Critical Phases Among Adoptees and Their Families: Implications for Therapy

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ABSTRACT: A growing body of literature indicates that families with adopted children seek mental health care for the adoptive and other family members more frequently and for different reasons than biologically-bound families. This paper addresses the struggles and corrective strategies for adoptive families at various levels of their development.

Introduction

Each year increasing numbers of children are adopted. In 1987, there will be 125,000 children free for adoption (Grabe, 1986). Another 300,000 to 500,000 children will be in foster care or other out-of-home care (Children’s Defense Fund, 1978). Step-parent adoptions will account for another 100,000 adoptions (National Center for Social Statistics, 1975). Furthermore, Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, charged social services agencies to attempt to place older and special needs foster children into permanent homes. The increasing numbers and types of adoptions has led to greater concern among social service professionals and potential adopting families to learn about the adjustments of adoptive children and their families.

Although the literature about the adjustment needs of the adoptee and his or her family is not extensive, the data available clearly indicate that adjustment to adoption can be highly taxing both emotionally and behaviorally for the adopted child and family. Under the most ideal circumstances, the adopted child will experience personal...
stresses as he or she moves toward integration of the adoptive status. The special adjustment problems of this population are indicated by several sets of data. Firstly, the results of several studies conducted at mental health facilities point to special adjustment needs of the population. Adopted children constitute one percent of the total population of children, but 4.6 percent of the population of children hospitalized in intake health facilities. Of those adoptive families receiving help, treatment was reported as highly successful in 72 percent of the cases, moderately successful in 16 percent, and unsuccessful in 12 percent of the referrals (Kadushin, 1980). Weiss (1984) compared the relationship of adoptive and biological children to their parents upon admissions to a psychiatric hospital. He reported that there were more stresses in the adoptive parent-child relationship, as indicated by the number of voluntary visits to the hospital (although, clearly, the number of visits is not an extensive measure of the family dynamics). Contextual situational factors such as preplacement existence of substance abuse, genetic and mental health history, prenatal care, and family dynamics contribute to infant-adopted adolescents' placement in residential placement and more severe emotional disturbances (McRoy, Grotevant & Zurcher, 1988).

Another index of the difficult nature of adoption is the disruption rate; that is, the percent of cases in which the adopted child is removed from the home and the legal adoption is dissolved. Between the years of 1965 to 1970, the disruption rate was 3.1 percent. In the period of 1968 to 1977, the rate was 10.6 percent (Kadushin, 1980). These figures are not directly comparable, as increasing numbers of older children and severely abused and neglected youths have been placed in adoptive homes in recent years. In another study, the disruption rate of 735 developmentally disabled in the United States and Canada was evaluated. Overall disruption rate was 8.7 percent. If the child was adopted by the foster parents, the rate dropped to 4.4 percent. The age at time of adoption clearly effects disruption rate. The adoption of developmentally delayed children under the age of seven disrupted at the rate of 3.3 percent while similar adoptees ages eight and older disrupted at a rate of 17.7 percent (Coyne & Brown, 1985). Under the Federal and State funding limits for child welfare services, post placement work appears to be on a decline. A trend in direct contrast to work on disruptions which indicates the need for intensive adoption preservation, particularly with special needs children (Barth & Berry, 1988). Thus, in the future it appears that the disruption rate will continue to rise due to the older ages and special needs of the adoptive children and lack of follow-up service.