedural progression, record observations, participant's verbal and physical reactions, my

reactions to prevent bias, and any other information gained through correspondence

(Rudestam & Newton, 2015). Triangulation was met through the use of interview

questions, demographic and eligibility questionnaires which had been initially reviewed

by friends with adopted children and colleagues. This process of vetting the interview

questions and questionnaires addressed the necessity to gather information to answer the

two research questions. Once connected to a family over the phone or by email, the

relationship building began by answering their questions about the study, asking general

questions to establish eligibility, and discussing when and where to meet. The

relationship building continued through the face-to-face interviews, gathering detailed

recorded accounts depicting the experiences of the family with the addition of a second

meeting to review each participant's transcript. Patton (2015) related, "Time at your

research site, time spent interviewing, and time building sound relationships with

respondents all contribute to trustworthy data" (p. 685). My observations and thoughts

were carefully chronicled in a notebook to give additional detail to correspond with the

accounts depicted by the family.

Evaluated interview questions, recorded interviews, and prolonged contact with

participants, and the addition of my chronicled observations and thoughts met the

"process of the inquiry and the inquirer's responsibility for ensuring that the process was

logical, traceable and documented" (Patton, 2015, p. 685). This explanation of

dependability referred to the stability of the data gathering instruments in the pursuit to

correctly answer the research questions (Ravitch & Carl, 2016). To align the social and

emotional challenges kinship parent(s) have experienced, open-ended interview questions

asking for descriptive accounts of the challenges, the use of a recording device and transcription review along with my notes and observations lent to the triangulation of gathered data.

Confirmability upholds the notion that the gathered data is accurate and therefore is not a figment of the researcher's imagination (Patton, 2015). To confirm an unbiased interpretation of the data, a reflexive account of the researcher as the instrument to gather data was crucial (Ravitch & Carl, 2016). An active awareness and monitoring of preconceived ideas prior to contact with participants generated mindfulness and the position of the researcher in the study. Also, the use of NVivo, a software program used to code themes, related and compared the transcribe words of the participants to elicit an accurate analysis as interpreted by an unbiased program. The evaluation of the interview questions and questionnaire, the transcript review with participants, my reflexivity as a data gatherer, and using NVivo as a pattern developing guide lent to the confirmability of study.

Ethical Procedures

Letters of cooperation and the documentation requested by the participating organization preceded the continuation of the research study (Appendix E). The kinship adoption support group members, AFSN members and county and city organizations members were directed to, emailed, sent or given a flyer, by the organization's representative, which offered a description of the study, the implications of the results, and my information, email, and telephone number. If interested in participating, the kinship parent independently contacted me. Once the study was discussed, and the

individual's questions answered, a review of the informed consent, and eligibility proceeded if the caller decided to join the study.

To ensure an ethical research study it was important to reiterate that participation was voluntary and the participant could drop out at any time without repercussions. The benefits of this study included each participant's ability to be heard and their stories recorded. Intrinsically, by knowing what they say could influence future decisions in kinship adoption the interview offered the participant power to promote social change.

A risk of this study was the questions and answers related by participants could bring up painful memories of events experienced during the child's adoption and thereafter. If the memories were too painful, the interview stopped and I focused on helping the participant. As a precaution, a list of service providers in the community was provided to participants at the beginning of the meeting. If further help was required, if the family accepted, I would call the service providers to acquire the necessary help. Regardless of the research study, the participants well-being was priority. If at any time the participant decided to withdraw from the study, they were supported and thanked for the time they spent and informed their shared information would be destroyed. I provided contact information for further questions or issues which arose as a result of the study.

Only after the initial oral presentation and the IRB approved the proposal and issued the approval number 01-10-18-060396 expiration 1/2019 did the study begin. Participant information was password protected on my Android device, computer, and USB. The program purchased from Trint, placed me as the editor, and the interview uploaded into the program. The program was separate and the audio recording remained

confidential and privacy protected. A Letter of Cooperation (Appendix F) was obtained

from UP KIDS to prevent the risk of the breach of a participants' personal information.

The description of confidentiality and anonymity on the informed consent form provided

the participants with the procedures to maintain confidentiality and the risks associated

with the portrayal of the circumstances of the adoption. The initial procedure involved the

participant's signature on the informed consent. Each participant was referred to by a

number, and identifying factors changed or omitted. The participant's name, address, and

phone number were supplied for contact purposes related to the interview, transcript

review, and the mailing of the final results. As I am a doctoral candidate, the chairperson

and committee member reviewed the written material of the research study. The

transcription and participant's information were not shared. No other concerns were

anticipated as I collaborated throughout the process with the assigned committee

members. The committee's expertise and experience directed the decision on how the

research would proceed when addressing any matters. The use of incentives to entice

participation in the study was not considered as I do not have the resources to follow this

method of recruitment. Therefore, I travelled to the participant's location to meet their

needs. I am a mandated reporter. This means if during the interview the family

discovered additional trauma events suffered by the child, I was required to report within

48 hours the situation to Child or Adult Protective Services. None of the families

experienced this type of situation.

Once the study concluded, all information regarding the participant's

transcription, informed consents, plus any disclosed personal information I stored on a

flash drive along with any signed documents and placed in a locked cabinet. The

information will remain protected for five years, then it will be destroyed.

Summary

The qualitative phenomenological study utilizing personal interviews with

adoptive kinship participants endeavored to reveal the challenges after adopting a

traumatized child. Adoptive kinship support group members, Adoptive Family Support

Network members, and city and county agency members were recruited through self-

selection to participate in the research study. Identifying factors replaced or omitted as

specified by the participant. Personal interview recordings and transcription, plus my

notes are confidential and password protected and will remain in a locked cabinet for five

years at which time the documents and the USB will be destroyed. In the following

Chapter 4, the data collection, analysis, and findings are communicated.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to discover the social and emotional issues kinship parents faced after adopting a child who had experienced pre-adoptive trauma and to determine if factors were present which anticipated the dissolution of the relationship.

In this qualitative study I attempted to answer the following questions:

RQ1: What emotional and social challenges do relative adoptive families face after adopting a child with trauma experiences?

RQ2: Are there precursor or outcome factors which affect kinship family decision making regarding the continuation of the adoption?

The following chapter addresses the setting and the demographics of the participants relevant to this research study. The process of collecting data and the subsequent data analysis I represented for clarity of the findings. The evidence of trustworthiness I described with the implementation of credibility, transferability, dependability, and confirmability.

Setting

As outlined in Chapter 3, the procedures to recruit participants followed the plan with a few exceptions. I contacted the Michigan Department of Health and Human Services contracted agencies who provided Post Adoption Resource Center (PARC) services. PARC representatives in regions one and two I contacted by phone and described the research proposal, with a request to email a flyer or distribute a flyer to

kinship parents. The PARC representative in region one followed through by posting the flyer on the agency's web page and emailed the flyer to foster care specialists to forward to foster care parents who may have adopted a relative. I was invited to participate in three events to describe the research study to event participants. The flyers were left at a table for event participants to take and I stayed for an hour to answer any questions or schedule interviews with participants who decided to volunteer. I cooperated with the PARC Region 1 agency director's regulations and signed the necessary paperwork for the agency to include her in the events and to send the flyer to participants. A letter of cooperation preceded my involvement in any activity where participants would be present. After 1 month, the agency was asked to resend and hand out the flyers to prospective participants as the data had not reached saturation. I did not acquire the personal information from the agency to maintain the adoptive family's right to privacy. The organization required my appropriate approval affirmed through a Central Registry Clearance Request of the Michigan Department of Health and Human Services and the preparation of a volunteer registration form which were met and adhered to per the organization's regulations. PARC Region 1 provided the majority of participants for this study. PARC Region 2 posted the recruitment flyer on their Facebook page. They were unable to extend an invitation to participate in organized events.

     I secured additional participants' contact with each county mental health clinic, county family court, and area nonprofit organization such as public libraries, Michigan Department of Health and Human Services county agencies, community churches, and foster and adoption agencies in the corresponding counties in Regions 1 and 2 working

with adoptive families. The process to contact the majority of the nonprofit organizations changed to an introductory email with the attached flyer as opposed to an introduction letter following the initial phone call. The initial phone call was used in some cases to determine if the organization was open to post the research flyer on their public bulletin board. A flyer posted on a church bulletin board attracted one participant for the study.

The Adoptive Families Support Network (AFSN) organization in Michigan was willing to mass email the research flyer to kinship parents in Michigan. A flyer and introductory email were sent to the director who answered the phone and agreed to mass email the brochure. I determined if the participant was located in Region 1 or Region 2 for the interview to be scheduled. Three participants responded to the AFSN mass email. One participant met eligibility and a meeting scheduled for February 2018. An events calendar on the AFSN web page offered contact names for scheduled events. I sent introductory emails and an attached flyer to three event coordinators. Two coordinators stated they would pass along the included flyer and the third coordinator forwarded my email to another coordinator who contacted me to find out more information about the study. The coordinator decided to participate in the study as she was a kinship adopter. She offered to recruit other families who were interested in joining.

The Michigan State University's Kinship Care Resource Center were contacted for assistance to send a flyer to kinship parents. The resource center did not indicate that I obtain approval through the University's IRB as I did not have direct access to the resource center's kinship family directory. The center was unable to assist me in my

pursuit to reach out to kinship families, and the list of area support groups was not up to date.

The Menominee-Delta-Schoolcraft Community Action Agency and Human Resource Authority main office, located in Delta County, was contacted to inquire into their ability to distribute a flyer to kinship adoptive parent group members. The agency did not respond to the two separate messages left on their answering machine.

The initial use of Regions 1 and 2 was sufficient in providing enough volunteers to negate sending additional flyers to the other post-adoption resource regions, churches, school districts and libraries in Michigan as outlined in the February 16, 2018 change in procedures request to Walden University IRB. The use of a week-long advertisement in the local newspaper in Petoskey (Region 2) and a copy of the flyer on my Facebook page were additional methods used to recruit participants, as outlined in the change in procedures, request to Walden University IRB. The week-long advertisement did not reach intended participants to volunteer. The addition of my Facebook social media posting received positive feedback but did not produce additional participants for the study.

At the time of a participants' interviews, it did not appear that any personal or organizational conditions influenced participants or their experience that may impact the interpretation of the study results.

Demographics

The participants determined the setting and time of their interviews. Of the 12 participants, eight asked to meet at a local restaurant, three asked to meet at their home,

and one asked to meet at their place of employment. In each of the situations I drove to

the intended meeting location at the specified time of the interview. Kinship family and

relative family adopters are the individual parent(s) who are blood relations to the child

(Koh & Testa, 2011). Of the 12 participants, six of the participants were aunts, four

participants were grandparents, one participant was an uncle, and one was a cousin. The

study focused on participants living in the Upper Peninsula of Michigan and Northern

Michigan. Seven of the participants resided in the Upper Peninsula of Michigan, and five

lived in Northern Michigan.

Table 1.

Participant Demographics and Eligibility

Relationship	Reference	Age	Contact	Accept	Eligible	Resource	Consent	Copy	Children # of
Great Aunt	A	50-60	Email	Yes	Yes	Yes	Yes	Yes	1
Aunt	B	30-40	Called	Yes	Yes	Yes	Yes	Yes	4
Aunt	C	40-50	Called	Yes	Yes	Yes	Yes	Yes	2
Great Uncle	D	50-60	Called	Yes	Yes	Yes	Yes	Yes	1
Great Aunt	E	30-40	Called	Yes	Yes	Yes	Yes	Yes	1
Grandparent	F	70-80	Called	Yes	Yes	Yes	Yes	Yes	2
Grandparent	G	60-70	Called	Yes	Yes	Yes	Yes	Yes	2
Cousin	H	50-60	Emailed	Yes	Yes	Yes	Yes	Yes	2
Grandparent	I	60-70	Called	Yes	Yes	Yes	Yes	Yes	1
Aunt	J	50-60	Recalled	Yes	Yes	Yes	Yes	Yes	2
Grandparent	K	60-70	Emailed	Yes	Yes	Yes	Yes	Yes	2
Aunt	L	40-50	Recalled	Yes	Yes	Yes	Yes	Yes	1

Data Collection

During the initial contact, I read the consent form to six of the participants over

the phone, one participant read the consent at a support group meeting, and four

participants contacted me by email and were informally presented with the consent

contents (Appendix A). Once a verbal or written expression of acceptance of the consent

was given, I determined if the participant met the eligibility criteria requirements

(Appendix B). Once I ascertained their eligibility, the participant decided if they would like to set up a time and location for their interview. Seven of the participants scheduled a time and place to meet for their interview during the initial phone call. Another two participants were not able to schedule right away, so I called them back at a specified time and day. Three interviews were set up through email correspondence.

Each face-to-face interview began with my asking each participant to review and sign the consent form. A copy remained with each participant for their records. I explained the demographic information form (Appendix C) to each participant and they filled it out with the number of biological, adopted, and kinship adopted children they had, along with the child's age, sex, and the highest grade the child had completed. A list of resources was provided to each participating family. All of the participants answered the same 30 interviews questions (Appendix D) and the interview was recorded on my Android phone. The interviews took between 35 minutes to 2.5 hours. In some cases, the answer to the initial question carried through to highlighting responses for the other 29 questions. When this occurred, the remaining questions were asked to gain more detail of the events that transpired. The majority of parents were eager to share their stories no matter how long it took.

Each of the 12 interviews followed the plan presented in Chapter 3. During the first, second, fourth and eleventh interview, my phone rang causing the interview questions to stop, but the recording to continue, while I pressed ignore to end the phone call.

Data Analysis

Of the 12 interviews, two failed to transcribe correctly within the Trint program, forcing me to copy the recordings manually. The remaining 10 interviews went through the Trint program. The corresponding participant reviewed their transcriptions. Once the participant reviewed their transcribed interview, the transcription was imported to NVivo 11. The 12 transcriptions loaded into NVivo initiated the process of review of each interview.

The opportunity to create a code word or node, to contain a participant's description of their particular experience, was elicited with each review of a transcript. Transcripts imported into NVivo 11 created further nodes and additional participant insights adding to the existing codes. Continuous analysis of each of the 12 transcripts generated overlap of their accounts to form categories, which served to address the research questions.

The categories that emerged for the emotional challenges experienced by kinship adoptive parents were the terms respect, trust, and plans. The category that related to the social challenges experienced by kinship parents was the concept of social norms. The category that emerged for the outcome factors affecting the continuation of the adoption was unconditional love.

Under the emotional challenges, the term respect was coded as rules and comments. Parent F stated, "She doesn't seem to want to follow the rules. I think she thinks they are made for somebody else, not for her." Parent H stated, "The things that he will call us and say to us. I don't even know how to respond anymore."

The term trust, under the emotional challenges, was coded as the trust in biological parents and placing trust in other family members. The term trust was also coded that a spouse would work with the other spouse, and that the adopted child could be trusted

Adoptive kinship parents opted to include the bioparents in their children's lives. Parent K explained, "I had to put boundaries around mom because she just did everything in her power to wreck the relationship between (son's name) and I." Family members could not be trusted to support the change in the child's placement. Parent H explained, "They were so involved before and now after the adoption we have to remind them of birthdays, Christmases, everything. They've just kind of fallen off the face of the earth." The stress that arose as the child's behaviors increased caused spouses to argue and not be as supportive, causing the parents to not parent as a team. Parent F explained, "her and I take different positions on issues on discipline on how to deal with them." The trust extended to the adopted child was compromised as Parent H explained, "He does lie. He's been lying, and that's hard."

The term plan was related to how each of the parents changed their future plans to support their child. Parent A related, "So, we just now I guess are gearing up for the next 16 years. Because that's what it's going to be."

Kinship parents struggled with societal expectations for parents and had to change their perspectives on how best to raise their child. Parent G said, "The way the school is reacting to our daughter. I don't feel it's right sometimes." Parent F said when relating his

views on raising children compared to those of a much younger couple, "My son goes

over to this young family. He says I think they're better people than us dad."

Evidence of Trustworthiness

The triangulation process comprised, and was achieved with, the use of informed

consent, an eligibility form, my written observations, and the use of an Android phone

that recorded the open-ended interviews to ensure the data was credible. The addition of

the transcription program Trint and the participant transcription review lead to the

credibility of the written narrative and the accuracy of the assessments. Each participant

received a copy of their transcribed interview for review. Although I did not read each

transcribed question aloud, the participants reviewed their answers and corrected errors

through verbal and written expression. I asked the participant to make notes directly on

their respective transcript. I noted my observations and the participant's reactions and

comments.

Relating my findings, I sought to provide a robust descriptive narrative to answer

the two research questions. The eligibility form (Appendix B) and demographic

questionnaire (Appendix C) provided validation for participation and allowed a

comparison of the number of children and their respective ages while writing up the

findings of the interviews. I documented the steps taken throughout the process of

contacting organizations and support persons and sending flyers, noted the day and time

participants reached out or were approached to participate and the meeting locations, and

recorded observations during the first and second meeting. To ensure reliable data, a

relationship with each participant ensued at the initial contact, the personal interview, and

during their transcription review. The association continued for some participants who requested a copy of the results of this study. Dependable data relied on each interview consisting of open-ended questions, and the recording of the participant's answers through an Android phone. A transcription program, Trint, transcribed most of the interview recordings, except for two forcing me to reproduce manually, the addition of my notebook recording observations and thoughts adds to data dependability.

Confirmability was upheld by the gathered data recording, transcription, and review with each corresponding participant. The interpretation of the data was supported with the aid of NVivo 11. This program allowed a comparison of the transcripts, and the ability to gather and discard relevant terms concerning the descriptive narrative.

Results

The research question: "What emotional and social challenges do relative adoptive families face after adopting a child with trauma experiences?" was answered by 12 participants who volunteered to offer their insight into kinship adoption.

As I combined and reduced the number of the codes, an overlying theme emerged for the emotional and social challenges faced by kinship parents when dealing with the trauma reactions of their adopted child. This theme provided a view of the parent's challenges through a lens of loss. This lens narrowed the emotional difficulties faced by kinship families to the loss of respect, the loss of trust, and the loss of plans. When describing social challenges addressed by kinship parents, the loss of what was considered normal was incomparable to the status quo.

The second research question: "What factors influenced the kinship family's decision to maintain or dissolve the adoption?" The answer to this question was not answered as anticipated with detailed explanations of the process families went through to maintain or dissolve the adoption. Instead, all 12 participants related their unconditional love for their kinship child and discussed the depth of their commitment to supporting their child throughout their lives.

Loss of Respect

The concept of the loss of respect presented when parents expressed their children did not respect their rules. Parent I expressed; "And they got that I don't care attitude." Parent F, "they want to run the house, and be the boss, and get their own way with everything." In expressing her need to get ahead of her children's attitude, parent B expressed, "And I think we're on a learning curve right now." "But yeah if she doesn't want to do it, it's not going to happen," when parent A explained her child's behavior when being redirected. "It was summer before school started and he wasn't in his bedroom. So, I thought, "wow, where is he?" And I stepped out the front door, and there was a ladder coming out of his bedroom," after parent K awakened at midnight. Parent D,

> I mean she'll look right at you and you call her, and she'll just walk away. Turn her head and walk away. Or you'll be sitting there doing something, and she'll look at you out of the corner of her eye and then she'll write on the wall or you know whatever. So, it's like she knows she knows it's wrong and then she'll do it.

"We have all learned to kind of bend a little bit with the children, they were so old at placement and with them already having behaviors. We still expect them to learn about

proper behaviors and where they are proper and improper," parent L related. Parent J recalled,

> My parents have a hard time accepting the fact that the kids are just disrespectful. They have anger outbursts like you know punching walls, putting knives in the wall stuff like that. They have a hard time accepting, and so does my husband's biological brother.

As the adopted children aged, the verbal assaults and disrespectful comments became more frequent leaving the parents at a loss as to how to respond. Parent F joked that their children were encouraged to express how they felt at a young age, "What I was talking about earlier about how we always thought maybe they had too many opportunities to express themselves. And you know, they didn't hold back." Parent K related, "I get called every name in the book, and you know that is where we are." Parent H posited,

> just the way that he speaks to us we would never. And that's why we're at a loss, most of the time. That, just wouldn't happen. You just don't even think about saying the things that he does or doing or speaking to the principal like he's your equal. He has no sense of authority. Zero.

Related by Parent G,

> Well a lot of the anger and swearing that's going on now, not wanting to be around us it's difficult for me because I've always been a family person ... I know it's a lot of the stuff that they've gone through, but it hurts sometimes being told you're stupid or you're no good. Things like that, it's hard.

Loss of Trust

The term trust was an emotional challenge presented by kinship parents. The loss of trust slowly wore away the endurance of many of the adoptive participants. Trust in the biological parents to have the best intentions for their children's futures; trust that relatives would support the adoptive parents through the child's life; trust that one parent would be supportive of the other and the loss of trust in the adoptive child.

In the beginning, many kinship parents felt including the bio parent(s) would help the child resolve some of their issues of bonding and trusting as the kinship parents cared for them, only to find it backfire as the bio parents called child protective services, the police or caused upset for the children creating more turmoil and trauma for the kinship family. Parent G explained, "We had his daughter and a neighbor call CPS on us a couple of times. That's why she's involved. Not that anything was happening. It's just you know their perceptions, and so CPS was back involved." "I have been turned in a lot to CPS. Last time they came over they asked me why I have been turned in so much. "Well my daughter, she came up here. We tried to integrate her into the children's lives,' Parent F sadly reported to me. Parent E related,

> For a little while she was trying to come over all the time, and then I just had to stop it. The way she plays with him. Things that she tries to teach him. We don't do that. So, I tried to limit it. Otherwise, I have to spend a week trying to reteach this kid that we don't throw these balls through the house.

Parent H was upset as she stated,

> The mom refuses to refer to us as mom and dad, and that's our only restriction.

You have to give them permission to call us mom and dad because if you don't they are torn. You know it's hard on them. You need to do this for them. She won't do it.

Parent L recalled,

We have with the mother, of our children we tried to keep an open-door policy allowing her to see the children and be a part of their life, be a part of their education. And it did not work out well. We tried for two and half years. And every time the children saw her they had major setbacks in their social and emotional and then their grades would drop.

Parent K said, "I had to put boundaries around mom because she just did everything in her power to wreck the relationship between (son's name) and I."

Parents trusted that other family members would be a part of their child's life and would support the adoptive parents in their effort to raise the child. Parent A "So there's been some strain off and on, but now everybody is good with the adoption or at least tolerant of it." Regarding the maternal grandparents, Parent A recalled, "they have absolutely no contact with her really. And you know that makes me angry, and at the same time I'm glad they don't." Parent D reasserted, "Not one word from him. So, it's going to be up to me and my wife to try to establish a relationship." Parent E, "My sister hates it . . . I thought that she would be thankful and proud, but she tried to make my life miserable a few times to try to say stuff against me." In reference to the adult children of the adoptive parents, "and at first they were not happy about it they were cautious," recalled Parent G. Parent F stated, "Well I've been really disappointed because none of

them have stepped into the old roles being an aunt or an uncle. It seems they don't have any interest in it.," Parent D stated, "They were so involved before, and now after the adoption, we have to remind them of birthdays, Christmases everything." Parent H expressed, "So my family it's been distant. But my parents never bonded they're not the grandparents that they should be to them. I don't think they think of them like they do their other grandchildren, so it's hard." "They do not know what is going on. I'm not close to my siblings as I was years ago," when Parent I explained his family dynamics. Parent L recalled, "We have my in-laws who do not treat the children the same as they do their biological grandchildren. We see it as simple as who gets to spend the night, how often they get to spend the night, who's invited over for dinners who's not invited over for dinners. And who gets the more attention, it has even been different for Christmas gifts." Parent K referred to her daughter,

> My oldest daughter she doesn't want to come up here anymore. And that
> happens a lot, to a lot of families. Because she doesn't think we parent right.
> Because if it was her kid she would do this, and she would do that.

Conflicts and the additional stress in the family created a sense of insecurity and loss of trust between the adoptive parents**.** Parent A stated,

> You know like a temper tantrum or whatever, it causes me to become stressed and
> angry sometimes and I think I take it out on him. Just a lot of blame even though
> we don't even really know what it's all about. I think it's just the additional stress
> and the changes that we've gone through.

"I think that the main thing is my husband and I would be getting along famously," when Parent A answered what would be the perfect solution to all of her adoption needs.

Parents with younger children did not experience a loss of trust in their adopted child but five of the seven parents who had older children did have problems trusting. Parent B related;

> My second oldest, her behaviors are a little bit different right now. I mean because we had them when we adopted them. That was five years ago. And they know that they're adopted. And she's struggles, she does struggle with that information.

"He does lie. He's been lying, and that's hard. He lies now. He just does. It's kind of the behavioral changes I've seen on him," responded Parent H. "Because you don't know when something is going to happen. Because of some of the decisions he's made you don't know, 'are the cops going to show up today?' So far so good," replied Parent I. Parent J expressed,

> You know with my son and the law being locked up that's hard for me to deal with. And then, on the other hand, I think you know this isn't what I wanted as a parent. This isn't what I wanted for my child.

"I wish I could trust he will make the right decisions," stated Parent K. Parent J,

> He's broken into our safe, which I pressed charges with him at the juvenile court. He stole our debit card. I pressed charges with that. He's punched me. I pressed charges. He punched his sister, the older sister. So, and we press charges. He's got domestic violence. Broke through the bedroom closet wall, and he's got charges

for that. I think he has three domestic violence charges.

Parent K related a lie her son told,

> And (husband's name) says, "Well that's a plastic culvert." "Yeah that's it
>
> that's how I did it. You know, Paul and Becky, were there and they saw it, and
>
> that's how I did it." (Husband's name) said to me, "nope, that's not how it
>
> happened." We let it go but (my husband) said, "I know that's not how it
>
> happened." But the truth came out. He did get pulled out of somewhere.

Loss of Plans

Kinship parents had to consider the loss of their plans as adopting a child

rearranges priorities eliciting emotional challenges. Parents put aside their own wants

and focused on helping their child. The weight of the decision to adopt these children was

a serious matter. The decision to place the child's future happiness above the parents own

was apparent in each of the circumstances. "We don't have you know we had to give up

our plans which we did voluntarily. You know we could have always said no. But we

couldn't at the same time," as related by Parent A. Parent D related it as,

> And damn, you know it's both me and my wife. We're like this is not what we
>
> were planning to do in our 50s. But you know I can't see not doing it knowing that
>
> my adopted daughter was there. You know. I could not, not do it. You know, I'd
>
> much rather she be with family . . . than to go into the system.

Parent E related, "It might as well be somebody that's family. So, we just went with it."

Losing the freedom to continue to live life, in the same manner, was evident for Parent D

who regaled, "I guess you lose that freedom. Honestly, probably the only negative is you

lose some of that freedom. You know you've got all of a sudden you've got this baby that's relying on you." "And with the children and with their social and emotional needing to have a routine we actually stopped bowling, so we were able to be home and be able to get the children in bed on a regular routine and at a regular time," related Parent L. Parent C stated,

> I don't volunteer any time now. I was just getting to where I could volunteer because my kids were old enough that I could do it, but I don't do anything extracurricular. I mean you know I just started to go to the gym again. I don't do that anymore. So, my outside life is pretty non-existent. The parents did not mind

losing their plans of building a log cabin (Parent J), retiring (Parent A) and traveling (Parent D), as the thought of losing their relative to the system or a stranger overshadowed any personal inconvenience. Parent J,

> Then we get home, and a week later we have (son's name), and it's like oh well now we have to revisit that plan because we're not going to have free time. We're not going to have the financial funding. The funds that we had saved up is not going to just go toward camp anymore you know.

Parent C related it well,

> I mean I, it's my life. I chose this life. I chose to have them stay here forever. So you figure it out whether it's counseling, whether it's therapy whether it's a doctor. It doesn't really matter. I mean you're in it for the long haul.

Parent I commented, "He was one of our boys. I was hoping to help him out you know lead him down the right path."

The participants experienced their child's negative behaviors but wanted to help the child succeed but were at a loss as to how to go about it. Parent L, "Our biggest dream for all of our children is to be a productive part of society and have a family life that they can love and understand when they are adults." Parent A related,

> You know the fact that I've not had children or I'm afraid that maybe I'm doing something wrong or something is going to scar her for life, or you know what I mean. You know yelling at her is that teaching her to yell? You know it's like all these things, so I get to a point sometimes where I don't even know what to do.

"Am I raising them to have confidence? Am I being a good example . . . Am I not being . . ." Parent H stated. "I think had he been younger when we got him, it might be different. But because of when we got him in life and all the habits that he had already formed," Parent L explained. Parent C answered,

> What poses emotional challenges? It's probably when he's tired that he just, he is ornery. And you just want to love on him, and he doesn't want nothing to do with you. And me trying. And you want to figure out what's wrong and you want to help him, but he just screams at ya or screams at the other kids.

Parent B,

> Like I said they, they figure out ways to manipulate. I'll go and then. I mean it's challenging. It's challenging. Cause you love 'em and you want them to succeed and be the best that they can. And they and they will challenge that you're not their biological parent.

Parent H,

And it's like you know we, we don't know sometimes what to do. What would be

best? What does he need? What would make an impact? And because he won't go

to counseling and try to explore it. It's a guessing game all the time. And so, it's-

it's very frustrating. I want to help him. We always have tried to put them first

before our feelings before anything. What's best for them.

Parent I restated, "Like I said, for 11 years he already had bad habits still with things we

won't do or wouldn't do. And there's nothing I can do to change them. I can only show

him what's right and wrong." Parent L confided, "The kids each have their own

programming, and so sometimes we struggle with, 'okay you might have been able to do

this before at your old house, but we don't do that here.' That has been a struggle."

Parents were at a loss as to how to correctly answer their children questions about

their past. Parent L,

And every child and every adult that I have ever met that has gone through any

kind of adoption always has in the back of their mind, "why wasn't I good

enough for my parent." So, I guess that is where I would want it to be fixed is

those children not to have that underlying, "Why wasn't I good enough."

Parent H related,

And I remember one time I came home from work and the little one was

probably two so that would make the oldest six, and the little one ran up to me

and hugged me. And I remember my older one just saying I wonder why he loves

you so much. And he wasn't being mean. He truly wondered you know and it's I

just told him, "Well you know he didn't get to see mommy very much like you

did. He didn't live with her."

Parent E stated,

> I don't think that we're going to have many problems in the future. Until it
> comes. We're still there. All that unknown and when we do tell him that she's his
> biological mom. There are lots of things out of our control that we don't know.

Parent F recalled, "And that really hurt the kids too. That she had another child and kept it. She left them, and she kept this one." "Today, the challenges are answering her questions when it comes to how come I can't see my mum and dad or I want to see my mom and dad or things like that, and I just answer them," stated Parent C. Parent A explained,

> But our biggest concern is how will we know how we are going to answer her
> questions and at the time we're just going to have to be honest and . . . But angry
> that we're put in a position where we have to help this little girl by answering
> these questions that she has.

When the children became older, and their behavior worsened, parents wondered if they should get the biological parent re-involved. Parent H: "I wonder if they should go back to the parent to see what their life would be like if they had stayed". . . hoping a bit of clarity would produce an appreciation for what they had. Parent E reflected, "I'd like to have her there because eventually he's not you know they're not going to be without each other forever." Parent J recalled,

> Well then, I saw her face a year and a half ago. I saw her, and I said you know J. I
> don't have anything against you. I've learned a lot over the years. If you want to

have a relationship with these kids you're more than welcome to. I do not talk bad

about you. I will never tell them anything bad about you. You're welcome to do

whatever you want to do as long as it's a safe, healthy relationship.

Parent K reflected,

And so, going down to Florida to me is knowing he was not going into a good

situation, but maybe he did have to see the flip side of life. Maybe he did have to

not have a bed to sleep on. And wonder if there's going to be food in the

cupboards and watching an alcoholic father and his wife be drunk from 8:00

o'clock in the morning till they passed out.

Adoptive parents were at a loss as to how to help their child as a result of

emotional, physical or verbal outbursts. Many families had similar experiences of their

child remaining in their car seats indefinitely (Parent(s) C, E, F, G, H, J, K, L); producing

flat heads (Parent J); not accustom to being held or hugged (Parent(s) A, B, C, D, E, F, G,

H, J, K, L), and being developmentally delayed (Parents(s) A, B, C, D, E, F, G, H, I, J, K,

L). Sleep disturbances were common presenting as bed wetting (Parent L), screaming

(Parent C, D, F, H, J, K, L), night terrors (Parent L) and sleepwalking (Parent L), and

talking in their sleep (Parent L). Younger children would relate, "don't touch me, don't

hit me, don't push me when the adoptive parent never experienced anything resembling

that type of interaction (Parent A, D, L). Parents felt at a disadvantage if they were not

privy to the child's familial medical or mental health histories (Parent A, B, C, D, E, F,

G, H, I, J, K, L). The reactions by the adoptive parent regarding the child's behavior link

with not knowing the child's histories such as exposure to alcohol, treatment to cause

attachment issues and not knowing how to help the child overcome their problems.

Social Challenges

Kinship parents no longer fit into their familiar roles as what they viewed as the

status quo of societal norms became unrecognizable as they traversed unknown territory.

Through the lens of loss, the social fabric they relied upon was challenged as each

kinship parent had to confront their own perceptions as to how to be a good parent and

advocate for their child. The challenges addressed by parents lie in the public and in the

private domains of their lives.

Social challenges for parents in the public domain were based on the interactions

with the educational system, medical profession, and the judicial system.

Educational system. Kinship parents had different social challenges when

dealing with the education of their children. Parent G related,

> That's why I have had such a hard time with the school over here. She's been
>
> suspended maybe half a dozen times since the beginning of the school year. In the
>
> past, it seemed like they were picking on her.

Parent K showed concern, "But you know even trauma-informed schools, and my school

I fought tooth and nail 7th and 8th grade with a punitive principal who wanted to nail my

son with things that were unheard of. But he had a target on his back . . . " Parent J

explained,

> My daughter's IPE is emotionally impaired. I had to fight the school for that. . . .
>
> So, I had to go to the school and put it in her IEP this is what she does. And that

was very hard for me because people who don't live this don't understand it. Parent I said, "I think they try to prescribe drugs to use because the teachers can't handle the kids." "We're even switching schools because he does better with structure. More structure for him is better and his free time is when he gets in trouble," related parent H after explaining why they feel a private school may work out better for their son. Parent L mentioned to me that her two children go to school in different districts to accommodate the children's needs. She stated she did not sit by and let the school dictate where or what school her children should attend, instead she advocated for their placement. Parent A related, "We heard that she's kind of aggressive with some of the kids. But they say that it's typical for her age and especially an only child. So, we're hopeful that is the case."

School services were inconsistent as explained by Parent C, "I've a very good relationship with the superintendent. She asked if I had her evaluated for speech? And Parent I said, "you know I kept saying that a year ago, but they said, 'oh no she'll grow out of it.'" And she's like no she needs an evaluation." Parent H related when discussing her son's disregard for authority, "And that's why we had the principal, and everybody read the Heather Forbes book because it talks about that." Parent G "At our son's school. They're more one on one they have more resources and more people."

Medical profession. Trying to find answers when the medical professional viewed the behavior of Parent C's child as normal, who stated after informing the doctor about her son's headbanging,

And then, of course, you see the doctor and the doctor says, oh he's throwing a temper tantrum you just ignore it. And then you go to talk to the DHHS education

and they say you don't want a child to do that. If you need to hold them you hold 'em and you protect them from hurting themselves.

Changing the expert's perspective of how something should be to how it is caused exhaustion for Parent J who related that while at the local hospital emergency room,

He is not ready to go home. He just got out of a treatment two weeks ago for trauma-based treatment. I said this could be a suicide attempt. Maybe this world is too overwhelming for him, and the doctor goes, "I didn't look at it that way' I said, "well maybe the nurse or you should have asked me how I felt before she was going to discharge him."

Criminal justice. Parents lost confidence in the departments meant to protect their children and themselves. Parent J described their experience,

Actually, after a while, my husband said, "Why are you calling them; you're just going to be the one paying the fines. He's not getting anything out of it." So, toward the end of the domestic violence, we really did stop calling the police unless it was a real threat to our family like if my husband had to physically pin him or something like that. Then we would have to call them.

Parent I said when all he was trying to do was guide his son along the right path,

He's 18. He's now an adult. But the problem is he looks like 25, 26 years old. But sometimes it seems to me like he's an eighth grader. Case in point, the probation officer told me, 'I can't talk to you he's an adult.' So that put it all in perspective to me.

Societal norms. The private domains of kinship parents were challenged by the familiar societal norms of what it takes to be good parents. "There are times when it's been you know embarrassing, humiliating, how he speaks to us or his flat refusal to come to the car and go home," explained Parent H. Parent F stated,

We used to go to Walmart, and she wouldn't come out of the store if she wasn't ready to come out. So, we would go sit in the car. We'd wait in the car. It comes to sometimes after 45 minutes of waiting. We'd go in there and drag her out of the store.

Parent J stated,

I mean people, judge, you know, we didn't want people saying . . . "If I did that when I was a kid my dad would beat my butt. My parents would never put up with that." Guess what. This is different. I know I can't raise these kids like I did my other two either. They're different. I can't even raise my son and my daughter the same.

Parent H recalled discussing her 14-year-old, "We could leave the youngest with one of his friends, but we can't do that with the oldest because one, he doesn't have friends he can stay with and two we can't leave him by himself." When children are receiving phones at a young age Parent K states,

So, you know giving him a phone at 13 when (husband's name) thought 13 would be appropriate and that was too big a world for (son's name). We knew we couldn't, you know. Finally, I convinced him no we can't do that. That's too young for him. And just all these other things. You know sometimes you question

yourself about you know having a driver's license and letting him have that. Parent I related, "Up until age 16 things were going fine, you know that's when we decide to give a little more responsibility a little more leniency on stuff and then it went downhill from there." Parent F commented,

> When we were younger we were always talking about the generational gap. It's so different the way I was raised. Yeah, they are trendy. You know they listen to all this crappy rap music. They have to wear under armor or Nike.

Parent G related, "She didn't get her way, so she wouldn't come out of the store."

Societal norms dictate how we refer to others in our families. A change in a relationship means a change in the terminology of what to call grandmother who has become the great aunt or being called grandpa when the role has changed to father. Parent A, "I think we aren't having her call her biological grandmother, grandma. It's her aunt. And it's OK. And so, there was a little bit of hurt feelings there." Parent B, "These are my sister's children. So technically I'm their aunt, but now I'm their mom." "I guess, maybe, the only negative would be, being a kinship was the animosity on how we chose to call other family members. Yeah, the relationships you know the names we call who what. That was the biggest thing," explained parent D. Parent G, "It's complicated because they're aunts, they're also brothers and sister to these kids. But they're also aunts and uncles, so it is pretty complicated." Parent H,

> It's the terminology that was kind of hard. So then when we were officially had adopted them physically, it wasn't different. But then they had to call my family Grandma and Grandpa which was weird for them I'm sure. And we always made

them call my sisters and brothers aunt and uncle. They would get flak from their mom, their biological mom, they'd get flak when they called her grandma instead of aunt because that was technically their aunt, my mother in law. It was hard for them. It was very hard for them. So, my family, it's been distant.

Social challenges stem from friends and family not being available or accepting of the parent's new situation due to accommodating the children's schedules, so the parents lose out on activities. Some of the families lost friends but felt that the benefits of having the child in their lives outweighed the loss. As explained by parent L, "So, they have distanced themselves. So, we make new friends." Parent J related how the adoption affected relationships,

> Oh, big time there. We've lost several friends over the years mainly because our kids would be . . . really my son more so than my daughter . . . violent would steal from them. Throw rocks at their cars or rocks at their houses you know be mean to their kids. I'll bet you there was five years where my husband and I didn't do anything outside of our home unless it was with our kids like just a private family thing.

Parent F related to his not seeing his friends as often as before,

> I got a lot of friends from old lines of friendships that have endured for years. It doesn't matter if I go up to see them this year or the next one. I can still stop and have a cup of coffee. I get away and do that once in a while.

After the adoption of her daughter's children Parent G stated, "We haven't had many friends over the years we've had a few, but they're also adoptive parents." "So, family

and friends do drop away. Well, especially at our age. All of our friends' vacation you

know winter in Florida," described Parent K after adopting her grandchildren. Parent A

related a similar experience,

> Other people have kind of pulled away from us all at the same time because
>
> they're our age and they're at a different point in their life. We're parenting a
>
> toddler at our age. So, what do you talk about with your friends who have already
>
> done so? Their kids are grown, and they're grandparents. You know it's a
>
> challenge to connect with other people that kind of get it. You know. I just
>
> noticed a few friends that just kind of pulled back. We just don't hear from them
>
> anymore. We don't, and that's too bad.

Parent E related, "Maybe I guess it is since I mean we got him we had to move away

from family. So, because they were looking at us as the bad people." Parent L explained

her experience, "It has actually done a lot. I have friends that will not associate with us

because they feel our children are broken." Parent K elaborated, "And my husband and I

oftentimes I think we do what we do because we kind of we don't know where we fit . . .

"

The nature of an activity changed for kinship parents as the reactions displayed by

their child played a deciding factor. Parent E related, "Probably would make me get out

to do more than what I would without him because he needs social interaction." Parent F,

"We're more involved with their activities." When asked about canceling activities

Parent G shared, "I guess it is hard to take them out, sometimes. I think they're going to

act like they are at home." For parent H,

So, it's definitely increased for us and made us a lot more aware of things in the community that we just didn't care or didn't have or were unaware of before for sure. But now with the oldest behavior, I think we had to cancel plans probably over the last three years the first two years ago. We had to cancel plans frequently because we didn't have anybody that could really handle his behavior. We still because he's lost privileges to be on his own at 14. We have had to. We've canceled plans less frequently. We've had to scramble to find people to sit with him. That's been more of a struggle to find somebody, so that has been a big factor. We can't just go away for a weekend.

Then for Parent A, "So there is no social activity. My outside life is pretty non-existent." Parent I, "We get out. We had to go back from not having babysitters to getting a babysitter. We had no problems." Parent L, "We actually have, we've eliminated a lot of those in regards to social activities." Faced with getting out of the house, Parent J verbalized,

Well I guess it does because we have to make sure, I mean even though you know my daughter is 17 and my son is 18 it is kind of like they are still two and three. We can't leave them here by themselves. I have to have a babysitter or a backup plan.

Unconditional love

Participants were asked their thoughts on their ability to maintain their child's adoption. The parent's unconditional love to their children was displayed through their comments that dissolving the adoption was not an option. Parent A,

There is no way we would ever I mean even if the behaviors that were extreme.

There's just no, there's no way we could ever give her up. As much as the stress

that's been involved, she's been a total blessing. I mean our total focus has

changed, and we're not so selfish you know.

Parent C stated, "I didn't even think about it as being an option that is not going to

continue." Parent B, "My thoughts are they're going to be here until they're eighteen.

And forever and ever if they have their way." Parent D, "I'd be heartbroken if I were to

lose her. You know she's my child." Parent E, "They're never getting him from me

again." Parent F, "They are our kids 100%." Parent G, "They will always be my

children." Parent H,

We don't have thoughts on breaking the adoption. I want to be with them for the

rest of my life. I don't see me ending it even if let's say the oldest truly got violent

or something where we could not handle him at home. He will always be my

child.

Parent J, "I wouldn't give it I wouldn't give it up. And like I said a lot of positive things

have happened. I wouldn't be who I am today if I didn't have to advocate for them."

Parent L related her thoughts on maintaining her children's adoption,

it was almost upsetting to me to know that there was statistical value out

there on people who would adopt children and not keep them. I just couldn't wrap

my head around it. How is it any different than having your own biological child

and then deciding that one day you are walking down the street and that I am not

going to keep this child, we are going to give it away sometime? We apparently

believe in unconditional love.

Parent I did not answer the permanency question as his son was already 18 years old. Earlier in the conversation, he did mention,

He's 18; he'll be 19 in August. And he's still living with us.

He's back with us here. He left for a summer maybe three months. Came back and was with us for a while then his senior year he moved out just before Christmas a year ago Christmas and then he came back this past October and has been there ever since.

The parent's statement gives the impression that even though his adoptive son has become an adult, he will always be a permanent part of the parent's life.

Summary

The emotional challenges faced by kinship parents stemmed from a loss of respect, the loss of trust in other people in their lives, and the loss of future plans. Kinship parent's social challenges arose when a normal life, as compared to societal norms, no longer paralleled the lines of the status quo, subsequently altering the topography of their public and private lives. Participants when asked, if any factors were present that effected their thoughts on maintaining their child's adoption, did not hesitate to acknowledge their unconditional love for their child and that dissolving the adoption was not an option.

The findings to confirm, disconfirm, and extend the knowledge of the discipline through a comparison with peer-reviewed literature from Chapter 2 is addressed in Chapter 5. An analysis and interpretation of the results is viewed through the conceptual framework. A description of the limitations to trustworthiness during the execution of

the study, the recommendations for further research, and the impact for positive social

change is also presented.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to uncover the emotional and social challenges kinship families experienced after adopting a traumatized child and to understand what precludes the parents to dissolve or maintain the child's adoption. After interviewing 12 voluntary participants, I discovered that parents experienced a loss of respect, trust, plans, and a sense of a normal life when raising their adopted child. The parents' subsequent loss of friends, family, activities, and their future plans were eclipsed by their unconditional love for their child. Certain findings confirmed, disconfirmed, and extended the knowledge of kinship adoption that I discussed in the literature review of Chapter 2.

Interpretation

Adoptive parents and adoptive children have been extensively studied (CWIG, 2018). Research has been focused on ethical issues, the lifelong impact of adoption, perspectives of adults who were adopted transracially, developing culturally competent adoption services (CWIG, 2018). The study of kinship placement has grown in recent years as children-focused service workers struggled to find appropriate foster care and eventual adoptive homes for children (Rosenthal & Heger, 2016). During the present study I explored the social and emotional challenges kinship parents experienced after adopting a child with trauma experiences. The kinship children could be considered "special needs" as they met Hill (2012), Hussey et al. (2012) and James (2004) description of children who are older, a part of a sibling group, a minority group, youth

exposed to violence, drugs or alcohol, or a child who has an intellectual, physical, or mental health disability. I used open-ended interview questions with a semistructured approach to discover parents' experiences.

There are significant emotional challenges parents endure as they are raising their adoptive child. To ascertain the challenges it was necessary to gather data illustrating the relationship between the child and their kinship adoptive parents. Using the attachment theory (Bowlby, 1988) and the family systems theory (MacKay, 2012) allowed the creation of relational and family focused interview questions.

The adoption of a child with trauma experiences was a new experience for all of the 12 participants in the current study. The kinship parents involved in the study disconfirmed Kay et al.'s (2010) suggestion that grandparents raising grandchildren were 75% more common or Selwyn and Nandy's (2012) assertion that 34% of kinship caregivers were siblings. The kinship relationships between the children and caregivers in the current study were six aunts, four grandparents, one uncle and one cousin. The adopted children were removed from their biological parents due to maltreatment and neglect (Gleeson et al., 2009). Kinship adoptive parents' decided to adopt to either keep the child out of public foster care system, to maintain the child's safety from the parents, or out of a sense of obligation (Gleeson et al., 2009; Davis-Somers, 2012). Each parent participant experienced some behavioral reaction by their adopted child. The child's behavioral reaction created a disorganized attachment as the parents tried to form a connection the child struggled to reciprocate. This finding disconfirms Winokur, Holtan, and Batchelder (2015) that a decrease in behavioral issues, mental health disorders and

mental health was another point of the stability of kinship care. Parents in this study had difficulty bonding with their children, which was similar to the findings of Grotevant and McDermott (2014), that attachments with children exposed to substances during pregnancy, and who had social and emotional environment deficits, seemed impossible. Even though the parents endured repeated letdown due to the child's actions, their resolve to help their child overshadowed any thought of dissolving their parental status. The findings of this current research study confirm the stability of the adoptive kinship relationship, as related by Hayduk (2017).

Using the Bowen family systems theory to create the interview questions (MacKay, 2012) the answers to the questions uncovered the connection between the parents and the adoptive child. As one parent bonded more securely with their adopted child, the other parent acted as support or presented additional tension to the already stressed environment (Mackay, 2012). With each participant, the process to enmesh as explained in the Bowen family systems theory (MacKay, 2012), may have enhanced the focus on the child's reactions yet the detailed explanation of the parent's experience overshadowed any implied exaggeration resulting from their undifferentiation (MacKay, 2012). Parents who had raised their biological children were not necessarily equipped to deal with the trauma reactions of their adopted child.

Emotional Challenges of Loss

Of the emotional challenges adoptive parents faced, all 12 participants stated that they had lost respect, trust, and their plans for the future.

Respect

Respect is usually something that a person gains as they protect, provide, or become relied upon (Dixon, Graber, & Brooks-Gunn, 2008). In the case of the 12 participants, they expected that they would earn the respect of their adopted child as the child realized their new parent was offering a safe place to live, financial and emotional support, and an adult that they could rely upon when other adults had failed them in the past. What the kinship parents did not understand was their children had not been offered the same conditions at birth as in Bowlby's (1988) description of a healthy mother-infant attachment relationship. Consequently, from an extremely young age, the child was forced to unconsciously adapt their way of giving and receiving certain responses in order to survive in his or her emotionally bereft surroundings (Cohen, Mannarino, Deblinger, 2006).

The effects of the child's adaptation resulted in chaotic responses to normal experiences such that an adoptive parent's clean home, house rules, expectations of proper behavior are met with the child's inability to understand what is expected. In Shukla et al. (2016) study the researchers related that the internal and external behaviors displayed by children could be the impact of the trauma they experienced when brought up in abusive environments. Such was the case presented to most of the participating parents in this study as their child lied, stole, destroyed their home, hoarded food, swore without mercy and presented the parent with misguided feelings of failure. Leung and Erich (2002) found that a child's low score of behavioral problems increased the family's ability to function at a higher degree.

Trust

The emotional challenges regarding the trust placed in family relationships wore away some of the emotional endurance many of the adoptive parents thought they had. Bowen's family systems theory explains the action and reaction of family members to other family members' behavior (MacKay, 2012). When faced with the unexpected behavior of their adopted child an increase of the kinship parent's anxiety perpetuated anger and disbelief of the offending child's actions giving credibility to Bowen's theory. Confirming Rowe's (2013) findings, as families changed the relational terminology to depict the child's new relationship with their biological mother's mother, animosity toward the kinship parents grew. Subsequently, the parents' perspective of what they could count on resulted in disappointment and sadness.

Plans

The majority of kinship relatives briefly hesitated when approached to take over the care of their relation's child. Though their sense of obligation surpassed any hesitation the kinship parents had resulting in their acceptance of the child (Gleeson et al., 2009, Davis-Sowers, 2012). Many parents discussed how plans changed and new plans emerged. Yet the loss of plans transcends what their initial loss considered as the adoptive parents also lost the plans to create a happy, socially acceptable environment and family for the child to grow up in. Children raised in a trauma filled environment have difficulty transitioning into an average family, as many of the adoptive parents related their experience over the years (Cohen et al., 2004). The adoptive family needed

to receive the necessary support services to teach them how to work with a traumatized child.

Social Challenges of Loss

The social challenges related to becoming an adoptive kinship parent were surprising for many parents. The majority of parents, having had biological children before they adopted, were seasoned to the developmental, educational, and legal aspects of raising a child. The parents were knowledgeable and had certain expectations as to how the next few years would proceed. Social challenges arose when educators, doctors, judges, and police were not trauma-informed, their reactions to the child's behavior caused parents to become upset over their punitive treatment.

Kinship parents believed their adopted child would transition into their new school similarly to how they adapted when changing schools to move to the next grade. Yet, with little forewarning their child hit another child or swore at a teacher. Parents found they had the school principal on speed dial as a call from the school was a regular occurrence. New terms and procedures were introduced as the parent met with teachers, social workers, and psychologists to put together an Individual Educational Plan (IEP) for their son or daughter. Very few parents could say the experience was positive or encouraging.

Odd behaviors appeared, such as one daughter chewing and leaving bite marks on furniture. The struggle to sleep and an issue related to waking up her biological mother found one young girl regularly turning on and off the hall way light in her adoptive parents home during the night. Parents sought out professionals to explain why their

children were acting in such a strange manner, only to be told their child was seeking attention. In a normal situation, such odd behavior might appear to be a way a child would attract attention. If the professional was trauma-informed they could suggest someone who specialized in trauma reactions exhibited by children as a method to cope.

As the child grew the behaviors and acting out became more alarming to a few parents. Kinship families underutilize adoption and family services (Liao & White, 2014). This research study found kinship adoptive parents had little contact with post-adoption resources due to service availability in their area. Burke, Schlueter, Vandercoy, and Authier (2015) findings as to why parents did not request mental health and post-adoption services until years later could account for kinship parents not recognizing troubled behavior until the child's age made it difficult to manage. Some of the support services the kinship parents found helpful, but the unattainable support the parents considered necessary could have been offered as these provisions were not overly ambitious for the service area. The parents contacted the police to protect them and guide them to alternative measures to defuse violent situations. Unfortunately, instead of support, some parents related their embarrassment and naivety of how the judicial system worked criticizing themselves for not knowing how to control their child's behavior without paying the steep legal fees for ineffective services.

Further embarrassment and humiliation was experienced when their adopted child's behavior did not conform to societal norms. The kinship parents found that friends and family pulled away because of parenting styles, changes in activities, and disruptions of familial relationships (Rowe, 2013). The adoptive parents felt a loss of what had been

a familiar way of life in an effort to do something altruistic for a child. Some parents explained their efforts to create their own, "village" made up of support people and friends to fill the void. Few of the parents were successful. In the Upper Peninsula and Northern Michigan the lack of services made parents feel isolated and alone.

Continuation of the Adoption

When inquiring into the stability of the kinship adoptions and the adoptive parents' perspective on the continuation or dissolution of the adoption, I expected direct answers not the participant's perplexed utterances. Despite the emotional and social challenges the parents encountered, they never considered giving up their child. For these parents, the attachment with their child was complete and they would continue to offer their unconditional love until they died.

Limitations of the Study

The limitation of transferability of the results could be due to the selection of Northern and Upper Peninsula of Michigan kinship adoptive parents. The rural communities, Northern climate, and scarcity of resources influence how subsequent findings compare to this study's findings. Living in Northern Michigan at least six months are cold and often have snowy weather. Residents often awake early to shovel a night's worth of snow off their driveway to remove their car from the garage. Few new residents move to the northern or upper peninsula of Michigan due to the hazardous conditions (per conversations with acquaintances). As a result, the fewer people in an area the less availability of services due to a decrease in a tax base representative of property ownership. Rural towns create a familiarity amongst its residents often

promoting reservations of welcoming new comers be it organizations or people,

perpetuating a smaller infrastructure (personal experience). The rural environment

involves distance between neighboring towns generating diminished attendance to

activities. Add to the distance to activities, a lack of public transportation, and acclimate

weather, presenting possible participants with information regarding the study was

difficult. Every avenue of contact with the populations of the area had to be considered.

Activities that the majority of families would attend were contacted. Hundreds of letters,

emails and phone calls were made to libraries, school district superintendents, mental

health agencies, adoption agencies, community service agencies, churches of all

denominations, and the State of Michigan Department of Health and Human services of

each county or counties. After the initial contact with providers many were willing to

place a flyer on their respective public bulletin boards, yet only 12 participants of the 15

who contacted me were eligible to participate.

 The use of my 30 interview questions could have prevented honest answers to my

research questions. Plus, the length of time of the interviews between 35 minutes to over

two hours may have discouraged participants from informing others of the study.

 The transcription process did lend to verified verbatim accounts expressed by the

participants actualizing my choice of coding, presentation of interview synopses and the

procedural description all of which could support other researcher's findings. Although

due to the small percentage of participants compared to the magnitude of the referenced

area, the results might not be comparable to other densely populated regions.

The self-selection process used to acquire participants could have limited the type of information contributed. Parents who did dissolve their kin's adoption may have felt ashamed to share their stories limiting the accounts to participants who did not sever the union.

Recommendations

As I spoke with kinship adoptive families, the process to become an adoptive parent was tempered with frustration. The system inadvertently forces the family to become foster care parents to secure financial assistance to afford transporting the children for court dates, parent visitation, and mental health and medical appointments. In conjunction, the biological parents are given ample chances to rectify their neglectful ways with somewhat dismal results. Kinship parents were disgusted by the lengths service agencies went to bolster the biological parent's ability to create a meaningful relationship with their child only to result in minimal positive outcomes. All the while, the children who have endured tremendous amounts of trauma are pushed to behave in the foster care setting, in school, at appointments, and in court. As one parent expressed, "the system does not protect the child."

Therefore, additional research on the percentage of successful reunification cases when the parent is addicted to drugs or alcohol could prevent the overuse of resources on uncooperative parents and be put to better use to benefit the child.

In addition, a volunteer organization Court Appointed Special Advocates (CASA) for children, was instrumental in some of the court proceedings. It is the discretion of the judge if CASA will become involved in particular cases. CASA volunteers are

"appointed by judges to advocate for the best interests of abused and neglected children in court and other settings. The primary responsibilities of a CASA volunteer are to: Gather information: Review documents and records, interview the children, family members and professionals in their lives" (Court Appointed Special Advocates, 2018). The use of CASA in all court proceedings involving the welfare of a child could possibly prevent children being returned to parents prematurely.

The lingering effects of maltreatment, neglect and abuse subject a child to adapt to survive (Cohen, Mannarino, & Deblinger, 2006). Teaching parents and treating children through a lens of trauma-informed therapy assures a collective understanding of a child's reactive behavior. This adaptation to survive was witnessed by many of the kinship parents when their children knew how to behave in social settings even though their behavior at home could be atrocious. A few kinship parents who were taught trauma awareness approached school officials recommending they read about trauma and how it effects children. Two parents in particular advocated that school personnel read "Helping Billy: A beyond consequences approach to helping challenging children in the classroom," by Heather T. Forbes. Service providers, court officials, State officials, school personnel and anyone working with children would be well advised to become familiar with trauma-formed care before making permanent decisions involving the future of a child.

Positive Social Change

The majority of parent participants positively condoned trauma-informed training with the need for continued availability. As more adoptive, foster or guardianship

parents, educators, medical professionals, and other children support services better understand what transpires when a child is traumatized, additional treatment practices may come to light to decrease or eliminate the trauma effects.

This study found that kinship families have issues which could be treated within a group setting. Instead of treating each family or child individually, a treatment method would engage caregiving families to provide support, respite, and advice to one another. The meeting could follow the constructs of trauma-focused cognitive behavioral therapy and multi-family psycho-educational groups (Cohen et al., 2004; Dixon et al., 2001). In conjunction, a separate, but an equally important group would provide traumatized youth an opportunity to share their feelings, misunderstandings, guilt, and shame through similar trauma-focused psycho-educational meetings.

The continuity of the caregiver group would work to understand the challenges children face while they lived in different traumatic situations. The symptomology of trauma and helpful information on how to navigate the negative behaviors provide additional insight for caregivers, to help the struggling child. Caregivers, in turn, would help each other by extending additional support by offering babysitting, an open ear to talk with after an exhaustive emotional night, or in finding a new friend who enjoys similar hobbies.

The purpose behind the psycho-educational groups was the promotion of social networks in the community outside of an agency atmosphere. If implemented, this new treatment method through a trauma psycho-educational group, second families and their children might find it easier to hope, cope, and heal.

In addition, further investigation into the benefits of trauma-informed practices could apprise future generations in influential positions the treatment requirements associated with many types of trauma exposure. The outcome may offer proactive initiatives that actively increase societies mental health and avert tragic reactions associated with trauma.

The implication for social change is the decrease in dissolution rates of the adoptive relationship, thereby creating permanency outcomes in the lives of the children and creating a system of care that is proactive to societal needs and influential in providing for future generations.

The lens of loss was initiated by me to describe my sense of all that the parents gave up or lost in the process of adopting a kinship child. Though this sense of loss for most of the parents was profound their attachment to their child was complete. The theory of attachment and loss (Bowlby, 1988) explains the reasons children may not attach to a caregiver. The same cannot be said for the adoptive parents in my study. It seemed the process of adopting the child was a symbolic process of giving birth creating a sense of connection for the parent. In every case the adoptive parents would make themselves available for their child regardless of the situation.

Conclusion

Adoptive kinship families are committed to the children they bring into their homes. For these parents to be successful, the resources and services need to align and be available otherwise the benefits of placing a child in a better environment will not have the intended results.

Throughout the process of connecting with kinship adoptive parents the majority wished they had been provided background information on the child's parents and family including all medical, substance use and mental health histories. Similarly, parents felt insight into their child's rituals and needs could have saved them time better spent attending to other significant events relating to their child.

Adopting a child is life changing and eye opening. For parents who adopt from the public foster care system the outcome is dependent on learning about the child's circumstances and demanding education on the effects of trauma. As most of the parents in this study voiced the more trauma aware you are the better equipped you will be to react appropriately with a strong foundation guiding your decisions. Note that this group of parents would not change their decision to adopt, in fact quite the contrary, regardless if the challenges seemed insurmountable.

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Appendix B: Eligibility Questionnaire

Project Title: A Phenomenological Study on the Challenges Experienced by Kinship Adopters

The following information will be used to complete the dissertation research study as partial fulfillment of the requirements for the PhD degree at Walden University.

Note: The informed consent form should be read and discussed between the researcher and the prospective participant. Once the consent form is read, ask the prospective participant if they would like to proceed with the study. To continue with the research study, the prospective participant will need to meet eligibility. Once eligibility is determined the participants will decide on a meeting time and location. At the designated location and time, the participants will sign the informed consent form prior to the continuation of the study. A copy of the form will be given to each participating participant.

- Kinship Family- Single parents or two parent households who have adopted a relative child from the foster care system with in the past 10 years. Would this definition describe your situation?

  (If no, thank the parents for their participation and end the screening)

To ensure the voluntary nature and the emotional, physical and social safety of each prospective participant during this research study, I will need to ask the following questions:

- Are you 18 years of age or older?

- Do you speak, read, and understand the English language?

Do you currently live in Northern Michigan (circle) (Charlevoix, Cheboygan, Emmet, Presque Isle Counties) or the Upper Peninsula of Michigan (circle) (Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft Counties)?

- Have you adopted a relative-child within the past 10 years?

- Was this child neglected, maltreated, or traumatized while living with his or her biological parents?

- Was the child placed into foster care prior to the adoption?

Thank the parent for their participation in the eligibility questionnaire. Ask if they would like to participate in the research study. The answer to this question will determine the continuation of their participation in the study.

Appendix C: Demographic Information

(Filled in by Researcher)

Name(optional):_____Age(optional):_____

(*The following information is used to deliver the final results of the study. This information is voluntary and has no bearing on your participation*):

Address:_____

City, State & Zip Codes_____

Phone#:_____ Email Address:_____

_____

Race/Ethnic Background: _____

Number of Children:

(Number of biological:___ Number of adopted: _____Number of kinship adopted: ____)

Age & Gender of Children (Please use the other side if more than 4 children).

1. Age ____Sex ____Highest grade completed____

2. Age ____Sex ____Highest grade completed____

3. Age ____Sex ____Highest grade completed____

4. Age ____Sex ____Highest grade completed____

Marital Status of Parent: Married _____Separated ____Divorced ___Widowed

_____Single (never married) _____

Highest Level of Education Completed by Parent:

_____ 11th grade

_____ High School Graduate/GED

_____ College Degree (Assoc./BS/BA) Major: _____

_____ Graduate Degree (MA/MS/MSW) Major: _____

_____ Advanced Grad Degree (Ph. D., etc.) Field: _____

Profession (Current Occupation) of Parent:

_____

Appendix D: Interview Guide

A Phenomenological Study on the Challenges Experienced by Kinship Adopters

Introduction: My name is _____ with participant (assigned #) on (date). I am going to ask you questions regarding the social and emotional challenges you experienced after adopting your relative. Please note there are no right or wrong answers. This is your time to give voice to your experiences and your opinions as a kinship adopter. Substitute the name of the adopted child's name in place of the words "the child" or "adopted child".

Initial reactions of participant.
1. When did you first find out about your relative's child?
2. Who contacted you about the child's circumstances?
3. Tell me about your relationship with this relative and with this child prior to being contacted by _____?
4. Explain to me the worker's description of the child, and the situation which caused her or him to contact you?
5. What was your impression about the circumstances the child was living in?
6. How did the child react when he or she first met you?
7. How did you react when first meeting the child?
8. How many times did you have the child at your house prior to the adoption being finalized?

Stability of the child
9. Tell me about the child's behavior at the beginning of the relationship and since that time? Please explain any types of behavior?
10. Tell me about the child's behavior at night? Please explain any types of behavior.
11. Tell me about the different types of experiences you have had with the child. Anything more positive or more negative than other types of experiences?

Effects on the immediate family members (Family system theory)
12. What are the effects on your immediate family members? (arguments, family members walking away, slamming doors).
13. What are the effects of not being the child's biological parents/family?
14. What are the reactions of your family to the child's emotional, behavioral or verbal reactions?
15. Tell me about any concerns you have for your biological children in relationship to your adopted child.
16. What types of pets do you own?
17. What was the child's reactions to the pet(s)?
18. Have your pet's behaviors changed?

Ask participant if they would like to take a break? Tell them how much longer it may take. (More than half way through questions).

Attachment (Theory)

19. How would you describe the child's stability or adjustment to their new surroundings?
20. What types of emotional, behavioral or verbal symptoms have you recognized in your adopted child?
21. What types of attachment issues have your encountered as a result of these symptoms?
22. Tell about the child's different reactions and how they impact your emotional stability?

Social

23. How has the child's adoption altered your social activities with friends and family?
24. How often have you had to cancel an activity due to your child's emotional, behavioral or verbal reactions?
25. Explain if your children have had any changes in relationships with friends due to the reactions exhibited by your adopted child?
26. Explain how the child's reactions impact your social relationships and activities (clubs, organizations, associations)?

Permanency

27. What are your thoughts on your ability to maintain your child's adoption?
28. Knowing what you do now, what types of training or support could have helped with both your transition and the child's adjustment from the caregiver(s) to your home?

Services and Supports

29. If you had woken up and the perfect solution to all your adoption problems was found, how would you know? What would be different?

At the end of the formal questions:

30. Is there anything you would like to add before we close the interview?

Thank you.