Chapter 49
When the System Fails: Challenges of Child Trauma on Adoptive Families' Social and Emotional System

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ABSTRACT

Guided by the lens of psychodynamic theory, Ford (2015) investigated the challenges faced by adoptive families of traumatized children. Fifteen families were randomly selected to participate in this study from a group of 30 parents who adopted traumatized children in Arizona. Thematic categories were drawn and summarized. Textual descriptions evolved from the thematic groups acknowledging their experiences and how these lived experiences guided their decision to adopt a traumatized child. Verification techniques, data mining, journaling, clustering, brainstorming, and peer reviews were used to ensure the quality of data. Emergent themes emphasized the need for adoption-focused training specific to traumatized children. Ford's (2015) study revealed that these adoptive families desired to be equipped with specialized therapeutic training before and after their adoptions.

INTRODUCTION

Adoption in the United States has become one of the most instrumental tools to alleviate the increasing number of children raised within the public welfare system. Adoption has an impact on everyone involved, and there are many benefits to adoption (Child Welfare Information Gateway, 2012). The benefits resulting from adoption tend to vary. The child perceives a sense of hope, love, and a sense of belonging and a place to call home (Child Welfare Information Gateway, 2012). The adopting parents view adoption as a solution (i.e., solution for their inability to bear a child or the desire to help a child). The community's perception of the adoptive family differs (Wegar, 2000). Adoption causes a reduction in homelessness, teenage pregnancy, addiction, criminal behavior, and suicide (World Association for Children & Parents, 2012). Therefore, adoption affects everyone involved.

The effects of adoption tend to change after its finalization (Child Welfare Information Gateway, 2013). Support, services, and resources that once existed are no longer available to the newly adoptive

DOI: 10.4018/978-1-5225-1674-3.ch049

parent. Adoptive families struggle to find the necessary resources needed in raising their newly adopted child. Meyers (2011) suggested that sometimes adoptive parents are unable to meet their child's needs because they are too damaged. Post (2013) suggested that prior adoptive trauma has a negative effect on the adoptive family while they are attempting to create an ideal and harmonious family unit. Although prior adoptive trauma can affect the parents' ability to establish permanency for the traumatized child, researchers have addressed ways to train and equip adoptive parents in meeting this challenge.

Ford's goal was to understand the challenges faced by the adoptive families in order to empower them in finding solutions to help the child in bonding within the new family unit. With the increasing number of children exposed to traumatic experiences, finding more effective strategies to support the adoptive family is imperative (Child Welfare, 2012; James, 1994).

Adoptive families agree that emergency foster placement is necessary; however, they perceive the necessity of finding a permanent home outweighs temporary placement. According to the U.S. Department of Human Health Services (2013), 94,626 of the 400,540 children were adopted from the public welfare system. The permanency placement of some children was not always successful (Child Welfare, 2010; Festinger & Maza, 2001; McDonald, Propp, & Murphy, 2001; Ruggiero, 2010). The urgency for placement cannot outweigh permanency. More emphasis must be placed on adoption (Mapes, 2012; McDonald et al., 2001; Smith, 2010). Preservation of the adoptive family can occur when placement supports exist (Forbes, 2008; Mapes, 2012; Smith, 2010). Barriers exist among professionals who provide direct and indirect services (e.g., therapy, support, and subsidy) to adoptive families (Casey Family Services, 2003b; Mapes, 2012; Smith, 2010). These barriers continue to challenge the successful adoption of traumatized children. When any serious disturbance and trauma exist within the nucleus of the family, the child may suffer from attachment issues to the adoptive parent (James, 1994; Pickert & Shuster, 2012).

The risk of adoption failure has increased among adoptive families of traumatized children (Brodzinsky, 1992; Casey Family Services, 2003b). Agency adoption failure can occur before or after it is legally finalized. Meyers (2011) revealed that disrupted adoption occurs before the adoption is legally finalized. The rate of "disruption is 10% to 20%" (Meyers, 2011, p.83). Dissolution occurs after the child has been legally adopted. The approximate "dissolution rate is 1% to 10% "(Meyers, 2011, p.83). In both cases, failure occurs, and the child is returned to the public welfare system (Brodzinsky, Smith, & Brodzinsky, 1998; Grotevant & McDermott, 2014; M. A. Baker, personal communication, August 15, 2013; Mapes, 2012; Meyers, 2011; Smith, 2010; Wilke-Deaton, 2005). Such results could be due to the lack of services and resources readily available in meeting the adoptive family's needs (McDonald, 2001). A lack of supportive services may impede successful adoption outcomes (Child Welfare, 2013; Mapes, 2012; McDonald, 2001; Pickert, 2010). Adoption permanency of traumatized children is the least studied by researchers (Brodzinsky, 1992; McCormick, 1991; McDonald, 2001; Pickert, 2010). In order to address the factors associated with thriving post adoptive experience, more research is required in cultivating healthy relationship among adoptive families. James (1994) suggested that many adoptive parents do not understand what it takes to care for the traumatized child. It takes more than the will to survive and thrive in challenging adoptions. James noted that, as the fetus must be in the womb to survive, so must a child have human attachment relations in which to develop, feel protected, nurtured, and become a productive human. Healthy human attachment develops as the child's circle of security grows through the trust with their new primary care giver. As the relationship develops, the child can master this developmental stage.