

MESTRADO EM PSICOLOGIA
PSICOLOGIA CLÍNICA E DA SAÚDE

Adoptee- and Adopter-related Predictors of Adoption (In)Stability

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2022



Universidade do Porto
Faculdade de Psicologia e Ciências da Educação

**ADOPTEE- AND ADOPTER-RELATED PREDICTORS OF ADOPTION
(IN)STABILITY**

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Outubro, 2022

Dissertação apresentada no Mestrado em Psicologia, Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto, sob orientação da Professora Doutora *Maria Barbosa Ducharne* (FPCEUP) e coorientação da Doutora *Joana Lara Soares* (FPCEUP).

AVISOS LEGAIS

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O presente estudo insere-se num projeto mais alargado, denominado *AdoPt – Follow-up em Pós-Adoção: Capacidades, Dificuldades e Necessidades de Famílias Adotivas Portuguesas*, que está a ser desenvolvido pela Faculdade de Psicologia e de Ciências da Universidade do Porto (FPCEUP), em parceria com o Instituto Superior de Ciências do Trabalho e da Empresa-Instituto Universitário de Lisboa (ISCTE-IUL). Maria Barbosa-Ducharne é a investigadora responsável e Joana Lara Soares a co-investigadora responsável. O AdoPt pretende acompanhar famílias adotivas, para conhecer as suas vivências de pós-adoção, bem como, identificar e responder às suas necessidades e dificuldades, de forma a promover o desenvolvimento de serviços de pós-adoção adequados e eficazes. Para alcançar estes objetivos, o projeto visa, ainda, acompanhar e partilhar resultados com profissionais de adoção, tendo sido estabelecido um protocolo de colaboração com o Instituto de Segurança Social, Instituto Público (ISSIP), Instituto de Segurança Social dos Açores (ISSA, IPRA), Instituto da Segurança Social da Região Autónoma da Madeira (ISS, RAM) e Santa Casa da Misericórdia de Lisboa. Em colaboração com a Microsoft, a equipa de investigação desenvolveu uma plataforma online – *myAdoPt* - com o intuito de estabelecer um sistema de monitorização e de apoio em adoção para famílias e profissionais. O projeto AdoPt, financiado pela Fundação para a Ciência e a Tecnologia (FCT; PTDC/SOC-ASO/4158/2020), foi aprovado pela Comissão de Ética da Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto (Ref.^a 2021/04-06) e é acompanhado pela Unidade de Proteção de Dados da Universidade do Porto.

Durante os anos letivos de 2020/2021 e 2021/2022, colaborei na concretização de algumas atividades do AdoPt, nomeadamente, na tradução de instrumentos, no desenvolvimento de questionários para a plataforma, na preparação de bases de dados e na elaboração de materiais informativos e de apoio para pais adotivos. A presente dissertação segue as normas do Regulamento do Ciclo de Estudos Conducente ao Grau de Mestre em Psicologia, n.º 441/2022 da Universidade do Porto e é apresentada em formato de artigo em língua inglesa, a fim de avançar para futura publicação numa revista com revisão de pares.

Agradecimentos

À minha orientadora, Professora Doutora Maria Barbosa-Ducharne, por tudo o que me ensinou e por ter confiado em mim! Obrigada por todo o seu carinho e por todas as oportunidades que me tem proporcionado!

À minha coorientadora, Doutora Joana Lara Soares, por me ter apoiado sempre e por me ter acalmado nos momentos de maior ansiedade! Obrigada por acreditar tanto em mim!

À minha família, por me apoiar incondicionalmente e por me ajudar a ser mais forte! Obrigada por todo o vosso amor!

Ao Vicente, por nunca me ter deixado desistir! Obrigada por me animares nos dias mais difíceis e por estares sempre ao meu lado!

Às minhas colegas de faculdade, que se tornaram amigas para a vida!

Por fim, a todas as famílias que participaram no AdoPt e partilharam as suas vivências de pós-adoção, tornando este trabalho possível!

Resumo

O presente estudo pretende colmatar a lacuna de investigação relativa à instabilidade de adoção, explorando as experiências pós-adoção das famílias adotivas portuguesas. Os objetivos específicos são: (a) estudar dificuldades de pós-adoção; (b) identificar um indicador de instabilidade da adoção; (c) explorar correlações entre variáveis de instabilidade, das crianças adotadas e dos adotantes; e (d) explorar preditores de instabilidade. No estudo, participaram 95 adotantes, que permitiram recolher dados sobre 95 crianças adotadas. Foram realizadas análises descritivas, correlações e regressões hierárquicas. Os resultados indicaram uma baixa incidência de dificuldades, com algumas situações específicas de nível mais elevado de dificuldade. O indicador de instabilidade proposto, que compreendia três medidas – dificuldades objetivas, dificuldades subjetivas e compromisso do adotante – demonstrou resultados promissores. Embora alguns resultados das correlações e regressões tenham divergido de investigação anterior, a maioria mostrou-se consistente com a literatura. Em termos de fatores relacionados com a criança adotada, a idade avançada, idade avançada no momento da adoção e os problemas emocionais e comportamentais emergiram como preditores significativos de instabilidade de adoção. Em relação aos adotantes, a autoeficácia parental revelou-se um fator protetor significativo, enquanto a depressão e o apoio especializado surgiram como fatores de risco. Estes resultados fornecem dados relevantes sobre as vivências pós-adoção das famílias e sugerem implicações práticas e de investigação importantes, nomeadamente, quanto ao apoio pós-adoção. Este estudo confirmou a falta de suporte formal e informal recebido pelas famílias adotivas em Portugal, o que enfatiza a urgente necessidade de implementar serviços de apoio pós-adoção acessíveis, adequados e devidamente especializados.

Palavras-chave: instabilidade pós-adoção, dificuldades de adoção, famílias adotivas, fatores de proteção e de risco

Abstract

The present study aims to address the research gap regarding adoption instability by exploring Portuguese adoptive families' postadoption experiences. The specific goals are to: (a) study postadoption difficulties; (b) identify an indicator of adoption instability; (c) explore correlations among instability, adoptee-, and adopter-related variables; and (d) explore predictors of instability. A total of 95 adopters participated in the study, allowing for data on 95 adoptees. Descriptive, correlation, and hierarchical regression analyses were performed. Results indicated a low incidence of adoption difficulties, with some specific situations representing a higher difficulty level than others. The proposed adoption instability indicator, which comprised three measures – objective strain, subjective strain, and adopter commitment – revealed promising outcomes. Although some correlation and regression results diverged from previous research, most were consistent with the literature. In terms of adoptee-related factors, older age, older age at adoption placement, and behavioral and emotional problems emerged as significant predictors of adoption instability. With respect to adopters, parental self-efficacy was a significant protective factor, while depression and specialized support were identified as risk factors for adoption instability. These findings provide relevant data concerning families' postadoption pathways and suggest important research and implications for practice, namely, on postadoption support. This study confirmed the lack of the formal and informal support received by adoptive families in Portugal, emphasizing the urgent need to implement accessible, adequate, and duly specialized postadoption support services.

Keywords: postadoption instability, adoption difficulties, adoptive families, risk and protective factors

Adoptee- and Adopter-related Predictors of Adoption (In)Stability

Over the last decades, adoption has been changing worldwide, pertaining to more and more special needs children with a past of adversity (Festinger, 2014; Palacios, 2020; Palacios, Rolock, et al., 2019; Smith, 2014). These children's specific features include being older at adoption placement, displaying disabilities or impairments, emotional and behavioral problems, being adopted with siblings, and coming from ethnic minority backgrounds (Festinger, 2014; Marinho et al., 2012; Palacios, 2014). In Portugal, in 2020, 43% children awaiting an adoptive placement were 10 or more years old, 32% presented disabilities, 27% had severe health problems, and approximately 26% belonged to sibling groups (Instituto da Segurança Social, Instituto Público [ISSIP], 2021a).

Because of current adoption specificities, adoptive families face more complex difficulties and challenges, which can create instability in the adoption relationship (Atkinson, 2020; Brodzinsky, 2008, 2013; Goodwin et al., 2020; Palacios, 2012, 2020; Smith, 2014). Instability may arise early in the adoptive family life span but tends to increase over time (Canzi et al., 2019; Palacios, 2020; Paniagua, Palacios, & Jimenez-Morago, 2019). According to Brodzinsky and Smith (2019), adoption (in)stability is linked to the concept of permanence, which includes three different means altogether involved in an adoption placement. Legal permanence refers to the definitive change of filiation from the birth family to the adoptive one. Residential permanence corresponds to the stability of the placement and underlines the continuity of care in a particular home. Finally, psychological or relational permanence emphasizes the importance of establishing strong attachments and ensuring the adoptee's nurturing care, safety, trust, and sense of belonging. Thereby, as explained by Palacios (2020), adoptive families may experience different instability scenarios, where: (a) relational problems emerge, but residential and legal permanence is assured; (b) residential permanence is temporarily interrupted foreseeing possible later reunification; or (c) relational and residential permanence is interrupted and only the legal status remains unchanged.

Despite the lack of scientific evidence on postadoption difficulties experienced by Portuguese adoptive families, recent official statistics point to the need for support. In 2020, 81 families asked the adoption services for postadoption help, namely, in the search for origins (ISSIP, 2021a). Furthermore, official data (Conselho Nacional para a Adoção [CNA], 2021) on the reasons leading to adoption disruption indicate that adopters revealed difficulties related to their adaptation to the child and the new family reality, their understanding of the adoptees' behavior and needs, their management of rejection feelings,

and emotional involvement. Moreover, adopters showed a lack of resilience, commitment, and flexibility, as well as unrealistic expectations (CNA, 2021). Adoptees displayed difficulties in building affective bonds with the adoptive family due to previous losses, which were possibly associated with unsolved grieving processes, compromising their willingness to engage in new relationships (CNA, 2021). It is worth noting that, in Portugal, there are still no postadoption services available in the community. The right to postadoption support was legally stated in 2015 (Adoption Law, 2015). To be provided with such support, adoptive families must contact agencies and request it, since a postadoption follow-up is not assured. Therefore, a more or less extended period may elapse between the legal adoption finalization and the moment families actually seek help. Considering the need to understand Portuguese families' postadoption experiences, the first aim of the present study is to explore the incidence and kind of postplacement difficulties of the adoptive family at different points/periods in the family life cycle.

The adoptive families' needs, and challenges may increase the risk of instability or even breakdown (Coakley & Berrick, 2007; Festinger, 2014; Palacios, Adroher, et al., 2019). Previous research has focused more on analyzing extreme situations of instability rather than cases of risk where some permanence is maintained (Palacios, 2020). Barbosa-Ducharme and Marinho (2019) found that from 2006 to 2009, in Portugal, one out of 17 adoptions broke down before the legal finalization, accounting for a disruption rate of 5.8%. Recent statistics indicate that, in 2020, 6% children placed in a Portuguese adoptive family experienced a placement interruption prior to legal finalization (CNA, 2021). Although in Portugal, adoption is irrevocable, additional data of the same year point out that 17% children aged 6-11 and 4% children aged 12 and older re-entered the child protection system both previous to and after the adoption legal finalization (ISSIP, 2021b).

Research has also shown that the available statistics underestimate reality and that only the most severe cases are reported (Palacios, 2020; Palacios, Rolock, et al., 2019; Rosnati et al., 2017). Therefore, breakdown rates are probably higher. Furthermore, it is important to remember that adoption breakdown solely identifies the most radical alternative of instability (Palacios, Rolock et al., 2019; Smith, 2014). Adoptive family dynamics are not binarily divided between success and failure but are, instead, characterized by a continuum ranging from stability to instability that encloses situations of lesser or greater difficulty (Palacios, 2020; Palacios et al., 2017). Nevertheless, research has not yet found an indicator of adoption instability that shows all the complexity of the stability-instability continuum. The current study aims at finding such an indicator.

Adoption instability has devastating consequences for children and families (Brodzinsky & Smith, 2019; Festinger, 2014; Goodwin & Madden, 2020; Lyttle et al., 2021; Smith, 2014). As stated by Harris-Walter et al. (2016), adoptive parents may experience significantly more stress, since they face greater difficulties with their children. The challenges encountered can affect their psychological well-being and family relationships (Brodzinsky, 2013). Regarding the adoptees, the literature has evidenced that their adjustment and well-being can be compromised in the short and long term. The effects of adverse childhood experiences may be exacerbated, negatively affecting their growth, behavior, physical and mental health, academic achievement, and social integration (Palacios, Adroher, et al., 2019; Rubin et al., 2007; Villodas et al., 2015). Children who experience breakdown frequently struggle to trust adults and form attachments with others (Palacios, Adroher, et al., 2019). As Barbosa-Ducharne and Marinho (2019) reported, they also show significantly less willingness to embrace a new adoptive placement. Breakdowns can configure new traumas for children (Almeida et al., 2021) and interfere with their sense of security and belonging (Brodzinsky & Smith, 2019). Following an adoption breakdown, reaching permanency may be particularly challenging for children (Brodzinsky & Smith, 2019; Goodwin & Madden, 2020).

In order to prevent the aforementioned effects, acquiring comprehensive knowledge about (in)stability predictors is of critical importance (Orsi, 2015; Palacios, 2012). Another aim of the current study is to examine some of the risk and protective factors evidenced in the literature in a sample of Portuguese adoptive families with children at different ages and different times since placement. As consistently shown by researchers, adoption breakdown is not explained by a single predictor but derives from the accumulation of different factors (Palacios, 2012, 2020; Palacios, Rolock, et al., 2019; Smith, 2014). These factors are unanimously associated to adopted children, adopters, and professional practices (Palacios, 2012, 2020; Palacios, Rolock, et al., 2019). International research on postadoption instability has shown that some results across different studies are more consistent than others. This study will consider the adopters' perspective to explore child- and parent-related variables that present contradictory findings and are more relevant given the adoption-specific characteristics in Portugal.

Research has acknowledged greater consensus regarding child-related predictors (Palacios, 2020). Older age at adoption placement is the predictor that stands out most consensually (e.g., Brodzinsky et al., 2021; Meakings & Selwyn, 2016; Merritt & Ludeke, 2020; Palacios, Rolock, et al., 2019; Paniagua, Palacios, Jimenez-Morago & Rivera, 2019).

The older the child at adoption placement, the more likely problems and instability emerge, presumably due to greater and longer exposure to early adversity. Considering the gradual increase in the Portuguese children's average age at placement (CNA, 2021), it will be relevant to consider this variable as a predictor of postadoption difficulties.

Current evidence has also identified behavioral and emotional problems as risk factors (e.g., Barbosa-Ducharne & Marinho, 2019; Goodwin et al., 2020; Palacios, Rolock, et al., 2019). Brodzinsky and Smith (2019) point out that these problems tend to arise soon and intensify over time, frequently conducting to family aggression and violence (Selwyn & Meakings, 2016). Data from 2020 indicate that, in Portugal, 19% children and youth waiting to be placed in an adoptive family displayed behavioral problems, and 11% presented clinically diagnosed mental disabilities (ISSIP, 2021b). Thereby, these factors are considered in the present study.

Breakdown literature has also highlighted specific types of preadoption maltreatment as a significant predictor (Almeida et al., 2021; Brodzinsky & Smith, 2019; Palacios, Rolock, et al., 2019). Closely related to preadoption maltreatment, extended institutionalization has been identified as another risk factor for adoption instability and breakdown. Although some studies have contradicted this association (e.g., Coakley & Berrick, 2007), many others have supported it (e.g., Marinho et al., 2012; Rosnati et al., 2017). Orsi (2015) reported that the risk of reentering the child protection system was significantly higher for children who had spent more time in care, even for those in permanent adoptive placements. Even to date, most Portuguese children are placed in residential/institutional care before being adopted and remain there for too long (Barbosa-Ducharne & Soares, in press; CNA, 2021). In 2020, 20% children in the child protection system had been in residential care for over 6 years (ISSIP, 2021b), which is extremely concerning, given the negative effects of this form of alternative care (Julian, 2020). The Portuguese law states that family foster care should be prioritized, especially for children aged 6 or younger (Child Protection Law, 2015). However, its incidence (3%) is still extremely low (ISSIP, 2021b). Given its relevance, the length of institutionalization is also considered in the current study.

Other child-related factors include the number of moves in care, attachment to the birth family, and postremoval neglect (Barbosa-Ducharne & Marinho, 2019; Brodzinsky & Smith, 2019; Palacios, Rolock, et al., 2019). Findings regarding gender, which will also be considered in this study, race and sibling placement are inconsistent, and some studies do not identify them as significant predictors (Palacios, 2020; Palacios, Rolock, et al., 2019).

With respect to adopter-related factors, the literature is more scarce and less consistent (Goodwin & Madden, 2020; Palacios, 2020; Palacios, Rolock, et al., 2019). This lack of scientific evidence is seemingly explained by research limitations and does not imply that the adoptive parents' characteristics are less important. In fact, Marinho et al. (2012) concluded that disruption outcomes depended more on adopter-related factors than on adoptee-related ones, contradicting previous findings. Therefore, exploring some adopter-related variables in this study will be pertinent. Although previous evidence is not unanimous, some adopters' characteristics are highlighted in adoption literature. In most studies, adopters' characteristics are only moderately associated with adoption breakdown, mainly when they are analyzed *per se*, disregarding the interaction with other factors (Palacios, Rolock, et al., 2019).

Evidence on the adopters' age is inconsistent, so it is relevant to consider it in the current study. Orsi (2015) found that older children adopted by younger parents may be at a higher risk of child protection system reinvolvement, concluding that it would be preferable to prioritize the integration of preschool-aged children with younger parents and high-school-aged children with older parents. Some research has stated that parents' older age is associated with adoption stability (Smith, 2014). Nevertheless, other authors have suggested that parents' older age may be a significant predictor of adoption instability and breakdown (e.g., Coakley & Berrick, 2007; Dellor & Freisthler, 2018). Palacios, Rolock, et al. (2019) have also hypothesized that adopters' age may not be a relevant predictor of breakdown. In 2020 in Portugal, almost 70% prospective adopters were aged 36 to 45 (ISSIP, 2021a) and 64% had been waiting for an adoption proposal for 6 years or more (CNA, 2021), so adopters can be even older at child placement.

Parents' lack of ability to manage children's problems, namely, handling challenging behaviors, is also a relevant adopter-related risk factor that will be explored in this study (Brodzinsky & Smith, 2019; Festinger, 2014; Marinho et al., 2012; Palacios, 2012, 2020; Palacios, Rolock, et al., 2019; Smith, 2014). Barbosa-Ducharne and Marinho (2019) reported that Portuguese adopters who experienced disruption lacked self-confidence in their parenting role.

Adopters' poor mental health is further recognized as a significant predictor of breakdown. Almeida et al. (2021) reported that symptoms of mental disorders (e.g., anxiety and depression) increased up to four times the likelihood of parents considering the interruption of the adoption placement. Furthermore, these authors confirmed the prevalence of mental health problems among adopters, as stated in previous findings (Canzi et al., 2019;

McKay et al., 2010; Waid & Alewine, 2018). Thus, it seems important to study adopters' mental health prevalence and its predictive power within a Portuguese sample. This study will specifically focus on adoptive parents' depression.

The unavailability of social and professional postadoption support configures another predictor of placement instability (Barbosa-Ducharne & Marinho, 2019; Brodzinsky & Smith, 2019; Goodwin & Madden, 2020; Palacios, 2020; Palacios, Rolock, et al., 2019). Given the poor Portuguese postadoption support system, examining adopters' available help from the family's social network and specialized adoption services will also be considered in the current study.

In addition to the above, current evidence has acknowledged other risk factors, such as inadequate motivations (e.g., too centered on adopters' needs), unrealistic and idealized expectations, lack of flexibility, and inability to attach to children (Barbosa-Ducharne & Marinho, 2019; Palacios, 2020; Palacios, Rolock, et al., 2019). Similarly, protective factors, including a previous relationship with the adoptee, couple stability, commitment to children, parental satisfaction, and acknowledgment of differences, are also consensual in most studies (Almeida et al., 2021; Barbosa-Ducharne & Marinho, 2019; Palacios, 2020; Palacios, Rolock, et al., 2019). However, regarding adopters' schooling, socioeconomic status, previous parenting experience, and length of couple relationship, the results are contradictory (Palacios, 2020; Palacios, Rolock, et al., 2019).

Scientific evidence has also consistently indicated that the length of time since adoption is a predictor of instability and an increased risk of breakdown (Goodwin & Madden, 2020; Palacios, Rolock, et al., 2019). Over the years, family difficulties may intensify (Canzi et al., 2019; Goodwin et al., 2020; Paniagua, Palacios, & Jimenez-Morago, 2019), as well as their need for help (Lee et al., 2020; Waid & Alewine, 2018; Wright & Freundlich, 2014). The challenges become particularly noticeable in early adolescence (Brodzinsky, 2013; Lee et al., 2020; Liao, 2016; Palacios, 2020; Palacios, Rolock, et al., 2019; Paniagua, Palacios, & Jimenez-Morago, 2019; Rosnati et al., 2017; Selwyn & Meakings, 2016; Smith, 2014; Waid & Alewine, 2018). Research has indicated that breakdown may occur at different points of the adoptive family life cycle. For instance, Waid and Alewine (2018) reported that families requested help when adoptees were aged 12 on average and/or 8 years after placement. In 2020, 73% Portuguese children who experienced an adoption interruption were between 9 and 12 years old (CNA, 2021), so it will be interesting to ascertain whether the adoption length may be a significant predictor of postplacement difficulties.

In this context, the present study aims to explore Portuguese adoptive families' postadoption experiences. The specific goals are to (a) study postadoption difficulties; (b) identify an indicator of adoption instability; (c) explore correlations among instability, child- and parent-related variables, and (d) explore predictors of instability.

Method

Procedure

This study is part of a broader research project - Adoptive families' strengths, difficulties, and service needs: A Portuguese follow-up study (AdoPt) - which was approved by the University's Ethics Committee and by the University's Unit of Data Protection. The AdoPt study aims to learn about adoptive families' strengths, difficulties, and needs, in order to develop an online monitoring follow-up system that enables timely identification of instability indicators and referral to support services whenever necessary. The research team also intends to support families by providing useful adoption-related materials and promoting networks among adopters.

A cross-sectional design to follow a total of 270 families, with three cohorts of 90 children adopted in 2013, 2016, and 2019, over 3 years at three time-points (T1, T2, T3), was defined to achieve these goals. In collaboration with the National Adoption Agency, the families who matched the sampling criteria (i.e., who adopted a child placed at 0 to 10 years old in 2013, 2016, and 2019) were identified. The agencies emailed an invitation to the eligible families, prepared by the researchers, explaining the goals and relevance of the project, as well as participation instructions. In that email, adopters could find the codes to access the survey on the *myAdoPt* (<https://www.myadopt.pt/>), a Microsoft Dynamics 365 platform. Upon registration, an informed consent was proposed. Since the number of participants was not meeting expectations, the research team extended the inclusion criteria, opening up the project to all adoptive families still with children. Additionally, the AdoPt project was advertised on social media (Facebook and Instagram) and in a news report.

Participants

At the time of data collection for this study, T1 was underway, and this study sample includes all the data collected so far. A total of 95 adopters, out of which 69 (72.6%) are mothers and 26 (37.4%) are fathers, completed the survey on the *myAdoPt* platform. Adopters' ages ranged from 35 to 59 ($M = 47.9$, $SD = 0.51$), most had undergraduate or graduate degrees ($n = 72$, 75.8%) and were employed ($n = 89$, 93.7%). The participation of these adoptive parents allowed data collection on 95 adoptees, of whom 51 are boys (53.7%), and 44 are girls (46.3%), aged 2.50 to 19.33 ($M = 11.41$, $SD = 0.44$). Prior to the adoption,

most ($n = 92$, 96.8%) had been in residential care, with institutionalization time ranging from 0.02 to 8.67 years ($M = 2.51$, $SD = 1.73$). At adoption placement, children's age ranged from 0.33 to 18 ($M = 4.48$, $SD = 3.27$), and the length of time since adoption was, on average, 6.94 years ($SD = 2.51$, ranging from 0.75 to 16.08). Most adoptees ($n = 94$, 98.9%) were attending school.

Measures and Instruments

The AdoPt project used multiple instruments. Those which had not yet been validated for the Portuguese population were translated into Portuguese and backtranslated into English by a native speaker and adapted by the researchers of the AdoPt project, who are psychologists with experience in adoption research and practice. The adaptation of the items was made attending to the cultural differences and the psychological constructs explored.

Postadoption (In)Stability

Three measures, included in the Adoptive Parent Survey of the Quality Improvement Center for Adoption & Guardianship Support and Preservation (QIC-AG, n.d.), were used to assess postadoption instability – (a) objective strain, (b) subjective strain, and (c) adopter commitment. These measures were computed into a new variable – Postadoption instability – which showed a very good internal consistency ($\alpha = .87$). The objective strain consists of 12 items (Table 1), nine from the first subscale of the Caregiver Strain Questionnaire (CGSQ, Brannan et al., 1997), and three added by the AdoPt research team, considering adoption characteristics in Portugal and the difficulties most frequently reported in clinical practice. The subjective strain corresponds to the second subscale of the CGSQ (Portuguese version by Barbosa-Ducharne & Soares, 2021a; Brannan et al., 1997). The items of both measures are rated on a 5-point Likert scale (1 = *a great deal* to 5 = *not at all*). The CGSQ measures the caregivers' strain resulting from caring for children with serious emotional and behavioral problems (Brannan et al., 1997). The validity and reliability of this self-report questionnaire have been confirmed in different studies (Leake et al., 2019). Adopter commitment was based on the QIC-AG's Caregiver Commitment Questions, plus an additional item from the Difficult Relationship Questions (QIC-AG, n.d.; Portuguese version by Soares & Barbosa-Ducharne, 2021). The measure contains a total of six items (Table 2) rated on 5-point Likert scales. One of the items had originally been rated on a 7-point Likert scale but was recoded to match the others. In this study, postadoption (in)stability measures showed excellent internal consistency ($\alpha = .95$ for objective strain; $\alpha = .93$ for subjective strain; $\alpha = .90$ for adopter commitment). Some items of these three measures were reverse-coded so that higher scores would reflect a higher level of instability.

Children's Behavioral and Emotional Problems

Children's behavioral and emotional problems were assessed through the Brief Assessment Checklist for Children (BAC-C, ages 4-11) and the Brief Assessment Checklist for Adolescents (BAC-A, ages 12-17) (Portuguese version by Barbosa-Ducharme & Soares, 2021d, 2021e; Tarren-Sweeney, 2013, 2019), respectively derived from the Assessment Checklist for Children (ACC) and the Assessment Checklist for Adolescents (ACA). Each of these caregiver-report checklists measures attachment- and trauma-related mental health difficulties experienced by children in various types of care and presents two parts. The first one includes more prevalent items, rated on a 3-point Likert scale (0 = *not true*, 1 = *partly true*, 2 = *mostly true*) in relation to the past 4–6 months (e.g., "Hides feelings," "Lacks guilt or empathy"; "Too friendly with strangers"). In the second part, the items are related to more severe difficulties (e.g., "Distressed or troubled by traumatic memories"; "Sexual behavior not appropriate for her/his age") and are rated on a 3-point Likert scale (0 = *did not occur*, 1 = *occurred once*, 2 = *occurred more than once*) in relation to the past 4–6 months. BAC-C and BAC-A contain, in total, 20 items and yield a score from 0 to 40. A higher score reflects more behavioral and emotional problems. As defined by Tarren-Sweeney et al. (2019), children should be referred for a general mental health evaluation from the cut-off point 7. In the current study, both instruments showed very good internal consistency ($\alpha = .85$ for BAC-C, $\alpha = .87$ for BAC-A).

Parents' Mental Health

The adopter's level of depression was analyzed using the Center for Epidemiological Studies Depression Scale (CES-D, Radloff 1977; Portuguese version by Soares et al, 2021a). The CES-D assesses the frequency of depressive symptoms during the previous week, consisting of 20 items rated on a 4-point Likert scale (0 = *rarely or none of the time* to 3 = *most or all of the time*). Sample items include: "I felt that everything I did was an effort" and "My sleep was restless". This self-report questionnaire also enables the assessment of the severity of depressive symptoms through a total score ranging from 0 to 60 (≤ 16 = no depression or mild depression; 17–23 = moderate depression; 24 = severe depression). In this study, the internal consistency for this scale was excellent ($\alpha = .93$).

Parents' Ability to Manage Children's Problems

The adopters' ability to manage their children's problems was explored using the Brief Parental Self Efficacy Scale (BPSES, Woolgar et al., 2013; Portuguese version by Soares et al., 2021b), a 5-item scale that provides an assessment of the adopters' perceptions regarding their parenting ability and efficacy (Midgley et al., 2018; Selwyn et al., 2016). The

items (e.g., "Even though I may not always manage it, I know what I need to do with my child"; "In most situations I know what I should do to ensure my child behaves") are rated on a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*). The overall score ranges from 5 to 25, and a higher score indicates a higher perceived parental self-efficacy. In the present sample, this scale showed very good internal consistency ($\alpha = .83$).

Social Support

Social support was assessed using the Support Network and Specialized Support for Adoptive Families Questionnaire (Barbosa-Ducharme & Soares, 2021b). The support network component combines the Family Social Support Network Function Scale (Almeida et al., 2012) and two more items added by the research team ("Someone to help you get some time for yourself"; "Someone to whom you can ask adoption-related questions"). This scale includes 11 questions about specific situations where someone's support or help may be necessary (e.g., "Someone to help you take care of your child"; "Someone to encourage or motivate you when things seem difficult"). The questions are rated on a 5-point Likert scale (0 = *never* to 4 = *very often*) and the total score ranges from 0 to 55. In the current study, this measure's internal consistency was very good ($\alpha = .86$). For each question, when respondents indicated receiving help, they need to describe the source of help or support (e.g., parents, siblings, friends, neighbors, school, psychologist, or adoption services). This second part will not be considered in the present study. To measure Formal Support, specialized support was also explored, using a set of questions developed by the research team ("Have you ever reached out to an adoption specialized professional/service?", "(If yes) Whom did you turn to?", "(If yes) How satisfied were you with the response/support you got? (1 = *not satisfied at all* to 5 = *very satisfied*)", "(If not) Why?").

Sociodemographic Data

The adopters' and children's sociodemographic characteristics (e.g., gender, age, schooling, professional status) were collected using an ad-hoc Sociodemographic Questionnaire (AdoPt Project, 2021).

Child's Past.

Institutionalization time, age at adoption placement, and length of time since adoption placement were collected using the Child's Past Experiences and Contexts Questionnaire (Barbosa-Ducharme & Soares, 2021c).

Data Analyses

Statistical analyses were performed using the *IBM SPSS Statistics 28.0 Software*. The first step was to check the univariate normality of all the study variables and the existence

of extreme outliers. In accordance with Kline's (2011) criteria, no violations were detected. The present sample had no missing values. Descriptive analyses were carried out to explore the frequencies, means, standard deviations, and range of the variables. Later, bivariate Pearson correlations were used to explore the correlations between all the variables included in this study. Finally, four hierarchical regressions were performed to assess the effects of the considered predictors on postadoption instability measures. The required assumptions - multivariate normality, linear relationship between each predictor and each dependent variable, homoscedasticity, error independence (acceptable Durbin-Watson figures close to 2, according to Field, 2018), and non-multicollinearity (adequate figures of tolerance and variance inflation factors) among predictors - were assured.

Results

Firstly, descriptive and correlational analyses were carried out among the study variables. Table 3 shows the means and standard deviations of the study variables and the Pearson correlation coefficients between them. Regarding the objective strain, the level of difficulty ranged from 1 to 4.67 ($M = 1.84$, $SD = 0.77$), with half ($n = 47$, 49.5%) of the parents reporting lower scores than average. Adopters identified the items "Manage and help my child manage discrimination situations related to adoption" ($M = 4.29$, $SD = 0.99$), "Respond to specific health problems of my child" ($M = 4.19$, $SD = 1.04$), and "Disruption of friendships or significant relationships within the community" ($M = 4.04$, $SD = 1.10$), as the three most demanding difficulties. The item with the lowest scores was "Manage challenging behaviors (e.g., stealing, lying, sexualized behaviors) of my child" ($M = 2.36$, $SD = 1.49$) but 26.3% ($n = 26$) adopters recognized it as very or extremely difficult.

Adoptees' behavioral and emotional problems ranged from 1 to 32 ($M = 12.91$, $SD = 7.53$), and 73.2% ($n = 89$) presented clinically significant problems that, according to the cut-off point determined by Tarren-Sweeney et al., (2019) require a professional mental health assessment. Adopters' depression scores ranged from 0 to 52 ($M = 12.18$, $SD = 10.66$), with 16% showing a moderate level of depression, and 12.9% presenting a severe level of depression.

Satisfaction with adoption specialized support was only answered by 27 participants following their use of this kind of service. Regarding their level of satisfaction ($M = 3.07$, $SD = 1.04$), 11.1% ($n = 3$) adopters reported low levels and 14.8% ($n = 4$) were more or less satisfied.

Correlational results revealed significant positive and strong associations among all the dependent variables defined in this study. The correlations of the objective strain,

subjective strain, and adopter commitment were especially strong with the composite variable – postadoption instability. Besides these correlations, postadoption instability, the objective strain, and the subjective strain were also significantly associated with most of the adoptee- and adopter-related variables, showing a negative correlation with parental self-efficacy and positive correlations with the adoptee’s gender, age at placement, institutionalization time, behavioral and emotional problems, adopters’ depression, and specialized support. Besides the adopter’s age, which was only significantly and positively correlated with the child’s age and the adoption length, the support network stands out as the least correlated variable. A higher support network was significantly and negatively associated with a younger adoptee. Along with this variable, the adopter’s age, support network, and adoption length were not correlated with any postadoption instability measures. The adoptee’s age showed only a significant positive correlation with adopter commitment.

Secondly, four hierarchical regressions were performed separately for postadoption instability (Table 4), objective strain (Table 5), subjective strain (Table 6), and adopter commitment (Table 7). The design’s sequence was defined by focusing primarily on the effects of the adoptees’ variables to then add the adopters’ variables. Considering the significant correlations between the adoptee’s age at adoption placement, and institutionalization time (Table 3), these predictors were not entered in the same block. In order to study the impact of parental self-efficacy and that of specialized support over and above the influence of depression, these predictors were listed in different blocks.

The results of the first three models will be presented collectively, considering they followed the same structure and included the same variables. Out of the eleven predictors considered in this study, the seven that showed statistically significant correlations with the postadoption instability, objective strain, and subjective strain (Table 3) were sequentially entered by groups into the regression models in six steps: (1) adoptee’s gender, and adoptee’s age at adoption placement, (2) institutionalization time, (3) adoptee’s behavioral and emotional problems, (4) parental self-efficacy, (5) specialized support, and (6) depression.

In Step 1, the adoptee’s gender was not identified as a significant predictor in any model. The adoptee’s age at adoption placement significantly predicted postadoption instability, objective strain, and subjective strain, with later-placed children found to have higher levels of these three instability measures. In Step 2, once more, the adoptee’s gender proved to be a non-significant predictor, and the adoptee’s age at adoption placement statistically enhanced the prediction of the three instability measures. Institutionalization

time was added, and it was not a significant predictor in either of the models. In Step 3, the adoptee's gender, age at adoption placement, and institutionalization time were not significant predictors of any postadoption (in)stability measure. In contrast, behavioral and emotional problems significantly predicted higher levels of postadoption instability, objective strain, and subjective strain.

In Step 4, the adoptee's gender, age at adoption placement, and institutionalization time remained non-significant predictors. The adoptee's behavioral and emotional problems significantly predicted, once again, more postadoption instability. Parental self-efficacy emerged as a significant predictor of postadoption instability, and subjective strain, but not of objective strain. In Step 5, the adoptee's gender, age at adoption placement, and institutionalization time were not significant predictors in any model. The adoptee's behavioral and emotional problems significantly predicted postadoption instability, objective strain, and subjective strain, while parental self-efficacy significantly predicted postadoption instability and subjective strain. Higher levels of specialized support (added variable) statistically enhanced the prediction of all the postadoption instability measures. In Step 6 ($R^2 = .67$, $F(1,76) = 46.26$, $p < .001$; $R^2 = .50$, $F(1,76) = 12.42$, $p < .001$; $R^2 = .66$, $F(1,76) = 55.82$, $p < .001$), the adoptee's gender, age at adoption placement, and institutionalization time remained non-significant predictors. The addition of depression rendered the effects of the adoptee's behavioral and emotional problems on subjective strain, as well as the effects of parental self-efficacy and specialized support on postadoption instability and subjective strain as non-significant. Depression was a significant predictor in all the models, showing that adopters who reported higher levels of depression revealed more postadoption instability, objective strain, and subjective strain.

The six variables that were significantly correlated with adopter commitment (Table 3) were sequentially entered by groups into the regression model in six steps: (1) adoptee's age, (2) adoptee's age at placement, (3) institutionalization time, (4) adoptee's behavioral and emotional problems, (5) parental self-efficacy, and (6) adopters' depression. The adoptee's age, adoptee's age at placement, and institutionalization time were separately entered, given the significant correlations found between them (Table 3). In Step 1, the adoptee's age was a significant predictor of adopter commitment. In Step 2, the adoptee's age was not a significant predictor, whereas the adoptee's age at placement statistically enhanced the prediction of adopter commitment. In Step 3, institutionalization time (added variable) was not a significant predictor. In Step 4, the addition of the adoptee's behavioral and emotional problems rendered the effect of the adoptee's age at placement as non-

significant. The adoptee's behavioral and emotional problems were significant predictors of adopter commitment. In Step 5, the adoptee's age, age at placement, and institutionalization time remained non-significant, and the adoptee's behavioral and emotional problems continued to be significant. Parental self-efficacy (added variable) was a significant predictor, indicating that adopters who perceived a higher parental self-efficacy showed higher levels of adopter commitment. In Step 6 ($R^2 = .50$, $F(1,77) = 23.82$, $p < .001$), the addition of depression rendered the effects of the adoptee's behavioral and emotional problems as non-significant. Adopters' depression (added variable) emerged as a statistically significant predictor, which revealed that adopters with higher levels of depression presented lower commitment.

Discussion

The first goal of the present study was to analyze the incidence and the types of postplacement difficulties experienced by adoptive families. Despite some dispersion, the overall results point to a low level of difficulties. Adopters acknowledged most of the difficulties but perceived them as relatively minor. Although, in the present sample, the length of time since adoption was not significantly associated with adoption instability, contradicting breakdown research (e.g., Goodwin & Madden, 2020; Palacios, Rolock, et al., 2019), the adoptee's older age, albeit only in isolation, significantly predicted less adopter commitment. Therefore, the tendency for problems increasing over time, consistently evidenced in the literature (Palacios, 2020), must not be disregarded. Indeed, most studies state that difficulties may emerge shortly after placement but are likely to intensify in early and middle adolescence (e.g., Paniagua, Palacios & Jimenez-Morago, 2019; Waid & Alewine, 2018). This study sample included many preadolescents, so difficulties are expected to increase in the future.

Regarding the types of difficulties encountered, preserving friendships, managing situations of discrimination, and responding to children's health problems stood out as the most significant ones. Surprisingly, handling challenging behaviors was found to be the least demanding difficulty. However, it must be noted that adopters were asked about more extreme and, thus, less prevalent behaviors (e.g., stealing, lying, and sexualized behaviors). Although most parents did not identify the management of challenging behaviors as a significant difficulty, the ones who did, recognized this as very or extremely demanding. These findings are consistent with previous research (e.g., Barbosa-Ducharme & Marinho, 2019) that highlights the impact of children's behavior on the day-to-day lives of families. Furthermore, Atkinson (2020) emphasizes that, very often, adoptive families turn to mental

health services to seek help in dealing with children's behaviors.

The discussed findings indicate that challenges and difficulties do not solely arise in cases of more extreme risk, supporting the stability-instability continuum used to characterize adoptive families' pathways. Identifying these difficulties is paramount for the early detection of problems, which, in turn, is crucial to promote stability (Brodzinsky & Smith, 2019; Lyttle et al., 2021; Palacios, Rolock, et al., 2019). Adoptive families' needs and difficulties that are not promptly and adequately addressed can evolve into more complex problems, raising the risk of adoption breakdown (Palacios, 2012; Smith, 2014).

The second study goal concerned the identification of an adoption instability indicator. The correlations found among all the considered measures showed that higher levels of objective and subjective strain and lower levels of adopter commitment are strongly associated with each other, as with greater postadoption instability. These measures revealed many similar results but some discrepancies as well. More specifically, adopter commitment was the only measure that was not significantly correlated with the adoptee's gender nor with specialized support. Moreover, this measure showed a significant correlation with the adoptee's age, whereas the others did not. The adoptee's age emerged as a specific predictor of the adopter commitment measure, although it was only significant when isolated from other predictors. This supports the relevance of the proposed postadoption instability indicator, in the sense that objective strain, subjective strain, and adopter commitment proved to be strongly associated, presenting, at the same time, particular differences that strengthen their complementarity and enrich the designed composite measure.

Thirdly, this study aimed to explore correlations among instability, adoptee-, and adopter-related variables. Whereas most results proved to be consistent with previous research, some did not align with earlier studies, particularly those regarding the length of time since adoption, as previously noted, as well as the social network and specialized support, that will be discussed further down (e.g., Barbosa-Ducharme & Marinho, 2019; Brodzinsky & Smith, 2019; Goodwin & Madden, 2020; Palacios, Rolock, et al., 2019).

The final goal was to explore predictors of adoption instability. Concerning adoptee-related factors, age at adoption placement emerged as a significant predictor, with parents of older children reporting higher levels of postadoption instability. Indeed, there is much evidence supporting these results (e.g., Brodzinsky et al., 2021; Meakings & Selwyn, 2016; Merritt & Ludeke, 2020; Palacios, Rolock, et al., 2019; Paniagua, Palacios, Jimenez-Morago & Rivera, 2019). However, this predictor was only found to be significant in interaction with the adoptee's gender and institutionalization time and, for adopter commitment, with the

adoptivee's age and institutionalization time. When interacting with the adoptivees' behavioral and emotional problems and the subsequent predictors, the adoptivee's age at adoption placement became non-significant. Findings suggest direct and indirect effects between these variables, which were not examined in this study, but should be considered in future studies.

In accordance with previous research (e.g., Barbosa-Ducharme & Marinho, 2019; Goodwin et al., 2020; Palacios, Rolock, et al., 2019), the adoptivee's behavioral and emotional problems also predict more adoption instability. Nevertheless, when interacting with depression, for subjective strain and adopter commitment, this predictor was no longer significant, which implies possible direct and indirect effects. In the current sample, parents reported a very high incidence of problems, with 73.2% of the children presenting clinically significant problems that require a professional mental health assessment (Tarren-Sweeney et al., 2019). Therefore, this risk factor can have a major impact.

Contradicting previous research that states a positive association between institutionalization time and adoption breakdown (e.g., Orsi 2015), extended institutionalization was not a significant predictor of adoption instability. This result is more in line with studies that do not recognize this variable as a risk factor (e.g., Coakley & Berrick, 2007). Nonetheless, this should not be interpreted as a disregard or a devaluation of the negative effects of institutionalization (e.g., Julian, 2020), especially considering the extremely high number of children placed in residential care, as evidenced in the current sample. The adoptivee's gender also did not prove to be a significant predictor of adoption instability. Despite some inconsistency, research supports this result since some studies identify gender as a non-significant risk factor of adoption breakdown (Palacios, 2020; Palacios, Rolock, et al., 2019).

Regarding parent-related factors, the age of the adopters was not identified as a significant predictor of adoption instability, which is in agreement with some studies arguing that adopters' age may not be a relevant predictor of adoption breakdown. However, these results contradict Orsi's (2015) findings. This author concluded that the parents' older age could configure a risk or a protective factor, depending on the adoptivee's age. In regards to adopters' ability to manage children's problems lower levels of perceived parental self-efficacy predicted more adoption instability, as expected. Adopters' inability to deal with children's problems has been associated with a greater risk of adoption breakdown (Brodzinsky & Smith, 2019; Palacios, Rolock, et al., 2019). Even so, parental self-efficacy was not a significant predictor of objective strain. Additionally, for postadoption instability

and subjective strain measures, parental self-efficacy's effects became non-significant in the interaction with specialized support and depression, which suggests possible direct and indirect effects. This possibility should be considered in future studies.

In relation to the adoptive parents' mental health, results showed depression as a significant predictor of adoption instability, which is consistent with adoption breakdown research (e.g., Almeida et al., 2021). In fact, depression emerged as the strongest risk factor and the only one predicting all measures of instability. Adopters' reports point to a notable severity of symptoms, with 16% of the participants showing a moderate depression level, and 12.9% a severe depression level. As previously noted, one of the most demanding difficulties regarded the disruption of friendships and other social relationships, which may be associated with these results.

In relation to support predictors, compelling findings were observed. Whereas the support network was not associated with adoption instability, specialized support emerged as a significant predictor of all instability measures except adopter commitment. For postadoption instability and subjective strain, the effects of specialized support became non-significant in interaction with depression, once again, indicating potential direct and indirect effects that should be examined in future research. Adoption literature underlines that the amount and quality of support promote family stability and reduce the risk of breakdown (e.g., Brodzinsky & Smith, 2019; Palacios, Rolock, et al., 2019; Smith, 2014). Nevertheless, this study's results illustrate that, although on average adopters often turned to different sources of support, this search for help did not have a significant impact. Furthermore, families who resorted to specialized adoption support services showed higher evidence of difficulties and instability, and approximately 26% adopters reported not being very satisfied with the support received. These findings reinforce the urgent need to provide, accessible and specialized support services, as consistently emphasized in literature (e.g., Atkinson, 2020; Goodwin & Madden, 2020; Palacios, Adroher, et al., 2019).

Limitations

The current study presents some limitations worth mentioning. Once the target number of participants is reached, the AdoPt project research team intends to validate the instruments and measures with a sample of adoptive families. However, at the time of this study, the final sample was incomplete, so the instruments and measures used were not yet validated for the Portuguese population. In the current study, risk and protective factors related to professional practices were not considered, but at T2 it will be possible to collect data from adoption professionals. In addition, neither mediation nor moderation analyses

were conducted to explore possible direct and indirect effects among variables, which should be included in future research.

Conclusion

The present study aimed to address the lack of scientific evidence on Portuguese postadoption pathways and (in)stability. The analysis of adoptive families' difficulties contributed to acknowledging the stability-instability continuum that comprises the multiplicity and diversity of adoption experiences. Additionally, it underscored the importance of providing ongoing support in order to early identify less-extreme problems and, thus, promptly prevent more risky scenarios. The determination of the proposed comprehensive instability indicator seems of utmost relevance and should be further studied in the future. Exploring instability predictors configures another pertinent contribution since research has primarily focused on adoption breakdown cases. Adoption professionals would benefit from being aware of the instability risk factors that were identified in the current study. Furthermore, families would also benefit from seeking support whenever necessary to avoid an undesirable accumulation of difficulties that may compromise adoption success. This study's most critical conclusion is related to the urgent need to enforce adequate postadoption services in Portugal. Understanding adopters and adoptees' strengths, difficulties and needs is crucial to achieving this goal.

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Table 1*Objective Strain Measure Items*

Number	Item
1	Interruption of personal time
2	Missing obligations related to your job or similar responsibilities
3	Disruption of family routines
4	Financial strain for your family
5	Less attention paid to other family members
6	Disruption or upset relationships within in the family
7	Disruption of your family's social activities
8	Disruption of friendships or significant relationships within the community
9	Poor self-care
10	Managing my child's challenging behaviors (e.g., stealing, lying, sexualized behaviors,...)
11	Respond to my child's specific health problems
12	Manage and help my child manage discrimination situations related to adoption

Table 2*Adopter Commitment Measure Items*

Number	Item
1	How confident are you that you can meet your child's needs?
2	Overall, how would you rate the impact of your child's adoption on your family?
3	If you knew everything about your child before the adoption that you now know, do you think you would still have adopted him/her?
4	During the past month, how often have you felt that you just did not understand your child?
5	How often do you think of ending the adoption?
6	Which phrase best describes your relationship with your child?

Table 3*Descriptive and Correlational Statistics Among Study Variables*

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.	1.95	0.73	-														
2.	1.84	0.77	.87***	-													
3.	2.30	0.91	.95***	.78***	-												
4.	1.70	0.77	.86***	.56***	.75***	-											
5. ^a	-	-	.22*	.22*	.21*	.15	-										
6.	11.41	4.26	.19	.11	.19	.22*	.10	-									
7.	4.48	3.27	.42***	.32***	.42***	.39***	.10	.64***	-								
8.	2.51	1.73	.26*	.23*	.25*	.23*	.08	.38***	.74***	-							
9.	12.81	7.53	.62***	.56***	.60***	.51***	.28***	.30***	.47***	.26*	-						
10.	47.87	4.90	-.08	-.19	-.03	-.02	.04	.37***	.13	.16	.03	-					
11.	12.18	10.66	.75***	.59***	.77***	.64***	.18	.12	.21*	.09	.51***	-.04	-				
12.	20.41	3.13	-.52***	-.39***	-.46***	-.54***	-.12	-.25***	-.34***	-.24*	-.49***	-.10	-.44***	-			
13.	2.72	0.64	.10	.11	.13	.02	-.19	-.22*	.01	.11	.09	-.15	.10	-.01	-		
14. ^b	-	-	.34***	.46***	.35*	.12	.02	.04	.21*	.20	.21	.05	.25*	-.08	.04	-	
15.	6.94	3.32	-.17	-.18	-.16	-.11	.03	-.65***	-.17	-.26*	-.11	.34***	-.06	.02	-.29***	-.16	-

Note. 1: Postadoption instability; 2: Objective strain; 3: Subjective strain; 4: Adopter commitment; 5: Adoptee's gender; 6: Adoptee's age; 7: Adoptee's age at placement; 8: Institutionalization time; 9: Adoptee's behavioral and emotional problems; 10: Adopter's age; 11: Depression; 12: Parental self-efficacy; 13: Support network; 14: Specialized support; 15: Time since adoption.

^adummy variables: 0 = male, 1 = female. ^bdummy variables: 0 = no, 1 = yes.

* $p < .050$. *** $p < .001$.

Table 4*Hierarchical Multiple Regression Analyses for Predicting Postadoption Instability*

Variable	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>t</i>	<i>p</i>	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>						
Step 1								.21	.21***
Constant	1.42	1.15	1.69	0.14		10.46	<.001		
Adoptee's gender	0.26	-0.03	0.55	0.15	.18	1.77	.081		
Adoptee's age at placement	0.09	0.05	0.14	0.02	.41	4.10	<.001		
Step 2								.22	.01
Constant	1.46	1.17	1.74	0.14		10.13	<.001		
Adoptee's gender	0.26	-0.03	0.55	0.15	.18	1.77	.081		
Adoptee's age at placement	0.11	0.05	0.18	0.03	.50	3.35	.001		
Institutionalization time	-0.05	-0.18	0.07	0.06	-.12	-0.81	.419		
Step 3								.41	.20***
Constant	1.08	0.79	1.37	0.15		7.49	<.001		
Adoptee's gender	0.08	-0.19	0.34	0.13	.05	0.59	.560		
Adoptee's age at placement	0.04	-0.02	0.11	0.03	.19	1.30	.197		
Institutionalization time	-0.01	-0.12	0.10	0.06	-.02	-0.13	.900		
Adoptee's behavioral and emotional problems	0.05	0.03	0.07	0.01	.53	5.17	<.001		
Step 4								.47	.05*
Constant	2.53	1.15	3.61	0.54		4.66	<.001		
Adoptee's gender	0.08	-0.17	0.33	0.13	.06	0.64	.524		
Adoptee's age at placement	0.04	-0.03	0.10	0.03	.16	1.16	.250		
Institutionalization time	-0.01	-0.12	0.09	0.05	-.03	-0.25	.805		
Adoptee's behavioral and emotional problems	0.04	0.02	0.06	0.01	-.41	3.90	<.001		
Parental self-efficacy	-0.06	-0.11	-0.02	0.02	-.26	-2.76	.007		
Step 5								.51	.05*
Constant	2.57	1.53	3.61	0.52		4.91	<.001		
Adoptee's gender	0.09	-0.15	0.34	0.12	.06	0.76	.449		
Adoptee's age at placement	0.03	-0.03	0.09	0.03	.15	1.11	.271		
Institutionalization time	-0.03	0.13	0.08	0.08	-.06	-0.48	.630		
Adoptee's behavioral and emotional problems	0.04	0.02	0.06	0.10	.37	3.62	<.001		
Parental self-efficacy	-0.07	-0.11	-0.21	0.02	-.28	-2.98	.004		
Specialized support	0.36	0.09	0.63	0.13	.22	2.69	.009		
Step 6								.70	.19***
Constant	1.64	0.77	2.51	0.44		3.76	<.001		

Variable	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>t</i>	<i>p</i>	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>						
Adoptee's gender	0.05	-0.14	0.025	0.10	.04	0.54	.593		
Adoptee's age at placement	0.04	-0.01	0.08	0.02	.16	1.49	.141		
Institutionalization time	0.00	-0.09	0.08	0.04	-.01	-0.08	.934		
Adoptee's behavioral and emotional problems	0.02	0.00	0.04	0.01	.19	2.16	.034		
Parental self-efficacy	-0.03	-0.07	0.01	0.02	-.13	-1.65	.102		
Specialized support	0.21	0.00	0.05	0.11	.13	1.96	.054		
Depression	0.04	0.03	0.05	0.01	.53	6.80	<.001		

Note. CI = confidence interval; *LL* = lower limit; *UL* = upper limit.

p* < .050. * *p* < .001.

Table 5*Hierarchical Multiple Regression Analyses for Predicting Objective Strain*

Variable	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>t</i>	<i>p</i>	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>						
Step 1								.14	.14*
Constant	1.38	1.08	1.67	0.15		9.29	<.001		
Adoptee's gender	0.30	-0.02	0.61	0.16	.19	1.86	.067		
Adoptee's age at placement	0.07	0.02	0.12	0.02	.31	2.95	.004		
Step 2								.14	.00
Constant	1.39	1.07	1.70	0.16		8.79	<.001		
Adoptee's gender	0.30	-0.02	0.62	0.16	.19	1.85	.068		
Adoptee's age at placement	0.08	0.01	0.15	0.04	.33	2.12	.037		
Institutionalization time	-0.01	-0.15	0.12	0.07	-.03	-0.21	.838		
Step 3								.33	.19***
Constant	1.01	0.68	1.33	0.16		6.20	<.001		
Adoptee's gender	0.11	-0.18	0.41	0.15	.07	0.75	.454		
Adoptee's age at placement	0.01	-0.07	0.08	0.04	.03	0.17	.868		
Institutionalization time	0.03	-0.09	0.15	0.06	.07	0.50	.619		
Adoptee's behavioral and emotional problems	0.05	0.30	0.08	0.01	.52	4.71	<.001		
Step 4								.35	.02
Constant	1.82	0.56	3.07	0.63		2.88	.005		
Adoptee's gender	0.11	-0.18	0.41	0.15	.07	0.77	.443		
Adoptee's age at placement	0.00	-0.07	0.07	0.04	.01	0.07	.941		
Institutionalization time	0.03	-0.10	0.15	0.06	.06	0.45	.657		
Adoptee's behavioral and emotional problems	0.05	0.02	0.07	0.01	.45	3.86	<.001		
Parental self-efficacy	-0.04	-0.09	0.02	0.03	-.14	-1.33	.187		
Step 5								.47	.12***
Constant	1.88	0.74	3.03	0.57		3.28	.002		
Adoptee's gender	0.13	-0.13	0.40	0.13	.09	0.10	.323		
Adoptee's age at placement	0.00	-0.07	0.06	0.03	-.01	-0.06	.950		
Institutionalization time	0.01	-0.11	0.12	0.06	-.02	-0.14	.892		
Adoptee's behavioral and emotional problems	0.04	0.02	0.06	0.01	.39	3.59	<.001		
Parental self-efficacy	-0.04	-0.09	0.01	0.02	-.16	-1.65	.104		
Specialized support	0.61	0.32	0.90	0.15	.36	4.15	<.001		
Step 6								.54	.08***
Constant	1.26	0.14	2.40	0.56		2.24	.028		

Variable	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>t</i>	<i>p</i>	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>						
Adoptee's gender	0.11	-0.14	0.36	0.13	.07	0.85	.400		
Adoptee's age at placement	0.00	-0.06	0.06	0.03	.00	-0.02	.984		
Institutionalization time	-0.02	-0.08	0.13	0.05	.05	0.42	.678		
Adoptee's behavioral and emotional problems	0.03	0.01	0.05	0.01	.27	2.53	.014		
Parental self-efficacy	-0.02	-0.06	0.03	0.02	-.06	-0.68	.497		
Specialized support	0.51	0.23	0.79	0.14	.30	3.65	<.001		
Depression	0.02	0.01	0.04	0.01	.34	3.53	<.001		

Note. CI = confidence interval; *LL* = lower limit; *UL* = upper limit.

p* < .050. * *p* < .001.

Table 6*Hierarchical Multiple Regression Analyses for Predicting Subjective Strain*

Variable	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>t</i>	<i>p</i>	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>						
Step 1								.20	.19***
Constant	1.66	1.33	2.00	0.17		9.80	<.001		
Adoptee's gender	.31	-0.06	0.67	0.18	.17	1.68	.097		
Adoptee's age at placement	0.11	0.06	0.17	0.03	.40	3.99	<.001		
Step 2								.21	.01
Constant	1.72	1.36	2.07	0.18		9.55	<.001		
Adoptee's gender	0.31	-0.06	0.70	0.17	.05	1.68	.097		
Adoptee's age at placement	0.14	0.06	0.22	0.04	.50	3.35	.001		
Institutionalization time	-0.07	-0.23	0.09	0.08	-.13	-0.90	.369		
Step 3								.38	.18***
Constant	1.28	0.91	1.65	0.18		6.93	<.001		
Adoptee's gender	0.10	-0.24	0.43	0.17	.05	0.56	.574		
Adoptee's age at placement	0.06	-0.02	0.14	0.04	.21	1.44	.163		
Institutionalization time	-.02	-0.16	0.12	0.07	-0.4	-0.27	.786		
Adoptee's behavioral and emotional problems	0.06	0.04	0.09	0.01	.50	4.74	<.001		
Step 4								.41	.03*
Constant	2.66	1.26	4.07	0.71		3.77	<.001		
Adoptee's gender	0.10	-0.23	0.43	0.17	.05	0.60	.552		
Adoptee's age at placement	0.05	-0.03	0.13	0.04	.19	1.29	.201		
Institutionalization time	-0.03	-0.16	0.11	0.07	-.05	-0.36	.717		
Adoptee's behavioral and emotional problems	0.05	0.02	0.08	0.01	.41	3.68	<.001		
Parental self-efficacy	-0.04	-0.12	0.00	0.03	-.21	-2.03	.046		
Step 5								.46	.05*
Constant	2.71	1.36	4.07	0.68		3.98	<.001		
Adoptee's gender	0.11	-0.20	0.43	0.16	.06	0.71	.477		
Adoptee's age at placement	0.05	-0.03	0.13	0.04	.17	1.25	.217		
Institutionalization time	-0.04	-0.17	0.09	0.07	-.08	-0.60	.550		
Adoptee's behavioral and emotional problems	0.05	0.02	0.07	0.01	.37	3.39	<.001		
Parental self-efficacy	-0.06	-0.12	-0.01	0.03	-.22	-2.22	.029		
Specialized support	0.46	0.11	0.81	0.17	.23	2.64	.010		
Step 6								.69	.23***
Constant	1.43	0.34	2.53	0.55		2.62	.011		

Variable	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>t</i>	<i>p</i>	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>						
Adoptee's gender	0.06	-0.19	0.30	0.12	.03	0.47	.640		
Adoptee's age at placement	0.05	-0.01	0.11	0.03	.22	1.73	.088		
Institutionalization time	-0.01	-0.11	0.09	0.05	-.02	-0.21	.837		
Adoptee's behavioral and emotional problems	0.02	0.00	0.04	0.01	.16	1.83	.071		
Parental self-efficacy	-0.01	-0.06	0.03	0.02	-.05	-0.64	.522		
Specialized support	0.26	-0.02	0.53	0.14	.13	1.88	.064		
Depression	0.05	0.04	0.06	0.01	.59	7.47	<.001		

Note. CI = confidence interval; *LL* = lower limit; *UL* = upper limit.

p* < .050. * *p* < .001.

Table 7*Hierarchical Multiple Regression Analyses for Predicting Adopter Commitment*

Variable	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>t</i>	<i>p</i>	<i>R</i> ²	ΔR^2	
		<i>LL</i>	<i>UL</i>							
Step 1									.05	.05*
Constant	1.25	0.77	1.73	0.24		5.22	<.001			
Adoptee's age	0.04	0.00	0.08	0.02	.22	1.99	.050			
Step 2									.16	.11*
Constant	1.37	0.91	1.82	0.23		5.93	<.001			
Adoptee's age	-0.01	-0.06	0.04	0.03	-.06	-0.48	.636			
Adoptee's age at placement	0.10	0.04	0.17	0.03	.43	3.27	.002			
Step 3									.17	.01
Constant	1.46	0.97	1.95	0.25		5.93	<.001			
Adoptee's age	-0.02	-0.65	0.03	0.03	-.09	-0.66	.510			
Adoptee's age at placement	0.14	0.05	0.22	0.04	.57	3.04	.003			
Institutionalization time	-0.07	-0.21	0.07	0.07	-.16	-1.02	.310			
Step 4									.29	.13***
Constant	1.07	0.58	1.57	0.25		4.29	<.001			
Adoptee's age	-0.01	-0.60	0.03	0.02	-.07	-0.58	.562			
Adoptee's age at placement	0.07	-0.02	0.16	0.04	.31	1.65	.104			
Institutionalization time	-0.03	-0.16	0.10	0.07	-.08	-0.52	.603			
Adoptee's behavioral and emotional problems	0.04	0.02	0.06	0.01	.41	3.75	<.001			
Step 5									.40	.10***
Constant	3.27	1.99	4.55	0.64		5.09	<.001			
Adoptee's age	-0.02	-0.06	0.03	0.02	-.10	-0.82	.413			
Adoptee's age at placement	0.07	-0.14	0.15	0.04	.29	1.66	.101			
Institutionalization time	-0.05	-0.17	0.08	0.06	-.10	-0.75	.456			
Adoptee's behavioral and emotional problems	0.03	0.00	0.05	0.01	.25	2.24	.028			
Parental self-efficacy	-0.09	-0.14	-0.04	0.03	-.37	-3.67	<.001			
Step 6									.54	.14***
Constant	2.39	1.21	3.58	0.59		4.03	<.001			
Adoptee's age	-0.01	-0.01	0.03	0.02	-.07	-0.68	.497			
Adoptee's age at placement	0.07	-0.01	0.14	0.03	.27	1.79	.078			
Institutionalization time	-0.03	-0.14	0.08	0.05	-.06	-0.53	.597			
Adoptee's behavioral and emotional problems	0.01	-0.01	0.03	0.01	.07	0.63	.530			
Parental self-efficacy	-0.06	-0.11	-0.02	0.02	-.25	-2.67	.009			

Variable	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>t</i>	<i>p</i>	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>						
Depression	0.03	0.02	0.05	0.01	.46	4.88	<.001		

Note. CI = confidence interval; *LL* = lower limit; *UL* = upper limit.

p* < .050. * *p* < .001.