Parents’ Experiences of Caring for Adopted Children:
An Interpretative Phenomenological Analysis

Thesis submitted in part fulfilment of the degree of
Doctorate in Clinical Psychology
(DClinPsy)
University of Leicester

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April 2016
Declaration

I confirm that this thesis (comprising of a Literature Review, Research Paper and Critical Appraisal) is my own work. It was written and submitted in part-fulfilment of the degree of Doctorate in Clinical Psychology (DClinPsy), and has not been submitted for any other academic award.

Nicola Hull
23rd April 2016
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Nicola Hull

THESIS ABSTRACT

Literature Review

Qualitative research was reviewed to better understand parents’ experiences of caring for children who had been adopted from care. A systematic search of the existing literature was conducted and a quality appraisal tool was employed to select 10 studies that explored adoptive care-giving from a multi-national perspective. A meta-synthesis identified six experiential themes: Preparedness and adjustment; identity and competency; responsiveness and reflectivity; commitment and resilience; containment and support; and cohesion and integration. The findings suggested that parents felt unsupported post-adoption, and prompted clinical recommendations about how multi-agency teams could work collaboratively with parents and their family networks to ensure that adopters felt supported. More research is warranted to understand the experiences of British adoptive parents.

Research Report

The experiences of six British parents who self-identified that caring for an adoptee had been more challenging than initially expected were explored using Interpretative Phenomenological Analysis. Three super-ordinate themes were identified: ‘living in a different world’ illustrated the emotional distress and social isolation that adopters encountered; ‘what’s going on in their little minds’ illuminated parents’ intense desire to make sense of their ‘damaged’ children and provide reparative care; whilst ‘parenting on another level’ alluded to adopters’ experiences of striving for balance and holding hope for the future. Implications for specialist inter-agency working were discussed and included increased professional collaboration, offering of psychological therapies to ameliorate adopters’ distress, and greater partnership working to facilitate parents in sustaining their care-giving roles. Recommendations for further research were to explore parents’ experiences of care-giving at different phases of the adoption life-cycle, and investigate powerful transferences occurring between parent and child that seemed to impact on parents’ experiences of care-giving.

Critical Appraisal

A reflective account of the research process has been provided and highlights issues that emerged as the researcher endeavoured to undertake good quality research.
Acknowledgements

The completion of this thesis would not have been possible without the support and involvement of many people: Foremost, I would like to extend my genuine gratitude to the six participants who took part in this research. I was humbled by their candidness during the interviews and by their tenacity as parents, and I hope that others who read this thesis will gain a richer, more empathic understanding of the joys and challenges of being an adoptive parent, as was the wish of these participants.

My sincere thanks are also extended to Dr Gareth Morgan and Dr Anwen Pugh. Gareth, as my research supervisor, has encouraged and guided me throughout the research journey, and whose thoughtful, knowledgeable and comprehensive feedback enabled me to make substantial improvements to the overall quality of this thesis. Anwen, as my field supervisor, has been a source of advice and inspiration with regards to working with adopted children and their families. I am thankful to her and the CAMHS-LAC team for their involvement in supporting this research.

Finally, my heartfelt thanks must be extended to my family, especially Paul and Lucas, for their patience, humour and understanding. This thesis is affectionately dedicated to my dad, who would have been immensely proud.
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# Table of Contents

Declaration .......................................................................................................................... iii
Abstract.................................................................................................................................. iii
Acknowledgements ............................................................................................................. iv
Word Count........................................................................................................................... v
Table of Contents ................................................................................................................ vi
Addenda............................................................................................................................... ix
List of Tables........................................................................................................................ x
List of Figures ....................................................................................................................... xi

## Part 1: Literature Review ......................................................................................... 1

### ABSTRACT ................................................................................................................. 2

#### 1. INTRODUCTION .................................................................................................. 3

1.1 Adoption - A National Perspective ........................................................................... 3
1.2 Factors associated with Disruption ........................................................................... 3
1.3 Theoretical Perspectives ............................................................................................ 5
1.4 Rationale for Systematic Review ............................................................................... 6

#### 2. METHOD .............................................................................................................. 8

2.1 Literature Search Method ........................................................................................... 8
2.2 Quality Appraisal ....................................................................................................... 9
2.3 Synthesis Method ....................................................................................................... 9

#### 3. RESULTS ............................................................................................................ 11

3.1 Study Characteristics ............................................................................................... 11
3.2 Preparedness & Adjustment ..................................................................................... 12
3.3 Identity & Competency ............................................................................................. 13
3.4 Responsiveness & Reflectivity .................................................................................. 14
3.5 Commitment & Resilience ......................................................................................... 16
3.6 Containment & Support ........................................................................................... 16
3.7 Cohesion & Integration ............................................................................................. 17

#### 4. DISCUSSION ...................................................................................................... 20
3. Literature Review........................................................................................................... 82
4. Rationale for the Research Study ............................................................................... 83
5. Methodological Design ............................................................................................ 84
7. Participant Recruitment & Interviews ..................................................................... 86
8. Transcription and Analysis ...................................................................................... 87
9. Report Writing and Dissemination ......................................................................... 90
10. Professional and Personal Learning Points ......................................................... 91
11. References ............................................................................................................. 93

Appendices ..................................................................................................................... 96

Appendix A\textsuperscript{1}: Guidelines for Authors: Target Journal for Literature Review ..... 97
Appendix B: Database Searches, Search Strings and Extracted Articles ........... 101
Appendix C: Quality Appraisal Tool: Critical Appraisal Skills Programme .... 103
Appendix D: Meta-synthesis Themes Yielded from Original Article Themes. 1036
Appendix E: Profile of studies included within the meta-synthesis ............ 1067
Appendix F\textsuperscript{1}: Statement of Epistemological Position ................................. 110
Appendix G: Example of Exploratory and Emergent Theme Coding for Cara . 113
Appendix H: Example Cara’s Super-ordinate and Subordinate Themes ......... 114
Appendix I: Super-ordinate Theme of ‘Containing Damage’ ............................. 115
Appendix J: IPA and Quality Issues ............................................................................. 116
Appendix K\textsuperscript{1}: Participant Information Sheet (PIS) ...................................... 118
Appendix L: Participant Consent Form ........................................................................ 122
Appendix N:\textsuperscript{1}: Correspondence from Local Research Ethics Committee .......... 124
Appendix N:\textsuperscript{1}: Correspondence from Local Research and Development .......... 127
Appendix O: Participant Covering Letter ................................................................. 130
Appendix P: Participant Expression of Interest Form ........................................... 131
Appendix Q: IPA Interview Topic Guide ................................................................. 132
Appendix R: Participant Debrief Letter .................................................................. 134
Appendix S\textsuperscript{1}: Full Chronology of Research Process ......................... 136
Appendix T: Frequency of Super- and Subordinate Themes .............................. 137

\textsuperscript{1} Mandatory appendices
Addenda

Transcripts\(^2\) have been submitted separately as an Addendum

  Transcript 1: ‘Cara’
  Transcript 2: ‘Emma’
  Transcript 3: ‘Jennifer’
  Transcript 4: ‘Lynn’
  Transcript 5: ‘Rachel’
  Transcript 6: ‘Sarah’

\(^2\) To maintain participants’ anonymity, parents have been given pseudonyms and these are used throughout the thesis, including the submitted transcripts (see Addendum).
List of Tables

Table 1: A psychosocial Model of Adoption (adapted from Brodzinsky, 1987)............36
List of Figures

Figure 1: Systematic Review Process.................................................................8

Figure 2: Meta-synthesis Themes: Parents’ Lived Experiences Care-giving........... 11

Figure 3: Super-ordinate and Sub-ordinate Themes ...........................................45
Part 1: Literature Review

Caring for Adopted Children: 
A Systematic Review of Parents’ Experiences

(Guidelines to authors for journal targeted for Literature Review can be found in Appendix A)
ABSTRACT

Introduction

A significant volume of research has examined both quantitative risk factors associated with the breakdown of adoptive placements and children’s experiences of adoption, however relatively few qualitative studies have investigated the lived experiences of adoptive parents. The aim of this current literature review was to supplement the existing literature by undertaking a qualitative meta-synthesis to examine how parents’ experience and make sense of caring for an adoptive child.

Method

A systematic search was conducted using three electronic databases (CINAHL, Medline and PsychINFO). Following the application of inclusion / exclusion criteria and a quality appraisal tool (CASP), 10 studies were selected for synthesis.

Results

Whilst carers’ experiences were clearly idiographic and moderated by factors unique to individual families, six experiential themes emerged: Preparedness and adjustment; identity and competency; responsiveness and reflectivity; commitment and resilience; containment and support; and cohesion and integration.

Conclusion

Government legislation introduced guidelines to ensure that adoptive families received increased support post-placement, however the narrative that emerged from the current review suggested that parents felt unsupported once their adoptions had been finalised. Within wider social and community contexts, carers also described feeling negatively evaluated or appraised in relation to their parenting role, skills or knowledge, which led to self-doubt and perceptions of being ‘second rate parents’. It was therefore recommended that psycho-education and post-adoption support groups should be offered to extended family members and friends, as well as professionals that adoptive families routinely come into contact with to ensure that adopters feel appropriately understood and supported.
1. INTRODUCTION

1.1 Adoption - A National Perspective

In 2014, 68,840 children were ‘looked-after’ by English local authorities, of who approximately 3,580 were entered onto the Adoption register that year (Department of Education, 2014). In comparison to children who are cared for by biological parents or other kinship arrangements, looked-after children often fare poorly in education, employment and psychological wellbeing (Fisher, 2014; Jones et al., 2011). Whilst outcomes for looked-after children improve when they are placed with adoptive parents, not all children thrive following adoption (Argent & Coleman, 2012).

Castle et al. (2009) suggested the most overt indicator of an unsuccessful adoption is placement ‘disruption’, which Argent and Coleman (2012) defined as the ‘premature ending of an adoption’ (p.1). The precise rate of disruption is difficult to establish as adoption agencies are not required to maintain contact with adoptive families once the adoption is completed. As a consequence, the experiential quality and outcome of placements is often unknown. Rushton (2003) estimated placement breakdown prevalence to be 10-50% in the UK and USA. Selwyn et al. (2014) suggested that variation in estimates may be accounted for in the different ways disruption is calculated between US and UK studies (e.g., whether disruption occurred pre- or post-Adoption Order), and by the lack of comprehensive data sets. It is also noteworthy that the nature of adoptive placements appears to vary considerably between the nations. For example, the majority of USA adoptions (56%) involved children being placed with foster carers rather than with strangers (14%). In contrast, most children in the UK were matched with strangers to form a new family (85%), whilst only 15% were adopted by foster carers previously familiar with the child (AFCARS, 2013).

1.2 Factors associated with Disruption

The Adoption and Children Act (2002) introduced best practice guidelines to reduce adoption process delays and to provide increased support for families post Adoption Order. Whilst it was anticipated that this legislation may reduce disruption rates, few national studies have examined the experience of challenging or disrupted placements
(e.g. Selwyn et al., 2014). A number of quantitative reviews have extrapolated factors that might predict disruption (e.g. Coakley & Berrick, 2008; Child Welfare Information Gateway, 2012; Rushton et al., 2003; Selwyn et al., 2014; Thomas, 2013), which can be summarised in relation to three domains: child related factors; the adoption process; and systemic factors. With regards to child-related factors, the adoptee’s age (Howe, 1997; Selwyn et al., 2014), exposure to pre-placement emotional or physical abuse and neglect (Ford et al., 2007; Rushton et al., 2003; Selwyn et al., 2014), and the existence of attachment difficulties, behavioural problems or mental health problems (Rutter et al., 2007; Sempik et al., 2008) have been positively correlated with disruption. Aspects of the adoption process associated with disruption included a higher number of moves whilst in care, a longer wait to be placed with a family, and adoptive families experiencing poorly managed initial introductions (Selwyn et al., 2014; Sinclair et al., 2007). Finally, a range of systemic factors have correlated with disrupted placements, such as difficult relationships with siblings, adoptive parents or social workers (Selwyn et al., 2014), the adopter’s own experience of being parented (Timm et al., 2011), and the extent to which family routines and activities are restricted through the adoption (Selwyn et al., 2014).

The reviewed quantitative literature identified factors that make a minority of adoptive placements too difficult to sustain (e.g. Selwyn et al., 2014). However, it could be argued that the predictive, clinical value of such findings are limited as every looked-after child might ‘qualify’ as meeting at least one of the risk factors of disruption due to their life histories and journeys to adoption. Rather than focusing on quantifiable risk factors, there may be greater clinical utility in examining the ways parents experience caring for an adopted child. It is noteworthy that whilst considerable research has examined the adoptee’s experience (e.g. Brodzinsky, 1987; 2011) and parent’s experiences from a quantitative perspective (e.g. McKay et al., 2010), the qualitative lived experiences of adoptive parents’ has rarely received attention. Due to the scarcity of qualitative literature pertaining to adopters’ experiences of parenthood, the following section of this review will initially consider theories utilised to make sense of the experience of parenthood from the perspective of biological parents.
1.3 Theoretical Perspectives

Family stress theory (Patterson & Garwick, 1994) predicts that the adjustment from childlessness to parenthood encapsulates an interactional process, whereby parents are required to muster the physical and emotional resources (facilitators) that enable them to cope with and overcome the daily hassles, strains and stressors (demands). The theory postulates that well balanced demands and facilitators result in positive transitions. In a similar vein, theoretical models of family life-cycles (e.g. Carter & McGoldrick, 2005; Duvall & Miller, 1985) purport that changes in the composition of the family (such as the birth of a child) produce inherent demands and stresses that force individual family members to make adaptations. Consistent with these assertions, quantitative research has highlighted that the arrival of a first child can be marked by a range of stressors for biological parents, such as a decline in economic wealth (Cowan & Cowan, 1995), increased marital-conflict (Demo & Cox, 2000), increased anxiety and low-mood (Cowan & Cowan, 1995) and a re-positioning of support and familial relationships (Hanson & Jacob, 1992).

In common with biological parents, it is therefore speculated that the aforementioned demands and stressors to put significant pressure on adoptive parents as they strive to adapt to their new role (Mainemer et al., 1993; Rushton et al., 2003). Both the family stress theory (Patterson & Garwick, 1994) and life-cycle models (e.g. Carter & McGoldrick, 2005) predict that parents who perceive they lack the necessary physical, social and emotion resources to deal with experienced demands and stressors will encounter difficulties in adjusting to parenthood. Furthermore, such appraisals may lead to adopters making negative evaluations of their parenting skills and competencies, as well as result in them experiencing increased dissatisfaction with the placement. It is speculated that such outcomes may undermine the stability of placements.

In accordance with the dynamic nature of life-cycle models, Kadushin (1980) observed an interaction between parental satisfaction and child adjustment within adoptive families. In particular, it was noted that carers who expressed dissatisfaction with the parent-child relationship showed decreased levels of warmth and acceptance of their
adopted child, which subsequently impacted on the child’s level of adjustment and the stability of the placement. Tizard (1977) similarly identified that parental satisfaction and efficacy were important predictors of adoption success. Parental dissatisfaction has also been linked to unmet or unrealistic expectations concerning adoptive experiences, such as in Folio’s (2010) theory of ‘post-adoption depression’. The theory predicts that if expectations pertaining to the experience of adoption or parenting are not met or are unrealistic, carers are more likely to report dissatisfaction that may lead to depression and jeopardise the stability of the placement. Rosenthal (1993) similarly reported that parents may hold unrealistic expectations about the challenges associated with caring for a looked-after child, which might threaten family adjustment. Conversely, other quantitative studies have noted that despite encountering potential ‘demands’, such as adoptees’ exhibiting behavioural or emotional difficulties, parents maintained realistic expectations of adoption and of adoptees’ prospects (Brodzinsky & Pinderhughes, 2002) and continued to express satisfaction with parenting (Howe, 1998).

Whilst the above findings offer insight into the interactional processes that may mediate parental adjustment within the unique context of adoption, the limitations of the correlational studies from which the majority of findings have been drawn should be acknowledged: The quantification of attributions, such as ‘realistic’ or ‘unrealistic’ expectations, risk imposing value judgements on adoptive parents. Furthermore, the above studies have tended to draw attention to associations ‘within’ parent-child dyads. In contrast, life-cycle models (e.g. Carter & McGoldrick, 2005) have additionally emphasised the influence of wider social supports and cultural determinants (such as predominant social discourses about what it means to be a parent or adoptive family). In summary, these quantitative approaches appear to have neglected the meaning making and experiences of the parents themselves.

1.4 Rationale for Systematic Review

In order to gain a fuller understanding of adoptive placements that are experienced as challenging and therefore have the potential (at least theoretically) to disrupt, it seemed important to afford attention to how adoptive parents make sense of, and
experience caring for an adopted child. Given the profound effect placement disruption has on parents, children, extended-family members and supporting professionals (Argent & Coleman, 2012), it was surprising that no qualitative systematic reviews of parents’ experiences of adoption had been previously conducted. The aim of this current review was, therefore, to supplement the existing quantitative literature by undertaking a synthesis of the limited qualitative studies that have explored carers’ experiences of parenting a looked-after child. A further aim was to offer a novel and interpretative insight into parents’ experiences of caring for an adoptee by undertaking a meta-synthesis of the existing literature.
2. METHOD

2.1 Literature Search Method

A systematic review of existing qualitative research was undertaken in order to aggregate a novel interpretive account of adoptive parents’ lived experiences of caring for an adoptee. Figure 1 illustrates the stages of the systematic review. Searches on three electronic databases (Cumulative Index to Nursing and Allied Health (CINAHL), Medline and PsycINFO) were undertaken in July 2015 utilising search strings (Appendix B) refined through initial scoping of the literature. Papers were included if they: (a) employed qualitative methodologies to investigate adoptive parents’ experiences of caring for their child; (b) were written in English; and (c) were published in peer-reviewed journals. Searches were not limited to UK studies as few UK-based studies were found during an initial scoping review. Studies were excluded if: (a) they focused on foster or kinship carers’ experiences of caring for a child; or (b) they investigated aspects of adoption that were not central to the parents’ caring experience, such as they focused on the process of becoming adoptive parents. Reference lists of key papers and forward-citation searches were undertaken to identify further papers. Removal of duplicates using Refworks (Stage 2) reduced the 495 papers extracted at Stage 1 to 208. Abstracts were screened against inclusion criteria at Stage 3 resulting in 21 papers.

Figure 1: Systematic Review Process

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<td>Stage 4</td>
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2.2 Quality Appraisal

Stage 4 of the review involved an in-depth quality appraisal of each study. The Critical Appraisal Skills Program (CASP) is widely used in the National Health Service (NHS) for undertaking the appraisal of qualitative research (NHS CASP, 2002) (Appendix C). Following quality appraisal, 10 of the 21 papers were retained for synthesis.

2.3 Synthesis Method

Researchers wishing to synthesise qualitative studies can select from a range of methodologies (Barnett-Page & Thomas, 2009; Fingeld-Connett, 2010). This review employed a method of synthesis known as ‘meta-synthesis’ (Sandelowski & Barroso, 2007). Meta-synthesis is a rigorous method that allows for the integration and interpretation of research findings that have been drawn from subtly different qualitative approaches (ibid.) to produce ‘a new and integrative interpretation of findings that is more substantial than those resulting from individual investigations’ (Fingeld, 2003, p.894).

As an interpretative qualitative methodology, the philosophical underpinnings of Sandelowski and Barroso’s (2007) meta-synthesis fit with a constructivist epistemology that attempts bring to light how individuals construct and re-construct their experiences in order to make sense of a particular phenomenon (Paterson et al., 2001). In common with other methods of synthesis, Schutz (1962) asserts that the construction of knowledge through a meta-synthesis occurs at three levels: first-order constructions occur as participants in qualitative studies generate understandings of their own lived experienced; second-order constructions occur as the authors of the original studies interpret and make sense of the data; third-order constructions are made by those undertaking the meta-synthesis as they amalgamate and interpret the second-order constructs generated from the initial research. According to Schutz, each level of meaning construction is implicitly influenced by a range of contextual and experiential factors (including the epistemological and methodological stances of the researchers).
Sandelowski and Barroso’s (2007) inductive interpretative approach involves a series of steps: (a) repeated and thorough reading of each paper; (b) extraction of key themes relevant to the reviews; (c) visual mapping of extracted themes; (d) grouping and interpretation of extracted data into new themes; (e) re-reading of papers using ‘constant comparison’ to extrapolate further themes; and (f) final description of themes using assigned theme titles. During the analysis, the author kept a reflexive diary to record reflections about salient features of the emerging themes. This supported the author in ‘bracketing’ (e.g. Smith et al., 2009) her own biases, allowing new interpretations to emerge from the data. Reflexivity is considered of critical importance when interpreting data within a constructivist framework. The findings from the 10 papers are summarised in Appendix D, along with an illustration of new themes were generated from the data-set.
3. RESULTS

3.1 Study Characteristics

Ten papers were selected for synthesis. Two involved parents from the UK (Follan & McNamara, 2013; Jones & Hackett, 2011); five were conducted in the USA (Clark et al., 2006; Foli, 2010; Lancaster & Nelson, 2009; Linville & Lyness, 2007; Wells, 2011); and three further studies were based in Canada (Daniluk & Hurtig-Mitchell, 2003), New Zealand (Johnstone & Gibbs, 2010) and Romania (Bejenaru & Roth, 2012). Further study characteristics are summarised in Appendix E. Figure 2 illustrates six themes relating to adoptive parents’ experiences that were identified through the meta-synthesis.

Figure 2: Meta-synthesis Themes relating to Lived Parents’ Experiences Care-giving
3.2 Preparedness & Adjustment

The experience of childless couples making the sudden transition into parenthood emerged as a theme from all 10 papers. Parents alluded to a range of emotional, psychological and practical adjustments to accommodate for the placement of the adoptee. As placements often occurred abruptly or under circumstances in which adopters’ perceived they had little control, parents experienced a plethora of overwhelming negative emotions that seemed attributable to perceived lack of preparedness or uncertainty, such as resentment, frustration, vulnerability and despair (Bejenaru & Roth, 2012; Follan & McNamara, 2013; Lancaster & Nelson, 2009).

The psychological adjustments that parents experienced appeared to involve making sense of their newly acquired parental status. For some, this revolved around moving from being childless couples to becoming parents (Bejenaru & Roth, 2012; Clark et al., 2006; Foli, 2010): ‘It happens overnight and your body’s not ready, your emotions aren’t ready, your relationship is not ready’ (Daniluk & Hurtig-Mitchell, 2003, p.395). As a consequence parents expressed feelings of inadequacy in terms of their perceived ability to care for their adopted child (Johnstone & Gibbs, 2010; Lancaster & Nelson, 2009): ‘So instead of a newborn in hospital with all the support, you’ve got a brand new 9-month-old baby. And that baby has 9 months of experience being a baby, and we’ve got 1 week of experience being parents!’ (Daniluk & Hurtig-Mitchell, 2003, p.395).

For other parents, adjustment to parenthood seemed to involve making sense of caring for an adopted child rather than their biological offspring (Clark et al., 2006; Daniluk & Hurtig-Mitchell, 2003; Follan & McNamara, 2013; Wells, 2011). One parent explained: ‘when we found out that having babies was not in our life, we should have made the decision right there and then to adopt. You think you should try everything and, in the end, you realize it’s the relationship with the child that’s important – not the childbearing, not what society imposes’ (Daniluk & Hurtig-Mitchell, 2003, p.396). For others the adjustment to parenthood seemed to require assimilating previously held hopes or expectations about parenting with the reality of caring for an adopted child (Clark et al., 2006; Folio, 2010; Jones & Hackett, 2011): ‘she wouldn’t be
interested in being around me. I walked into a packed hall... she didn’t know anybody there, she walked straight into the hall and went to play, never once looked back... it was hard.... I would like one day where I didn’t have to remember they weren’t biologically mine’ (Follan & McNamara, 2013, p.1081).

3.3 Identity & Competency

‘Adoption creates good parenting, because you say okay, I don’t know who you are, so I will let you be whoever you are and I will just sit back and wait and discover what that is and celebrate it with you’ (Daniluk & Hurtig-Mitchell, 2003, p396). The parental competence or identity theme was extracted from all papers with the exception of Bejenaru and Roth (2012) and Jones and Hackett (2011). Adopters held pre-existing beliefs about children’s right to be cared for, protected and nurtured (Clark et al., 2006), which influenced how they made sense of their identity as caregivers: ‘I always felt that the kids couldn’t take care of themselves. And I always wanted to be, I always felt like I had to be, a caretaker’ (ibid., p.186). Indeed, some parents seemed to position themselves as ‘rescuers’ (Lancaster & Nelson, 2009).

Parents held fairly consistent views about the skills required to care for adopted children, which included: resourcefulness; resilience; flexibility; patience; persistence; and tolerance (Clark et al., 2006; Johnstone & Gibbs, 2010). Carers also alluded to a set of common characteristics they regarded as important when parenting, such as empathy, respect, acceptance and differentiation (i.e. distinguishing the child from challenging behaviours) (Clark et al., 2006, Johnstone & Gibbs, 2010). Analysis across studies suggested that parents viewed their parental roles as emerging over time, and often based on perceived parenting strengths (Johnstone & Gibbs, 2010; Wells, 2011). Once established couples sometimes seemed motivated to maintain role consistency (Linville & Lyness, 2007), as many perceived that this provided certainty and strength within the family unit: ‘... when the crap hits the fan, we agree on the most important things to us. We have established certain roles for each of us and if we crossed over those roles, our marriage would be destroyed’ (ibid., p.83).
Adoptive parents encountered a range of difficulties, such as forging parent-child relationships and managing behaviours experienced as challenging, which sometimes triggered doubts they would be able to fulfil their own expectations of parenting (Folio, 2010): ‘I’m going back to work and everyone is asking me, “how’s it going?” and I’m telling them, “It’s wonderful. She’s doing great.” Then I’d go home and I have to fight with these feelings of why isn’t she accepting me as a mother” (ibid. p.393). As a consequence, parents’ accounts were littered with affect, such as feelings of inadequacy, incompetence, fragility and fear of failure (Follan & McNamara, 2013). Some carers made sense of their experiences as being akin to living life ‘under a microscope’ in which their parenting skills were constantly being examined and evaluated, with ‘weaknesses’ being revealed (Foli, 2010; Wells, 2011): ‘[Adopted children] hold a mirror... they stand there and expose every single weakness you have got. I have never been so angry ... she would find out how to make me angry, to make me miserable’ (Follan & McNamara, 2013, p.1082).

Anxiety and self-doubt also manifested in relation to parents’ perceived abilities to attune and respond appropriately to their children’s needs (Foli, 2010; Johnstone & Gibbs, 2010; Lancaster & Nelson, 2009): ‘She is very, very aggressive. She would rive about, nip me, kick me. I would have to wrap her in something in a blanket or a towel or in a quilt and try and hold her so she didn’t hurt me or herself... I really thought am I going to be able to do this? I did feel like that quite a lot’ (Follan & McNamara, 2013, p.1081). In addition, parents described concerns with supporting their children’s integration at school and with peers (Bejenaru & Roth, 2012) or developing affectionate relationships with their children (Folio, 2010): ‘I think everything we did was to promote attachment... There’d be nothing that we were doing that wasn’t for that aim’ (Johnstone & Gibbs, 2010, p.234).

3.4 Responsiveness & Reflectivity

Many papers referenced parents’ engagement in preparatory processes, such as attending pre-placement training, reading adoptees’ developmental histories and attending post-adoption support groups (e.g. Follan & McNamara, 2013). Whilst carers often referred to preparatory interventions as ‘inadequate’, it seemed that parents
were attempting to assimilate this information to try and make sense of how early experiences would have influenced their child (Clark et al., 2006; Johnstone & Gibbs, 2010; Linville & Lyness, 2007): ‘I don’t know how the period when he hasn’t lived with us will affect him. I don’t know what’s normal and what’s abnormal in his behaviour’ (Bejenaru & Roth, 2012, p.1321).

In the context of caring for children who have been exposed to neglectful or chaotic early environments, carers spoke about the importance of establishing clear boundaries and routines (Clark et al., 2006), discouraging well-meaning visitors (Johnstone & Gibbs, 2010), and managing transitions at home and at school (Clark et al., 2006). One adopter commented: ‘I just think you’ve got to make them [adoptees] understand that this is the way it’s got to be. You’re not in control, I’m in control... I’m the parent’ (ibid, p.187). Other papers (Daniluk & Hurtig-Mitchell, 2003; Johnstone & Gibbs, 2010) recognised the emotional challenges parents experienced when caring for children who had been abused: ‘She asked me in the first months she was here where my stick was because she was used to being whacked before bed. Sometimes, I just get so sad because of everything she has been through, we cry together’ (Linville & Lyness, 2007, p.86). Adopters showed interest and persistence in trying to make sense of their children’s thoughts and feelings (ibid): ‘You got to try to talk to them. You’ve got to someway, somehow get on that child’s level. See where their head’s at. Because if you don’t try... it’s kinda of hard to communicate with them’ (Clark et al., 2006; p.187).

Most commonly, however, parents reported difficulties making sense of and responding to a range of behavioural issues, such as physical and verbal aggression, tantrums, hyperactivity or inattention (Bejenaru & Roth, 2012; Johnstone & Gibbs, 2010): ‘I think a lot of it was her way of acting out the fact that she had no control over her life and she’s still like a total control freak. And that’s real important to her; it’s how she survives; it’s how she continues to feel safe through being in control. And also I think the meltdowns were due to the fact that she didn’t understand parenting. She literally grew up where the wild things are’ (Lancaster & Nelson, 2009, p.306).
3.5 Commitment & Resilience

Despite experiencing significant pressures and challenging episodes of care, parents spoke of maintaining high levels of commitment, hope and resilience (Daniluk & Hurtig-Mitchell, 2003; Johnstone & Gibbs, 2010). For some parents beginning every day with a ‘clean slate’ appeared to be a conscious strategy to bolster their resources (Follan & McNamara, 2013, p. 1082): ‘You start the day with an optimist because that’s the only way you can go on. You couldn’t start every day with “it’s going to be as bad as yesterday” you need to start every day as, “right, we are going to try our best”.’

Other parents showed commitment to their children by adopting roles that extended beyond ‘typical’ parenting boundaries. This was particularly evident with regards to schooling (Linville & Lyness, 2007), where carers sometimes assumed a ‘combative role’ in order to advocate for their children’s needs (Lancaster & Nelson, 2009): ‘I am the one out there fighting for their needs, everything I feel they need, yes it’s exhausting but I won’t give up, I can’t give up. That’s part of me now, I am determined’ (Follan & McNamara, 2013, p.1082). As captured in the preceding quotation, many parents expressed physical and emotional fatigue continuously acting into multiple roles to meet their children’s needs: ‘At the 18 month point, I was close to a breakdown. Normally I am one of those people that when the going gets tough, I get going, but she [adopted child] was wearing me down big time. She was the last thing I thought about when I went to sleep and when I opened my eyes in the morning’ (Linville & Lyness, 2007, p.85).

3.6 Containment & Support

Seven of the reviewed papers identified that parents sought support from a range of different sources, including family members and friends, mental and physical health services, schools and adoption services. The aim of support seeking for many carers seemed to revolve around containing their own anxieties and self-doubts about meeting the complex needs of their child. For example, some parents sought professional support to make sense of how to communicate with the adoptee about their adoptive status (Bejenaru & Roth, 2012) or how to maintain family cohesion alongside contact with the birth family (Linville & Lyness, 2007): ‘The psychologists told
me that I’m the only one to know when the time is right. But when is the right time? How can I tell when it’s the right time? I couldn’t know and still the psychologist told me that I would know. I’m scared’ (Bejenaru & Roth, 2012, p.1322).

Families did however experience difficulties identifying and accessing appropriate services (Linville & Lyness, 2007) and many parents who accessed support expressed frustration that professionals seemed to lack an understanding of the needs of looked-after children (Johnstone & Gibbs, 2010). Parents often experienced their concerns about the adoptee as ‘falling on deaf ears’ or being met by a ‘wall of rhetoric’ (Lancaster & Nelson, 2009). Parents often expressed frustration that support was heavily weighted to pre-adoption stages, and once a child had been placed, parents experienced ‘abandonment’ or placation (Foli, 2010): ‘Our sense was that we were just the adoptive couple and that once we had the child it’s like “Okay, you should be happy, now go away”’ (Daniluk & Hurtig-Mitchell, 2003, p.395). As a consequence, parents seemed to either seek as much input as they could, or only accessed services as a last resort.

Many carers felt they needed to advocate for their child’s needs to be acknowledged in school (Linville & Lyness, 2007, p.89): ‘It is disturbing to me that schools are inclined to believe that parents know nothing about what is good for their children. In my experience, the schools have refused to implement simple behaviour modification techniques. It seems like each person in the school has their own view of what this child needs and becomes very defensive about any suggestions for change’. In contrast, parents who had positive experiences of engaging with schools about their children’s needs perceived staff as facilitating their child’s emotional and vocational progress: ‘I rely very much on the kindergarten teacher because they mediate the relationship between the children, so as to properly help them integrate’ (Bejenaru & Roth, 2012, p.1322).

3.7 Cohesion & Integration

Challenges to family cohesion and integration with wider social-support networks were extrapolated from all papers. These related to parents’ experiences of bonding with
their child and making adjustments to meet the needs of all family members. It was apparent that parents made sense of the transition from ‘strangers’ to ‘fully-fledged’ families as a gradual process, rather than instantaneous (Johnstone & Gibbs, 2010; Jones & Hackett, 2011; Lancaster & Nelson, 2009). For some, this transition seemed relatively straightforward: ‘we’re very much a family now and the relationship changes because it’s a triangle now, and we foster that. We’re very into being a family.’ (Wells, 2011, p.164). For others, family integration appeared thornier: ‘it was kind of a little tense for a while ‘cause I had to learn to know them and they had to know me’ (Clark et al., 2006, p.188).

A range of strategies appeared to be enacted in the belief that they supported family cohesion, such as whole-family activities, sharing family rituals and reminiscing about family stories (Jones & Hackett, 2011). Other families identified physical resemblances between themselves and their adoptee (Clark et al., 2006). Furthermore, Johnstone and Gibbs (2010, p.238) noted that families who perceived to demonstrate good levels of integration recognised the qualities of the adoptee in achieving cohesion: ‘they do put up with a lot, an instant family. We were learning to be parents, they had to learn to adapt to us and huge change. I just take my hat off to them’. The impact of such strategies not only increased perceived family cohesion but also ameliorated some of the negative emotions previously described, in favour of emphasising pride, affection, belonging and longevity as parents, and as a family unit (Lancaster & Nelson, 2009).

Beyond parent-child dyads, adopters seemed polarised about the extent to which systemic influences facilitated family cohesion. With regards to societal influences, parents often expressed distress and frustration as a consequence of not being acknowledged as genuine parents or families: ‘people sometimes come up and say oh, what a beautiful baby... and they invariably turn to me and ask if he’s mine... it’s almost like a dis-acknowledgement of the fact that we might be parents’ (Wells, 2011, p.167). Parents also reported being asked intrusive questions or subjected to unsolicited advice (Folio, 2010; Johnstone & Gibbs, 2010); events interpreted as evidence of how society viewed adopters as ‘minority families’ (Folio, 2010) or ‘second rate parents’ (Daniluk & Hurtig-Mitchell, 2003). Similarly adopters perceived
grandparents, friends etc., as either broadly accepting or dismissive of parents’ new status (Folio, 2010; Linville & Lyness, 2007; Wells, 2011). For families where the adoption was accepted and parents achieved recognition in their role as carers, family and friends supported the development of family cohesion (Daniluk & Hurtig-Mitchell, 2003). When this acknowledgement was lacking, parents identified lack of support and the conflict it created as representing the biggest threat to the stability of the placement (Folio, 2010; Johnstone & Gibbs, 2010; Linville & Lyness, 2007).
4. DISCUSSION

4.1 Summary of Findings

This meta-synthesis brings together the findings of 10 qualitative studies exploring parents’ experiences of caring for an adopted child. Six themes emerged from the reviewed literature. Whilst it was apparent that parenting was sometimes an enjoyable and rewarding experience in which adopters utilised largely child-centred, responsive and reflective parenting approaches, the synthesis also identified that parents experienced a range of challenges that they often felt emotionally and practically unprepared for or overwhelmed by, such as the immediate immersion into the role of the parent, managing challenging behaviours, and negotiating support from social systems. This section will consider how results relate to extant theory before considering limitations and clinical implications.

4.2 Relationship to Theory

In keeping with the family stress theory (Patterson & Garwick, 1994) and life-cycles models (e.g. Carter & McGoldrick, 2005), it is likely parents will experience difficulties in maintaining adoptive placements when situational stressors, such as difficult behaviours or competing family demands, outweigh the physical and emotional resources (or facilitators) parents can access. As a consequence parents often reported feeling profoundly ill-equipped to meet the needs of their adopted child (Follan & McNamara, 2013). Whilst many papers alluded to positive emotions experienced by adoptive parents, such as longing and excitement, joy and hope, pride and satisfaction (Daniluk & Hurtig-Mitchell, 2003; Linville & Lyness, 2007; Wells, 2011), which could act as facilitators with reference to Carter and McGoldrick’s (2005) and Patterson and Garwick’s (1994) theories, it is noteworthy that few studies provided direct quotations to illustrate positive affect. It seems important to acknowledge that the omission of parents’ more positive experiences (from the primary data source) may have skewed the interpretation of the current data set (see limitations).

Interestingly, a number of themes implicitly incorporated experiences in which carers appeared to be responding to, or making sense of, internal and external expectations.
about their role as adoptive parents. For example, within the ‘adjustment’ theme, papers made references to parents’ anger, disappointment or despair as a consequence of unfulfilled dreams of ‘idyllic’ parenthood (Folio, 2010; Lancaster & Nelson, 2009). Similarly, within the ‘competency’ theme, some carers seemed to hold the expectation that good parenting would be enough to repair the ‘damage’ caused by childhood neglect or abuse (Folio, 2010). The experience of managing such expectations may be summarised in terms of parents’ narratives which implied that adopters felt like they were living under a ‘microscope’ with regard to the sense that they were constantly being judged or evaluated by the public, professionals, family, the adoptee, as well as by themselves (Daniluk & Hurtig-Mitchell, 2003; Johnstone & Gibbs, 2010; Lancaster & Nelson, 2009). As a consequence, parents described feeling fragile, exhausted and ‘depressed’, which in turn adversely impacted on their physical and mental health (Follan & McNamara, 2013; Linville & Lyness, 2007). These findings seemed in keeping with Folio’s (2010) theory of ‘post-adoption depression’, which speculated that carers whose initial expectations of parenting or adoption were not met would be more likely to experience low mood and dissatisfaction with placements.

In contrast, some adopters’ experiences of parenting seemed less overwhelming or aversive and instead could be understood as being associated with feelings of surprise and strangeness, as parents tried to adjust and make sense of transitions. Furthermore, some papers made reference to adopters experiencing a sense of accomplishment, self-fulfilment and personal growth (Clark et al., 2006; Daniluk & Hurtig-Mitchell, 2003; Wells, 2011). The hard work and effort that individuals had invested in becoming adoptive parents seemed to have led to further feelings of success, acceptance and achievement. With reference Folio’s (2010) and Patterson and Garwick’s (1994) theories, this group of adoptive parents would be more likely to experience increased satisfaction with the placement, whilst ‘demands’ might be counteracted by carers drawing on emotional and systemic resources (‘facilitators’), therefore supporting families to overcome challenges.
4.3 Limitations of Reviewed Literature & Meta-synthesis

This paper aimed to produce a novel and interpretative description of parents lived experiences of caring for an adopted child. Two main short-comings of this review may limit the applicability of this current data set to clinical practice: namely, the sample of studies selected for inclusion and the nature of the meta-synthesis itself. With regard to the former, although a quality appraisal tool suggested that the reviewed studies were of a reasonable quality, as limited qualitative research has examined parents’ experiences of adoption, the selected papers did not meet all quality criteria. Most noteworthy was that only three papers (Linville & Lyness, 2007; Lancaster & Nelson, 2009; Clark et al., 2006) clearly stated their chosen methodologies. Furthermore, discussion of epistemological positions and how authors had considered quality concepts pertinent to qualitative research, such as coherence, credibility and transparency (Elliot et al., 1999; Yardley, 2000) were limited in a number of papers (e.g. Bejenaru & Roth, 2012; Daniluk & Hurtig-Mitchell, 2003; Follan & McNamara, 2013; Jones & Hackett, 2011; Wells, 2011).

With regard to the coherence and creditability of the meta-synthesis, it is important to acknowledge that some studies (e.g. Johnstone & Gibbs, 2010) had a greater number of first / second order themes represented in the synthesis than other papers (e.g. Jones & Hackett, 2011). Similarly, some of the selected papers (e.g. Clark et al., 2006) provided fewer quotations regarding participants’ lived experiences, especially with regard to the positive affect that some carers experienced. As a consequence, the re-interpretations that were made in the synthesis may have been heavily influenced by the interpretations offered by the original authors, resulting in a more ‘problem-focused’ narrative of parents’ accounts. A final limitation focuses on the requirement of any synthesis to amalgamate findings from individual studies. As such, the meta-synthesis considered all adoptive parents’ experiences collectively, irrespective of age at adoption, country of origin or perceived level of difficulty in managing the placement. The more idiographic details of how parents’ made sense of their experiences might have been lost. To this end, further in-depth qualitative research should be conducted with British parents’ in order to build on the work of Follan and McNamara (2013) to understand adopters’ experiences.
### 4.4 Clinical Implications

The findings of this review have significant professional and clinical implications for practice. Whilst government legislation, such as the Adoption and Children Act (2002), has introduced guidelines to ensure that adoptive families receive increased support post-placement, the narrative that emerged from the current review suggested that parents felt unsupported once their adoptions had been finalised. Parents’ sense of being ‘abandoned’ by services seemed to contribute to their sense of isolation, which then compounded their distress especially when dealing with challenging behaviours.

The adverse effects of parenting traumatised children has been recognised (DoH, 2004), however therapeutic interventions, such as play therapy (e.g. Ray et al., 2001), filial therapy (e.g. Guerney, 1983) and theraplay (Jernberg & Booth, 2001), are often largely child-centred (e.g. Golding et al., 2006; Kerr & Cossar, 2014). Enabling adoptive families to access more system-centred approaches, such as dynamic developmental psychotherapy (Hughes, 2011), and exploring experiences (including distress) across parents, children and the extended adoptive family, may be beneficial for adopters but paradoxically might also be more containing (and less stigmatising) for the adoptee.

Within wider social and community contexts, carers also described feeling negatively evaluated or appraised in terms of their parenting role, skills or knowledge, which led to self-doubt and perceptions of being ‘second rate parents’ (Daniluk & Hurtig-Mitchell, 2003). Parents therefore may benefit from having increased access to their own therapeutic space to reflect on the challenges of caring for an adoptive within the current cultural climate. Third wave interventions, such as compassion-focused therapy (e.g. Lee, 2012), mindfulness-based approaches (e.g. Kabat-Zinn, 2003) and acceptance and commitment therapy (e.g. Hayes et al., 1999) might be helpful in enabling parents to make sense of and contextualise a range of negative cognitions and emotions, such as anger, shame or guilt, which they may experience towards themselves, their children or their wider support network. Furthermore, it is recommended that psycho-education / post-adoption support groups should be offered to extended family members and friends, as well as professionals that adoptive families routinely come into contact with (i.e. teachers or recreational activity leaders).
to ensure that adopters and their children feel appropriately supported and more fully integrated within society.
5. CONCLUSION

Parents’ experiences of caring for an adopted child were explored using a meta-synthesis of existing qualitative literature. Whilst carers’ experiences were clearly idiographic and moderated by factors that were unique to individual families, six experiential themes emerged: Preparedness and adjustment; identity and competency; responsiveness and reflectivity; commitment and resilience; containment and support; and cohesion and integration. Furthermore, the current review has highlighted a lack of robust qualitative research to explore parents’ experiences of adoption. Given the possible risks of disrupted adoption and the impact that disruption has on looked-after children and their families, it seems timely that further in-depth qualitative research should be conducted to gain insight into how British adoptive parents experience and make sense of more challenging placements.
6. REFERENCES


3 Denotes articles used in the meta-synthesis


Part 2: Research Paper

Parents’ Experiences of Caring for Adopted Children:
An Interpretative Phenomenological Analysis
ABSTRACT

Introduction

The task of creating a cohesive adoptive family represents a significant challenge that involves substantial psychological and social adjustment. Whilst a psychosocial theory of adoption adjustment has been formulated, few qualitative studies have been conducted to explore the challenges of parenting an adopted child. The current research aimed to provide an in-depth and interpretative account of parents’ experiences to supplement existing literature and elaborate on the difficulties some British parents encounter when caring for an adopted child.

Method

Interpretative Phenomenological Analysis (IPA) was utilised to consider the parenting experiences of six mothers who self-identified that caring for their adopted child was more challenging than initially expected. Using a semi-structured topic guide, adopters’ meaning making about their experiences were explored, before convergences and divergences in parents’ accounts were constructed as coherent, interpretative themes that attempted to encapsulated adopter’s experiences.

Results

Three super-ordinate themes were identified: ‘living in a different world’ illustrated the emotional distress and social isolation that adopters encountered; ‘what’s going on in their little minds’ illuminated parents’ intense desire to make sense of their ‘damaged’ children and provide reparative care; whilst ‘parenting on another level’ alluded to the women’s experiences of striving for balance and holding hope for the future.

Conclusion

The findings highlighted how greater partnership working with adoptive parents, their extended families and community networks could support adopters in sustaining their care-giving roles. For example, a passport of involvement with multi-agency services could be established to document professional interventions and ensure parents receive consistent and appropriately scaffolded guidance about how to support their children’s complex needs. Specific therapeutic approaches are also advocated to address how self-criticism and lack of parental validation might otherwise impede the provision of reparative parenting experiences for adopted children.
1. INTRODUCTION

1.1 The Creation of Adoptive Families

Adoption has become an active child welfare strategy, in which neglected and abused children are legally relocated to be cared for by new families who provide ‘reparative’ parenting for children who were put at risk by birth parents (Luckock & Hart, 2005).

The task of creating a cohesive family and transitioning into parenthood is recognised to be one of the most ‘significant’ and ‘challenging’ life events experienced by biological parents (Feeney et al., 2001; Kluwer, 2010), requiring substantial psychological and social adjustment (Helms-Erikson, 2001; Parfitt & Ayers, 2014). The transition is associated with adverse effects on wellbeing (e.g. Brockington, 2004), with estimates of ‘postpartum depression’ ranging between 8 and 28% in mothers (e.g. Buist, 2008, Gavin et al., 2005) and 3 and 13% in fathers (e.g. Matthey et al., 2000; Paulson & Bazemore, 2010). Whilst the transition to adoptive parenthood has been afforded less attention (McKay et al., 2010), it has been asserted that characteristics of both the adopter and adoptee (based on their pre-adoptive experiences) are likely to make the process of creating and maintaining an adoptive family considerably more ‘complex’ and ‘problematic’ (Golding, 2010; Kirk, 1964).

1.2 Early Adversity and Attachment: Implications for Adoptive Parenting

The pre- and post-natal adversity that the majority of children encounter before they are adopted from the care system is well established (e.g. Fisher, 2015; Selwyn et al., 2014), and precipitates a number of difficulties that are likely to negatively impact on an adoptee’s integration into a new family. Attachment theory purports that responsive and attuned care-givers provide a ‘secure base’ from which children explore and learn, and develop an ‘internal working model’ that fosters trust in others and self-reliance in themselves (e.g. Bowlby, 1969; 1988). When attachment figures are insensitive or significantly neglectful of children’s needs, insecure or disorganised attachments develop and children exhibit patterns of behaviours that maximise the likelihood of the care-giver responding to the child’s needs, such as the child’s use of...
clingy, demanding or controlling behaviours (Weinfield et al., 1999) or avoidant or ambivalent interaction patterns (Crittenden et al., 2001).

As a consequence of neglect, abuse and early attachment experiences, children adopted from care are recognised to be at higher risk of experiencing mental health (Fisher, 2015) and physical health challenges (Johnson, 2002), and impaired cognitive-emotional development (Cermak, 2001). Furthermore, adopted children are likely to face issues with loss and identity (Gale, 2007; Smit, 2002), feelings of difference (Golding 2010), school adjustment and academic achievement (Pears et al., 2010), peer relationships (Hodges & Tizard, 1989) and forming attachments with their adoptive families (Gauthier et al., 2004; O’Connor & Rutter, 2000), as early attachment experiences shape children’s expectations about future relationships (Weinfield et al., 1999). Adoptive parents similarly may experience mental health and adjustment difficulties that stem from unresolved trauma and identity issues as a consequence of infertility or previous losses (Brodzinsky, 1987; Golding, 2010), and the disruption of previously established patterns of familial or marital interactions, practices and narratives (Golding, 2006; Hart & Luckock, 2004).

1.3 The Challenges of Providing Reparative Parenting

The construction of an adoptive family therefore involves significant readjustments on behalf of the child, the parent(s) and their extended family system (Golding, 2006). Some of the complex adjustment issues that are played out when an adoptive family is formed have been outlined by Brodzinsky (1987). Extending Erikson’s (1963) model of psychosocial developmental, Brodzinsky (1987) proposed that adoptive parents and children are exposed to a unique set of psychosocial tasks or ‘crises’ that intermingle with and complicate ‘normative’ developmental tasks. Key tasks of adoptive family adjustment have been outlined in Table 1 (overleaf), and the adaptations that need to be made by family members will be elaborated below to illustrate one ‘stage’ of psychosocial adjustment.

According to Erikson (1963), a child’s basic sense of trust is established when caregivers provide an atmosphere of emotional warmth and low anxiety. This is most
<table>
<thead>
<tr>
<th>Age Period</th>
<th>Erikson’s Psychosocial Crises</th>
<th>Task for Adoptive Family</th>
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</table>
| Infancy (0-1 year)    | Trust vs. Mistrust            | Resolving feelings relating to infertility  
Managing anxiety / uncertainty associated with the placement process  
Identifying appropriate role models and expectations relating to adoptive parenthood  
Managing the social stigma associated with adoption  
Achieving secure attachment relationships |
| Early Childhood (1-6 years) | Autonomy vs. Shame Initiative vs. Guilt | Overcoming ambivalence about children seeking physical and psychological autonomy and independence  
Managing anxiety / uncertainty associated with talking about adoption  
Creating an environment in which the subject of adoption can be openly explored |
| Middle Childhood (6-12 years) | Industry vs. Inferiority | Striving to develop a positive sense of self through acquiring new skills and knowledge  
Assisting children to make sense of being ‘relinquished’ for adoption, ‘grieving’ birth parents and the ‘uniqueness’ of their new family status  
Managing children’s feelings of confusion and uncertainty arising from the ‘grieving’ process and new sense of identity |
| Adolescence (12-19 years) | Ego Identity vs. Ego Confusion | Managing adolescent’s feelings of confusion and disconnectedness from their cultural and biological heritage  
Assisting adolescents to overcome bewilderment and bereavement about their ‘lost self’  
Maintaining an environment in which the subject of adoption and family life can thrive (in spite of the above complications or assisting the adolescent’s search for their family of origin) |
likely facilitated by caregivers who feel secure in their parental role and possess realistic expectations of children’s behaviours and development. Brodzinsky (1987) argued that factors such as unresolved issues of infertility and self-image, uncertainty about the timing of the child’s placement, the absence of appropriate role models for adopters, and the social stigma associated with adoption, may adversely impact on care-givers abilities to create a secure and nurturing environment. If unresolved these factors may compromise both the adoptees’ and the adopters’ level of adjustment.

Brodzinsky maintains that all adoptive families are confronted with these psychosocial ‘crises’ and draws upon Kirk’s (1964) ‘patterns of adjustment’ to explain how some families respond more effectively than others. Kirk specified a coping pattern referred to as ‘rejection-of-difference’ that involves some parents choosing to deny the existence of distinctions between adoptive and biological parenthood. Rejection-of-difference therefore tends to involve the inhibition of affect and cognitions that if expressed would be conducive to the exploration of issues faced by adoptive families (i.e. the approach taken when adopters’ favour ‘acknowledgement-of-difference’).

Brodzinsky (1987) speculates that rejection-of-difference is fuelled by a ‘deficit’ conceptualisation of difference, in which discrepant perceptions between adoptive and biological families are made sense of in light of ‘second class’ ‘social stigma that still pervades society’s view of adoption’ (Brodzinsky, 1987, p.41). Brodzinsky suggests a third coping pattern of ‘insistence-of-difference’ in which behavioural and emotional difficulties exhibited by the adoptee lead to disharmony or dissatisfaction within the family. Parents who insist difference, might no longer perceive the adoptee as an integral part of the family and consequently adjustment is not aspired to, potentially leading to adoption breakdown.

Brodzinsky’s model is helpful in illuminating how developmental stages and family life cycles interact to determine adjustment in adoption. A limitation of Brodzinsky’s model is that it almost exclusively focused of the dynamic interactions occurring within the parent-child dyad, with little consideration of how family adjustment also requires the development of healthy relationships with relatives, and friendships or community networks (Golding, 2006).
1.4 Adjustment of Parenting Identity and Schema

A more systemic understanding of psychological adjustment can be gleaned from social identity theory which explains ‘successful’ adaptation to biological parenthood (Stryker, 1980). Identity theory posits that individuals simultaneously occupy different ‘statuses’ (i.e. being a mother and daughter) that each have attached culturally-derived ‘role expectations’ that are internalised (Stryker & Statham, 1985). Parental identities are actively constructed through interactions with others within the parent’s social system (Cast, 2004), as social encounters provide feedback that can verify parents’ new identities (i.e. the experience of role congruence). Whilst caregivers experience satisfaction, self-efficacy and social acceptance when their identities are validated (Cast & Burk, 2002), parents who encounter ‘role incongruence’ (through lack of social verification) are prone to experience distress and dissatisfaction, both in relation to themselves and significant others (Burke, 1991). Brodzinsky’s (1987) assertion that ‘second class’ societal narratives exist about adoption, may make it challenging for adoption parents to experience positive role validation.

Extending concepts from social cognition (e.g. Fiske & Taylor, 1991), adjustment in parenthood also entails the development ‘parenting schemas’ (Azar, 1989; Bowlby, 1969), which combine assumptions about parents’ functions and responsibilities as caregivers, as well as knowledge about children that is both general (i.e. typical developmental patterns) and specific (i.e. idiosyncratic differences) (Azar et al., 2005). Schemas are refined through social interactions, and contain prevalent cultural and experiential customs, such as parents’ own experiences of being parented (Harkness & Super, 1993).

Schemas are adaptive as they permit a ‘reflective function’ (Golding & Hughes, 2012) in which parents think about their own experiences (and their child’s experiences) to interpret and respond appropriately to different needs in different contexts. However, research has shown that parenting schema can be ‘maladaptive’ as they are too rigid or simple to respond to children’s ever-changing needs and behaviours (Azar et al., 2005). The development of schemas that are sufficiently responsive to deal with the
complexity of adoptive children’s behavioural and emotional difficulties might present another challenge for adopters, as articulated by Lieberman (2003, p.282):

*Good enough parenting is often not good enough for an emotionally disturbed child. In this sense, adoption is a radical intervention only if the adoptive parents become adept interveners, able to decode and respond appropriately to the child’s psychological needs.*

### 1.5 Rationale and Aims of Current Research

The necessity of providing reparative parenting experiences for children who have been adopted has been established (e.g. Fisher, 2015; Selwyn et al., 2014), along with the challenges of integrating an adoptee within their new family (e.g. Brodzinsky, 1987). It has also been recognised that the complex (and sometimes repellent) nature of children’s behaviours can overwhelm adopters and can subsequently jeopardise the stability of some placements (Golding, 2006; Rushton et al., 2003). Little exploratory qualitative research has been undertaken to examine the challenges of caring for an adopted child (McKay et al., 2010), and UK-based studies are especially lacking (e.g. Follan & McNamara, 2013; Jones & Hackett, 2011). The rationale for the current research was, therefore, to provide an in-depth and interpretative account of parents’ experiences with the intention of supplementing the existing literature and providing a greater knowledge base pertaining to the difficulties some British parents encounter when caring for an adopted child.

The current research specifically aimed to illuminate the care-giving experiences of adopters who self-identified that parenting had been more difficult or challenging than initially expected. By focusing on this self-selected sample, who were also open to a specialist child and adolescent mental health service for looked-after and adopted children (CAMHS-LAC), it was anticipated that the findings would provide insights that would enable researchers and clinicians to provide more tailored services and interventions to address the psychological and emotional needs of this potentially vulnerable family group.
2. METHODS

2.1 Design

The scarcity of research examining parents’ experiences of caring for an adopted child warranted the use of a qualitative inquiry. Interpretative Phenomenological Analysis (IPA) is regarded as an appropriate methodology when ‘the topic under study is dynamic, contextual and subjective, relatively under-studied and where issues relating to identity, the self and sense-making are important’ (Smith & Osborn, 2007; p.520). IPA is idiographic because of its exploratory and in-depth examination of the psychological and socio-cultural worlds of individuals (Smith, 2004). It is phenomenological because of its focus on experience and meaning making itself, and it is hermeneutic in terms of its position that meaning making is inevitably interpretive and active (Smith, 2011). The ‘double hermeneutic’ commonly referred to within the IPA literature (e.g. Smith & Osborn, 2003) highlights how this meaning making also applies to the researcher attempting to make sense of the participant’s sense-making activities.

2.1.1 Researcher’s Epistemological Position

Consistent with the phenomenological attitude of IPA, the researcher adopted the epistemological position of a contextual constructivist (Appendix F).

2.1.2. Quality Issues

Four key guidelines for ensuring quality with regard to qualitative methodologies have been asserted by Elliot et al., (1999) and Yardley (2000), namely, sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. Extracts of coding at each stage of the analysis are displayed in appendices G through I to support transparency. For purposes of commitment and rigour, the researcher kept a reflective journal throughout the research process and utilised supervision to discuss themes and prejudices influencing interpretation as analysis progressed. These criteria have been elaborated on in Appendix J.
2.2 Sample

The commitment of IPA to idiography privileges in-depth analysis of small homogenous samples to maximise validity of phenomenological interpretations for specific groups (Smith et al., 2009). Homogeneity of the sample also supports meaningful comparisons across the data corpus (Smith, 1999). Smith et al., (2009) therefore suggests that the optimum sample size to be between three and six participants for professional doctoral projects.

A sample of adult adopters who were open to a specialist looked-after and adopted children’s (CAMHS-LAC) service were purposively sampled. Prospective participants were eligible to participate in the study if they had parented their adopted child for a minimum of one year; the child had been adopted from the care system after their second birthday (research suggests that adoption after this age increases the risk of placement disruption; Selwyn et al., 2014); they were the main carer for their child; and if they self-identified the experience of caring for their adopted child as being more challenging than initially expected. The last three criteria were to support homogeneity of the sample, whilst the first and last were to ensure participants had sufficient relevant exposure to the phenomenon under investigation. Parents who adopted more than one child (i.e. a sibling group) were eligible to participate if at least one of their children met the specified age inclusion criteria. Parents who did not have sufficient English language skills were not approached due to the reliance of IPA on participants’ abilities to verbalise their experiences in a language accessible to the researcher. Parents of adopted children with intellectual disabilities were also excluded for the purposes of homogeneity, as the experiences of these parents could be significantly different from the targeted sample (e.g. Goldberg et al., 1995).

2.2.1 Participants

Following the recruitment procedure outlined below, six participants expressed an interest to be interviewed and subsequently comprised the final sample. To ensure participant anonymity, limited information has been presented with regards to the demographics of final sample. In summary, all participants were female; five participants were married; and four had adopted more than one child. The six
participants had adopted a total twelve children, whose ages at interview ranged between three and eleven years-old (mean age = 7.6 years).

2.3 Procedure

2.3.1 Ethical Considerations and Approval

Patient Information Sheets (PIS) (Appendix K) were sent out to potential participants to support informed consent. The PIS informed participants about the rationale for, and the nature of, the interviews (including the duration and broad topic area for discussion); data storage and analysis; the participant’s right to withdraw from the study; and their entitlement to receive support should they experience distress as a consequence of participation. Informed consent was also confirmed before each interview through discussion of the Consent form (Appendix L) which outlined the same details.

The research proposal was peer-reviewed by a service-user reference group and a panel of clinicians and academics at the University of Leicester. Ethical approval was then granted (Appendix M-N) through a Local Research Ethics Committee (LREC) and the Research and Development department of the host NHS Trust.

2.3.2 Recruitment

Based on the aforementioned inclusion and exclusion criteria, LAC clinicians reviewed and assessed whether adopters who were open to the service might be eligible to participate. Twenty research invitations were sent to eligible participants between May and July 2015 in two batches of 10. The invitations were posted by the service to circumvent the requirement of the researcher to directly access confidential records. The recruitment documents consisted of a covering letter, the PIS and an expression of interest form (see Appendices L and O-P) for those wishing to express interest in participating to sign and return to the researcher. Four participants opted into the study from the first batch of letters, then recruitment ceased after two additional participants opted-in from the second batch. The researcher telephoned participants who had given permission to make contact and answered any questions they had
about the research. Participants were able to choose a mutually convenient time and location for participating in the interview. Four participants selected to be interviewed at home, two at a local out-patient clinic.

2.4 Data Collection and Analysis

2.4.1 Interviews and Transcription

A topic guide comprising of a series of open-ended questions (Appendix Q) was constructed in accordance with the IPA principle of ‘emergent design’ (Smith et al., 2009) and through consultation with an adoptive parent (not involved in the study) and psychologist within the LAC team. Flexible use of this protocol allowed the interviews to follow threads that participants deemed relevant to their experience of adoption (in keeping with IPA which aims to minimise researchers imposing their pre-understandings into interview data), whilst providing a tool the researcher could use to support focus if content moved too far away from the phenomenon of interest. Interviews were audio-recorded. Duration ranged between 60 and 90 minutes. Participants were given time to debrief after the interview and ask additional questions. A written de-brief letter (Appendix R) was given to participants that reiterated their right to access support if distressed through participation, and participants were given the option as to whether they would like a summary of findings to be posted to them.

The interviews were transcribed verbatim by the researcher because it was recognised that this facilitates the subsequent analysis by promoting familiarity with participants’ accounts (Smith et al., 2009). Pauses, emphases and gestures were noted during transcription; however all identifiable data relating to the participants’ and their families were anonymised or excluded to ensure confidentiality. Observations and reflections regarding each interview were recorded by the researcher using a reflective journal.
2.4.2 Analysis

IPA emphasises a dynamic, interactive and iterative process of data analysis in which the researcher actively reflects on their role and its influence on the research findings. Reflexivity on behalf of the researcher is therefore essential. To ensure that this was maintained, and to minimise the possibility of researcher bias, the researcher kept a reflective journal and had regular supervision with an academic who was well-informed about IPA methodology.

Whilst Smith et al. (2009) outlines five stages of a ‘heuristic framework’ to guide researchers through the analytic process of IPA inquiry (p.80), they assert that analysis represents an iterative and inductive cycle (rather than a prescribed process). Maintaining an idiographic stance, analysis began with (1) repeated readings of each interview followed by line-by-line coding (2) of one transcript in order to orientate the researcher towards descriptive, linguistic, and conceptual features within participants’ accounts. Initial exploratory notes were interpreted critically to capture the psychological essence of distinct components of a participant’s experience and meaning-making through the identification of emergent themes (3). Emergent themes were then iteratively constructed to form coherent narratives or clusters by drawing out patterns and connections, similarities and differences within the participant’s transcript (4). This process was then replicated for each transcript (5) before patterns and connections were tentatively explored across participants’ accounts. Examples of exploratory coding, emergent themes and clusters have been presented (Appendix G-I), along with a full chronology of the research process (Appendix S).
3. RESULTS

Figure 3 illustrates the three super-ordinate themes and nine subordinate themes generated from participants’ accounts, with the aim of illuminating the care-giving experiences of adopters who self-identified that parenting had been more difficult or challenging than initially expected. Appendix T demonstrates the frequency to which each participant contributed to the composition of themes with the aim of supporting coherence and transparency (Elliott et al., 1999; Yardley, 2000).

Figure 3: Super-ordinate and sub-ordinate themes

3.1 ‘Living in a different world’

This theme elucidates the psychological and practical adjustments parents made to integrate themselves and their children into what felt like a new, alternate reality. It endeavours to illuminate adopters’ pre-existing beliefs and expectations about parenting, and illustrate how these interacted with and impacted on adopters’ experiences of the ‘reality’ of providing care, that parents felt largely unprepared and ill-equipped for.
3.1.1 ‘Shattering of a fairytale’

Whilst parents professed that they were ‘not naive’ to the challenges of adoptive parenting, the arrival of the adoptee was described as a ‘massive shock’ (Cara, Emma). Anticipated aspirations for parenthood and family life (such as the achievement of a coveted maternal identity or inter-generational cohesion) evaporated instantly or over time as children’s ‘attachment difficulties were revealed’.

In my mind, it was like a little fairytale. How lovely it was going to be. I was going to be an amazing mum. Give up work. It was all going to be really nice. Meet up with friends for coffee. (Cara)

Cara alluded to a realisation that her preconceptions about caring for an adoptive child seemed to be founded more in fantasy than ‘reality’. Indeed, parents’ accounts were littered with unfulfilled expectations about their imagined experiences of parenting. For example, adopters felt that bonding would be ‘natural’ and ‘instantaneous’ (Cara, Sarah), parenting would be ‘easy’ and ‘innate’ (Lynn, Emma), and that adjustment could be achieved without significant ‘upheaval’ or distress (Rachel). Instead parents found themselves thrust into an alternative reality, which was poignantly articulated by Cara:

I just thought who is this little stranger who has invaded my house? He's not mine, I've stolen him. He belongs to his birth mum. He belongs to the foster carers. But he doesn't belong to me. (Cara)

Both practically and psychologically parents struggled to comprehend and adjust to the experience of ‘living with a stranger’ (Jennifer) and their drastically altered perspectives on motherhood:

Horrific. Absolutely horrific. I just wanted them to go. I didn't want them in my house. I didn’t want to hear their voices. I didn’t want them. After I had so desperately, desperately, desperately wanted those two children... It was dreadful. And those feelings; I don't know where they came from (Sarah).
Similar to Sarah, Emma described how her life had turned a ‘complete 180’; an experience that resulted in the women feeling disorientated and destabilised. Moreover, it seemed the mothers had moved from a position of anticipated ‘competency’ to one of uncertainty and vulnerability about their perceived parental efficacy and ability to cope (Cara, Jennifer, Lynn, Rachel).

3.1.2 ‘Crippled by emotions’

The experience of being thrust into an unexpected reality evoked an often debilitating sense that parents’ emotional resilience was over-stretched and ultimately deactivated by the perceived responsibility and complexity of caring for their children.

I was just crippled with anxiety, depression. I didn’t wanna get out of bed. I didn’t like even looking at him. If I was left with him on my own I would go into a panic... I used to get regularly slapped in the face, or punched. Now I can see that’s attachment issues, but at the time I was already very, very fragile. (Cara)

For Jennifer and Rachel, immersion into parenthood seemed less overwhelming but nevertheless compromised their perceived sense of parental competence in relation to different domains of parenting, such as being ‘good’ with children, or self-perceived decision-making and prioritising abilities.

I’m a capable adult, and I just don’t know what to do. I don’t know what to do with her... going from nought to two children in one go was a massive learning curve and I think everything was quite stressful (Jennifer)

As a consequence, parents often felt disempowered and inadequate: ‘all my confidence had completely disappeared’ (Cara, Emma, Sarah); and at times questioned their sense of self and their sanity:

I remember saying, am I mental ’cause I’m just finding it horrible. Hard work. I get nothing back but abuse and aggression and shouting. (Cara)

Mothers seemed to struggle to make sense of their fragility and feelings of being emotionally overwhelmed, and at times assimilated medicalised, diagnostic labels
offered by health care professionals to tentatively decipher what was happening to them (Emma, Rachel, Sarah).

I went through what can probably only be described as post-adoption depression. Oh my god! I was a wreck... I'm crying every night. I can't cope, and I can't do it. I would have handed them back. I'd have said I'm done. I'm not cut out for it. (Emma)

As Emma’s quote elucidates, many adopters’ experiences, especially in the first few months, led them to question the appropriateness of their decision to adopt (Jennifer, Lynn, Sarah) and some expressed a longing to inhabit their ‘old’ lives (Cara, Sarah). Such thoughts seemed to compound mothers’ distress, leading to a sense of hopelessness and despair that such actions would necessitate sacrificing their ‘only’ opportunity to be a parent (Emma). Simultaneously mothers experienced a tremendous sense of responsibility to sustain the adoptive family, not only because extended family had begun to bond with adoptees (Cara, Rachel), but because the women felt accountable because of having initially been the ‘driving force’ for initiating the adoption (Jennifer, Sarah).

3.1.3 Parenting ‘in the line of fire’

This theme portrays the challenges parents encountered when caring for children who exhibited significant behavioural and emotional difficulties.

The atmosphere in the house was horrible because he’d just rip up his toys, smash and hide things of mine, trash his room, scream and shout. We just started noticing that our life a lot of the time was very stressful. (Cara)

As identified within Cara’s account, parents referenced children’s behaviour that resulted in adopters experiencing emotional vulnerability, or feeling physically and psychologically exposed. Indeed, Jennifer and Emma acknowledged that they felt ‘stalked’ and ‘harassed’ by the hyper-vigilance, high levels of dependency or ‘neediness’ that their children displayed.

I used to leave him there just screaming and he would be going berserk. He’d be going “mummy!” And I would just sit in the kitchen, with my head in my hands. And feeling
guilt that I’d left him there screaming and feeling like I can’t go back in there, because the second I go back in there, he’ll be on me. (Emma)

In contrast, when attempting to provide care and nurture Cara and Rachel reported feeling ‘rejected’, ‘attacked’ and ‘controlled’ by their children’s ambivalent and sometimes unpleasant reactions.

It’s very hard... because one minute she’s eight, and the next minute she’s three... At the same time she’s quite rude. She’s quite harsh. She’s very rejecting towards me. (Rachel)

Parents’ narratives alluded to frustration, guilt and inexpressible anger as they experienced feeling relentlessly exposed to challenging behaviours. Aggressive or rejecting behaviours undermined parents’ sense of efficacy and control (adopters often felt powerless to contain or regulate such behaviours), giving rise to feeling disempowered in relation to their children (Cara, Jennifer, Sarah). For example, Lynn spoke lucidly about her sense that children could be ‘destructive’ and divisive, which led to a need for her and her husband to defend against the threat of attack:

If they see a crack, they will go straight for it and try and drive a massive, bloody great wedge in there... Every night for about two years solid we’d have a nightly debrief as to who said what, and where, and how it was dealt with, because they actively tried to drive us apart. (Lynn)

Parents’ sense of powerlessness and vulnerability to attack also seemed to be reinforced by adopters’ experiences that access to social and psychological support was either dwindling or elusive. Adopters described how they felt isolated or rejected by friends and other parents as they attempted to distance themselves and their birth children from the challenging behaviours adoptees exhibited (Emma, Jennifer). Adopters also expressed a need to be ‘guarded’ against the harsh, judgemental ‘mentality’ of others, and ‘protect’ information pertaining to their children’s histories. As a consequence, adopters deliberately segregated themselves from individuals who had no lived experience of adoption.
I guess I have definitely been guarded with others, because I anticipate that they are not really going to understand. And also that I don’t necessarily want to expand our family life to explain a certain situation. So it’s best just not to go down that road really. (Jennifer)

Similarly, Emma and Lynn described how adoptive parents often felt compelled to withhold information from professionals about the difficulties they experienced out of fear that adoptees might be removed from their care. Finally, a number of parents expressed concerns about accessing appropriate and timely professional advice and intervention (Cara, Lynn, Sarah). For example, Jennifer described a looming sense that her daughter’s behaviours were escalating, coupled with an ineffective desperation to elicit effective support.

I can almost feel it coming and I can tell the right people but it doesn’t actually protect any of us...but I also can’t keep putting myself in the firing line. I suppose that’s why it’s quite difficult for me emotionally (Jennifer)

Jennifer’s apparent desire to inform others about her predicament aligned with the experiences of other adopters who seemed to conceive social and familial support as facilitators or impedances in relation to parental vulnerability (Cara, Emma, Rachel, Sarah). Indeed, it seemed the parents often dichotomised others (e.g. family, friends, other parents and teachers) into ‘allies’ (i.e. supportive) or ‘enemies’ (i.e. undermining); a judgement that appeared largely dependent upon interpretations of others’ empathy for the adopters’ experiences.

To sit down and talk about [other parents’] adoptive children was just like a breath of fresh air. 95% of living feels like you are always living in your own little world. It’s almost like living in a world with aliens. And you have your little alien meetings and when you get together with the other aliens, like-minded people, they understand. (Jennifer).

Jennifer went on to speak about the ‘power’ and ‘comfort’ derived from forming networks with other adoptive families. Such interactions seemed to foster the acquisition of maternal identities that were both functional and effective, and
promoted a sense of belonging, validation and hope. Other parents similarly spoke about strategic reciprocity in which adopters felt empowered by sharing experiences and parenting strategies with other adopters (Cara, Emma, Lynn).

In contrast, parents consistently reported feeling ‘targeted’, ‘judged’ and ‘criticised’ by non-adoptive parents, which often led to adopters’ feeling forced to defend themselves as providing ‘good enough’ parenting. This in turn resulted in heightened experiences of unexpected vulnerability:

*I’m feeling very vulnerable. And I suppose when I went through the adoption process everything was about the children feeling vulnerable... And I suppose I felt very well prepared for the adoption but what I felt not prepared for at all was for me to feel vulnerable.* (Jennifer)

### 3.2 ‘Getting your head around what’s going on in their little minds’

This theme endeavours to capture parents’ intense desire to make sense of the adoptees’ ‘inner worlds’ with the aim of tailoring care to effect change and overcome developmental ‘damage’. Parents’ striving to ‘make sense’ was an intense and active process, rather than a position that was ‘achieved’.

#### 3.2.1 ‘There’s something else going on’: Making sense of ‘damaged children’

Parents conceptualised that the abuse and neglect their children had been subjected to had ‘damaged’ them, but that this damage had the potential to be ‘repaired’. Many expressed surprise and initial disbelief at the magnitude and severity of the impact of trauma, which they believed pervaded all areas of their children’s lives:

*Nothing has been plain sailing. Nothing at all, his relationship with his family, his relationship with us ... But I didn’t know it was going to be this difficult. ...I feel like we have only touched the surface with his background so that’s going to unleash loads of other things.* (Cara)

As Cara’s quote encapsulates, parents held a strong belief that trauma-related behaviours were both manifest and latent (Jennifer), and that ‘more’ would be
‘revealed’ (Rachel). This understanding provided a motivation for parents to seek professional support:

*Is this starting to appear, that is starting to appear. What should we do?...knowing the longer these problems get left, the worse, the more entrenched they are going to be.*

(Lynn)

A position of uncertainty or ‘not knowing’ about the extent of developmental ‘damage’ was perceptible in all parents’ accounts, fuelling comparisons with children of similar ages:

*It’s normal at two or three to have tantrums and smash things up. But when he didn’t grow out of it [pause]. He gets compared a lot to my sister’s little boy, whose the same age. Which I know is wrong but you can’t help it.*

(Cara)

As the above account hints at, parents repeatedly reflected upon, and scrutinised whether their children’s behaviours were ‘age-appropriate’, ‘naughty or not naughty’, ‘normal or abnormal’. For example, Emma made sense of a discussion with a teacher about her son’s refusal to engage with school work: ‘*He’s not refusing of badness or because he’s naughty. There’ll be something else that’s going on*’. (Emma)

Listening to parents’ accounts, it was also apparent that adopters agonised to articulate their children’s difficulties in ways that did not overtly criticise, victimise or vilify the child or the manifesting behaviours. Even when subjected to personal physical attacks or painful rejections, parents sought to maintain a non-critical stance and attempted to positively connote their children’s actions (Sarah, Lynn, Rachel). For example, in the following quote, Sarah seems highly conflicted, but actively strives to make sense of her son’s behaviour in positive terms:

*He is such an adorable child, so unique, so beautiful. But of course, the difficulty has been that he has got this very challenging behaviour. He’s very difficult. He’s much better than it was. And now he’s even better, but he’s still bad. He won’t do as he’s told, ever [laughs]. He is not naughty but he will never do what you want him to do. So he’s*
not out and out naughty. He doesn’t go around and break things. He’s never done that.  
(Sarah)

Parents’ abilities to make sense of their children’s behaviours in non-blaming ways fluctuated. Parents seemed plagued with guilt when they found themselves making sense of their children’s behaviour in ways that were critical of their child. Similarly, parents experienced guilt and remorse when they ‘realised’ that they had previously been ‘failing’ to take account of their children’s early experiences in making sense of behaviours (Cara, Rachel).

Empathy. I had none! And then I just started thinking “Bless his heart, of course he’s going to be hitting people. He doesn’t know me. He doesn’t know my family. My house, our cat, our car, our garden”. But all that went. I know that sounds horrible. (Cara)

Parents acknowledged a number of barriers to sense-making, which included that: adopters’ experienced difficulties imagining their children’s pre-adoptive experiences, especially in relation to parents’ own securely attached and contented childhoods (Cara, Emma, Jennifer); children being experienced as unwilling or unable to talk about how they are feeling and thinking; and parents’ reticence to explore their children’s histories for fear of ‘opening Pandora’s Box’ or revealing their own privately held beliefs and emotions (such as anger and ‘heart-breaking’ sadness about their children’s early life experiences) (Emma, Lynn).

That’s the hardest thing, when she doesn’t let you know what is going on inside here [points to head] and you don’t know how to help her (Rachel).

Rachel’s quote illustrates how difficult she, and other parents, found the experience of not being able to make sense of their children’s’ difficulties. Furthermore, adopters’ expressed beliefs that they ‘should’ be able to understand, and that this insight or new way of thinking was the key to ‘parenting therapeutically’. As will be expanded upon in the sub-ordinate themes below, parents’ ability to make sense of their children’s life experiences and presenting behaviours appeared to be significantly influenced by professionals, relatives and other friends and parents.
3.2.2 ‘Being a ‘good enough’ parent’: Making sense of ‘professional wisdom’

All parents had engaged with preparatory training (i.e. reading pertinent literature and attending parenting courses), and it was clear that adopters reflected upon and then strove to either assimilate or reject this knowledge or professional guidance. Indeed, parents’ accounts often integrated examples of absorbed professional knowledge, such as psychological concepts or strategies for attachment-focused parenting, which seemed to indicate that adopters connected with these ideas:

*I went to the parenting class. That was very helpful in dealing with Caitlyn.... you’ve got to have lots of empathy, to be playful and repair quickly and all that. (Rachel)*

At times however, parents seemed less convinced by the efficacy or relevance of professional ‘wisdom’ and at times seemed to struggle to maintain a consistent approach (Cara, Sarah). Rachel, for example, described the difficulties of being exposed to lots of different, sometimes conflicting professional advice:

*You do get very mixed information, of how deal with things. Having to do things a certain way, and one says one thing, and another says the other thing. So you end up trying to sort of do a bit of everything. (Rachel).*

For many parents, it seemed particularly difficult to adhere to professional guidance when they were ‘having bad days’ (Sarah). During episodes of particularly ‘challenging behaviours’ parents often described ‘reverting back to how I was parented’ (Rachel) and using more ‘traditional’ parenting strategies (Cara, Jennifer), which were described as feeling more comfortable or ‘intuitive’ (Jennifer).

However, as Rachel’s comment of ‘having to do things a certain way’ alluded to, parents also experienced guilt and frustration on those occasions they felt unable to parent in the way professionals had advised they ‘should’. A need to amalgamate and reconcile professional advice with parents’ own experiences of being parented, whilst dealing with significant situational stressors and demands, left adopters feeling ‘confused’ about how ‘best’ to nurture and evaluate the potency of their parenting (i.e. in alleviating distress or overcoming ‘damage’).
Jennifer’s quote below encapsulated a common experience in which parents came to adjust expectations they held of themselves as parents in order to account for their children’s ‘challenging behaviours’ and early life experiences.

*Parenting adopted children is very different but it’s not intuitive. So I guess it’s something I have to keep going back to, following different models and strategies. But when you are living normal life and that pressure and the strains, you can’t always do that. I think someone in a support group said about being a good enough parent. And I think I’ve almost lowered the expectations of myself. I just have to accept that I will be a good enough parent but I don’t always get it right* (Jennifer).

Despite adjusting expectations, Jennifer’s reluctant acceptance (i.e. ‘just have to accept’) was interpreted as suggesting parents continued to experience dissatisfaction and self-criticism when they didn’t ‘get things right’ or found themselves blaming their children. The felt burden of ‘having to get things right’ was further compounded as parents’ described being ‘sold’ by professionals as the ‘panacea to all’ their children’s difficulties (Lynn).

### 3.2.3 ‘Not bad, not naughty, just different’: Making sense of others’ positions

The process of parents’ making sense of their children’s behaviour extended to the wider socio-cultural context, in which adopters’ understandings of themselves (as parents) and their children were modified and differentially reinforced by relatives and other societal influences. Accounts were littered with examples of times parents felt confronted by other peoples’ conceptualisations of their children’s difficulties. Encounters were experienced as validating when others seemed sensitive to the impact of the child’s pre-adoptive experiences:

*He had new teacher at Christmas, and she was the first teacher who ever acknowledged to me that ‘it’s can’t, not won’t’. And you know when you are like ‘wow’! She’d been fantastic with him. I thought that was a real positive but she does seem to be a lone person.* (Emma)
Such experiences seemed highly validating for parents; however as Emma’s quote highlights these experiences were the exception. More frequently parents described others as framing their children’s behaviour in terms of them being ‘naughty’, ‘ungrateful’ or ‘bad’ (Cara, Emma, Lynn). Cara described how she tried to maintain a ‘respectful’ tolerance of others’ views, despite the anguish she experienced listening to her son being negatively characterised:

*It’s hard especially when people, like teachers, say ‘you’ve got a lovely family now’. ... ‘he’s been with you seven years now’. ... ‘What’s up with him? Why’s he still kicking off? Why is he being ungrateful?’* (Cara)

Parents also encountered others who dismissed or failed to accept their attachment-oriented conceptualisations:

*I remember the teacher just going, “Yeah, I think it’s probably Asperger’s”. I said, “It’s not Asperger’s, he’s got attachment disorder”. She was a lovely lady. She was just like, “he sounds just like my godson and he’s got Asperger’s. Has he got a low pain threshold?” And I said “No!”* (Cara)

When others did consider the impact of the adoptee’s past, friends and relatives often reinforced negative societal discourses about looked-after-children (e.g. that they ‘fail’ academically; end up in ‘gangs’ or prison). In the following quote, Rachel appears conflicted about how her daughter’s early experiences of neglect should be taken into account by school teachers, and whether or not her daughter should be treated differently to other children:

*I’d rather they treated her the same as the other children. That’s how we’ve treated both girls. I didn’t want them to feel different. We’ve never treated them any differently. Because of what’s happened. You know, we have never felt [pause] obviously, when there’s a safety issue, we have to treat them differently.* (Rachel)

The issues that Rachel (and others) seemed to grapple with was the acquired understanding that adoptees were the ‘same’ as other children (and should therefore be treated the same), whilst at the same time believing that adoptees were ‘different’
(because of their experiences and consequently needed to be treated differently). Establishing this understanding with others seemed problematic and was interpreted as an obstruction to others understanding:

*He has got special needs and I don't mind telling people that and this is what his needs are. Because... if he was in a wheelchair then people would understand. Or if he had a syndrome that you could see, people would understand that something’s not quite right, but he appears absolutely normal, you can't see it, and often if you speak to him. And people often say “goodness, what an articulate and engaging child” but then you get to know him and you think that he is different.* (Sarah)

**3.3 ‘Parenting on another level’**

This theme elaborates on perceptions of the additional roles and responsibilities of adoptive parenting, and the emotional and psychological turbulence that can ensue and impact upon other aspects of the adopters’ lives and identities, both within the current ‘reality’ and in the future.

**3.3.1 ‘More than just a mum’**

Parents were keenly aware of the multiple roles and demands of being an adoptive parent. Accounts referred to distinct roles, such as being a ‘carer’, ‘advocate’, ‘counsellor’ and ‘protector’. Many spoke of the importance of ‘giving extra’ to the child (e.g. extra love, reassurance and vigilance), which required extra of themselves (e.g. extra strength, energy and resilience).

*When you are an adoptive parent you have to be more than just parent. So you have to give extra. For definite. You have to be really strong.* (Rachel).

Parents’ maternal identities did not appear static but often fluctuated in response to their children’s behaviour. For example, mothers reported experiencing themselves and their children differently depending on whether they felt ‘loved or rejected’ (Rachel), ‘needed or controlled’ (Cara), ‘trusted or distrusted’ (Jennifer). Rachel (and others) described moving between acknowledging her children as ‘mine’, to a de-personalised position in which the child was described as ‘not mine’:
One minute I’m mum [pause], the next minute I’m nothing... I suppose I forget that, they’re not mine. They come from a different background. Their early, early experiences were different and that’s why they are the way they are. And it’s reminding ourselves of that, because I just think of them as mine (Rachel)

Rachel’s attempt to distance herself was interpreted as a defence to protect against the hurt that could be experienced when the child, who at other times was experienced as loving, acted in ways that were rejecting of Rachel. Indeed, parents spoke candidly about their need to contain their emotions and set aside their personal beliefs and aspirations in order to continue parenting through difficult episodes, as illustrated by Sarah’s contained resentment that her son “ruined” family events:

He is quite argumentative about most things. So that’s been quite difficult to deal... it’s really frustrating. Well, because things could be so nice and sometimes he will ruin it by not doing the things that he should do. He will ruin days out... We’ll get into an argument and that will upset him. He gets really angry and loses it completely and goes into a full paddy. (Sarah)

One particularly pervasive behaviour that captured the essence of being ‘more than a mum’ was a compelling motivation to persistently monitor children’s actions and commentaries, which Emma humorously summated as being a ‘Meerkat mum’:

Soft play areas are my worst Meerkat mum places. Oh my god! I am hyper-vigilant in them... now I get anxious about absolutely every situation. I’m hyper-aroused myself and I’m like ‘what’s he doing, what’s he doing!’ (Emma)

Based on parents’ intense craving to make sense of children’s internal worlds, adopters became highly vigilant to acts and incidents that seemed reflective of children’s attachment difficulties. ‘Vigilance to difference’ reflected the judgements and decision-making processes that were made during parenting, and appeared to serve a homeostatic function in which adopters made constant adjustments and alterations to situational environments and experiences to manage and minimise behaviours that were anticipated to escalate and become dysregulated.
He went to football and he loved it. And then when they gave him dribbling the ball and he couldn't do it. So instead of saying he couldn't do or trying a bit harder, he just went off in a strop and through the ball away and wouldn't talk to anybody. So with the best will in the world, we have to pick and choose. (Cara)

Through being vigilant, parents also felt more self-assured and legitimate in adopting an advocacy role for their children. Parents ‘fought hard’ to champion the prevalence and manifestations of attachment difficulties. Advocacy seemed to fulfil two primary functions: Firstly, to ensure that adoptees were not incorrectly ‘labelled’ and then overlooked; and secondly, as re-education encouraged others to take a more empathic stance that then seemed more effective in enlisting and maintaining support. Vigilance as an aid to advocacy is illustrated in Cara’s subsequent account in which she challenges the authority of a school Special Education Coordinator (SENCo):

She gave me a letter once and just said we think Luke’s got ADHD and he needs medication. And I thought - ‘cause I read all the signs and I thought well, he’s got all this. But then I thought he hasn’t got ADHD because he can sit and concentrate on things. And I had to go and tell her it’s attachment stuff he’s got. (Cara)

Parental vigilance seemed to be a double-edged sword. For example, vigilance was seen as facilitating insights and reducing self-blame through providing reassurance about the ‘genuineness’ of children’s difficulties. However, vigilance seemed to perpetuate ‘hawk-eying’ of children (Lynn) that led to increased anxiety and self-criticism. Vigilance also adversely impacted on adopters’ ability to relax and enjoy the experience of parenthood and therefore was seen as a significant source of psychological turmoil that parents expressed a strong desire to ‘switch off’ from, whilst at the same time anxiously ruminating about the negative implications if they allowed themselves to be less vigilant.

‘I have to be very vigilant with everything. That’s the biggest [stumbles over words] that’s the biggest change. I have to be so. I can’t totally relax. (Rachel)
3.3.2 ‘Striving for balance’

This sub-theme illustrates a series of experiences when parents felt compromised or constrained in their efforts to provide ‘good enough’ parenting due to a range of competing individual, interpersonal and societal demands. The theme further elaborates how parents strived to overcome these challenges by ‘striving’ to ‘balance everything’.

_They will both scream, shout, answer back. Almost not bother about what the adult thinks, and I understand where it all comes from but it’s still difficult to deal with. When it’s directed at me. But also when it’s directed at my parents or teachers. I am in the position of having to justify it to those people._ (Jennifer)

Jennifer elaborated on her experience as feeling as though she was ‘piggy in the middle’, and many parents’ accounts incorporated repeated illustrations of how they felt caught in comparable, untenable ‘no-win’ situations. Often, as in Jennifer’s case, adopters’ felt uncomfortable about having to defend ‘rude’ or aggressive acts, which at times were in opposition to parents’ own standards of acceptable behaviour. Similarly adopters felt required to parent in ways that conflicted with their beliefs concerning ‘good’ parenting, such as denying requests, concealing information or imposing restrictive boundaries, in order to contain children’s behaviours. As a consequence, adopters alluded to experiencing a type of parental impotence. This is illustrated in Cara’s account by the way in which she feels unable to challenge undesirable behaviours for fear they might escalate.

_The tantrums and the running away, shouting and breaking his toys. It felt like if he was asked to do anything, no matter how small, pick up a book, whatever, he would just kick off, start shouting… I wasn’t frightened. But I’d just think, “Oh I’ll do it myself”. I just wouldn’t ask him things, because you’d know the reaction you were going to get._ (Cara)

Parents seemed painfully aware that imposing restrictions often resulted in the adoptive family having to forego pleasurable experiences (e.g. birthday celebrations, play dates with other children) or miss out on opportunities that might have otherwise
strengthened family relationships (e.g. family trips and holidays). Parents’ accounts of having to make compensations and sacrifices were coloured with sadness and frustration that their children missed out on ‘normal’ childhood experiences:

*We are going to Lego Land at the end of the month. ...By the time we get there he'll have had 15 melt downs... so I can't tell him. And actually won't it be nice, if like a normal seven year-old, he could be excited.* *(Emma)*

The women spoke of the relief experienced through having space to undertake activities that provided respite from parenting duties (e.g. employment; time away from children). However, even when trying to look after themselves, parents experienced guilt because they perceived it to be ‘wrong’ to prioritise their own wellbeing over being with their children. Parents’ shame and self-criticism appeared to be further exacerbated by their awareness of how sensitive adoptees were to rejection.

*We took the decision to put Sam in nursery. And we put him in probably earlier than I would have liked to have really. In hindsight what we did was right for me really. To keep me from losing the plot completely. But I know for him that wasn't the best decision.* *(Emma)*

Conversely, parents described being ‘pushed into a corner’, whereby they felt forced to withdraw from activities or relationships they experienced as protective. For example, Cara felt obligated to shut down a conversation that might have provided catharsis.

*I said to my mum the other day... “he did a wee in his bedroom, and then again in our bedroom and then jumped on the dog”. So mum was just like “For God Sake!” and I was like, “No!” [sadly shakes her head]. I tell her because I want to tell someone but then she was joining in. And then I don’t want to tell her anymore, because he'll feel like nobody likes him.* *(Cara)*

As a consequence of constantly feeling pulled by opposing forces, parents described a motivation and desire to try and balance competing pressures and demands:
I’m mindful of trying to keep a balanced lifestyle... I try and balance everything... what I need and what the girls need... what our family need. (Jennifer)

An essential element of being ‘striving for balance’ concerned parents meaning making about whether to intervene in their children’s lives or not. For example, adopters had to weigh up protecting their children and keeping them safe against limiting children’s exposure to activities and influences that might otherwise improve adoptees’ fragile self-esteem or skill base (Cara, Rachel). In addition, parents were perceived to be ambivalent about engaging in therapeutic work: Parents held concerns this might exacerbate behaviours whilst at the same time recognised the potential for ‘healing’ (Cara, Emma).

Aspiring to achieve balance extended beyond the parent-child dyad to the family system, in which parents actively engaged in decision making to weigh up and evaluate whose needs should be prioritised or who needed ‘protecting’.

It’s draining because you can’t keep her contained. She’s all over, running around, throwing things. And her anxiety will be up here [points to the ceiling] and you can’t calm her down physically. And then I’ve got [her sister] to think about. (Rachel)

I don’t feel like I can freely expose my girls to the family depending on what’s happening. Which I know then will affect their attachment and their bonding with children. So that’s very tough balance. I mean we are close enough as a family. But there is a lot of conscious work that goes into keeping my tight bonds with my family, but the girls are almost slightly ajar from that’. (Jennifer)

3.1.3 ‘Maintaining hope’

This sub-theme encapsulates how parents demonstrated a motivation and desire to reconcile feelings of hope and foreboding for perceived futures. Prominent societal discourses again seemed to influence parents’ anxious ruminations about their children’s futures (Cara, Lynn, Sarah). For example, Cara articulated concerns about her son’s behaviour and achievement as he progressed through the educational system:
He’s just going to mess about at school. And then it’s going to get even worse in big school. Then what’s going to happen to him? I could just see. It was just like a stereotype of what happens to adoptive kids at school. (Cara)

Other parents experienced a similar sense of foreboding about how their children would adjust in later-life:

I do really worry about what is going to become of him as an adult because he is so easily led. And you think in today’s culture, he’s that type of child that would be primed to be part of a gang or do anything to be included... it’s just trying to install in him the morals now of right and wrong. (Emma)

Emma alludes to a reparative desire to compensate for early neglect. Other adopters, such as Sarah, described their motivation to ‘make up’ for not having been aware of attachment-focussed parenting prior to courses. However, many parents expressed reservations about the possibility of being able to ‘wholly compensate’ for children’s early life experiences, for which adopters expressed regret and a reluctant sense of acceptance (i.e. that despite best efforts the children would remain somewhat ‘different’) (Cara, Jennifer, Rachel). An element of ‘maintaining hope’ therefore appeared about aiming towards a psychological equilibrium in which parents able to accept the extent of their reparative function, whilst tolerating the ‘regret’ and disappointment they experienced for not being able to wholly compensate.

We can kinda of make up for it, but we can’t make up for all of it. And I think we thought we could. And you know, you can’t take away what’s happened to these children. Never. (Cara)

It was apparent from parents’ accounts that future-oriented worries (such as more ‘damage’ would ‘reveal itself’) existed alongside hopes for the future:

What I want for them both, is for them to have lovely relationships, travel, have good careers, and make a success of themselves. That’s very idealistic. And I’m sure that there will be problems along the way, but my expectations for them are that they will
experience everything that they could never have done if they had stayed where they were. (Sarah)

For many adopters, ‘hope’ seemed something parents actively strived for. For example, Sarah’s acknowledgement that her conceptualisation of the future was ‘very idealistic’ speaks of a belligerent rejection of less satisfactory aspirations. ‘Holding hope’ also linked to the possibility of securing more professional support and interventions in the sense that parents anticipated there was ‘more to be done’.

As a consequence of holding conjoined worries and hopes, many adopters anticipated and accepted their role in providing ‘life-long parenting’

I couldn’t see her moving on from us for a very long time. She’ll be reliant on us... And actually I’d prefer it that way. She struggles with doing the right thing. She almost automatically chooses to do the wrong thing. I just feel that she’ll need us more, for a lot longer. (Rachel)

Rachel’s apparent anxiety about trusting her daughter to ‘do the right thing’ and make ‘good’ life choices was collectively expressed by parents and seemed to reflect concerns about children entering an ‘unsafe’ world, which could no longer be ‘guarded’ by adopters. Similarly, adopters were seen to actively manage both their children’s and their own future expectations to try to protect from disappointment:

I think if I brought my own children up, birth children, I don’t know I’d probably be focusing more on education, academic levels. What they can achieve. And I think that’s being aware of the boundaries or the trauma that these children come with... but I’m ok with that my expectation is very difficult’. (Jennifer)
4. DISCUSSION

The aim of the current research was to illuminate the experiences of six parents who self-identified that caring for an adopted child had been more difficult or challenging than initially expected. The interpretative and idiographic stance of IPA was utilised to generate three super-ordinate themes relating to adopters’ experiences: ‘living in a different world’ illustrated the emotional distress and social isolation that adopters encountered; ‘what’s going on in their little minds’ illuminated parents’ intense desire to make sense of their ‘damaged’ children and provide reparative care; whilst ‘parenting on another level’ alluded to the women’s experiences of striving for balance and holding hope for the future.

4.1 Relationship to Extant Theory

Advocates of IPA (e.g. Larkin et al., 2006; Smith et al., 2009) endorse thinking psychologically about emergent themes with reference to extant theory and research with the aim of advancing clinical understanding about lived experience. Recognising that different theoretical frameworks could be applied to the present findings, theoretical insights will be speculated, along with limitations and clinical implications.

4.1.1 Achieving parental role congruence

Parents’ accounts of ‘living in a different world’ elucidated the practical and psychological uncertainty adopters encountered whilst struggling to comprehend and adjust to the experience of inhabiting an ‘alien’ reality. This alternate world appeared to radically challenge adopters’ pre-adoptive expectations about family life and their maternal identities. Adopters’ experience of disorientation and destabilisation contributed to their sense of being ‘crippled by emotions’ in which mothers’ emotional resilience seemed to be temporarily compromised. This finding appeared cogent with identity theory (Stryker, 1980; Stryker & Statham, 1985) and the experience of ‘parental role incongruence’ (Cast & Burk, 2002) that occurs through lack of social validation (Burke, 1991). Indeed, many adopters alluded to family relatives and members of other social networks (such as birth parents, teachers and professionals)
demonstrating a lack of understanding of the challenges adopters faced when caring for their adopted children.

Several elements of parents’ accounts illuminated familial and social mechanisms that led to adopters experiencing incongruent parental roles and identities. Firstly, ‘shattering of a fairytale’ makes clear parents’ shock and disbelief that previously held expectations of parental competence evaporated or were significantly diminished. Secondly, being ‘in the line of fire’ and feeling ‘attacked’ or ‘rejected’ as a consequence of the challenging behaviours adoptees exhibited seemed to restrict parents abilities to fulfil aspired ‘nurturing’ roles, implicit within societal discourses concerning motherhood. Thirdly, being ‘guarded with’ and segregated from family and social groups, might have led to a vicious cycle in which relatives, friends and professionals were unable to validate adopters’ self-efficacy as parents because of the active guardedness of the parents. Given the challenging behaviours adoptees exhibited and others do not see or understand, it seemed especially hard for adoptive mothers to live up to normative cultural discourses concerning motherhood, and implies a significant adjustment task that Brodzinsky (1987) seemed to over-look.

Perhaps as a strategy to ameliorate the lack of ‘normative’ validation adopters encountered, parents sought solace with other adoptive parents. Involvement in post-adoption support networks provided validation and an alternative source of parental role congruence, which elevated adopters’ psychological resilience. However as Brodzinsky (ibid.) speculated, some parents seemed to adopt ‘insistence-of-difference’ coping patterns (highlighting differences between themselves and non-adoptive families) that perhaps led to dissatisfaction and temporary disharmony.

4.1.2 Updating normative parenting schema

Parents’ overwhelming motivation to get their ‘head around what’s going on in their little minds’ perhaps alluded to adopters’ active efforts to urgently update redundant ‘parenting schema’ (e.g. Azar, 1989; Bowlby, 1969). It is conceivable that adopters entered parenthood with largely adaptive (‘normative’) parenting schema that lacked the flexibility and specificity to comprehend and respond appropriately to the complex
needs of their adopted children. In accordance with Azar et al.’s (2005, p.47) conceptualisation of ‘problematic schema’, adoptive parents seemed to be struggling to modify ‘over-simplistic and rigid’ schema, which were likely to have been acquired through their own experiences of being parented. Adopters actively sought to modify these schemas through the use of ‘reflective functioning’ (Golding & Hughes, 2012) with the aim of being able to provide more appropriate and ‘reparative’ parenting.

Parents’ updating of schema also involved attempts to rapidly integrate new information that professionals exposed them to (e.g. attachment-focused parenting); however at times this guidance was experienced as ‘confusing’ and ‘overwhelming’, especially when parents’ own vulnerabilities were being simultaneously triggered by significant situational demands (i.e. by adoptees’ and by wider systemic influences). In accord with Lieberman’s (2003, p.282) assertion that ‘adoption is a radical intervention only if the adoptive parents become adept interveners’, adopters seemed painfully aware of their duty and obligation to provide reparative parenting: For example, Jennifer, Rachel and Sarah spoke about their regret of being unable to provide therapeutic parenting (as a consequence of being ‘crippled by emotion’), and their distress seemed further exacerbated by thoughts that they ‘should’ be the ‘panacea’ to all their children’s difficulties (Lynn). Brodzinsky’s (1987) model of adoptive adaptation should therefore perhaps be extended to explain the challenge of parents reconciling professional and social expectations, without having to compromise adopters’ sense of self-efficacy or ‘lowering’ their own expectations (Jennifer).

4.1.3. Providing a secure family base

‘Parenting on another level’ encapsulated adopters’ juggling of different roles and the necessity of giving ‘extra’ of themselves to provide nurture and facilitate ‘repair’ to overcome ‘damage’. For example, parents ‘meerkat’ tendencies were interpreted as strategies that enabled adopters to make appropriate adjustments in their children’s worlds. Parents’ efforts to provide a ‘secure base’ for their children were not limited to the dyadic relationships traditionally emphasised within parenting (e.g. Brodzinsky, 1987), but extended to the family system and beyond (i.e. socio-cultural influences) (Cowan et al., 1997). Byng-Hall’s (1995) concept of the ‘secure family base’ seemed to
provide a helpful theoretical lens through which to view the additional challenges that adoptive parents faced in being ‘more than just a mum’ and ‘striving for balance’.

According to Byng-Hall (1997, p.27) a secure family base is defined as one that ‘that provides a reliable and readily available network of attachment relationships, from which all members of the family are able to feel sufficiently secure to explore their potential’ [emphasis added]. Parents’ accounts of having to make compromises to balance competing demands and pressures alluded to environments in which adopters did not feel secure enough to parent to their full potential. Moreover, based on Bowlby’s (1988) premise of an ‘attachment control system’, Byng-Hall (1999) described how within the context of a family, each individuals’ distance and accessibility are regulated to attempt to ensure that all family members’ needs for security are met. Byng-Hall, however highlighted vicious cycles of interaction, that were illustrated within adopters’ descriptions of some familial relationships and may represent an emotional defence. For example, some relationships were experienced as too close (i.e. Cara’s experience of her mothers’ intrusiveness) which then evoked distancing behaviours (i.e. Cara withdrew); conversely, other relationships seemed to be experienced as too distant and not secure, and as a consequence, triggering children’s attachment activating behaviours (i.e. Emma’s harrowing account of ‘leaving’ her son to cry because she felt suffocated by his ‘clingy’ behaviours). Once again, the challenges of sustaining secure family relationship was a less prominent feature of Brodzinsky’s (1987) model of adjustment, and perhaps something that should be afforded further attention as it leads to clinical implications of how adoptive families might be supported.

4.2 Clinical Implications for Adoption Services

The importance of specialist multi-agency approaches to working with adopted children and their families has been recognised (Golding, 2010). The findings of the present research highlight further steps that could be taken to improve partnerships with adoptive parents (Hart & Luckock, 2004). Specialist and non-specialist agencies could be encouraged to work more collaboratively and ‘hold the adoptive parent in mind’ by ensuring regular contact (Bucci et al., 2015), and the provision of consistent
guidance (Ratnayake et al., 2014). It is envisaged that this could involve specialist services providing support to outside agencies (such as GPs, schools or Paediatricians) who encounter adoptive families. This could be facilitated through utilising a ‘passport’ of involvement in which parents maintain a log of professional interventions and recommendations, with the aim of ensuring that support is consistently recommended and appropriately ‘scaffolded’ (Ward et al., 2002).

Further recommendations for clinical practice revolve around the adopters’ experiences of social isolation, dissatisfaction and emotional distress that resulted from a perceived lack of understanding and verification of their parenting role. For example, this research highlighted that parents became self-critical and experienced feelings of shame, guilt and failure when they are unable to be containing or responsive to their children’s needs at all times. Engaging in compassion-focused therapy might be helpful in supporting parents not to feel guilty when they find themselves feeling critical towards their children (e.g. Lee, 2012); similarly, mindfulness-based approaches might be beneficial in enabling parents to gain pleasure from positive, momentary interactions with their children, as well as during periods of relative stability (e.g. Kabat-Zinn, 2003). With regard to attachment-based therapies, a range of group and individualised interventions are available and which seek to enhance parent-child relationships or ‘improve’ parenting strategies in the management of children’s complex behaviours (Kerr & Cossar, 2014). This current research suggests however, that professionals could be more sensitive to the psychological and emotional impact of these interventions on adoptive parents. For example, learning about attachment and trauma, and the ‘most effective’ ways of parenting ‘damaged children’ seemed to contribute to towards feelings of guilt and loss as adopters appreciated the ‘inadequacy’ of their early attempts to provide reparative parenting. Professionals could, therefore, helpfully normalise adoptive parenting as a life-long journey and reinforce messages of ‘good enough’ parenting in the context of caring for children who exhibit challenging behaviours, to ensure that interventions do not perpetuate parental feelings of failure or lack of self-efficacy.
Furthermore systemic approaches could be beneficial in supporting adoptive parents to maintain care-giving roles (Selwyn et al., 2014). Firstly, accessible information about the manifestations of early trauma and attachment-focused parenting could routinely be made available to extended family members (i.e. grandparents, aunt and uncles, etc.) for their own education, as well as to enable them to better understand the needs and challenges of adoptive parents. Secondly, the remit of adoption support groups could be reviewed by their members and possibly extended to provide education to others (such as biological parents, teachers and other inter-agency members). The experience of educating others might be empowering and reduce adopters’ sense of social isolation; it also might increase others understanding of, and empathy for, the tasks involved in adoptive parenting and perhaps begin to breakdown less helpful social narratives about adoption.

4.3 Limitations and Future Developments

Whilst this current research addressed a gap in the literature pertaining to the challenges of caring for adopted children, two central tenants of IPA (namely the requirement for homogenous samples and the inappropriateness of making generalisation (Smith et al., 2009)) means the findings are unlikely to be applicable to other groups of adoptive parents. The intentional sampling of adopters who self-identified that parenting was more difficult than initially expected will have inevitably orientated findings towards the more negative and challenging facets of care-giving, whilst the rewarding experiences (that the current group of parents did attest to) have not been favoured within the analysis. Furthermore, whilst every effort was taken to ensure that the research sample was homogenous, ethical constraints around accessing confidential records meant that unforeseen variables may have introduced undesirable heterogeneity (which was only revealed during participant interviews). For example, some children were adopted with biological siblings; others were not. Adoptees’ experiences and length of time as looked-after-children varied substantially, as did the quality (or ‘noxiousness’) of children’s experiences with their birth parents. Fisher (2015) asserts these are important distinctions to make and it is hoped that future research could control for such experiences.
It is also possible that emergent themes were influenced by a number of factors unique to this data set. For example, parents may have deliberately or unconsciously privileged information pertaining to psychological, attachment-focused understandings of their children’s difficulties because of the researcher’s role as a Trainee Clinical Psychologist working within the specialist CAMHS-LAC service. Parents’ narratives and meaning-making about their experiences might also have been significantly influenced by their phase within the adoption life cycle. For instance, some parents were clearly reflecting on current ‘crises’ or episodes of significant difficulty, whereas others were experiencing relative periods of calm whilst retrospectively describing times in which it had been more challenging to care for their children. Future research could address these inconsistencies and provide a comparative analysis of these two potentially disparate accounts of parenting.

Parents’ accounts illuminated the vulnerability and destabilisation they experienced as a consequence of caring for their adoptive children, and which were juxtaposed to their expectations of being ‘competent’ and stable care-givers when they anticipated becoming adoption parents. Whilst some research has examined care-givers’ attachment patterns (e.g. Pace et al., 2012) and the correspondence between adoptive mothers and maltreated children’s emotional narratives (Steele et al., 2003), it would be useful to explore how powerful transferences between parent and child may influence the perceived quality, and efficacy of the care-giving experience from both the perspective of the adopter and the adoptee.
5. CONCLUSION

The challenges of parenting an adopted child were explored using IPA as a method of qualitative inquiry. Three super-ordinate themes encapsulated parents’ experiences of emotional distress and social isolation, an intense desire to make sense of their ‘damaged’ children and provide reparative parenting experiences, whilst striving for balance and holding hope for the future. These challenges were conceptualised within Brodzinsky’s (1987) model of psychosocial adjustment, which was updated along with other theories illuminated the development of parental role congruence, parenting schema and secure family bases in the context of adoption. Despite some recognised limitation of the current research, the findings highlighted how greater partnership working with adoptive parents and their extended families and community networks could support adopters in sustaining their care-giving roles and the provision of reparative parenting to minimise the likelihood of adoptive placements becoming disrupted.
6. REFERENCES


Part 3: Critical Appraisal

Personal and Professional Reflections

of Undertaking the Research
CRITICAL APPRAISAL

1. Overview

A critical appraisal has been presented with the aim of amalgamating professional and personal reflections and learning that have resulted from engagement in the research process. Using a reflective journal, I attempted to capture salient thoughts and experiences as I progressed through different stages of the research journey and these have been summarised below along with information pertaining to research supervision, peer support meetings, participant interviews, and clinical discussions (e.g. with my clinical supervisor and members of the specialist CAMHS-LAC team).

2. Project Selection

Prior to starting the clinical doctorate, my interest in psychology was firmly rooted in child development particularly with regard to understanding how children conceptualised and differentiated between sensory and affective experiences, such as physical pain and emotions (i.e. fear and anxiety) (Biggs, 1997, 2002). Whilst undertaking my Ph.D., I was struck by the way systemic factors, such as the presence or responses of care-givers, significantly ameliorated children’s self-reports of pain and emotional distress. Based on a quantitative methodology, the findings of this research led to theoretical and clinical implications about the treatment children received in medical settings. On reflection, however, the use of ‘gold standard’ quantitative methods (Carter, 1994) perhaps restricted a richer understanding of the developmental and relational processes that contributed towards children’s pain experiences, and led to a growing personal dissatisfaction about the suitability of quantitative methods for exploring certain facets of human experience. In particular, I felt that the application of more empirical approaches to understanding children’s pain experiences may have overlooked some systemic factors, such as how parent-child attachments might mediate children’s responses (Bowlby, 1969).
The importance of attachment and parent-child relationships has continued to be of interest in my clinical work supporting adults with learning disabilities and severe mental health difficulties, in which interventions often focused on the absence or disruption of secure bonds (e.g. Golding & Hughes, 2012; Lee, 2012). As a trainee clinical psychologist working within a CAMHS-LAC setting, I listened to many accounts of adoptees and care-givers who were experiencing difficulties, and that threatened to undermine the stability of adoptive placements. Despite the best efforts of those involved, some placements did regrettably breakdown, and the sadness I vicariously felt through my clients prompted me to develop my understanding of the antecedents and experiences that lead to placements becoming disrupted.

3. Literature Review

Upon undertaking a literature review focusing on disruption, I was simultaneously struck by the brevity of quantitative research pertaining to the risk factors associated with disruption (e.g. Thomas, 2013), and the relative scarcity of qualitative research giving a voice to adoptees’ or adopters’ lived experiences of placement breakdown (e.g. Selwyn et al., 2014). Motivated to undertake research that could begin to address this inequality, I was initially keen to undertake a qualitative inquiry exploring disrupted placements based on a triadic, three-person narrative (i.e. involving the child, parent and their post-adoption social worker); however this idea was regrettably discounted for two reasons: Firstly, because I was concerned about the viability of obtaining ethical approval to interview children within the time constraints of the clinical doctorate; and secondly, because I was aware that Selwyn and colleagues had undertaken a national study of adoption disruption that was awaiting publication (ibid.). Consequently, I narrowed the focus of my literature review to explore the lived experiences of parents who were caring for an adopted child.

Undertaking the systematic literature review was an informative but daunting process. Initially I felt overwhelmed by the body of knowledge pertaining to adoption. As a consequence it felt difficult to balance the need to peruse sufficient literature to appropriately conduct and contextualise the systematic review, against my desire to achieve ‘full’ coverage of the published material. Out of personal curiosity, I often
wanted to explore interesting tangents but felt restricted by both time constraints, and university requirements to focus on peer-reviewed publications (which meant that pertinent studies, such as masters and doctoral theses, could not be included within the review).

Following an initial scoping of the literature base, specific inclusion and exclusion criteria were developed and once established these were helpful in containing searches and extracting relevant research papers for review. Having not previously undertaken a qualitative literature review, I found it comforting to familiarise myself with high quality reviews relating to different phenomenological experiences (e.g. Quinn et al., 2014) and reading critical evaluations of alternative methods for synthesising qualitative research (e.g. Barnett-Page & Thomas, 2009). This process revealed a lack of consensus about the most appropriate methodology for synthesising studies (Saini & Shlonsky, 2012). However the chosen method, Sandelowski and Barroso’s (2007) ‘meta-synthesis’, offered a rigorous and well-defined approach that was also consistent with the review’s epistemological stance (i.e. one that was firmly grounded with a constructivist approach) (Paterson et al., 2001). As over 20 research papers met the inclusion criteria of the systematic review, I was grateful to draw on a quality appraisal tool (i.e. the NHS CASP, 2002) as this provided much needed structure to evaluate the merit of each study against numerous quality indices. As a consequence of utilising the CASP, I felt confident that the ten papers that were finally extracted for inclusion in the review warranted being selected as they had stood up to methodical evaluation.

4. Rationale for the Research Study

The systematic literature review highlighted a dearth of rigorous research examining parents’ lived experiences of adoption, especially in relation to studies situated in UK samples. The paucity of such research meant that clinicians providing multi-agency and specialist work in the field were likely to be basing practice and parenting interventions on a limited evidence base. The literature review also revealed that parents experienced difficulties in adjusting to their new parenting role and that providing
reparative parenting was significantly more challenging than many parents had anticipated (e.g. Folio, 2010).

Being mindful that many adoptive placements are successful and experience relatively few adjustment issues (Argent & Coleman, 2012), I was keen to focus my research on parents who experienced adoptive placements as being challenging; as these individuals were arguably more likely to be seen in specialist services. The assumption that all families accessing specialist CAMHS-LAC services perceived adoptive parenting as challenging was not, however, taken for granted. Consequently, parents were invited to participate in the research on the basis that they self-identified that caring for their adoptive children was more difficult than initially expected. Interestingly the validity of not assuming that all parents open to CAMHS-LAC represented a homogenous group of ‘struggling parents’ was confirmed, as two care-givers who had received a research information pack contacted the researcher to explain that they would have liked to participate but that they had not found parenting any more difficult than they initially expected. Based on these accounts, future research could be conducted to explore how different groups of parents make sense of their care-giving experiences, perhaps in relation to the pre-adoption preparatory support or training they receive.

5. Methodological Design

Given the dearth of previous research exploring adopters’ lived experiences, the selection of an exploratory, qualitative methodology was deemed most appropriate (Smith & Osborn, 2007) and consistent with the research aims of this study. Considerable deliberation was given initially to which specific methodology would be most apposite to the epistemological stance of the research. For example, Starks and Brown Trinidad (2007) described the different aspirations of qualitative inquiry promoted through alternative methodologies, such as grounded theory (which aspires to develop explanatory theories of social process situated within specific contexts), discourse analysis (which aims to understand how people use language to create identities, knowledge and experiences) and phenomenology (which seeks to describe the meaning of lived experience of a given phenomenon).
Due to its idiographic focus on lived experience, a phenomenological approach, specifically Interpretative Phenomenological Analysis (IPA) was chosen as the most pertinent methodology. Outside the domain of adoption, IPA had been successfully employed to investigate lived experiences, such as mothers’ transitions into parenthood (e.g. Smith, 1994) and relational difficulties between spouses (Larkin et al., 2006), giving further credence to its applicability to the current phenomena under investigation. Despite my confidence about the appropriateness of utilising IPA, I had significant reservations about my skill and ability to produce a ‘good enough’ piece of research, especially within the limited time constraints. To address my skills gap and anxieties, I attended a two-day training workshop on IPA and immersed myself in the ‘instructional’ literature (e.g. Smith & Osborn, 2003; Smith et al., 2009).


Having grounded myself in the existing literature base pertaining to adoption and the intricacies of IPA as a methodology, I set about developing my research proposal and topic guide. Initially I felt compelled to write a comprehensive and highly prescriptive ‘interview schedule’ (which perhaps stemmed from a concern about only ‘getting one shot’ to gather data from each participant); however through supervisory discussions and reflections on the IPA method, I recognised the merit of developing a flexible topic guide that gave participants the autonomy to develop their accounts in directions that they felt appropriate. Completing a practice interview with a ‘parent reviewer’ (who was not involved in the study), gave me confidence that the topic guide and the participant information sheets were appropriately constructed and I subsequently prepared my research proposal for submission to ethical and peer review.

Based on my previous experience of applying for NHS ethics to conduct research in a clinical context, I was wary about the time-consuming and protracted nature of this process; not less because NHS ethics is arguably more orientated towards evaluating the impact of clinical trials, than the qualitative research that I was intending to conduct (BPS, 2000). Although the Local Research Ethics Committee (LREC) and the host Trust’s Research and Development department did require some amendments to the research protocol, I found the experience of submitting for ethical and peer review
to be both helpful and essential in that it undoubtedly improved the quality of the resultant research.

7. Participant Recruitment & Interviews

I was apprehensive as I commenced the recruitment phase of the research project; not least because of stories about trainees being unable to recruit adequate participants seemed to be prolific within the clinical training sub-culture. I was therefore, relieved and excited to receive my first completed ‘expression of interest’ form and contacted the prospective participant immediately to arrange the interview. Thereafter, recruitment was fortunately ‘plain sailing’.

Prior to commencing the interviews, careful consideration was given to the verbal explanation that participants received about the purpose and nature of the task ahead. It seemed particularly helpful to contextualise interviews as a ‘conversation with a purpose’ (Smith et al., 2009) as this supported participants in ‘bracketing off’ any preconceptions they held (Smith et al., 2009). For example, some parents seemed concerned about whether they would talk about the ‘right things’; others were perhaps expecting a more therapeutic experience in which the researcher adopted an ‘expert position’. Although both parties were undoubtedly nervous as the interviews began, it was observed that participants settled quickly and appeared comfortable in recalling their experiences, which seemed to indicate the relevance of both the research aims and the questions incorporated within the topic guide.

As the interviews progressed, I was struck by and curious about a number of parallel processes that seemed to exist between the adopters’ and adoptees’ experiences. For example, emotions that seemed unexpressed by children (such as anger, frustration, sadness, rejection and loss) were often articulated by adopters as they struggled to make sense of their own experiences and emotional responses to the ‘alien reality’ both parent and child encountered. Parents experiences of being ‘crippled by emotions’ seemed equivalent to the difficulties children encountered with emotional regulation, in that their emotions adversely affected their abilities to fully engage or be present. Adopters’ ‘meerkat’ tendencies were perhaps comparable to adoptees’
experience of hyper-vigilance; for which both strategies appeared to offer a way of ‘keeping safe’ that at some point became unhelpful. Parents’ and children’s desire to distance themselves from each other (and from significant others) both emotionally and physically seemed protective, however perhaps resulted in both feeling more vulnerable and uncontained or unsupported. Finally, parents’ reticence to have ‘honest, open conversations’ with their children (about the adoptees’ early experiences) or extended family members (about the challenges of being an adoptive parent) seemed to parallel adoptees reluctance to ‘trust’ their care-givers and ‘open-up’ about their own thoughts and feelings connected with their earlier lives or their experiences of living within an adoptive family. These unconscious process and powerful transferences seemed to pervade many accounts and, as outlined in the discussion, might provide a fruitful avenue for future research through interviewing parent-child dyads.

I wondered whether I would have been aware of these processes, if I had been a researcher without any prior specialist CAMHS-LAC experience or psychological knowledge. Indeed, I reflected that my prior experience and training was probably both a hindrance and an asset during the interview phase of the research. For example, sitting alongside the emotionally distressed participants within the interview space felt natural and manageable. Many of the participants were visibly upset as they reflected on experiences when they felt that the stability of their adoptive placement was threatened (Jennifer, Rachel), or when they doubted their abilities to contain their children’s distress and challenging behaviours (Cara, Sarah). At such times, however I also felt restricted by (appropriate) ethical constraints in that I was unable to offer tentative formulations about the nature of the reported difficulties or offer strategies to facilitate emotional regulation, other than signposting parents to services. This felt uncomfortable, disempowering and alien to me, and I reflected on this during conservations with my supervisor and within the peer support group.

8. Transcription and Analysis

Upon entering the transcription and analysis phase of the research, I felt conflicted about whether or not to personally transcribe interviews, as I had an awareness of
how time consuming this process was likely to be. In the end, I decided to undertake
the transcriptions and I believe this enhanced the resultant analysis for three reasons:
Firstly, the need to replay audio recordings soon after interviewing participants
enabled me to capture elements of participants’ accounts that might have been
missed if interviews had been transcribed by a third person, such as expressed affect,
or the nuanced tone or prosody of participants’ speech; Secondly, it is recognised that
transcription is an inherent part of the interpretative process (Smith et al., 2009), in
which I was able to reflect on interesting utterances made by participants and capture
them in my reflective journal; Thirdly, replaying interviews enabled me to reflect on
the effectiveness of my interview technique (for example, by noting my use of closed
questions or where I had failed to question participants’ understanding of a concept or
experience). This enabled me to develop my style of questioning in subsequent
interviews.

As I entered the analytic phase of the IPA process, I was surprised to find that I
genuinely enjoyed the hours I spent absorbed in participants’ accounts. Initially I stuck
quite rigidly to coding semantic, linguistic and conceptual features of participants’
accounts, and was perhaps reluctant to make interpretations about adopters’
experiences. Indeed, Smith et al., (2009) notes that novice IPA researchers often lack
the confidence to be sufficiently interpretative, and my level of interpretation was
undoubtedly more constrained as I felt uncomfortable about straying too far from
‘truthfulness’ of participants narratives. I reflected that my hesitance in making
psychological interpretations might have related to my role as a trainee clinical
psychologist, in which it is generally more typical to adopt a ‘neutral’, non-
interpretative approach, for example when undertaking initial assessments. I found it
helpful to draw on research and peer supervision to overcome my initial reluctance.
Reading other IPA studies and additional guidance (e.g. Wagstaff et al., 2014) also gave
me ‘permission’ to move beyond ‘surface’ manifestations and ‘dive deeply for hidden
gems’ (Smith, 2011, p.7).

As the analysis progressed, I found it increasingly challenging to ‘bracket off’ pre-
suppositions, prior knowledge, and understandings that I had acquired from earlier
interviews. According to Smith et al. (2009), the aim of bracketing is to identify and suspend ideas that could influence data collection and analysis within qualitative inquiry. In order to do this, I spent some time reflecting on my own assumptions about adoption, the role of parents as care-givers and my own experiences that were likely to have impacted on these perceptions (as outlined within the ‘Statement of Epistemological Position’). To further aid ‘bracketing off’ I commenced each analysis by listening to participants’ audio recording again (rather than relying solely on the transcripts), which I believe was beneficial in attuning to participant’s individual ‘voices’ and narratives. I also found it helpful to allow time to distance myself from the resultant themes of the literature review, and from themes that emerged from individual transcripts by undertaking initial coding and theme development after a temporal break (as illustrated in the ‘research chronology’). Whilst this became easier as the analytical process developed, I did reflect on the extent to which it is possible for researchers to fully disregard existing beliefs and knowledge, regardless of an explicit intention to achieve this.

Prior to completing my final interview (September 2015), I attended the University of Leicester’s Clinical Psychology research conference, at which the previous year’s cohort presented their research findings. I was especially keen to attend, as I was aware a trainee who had been researching a distinctly different phenomena of adoption, namely ‘help seeking behaviours’, would be presenting (Brittenden, 2015). During the early stages of developing my research proposal, myself and the other trainee had discussed our respective submissions to ethics and shared insights about the relevant literature and research base. I did, however, feel quite anxious when I listened to the trainee’s presentation, as it seemed their findings focused more on the experiences of being an adoptive parent, rather than on help seeking per se. Given the advanced stage of my research, I spoke with my supervisor in somewhat of a panic. He however reassured me about the distinctiveness of my research rationale and aims, regardless of any unintended overlap that might emerge from the subsequent analysis of data. Once again, however, I was particularly mindful of bracketing off my acquired knowledge, and interpreting my data with ‘fresh’ and unbiased eyes.
9. Report Writing and Dissemination

The process of generating super- and sub-ordinate themes and preparing the final narrative for the results section was by far the most challenging phase of the IPA analysis. Working on this element of the thesis I began to truly appreciate the iterative nature of IPA, in which I seemed to continually move backwards and forwards between participants’ quotations, interpretative clusters and emergent themes in order to arrive at the most coherent and interpretative account of the data that I could achieve. I felt that the interviews had procured substantial data that was incredibly rich. I also felt a strong obligation to retain the integrity of parents’ accounts. At times, I therefore felt frustrated to lose interesting theme clusters and interpretations simply to adhere to the restricted word limit.

The highly interpretative nature of IPA encourages researchers to think psychologically about the content of participants’ accounts (Smith & Osborn, 2003). Consequently, my coding notes and reflective journal were littered with broad ranging theoretical explanations and clinical implications that seemed salient in making sense of parents’ lived experiences. The challenge that I reluctantly faced was therefore selecting the most relevant literature to privilege in the introduction and discussion sections, and which to exclude. For example, more positivist approaches, such as the concept of ‘post-traumatic growth’ (Joseph et al., 2012) and ‘adversity activated development’ (Papadopoulos, 2007) seemed pertinent in making sense of adopters’ resilience and their ability to ‘hold hope’ for the future despite encountering challenging behaviours and a personal sense of vulnerability; however these were rejected as they had less explanatory power in relation to the whole data set. The notion of choosing the ‘best’ fitting or most relevant theoretical lens with which to view the data is also consistent with IPA, in which Smith et al., (2009, p.113) argues that ‘engagement with the literature should be selective not exhaustive’.

Given that the experiences and needs of adoptive families are often overlooked (e.g. Selwyn et al., 2015), I am motivated to ensure that the resultant research findings are appropriately disseminated. One of my first dissemination priorities will be to share the research findings with the adoptive parents who so willingly and unreservedly gave
their time and shared their experiences of caring for their children. This summary report will also be disseminated to the participating specialist LAC team, and their affiliated partners, such as multi-disciplinary teams offering post-adoption support. There is a strong research culture within the participating NHS Trust, and there might be numerous opportunities to disseminate the findings more widely, for example, on the Trust website, via the Trust Newsletter, as well as to specialist teams through training and development events.

10. Professional and Personal Learning Points

A significant learning outcome that I aspired to achieve through clinical training was gaining knowledge and skills in the application of qualitative methods. This was partly due to my previous inexperience in utilising this methodological approach, and partly due to my growing personal dissatisfaction with the suitability of using quantitative methods to investigate human experiences (as discussed earlier). As a scientist-practitioner specialising in mental health, I believe that a comprehensive psychological understanding of most lived phenomena can be most cogently achieved by the application of both quantitative and qualitative perspectives. Therefore, I was delighted to have the opportunity to familiarise myself with two rigorous and epistemologically-grounded methods, namely, meta-synthesis (Sandelowski & Barroso, 2007) and IPA (Larkin et al., 2006; Smith et al., 2009).

Undertaking this research has been a gratifying experience, not least because it has enabled me to develop and refine important clinical skills and understandings that I might not have been exposed to if the academic requirement to complete this thesis had not been a component of clinical training. For example, I feel that my questioning and listening skills have developed as a consequence of interviewing adoptive parents, particularly with the IPA framework that required sustained attention on participants meaning making. My time management and self-care strategies have been stretched to the limit and refined as I have striven to manage competing clinical, academic and family demands, especially during a time when I experienced a profound personal loss. My greatest sense of learning and achievement has, however, come from documenting my six participants’ accounts of the genuine joys and challenges of being
an adoptive parent. I hope that the insights and knowledge I have gained in this process will support me in becoming a more empathic, reflective and skilled clinician when I commence a newly qualified post working within a specialist CAMHS-LAC service.
11. REFERENCES


Appendices

4 Appendices K-R refer to the author as Nicola Biggs as during the preparation of the thesis the author adopted her married, Nicola Hull.
Appendix A: Guidelines for Authors: Target Journal for Literature Review

Adoption & Fostering is the only quarterly UK peer reviewed journal dedicated to adoption and fostering issues. It also focuses on wider developments in childcare practice and research, providing an international, inter-disciplinary forum for academics and practitioners in social work, psychology, law, medicine, education, training and caring for children and young children.

1. Peer review policy

Adoption & Fostering operates a strictly anonymous peer review process in which the reviewer’s name is withheld from the author and the author’s name from the reviewer. The reviewer may at their own discretion opt to reveal their name to the author in their review but our standard policy practice is for both identities to remain concealed. Each manuscript is reviewed by at least two referees. All manuscripts are reviewed as rapidly as possible, and an editorial decision is generally reached within 6-8 weeks of submission.

2. Article types

Articles may cover any of the following: analyses of policies or the law; accounts of practice innovations and developments; findings of research and evaluations; discussions of issues relevant to fostering and adoption; critical reviews of relevant literature, theories or concepts; case studies.

All research-based articles should include brief accounts of the design, sample characteristics and data-gathering methods. Any article should clearly identify its sources and refer to previous writings where relevant. The preferred length of articles is 5,000-7,000 words excluding references.

Contributions should be both authoritative and readable. Please avoid excessive use of technical terms and explain any key words that may not be familiar to most readers.

3. How to submit your manuscript

Manuscripts should be submitted to the editor by e-mail attachment to:

Miranda Davies
BAAF
CoramBAAF
41 Brunswick Square
London
WC1N 1AZ
Telephone: +44 (0)20 7520 0300

Email: miranda.davies@corambaaf.org.uk

4. Journal contributor’s publishing agreement
Before publication SAGE requires the author as the rights holder to sign a Journal Contributor’s Publishing Agreement. For more information please visit our Frequently Asked Questions on the SAGE Journal Author Gateway.

Adoption & Fostering and SAGE take issues of copyright infringement, plagiarism or other breaches of best practice in publication very seriously. We seek to protect the rights of our authors and we always investigate claims of plagiarism or misuse of articles published in the journal. Equally, we seek to protect the reputation of the journal against malpractice. Submitted articles may be checked using duplication-checking software. Where an article is found to have plagiarised other work or included third-party copyright material without permission or with insufficient acknowledgement, or where authorship of the article is contested, we reserve the right to take action including, but not limited to: publishing an erratum or corrigendum (correction); retracting the article (removing it from the journal); taking up the matter with the head of department or dean of the author’s institution and/or relevant academic bodies or societies; banning the author from publication in the journal or all SAGE journals, or appropriate legal action.

4.1 SAGE Choice and Open Access

If you or your funder wish your article to be freely available online to non subscribers immediately upon publication (gold open access), you can opt for it to be included in SAGE Choice, subject to payment of a publication fee. The manuscript submission and peer review procedure is unchanged. On acceptance of your article, you will be asked to let SAGE know directly if you are choosing SAGE Choice. To check journal eligibility and the publication fee, please visit SAGE Choice. For more information on open access options and compliance at SAGE, including self author archiving deposits (green open access) visit SAGE Publishing Policies on our Journal Author Gateway.

5. Declaration of conflicting interests

Within your Journal Contributor’s Publishing Agreement you will be required to make a certification with respect to a declaration of conflicting interests. Adoption & Fostering does not require a declaration of conflicting interests but recommends you review the good practice guidelines on the SAGE Journal Author Gateway. For more information please visit the SAGE Journal Author Gateway.

6. Other conventions

None applicable.

7. Acknowledgements

Any acknowledgements should appear first at the end of your article prior to your Declaration of Conflicting Interests (if applicable), any notes and your References. All contributors who do not meet the criteria for authorship should be listed in an ‘Acknowledgements’ section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair.
who provided only general support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance.

7.1 Funding Acknowledgement

To comply with the guidance for Research Funders, Authors and Publishers issued by the Research Information Network (RIN), Adoption & Fostering additionally requires all Authors to acknowledge their funding in a consistent fashion under a separate heading. Please visit Funding Acknowledgement on the SAGE Journal Author Gateway for funding acknowledgement guidelines.

8. Permissions

Authors are responsible for obtaining permission from copyright holders for reproducing any illustrations, tables, figures or lengthy quotations previously published elsewhere. For further information including guidance on fair dealing for criticism and review, please visit our Frequently Asked Questions on the SAGE Journal Author Gateway.

9. Manuscript style

9.1 File types

Only electronic files conforming to the journal's guidelines will be accepted. The preferred format for the text and tables of your manuscript are Word DOC, RTF, XLS.

9.2 Journal Style

Adoption & Fostering conforms to the SAGE house style. Click here to review guidelines on SAGE UK House Style

9.3 Reference Style

Adoption & Fostering adheres to the SAGE Harvard reference style. Click here to review the guidelines on SAGE Harvard to ensure your manuscript conforms to this reference style.

9.4. Manuscript Preparation

The text should be double-spaced throughout and with a minimum of 3cm for left and right hand margins and 5cm at head and foot. Text should be standard 10 or 12 point.

9.4.1 Keywords and Abstracts: Helping readers find your article online

The title, keywords and abstract are key to ensuring readers find your article online through online search engines such as Google. Please refer to the information and guidance on how best to title your article, write your abstract and select your
keywords by visiting SAGE’s Journal Author Gateway Guidelines on How to Help Readers Find Your Article Online.

9.4.2 Corresponding Author Contact details

Provide full contact details for the corresponding author including email, mailing address and telephone numbers. Academic affiliations are required for all co-authors. These details should be presented separately to the main text of the article to facilitate anonymous peer review.

9.4.3 Guidelines for submitting artwork, figures and other graphics

For guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit SAGE’s Manuscript Submission Guidelines.

Figures supplied in colour will appear in colour online regardless of whether or not these illustrations are reproduced in colour in the printed version. For specifically requested colour reproduction in print, you will receive information regarding the costs from SAGE after receipt of your accepted article.

Avoid confusion between ambiguous characters and take care to ensure that subscripts and superscripts are clear. Numbers below 11 should be written out in the text unless used in conjunction with units (e.g. three apples, 4 kg). Full points (not commas) should be used for decimals. For numbers less than one, a nought should be inserted before the decimal point. Use commas within numbers (e.g. 10,000).

9.4.4 Guidelines for submitting supplemental files

Adoption & Fostering does not currently accept supplemental files.

Further information

Any correspondence, queries or additional requests for information on the manuscript submission process should be sent to the Miranda Davies, Managing Editor, at miranda.davies@corambaaf.org.uk.
## Appendix B: Database Searches, Search Strings and Extracted Articles

<table>
<thead>
<tr>
<th>Database</th>
<th>Rationale</th>
<th>Search Terms</th>
<th>Articles Retrieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medline</td>
<td>Access to biomedical journals</td>
<td>Adopt*, Parent*</td>
<td>137</td>
</tr>
<tr>
<td>PsycINFO</td>
<td>Access to psychology journals</td>
<td>Care-giv*, Mother*</td>
<td>211</td>
</tr>
<tr>
<td>CINAHL</td>
<td>Access to nursing and social care journals</td>
<td>Father*, Experience*</td>
<td>147</td>
</tr>
</tbody>
</table>

Total extracted using search strings: 495
Total minus duplicates: 208
Total reviewed against quality appraisal tool: 21
Total reviewed when quality appraisal completed: 10
Appendix C: Quality Appraisal Tool: Critical Appraisal Skills Programme (CASP)

10 questions to help you make sense of qualitative research

How to use this appraisal tool

Three broad issues need to be considered when appraising the report of a qualitative research:
- Are the results of the review valid?
- What are the results?
- Will the results help locally?

The following 10 questions are designed to help you think about these issues systematically. Visit CASP at http://creativecommons.org/ licences/by-nc-sa/4.0/ or www.casp-uk.net

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Cant't tell</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was there a clear statement of the aims of the research?</td>
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<tr>
<td><strong>HINT:</strong> Consider what was the goal of the research? Why was it thought important? Its relevance?</td>
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<tr>
<td>2. Is the qualitative methodology appropriate?</td>
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<tr>
<td><strong>HINT:</strong> Consider if the research seeks to interpret or illuminate the actions or experience of research participants? Is qualitative research the right methodology for addressing the research goal?</td>
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<tr>
<td>3. Was the research design appropriate to address the aims of the research?</td>
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<tr>
<td><strong>HINT:</strong> Consider if the researcher has justified the research design?</td>
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<tr>
<td>4. Was the recruitment strategy appropriate to the aims of the research?</td>
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<tr>
<td><strong>HINT:</strong> Consider if the researcher has explained how the participants were selected? If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought? If there are any discussion around recruitment?</td>
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<tr>
<td>5. Was the data collected in a way that addressed the research issues?</td>
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<td><strong>HINT:</strong> Consider if the setting for the data collection was justified? If the researcher has justified the methods chosen? If the researcher has made the methods explicit?</td>
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<tr>
<td>6. Has the relationship between researcher and participants been considered?</td>
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<tr>
<td><strong>HINT:</strong> Consider if the researcher critically examined their own role, potential bias and influence, during (a) formulation of the research question? (b) data collection?</td>
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<tr>
<td></td>
<td>Have ethical issues been taken into consideration?</td>
<td>Yes</td>
<td>Can't tell</td>
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<tr>
<td>HINT:</td>
<td>Consider</td>
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<td></td>
<td>If there are sufficient details of how the research was explained to participants to assess whether ethical standards were maintained?</td>
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<td></td>
<td>If the researcher has discussed issues raised by the study?</td>
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<td>If approval has been sought from an ethics committee?</td>
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<td></td>
<td>Was the data analysis sufficiently rigorous?</td>
<td>Yes</td>
<td>Can't tell</td>
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<tr>
<td>HINT:</td>
<td>Consider</td>
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<td></td>
<td>If there is an in-depth description of the analysis process?</td>
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<td></td>
<td>Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process?</td>
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<td></td>
<td>If sufficient data are presented to support the findings?</td>
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<td></td>
<td>Whether the researcher critically examined their own role, potential bias and influence during the analysis and selection of data for presentation?</td>
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<td></td>
<td>Is there a clear statement of findings?</td>
<td>Yes</td>
<td>Can't tell</td>
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<td>HINT:</td>
<td>Consider</td>
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<td></td>
<td>Is the findings are explicit?</td>
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<td></td>
<td>If there is adequate discussion of the evidence both for and against the researchers argument?</td>
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<td>If the researcher has discussed the creditability of their findings?</td>
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<td></td>
<td>If the findings are discussed in relation to the original research question?</td>
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<tr>
<td></td>
<td>How valuable was the research?</td>
<td>Yes</td>
<td>Can't tell</td>
</tr>
<tr>
<td>HINT:</td>
<td>Consider</td>
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<tr>
<td></td>
<td>If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. current policy or practice? Relevant research-based literature)?</td>
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<td></td>
<td>If they identify new areas where research is necessary?</td>
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<tr>
<td></td>
<td>If the researcher has discussed whether or how the findings can be transferred to other populations or considered other ways of the research may be used?</td>
<td></td>
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</tbody>
</table>
Appendix D: Meta-synthesis Themes Yielded from Original Article Themes

<table>
<thead>
<tr>
<th>Paper</th>
<th>Preparedness &amp; adjustment</th>
<th>Identity &amp; competency</th>
<th>Responsiveness &amp; reflectivity</th>
<th>Commitment &amp; resilience</th>
<th>Containment &amp; support</th>
<th>Cohesion &amp; integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bejenaru &amp; Roth (2012)</td>
<td>Uncertainty regarding moment of placement Decision to adopt The adoption procedure Adjustment Pressure of instant parenthood Financial costs</td>
<td>Insufficiency of information Stress factors for the adopted child</td>
<td></td>
<td>Communication about the adoption with the child</td>
<td>Inference of foster parents</td>
<td></td>
</tr>
<tr>
<td>Clark et al., (2006)</td>
<td>Decision to adopt – Acceptance Decision to adopt – Adjustment</td>
<td>Sense of competency and ability to parent under challenging circumstances Values and beliefs Parenting philosophy</td>
<td>Interaction between parent and child</td>
<td>Recognition of connection</td>
<td>Family boundary permeability Developing a sense of family</td>
<td></td>
</tr>
<tr>
<td>Daniluk &amp; Hunt-Mitchell (2003)</td>
<td>Challenges in making parenthood transition Reconnection with fertile world Regret regarding lost years</td>
<td>Sense of inadequacy regarding parenting skills</td>
<td>Sense of inadequacy regarding parenting skills</td>
<td>Awareness of personal growth Sense of fulfilment and healing Optimism about the future</td>
<td>Lack of structural support Lack of acknowledgement of needs and rights as parents Frustration and anger regarding insensitive of others</td>
<td></td>
</tr>
<tr>
<td>Paper</td>
<td>Preparedness &amp; adjustment</td>
<td>Identity &amp; competency</td>
<td>Responsiveness &amp; reflectivity</td>
<td>Commitment &amp; resilience</td>
<td>Containment &amp; support</td>
<td>Cohesion &amp; integration</td>
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<tr>
<td>Follan &amp; McNamra (2013)</td>
<td>Being profoundly unprepared for caring for a child with RAD Being insecure in self</td>
<td>Being insecure in self</td>
<td>Being profoundly unprepared for caring for a child with RAD</td>
<td>Being committed to child in spite of the difficulties of caring</td>
<td>Being committed to child in spite of the difficulties of caring</td>
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<tr>
<td>Johnstone &amp; Gibbs (2010)</td>
<td>Preparation to adopt and become parents Strategies and behaviours to assist in building parenting and attachment relationships Quality time Touching and holding Limiting / not limiting the environment Positive parenting</td>
<td>Preparation to adopt and become parents</td>
<td>Preparation to adopt and become parents</td>
<td>Strategies and behaviours to assist in building parenting and attachment relationships Strengths and residences of parents and children – personal attributes Commitment</td>
<td>Strategies and behaviours to assist in building parenting and attachment relationships</td>
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<tr>
<td>Jones &amp; Hackett (2011)</td>
<td>Gaining family relationships with the adoptee</td>
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<td>Using group and familiar supports Expectations and scrutiny of others A problem based approach</td>
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<td>Maintaining family relationships with the adoptee Retaining the significance of birth relatives</td>
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<tr>
<td>Paper</td>
<td>Preparedness &amp; adjustment</td>
<td>Identity &amp; competency</td>
<td>Responsiveness &amp; reflectivity</td>
<td>Commitment &amp; resilience</td>
<td>Containment &amp; support</td>
<td>Cohesion &amp; integration</td>
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<td>Not being prepared – survival, fear and grief</td>
<td>Not being prepared – survival, fear and grief</td>
<td>Not being prepared – survival, fear and grief</td>
<td>Attachment</td>
<td>Barriers faced in schools</td>
<td>Becoming a family takes time</td>
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<td></td>
<td>Family metamorphosis</td>
<td>Family roles</td>
<td>Parenting techniques</td>
<td>Emotional strain</td>
<td>Coping of the family</td>
<td>Strategies of building community and validating ethnic identity and acculturation</td>
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<td></td>
<td>Forging new ground – challenging personal conventions</td>
<td>Forging new ground - redefining parenting roles</td>
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<td>Transformation and rewards – personal growth and challenges</td>
<td>Family, community and support systems</td>
<td>Forging new ground – challenging societal conventions</td>
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<td></td>
<td>Transformation and rewards – personal growth and challenges</td>
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<td>Creating a family – family formation</td>
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<td>Family, community and support systems</td>
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<td>Adaptive responses to social forces</td>
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<td>Visibility and social activism</td>
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### Appendix E: Profile of studies included within the meta-synthesis

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<tbody>
<tr>
<td>Aim</td>
<td>Describe Romanian adoptive mother’s experiences of ‘critical events’ during different phases of the life cycle.</td>
<td>Explore the process and experience of integrating an older / special needs adoptee within a family.</td>
<td>Understand the experience of infertile couples of adopting a child.</td>
<td>Understand factors linked to depressive symptoms in adoptive mothers.</td>
<td>Illuminate the lived experience of adoptive parents who have been living with and caring for children with a diagnosis of RAD.</td>
<td>Explore how parents build parenting and attachment relationships with newly adopted Russian children.</td>
<td>Understand the process of adoptive family relationship building</td>
<td>Understand the lived experience of families who had adopted children from orphanages in China.</td>
<td>Understand the experiences of American families who adopt children from Romanian or Russian orphanages.</td>
<td>Gain insight into the experiences and challenges of gay adoptive parents.</td>
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<tr>
<td>Method</td>
<td>Country</td>
<td>Romania</td>
<td>United States</td>
<td>Canada</td>
<td>United States</td>
<td>United Kingdom</td>
<td>New Zealand</td>
<td>United Kingdom</td>
<td>United States</td>
<td>United States</td>
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<tr>
<td>Sampling strategy</td>
<td>Purposive sampling: case sampling recruited via letters sent to parents</td>
<td>Theoretical sampling</td>
<td>Purposive sampling via media (newspapers / radio interviews)</td>
<td>Purposive sampling recruited via internet, adoptive message boards.</td>
<td>Purposive sampling via voluntary adoption agency</td>
<td>Self-selected sample recruited via letters sent to parents listed on international adoption agency.</td>
<td>Purposive sampling recruited via newspaper advertisement s.</td>
<td>Purposive Sampling: Snowball procedure. Route not stated.</td>
<td>Purposive Sampling: Criterion-selective sampling of parents who sought a neuro-psychological consultation.</td>
<td>Purposive Sampling: Snowball procedure via gay &amp; lesbian support group</td>
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<tr>
<td>Sample</td>
<td>9 adoptive mothers (mean age = 37 years). Children aged 5 months – 5 years (mean = 2.7 years).</td>
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<td>Age at time of adoption</td>
<td>12 adoptive families (mothers and fathers) (ages not stated); 5 Caucasian; 8 with birth children; 6 as single parents. Children aged 0 - 11 years (mean = 3.5 years); 10 had a psychiatric diagnosis.</td>
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<tr>
<td>Data collection method</td>
<td>39 heterosexual couples, aged 27-46 years (mean 38). Predominantly Caucasian. Adopted 1 or more children in last 5 years; Majority of children aged 1 years or younger.</td>
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<tr>
<td>Method</td>
<td>21 adoptive and kinship parents, aged 28 – 61 (median 46), who self-reported depressive in last 2 years. Children aged 1 and 24 years (mean age 2.6 years)</td>
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<td>Data</td>
<td>8 heterosexual parents (6 women; 4 single parents / 2 married) aged 30-61 years. Adopted 1 or 2 children aged 9 and 32 years. 3 parents had biological children.</td>
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<tr>
<td>Rigour of data analysis</td>
<td>23 adoptive parents (14 mothers), aged 40-45 (14 married). Children aged 8 months -11 years (mean = 5.5 years).</td>
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<tr>
<td>Method</td>
<td>3 adoptive mothers (aged 42-54) who adopted from orphanage at least 1 year previous. Parents exclusively Caucasian, majority heterosexual and married. Children adopted between 3 and 5 years.</td>
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<tr>
<td>Method</td>
<td>20 parents (ages not stated), who adopted from orphanage at least 1 year previous. Parents exclusively Caucasian, majority heterosexual and married. Children adopted between 3 and 5 years.</td>
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<tr>
<td>Method</td>
<td>10 gay male couples, aged 31-50 years (median 39). Predominantly Caucasian. Adopted 1 or 2 children aged 8 months- 5.5 years (mean 2.18 years). No biological children.</td>
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</table>

| Sample | Face-to-face, unstructured interviews (75-130 minutes). Taped and transcribed. |
| Data Collection Method | Face-to-face, semi-structured interviews (duration not stated). Taped and transcribed. |
| Method | Face-to-face, in-depth, narrative interview jointly with couples (90 – 120 minutes). Taped and transcribed. |
| Method | Telephone interviews (60 to 120 minutes) based on semi-structured schedule. Taped and transcribed. |
| Method | Semi-structured interview (topic guide). Duration not stated. Taped and transcribed. |
| Method | Face-to-face, semi-structured interviews (60-90 minutes) and focus groups (90 minutes). Taped and transcribed. |
| Method | Face-to-face, in-depth biographical interview based on topic guide (120 – 180 minutes). Taped and transcribed. |
| Method | Semi-structured interview, based on topic guide. Duration not stated. Taped and transcribed. |
| Method | Face-to-face, semi-structured interview (90 to 180 minutes). Taped and transcribed. |
| Method | Face-to-face, open-ended interviews (90 to 180 minutes). Taped and transcribed. |
|-----------------------|------------------------|----------------------|-------------------------------|-----------|------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Not stated.           | Referenced institutional approval, and confidentiality . | Not stated. | Referenced limited to informed consent. | Referenced range of issues, including NHS approval andonymity. | Referenced institutional approval, and anonymity. | Range of issues, including approval, confidentiality and consent. | Referenced range of issues, including approval and consent. | Not stated. |
Appendix F: Statement of Epistemological Position

During this research, the researcher adopted a contextual constructivist epistemological stance (Madill et al., 2000), which contrasts with realist epistemologies (i.e. naive, critical and scientific realism) that construe reality as something which is ‘true’, universally experienced and can be ‘objectively’ revealed by rigorously adhering to a chosen method of inquiry (Bunge, 1993). Rather contextual constructivism is dedicated to the notion that no one single reality exists as individuals interpret and make sense of their own accounts of ‘reality’ based on their personal beliefs and cultural experiences. Contextual constructivism asserts that all knowledge (including data and research findings) are necessarily context specific (Jaeger & Rosnow, 1988); meaning that information obtained about the lived experience of a particular participant by a particular researcher at a specific temporal and cultural location will reveal a unique and idiographic account that would alter should any of the aforementioned variables be different. Contextual constructivism therefore asserts that two different researchers’ interpretations will be different but can be equally relevant, and that all extant accounts of experience, are inevitably saturated with ‘subjectivity’ (Madill et al., 2000).

Subjectivity is however privileged within contextual constructionism (rather than minimised as within positivist approaches), as it is regarded to facilitate the illumination of more comprehensive accounts of the phenomena under investigation: ‘...bringing to public light researcher subjectivities, tells a more complete account of the research process than is found in the customary sanitised versions of scientific report writing...’ (Pidgeon & Henwood, 1997, p.270). For example, Madill et al. (2000, p.10) describes the researcher’s ability to empathise with the participants based on shared understandings or cultural experiences as a ‘valuable analytic resource’. Whilst the role of subjectivity is therefore acknowledged, contextual constructionism places the onus on the researcher to ensure that their interpretations of participants’ perspectives are firmly grounded within the interview data (i.e. through the use of illustrative quotes) (Tindall, 1994) and to articulate the researcher’s own perspective (i.e. through specifying their own cultural and personal beliefs, values and prior experiences that might have influenced the way they approach the research or the
research interview) (Madill et al., 2000). In this case, the researcher was a mother and white female of comparable age to the research participants, but who had no lived experience of adoption. She did have prior experiences of working with adoptive families based on a year-long clinical placement, and therefore had acquired ‘theoretical’ and ‘anecdotal’ pre-understandings of the challenges facing adoptive parents through interactions with service users. Furthermore, the researcher was aware that her position as a trainee clinical psychologist may have influenced the way participants perceived her as researcher, and therefore impacted on the information participants ‘chose’ to privilege or share (or not share) during the interviews.

Finally, contextual constructionism provides an epistemological framework that is highly applicable to social science research as it strongly aligns with the assumption that both the ‘researched’ and the ‘researcher’ are explicitly aware of, and reciprocally involved in, ‘making sense’ of and interacting with the world they inhabit (e.g. Giorgi, 1995). Furthermore, the idiographic and hermeneutic nature of IPA that enables a researcher’s interpretations to elucidate the lived experiences of their participants, is also congruent with a contextual constructionist stance (Smith et al., 1999). Consistent with IPA, contextual constructionism values ‘completeness’, rather than ‘objectivity’ in its analysis and resultant themes. Indeed, contextual constructionists advocate that some participants’ accounts may be more ‘valuable’ or ‘persuasive’ (or more relevant to a particular research question) (Madill et al., 2000, p.9), in gaining a ‘holistic’ insight into a specific lived experience, which otherwise might have been lost or discounted if congruence between participants accounts had been prioritised (Tinsley, 1992).

References:


Appendix G: Example of Exploratory and Emergent Theme Coding for Cara

Emerged Themes

1. years ago, I think it was just having the tantrums and the lack of affection. I remember saying to my mum, “I give all this. I do everything for him. He’s an only child. We don’t have money worries. He has the attention of two parents. But I get nothing back”. I remember saying that I get nothing back’ and she went “I’m glad you said that because I see you and Mark struggling and you don’t get anything back”. My mum and my sister. I remember saying, “am I mental? Cause I’m just finding it horrible, hard work. I get nothing back but abuse and aggression and shouting. And she went “No! You don’t!” [sounds shocked / surprised]. And she goes. And I realised, I think. My mum and my sister went, “you need to go and see someone. Now that you have said it. We have been holding back, but we have noticed that he’s got issues. There is something not, not normal. But you’re little boy has got issues”.

2. I: What did it feel like, when your mum said that?

C: I think I thought “Thank God!” cause I’m very protective of him, so if anyone [incomplete sentence], I can say anything about him. But even if my family agree. I think “Oh! They don’t like him” or... and I thought “Hang on a minute! I’m going to get some help because other people have noticed that we just don’t get any” [tails off]. I remember talking to a friend and one of her children’s really affectionate, one of them isn’t. Some children just aren’t, aren’t affectionate. And I said, “It’s not even just affection. His eye contact was poor. Just didn’t respond in a way that I thought a child of his age should.

3. I thought, he would”. I just started, started noticing things. That he just didn’t engage in a way that I thought a child of his age should.

IPA Interview Coding — Cara’s Interview

Exploratory Coding.

just as numerous challenging behaviors and lack of (affection) / relationship seeks validation from others (are not sure of feelings?) use of ‘nothing’ emphasizes lack of recognition in relationship (despite presence of so much by P/Is) leads to resentment of child’s unexpressed emotion (feelings) (need sense of self and purpose?)

With support I can begin to acknowledge emotional distress (horrible) and emotional difficulties (unbearable)

Cara’s needs patient help. Seeing one uses ‘leg’ as substitute reactivity (unreal for whom? for who? or both?)

Idea of ‘cure’ God-children related and issues re. required to discuss difficulties - Art of Communication. (备用: How can I process and acknowledge difficulties due to Cara’s trauma?) on family interest shared and enjoyment sharing voices of others. Empathy can’t be shared. But understanding is. Reliance to “not forget! Understand difficulties will family be learning. Awareness of difficulties (more than that I notice) adaptively reading family. Confront with others on how to move forward?
## Appendix H: Example Cara’s Super-ordinate and Subordinate Themes

<table>
<thead>
<tr>
<th>'Fairytale to Stranger Invasion'</th>
<th>‘Crippled by Emotion’</th>
<th>‘Conceptualising Damage’</th>
<th>‘Containing Damage’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss and longing</td>
<td>Self as fragile / vulnerable</td>
<td>Acknowledging the impact</td>
<td>Holding ‘damage’ in mind</td>
</tr>
<tr>
<td>Motherhood as a ‘fairytale’</td>
<td>Efficacy and emotion disabled</td>
<td>Wrestling with doubts</td>
<td>Protecting from others</td>
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<tr>
<td>Overwhelming strangeness</td>
<td>Questioning of self</td>
<td>Seeking validation / advice</td>
<td>Parent as advocate</td>
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<tr>
<td>Alienated (from child, family, the ‘world’)</td>
<td>Avoidance (of child, others)</td>
<td>Engagement (with child, others)</td>
<td>Moderating to contain</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Detaching from ‘damage’</td>
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<td></td>
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<td>Hope Vs. despondency</td>
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</table>
Appendix I: Super-ordinate Theme of ‘Containing Damage’ with Illustrative Sub-ordinate Themes for Cara.

<table>
<thead>
<tr>
<th>Subordinate Themes</th>
<th>Illustrative quotations relating to each subordinate theme (page / line reference).</th>
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</thead>
</table>
| Holding ‘damage’ in Mind | I can now see that because of his attachment things I used to get regularly slapped in the face, or punched (15.4)
I always keep in mind. It’s all still there and more to come. When he finds out the rest of it (47.13)
I catch myself thinking “Why can’t you just go to school. Be like the other children. Do this work. Not cry about homework”. But then I think, “well he can’t and he isn’t” so that’s why he has to be treated differently (31.11) |
| Protecting from Others | I just thought if he gets labelled, he’s just going to get forgotten about (27.5).
My family didn’t display resentment but I think they started thinking he’s being a bit ungrateful. There was a lot of thought of him being ungrateful (33.5) |
| Parent as advocate | It was like training people, and explaining to them. He’s not naughty. Yes he seems naughty. But you’ve got a four year old whose actually acting like a two year old. So I just felt like I always had to fight his cause (25.7).
You have to fight for your children in school. And you have to be prepared that people aren’t going to listen (30.11) |
| Moderating to Contain | I can’t imagine that we started avoiding family things but then we’d very much tailored them to how long he could cope (34.11)
I suppose I struggle to let him fail. Because some things I see that he’s going to find hard because he’s not particularly sporty or coordinated. I know I’ve got to let him make his mistakes but I know that he’s got poor self-esteem (44.10) |
| Detaching from ‘damage’ | It all felt fake to me, we were just pretending. I was pretending to be a mum (10.3)
Just got to get on with it... you’ve got to fake it to make it (10.12)
I can’t stand him being criticized. So I don’t want people to agree, when I say he’s being difficult, I just want people to listen (48.21) |
| Hope Vs. Despondency | I just want him to have a job that he likes. I just don’t wanna picture him just slobbing round our house till he’s thirty-something (41.12)
He’s just going to mess about at school. And then it’s going to get even worse in big school. Then what’s going to happen to him? I could just see. It was just like a stereotype of what happens to adoptive kids at school (27.6).
We are the sum of our background. We can kinda of make up for it, but we can’t make up for all of it. (46.17). |
Appendix J: IPA and Quality Issues

Four key guidelines for ensuring quality with regard to qualitative methodologies have been asserted by Elliot *et al.*, (1999) and Yardley (2000), and these have been summarised below. Further discussion was also provided in the ‘Statement of epistemological position’ and within the Critical Appraisal.

**Sensitivity to Context**

The researcher’s sensitivity to the theoretical and clinical context in which the study is situated was facilitated through engagement with the existing literature, reflections on the researcher’s clinical placement within the specialist LAC team, and through discussions with clinicians working with adoptive parents. Yardley (2000) also asserts that sensitivity requires an awareness of the interventional nature of data collection through interview, and the features of effective interviewing skills (e.g. demonstrating empathy, establishing a rapport with participants and responding to communicative / interactional difficulties). Collectively, this enabled the assimilation of information pertinent to the study and ensured that the resultant analysis and reporting of the participants’ experiences were meaningfully and sensitively contextualised.

**Commitment and Rigour**

The researcher undertook specialist training to develop skills and competencies in the application of the IPA methodology. Commitment to the methodology was further achieved through the researcher’s engagement in peer supervision and with regular research supervision meetings, which enabled the development of themes to be discussed and the coherence and creditability of the extant analysis to be critically reflected upon.

**Transparency and Coherence**

Transparency was maximised by maintaining an audit trail of the research process (Yin, 1989) and how the resultant themes were extracted from, and situated within, the data. For example, all themes were evidenced by quotations from a range of participants to illuminate the phenomenological and hermeneutic nuances that were
believed to be represented in the data. Reflexivity is recognised to be a critical component of an IPA inquiry, in which the researcher’s interpretations play a central role within the development of the analysis (Smith et al., 2009). To aid transparency, the researcher kept a reflective journal to document their expectations and assumptions about the focal phenomena prior to conducting the interviews, as well as during data collection and analysis (see Critical Appraisal).

**Impact and Importance**

Yardley (2000) asserts that no matter how well an IPA study is conducted, the true test of its validity centres on the extent to which the research offers an interesting, important or useful account the experience under investigation. Engagement with existing literature, LAC clinicians and adoptive parents during the design phase of this research highlighted its potential clinical utility. Research implications and clinical considerations have been proposed as a consequence of conducting this research (see Discussion), and plans for academic and clinical dissemination have been outlined to ensure that impact is maximised (see Critical Appraisal).

**References**


INFORMATION SHEET

Research Title: Parents’ expectations and experiences of caring for an adopted child.

You are invited to take part in a research study about parents’ experiences of caring for an adopted child. Before you can decide whether you wish to take part, you need to understand the purpose of the research and what your participation will involve. The research project is being conducted to meet the requirements of a Doctorate in Clinical Psychology that the chief investigator (Nicola Biggs, Trainee Clinical Psychologist) is undertaking through the University of Leicester. In order to do this, please take your time to read the following information carefully. If anything is not clear or you would like further information, please contact a member of the research team using the contact details on page 3.

Background Information:

What is the purpose of the study?
It may surprise you to know that relatively little research has been carried out in the UK to explore parents’ experiences of caring for an adopted child. The aim of this research is to gain a greater understanding of how parents make sense of any expectations they have prior to adoption, as well as their experiences of parenting their child.

Why have I been invited to take part?
Adoptive parents who have accessed the [Redacted] Child and Adolescent Mental Health Service, Looked-After and Adopted Children’s (CAMHS-LAC) Team, either recently or in the past, are being written to and invited to take part in this study. We are particularly interested in hearing from parents who have found the experience of caring for their adopted child as being more difficult or challenging than they expected. It is important, however, that you know by receiving this letter we are not implying that you have experienced adoption in this way. Instead this letter is being sent out in batches to all adoptive parents known to CAMHS-LAC services to explain that this study is being carried out, and then we are inviting one parent from each adoptive family to volunteer to take part if they have found the experience of caring their child as being more difficult or challenging than expected. At this time we are only inviting one parent from each family to interview and this would preferably be the parent who has the most direct contact with your child(ren).

Do I have to take part?
Your involvement in this study is entirely voluntary. If you decide to take part, you should know that you are free to withdraw from the research at any time, without giving us a reason for your withdrawal. If you agree to take part, we will ask you to sign a consent form that outlines what your participation in the study involves and shows your agreement to take part. You should know that the standard of care you receive from CAMHS-LAC or [Redacted] now, or at any time in the future, will not be affected by your decision to take part in the research, or
your decision to withdraw from the research at a later stage. If you decide to withdraw from the research, we will destroy any information that you have provided, as long as you inform us of your decision to withdraw before we have started the in-depth analysis of the research data you have provided.

What will I do if I decide to take part?
As the parent with the most contact with your child(ren), you will be invited to take part in a single face-to-face interview with the chief investigator. During the interview, you will be given the opportunity to tell us about your expectations and experiences of parenting your child. The interview will take place at a time and place that is convenient for you (such as your home or at one of the CAMHS-LAC bases). To ensure that you can talk as openly and frankly as you would like about your parenting experiences, it is important that you can arrange appropriate child-care for the duration of the interview, as children will not be able to be present during the interview. Where possible, the chief investigator will endeavour to arrange your interview at a time and place that accommodates for any existing child-care arrangements, such as during school or nursery hours. It is expected that the majority of interviews will last one hour, however up to two hours will be allocated for each interview in order to give interviewees more time to talk about their experiences or ask questions about the research. All interviews will be audio-recorded.

Are there possible disadvantages or risks of taking part?
Taking part in the interview may involve the discussion of sensitive topics; however this research has been designed to ensure that the possible risks or disadvantages to you are minimal. For example, you do not have to answer any questions during the interview that you do not wish to. You also have the right to stop the interview at any point, without having to give a reason. Furthermore, although we ask you to provide some additional information about your child(ren) prior to completing the interview (see attached the Expression of Interest Form; Version 5; 17.03.15), it is entirely up to you whether you decide to provide this information.

The research team will not be requesting access to paper or electronic records that CAMHS-LAC or NHFT may hold about you or your family as part of this study. All information obtained during this study will be voluntarily provided by you.

Are there possible benefits of taking part?
We expect that the information shared with us about your experiences of living with your child will be of benefit to others who care for looked-after-children, such as prospective adopters and CAMHS-LAC clinicians. Your experiences, along with the other adoptive parents we interview, will be used to better inform and prepare parents and professionals who care for adoptive families.

What will happen to the information I provide as part of this study?
Your interview will be audio recorded and your answers will be anonymously transcribed into a written format by the chief investigator (Nicola Biggs). This means that extracts from your interview may at times be reported in full, as word-for-word quotes; however any personally identifiable information that you have shared (e.g. names of people, places, schools, etc.) will be changed or completely removed.

Any personal information you provide (such as your name and contact telephone number) will be kept on file exclusively for the purpose of contacting you about the research and will only be accessible by members of the research team. Your personal information will not be linked to any information you choose to provide during the interview, and it will be deleted 12 months after the date you completed the research interview.
Will my participation in the research be kept confidential?
Yes. All information that you share with us will be handled in confidence and stored securely. This means that any identifiable information you share (such as your name, address, telephone number) will be stored separately from your interview data. Any identifiable information that you provide on the Expression of Interest form or during the research interview (such as names of people, places, schools etc.) will be removed or changed.

If you choose to provide information during the interview that could reasonably be considered to put your own safety or someone else’s safety at risk, we would not be able to guarantee complete anonymity. In such circumstances, we would need to pass the information you disclosed (along with your name) to the safeguarding team so that the appropriate procedures can be followed. If a safeguarding referral was being considered, the chief investigator would attempt to inform you of this decision and would seek to make the referral in your presence.

Who is funding and organising the research?
The research project is being conducted to meet the requirements of a Doctorate in Clinical Psychology that the chief investigator is undertaking through the University of Leicester. The research is therefore funded by the Department of Health. Dr Gareth Morgan (Supervising Clinical Lecturer at the University of Leicester) and Dr Anwen Pugh (Supervising Clinical Psychologist within the CAMHS-LAC team) are members of the research team and are supporting the organisation of this research project.

Who has reviewed the research project?
This research project has been formally reviewed and approved by the University of Leicester and by the NHS Research Ethics Committee ( ). NHS services users from both the University of Leicester and CAMHS-LAC have also commented on, and approved the design of this research project.

What will happen to the results of the research?
The anonymised findings of this research project will be presented at academic conferences and circulated through academic publications, such as journals. As previously explained, no personal information that could identify you or your adoptive family will be included when the results are written up and disseminated. If you would like to receive a copy of the research findings, please tick the appropriate box on the Consent Form (Version 5; 17.03.15), or let one of the research team know.

What do I do if I have further questions now?
If you would like to talk to a member of the research team about this study or you wish to request further information, please contact the chief investigator in the first instance:

Dr Nicola Biggs
Trainee Clinical Psychologist

Alternatively you can contact the following members of the research team:
1. Dr Gareth Morgan (Clinical Lecturer at the University of Leicester)
2. Dr Anwen Pugh (Supervising Clinical Psychologist, CAMHS-LAC team) at
What if I have questions or concerns in the future?
If you have concerns about any aspect of the research study or you feel that you have been affected by the issues raised during the research interview, then please contact a member of the research team in the first instance and we will do our best to address any concerns you have. Alternatively, you can contact the Patient Advice and Liaison Service (PALS) at NHFT via the contact details provided below.

Patient Advice and Liaison Service (PALS) Office:
Northampton Healthcare NHS Foundation Trust
Front Block, St Mary’s Hospital,
London Road,
Kettering,
NN15 7PW
Freephone telephone: 0800 917 8504
PALS Office e-mail: pals@nhft.nhs.uk

If you are still open to CAMHS-LAC or the Post-Adoption team, you can contact your clinician or named social worker on their normal numbers. The Post Adoption team is also open to self-referrals; for more information please contact: PostAdoption@northamptonshire.gov.k or 0300 126 1008. Your GP can also refer you to appropriate wellbeing services within the county or alternatively you could contact Northampton Mind (mindadmin@btconnect.com or 01604 634310) or Northampton Samaritans (jo@samaritans.org or 01604 637637).

What should I do if I want to take part?
If your experience of caring for your adopted child(ren) has been more challenging or difficult than you initially anticipated and you would like the opportunity to tell us about your experiences, simply complete the attached Expression of Interest form attached and return it to the chief investigator (Nicola Biggs) in the pre-paid envelope provided. Within six weeks of receiving your completed forms, Nicola Biggs will contact you to arrange a mutually convenient date and location for the interview.

Thank you for taking the time to read this information.

If you would like to take part in this research, please let the research team know by completing the ‘Expression of Interest’ form enclosed with this information pack, and return it to us. Nicola Biggs (chief investigator) will then contact you by telephone to schedule your interview.

Yours faithfully,

Nicola Biggs (Trainee Clinical Psychologist)
Dr Gareth Morgan (Supervising Clinical Lecturer, University of Leicester)
Dr Anwen Pugh (Supervising Clinical Psychologist, CAMHS-LAC Team)
Appendix L: Participant Consent Form

CONSENT FORM

Research Title: Parents’ expectations and experiences of caring for an adopted child.

Name of Investigator: Nicola Biggs (Trainee Clinical Psychologist, University of Leicester)

Please initial each box below to confirm your agreement with the following statements:

1. I confirm that I have read and understood the Information Sheet (Version 4; 17.03.15) for the above research project. I have had the opportunity to consider the information and decide whether to take part.

2. I understand that my involvement is voluntary and that I am free to withdraw at any time without giving any reason, and without affecting the care that I receive from CAMHS-LAC or Northamptonshire Healthcare NHS Foundation Trust (NHFT).

3. I understand I will be interviewed about my experience as an adoptive parent and that my comments will be audio recorded and anonymously transcribed. The transcription will be undertaken by Nicola Biggs (University of Leicester) who will be bound by strict confidentiality guidelines.

4. I understand that data collected during the research may be looked at by responsible individuals from the NHS, the University of Leicester or from regulatory authorities.

5. I understand that my interview comments may be quoted (as verbatim) in the research report but that my comments will be anonymised, and that neither I nor any members of my family will be identifiable.

Consent Form Continued.
Research Title: Parents’ expectations and experiences of caring for an adopted child.

Name of Investigator: Nicola Biggs (Trainee Clinical Psychologist, University of Leicester)

Please initial the box below to confirm your agreement with the following statement:

6. I understand that if I choose to withdraw from the study, I have the right to withdraw any data associated with my involvement (including data I provided on the Expression of Interest form and during the interview) however I understand that this right to withdraw my data is time limited; My data cannot be withdrawn when the final transcription has been completed (approximately one month after interview).

7. I understand that the information I share during the interview will be handled in confidence, unless I provide information that suggests I or someone else is at significant risk. In such circumstances, I understand that my anonymity could not be maintained and the information I disclosed (along with my name) would be passed to the NHFT safeguarding team so that the appropriate procedures could be followed.

8. I wish to be sent a summary of the research findings once the project is completed and I consent to my personal information being held for up to 12 months after the date of my research interview in order that I can receive this information by post.

9. I consent to taking part in the above research study by participating in a recorded research interview.

Name of Interviewee Date Signature

Thank you for consenting to participate in this study.
Please return this completed consent form to CAMHS-LAC in the prepaid envelope.
Dr Nicola Biggs, Newland House, Campbell House, Northampton. NN1 3EB
18 March 2015

Dr Nicola Dawn Biggs
School of Psychology, Doctorate in Clinical Psychology
104 Regent Road
Leicester
LE1 7LT

Dear Dr Biggs,

Study title: An Interpretative Phenomenological Analysis (IPA) of parents’ pre-placement expectations and post-adoption experiences of caring for a child who has been adopted from the care system.

REC reference: 15/EM/0026
Protocol number: CHAP6766
IRAS project ID: 161735

Thank you for your letter of 17 March 2015, responding to the Committee’s request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this favourable opinion letter. The expectation is that this information will be published for all studies that receive an ethical opinion but should you wish to provide a substitute contact point, wish to make a request to defer, or require further information, please contact the REC Manager, [redacted]@nhs.net. Under very limited circumstances (e.g. for student research which has received an unfavourable opinion), it may be possible to grant an exemption to the publication of the study.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.
Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk:

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of approvals from host organisations.

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database. This should be before the first participant is recruited but no later than 6 weeks after recruitment of the first participant.

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to request a deferral for study registration within the required timeframe, they should contacthra.studyregistration@nhs.net. The expectation is that all clinical trials will be registered, however, in exceptional circumstances non registration may be permissible with prior agreement from NRES. Guidance on where to register is provided on the HRA website.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).
User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website: http://www.hra.nhs.uk/about-the-hra/governancequality-assurance/

HRA Training

We are pleased to welcome researchers and R&D staff at our training days – see details at http://www.hra.nhs.uk/hra-training/

15/EM/0026 Please quote this number on all correspondence

With the Committee's best wishes for the success of this project.

Yours sincerely,

Mr

Chair

Email: committee.member@nhs.net

Enclosures: “After ethical review — guidance for researchers”

Copy to: Dr University of Leicester
Miss VHS Trust
25th March 2015
Dr Nicola Dawn Biggs
Leicestershire Partnership Trust (LPT)
School of Psychology, Doctorate in Clinical Psychology
104 Regent Road
Leicester
LE1 7LT
Dear Dr Biggs

I am pleased to confirm that with effect from the date of this letter, the above study now has Trust Research & Development permission. You can now commence your research activities in NHS Foundation Trust in accordance to the agreed protocol and the Research Governance Framework.

<table>
<thead>
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<th>Title</th>
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<td>15/EM/0026</td>
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<td>R.229</td>
</tr>
<tr>
<td>Start date</td>
<td>25/03/2015</td>
</tr>
<tr>
<td>End date:</td>
<td>01/12/2016</td>
</tr>
</tbody>
</table>

As part of our monitoring requirements you are required to submit a six months progress report to the R&D Office and to the Research Ethics Committee from the start date. We ask you for a summary report of your study findings upon completion of your research as we would like to disseminate in within the Trust.

If you have any questions regarding this, or other research you wish to undertake in the Trust, please contact this office. We wish you every success with your research.

Please be aware that any changes after approval may constitute an amendment. The process of approval for amendments should be followed. Failure to do so may invalidate the approval of the study at this trust.

Yours sincerely

Research and Development Manager
Approved documents received:

<table>
<thead>
<tr>
<th>Document</th>
<th>Version</th>
<th>Date</th>
<th>REC approved</th>
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<tr>
<td>REC Favourable opinion</td>
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<tr>
<td>LAC Topic guide</td>
<td>5</td>
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<td>18/3/15</td>
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<td>IRAS Checklist</td>
<td></td>
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<td>18/3/15</td>
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<td>Letter of invitation</td>
<td>4</td>
<td>09/03/15</td>
<td>18/3/15</td>
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<tr>
<td>Service User Feedback Form 1</td>
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<td>01/12/14</td>
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<td>Participant debrief information</td>
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<td>18/3/15</td>
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<tr>
<td>LAC Consent form</td>
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<td>17/03/15</td>
<td>18/3/15</td>
</tr>
<tr>
<td>Participant information sheet</td>
<td>4</td>
<td>17/03/15</td>
<td>18/3/15</td>
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<tr>
<td>Feedback from University of Leicester’s Peer Review Panel</td>
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<td>Summary CV for supervisor</td>
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<td>16/12/14</td>
<td>18/3/15</td>
</tr>
</tbody>
</table>

This sheet has been sent to you as CI/PI, however please copy and distribute to others working on the study with you – co-investigators, collaborators, nurses, CRAs etc.

Your Research study has been granted R&D approval by ___. All those involved in research with human participants, their organs, tissue or data must be aware of and implement the law, and the basic principles relating to ethics, science, information, health and safety, and finance set out in the Research Governance Framework. Doctors and Consultants must also comply with the GMC guidance ‘Good Practice in Research’
Study Name:

Principal Investigator for this study I agree to the following:

◦ To ensure your research is conducted in line with relevant legislation and guidance, this includes, but is not limited to, the DH Research Governance Framework, ‘The Medicines for Human Use (Clinical Trials) Regulations 2004’ (SI 2004/1031), Human Tissue Act, Mental Capacity Act, and subsequent amendments.

◦ Report adverse events – SAEs, SARs, SUSARs to the Sponsor, The R&D Department, Research Ethics Committee, and MHRA as required. Additionally, report any suspected research fraud or misconduct to the R&D Department and notify any serious breaches of protocol or GCP to the Sponsor, R&D Department as soon as they are identified.

◦ With respect to the use and supply of Investigational Medicinal Products (IMP), it is imperative to obtain advice from the Pharmacy department. Advice given by Pharmacy R&D Clinical Trials Pharmacists in relation to IMPs must always be followed.

◦ Follow the agreed protocol as approved by relevant Research Ethics Committee (REC) and ensure any proposed changes or amendments to the protocol are submitted for approval to the REC and the R&D Department.

◦ Prepare and maintain a site file for each study, full details of site file content can be found attached, additionally for sponsored studies, support in the compilation and storage of site files can be accessed through Quality Support.

◦ Ensure you are aware of, and follow, appropriate guidelines for Data Protection, The Caldecott Principles and health and safety, including relevant Trust policies.

◦ Anonymise patient data where possible and hold it in accordance with the Data Protection Act. Consent must be sought before using the information for any purpose other than that stated when it was obtained.

◦ Continually update yourself and your team with ICH-GCP Training; evidence of this should be available within each study site file. A refresher course is required bi-annually.

◦ Ensure all data and documentation associated with the study is available for audit at the request of the appropriate auditing authority.

◦ Discuss any Intellectual Property (IP) issues with the R&D Department.

◦ Involve consumers in the research where possible and appropriate.

Disseminate results as widely as possible, both locally and nationally, and always ensure all participants are kept up-to-date on the progress of the research and given feedback at the end of the study.

Name: …………………………………………………………………………………………….

Signature: …………………………………………………………………………………. Date:
…………………………………………..

Note: The Principal Investigator may delegate some or all of the responsibilities listed above but they will remain accountable to the Chief Executive for the overall conduct of the study. Any delegation of responsibility must be explicit and documented as per Standard Operating Procedure.

Please return the signed agreement to the Research Office via email;
INVITATION LETTER

Research Title: Parents’ expectations and experiences of caring for an adopted child.

Dear parent,

We are writing to invite you to take part in a research study about parents’ experiences of caring for an adopted child.

Adoptive parents who have accessed the [CamHS-LAC] Child and Adolescent Mental Health Service, Looked-After and Adopted Children’s (CAMHS-LAC) Team, either recently or in the past, are being written to and invited to take part in this study. We are particularly interested in hearing from adoptive families who have found the experience of parenting their child as being more difficult or challenging than they expected. It is important, however, that you know by receiving this letter we are not implying that you have experienced adoption in this way. Instead this letter is being sent out in batches to all adoptive families known to the CAMHS-LAC service to explain that this study is being carried out, and then we are inviting parents who have found the experience of caring their child as being more difficult or challenging than expected to volunteer to take part. The research involves an interview with one parent from each family about their experience of caring for an adopted child. More information is provided in the enclosed Information Sheet (Version 1; 09.03.15).

Before you can decide whether you wish to take part, you need to fully understand the purpose of the research and what your participation will involve. In order to do this, please take your time to read the attached Information Sheet carefully. If anything is not clear or you would like further information, please contact a member of the research team using the contact details provided in the Information Sheet.

Thank you for taking the time to read this Invitation Letter.

Yours faithfully,

Nicola Biggs (Trainee Clinical Psychologist)
Dr Gareth Morgan (Supervising Clinical Lecturer, University of Leicester)
Dr Anwen Pugh (Supervising Clinical Psychologist, CAMHS-LAC Team)
Appendix P: Participant Expression of Interest Form

EXPRESSION OF INTEREST FORM

Research Title: Parents’ expectations and experiences of caring for an adopted child.

Name of Investigator: Nicola Biggs (Trainee Clinical Psychologist, University of Leicester).

Dear parent,

By providing the information below, you are confirming that you have read the Information Sheet (Version 4; 17.03.15) and that you would like to express an interest in taking part in the study. You are also confirming that you are happy to be contacted by telephone by the chief investigator, Nicola Biggs, to arrange an interview date.

Your Name: ____________________________________________________________

Your Preferred Contact Number: ____________________________________________

Your Child’s Name: _______________________________________________________

Your Child’s Current Age: _____________ Your Child’s Age at Adoption: ___________

Your Signature: __________________________________ Date: ______________________

Thank you for expressing your interest in this study.

Please return this completed Expression of Interest form to CAMHS-LAC in the prepaid envelope.

Dr Nicola Biggs
Appendix Q: IPA Interview Topic Guide

Interview Topic Guide for Adoptive Parents:

Research Title: Parents’ expectations and experiences of caring for an adopted child.

Name of Investigator: Nicola Biggs (Trainee Clinical Psychologist, University of Leicester).

Note: The following questions represent a flexible topic guide for interviewing parents about their experiences of caring for an adopted child. The guide is not a prescriptive schedule and the interviewer will ask questions depending on the experiences and reflections parents describe in relation to earlier in their answers.

Topic 1: Parents’ pre-adoption expectations about the experience of caring for an adopted child.

i. Can you tell me about why you decided to adopt and any thoughts or expectations you had about what it would be like to parent an adopted child?

ii. Prompts about expectations relating to adoption: What thoughts did you have about what it would be like to adopt a child? Did you have any expectations about what it would be like to have a child? Do you have a sense of where these might have come from? Do you have a sense of what others in your family thought about you adopting? How were you feeling at this time? What sense did you or others make about how you were feeling at this time?

iii. Prompts about expectations relating to parenting: What thoughts did you have about yourself as a prospective parent? Did you have any expectations about what it would be like to be a parent? Do you have a sense of where these might have come from? Do you have a sense of what others in your family might have thought about what it would be like for you as an adoptive parent? How were you feeling about becoming a parent? What sense did you or others make about how you were feeling at this time?
**Topic 2: Parents’ experiences and meaning-making of caring for their adopted child.**

i. You have told me that you found the experience of parenting X as being more difficult than you initially expected, I wonder whether you could tell me about some of those experiences?

ii. **Prompts about experiences when parents noticed that caring for their adopted child was different than they had initially expected:** Can you tell me about a time when you noticed that parenting X was different than you expected it to be? Can you describe what happened? As a parent, how did that incident make you feel / think / act? Do you have a sense of why that made you feel / think / act that way? Do you have a sense of how others responded to, or made sense of that experience?

iii. **Prompts about subsequent experiences when parents experienced caring for their adopted child as being different than initially expected:** Can you tell me about other times when parenting X has been different than you expected it to be? Can you tell me more about what happened? How did that make you feel / think / act? Do you have a sense of why that experience made you feel / think / act that ways as a parent? Do you have a sense of how others responded to, or made sense of that experience?

**Topic 3: Parents’ understanding of how their expectations and experience of caring for an adopted child might change over time.**

i. I wonder whether you have any thoughts or expectations about what it will be like to care for X in the future?

ii. **Prompts relating to future experience:** What do you think it will be like to parent X in five or ten years’ time? What expectations do you have about the future? How do you think you will feel or act if that happens?

iii. **Prompts relating to past expectations:** Thinking back to the beginning of this interview, I wonder if any of the expectations you described about adopting a child have changed or remained the same as a consequence of parenting X? If so, how / in what way? Can you tell me more about that? I wonder whether you think / feel that your approach to parenting X has changed or remained the same over time? If so, in what way and what sense have you made of this?

iv. **Prompts relating to any additional comments and reflections:** Before we finish this interview, I wonder whether there is anything else that you would like to tell me about your experience of parenting X? Are there any other expectations or experiences that we haven’t discussed that you think are relevant or important? **END**
Appendix R: Participant Debrief Letter

PARTICIPANT DEBRIEF

Research Title: Parents’ expectations and experiences of caring for an adopted child.

Thank you for taking part in this research study about parents’ experiences of caring for an adopted child. We have now completed the main interview; however before you leave I wanted to take this opportunity to remind you of some important information about this research study.

The aim of this research has been to gain a greater understanding of how parents make sense of any expectations they have prior to adoption, as well as their experiences of parenting their child. By hearing about the experiences of parents who have found caring for their adopted child as being more difficult or challenging than they expected, we expect to gain information that may help CAMHS-LAC professionals to offer services and support that will better address the difficulties that some adoptive families face.

We have explained that all the information you shared with us will be handled in confidence and stored securely. The audio recording of your interview will now be anonymously transcribed into a written format, which may include full word-for-word quotes or extracts from your interview. Any personally identifiable information that you have shared (e.g. names of people, places, schools, etc.) will however be changed or completely removed. We have also explained that any personal information you provided (e.g. your name and contact telephone number) will be kept on file exclusively for the purpose of contacting you about the research (such as sending you a summary of the research findings, if you requested one) and that this information will be deleted after 12 months.

You have told us that your decision to participate in this study has been voluntary and we have explained that the standard of care you receive from [ ] or CAMHS-LAC now or in the future will not be affected by your decision to take part in the research. Having completed the interview, we also wanted to remind you that you have the right to withdraw your data from the study and that you will be able to do this until we have started the in-depth analysis of the research data you have provided.
We understand that talking about your experiences of parenting your child could have been upsetting. We hope that we have been able to address any concerns you have raised during the interview; however if you feel that you have been affected by the issues discussed, then please contact a member of the research team who will be able to support and advise you further:

1. Dr Gareth Morgan (Clinical Lecturer at the University of Leicester) at gsm23@leicster.ac.uk
2. Dr Anwen Pugh (Supervising Clinical Psychologist, CAMHS-LAC team) at anwen.pugh@nhft.nhs.uk

Alternatively, you can contact the Patient Advice and Liaison Service (PALS) at NHFT via pals@nhft.nhs.uk or 0800 917 8504.

If you are still open to CAMHS-LAC or the Northamptonshire Post Adoption team, you can contact your clinician or named social worker on their normal numbers. The Northamptonshire Post Adoption team is also open to self-referrals; for more information please contact: PostAdoption@northamptonshire.gov.uk or 0300 126 1008. Your GP can also refer to you to appropriate wellbeing services within the county or alternatively you could contact Northampton Mind (mindadmin@btconnect.com or 01604 634310) or Northampton Samaritans (jo@samaritans.org or 01604 637637).

Once again, many thanks for your participation in this research study.

Yours faithfully,

Nicola Biggs (Trainee Clinical Psychologist)
Dr Gareth Morgan (Supervising Clinical Lecturer, University of Leicester)
Dr Anwen Pugh (Supervising Clinical Psychologist, CAMHS-LAC Team)
Appendix S: Full Chronology of Research Process

December 2013  ✔ Initial discussions with LAC specialists

February 2014  ✔ Initial scoping of literature
               ✔ Development of research proposal

May 2014    ✔ Submission of initial research proposals to University of Leicester (UoL)
               ✔ Allocation of UoL research supervisor

June 2014   ✔ Refinement of research proposal
               ✔ Development of topic guide

July 2014    ✔ UoL panel review of research proposal (internal and external reviewers)

September 2014  ✔ UoL internal peer review of research proposal (internal reviewer)

October 2014 ✔ Review by UoL Service User Reference Group (SURG)

November 2014 ✔ Preparation of Integrated Research Application System (IRAS) application for Local Research Ethical Committee (LREC)

December 2014 ✔ Submission for application via IRAS to LREC (23.12.14)

February 2015 ✔ LREC meeting (19.02.15)
               ✔ Submission of application to Research and Development

March 2015   ✔ LREC favourable opinion received (18.03.15)
               ✔ Research and Development approval received (25.03.15)
               ✔ Attendance at IPA training

May – August 2015 ✔ Recruitment and interviewing of participants
                   ✔ Interview transcription

August - December 2015 ✔ Preparation of literature review

January - March 2016 ✔ IPA analysis and preparation of research paper

April 2016   ✔ Preparation of critical appraisal
               ✔ Submission of thesis (literature review, research paper and critical appraisal)

July - September 2016 ✔ Dissemination of research findings to participants
                      ✔ Poster presentation and publication of findings
## Appendix T: Frequency of Super- and Subordinate Themes Contributed by Parents

<table>
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<tr>
<th>Theme</th>
<th>Cara</th>
<th>Emma</th>
<th>Jennifer</th>
<th>Lynn</th>
<th>Rachel</th>
<th>Sarah</th>
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</thead>
<tbody>
<tr>
<td>‘Living in a different world’</td>
<td>✓</td>
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<tr>
<td>‘Shattering of a fairy tale’</td>
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<tr>
<td>‘Crippled by emotions’</td>
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<tr>
<td>‘In the line of fire’</td>
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<tr>
<td>‘What’s going on their little minds’</td>
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<tr>
<td>‘There’s something else going on’</td>
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<tr>
<td>‘Being a good enough parent’</td>
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<tr>
<td>‘Not naughty, just different’</td>
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<tr>
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<tr>
<td>‘More than just a mum’</td>
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<td>‘Maintaining hope’</td>
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