COMING HOME: FAMILY ROUTINES AND SENSE OF BELONGING IN OLDER CHILD ADOPTION

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ABSTRACT

Caroline Harkins Mccarty: Coming Home: Family Routines and Sense of Belonging in Older Child Adoption
(Under the direction of Brian A. Boyd)

This ethnographic research project describes experiences of three families who have adopted children with disabilities, age 4 through 13, through United States foster care. In particular, this project explored the relationships between everyday family occupations and family identity and community participation. Study methods included collaborative ethnography and photo-elicitation, using narrative analysis to capture the meaning of occupation through family stories and photographs. Findings illuminate parent and child perspectives on adoption, family practices, and the supports and barriers that are important to successful engagement in family occupations in the context of older child, special needs adoption. Findings also underscore the importance of adequate, comprehensive pre-adoption preparation, and consistent post-adoption caseworker and community support.

This manuscript is dedicated with love and gratitude
to the memory of Ivan Sweets
who touched so many lives in his six short years,
not least my own.

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LIST OF ABBREVIATIONS

AACWA	Adoption Assistance and Child Welfare Act
ACF	Adoption and Safe Families Act
AFCARS	Adoption and Foster Care Analysis and Reporting System
ASFA	Administration for Children and Families
DHHS	Dept. of Health and Human Services
FPSSP	Family Preservation and Support Services Program
US	United States

CHAPTER 1: INTRODUCTION

"When you're in a foster home you feel like you're forgotten, and so when somebody adopts you, you feel like you're loved again, and like you're wanted."

Alice, adopted at age 8

Why a Study of Family Routines and Adoption?

This study set out to describe how families, formed through adoption, build their lives together through seemingly small, everyday occupations. It details how weekend trips to the lake, family game nights, and volunteering together at the community garden help parents and children bond, and enact what it means to be a family. This project was born of a passionate interest in improving supports for older children in foster care, and for the families who adopt them.

Family Occupations

A discussion of family occupations requires a working definition of occupation. Occupation has been variously defined as "the ordinary and familiar things that people do every day" (Clark et al, 1991, p. 300); "chunks of daily activity that can be named in the lexicon of the culture" (Zemke & Clark, 1996, p. vii); "everyday tasks and activities in which people are actively engaged" (Rudman, 2002, p. 12), and as "groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals, and a culture…everything people do to occupy himself or herself," including self-care, leisure, and productivity (Law, Polatajko, Baptiste, & Townsend, 1997, p. 34). Indeed, occupation has been so frequently debated and reframed in the lexicon of my profession that this dissertation must begin with

offering my own definition. For the purposes of this study, occupation is made up of the things that people do every day, that have social and individual meaning. Examples of occupation include making and eating dinner, getting dressed for school or work, reading a story before bedtime, or playing a board game. Not all occupation is done with others, but this author posits that it is always social, as we learn our ideas and practice of occupation from doing with others. Family occupation is based on the idea of doing things together to construct a daily family life.

Family routines and rituals are, by the above definition, inherently occupational. Routine and ritual provide a foundation for child development and a predictable structure for family engagement, and are a source of meaning making and bonding for families with children (Spagnola & Fiese, 2007). Both routine and ritual refer to specific, regular practices involving two or more family members; together these are viewed as a transactional process in which child and parent characteristics and capabilities, contextual supports and barriers, and cultural values shape family practices (Sameroff & Fiese, 2000; Spagnola & Fiese). This project specifically examines the everyday occupations of families who adopt school aged children from foster care.

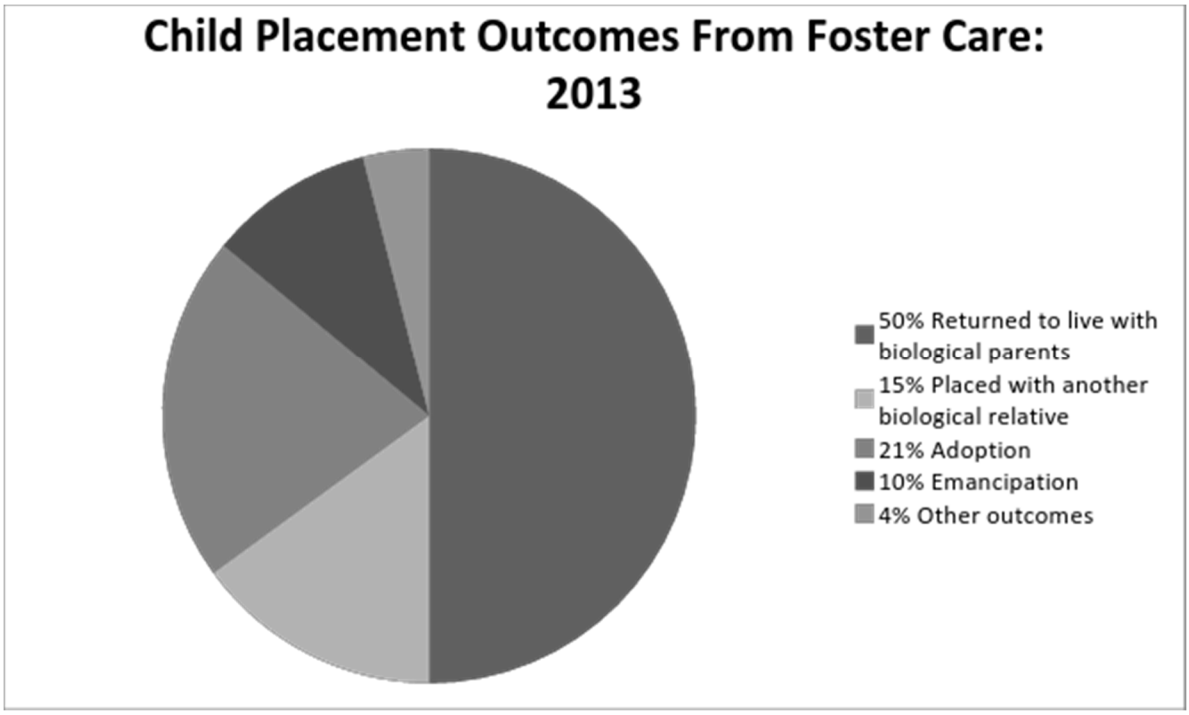
Foster Care and Adoption in the United States

Foster care exists as a safe, temporary caregiving situation for children whose parents or legal guardians are unable to provide adequate care (Child Welfare Information Gateway, 2015). There were slightly fewer than 400,000 children in foster care within the U.S. in 2013 (Child Welfare Information Gateway; US Dept. of Health and Human Services [DHHS] Data Brief 1, 2013b). This represents a 23.7% decade-long decline in the number of children in foster care (US DHHS 2013b). Children in foster care range from infancy to age 18; the median age of children in foster care in 2013 was 8.2 years (Child Welfare Information Gateway, 2015). Time spent in care ranged from less than one month to more than 5 years, with a median of 13.5 months (Child Welfare Information Gateway). The average length of stay in 2013 was 22.4 months, which also

represents a substantial decrease from 2002, when the average length of stay was 33.1 months (US DHHS 2013b). These dramatic decreases have been directly attributed to shifts in federal policy and legislation which prioritize permanency planning and family preservation (US DHHS 2013b).

Children who enter into foster care often experience multiple transitions between homes and caregivers. Decreasing these transitions is another key target of current federal policy. One of the key words in the above definition of foster care is *temporary*; the overall goal for children in foster care is to return to a safe, permanent home, either through reunification with their family of origin, or through adoption.

Figure 1: Child Placement Outcomes from Foster Care: 2013



As indicated by the table above (based on information from the Child Welfare Information Gateway, 2015), approximately half of the children exiting foster care were returned to their biological parents, and another 15% went to live with a relative or other guardian. When

possible, family reunification is the preferred goal for children in foster care. Twenty one percent of children who exited the foster care system in 2013 did so through adoption. It is far less preferable, in federal policy, for children to "age out" of foster care, or to experience legal emancipation as minors without a permanent placement with dedicated parents, and yet 10% of children in foster care in 2013 exited through emancipation (Child Welfare Information Gateway). The remaining 4% are accounted under "other outcomes", which may include death, disappearance, and incarceration.

Child adoption in the United States takes a variety of forms; families may adopt children already known or related to them through a process known as kinship adoption, or children previously unknown to them; children's ages may range from newborn to the brink of adulthood. The mean age of children waiting to be adopted in the US foster care system in 2015 was 7.6 years in 2015 (US DHHS, 2015). Waiting children are defined by the US Dept. of Health and Human Services as those children for whom parental rights have been terminated and children with a permanency goal of adoption (2015). The same document further specifies that "children 16 years old and older whose parents' parental rights have been terminated and who have a goal of emancipation" are excluded from estimates totaling waiting children. On average, waiting children in 2015 had already spent 31.7 months in foster care (US DHHS, 2015).

Table 1: "Waiting Children" Demographic Overview

Total number waiting to be adopted	111,820
Total whose parental rights have been terminated	62,378
Time in foster care (mean)	31.7 months
Mean age at entry into foster care	5.0 years
Mean age now	7.6 years
Average (mean) time elapsed since termination of parental rights (of children whose parental rights have been terminated)	11.9 months

US Department of Health and Human Services, 2015.

One potential bridge to adoption is the public foster care system. Adoption is the preferred permanency option for children in foster care who cannot be reunified with their families of origin. Families who adopt through foster care may already be licensed foster parents who decide to adopt a child currently in their care. Other parents become licensed with the explicit goal of adopting a child from foster care, in a process known as foster-to-adopt.

Table 2: Relationship of Adoptive Parents to Children Adopted from Foster Care

Relationship	**Percent**
Relative	34%
Non-relative	14%
Foster Parent	52%

US DHHS, 2015

Defining the Crisis

The US Department of Health and Human Services [DHHS] Administration for Children and Families [ACF] is the federal organization responsible for monitoring child welfare outcomes and reporting them to Congress (US DHHS, 2013a). In consultation with state and local child welfare administrators, advocacy organizations, researchers, legislators and experts in

child welfare, ACF identified seven performance categories of particular importance for measuring child welfare outcomes (US DHHS, 2013a). The target outcomes are:

1. Reduce recurrence of child abuse and/or neglect.
2. Reduce the incidence of child abuse and/or neglect in foster care.
3. Increase permanency for children in foster care
4. Reduce time in foster care to reunification without increasing reentry
5. Reduce time in foster care to adoption
6. Increase placement stability
7. Reduce placements of young children in group homes or institutions

Since 1998, these outcomes represent national priorities in child welfare for children entering the foster system, and their families (US DHHS, 2013a). Permanency (one of the key targets) includes adoption, and for good reason: research supports that, compared to growing up in foster care, adoption is a powerful protective factor and leads to improved behavioral, intellectual, and life outcomes (Christoffersen, 2012).

Many states have made strides toward improving permanency outcomes for most children, yet "states tend to be more successful in finding permanent homes for the general care population (87.3 percent) than for children with a diagnosed disability (78.0 percent) and children who entered foster care when they were older than age 12 (66.0 percent)" (US DHHS, 2013a, p. 14). Identified barriers to permanent placement for older children and children with special needs may include difficulty in identifying and recruiting families prepared to meet the higher level of care some of these children may need (US DHHS, 2013a).

In addition to a lower rate of permanent placement, a higher proportion of adoptions of older children and those with special needs result in displacement, dissolution or disruption of

the adoption (Wind, Brooks & Barth, 2006); some estimates have put the disruption rates as high as 24% for children adopted older than 12 (Berry & Barth 1990; Child Welfare Information Gateway 2012). Families who adopt children with special needs often describe feeling underprepared, and may receive differential preparation based on child risk history and characteristics; improving preparation for adoption has been strongly advocated by adoption scholars in order to improve family outcomes and to help achieve the aforementioned federal priorities (Wind et al, 2006).

Although changes in federal law, including the 1997 Adoption and Safe Families Act (ASFA), have shortened the time that children spend in care, and increased the number of adoptions, adoption support services have not kept pace (Hartinger-Saunders, Trautead & Johnson, 2015). Indeed, "Although finalization of an adoption relieves states of their legal obligation to the child, it does not ensure that adoptive parents are adequately prepared or supported as they take on this commitment;" many families lack key information about their adopted child's needs and history at the time of adoption, and lack of adoption services has been linked to adverse adoption outcomes (Hartinger-Saunders et al, 2015, p. 256). This gap, and the adoption disruption rate, has received national media attention in recent years. The headline of an article on a popular American parenting website asked in bold font, "What happens when adoption fails?" The article went on to describe the situations of several families who had dissolved (or legally un-done) their adoptions (Mapes, 2012). Parent preparation, the article argued, was key to avoiding "devastating" outcomes for parents and for children. An adoption counselor quoted within the text described the potential effects of disruption or dissolution of an adoption on a child:

> It can cause lifelong issues of distrust, depression, anxiety, extreme control issues and very rigid behavior. They don't trust anyone; they have very low self-esteem. They'll push

> away teachers and friends and potential parents and if you put them in another placement and they have to reattach again and then if they lose that placement, it gets tougher and tougher. (Mapes, 2012).

The heart of the crisis is this: older children in foster care, and children with disabilities, are less likely to be successfully adopted, and yet adoption (as opposed to "aging out" of foster care) leads to improved life outcomes for children (Christoffersen, 2012). Significant targets for intervention research therefore include understanding and meeting the needs of the families who adopt children with special needs, and steps to increase permanency for adoptable children with special needs (US DHHS, 2013a; Wind, Brooks & Barth, 2006).

To improve outcomes, we must first understand how to support the families who adopt these children, and increase awareness of the positive adoption stories of families who adopt children with special needs (including those with special educational, physical, and emotional needs relative to a diagnosed disability; sibling sets; and children adopted after the age of 12) from the foster care system.

Purpose of the Study

The purpose of this study is to enhance scholarly understandings of how adoptive families of older children with disabilities enact family together through occupation, and of the contextual supports and barriers that families transact with through occupational engagement. This project aims to shed light on how families develop routines subsequent to the adoption of an older child or a child with exceptional needs, with the goal of eventually expanding upon this basic research to explore the clinical implications for professionals working with adoptive families both before and after placement of adopted child(ren), to inform supports and service provision for adoptive families.

These goals were pursued through collaborative ethnographic work, which requires that the researcher enter into the research process with both questions and an openness to the topics

and themes that unfold through participant observation, or that the consultants themselves find relevant and wish to discuss. The questions that sparked this research project, and guided my initial interests, were as follows:

Research Questions

1. How do families who adopt older children with special needs enact routines and rituals together?

The purpose of Question 1 was to explore how families come together to enact family through occupation, in the form of routines, rituals and daily practices. Family, in addition to being a legal relationship, involves a life lived together through daily practices, such as mealtimes, bath times, special trips and bedtime routines. Specifically, this study explores how parents and children enact family through shared engagement in occupation, after the adoptive placement of a child.

2. Which occupations are meaningful, and facilitate family well-being and bonding?

The purpose of Question 2 was to explore the meaning of family occupations. Specifically, this question purposed to explore how family occupations facilitate bonding and sense of "being family," and which occupations parents and children identify as particularly meaningful (and why).

3. What social and environmental supports and barriers are important to adoptive families in their enactment of occupation?

The purpose of Question 3 was to identify important supports and barriers that adoptive families experience in their social and environmental contexts. In particular, this question purposed to explore how families overcome difficulties in sharing occupation together, how they access supports, and which supports they identify as particularly important in this process.

Significance and Contribution

Whereas family routine and ritual have been studied extensively in biological families with young children, they have been less studied in the context of adoptive families. This research gap is particularly significant because adoptive families are regularly encouraged to pay close attention to developing routines, in order to promote bonding and help children transition. Popular adoption blogs and websites admonish parents to develop structured, predictable routines early on in the adoptive transition:

> As a first step in healing and connecting, knowing what is expected and when it is expected is important. For the parent, having consistency and initially more rigidity, you can begin to see in what ways your child might struggle or you understand some skills they need to be taught. You shouldn't assume they know or have been taught the basics like manners, hygiene, or how to participate in family life. You can begin the task of helping them learn to live in your family within a consistent structure. Children learn the skills of living in your family by having routine and predictability. (Importance of Routines for Newly Adopted Older Kids, 2015, retrieved from www.creatingafamily.org)

This may indeed be good advice for new adoptive parents, but it raises the question: what do we really know about *how* adoptive families successfully develop routines and rituals? Do these families have unique needs in enacting occupation together? What supports are important to their development of daily occupations, and what barriers do they face? For families adopting an older child, how do the child's own expectations and practices shape shared enactment of daily life?

These questions have not been fully addressed within the adoption literature. In particular, the perspectives of adoptive children on the meaning and enactment of family occupations are absent from the scholarly literature base. This study contributes a new perspective to the child adoption literature base through its exploration of the meaning and experience of family routines and practices, from the perspective of all members of the adoptive

family, including the critically important – and largely understudied – perspectives of the children themselves.

Overview of Chapters

This chapter has defined the terms of this dissertation project, and begun to provide an argument for the relevance and potential contribution of a study of the everyday occupations of families who adopt an older child from foster care. The second chapter will review and critique the adoption literature base, including adoption theory and outcomes data relevant to this project. The third chapter will lay the theoretical framework of this study, providing context for the project's approach to family occupations. The fourth provides a rationale for and description of the study's methods, including collaborative ethnography and photo-elicitation, study recruitment, and narrative analysis. In describing study recruitment, Chapter Four also describes the demographics and daily lives of the families who participated as consultants within the study.

Chapter Five presents a "day in the life" style introduction to each family, with a detailed account of their occupations from a single day of participant observation with each family. Chapters Six through Eight present the findings of this study, unfolding the themes present in each family's narratives, and themes that arose across family narratives, as follows: Chapter Six presents perspectives on family occupations, including how their families' occupations have changed over time since their adoptive placement. Chapter Seven reviews the supports and barriers that families experienced within their communities. Chapter Eight presents the child perspectives gleaned from the interview, participant observation, and photo-elicitation methods.

The ninth and final chapter discusses the study's findings in the context of the adoption and family routines literature. It also explicates lessons learned from this study in relationship to occupational therapy and adoption practice, provides practical suggestions for adoptive families, and reviews study limitations and future directions for adoption research based on an occupational perspective of family.

CHAPTER 2: REVIEW OF EXTANT LITERATURE

Introduction: Contexts of United States Adoptions

The legal practices and social attitudes surrounding child adoption in the U.S. trace back to the mid-19th Century, with the Massachusetts State passage of the *Adoption of Children Act* (1851), the first US adoption law to prioritize children's welfare, and to mandate that adoptions must be approved as "fit and proper" by a judge (Herman, 2012). The 1860s also saw a shift to care for orphans in family homes, rather than institutions (Herman), prefacing the movement to family foster care which continues to this day. Subsequent shifts in US adoption law and policy are detailed in this chapter to give context to contemporary adoption practices and outcomes data.

The three basic US adoption contexts differ significantly by both practices and outcomes. These are *private domestic adoption*, *adoption from foster care*, and *international adoption*. It is important to note that while this study focuses on non-relative adoptions, each of these adoption contexts may also include adoptions by family members, including kinship and step-parent adoptions. Indeed, kinship adoptions may comprise a significant percentage of the United States adoption rate (Child Welfare Information Gateway, 2016). Because adoption from foster care is the focus of this dissertation study, it has received a more thorough introduction, with brief descriptions of the other adoption contexts.

After a brief overview of each of the major adoption contexts in the US, with a more detailed examination of the policy and social contexts surrounding adoption through foster care, this chapter reviews the body of literature on adoption outcomes, including the identified

supports and barriers that shape parent, child, and family outcomes. Finally, the chapter concludes with a critique of the extant literature, including the gaps in adoption scholarship that this study has addressed.

Private Domestic Adoption

Private domestic adoption can include the adoption of older children, particularly in the case of kinship adoption, but is most common in the adoption of infants. Private infant adoption entails the voluntary placement of a newborn with an adoptive family. This form of adoption is typically handled through private adoption agencies and attorneys, and remains a common form of adoption in the U.S. Voluntariness of placement represents an important shift in both policy and practice. Prior to the 1970s, mothers in the U.S. who were deemed "unfit" were compelled to give up their newborns for adoption, without any further contact or counseling (Grotevant, 1997). The 1970s heralded an important and beneficial change in which the practice of forced adoptions was discontinued, and adoption became a voluntary choice mothers might make, with the possibility of ongoing contact and openness with the adoptive family (Grotevant). Openness in adoptions includes the adoptive family maintaining some form of contact with members of the birth family (Frasch, Brooks & Barth, 2000),which may range from limited, non-identifying communication to ongoing, identifying communication and contact (Grotevant, Fravel, Gorall & Piper, 1999). Openness is an ongoing and dynamic process, rather than a one-time decision, which evolves across the lifespan of a family (Frasch et al).

One exception to voluntary adoptions is the termination of parental rights in situations where abuse and neglect have occurred. After failed attempts at remediation, children may be permanently removed from their family of origin, after which they are most often placed with foster or adoptive parents, or with other relatives through kinship adoption. In these contexts,

too, openness is a consideration, although ongoing contact in these cases may be with members of the family of origin other than the biological parents (Grotevant, 1997).

Openness brings with it other attendant shifts in the adoption contexts, including greater social acceptance and changes in information available to adoptive parents, birth parents, and children (Frasch, Brooks & Barth, 2000). Grotevant noted, "As societal trends have moved away from secrecy toward openness and away from viewing adoption as an institution created by shame, adopted persons and their parents by birth and adoption have been challenged to reconsider what it means to be adopted or to be involved in adoption." (1997, p. 6). These challenges have continued into the 21st century, with openness the prevailing trend in domestic adoptions (Frasch et al).

Changes in adoption policy and a general social trend toward acceptance of single mothers, allowing birth mothers to keep their babies, coupled with an increase in people interested in adoption, has led to a decline in the number of healthy infants available for adoption (Keagy & Rall, 2007). This, in turn, is a primary driver of the increasing number of adoptions from other contexts, including the adoption of children with special needs from foster care (Keagy & Rall; Zamostny et al, 2003).

Statistics for private domestic adoption are particularly difficult to collect, as private agencies have no requirement, incentive, or standardized way to collect and report their own adoption statistics, and the federal government mandates data collection only for intercountry and public adoptions (Child Welfare Information Gateway, 2016). Adoption statistics therefore often group adoptions by 3 labels: "intercountry", "from public agencies", and "other" (Child Welfare Information Gateway, 2016). This "Other" category includes not only private agency adoptions, but tribal adoptions, facilitated and independent adoptions, and adoptions by

stepparents (Child Welfare Information Gateway, 2016). Data for "other" adoptions are collected primarily through court records, and must be collected state-by-state and then totaled (Child Welfare Information Gateway, 2016). These data indicate that while the *rate* of US adoptions has indicated a decade long decline, the *percent* of "other" adoptions has remained relatively constant, and accounted for almost 59,000 adoptions, or 49% of total US adoptions, in 2012 (Child Welfare Information Gateway, 2016).

Adoption from Foster Care

Adoption from foster care consists of families, approved by the state, adopting children who are in the custody of the state, after the permanent termination of the biological parents' rights. Children enter into the foster system when the state determines that the child's family of origin is not able to provide safe, adequate care. The most common reasons for removal include neglect, drug abuse by parent, caretaker inability to cope, and physical abuse (US DHHS, 2015). It is important to note that these categories are not mutually exclusive, and children may be removed for more than one of the reasons listed in the table below:

Table 3: Reasons Children Were Taken into Foster Care in 2015

Neglect	61%
Drug abuse (parent)	32%
Caretaker inability to cope	14%
Physical abuse	13%
Child behavior problem	11%
Inadequate housing	10%
Parent incarceration	8%
Alcohol abuse (parent)	6%
Abandonment	5%
Sexual abuse	4%
Other (may include child drug or alcohol abuse, child disability, relinquishment, and parental death)	approx. 6%

Numbers retrieved from US DHHS, Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2015 data.

For the approximately 430,000 children who enter into the foster system, the most common case plan goal (58%) is family reunification or living with another relative (US DHHS, 2015). In situations where reunification is not possible and the family of origin's situation cannot be made safe and adequate for children to return home, the courts may permanently terminate the parents' legal rights, after which a child may be legally available for adoption. Indeed, the second most common case plan goal for children in foster care (25%) is adoption (US DHHS, 2015). In 2015, 22% of the children who exited foster care did so through adoption.

Public adoption through foster care is therefore an important, sizable context for US adoptions; as of 2010, over 50,000 children were adopted from foster care each year (Hanna, Tokarski, Matera & Fong, 2011). Adoptions from the child welfare system have increased to

account for approximately 68% of all US adoptions (Denby, Alford, & Ayala, 2011). While the number of children waiting in the foster system for adoption declined by 21% between 2001 and 2012, the rate of adoptions from foster care per 100 waiting children increased from by 11% during the same time span, and the actual number of public agency adoptions increased by 4% (Child Welfare Information Gateway, 2016). Of particular salience to this project, nearly 9 out of 10 of the children adopted from foster care meet the criteria of "special needs" due to age, disability, placement as part of a sibling set, or other specific need (Denby et al).

Adoption from foster care has changed significantly due to changes in federal priorities and policy, beginning in the 1970s, when children in the foster system who were not returned to their biological parents grew up in foster care, aging out of the system at the age of 18. In 1980, federal priorities shifted toward permanency planning for children in foster care. The Adoption Assistance and Child Welfare Act (hereafter AACWA) of 1980 provided federal funding to the states to encourage permanency planning for children in foster care, mandating the following: reasonable efforts to preserve and reunify biological families as a top priority; reducing the time children spend in foster care; and finding permanent homes for children, with adoption a last option after reunification efforts have failed (AACWA; Keagy & Rall, 2007). The AACWA also created the term 'special needs adoption' to refer to children who are difficult to place with adoptive families due to age, being part of a sibling set seeking adoption together, or identified disability or other special needs. It is important to note that although "children with special needs" is a term that may in other circumstances refer to children with medical and mental health conditions, in the context of adoptions, the term has a broader meaning (Denby et al), and that use of the term in adoption varies by state (Keagy & Rall, 2007). In addition to the aforementioned groups, "special needs" may also refer to children whose race, ethnicity, or

placement history may impede permanent adoptive placement (Wind, Brooks & Barth, 2007). Many of the children in the child welfare system meet multiple of these criteria (Denby et al). The AACWA provided for adoption subsidies and post-adoption services for special needs adoptions, leading to the creation of the post-adoption support services, which are among the foci of this project.

Further adoption supports were created by the Adoption and Safe Families Act (ASFA) of 1997. ASFA was created to expand on some of the goals of AACWA, and to address ongoing concerns about the number of children in foster care awaiting adoption, and the length of time that children were spending in foster care without a permanent placement. ASFA declared foster care a safe, temporary situation for the preparation of permanent homes, *either* through the restoration of the biological family or permanent placement through adoption. Moving beyond AACWA's approach to adoption as a last resort when reunification fails, ASFA formally decreed adoption the *best* permanency plan for children unable to be reunited with their birth families. ASFA also expedited permanency timelines for children in foster care, and amended the Social Security Act to provide financial incentives to facilitate special needs adoptions (ASFA; Keagy & Rall, 2007).

Another important piece of federal legislation for foster care adoptions was the Family Preservation and Support Services Program of 1993 (hereafter FPSSP). Its purpose was to provide services to families and children who are identified as being at risk of entering into the foster system, in order to prevent entry into the system and maintain family unity. Together with the other legislation described, this law strengthened federal commitments to preserving and reunifying families of origin when possible, with foster care and adoption as a last resort when

family unity cannot be maintained (United States Department of Health and Human Services, 1994).

Race also has been an important consideration in adoptions contexts, and several pieces of federal legislation address questions of race and multiethnic families in the context of foster care and adoption. The Multiethnic Placement Act (MEPA) of 1994, together with the Interethnic Adoptions Provisions of 1996, addressed concerns over the increasing number of minority children in foster care, and controversy surrounding transracial adoptions. Together, this legislation prohibits the use of categorical assumptions surrounding race in determination of foster and adoptive placements, specifying that race should only be used as a placement consideration when there are clear reasons indicating that such consideration is in the best interests of the child (Brooks et al, 1999), while also requiring states to diligently recruit foster and adoptive families who reflect the diversity of the children entering the foster system in need of homes.

The legislative works described in this section have led to a rise in the number of special needs adoptions from US foster care, which has in turn been accompanied by a rise in service needs for adoptive families of children with special needs, and an increasing number of these adoptive families experiencing post-adoption problems (Keagy & Rall, 2007). Developing specialized, adequate pre- and post-adoption services for families of children with special needs has been identified as a key objective within the US child welfare system (US DHHS, 2013a; Keagy & Rall).

Intercountry Adoption

It is beyond the scope of this dissertation study to fully address intercountry adoption, but it is important that readers know that families in the United States also adopt from other countries, and that these adoptions are governed by a separate set of laws and policies crafted not

only by this country, but by the countries from which the children are adopted. This is also an important and sizable adoptions context in the US; in the two decades between 1990 and 2009, more than 250,000 abandoned or orphaned children, or an average of 20,000 children per year, were adopted into the US from other countries (Kreider & Cohen, 2009). These numbers show a recent annual trend of significant decline (Child Welfare Information Gateway 2016; Krieder & Cohen). In 2012, intercountry adoption accounted for only 8,650 adoptions, or 7% of total adoptions within the United States (Child Welfare Information Gateway), representing an overall 56% decrease in intercountry adoptions over 10 years, from 2001. This also accounts for 44% of the decline in total US adoptions between 2008 and 2012 (Child Welfare Information Gateway). The especially rapid decrease during these specific years has largely been attributed to changes in intercountry adoption law and policy, particularly the 2008 US ratification of the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption, which restricts the US from adopting from non-compliant countries, such as Guatemala (Child Welfare Information Gateway). The decline is further attributed to in-country efforts to promote domestic adoption in countries such as China and Russia (Child Welfare Information Gateway).

Summary of Adoption Contexts Concluded

There are substantive differences between private, public, and intercountry adoption in terms of cost, length of time to adopt, paperwork and agency and judicial oversight, and service provision both pre- and post-placement. In light of these differences between the forms of adoption practice in the US, it is important that research and theory refer to each in the specific, rather than grouping them together. Having described and differentiated between the three major forms of adoption, this paper will focus primarily on foster care and adoptions from foster care in the synthesis of evidence and implications for clinical practice. Many journals publish evidence

related to all three forms of adoption, and where appropriate, these articles also have been included in the literature review.

Adoption Outcomes: An Overview

The briefest overview of the adoption outcomes literature, and the problem most salient to this study, would say simply this: although adoption outcomes from foster care are generally good, and most families indicate high satisfaction with their adoption (McDonald, Propp & Murphy, 2001), this is significantly less true for older children and those with special needs. Adoption outcomes are poorer for children with disabilities, particularly those with behavioral challenges, and for children adopted at a later age (Berry & Barth, 1990; Child Welfare Information Gateway 2012; Denby, Alford & Ayala, 2011; Keagy & Rall, 2007). For example, overall rates of US adoption disruption range from 9-15%, yet for children adopted older than 12, the rate has been calculated to be as high as 25% (Child Welfare Information Gateway, 2012). For children with disabilities, the disruption rate has been calculated around 15%.

Studies of adoption outcomes most often focus on either child or parent outcomes, or legal outcomes such as disruption (removal of the child from the adoptive placement before the adoption has been legally finalized) and dissolution (reversal of an adoption after legal finalization) (Zamostny et al, 2003). Disruption and dissolution have been studied among several sample populations, but a nationally representative study has not yet been conducted within the US (Child Welfare Information Gateway, 2012; Hartinger-Saunders, Trautead & Johnson, 2015). A still smaller set of studies has examined outcomes beyond the level of the individual or the legal situation of the adoptive relationship, attending to the whole family context. In addition to research on disruption and dissolution, the literature indicates that parent and family stress can be high in some adoption contexts, and that families report minimal support services post-adoption; this is one area for growth in US adoption service provision (Denby, Alford & Ayala, 2011).

This section of the chapter will review the literature on child, parent, and whole family adoption outcomes, as well as supports and barriers to adoptive families, as they relate to the topics of this dissertation project. This chapter will conclude with a review and critique of the literature base surrounding family practices in the context of adoption from foster care.

Child Outcomes

Although my own interest is in helping families who struggle after adoption, and this research has taken a particular focus on overcoming challenges for the most vulnerable children (those with disabilities and those adopted older than 3), the first and most important conclusion from the extant literature is that adoption outcomes from foster care are generally good. Indeed, adoption is a powerful protective factor in ensuring positive life outcomes for children who are removed from their families of origin (Christoffersen, 2012). Research indicates that although they may at times experience stress related to adoption, children are more likely to view their adoption positively, rather than negatively (Brodzinsky, 1993). The literature base also indicates that child outcomes correlate with specific risk factors, discussed below, and with children's experiences both pre- and post-adoption.

Permanency through Adoption Improves Child Outcomes

Comparison studies indicate better outcomes for children who are adopted than for children who remain in the foster system or institutions. These improved outcomes run the gamut from IQ scores to school performance, behaviors, sense of belonging, emotional and mental health, and overall life outcomes (Christoffersen 2012; Hanna 2005; Triseliostis 2002). Indeed, for children who grow up in foster care and are never adopted, "these young adults are found to struggle in all areas of life when compared to those not growing up in foster care including those who were in the foster care system and subsequently adopted" (Hanna, 2005, p. 3).

Influence of Pre-adoption Experiences

Child outcomes correlate strongly with pre-adoption experiences, such as having been institutionalized versus being cared for in a home (Garvin, Tarullo, Van Ryzin & Gunnar, 2012). Earlier adoption correlates with better child outcomes, with children adopted after the age of two at heightened risk of attachment problems and emotional difficulties; this is particularly true for children adopted from institutional settings (Garvin et al). Past abuse, neglect, and separation from parents and caregivers can also be a source of deep grief for children who enter the foster system, and may have lifelong effects (Christoffersen, 2012, Finet, 2008). Finally, disruption experienced through foster care can negatively impact educational outcomes. Children in foster care experience more school changes due to home placement changes; lower standardized achievement test scores; greater rates of absence from school; and greater rates of disciplinary referrals (Hartinger-Saunders et al, 2015).

Risk Factors and Predictors of Negative Outcomes

Studies of negative adoption outcomes most often focus on adoptions ending in disruption or dissolution; less studied are the families who struggle but remain intact. Studies of negative outcomes also predominantly focus on immutable child or parent factors that predict outcomes, such as age, past experience, and disability. For example, compared to the national average of 10-13%, children with disabilities experience a 15% rate of adoption disruption (Child Welfare Information Gateway, 2012), and behavior and emotional disabilities are particularly predictive of disruption and dissolution (Berry & Barth, 1990). Older children are also more likely to experience disruption (Barth & Berry, 1988), with a 6% increase in disruption for every increased year in age at time of adoption (Denby, Alford & Ayala, 2011). For children adopted at 12 or older, Berry and Barth (1990) estimated the disruption rate could be as high as 24%.

Placement disruptions are also more common in adoptions in which children have experienced a history of abuse and/or children exhibit psychological or emotional problems (Child Welfare Information Gateway, 2012; Keagy & Rall, 2007). Children with strong attachment to their birth parents (Child Welfare Information Gateway, 2012) and those with previously disrupted adoptive placements are also more vulnerable to subsequent adoption disruptions (Barth & Berry, 1988; Keagy & Rall).

Predictors of Positive Outcomes

Particularly hopeful findings in adoption research indicate that there are factors - often amenable to change - which predict more positive attachment and outcomes. Parenting style and family communication are two of these factors: open and honest communication that acknowledges family differences, and warm acceptance of the child by the parents, correlate with more positive child outcomes (Brodzinsky, 1993). Children with and without special needs experience the most positive adoption outcomes when parents exhibit realistic expectations and a high level of commitment to the adoption, especially when these parent characteristics are combined with high quality pre- and post-adoption services, including adequate parent information and training, and parenting experience (Berry, Barth & Nedell, 1996; Denby, Alford & Ayala, 2011).

Long Term Outcomes

Outcomes research extends beyond early childhood and into adolescence, and indicates that adopted adolescents are generally well adjusted, but face more adjustment problems than nonadopted children (Reuter, Keyes, Iacano & McGue, 2009). Coping with adoptive status has been identified as an important and unique identity challenge for children who are adopted (Christoffersen, 2012; Henderson, Sass & Carlson, 2007). Child preparation for adoption is a process that begins when adoption is identified as a goal for a child, and continues beyond the

placement of the child within the adoptive home (Hanna, 2005) to facilitate this coping process. One study of adopted children and their parents found that 55% of adopted children indicated emotional or mental health problems related to their adoption experiences; most indicated that more information about their family of origin or about the effects of adoption would have been beneficial (Henderson et al). Although it should be noted that this data was collected exclusively from adoptees and birth parents who were part of adoption search or support groups, indicating a limited (and perhaps biased) sample in the broader pool of domestic adoptions, the study results do underscore the unique needs of adopted children and their families, and the importance of adoption services and preparation in facilitating positive outcomes.

Child Outcomes: A Summary

In summary, the available evidence on child outcomes indicates that although adoption contributes to positive life outcomes, and outcomes for adopted children are generally good, outcomes are more challenging for children with particular risk factors, including older children and those with disabilities. Adopted children - and this subgroup of children in particular - have unique needs which justify increased, tailored services to ensure successful, permanent placement with adoptive families.

Parent Outcomes

Outcomes research has focused largely on adopted children, with comparatively little focus on parent outcomes or well-being (McKay, Ross & Goldberg, 2010). Parents' experiences and challenges in adoption, and how these affect the adoption process, are not fully understood, and further study of parent outcomes and experiences is needed (Denby, Alford & Ayala, 2011). Overall, parent outcomes, like child outcomes in adoption, appear to be largely positive, with most families reporting good relationships with their adopted children, and overall positive

impacts on their families as a result of the adoption (Keagy & Rall, 2007; McDonald, Propp & Murphy, 2001; O'Brien & Zamostny, 2003).

Characteristics and Strengths of Parents Who Adopt from Foster Care

Researchers have identified specific characteristics of parents more likely to adopt a child with special needs from foster care. These parents are likely to have cared for the child in a previous foster relationship, and cite wanting to provide a permanent home for the child as their primary motive for adopting; infertility, wanting to expand their family, and having adopted a child's sibling are other major reasons these families cite for adoption (Denby, Alford & Ayala, 2011). Many of these parents express concern for the welfare of others, demonstrate an eagerness to share their lives with a child with special needs, and indicate a desire to make a positive difference in a child's life as a motivator to consider adoption from foster care (Denby et al). Parents who continue to pursue an adoption (rather than being deterred by the obstacles) tend to have personality characteristics such as patience and tenacity, strongly believe in their commitment to adopt a child, and experience high levels of support from friends and family (Denby et al).

Adoption research also suggests that adoptive families may have unique strengths and resources that enable them to parent successfully and that protect against negative outcomes (O'Brien & Zamostny, 2003). These families are often older, have greater financial resources, are screened for parenting fitness and receive services to prepare them for parenting (O'Brien & Zamostny). As O'Brien & Zamostny also noted, "many who adopt place high value on having children and have overcome numerous obstacles (and often a long wait) to make this dream a reality. They may be well positioned to enjoy the many rewards that parenting brings" (p. 691).

Factors Predicting Adverse Parent Outcomes

While adoptive parents of children with special needs report largely positive outcomes, one particular group of adoptive parents has been shown to experience less satisfaction, and more negative outcomes: adoptive parents of children with behavioral problems (Denby, Alford & Ayala, 2011; Keagy & Rall, 2007). These adoptions are more prone to disruption and dissolution (Denby et al; Keagy & Rall). Disruption rates increase with the number and severity of child behavior problems, and in cases where the adoption does not disrupt, adverse child behaviors continue to negatively impact parent outcomes and family functioning (Denby et al; Keagy & Rall). Parent reports indicate that child behaviors, such as lying or aggression, are the biggest source of stress for adoptive families (Keagy & Rall, 2007, Rosenthal, 1993). Although such behaviors may occur in typical adolescence for all children, they are often more severe in children with a history of trauma and neglect, and can add an additional layer of stress in the adoption context.

Stress and adjustment issues may also be more prevalent in families with birth children already in the home. Parents with both biological and adoptive children report stress from struggling to meet all of their needs (Keagy & Rall, 2007). Difficulties between children already in the home and children newly placed in the home are a primary reason cited by parents for ending an adoption placement (Lipscombe, Moyers & Farmer, 2004).

Elevated stress and negative adoption outcomes are also more common in parents who sense that they were inadequately prepared for, or rushed into, an adoptive placement (Keagy & Rall, 2007). High levels of parental stress, and lower levels of parental preparation, correlate with adoption disruption (Keagy & Rall). Provision of high quality adoption services, then, has a direct relationship to parent and child outcomes, including disruption and dissolution.

Parent Preparation and Expectations

Although many prospective adoptive families indicate a willingness to accept the special needs and risk factors that children in the foster system may face, the literature has not sufficiently explored how parental expectations match, or do not match, the reality of adoption, or how a mismatch between expectation and subsequent experience may affect outcomes (Denby et al, 2011). Parents themselves express the importance of pre-adoption preparation and the differences between expectation and reality throughout both the research and the popular literature. As one adoptive-parent-turned-adoption-writer described her experience:

> Adoption is full of hope and promise, but the reality is often hard, sometimes very hard, especially at first, and especially if you are adopting older kids or more than one at a time. The initial hoopla and excitement shared by all your family and friends dies down mighty fast. Everyone else gets back to their own lives, but you can't get back to your old life because everything has changed. Your old life is gone. Many adoptive parents feel so alone because they are afraid that no one will understand because after all, they asked for this right?!? Well, I'm here to tell you that it is one thing to prepare, but a whole other thing to live it. Fortunately, most families find their footing, settle in, and begin to thrive in the new normal. It helps to remember this when you are in the thick of it. (Davenport, 2011).

The literature bears this out: expectations can shape experience, and families adjust and thrive when they are realistically prepared to expect and deal with challenges. Parents with the most appropriate, informed expectations of their adopted child's behavior experience more stable placements, greater satisfaction with the adoption, and exhibit more nurturing parenting attitudes (Keagy & Rall, 2007). Parents who report higher adoption preparedness, including adoption training and receiving information about their child, are more likely to give positive reports of family life, child behavior, and parent-child relationships, and report lower stress (Keagy & Rall). Parent outcomes, then, correlate with preparation and expectations.

Parental expectations are shaped not only by parents' life experiences and hopes, but by pre-adoption preparation services (Keagy & Rall); this indicates a need for adequate services and

provision of more information and training early in the adoption process, and for ongoing post-adoption services to help families meet challenges and adjust expectations and understandings of child behavior to improve adoption outcomes.

Family Barriers, Supports and Practices

This chapter will now transition beyond outcomes data to review several topics in the adoption literature specifically relevant to the proposed research. First, this section will review what is known (and not known) about the barriers that adoptive families experience in their daily lives, before turning to what is known about supporting adoptive families. Finally, this section will conclude with a review of the small body of adoption literature that directly addresses family practices and everyday routines in the context of adoption.

Barriers to Adoptive Families

All families face, and overcome, challenges in daily life. Adoption adds an additional layer of challenges and barriers. These include challenges with legal, social, and service-delivery systems. One identified barrier to adoptive families is societal; although adoption stigma has likely decreased with the increasing incidence and visibility of adoption in the US (Barth, 2002; Grotevant, 1997), families may still face negative social views of adoption and adopted children (Henderson, Sass & Carlson, 2007, O'Brien & Zamostny, 2003). Families also face - and must interact with - implicit social assumptions of biological relationship as the definition of family (Henderson et al; O'Brien & Zamostny).

Inadequate adoption services are a major barrier to adoptive families. The social services system is one of the major systems with which families engaged in foster-to-adopt interact, and families indicate that these interactions with the social services system can be a major source of family stress (Goldberg et al, 2012). One study of adoptive families of children with special needs found that although parents reported both positive and negative experiences with adoption

services, negative accounts were overwhelmingly more common (Denby et al, 2011). These included lengthy, convoluted adoption processes; they also included a mismatch between parental expectations of support from the caseworker or system, and the reality of the services provided. Families experience distress relative to adoption proceedings and to a lack of available information about their child's experiences prior to entering their home (Henderson et al, 2007), and overwhelmingly report that they felt underprepared for adoption, and would have benefitted from more information (Barth, 2002).

Specific barriers to family access of post-adoption services include "not knowing where to go for services, and a perception that those who were there to help did not comprehend their problems" (Keagy & Rall, 2007, p. 224). Nearly half the of the families Dhami, Mandel & Sothmann (2007) surveyed in their study reported not knowing how to access post-adoption services, or which services they were eligible to access. This finding underscores the need for culturally competent, accessible adoption services, beginning with pre-adoption preparation and extending across the post-adoption period until the child reaches adulthood.

Supporting Adoptive Families

High quality pre- and post-adoption supports matter deeply in shaping adoption outcomes. Families who successfully access educational supports and parenting supports after they adopt experience lower rates of disruption and dissolution than the families who identify the need for these supports, but are not able to access them (Hartinger-Saunders et al, 2015). In short, on the occasions when adequate post-adoption supports are available, the evidence base indicates that these supports work well to prevent disruption and dissolution.

Caseworker Support

Research has attended most closely to the role of adoption case workers in supporting adoptive families, and for good reason: the relationship between the adoptive family and the adoption caseworker has been linked to adoption outcomes, including disruption and dissolution (Goldberg, 2012). Children in the child welfare system have complex service needs, with 3-7 times the rate of medical, mental health and developmental problems as other children, and services should not only endeavor to meet these individual needs, but support the well-being of the entire family, with placement stability as the long term goal (Vig, Chinitz & Shulman, 2005). High quality supports for adoptive families involve developing a positive, professional and responsive relationship with the adoptive family (Denby et al, 2011; Vig et al), respite services, ongoing support to address family stress, and connecting families with therapy services to address concerns as they arise (Keagy & Rall, 2007). Provision of information to shape family expectations is key; research on pre-adoption supports and outcomes indicates that parents benefit from detailed information about the child and his or her history (Keagy & Rall), and that "adoptive parents must be given every chance – during their pre-adoption preparation – to develop realistic expectations for their adoptions" (Barth, 2002, p. 53).

Post-adoption Support

It is critically important that services and supports extend beyond the adoption day, on which the adoption is legally finalized (Goldberg et al, 2012). Post-adoption services may help families to create structure and routines, and to establish expectations and rules to help children navigate in a new family's home (Keagy & Rall), and should be easily accessible, affordable, and continue across adolescence to meet child and family needs as they arise (Barth 2002; Wind, Brooks & Barth, 2007). Parent-identified keys to strengthening adoption services include *consistency*, *communication*, and *one person* to guide them through the adoption process and

remain committed after the adoption is finalized (Denby et al; Belanger et al, 2012). Parents also report feeling abandoned and adrift after their adoption has been finalized (Goldberg et al, 2012), indicating that post-adoption supports in the United States are not currently sufficient to meet existing needs.

Educational Support

Schools and educational services are an important area for service development. While adoptive families who report *needing* educational advocacy services are more likely to experience disruption or dissolution, families who successfully *access* these services appear to experience an "offsetting effect", in which their dissolution rate compares to families who neither need nor access educational services (Hartinger-Saunders et al, 2015).

> On a larger level, consideration should be given to the development of programs and policies that promote and strengthen relationships between the educational system and child welfare agencies. The creation of community partnerships among adoption professionals, educators, child welfare agencies, etc., will enable them to share resources, ideas, and/or expertise to advance the field. Since NAFS findings suggest that educational advocacy is a supportive service for adoptive parents, it is worth exploring the extent to which community partnerships can help redefine the role the education system plays in the lives of children and youth in foster care. **The protective capacities inherent in the education system remain untapped for this population**.
>
> Hartinger-Saunders et al, p. 269, emphasis added

Improving the coordination of services between school systems and child welfare professionals is an emerging area of community partnership for improving overall supports for children in foster care and adoptive homes.

Community and Religious Supports

In addition to educational supports, existing environmental supports, such as neighbors and religious communities, are critically important supports for adoptive families, but little is known about how adoption professionals can engage with and reinforce these supports. Religious affiliation has often been treated in the literature as a demographic trait, to be

catalogued along with race, sex, and age at time of adoption, but the existing evidence indicates that membership in faith communities can also be a powerful *support* for children and families (Belanger et al, 2012). While such research has been limited, the few existing studies provide excellent information on the importance of community supports, and the critical need for adoption professionals to build responsive, culturally competent relationships with these communities.

One such study of a unique adoptions context, the Bennett Chapel Adoption Study, found that faith and membership in a religious community was both a motivation to adopt and an important source of support for a group of families who adopted multiple African American children with special needs (Belanger et al, 2012). The Bennett Chapel context was unique because "while foster and adoptive families typically establish connections through their adoptions, the Bennett Chapel families initiated adoptions because of their pre-established connections to each other" (Belanger et al). When one church member adopted, other families within the community saw both the need for adoption, and the possibility of adopting as well. Ultimately, 26 families from the community adopted 70 children with special needs. Social services responded by creating a position for a culturally competent, dedicated caseworker to support these families. Support from a faith community combined with responsive, culturally sensitive casework resulted in overwhelmingly positive adoption outcomes for these families (Belanger et al), and underscores the importance of reinforcing and responding to existing supports within families' real contexts.

Current and Future Roles for Occupational Therapy in Adoption Support

My own interest in adoption began with my growing awareness of the need for high quality adoption services and training, and the paucity of literature or training within my profession of occupational therapy specific to working with adoptive families. Most adoptions

from foster care are of children with special needs, and the need for services is high, but the actual rate of families successfully accessing post-adoption services is comparatively low (O'Brien & Zamostny, 2003; Wind et al, 2007). This raised the question of how occupational therapists, so well suited to address family challenges in daily life, could help bridge this service gap. Indeed, although they receive minimal – if any – training specific to working with adoptive families, occupational therapists work with adopted children in settings such as schools, early intervention, and outpatient pediatric practice, and suggested roles for occupational therapy in adoption have included provision of pre-adoption services to prepare adoptive parents, and post-adoption assessment and intervention, particularly in community based settings (Haradon, 2001). Precin, Timque and Walsh (2010) suggested that for children and families in the foster system, occupational therapy might help parents learn strategies for bonding to help children form secure attachments; help children learn coping, communication, social and leisure skills; and help adolescents learn transition skills related to employment, education, and self-sufficiency.

Occupational therapy could serve adoptive families by facilitating the development of family routines, addressing behavioral and occupational challenges as they arise, and focusing on the whole family context, rather than the child as the site of intervention. Precin et al. noted that "Children involved in foster care can benefit from engaging in occupations and in activities that allow desired or needed participation in community life, home, workplace, and school situations" (2010, p. 161). The proposed study, identifying the occupational needs, strategies and supports important to adoptive families, represents the first step in my long term goal of developing supports for adoptive families to address occupational needs in daily life.

Family Practices

While much is known about parent and child outcomes after adoption, we know very little about the everyday practices and routines of adoptive families. Strikingly absent from the literature are the practices of families who are not experiencing crisis, and who are successfully negotiating daily life after an adoption. To this author's knowledge, the daily practices of families, which are the focus of this study, have not been specifically studied in relation to adoption outcomes from foster care.

Some studies have explored family routines in the context of international adoption. Parents who adopted internationally have reported challenges with routines and family life surrounding the areas of sleep, feeding, attachment and self-regulation (Tirella, Tickle-Degnen, Miller & Bedell, 2012). These families also identified specific practices that they used to meet the needs of their newly adopted children, such as co-sleeping, establishing and maintaining consistent nighttime and mealtime routines, child wearing, using parenting programs and transition objects, and introducing new things (such as new foods, or transitions) slowly and intentionally (Tirella et al). Indeed, establishing and following routines to facilitate family participation in difficult parts of daily life was a prevalent theme throughout the parent interviews Tirella et al. conducted. Such research underscores the importance of studying what adoptive families do in daily life to engage in occupation together, but similar research into the daily practices of families who adopt domestically from the child welfare system has not yet been conducted.

Critique of Extant Scholarship

Scholarship relative to child welfare and adoption has overwhelmingly involved the conduct of quantitative research, with limited qualitative research regarding child or family experiences (Finet, 2008). In particular, few studies focus on whole-family outcomes and

interactions in adoption situations, or the relationships between the demands of parenting, and facilitating factors such as social supports (McKay, Ross & Goldberg, 2010). Parent outcome studies and reviews of literature have called for further examination of how adoptive parents adapt to parenthood in order to inform interventions that may impact whole-family well-being (McKay et al), and authors have called for qualitative research to better understand families' lived experiences (Finet). Other identified gaps in the extant adoption scholarship include a dearth of prospective studies, small sample sizes, and few outcome studies comparing adoption from foster care to remaining in foster care, or asking the question "how would outcomes be different if the child had never been adopted?" (Christoffersen, 2012).

Additionally, the adoption literature often focuses on families in distress – those whose adoption terminated with disruption or dissolution, or who are experiencing high levels of stress. Because these families are a key target of adoption services, studying them in detail makes sense, yet missing from the literature are the perspectives of families who view their adoption experience positively, regarding what helped, and what worked. These families may be able to shed light on family practices, key supports, and services that can better inform adoption service provision.

Finally, this study was specifically inspired by a noticeably absent perspective in the adoption and foster care literature: few studies incorporate the perspectives of adopted children and their siblings. Rather, studies often gather parent perspectives or retrospective perspectives from adults who were adopted as children. Scholars have called for greater incorporation of children's voices into the adoption and foster care literature (Finet, 2008); the proposed study attempts to answer that call by foregrounding children's voices and whole-family perspectives on adoption.

Contributions of this Study to Adoption Scholarship

This study has undertaken the application of an occupational perspective to shed light on the things that parents and children do to become a family after an adoptive placement. An occupational perspective expands our focus beyond what families talk about to encompass what families actually do to become, and enact, family. This includes an incorporation of whole-family perspectives on occupation, including the often-absent child perspectives, and a focus on contextual features such as supports and barriers that shape daily family participation, informed by primary data including participant observation, interviews, and photo-elicitation methods. An occupational perspective has much to contribute to adoption service provision, yet is notably absent from the adoption literature. This raises the question: is there something occupational therapists and scientists could uniquely contribute from an occupational perspective, with a focus on routines and shared engagement, to facilitate adoptive families' negotiation of daily life? Adoptive families are the experts on their own experiences and participation, and obtaining their perspectives on daily life, supports and barriers has been an important first step in considering the roles that occupational therapists and other adoption service providers might serve in supporting adoptive families.

CHAPTER 3: FRAMING THE STUDY: AN OCCUPATIONAL PERSPECTIVE OF FAMILY

Theoretical Overview

The foundation for this study is the theoretical work of a number of authors on the subjects of adoption, family, and human action. This chapter will provide an overview of these theoretical perspectives as they have informed my own understandings and methodological choices. Most importantly, this chapter also lays the foundation for understanding everyday occupation as the way that humans form and enact family. To employ an occupational perspective is to comprehend this word - *family* - as more than a relationship between a group of people. Family is something we do, put into practice through hundreds of everyday interactions, from breakfast to reading a bedtime story, and everything in between. As occupational beings, humans enact all that we know about family through doing, and learning, together.

After providing an overview of common theoretical perspectives in the extant adoption literature base and the ways that they have informed this research, this chapter will put forth an alternative, occupational perspective of family, and suggest ways that the occupational perspective can be applied to adoption (and has been employed in the context of this study) in order to better understand family outcomes and daily family life.

Describing the Existing Frameworks of Adoption Theory

Extant adoption theory primarily focuses on family systems, and issues of identity, attachment, stress, and fit between parents and children. These foci are employed in order to understand how adoptive families are formed, and to predict what factors make for a healthy family with positive outcomes. The most prevalent theoretical models within the adoption

literature addressing these topics are family systems theory, identity theory, attachment theory, family stress theory, and goodness-of-fit. These models will be briefly explained, then critiqued, before this chapter puts forth an alternative understanding of family formation and outcomes grounded in the concept of occupation.

Family Systems Theory

Family Systems Theory emphasizes the importance of relationships and context in adoption. This theoretical perspective views family structure as a network of interdependent relationships, in which the actions of each family member mutually shape and regulate those of the others (Grotevant & McRoy, 1990, Reitz & Watson, 1992). The broader family system is comprised of subsystems, such as parent-child dyads or siblings, in which goals may be shared by some family members and not by others (Grotevant & McRoy). The addition of a newly adopted child into a family creates new subsystems, and introduces new dynamics to which the family system must adapt (Grotevant & McRoy). Family systems theory has been used in adoption scholarship to consider how individuals, subsystems and the broader family system adapt to adoption, through both changes to the individual and to relationships (Grotevant & McRoy). The theoretical model has also been used to understand, and provide services to, family members in relationship to one another and their context, rather than in isolation (Reitz & Watson).

While this study does not attempt to examine individual dyads or subsystems within families, family systems theory's emphasis on context is relevant to the goals of this study, as is the emphasis on providing services to whole families rather than individual family members in isolation. Ultimately, I elected not to use family systems theory as the theoretical underpinning for this study because systems theory frameworks cannot fully capture humans and context as *mutually* shaping through processes of occupation (Aldrich 2011), and because family systems

theory does not foreground the importance of family practices in a way that is useful to a study of family occupations.

Identity Theory

Identity Theory is a prominent theme in adoption scholarship, particularly in the clinical adoption literature (Freundlich, 2007). Adoptees face unique challenges to identity formation in coping with their adoptive status, such as early loss of biological family members, or lack of information regarding their family of origin (Grotevant,1997; Freundlich). These challenges may become particularly prominent for teenagers and young adults, when they are combined with the identity challenges inherent in adolescence (Grotevant; Freundlich). For children who are old enough to comprehend that they are being adopted, and who have experienced previous impermanent placements (such as foster care), an additional element of adoptive identity is understanding themselves as permanent members of a new family (Hanna, 2008). This occurs through pre-adoption preparation, with adoptive parents themselves playing a critical role in helping children to comprehend the permanence of the new relationship (Hanna 2008).

While identity theory has traditionally approached the concept of identity as a narrative – a story that we tell to and about ourselves to understand who we are - this study is grounded in a practice theory of identity, which posits that identity is something enacted and constructed through social practice (Holland, Lachicotte, Skinner & Cain, 1998). My understanding of the meaning and importance of occupation in relationship to family identity has been particularly informed by Wenger's (1998) Communities of Practice model of social learning, and Holland et al's practice theory of identity (1998), which was developed to conceptualize the findings of their ethnographic research. Holland et al. posited that identity is something shaped and enacted through practice in social contexts, such as work, family, and school. In contrast to more static views of identity, these authors suggested that identity exists not as something we are, or

something we believe, but as *something we do*. The identity of an adoptive family, through this lens, is something enacted through shared participation in daily life and through engagement with the family's daily contexts.

Learning how to be a family, too, is something that all family members engage in through shared participation, as Wenger (1998) stated: "learning as participation…takes place through our engagement in actions and interactions, but it embeds this engagement in culture and history. Through these local actions and interactions, learning reproduces and transforms the social structure in which it takes place" (p. 13). This study, rather than employing the identity theories more prevalent in the adoption literature, has employed the Identities of Practice model to explore how the experience of being family is developed and enacted through occupation.

Attachment Theory

Attachment theory is a common theoretical model used in both adoption research and in therapy with adopted children; many children receive specialized services relative to attachment issues which are specifically grounded in attachment theory (Hanna, 2005). Attachment is a primary concern in older child adoptions, for both professionals and families, particularly in the adoption of children with a history of abuse, as these children have more difficulty forming positive, bonded relationships with others (Faver & Alanis, 2012, Hanna, 2005). Attachment theory as originally proposed by Bowlby (1958,1969) emphasized the consequences of loss and separation during early childhood, and focused in particular on attachment to the parent as a foundation for the development of healthy adult relationships (Bowlby; Hanna; Keagy & Rall, 2007). The fundamental principle of attachment theory is: When the parent consistently meets the child's needs, the child learns to trust and to form secure attachments (Bowlby; Keagy & Rall). The consequence of early separation or neglect, then, is damage to the child's ability to form healthy attachments to others in childhood and later in life (Hanna).

While attachment theory is not the theoretical framework of this research project, it is very prevalent in adoption theory, and is described here because it proved to be a common framework through which parents who participated in this study understood their children's behaviors. In adoption research, attachment theory is often used as a way to understand and explain challenges with trust and with children's behaviors. This framework has been used in research to identify patterns of attachment in adopted children, ranging from secure and stable attachment to patterns of insecure attachment or detachment (Hanna, 2005). These insecure attachment patterns, as categorized by Bowlby, are characterized by anxiety, ambivalence, testing behaviors, insecurity, anger and detachment (Hanna). Attachment in adoption appears to correlate with early childhood experience, including the level of nurture and security that children experience (Hanna).

Attachment theory has also shaped and informed pre- and post-adoption service provision. The research literature indicates that services to help children modify their behaviors and to build trust are one key to facilitate permanent placement for adopted children with previous adverse experiences of care (Keagy & Rall, 2007). Perhaps even more important are services to help parents understand and develop realistic expectations of the behaviors of their adopted child, and empathize with children's feelings and experiences (Barth, 2002; Keagy & Rall). Of particular salience to this study's exploration of adoption supports, the extant adoption literature indicates that pre-adoption preparation and post-adoption therapeutic intervention both show promise in helping to shape parental expectations and facilitate parent-child attachment (Barth; Faver & Alanis 2012; Precin et al, 2010).

Goodness of Fit

Goodness of Fit models posit that optimal development occurs when there is compatibility ("goodness of fit") between an individual's characteristics and needs, and the characteristics and needs of his or her social and physical environment (Grotevant & McRoy, 1990). Goodness of fit occurs between adoptive parents and children when the parents strengths and needs are compatible with those of the child. Goodness of fit also has been used to theorize problems with compatibility in adoptive homes, where a child may be less similar to his or her parents (Grotevant & McRoy). In the context of this paper, goodness of fit does not refer to the practice of matching children with adoptive families based on immutable, visible criteria such as race. Rather, it refers to the concept of a match between the needs, values, personality and other characteristics of children and their adoptive families.

Practices of matching children with adoptive families have changed dramatically over the past half century, often in step with the research evidence. Adoption scholarship has explored – and in many cases ruled out – many forms of "matching" children with families by characteristics that were once believed essential to ensure a positive fit, such as practices of matching by race, or of matching children exclusively with experienced, two parent, heterosexual households, often with a stay-at-home mother (Gerstenzang & Freundlich, N.D.). These immutable factors, once highly prioritized in adoption matching, have not proven essential to ensuring positive adoption outcomes (Gerstenzang & Freundlich). For example, although experienced parents do have more stable adoptions overall, positive adoption outcomes are common for both new and experienced parents so long as they possess two key characteristics: realistic, flexible expectations, and high tolerance for a range of child behaviors (Gerstenzang & Freundlich). Working mothers, long barred from adopting, do not have higher rates of adoption

disruption than families with a stay-at-home parent, and single mothers are now the fastest growing group of parents adopting from foster care (Gerstenzang & Freundlich).

Earlier in the 20th century, older children and those with more severe disabilities were often classified as "unadoptable," and efforts were not made to find a permanent adoptive family for them (Glidden, 2000; Gerstenzang & Freundlich, N.D.). Current adoption scholarship indicates that while these children do experience a higher rate of adoption disruption, the majority of older-child and special needs adoptions are nonetheless stable and secure (Gerstenzang & Freundlich). Indeed, adoptive families of children with developmental disabilities have been shown to have *more* positive outcomes than birth families of similar children (Glidden). This may be because adoptive parents self-select to parent children with disabilities, based on their own strengths and past parenting experiences, increasing the likelihood of "goodness of fit" (Glidden). Matching, then, is not a formula, and should not rule out any construction of family as less desirable. No equation can accurately predict "goodness of fit" between a family and child, nor are immutable factors the determinants of positive adoption outcomes. Rather, goodness of fit appears to be related to the quality of information that families receive about their adopted child, quality of pre- and post-adoption services, and child preparedness for adoption, in order to ensure a match between child strengths, values, behaviors and expectations with those of the adoptive family (Gerstenzang & Freundlich). These characteristics are not static, and may be amenable to change over time; goodness of fit is therefore best understood as a process of dynamic interaction (Grotevant & McRoy).

Goodness of Fit has been reviewed for this study because although not a primary theoretical underpinning of this study, the model did have a shaping influence on my thinking about the relationships between pre-adoption information, adoption services, family member

characteristics and expectations, and outcomes. In particular, the relationships between pre-adoption information, parent expectations, and post-adoption outcomes were frequently emphasized by the adoptive parents who participated in this study, as described in the findings and discussion chapters.

Theories of Family Stress and Resilience

Theories of Family Stress and Resilience are a particular focus in service provision and research surrounding special-needs adoption. Much of the special-needs adoption literature has been devoted to theories accounting for family stress in order to predict adoption outcomes. Stress and coping theories focus on risk factors, individual and family coping skills and responses to stress, and environmental and contextual features that impact adoption-related stress (Wind et al, 2007). Models of family stress that use accumulation of stress factors (such as a child's level of disability, or the number of children in the home) to predict disruption are not effective in predicting outcomes for adoptive families of children with special needs (Glidden, 2000). In other words, a family with more children, or children with more significant disabilities, is not more likely to experience disruption of an adoption. This is most likely because stress accumulation models do not fully account for family strengths and resilience factors, and because not all parents experience having a child (or multiple children) with special needs as a stressor (Glidden).

Resilience theory uses a more sophisticated formula than family stress theory, which takes into account family strengths as well as stressors. In theories of family resilience, risk and resilience factors are juxtaposed in a dynamic relationship: risk factors raise the likelihood of negative outcomes, whereas coping skills and supports buffer these stressors, and can balance risk factors to raise the likelihood of positive outcomes (McKay et al, 2010; Wind et al, 2007).

Stress and resilience models have been used in adoption research to identify risk factors, to theorize family coping, and to understand the ways in which adoption-related stress impacts family outcomes. It is important to note that parents who adopt a child with special needs do so voluntarily, and receive pre-adoption preparation before the child is placed in their home, meaning that they are situated differently, and may indeed be positioned to have a more positive view of parenting a child with special needs than biological families of children with disabilities (Glidden, 2000). Of particular relevance to this project, the adoption literature strongly supports the role of pre- and post-adoption services in helping families cope with stress and achieve resilience (Keagy & Rall 2007).

An Alternative Model for Adoption Theory: Theories of Action and Occupation

As discussed in the introduction to this chapter, at the core of this study is an understanding of family as more than a legal or biological relationship. Rather, family is something enacted through shared participation in the occupations of family life. In particular, this study has been influenced by the body of literature surrounding family routines and family rituals. While little is known about the everyday routines and rituals specific to adoptive families, routine and ritual in family life writ large have been studied and theorized quite extensively as a stable and predictable foundation, believed to support emotional development and behavior in children (Spagnola and Fiese, 2007). Family routines have been shown to create family structure and sense of security (Larson & Miller-Bishoff, 2014), and both routines and rituals have a relationship to positive academic, social and language development (Spagnola and Fiese). Family rituals in particular have a relationship to family bonding and relationship satisfaction (Spagnola and Fiese).

Spagnola and Fiese's work, and this dissertation, have been influenced by Ecocultural theory, which "posits that families actively construct activity settings that are compatible with

their children's characteristics, consistent with family goals and values, and sustainable over time" (2007, pp 284-285). Spagnola and Fiese wrote, "We consider the enactment of family routines as part of a transactional process whereby the relative ease with which they are carried out is affected by characteristics of the child as well as capabilities and characteristics of the parent" (p. 285). This word – transactional – will be addressed in more detail later in this chapter, but it is worth mentioning here that this author's understanding of family members and their broader social and physical environments transacting through occupation draws more from the work of Dickie, Cutchin and Humphry (2006) on transaction theory and occupational science. Finally, and of salience to this project, Ecocultural theory views family practices as shaped not only by the family members themselves, but by cultural practices and values; this is consistent with my own understanding of occupation as inherently social and deeply rooted in culture.

Defining Relevant Terminology

The terms "occupation," "ritual" and "routine" are used in various ways throughout the literature, but for the purposes of this study, the term occupation refers to the definition laid out in the first chapter of this manuscript: occupation is made up of the things that people do every day, that have social and individual meaning. For this study, I adapted my definitions of both ritual and routine from two works in particular: Spagnola and Fiese's (2007) seminal work on the topic, and the thorough systematic review on family routine and ritual by Fiese, Tomcho et al (2002). These authors have described family routines as observable practices (Fiese & Tomcho et al, 2002) which are brief, regularly repeated, instrumental, and "hold(ing) no special meaning" (Spagnola and Fiese, p. 285). Within my own discipline of Occupational Science, routines have been defined as "predictable ways of acting that organize occupations and yield 'an ordinary life'"(Aldrich, 2011, p. 124, quoting Clark 2000). In contrast to these definitions of routines, which center around the ordinary and the meaningless, family rituals have been defined as

something special and highly symbolic, "establishing and perpetuating the understanding of what it means to be a member" of the family, and connecting generations of family members across time through their repeated enactment (Spagnola & Fiese, p. 285). Spagnola and Fiese distinguished between the two in terms of the effects of their removal: "One way to understand the difference between routines and rituals is by considering the effect that the disruption of these 2 practices has on the family. When routines are disrupted, it may be a hassle; when rituals are disrupted, family cohesion is threatened" (p. 285).

Because this study focused on meaning and family bonding, family rituals are of particular salience. Rituals, defined as "symbolic representations of collective events" (Fiese, Tomcho et al 2002, p. 381) can include celebrations (graduations, weddings), traditions (holidays meals, birthday songs) and "patterned interactions" (special bedtime rituals, or family dinner) (Spagnola and Fiese, 2007). Ritual and routine are not mutually exclusive; dinnertime has been characterized as an example of the overlap between ritual and routine, because it combines ordinary practices, like dishwashing, with deeply meaningful practices, such as saying grace over the meal (Spagnola and Fiese).

Rationale for "Occupation" as the Term of Choice

To summarize the family routines and rituals literature into a single distinction: rituals are the meaningful interactions of family life, and routines are the everyday mundane. Despite these distinctions in the literature, I am not convinced that the everydayness or habitual nature of routines equates with meaninglessness. This perspective is supported by contemporary findings in Occupational Science. For example, Aldrich (2011) found routines in the context of unemployment to be both meaningful and situationally influenced, and automatic or "unthinking" only to the extent that the routines remained useful and the situation preserved their structure. When the situation changed – in this case, often through changes in employment or

need, requiring additional coordination between person and environment - these routines required rethinking, and were indeed amenable to intentional, thoughtful change. Aldrich further wrote of her own experiences studying everyday routine and occupation in the field:

> Challenging the notion that routines merely overlay people's days, this data prompts reconsideration of the relationship between occupation and routine….the slightly expanded Deweyan perspective asserted here advocates viewing routine as foundational rhythms of occupational possibilities (Rudman 2010) that stem from the habitual transaction of humans and their environments (2011, p. 138).

Occupation (defined above as being made up of the things that people do every day, that have social and individual meaning), although a less common term than *routine* or *ritual* in the adoption or family studies literature, usefully does away with the characterization of "meaninglessness". Alternately put, occupation can be used to characterize the place where these more common definitions of family ritual and routine converge and intertwine: occupation is sometimes routinized or regularly occurring, often ordinary, but never without meaning. It is imbued with social meaning even when a person is alone, and represents the functional coordination of humans and context with which this study is concerned (Dickie et al, 2006). Thus occupation became the unit of focus for my study of adoption for its definitional congruence with my central question, "what do families *do* to become – or enact - family together, through adoption?

Although the term "occupation" does not often appear in the adoption literature, popular adoption websites and blogs use the terms "routine" and "ritual" alternately, and loosely, to describe something strikingly similar to the above definition of occupation. "Establish a strong routine and stick to it – rituals between parents and children facilitate bonding," advised the tag line of a web posting on adoptivefamilies.com (Perkel, ND). In the article, the author described her daily 'routines' with her newly adopted daughter:

> When she first arrived home, my one-year-old daughter, Kira, was developmentally delayed. As we recovered from jet lag, the routines we established were unexciting by my past standards, but the positive results were undeniable. Each day, Kira and I rose, had breakfast, and went out for a morning stroll to the park. After a nap and lunch, we'd drive around in the car, where she'd take a second nap. At this point, I made sure I had quiet time, too. Both of us would rise at 4 p.m., have a snack, and go back out. Pretty boring, right? But these days were sacred to us. (Perkel, ND)

This characterization of everyday practices – "unexciting" and "boring" but also "sacred" and imbued with meaning – blurs the lines between the formal definitions of "routine" and "ritual," and suggests the need for a term that recognizes the importance and the meaning of everyday family practices. It is my suggestion that "occupation", as described in the literature of my discipline, is precisely such a term.

Conclusion: Understanding Adoption through the Lens of Occupation

This study is, at its simplest, an exploration of the shared occupations of adoptive families of older children. Occupation is, from this author's perspective, one key to understanding how to study adoptive families, and apply and enhance the existing theoretical frameworks. If we understand occupation to be the core and center of daily family life – and of understanding families – then our frameworks for understanding and studying adoptive families must expand to include everyday family occupation. Our general understandings of bonding and stress and coping and resilience must be built upon more specific understandings of bedtime rituals and morning breakfast routines, of birthday songs and family games to provide entertainment on long road trips, because this everyday engagement is how and where "being family" occurs. Adoptive families are formed and transformed through shared engagement in everyday occupations, making this everyday engagement well worthy of further study for scholars who want to better understand adoption dynamics and outcomes, and how to help adoptive families who struggle.

CHAPTER 4: METHODS

Methods Overview

This chapter a) reviews the primary ethnographic and secondary photo-elicitation methods used as data collection procedures, b) describes study recruitment and analysis, and c) provides the rationale for the selection of these methods in light of the study questions and theoretical underpinnings. This chapter also provides a brief overview of the pilot study, through which these methods (particularly photo-elicitation) were trialed and refined prior to the ethnographer entering the field. Finally, the chapter provides a brief description of each family who participated as consultants within the study.

Methods Rationale: Congruence with Constructivist Research Paradigms

In developing the methods for this qualitative study, I began with reviewing methods congruent with a constructivist research paradigm, also known as naturalistic inquiry (Lincoln & Guba, 1985). This constructivist research paradigm was selected to allow exploration of child and sibling perspectives, and to facilitate data collection in families' real contexts. This contextual focus was important because of this study's understanding of the construction of family routines as situated, which is to say that families develop and engage in shared practices and routines in transaction with their social and physical environments; humans and their environments have a mutually shaping relationship constituted through occupational engagement (Dickie, Cutchin & Humphry, 2006).

It is important to note, in examining the assumptions of this research paradigm, that constructivism does not admit absolute truths or a priori hypotheses. Rather, the nature of

knowledge within the constructivist paradigm is that it is socially constructed; to understand the situation requires open minded inquiry. Constructivist reality is context specific and locally constructed (Lincoln & Guba, 1985). Constructions are not universal, although they may be shared across groups; they are flexible rather than fixed, and an individual's socially constructed reality may shift as he or she has new experiences or becomes better informed (Lincoln & Guba. In a constructivist research context, knowledge, or research findings, are constructed through the interaction and collaboration of researcher and consultants (Lincoln & Guba).

Thus, the conceptual model of this study is a process of parent and child factors, environmental factors such as social supports and barriers, and shared experiences, collectively contributing to the construction of family occupations and routines. It is this construction of routine which is at the heart of this study, and which led me to choosing ethnographic methods as the best way to co-create and share knowledge about families' experiences in everyday occupation.

Rationale and Description of Collaborative Ethnography

This project was grounded in collaborative ethnography, chosen as the best way to co-create and share knowledge about the everyday experiences of family life. Primary methods in collaborative ethnography include participant observation, interviews, and thick description. The authoritative volume on the ethics and practice of collaborative ethnography which guided this project was L. E. Lassiter's (2005) *Chicago Guide to Collaborative Ethnography*. In addition, Martha King's article Documenting Traditions and the Ethnographic Double Bind (2010) served as an applied, critical text which informed my approach to addressing ethical tensions within the research.

Collaborative ethnography was the most appropriate methodological fit for this project because the ethics of collaboration, together with the versatile, readable texts which can be

generated by this method, fit my research goals of co-creating knowledge with adoptive families to inform adoption services and future research. The expectation of collaborative ethnography is that all participants in the research process are full collaborators in the collection of data and in the publication of study results; participants in such research are referred to as "consultants", rather than "subjects," in recognition of this shared role (Lassiter, 2005). Consultants share in the creation of the finished work developed through the ethnographic process (King, 2010) through a process of "collaborative reading, writing, and co-interpretation" (Lassiter, p. 133). This method entails an ethical commitment to the study consultants themselves, and to honest depictions of the subjective nature of ethnographic representation, in which the ethnographer positions herself as learner rather than expert, and gives equal weight to consultant perspectives as to the ethnographer's own (Lassiter; King).

One way in which I was not able to adhere to collaborative ethnographic guidelines was in the development of the initial research questions. Collaborative ethnography generally involves collaboration between consultant and ethnographer in developing the research questions (Lassiter, 2005). Because the present study began as a dissertation project, it was necessary that I develop a set of clear research questions prior to entering the field, in order to develop the dissertation proposal to submit to my committee. These questions were informed by a review of the adoption literature, and by a pilot study with an adoptive family, but the three primary consultant families in this study joined the project *after* the development of the research questions. Indeed, I shared these questions with prospective families during study recruitment, and these questions may have influenced family decisions about whether to participate in the study. One parent in particular wrote "I find your question about routines very pertinent...we're all about routines over here," in the email in which she confirmed her participation in the study.

Although consultants were not involved in the formation of the initial research questions, additional questions did evolve out of our conversations. Consultants participated actively in shaping the data collection, deciding what family routines were worth sharing, or might benefit other adoptive families to learn about. The parent consultants were more active in developing the study products, including portions of this manuscript (in particular, the family descriptions, findings, and discussion sections). Adolescents and children were interested to hear about the family descriptions and the findings, and gave verbal input after I orally presented what I had learned from them, sometimes expanding on or rephrasing earlier statements. Only one adolescent (Alice) read or participated in writing brief sections of the chapters. Alice contributed brief written segments of the child perspectives chapter through our email correspondence. To gather the input of the other children as much as possible, I shared what I was learning with each new visit, collecting feedback and ideas as we went, and revising my questions and observations accordingly.

Participant Descriptions

Chapter Five will provide a thorough description of each family and consultant who participated in the study, but this section includes a brief introduction to the three families who opened up their lives and their homes to share their daily occupations and their knowledge about adoption. The families are presented in the order in which they were recruited to the study.

<u>The Sweets Family</u>

The Sweets family chose their pseudonym because of their shared affinity for the character on the television show "Bones." Their immediate family included parents Ella and Sven, and nine children. Both Sven and Ella's parents lived within a few hours' drive of the family home, and were active in their grandchildrens' lives. Eight of the Sweets children lived in the family's farmhouse at the time that this study began; 14 year old Jay resided at a boarding

program for students with intensive behavioral needs, but transitioned back into the home before data collection concluded. Eight of the nine Sweets children were adopted, both domestically and internationally. Of the Sweets children, three (Roberto, Alice and Dwayne) met the study criteria of having been adopted from foster care, at age six or older; all three took an active part in study data collection, contributing their perspectives on family occupations and their adoption experiences. Two of their siblings who did not meet study criteria (CC and Merida) also elected to participate in the study interviews and participant observations as family members. The remaining three children (Bernie, John and Ivan) were too young to participate in study interviews, but were present for participant observations. Their parents, Ella and Sven, both took an active role in interviews and participant observation. Ella was my primary contact, and arranged all of my visits to the family's home (approximately 6 hours away from my own home).

The Scott Family

The Scott family included Karen, her partner, and two sons, brothers adopted from foster care. Although both of Karen's sons would have met recruitment criteria, her older son Ryan was living semi-independently (with support from his mother) in an apartment in another town at the time of data collection, and did not participate in the study. Karen's younger son Carl, a rising 9th grader at the time of data collection, participated in the study, including interviews and participant observation. Karen, too, participated in both interviews and observation sessions, taking me to run errands around town with her and Carl, showing me their home, and meeting me at a coffee shop for interviews. Of the three families who took part in the study, the Scott family had the most challenges scheduling times for data collection, due to Karen's commitments as a full time working mother, and Carl's busy social schedule with school, tutoring, and Boy Scouts.

The Dawson Family

The Dawson family included parents Bethany and Tom, and four children, all of whom resided in the home at the time of data collection. All of the children had joined the family through domestic adoption. The eldest three siblings, all young adults (late teens and early twenties), did not meet study criteria because they had been adopted before age three. The youngest child, Calvin, was adopted at age four, and was seven years old at the time that he joined the study. Although Calvin did not recall much about the time of his adoption, I elected to include him in the study because he and his parents lent a unique perspective: the Dawsons had served as foster parents for over 20 years, and were the only family in the study actively serving as foster parents, or adopting through foster care, during active data collection for this study. This meant that Calvin and his parents were able to talk in the present tense, and from recent memory, about how family routines changed when children joined the family. Although I did not directly or individually observe the Dawson family's foster children during participant observations, they were present in the home during play and meals and other family routines, and the whole family observations helped to inform my thinking about the ways in which family occupations transform with the addition of each new family member.

Recruitment and Informed Consent Procedures

The recruitment goal of the study was a minimum of three families and a maximum of four. I chose this number in consultation with the dissertation committee as the maximum number feasible according to this project's timeline and scale, and as a number sufficient to generate and compare the accounts of multiple families who have adopted from the child welfare system, in order to look for commonalities which might inform future research into adoption service provision, or to inform the development of a pilot program of adoption services focusing on family occupations.

Inclusion/Exclusion Criteria

Age and time since adoption. Study inclusion criteria targeted three to four adoptive families of children with special needs currently between the ages of 6 and 18, who had been adopted domestically from foster care within the past five years, at age six or older. The age criteria were chosen so that children would have been old enough at the time of adoption to form memories of how family routines developed; time since adoption (no more than five years) was chosen so that these memories would be recent enough that children could describe them. Subsequent recruitment challenges, and participation interest by a family who fit the overall goals of the study and could lend a valuable perspective as veteran foster parents with multiple adopted children, led to revision of the recruitment criteria to include a child with special needs adopted at age four, with older siblings who were also able to remember the time of his adoption and the ways that family routines developed after his placement within the home. Time since adoption criteria were also expanded to include children adopted within the past seven years.

Siblings. Because families with multiple children are situated differently from families with an only child, the study recruitment criteria also specified that families should include a minimum of 2 children, on the suggestion of the dissertation committee.

Adoption finalization prior to participation. Recruitment criteria specified that families must have finalized their adoptions from foster care prior to study participation. This criterion ensured that parents would have the legal authority to give consent for their child's participation. One adoptive family with a child who met the recruitment criteria also had a young foster child in their care at the time of their participation. This necessitated extra caution and ethical reasoning during recruitment and data collection. Per study recruitment criteria and IRB approval, a child currently in foster care was not eligible to participate in the study, and could not be a focus of data collection. Although the child was present in the home during some interviews

and participant observations, s/he was not a focus of participant observation, and no interview or photovoice data was collected from this child. Additionally, this manuscript contains no identifying information specific to this child, such as age, gender, or other demographic data.

Qualifying disability. Children could meet the definition of having "special needs" under any of the criteria currently used by social services (older than 3 at time of adoption, part of a sibling set, a diagnosis of developmental disability or other qualifying intellectual, physical, behavioral or emotional disability), but recruitment criteria specified that preference would be given to families of children with a diagnosed disability. Of the five child participants who met the study age and adoption criteria, each had at least one diagnosed educational, emotional/behavioral, developmental or physical disability. This manuscript intentionally does not link specific children in the study to their diagnoses, except where this information is necessary to understand a narrative. I made this choice in order to protect children's identities, and to foreground their strengths and narratives, rather than their diagnoses, in recognition of their personhood and privacy. Four of the five participating children had educational disabilities related to fetal alcohol syndrome or early experiences of neglect. Two of these children also had trauma-based psychosocial or behavioral diagnoses. The fifth child who participated as a primary consultant had a medical disorder which compromised his immune system, and significantly impacted his participation in occupations outside his home. Ultimately, each of the five child participants who met the recruitment criteria was able to participate fully and actively in both interview and photo methods.

Requirements specific to communication. To facilitate communication, and because of my own language limitations, study recruitment criteria also specified that participating families must be fluent in English. Study recruitment materials conveyed that children would not need to

communicate verbally to participate in this study, but must be able to participate in the photo elicitation and participant-observation portions if being interviewed was not an option. Each family who participated in the study had at least one child, and up to three children, who met all of these criteria. Additional siblings in two families who did not meet study criteria participated in interviews and participant observations as family members, and some chose to contribute photos to the photo-elicitation portion, with child assent and parent permission. Some younger siblings of the child participants were not able to meaningfully participate in the interviews or photo methods due to age or disability. These youngest family members took part in the participant observations, with parent permission, and certainly played an active part in the family occupations I was privileged to observe and to join.

Amendments to Initial Recruitment Criteria

The recruitment period for this study was initially projected to last for 6 months. Recruitment methods included flyers, listserv announcements, and convenience sampling. More than three times the number of families needed (total of 12) responded to these methods over the course of six months with interest in study participation, but only one of these families met the study's strict recruitment criteria. The others were excluded due to having only one child, having adopted outside of foster care (either private adoption, or international), or length of time since adoption. Time, in particular, proved to be a sticking point: over half the families were excluded due to time elapsed since their adoption (greater than five years). As the recruitment period elapsed, with insufficient response from families who met all inclusion criteria, I revised my recruitment efforts and criteria, and the corresponding sections of the study's Institutional Review Board permissions. I made two significant revisions: first, I expanded recruitment efforts to include social media, and second, I expanded the upper limit of time elapsed since adoption to seven years, provided that children could still recall specific memories and stories from initial

placement. This second revision allowed me to include the Sweets family, who were very interested in participation, and who met all other criteria.

Recruitment through social media included posting a synopsis of the study, and an attached flyer, on adoption Facebook and Meetup groups, after obtaining advance permission from the group moderators. These social media efforts netted only one response from a family who met recruitment criteria, and who ultimately did not participate in the study. Convenience sampling, which included contacting adoptive families through word-of-mouth recruitment via personal and professional contacts, proved successful in recruiting three families to participate in the study over the course of 15 months. In each case, it was the mother of the family who responded to the recruitment advertisements. Each family member who participated in the study gave consent to participate (or assent, in the case of minor children). A parent from each family also gave legal consent for the children to participate (excluding children still in foster care, who did not take active part in interviews and were never the sole subjects of participant observations).

Data Collection and Procedures

Table 4: Timeline as Originally Proposed

Recruitment period	6 months
Frequency of observations/interviews	1 per week
Total duration of participation, per family	4-6 months

Table 5: Timeline of Actual Data Collection

Recruitment period	15 months
Frequency of observations/interviews	1 per 3-4 weeks
Total duration of participation, per family	4-9 months
Frequency of supplemental contacts (email, phone calls)	1 per 2 weeks (average)

The original written plan for this study stated that families would participate in an average of one interview and/or participant observation session for each week that they participate in data collection, across approximately three to four months. This proved relatively true for the Dawson family, but was incompatible with the other families' busy schedules and their distance from my home (the families lived between one and six hours away from Durham, North Carolina). Instead, we targeted longer sessions with lower frequency. These ranged in length from 2.5 hours to two full, consecutive days of participant observation, interviews, and photo-elicitation with the Sweets family, who lived the furthest away. Frequency of sessions also varied by family, but averaged one session per three to four weeks. We supplemented in vivo data collection with phone calls and emails every two weeks, on average. The total time commitment for each family's study participation hewed more closely to the original written plan of four to six months per family, including collaboration on the analysis and written works; families participated for four to nine months each. The families participated in data collection and iterative analysis during overlapping time frames, and data collection occurred across a total of one calendar year.

Interviews

Interviews focused on family and child occupations, favorite family memories and shared experiences, supports that the families accessed or tried to access, and barriers to participation. Often, these were more like conversations, and expanded to include whatever captured the children's and parents' interest that day. We talked about pets, faith, and hopes for the future. I used questions to initiate the conversation, but then followed wherever it led, asking follow up questions either because I wanted more information about an interesting comment, or to keep the conversation going. I also answered questions that the families asked about my own experiences with adoption and foster care, faith, and this research study. This was partly to build relationships, and partly in the interest of fairness. If I was going to ask families to open up their own lives and personal stories to me, I reasoned, I should be willing to answer their own questions, and share resources and information when I had them.

I used a digital audio recorder to record the interviews, as much as possible. I then transcribed all interview data onto my laptop. Occasionally I took long hand notes instead of recording, if there was significant background noise (for example, at a restaurant, or while young children played nearby in the home) or in the presence of one young family member who developed a habit of absconding with my digital recorder in a game of chase. While I transcribed and listened to the audio recordings of each interview, I made notes with follow up questions and comments for the next time I saw the family. I carried a notebook to each visit, and took notes on family activities, quotations that stood out to me, and actions taking place during the interviews. In particular, I noted the flow of family occupation, and how each family member shaped and engaged in moments of shared occupation. For a sample of how I recorded one day's field-notes during a whole-family participant observation and interview session, see the appendices. I did not follow a formal field-note taking guide, but used an approach that I had practiced in both my

methodology coursework project, and the pilot study for this project, capturing quotations on one side of the page, and my own notes and perspectives on the other. This fervent note taking proved especially fruitful during interviews with young children or multiple family members present, when my audio recorder often picked up background noise that overpowered the speaker.

Individual interviews. Each initial interview began with conducting study assent and consent procedures, including explaining how study data would be collected and stored and anonymized. This was also a chance for consultants to ask questions and express any concerns. One mother (Ella) verified the kinds of information that she wanted kept confidential (their names and address); another parent who was still an active foster mother wanted to ensure that no photos would be taken of her foster children, to protect their confidentiality and adhere to the law. I answered questions and explained the purpose of the study to each child and adult, prior to collecting any data. Once assent and consent procedures were complete, I conducted individual interviews with each verbal family member who had agreed to participate in the study (three study participants did not take part in interviews. These were the three youngest Sweets children, who were too young or did not communicate verbally at a level sufficient for an interview, but were able to take part in participant observations).

I had developed an initial interview guide during the IRB permission process, and carried it with me to each initial family interview (see appendices). An initial interview with each participant loosely followed this guide, collecting basic information about the family demographics, building rapport, and gathering initial information about favorite family activities and memories. These semi-structured interviews did not rigidly adhere to the interview guide; they also expanded on family members' interests and comments, and activities taking place in

the home during the interview. Narrative data collection can vary from efforts to collect long narratives on a variety of topics, to efforts to constrain narratives in both breadth and length to a very focused series of questions (Riessman, 2008). Throughout this study, I employed the former approach. From the initial interview and each subsequent conversation, I made a particular effort to welcome longer and more involved accounts by remaining attentive, and approaching each interview as a conversation, and building relationships with the consultants through these exchanges. This was not difficult; I genuinely liked the parents and children who participated in this study, and found them to be a warm, welcoming, and generous group of people.

After the initial interview, sessions blended interview with participant observation, were largely informal, and were conducted during the course of the family's ordinary day. For example, interviews occurred while running errands and on car rides, sitting around the house during "down time", volunteering at church together, and making dinner and eating ice cream afterwards.

Whole family interviews. Whole family interviews occurred at least once with each family, and focused on talking together about family occupations, sometimes as prompted by photographs, and at other times without visual supports. During the joint interviews, parents often played multiple conversational roles, answering my questions but also asking their children questions about their experiences and impressions, prompting them to share more about specific memories. Often (and especially with the Sweets family, who were the largest family group to participate in the study), I also found that an interview that began with one or two people would morph into a family interview as siblings or parents wandered in and joined the conversation. Their mother (Ella) participated actively in her children's initial interviews, with their permission, sharing the role of interviewer with me as she asked her children questions and

prompted them to tell family stories. “Oooh, tell her about what you did to your Sunday School teacher!” she would exclaim, and her son would collapse into giggles before launching into a favorite family story about the time he accidentally covered his Sunday School teacher in glue. This informal, family-led approach to interviewing proved especially fruitful, as her children grew more comfortable with me and began to tell me stories about their shared family experiences. Questions during the whole family interviews were developed based on previous interviews (with individual family members) and participant observations.

Participant Observation

Participant observation included accompanying each family in the course of their daily routine, and participating in these routines when invited to do so. I had the chance to go to the used bookstore and the community gardens; run errands, such as taking the dog to the groomer; washed dishes alongside teenagers; volunteered as a greeter together with one of the parents at his family’s church; and was active in the making (and eating) of many meals.

I carried an audio recorder with me during participant observations, as I did during interviews, but I only turned it on to record longer narratives. In my notebook, I took notes both during the observation, and immediately after. These notes included quotations from the family members, accounts of action and sequences of events, and my own reflections on what I was observing. At dinner time with the third study family, for example, I wrote:

> Kids are energetic - jumping, dancing, bickering. Mom says “why don’t I get out your trampoline so you guys can jump off some of that energy?” She does. They jump, and squabble, and get very excited. Mom redirects Calvin by asking him to help set the table. She makes dinner for the kids, answers phone, chats while cooking and also supervising. Dad comes downstairs, fixes daughter’s hair, takes her to be changed, calls brother to potty.
>
> We are called to table. Calvin helps his brother with high chair tray. We all sit. Dad teaches Calvin to wait quietly (for Mom to bring the food) “Like a ninja. Total silence.” Dad leads the family in prayer (says, and signs)”.

These notes include my impressions ("kids are energetic"), the order of events, simple descriptions of what each person is doing, and things that stood out to me as important, symbolic, or routinized (in this case, the prayer). They also include particular attention to the ways that parents involve children in the routines and teach desired participation (mom redirecting with the trampoline, or calling Calvin to set table; Dad using Calvin's ninja interest to teach table manners), and the roles that children take on themselves (such as Calvin's helping his younger foster brother with his meal tray).

Interviews and participant observations were often conducted on the same day, according to the preferences of the family and the constraints of distance. There was no set maximum number of interviews or participant observations per family; the written plan for this study specified that both forms of data collection would continue until saturation was reached, or until families no longer wished to participate in data collection.

Photo-elicitation

Photo-elicitation was included in the study design as a supplemental method to facilitate child participation and provide a starting point for whole-family interviews about occupation and routine. Research with adoptive families has largely excluded perspectives of adopted children and their siblings, and my literature review of adoption research indicated a specific need for greater understandings of child perspectives of adoption, particularly in situations where children were adopted at later ages. Photo methods have been useful in gathering child perspectives in other areas of health research (Wang & Pies, 2004), and were added in particular to help children with disabilities to share their experiences and perspectives in this study. In this project, I did not analyze the photographs as independent data. They were collected only to elicit conversation with children about family occupation, and to provide visual supports to help focus our interviews on family practices.

It is important to note that each family had participated in the study for several months, with multiple in-person contacts of participant observation and interviews, prior to embarking on the photo-elicitation portion of the project. I waited to introduce the digital cameras and photo-related prompts until children and parents seemed comfortable with my presence in their homes, and with asking me clarifying questions. I provided a relatively drop-proof Nikon digital camera for children to use, with a single attached "point and shoot" lens and a memory card that could hold approximately 300 photos (except in the case of Calvin, whose dad provided a memory card when I forgot mine). Each child was given two prompts: "take pictures of what family means to you" and "take pictures of things you enjoy doing with your family." Children were also invited to substitute their own cameras or smart phones, if they preferred, and to contribute pictures they had taken prior to beginning the project. Children took photos over the course of up to one week. The Sweets children shared two cameras (the Nikon I provided, and a camera phone); each averaged one to two days of photo taking, before passing the camera off to a sibling to use.

Overall, I observed an age-based trend relative to photo preferences: adolescents old enough to drive tended to have smart phones, and preferred to use these for the photo-elicitation segment; children 14 and younger were more inclined to use the digital camera I provided. Children were asked to choose no more than 20 photographs each to discuss; the only guidance I provided was "choose photos of what family means to you" or "of things you enjoy doing with your family." This guidance was a simple reiteration of the original photo prompt. On average, the child participants took between five and seven photographs. The Dawsons, parents of exuberant and sometimes impulsive seven-year-old Calvin, expressed that they would need to exercise editing rights over his photos, and review them before I did. They wanted to ensure that the photos of other people were appropriate, and did not include his two young foster siblings. I

agreed that this was a reasonable limit for them to set; it also appeared to be the household's 'Calvin-with-a-camera' policy, and Calvin did not seem surprised or resistant to the rule.

Interestingly, when we reviewed the photos, I discovered that the pictures that children took of people were almost exclusively of their siblings. These were taken during activities including board games, car rides, and "chilling." Pictures of others also included portraits of beloved family dogs. Calvin, age seven, who began but did not complete the photo portion fo the project, appeared to really enjoy sneaking up and taking pictures of me as I observed and participated in his family routines. He also enjoyed taking pictures of his mom. Because he was shorter than an adult, the photos were often taken from below, capturing less-than-flattering angles of noses and chins. "Delete that, I look terrible!" his mom laughed about one portrait he took of her. Seven-year-old Calvin replied seriously, "don't say that, Mom, you're beautiful," and saved the photograph. When children took photographs of places, they were almost always taken during family outings away from home. Dwayne, for example, took a picture of a restaurant sign, to capture his enjoyment of going out to eat with his family.

Together, these pictures were used to elicit conversations with the children (during the individual child interviews and during the whole-family interviews) about everyday occupations of family life. These questions included "why did you take a picture of this?," "tell me about what's happening in this picture," and for children who were comfortable answering abstract questions, "what do these pictures capture about what family means to you?" I audio recorded and transcribed these interviews. I also asked follow up questions by phone with two children (CC and Dwayne) and exchanged a series of emails with one adolescent (Alice) in which she shared more with me about the content and meaning of her photographs. More detail about the photo-elicitation follows in the findings chapter on children's perspectives.

Narrative Data Analysis and the Collaborative Writing Process

Study analysis took place concurrently with data collection. I employed a narrative analysis approach, further explicated in this section, and a collaborative writing approach in which study consultants took active part in generating the study's written products, including this manuscript. It is important to note that narrative interpretation, and analysis, begin even during an interview or observation (Riessman, 2008), and interpretations often shape what questions the interviewer asks next. A striking narrative, one that seems compelling or particularly important to storyteller or to listener, tends to spark follow up questions, and these questions represent the beginning of narrative analysis.

Justification for Narrative Analysis

Humans use narratives in daily life to make meaning out of experiences and to co-construct identities (Breheny & Stephens, 2011). Rather than representing static events, narrative is "a particular version of events produced in a specific context to present [the narrator] and others as certain types of people. Stories about families both produce family relationships and reproduce and resist "the family" in the performance of those stories" (Breheny & Stephens, p 2). Performance is a key word - narratives and family identities are not just something we talk about, but something we enact through occupation. Narrative analysis, as a research tool which uses storytelling to conceptualize meaning in relationship to people and their everyday lives (Josephsson & Alsaker, 2015), was a natural choice to analyze the findings of a study grounded in ongoing participant observation and conversations with families about their daily lives.

Ethnographers have previously used narrative analysis to understand how "stories function socially to create possibilities for group belonging and action" (Riessman, 2008, p. 73); this study applied this approach to examine belonging and action in adoptive families. Riessman has suggested that within narrative research approaches, there are multiple definitions of

narrative, approaches to representation, and units of focus, and it is important that the researcher clarify the approach to each employed within a study. For the purposes of this study, these definition are as follows.

Table 6: Key Narrative Analysis Definitions

Definition of narrative	A story about a particular event, told by one speaker or multiple speakers within the group (Riessman, 2008)
How narrative is represented	Interview excerpts, minimally cleared up speech (grammar and readability); ethnographic fieldnotes (Riessman, 2008)
Unit of focus	The meaning and experience of shared family practices (occupations) after adoption

I chose narrative analysis during the study design phase particularly for the method's focus on holistic meaning. Narrative differs from other thematic coding and qualitative analysis approaches, such as grounded theory, in its efforts to preserve the narrative whole. This means that the researcher keeps stories intact and in sequence, rather than breaking it down into line-by-line segments (Riessman, 2008). The story remains the unit of analysis. It can be challenging to delineate one "story" within an interview or longer account, or to determine where one story ends and another begins. I looked for signifiers from the narrator, such as cues that they provided to me and other listeners when a story began (eg, "remember that time when…") or oriented me in time ("the very first night I brought my very first foster children home…"). Within the narratives, shifts in time and place often represented shifts from one story to the next. Consultants also signified the end of stories by summing up the point or the 'moral' of the account, sharing their own reflection of the events they had just shared ("and that's why we double check to make sure everyone's in the van before we leave church!") or asked me a question about whether their story was helpful, or about what else I wanted to know.

I was also drawn to narrative analysis because of the kinds of research products it could generate, and their compatibility with the mandate of collaborative ethnography to produce texts relevant not only to other researchers, but to the consultants themselves (Lassiter, 2005). Presenting the study findings through story, in the consultants' own words, appealed to me as a way to generate readable, interesting texts appropriate for publication not only in this manuscript, but in formats more accessible to families and practitioners, such as blogs and conference presentations. Stories have the power to help adults and children to share feelings and understand the perspective of others; narrative and story have been used to help families cultivate empathy and strengthen communication in the context of special needs adoption (Faver & Alanis, 2012)

Narrative analysis focuses on the ways that people create and employ stories to represent, and to interpret, themselves and their worlds (Lawler, 2002). Narrative analysis may be used to understand style, or how a person tells a story, or to understand narrative content. My focus was primarily on content, or on what was told, rather than how it was told. I did this to understand meaning in the stories told by my consultants, and to understand transformation through occupation. My interest was in how adults and children who do not initially know one another begin to build a life, and a family, together through shared engagement in occupation. As I read and listened to my consultants' stories, I paid particular attention to the occupations they emphasized in their stories.

Because narratives are social products, produced by people in their social and cultural contexts, they are always co-constructed, even when only one person is physically present in the production or enactment (Lawler, 2002). It was important to this study that I spend significant time with the participating families in their everyday social contexts, to not only hear their stories

but to see them enacted. Narratives have been theorized as a key means through which people produce identity (Lawler); my further assumption in this study is that occupation is the medium through which these identities are produced, enacted, and shared. For this reason, I targeted not only spoken narratives in interview form, but also included participant observation of the enactment of daily family occupations. Although narratives within the study have been constructed primarily from interview data and recorded conversations between family members, they have also been supplemented and secondarily constructed from ethnographic fieldnotes taken during participant observations.

Data Transcription

Formal study analysis began with the transcription of all audio recorded interviews and handwritten notes, including those from participant observations and photo-elicitation sessions. I did all transcription myself, taking notes and highlighting quotations that stood out to me, including moments where a consultant paused or gave particular emphasis to a point, or called my attention to something. I transcribed every line of the audio-recordings as soon as possible after an interview session, generally within one to two weeks, and matched these segments up with the notes I had taken on the same dates. I also typed up most of my handwritten field-notes, editing to preserve family confidentiality as I went.

Memoing and Deriving Themes

Transcription and initial note-taking was followed by close reading and memoing about what stood out to me, and highlighting narratives that seemed related to the study questions, and those that built on earlier points. When this generated follow up questions, I exchanged emails and phone calls with study consultants, or made notes for our next in-person conversation.

Close reading, memoing, and re-listening to the interview tapes, to hear what participants themselves had vocally emphasized, allowed me to begin to derive themes from each case. This

process attended both to themes specific to the study questions (routines and rituals, family occupations, social and environmental supports and barriers to participation) and also to unexpected themes arising from the data.

I drafted a list of questions that I used to examine the narratives and to derive themes. These served as a guide for note taking, and for organizing narratives as I pulled them out of the transcripts. These questions included:

1. What am I looking at or listening to as I interrogate the narratives (why did they stand out to me)?
2. What is the relationship to occupation?
3. What do the consultants themselves emphasize (when do they signal that something is important)?
4. Where are the moments of transformation (stories about when or how something changed within the family)?
5. Where are commonalities and overlaps between narratives (both within and across cases)
6. Where are striking differences between narratives?
7. Where do shared narratives (told by multiple family members) occur, and what is their role?

After an initial analysis of all interview data, I reviewed my list of questions, and found myself adding another, in response to a number of narratives that stood out within the data:

8. How are the personal and family narratives engaging with, either through building on or resisting, broader public narratives (about family, occupation, or in particular, foster care or adoption)?

I also added the most straightforward question of all:

9. What are the occupations present in the data?

To answer this question, I generated a running list of specific occupations that consultants emphasized within their narratives, and that stood out from participant observations. These included:

- driving (parents)
- chores and errands
- school/studying
- outdoor play
- games
- trips
- church and youth group
- scouts (Carl)
- swimming
- playing music
- "chilling" (adolescents)
- cooking
- caregiving (parents)
- working
- coordinating care/schedules (moms)

Beneath this list, I scrawled a note: "things we do *to* enjoy being together." This brief line was an idea that came back to, and proved to be a thread that tied many of the narratives together.

Collaborative Writing

Collaborative ethnography is grounded above all in ongoing conversations, and requires taking the findings and ideas back to the consultants, time and again, for feedback and collaboration (Lassiter, 2005). This extended to the writing process; each consultant was invited to read and collaborate in the writing of the materials that came out of this dissertation study, including this manuscript.

Ethical commitments. An ethical commitment of collaborative ethnography is the use of written work to create dialogue across communities (Lassiter, 2005): "Ethnographers should write clearly, well, and accessibly in order to engender open dialogue among ourselves, with our collaborators, and among our academic peers" (King, 2010, p 45). Ethnographic products are thus expected to be created for a wider variety of audiences than fellow academics, or subscribers of research journals. Accordingly, an explicit goal of this study has been to create published work available to adoptive families and caseworkers, to be presented at conferences, published on a website, or otherwise disseminated to be accessible to a broader audience, in addition to the creation of this dissertation manuscript and manuscripts for submission to peer reviewed journals.

One problem inherent to this methodology, which my committee and I anticipated as a possibility with this study even before data collection began, entailed the "ethnographic double bind" – a conflict between the wishes of the consultant and those of the ethnographer (Lassiter, 2005; King, 2010). This is a problem common in collaborative ethnography and inherent to full collaboration of any sort (Lassiter; King). Double binds arising during the conduct of this study have been addressed according to the ethical commitments outlined by Lassiter and described in detail by King: where our perspectives have diverged, we have had ongoing conversations to reach deeper understandings of one another's perspectives, and to reach agreement about how

these perspectives should be represented. Although I anticipated that there might be times when we could not reach agreement, and planned to represent both perspectives with equal weight in such an event, this particular challenge of representation did not occur within this study.

Each family member is the expert on his or her own experience, and as such, family members have also been afforded the right and opportunity to share or withhold any portion of their experience from publication. In other words, if I saw something during participant observations, or a family member shared something during an interview, the family still had the right to say "please don't write about that." Interestingly, on only one occasion did a consultant ask that a narrative be withheld; she shared it to inform my own understandings, but did not want it to be shared with her family, recorded, or published in any form. I complied with this request, as is consistent with the ethics of collaborative ethnography; her story is her own, and it is her right to choose with whom she shares it. By far more common were the moments when family members shared very personal narratives, and then answered affirmatively (often to my surprise) when I asked "is that something you would be comfortable with me writing about?" The courage and the openness with which parents and children who participated in this project shared difficult stories, and welcomed me into their lives, was one of the hallmarks of this research process, and one of the greatest surprises to me as a researcher.

Ongoing conversations with family members have helped to co-create the finished products of research, and to establish comfort and open communication regarding what portions of their stories they wish to share with different audiences, and the level of anonymity that families wish to retain. The role of the ethnographer, in a double-bind, is to be honest and open with families about her concerns and desires for the finished research products, and to encourage families to do the same. Although these instances did not occur as frequently as my dissertation

committee and I were prepared to anticipate, where family member and ethnographer perspectives have differed, each is presented side by side in this manuscript, with equal weight given to each perspective.

CHAPTER 5: FAMILY DESCRIPTIONS: A DAY IN THE LIFE OF EACH PARTICIPATING FAMILY

Chapter Overview

This chapter provides a detailed introduction to each family in the study, and a day-in-the-life style description of some of the everyday occupations of the Sweets, Scott, and Dawson families, respectively. These descriptions are based on primarily on interviews, data from participant observations, and family input regarding the data and analysis. Additional sources of data included family calendars and scheduling tools shared during the course of data collection, emails, phone calls, and the images and words generated during the children's photo-elicitation project. The day-in-the-life segments present a real day in family life, in the order in which events actually occurred, with efforts made to retain narrative order and narrative whole.

Each participant chose the pseudonym with which they are referred to throughout this text. The purpose of these descriptions is to explicate each family's daily life and routines, and for the reader to get to know the consultants before delving into discussions of the meanings of these family practices in the subsequent chapters.

The Sweets Family

The Sweets family lived in the rural Southeastern United States, in a two story farmhouse with copper penny floors and an enormous dining room table, out in the countryside on a red dirt road. They raised chickens. Farming was a family occupation; the older children helped their dad on the farm, and took field trips with him to learn the other aspects of the business. The first time I drove to their house, I got lost. Ella, the mother of the family, had given me good directions,

but my GPS failed, and I took an inadvertent driving tour of the surrounding pastures and fields and neighbor houses, spaced far apart. Their neighbors, I learned, were also mostly farmers.

The Sweets were the first family to commit to participating in this study. I initially contacted Ella through email after reading her adoption blog. In our initial email exchange, I explained my interest in family routines. Ella, who is an adoption advocate as well as an adoptive mother, immediately wrote back (parentheses are Ella's own):

> I find your idea very pertinent to adoption. In the adoption world we see lots of "honeymooning" (which is usually affiliated with the child, but adults do it as well). What we have found is bonding and attachment are hugely helped by routines, bedtimes, consistent discipline and encouragements...I think that is missed a lot in the shadow of all the emotional parts of adoption. We are all about the practical over here. It would be sheer chaos if we weren't.

After a brief email exchange, Ella decided that she and her family would participate in the study. When at last I found my way to their home, I was greeted in the driveway by a dog and a cat, both of whom accompanied me onto the porch. The front door was open. I knocked, then let myself in, as Ella yelled "I'm in here!" from the bathroom, "giving John a bath. Sorry, it's chaos. Make yourself at home!" Her younger children were playing in the living room; her older children were mostly upstairs, watching a movie. One trooped down the stairs to get a drink from the kitchen, and spotted me. "Hello," he said, politely shaking my hand. "I'm CC. It's nice to meet you." And so each of the Sweets family children greeted me, politely and formally, before they began peppering me with thoughtful questions about the study, ranging from how their confidentiality would be maintained to questions about the gift cards they received for study participation. In particular, they wished to know whether they could receive gift cards to Sonic, which turned out to be a particular favorite road trip ritual. Road trips were important to the Sweets family; this became more clear with every meeting, and I later had the chance to go on a day trip with them.

The Sweets family were comprised of 9 children, and headed by parents Ella and Sven, who had been married for 15 years at the time the study began. Both parents were in their late 30s at the time of data collection. Their children include Roberto (17), Alice (16), Dwayne (13; turned 14 during data collection), Merida (11), CC (10), Bernie (6), Ivan (5), and John (4). A ninth child (Jay), a teenaged son, did not initially participate in the study because he resided in a residential school-based program for youth with severe behavioral disorders during the study period. He did spend time with his family during the program breaks, while I was present for participant observation, and assented to participate in this portion of the study. He also returned home before data collection concluded, and I had the chance to interview him about his own favorite family occupations, and his experiences leaving home and transitioning back again through his residential program.

Table 7: Sweets Family Descriptions

Name	**Age**	**Study Recruitment Status**
Ella	Parent	Adult participant
Sven	Parent	Adult participant
Roberto*	17	Adopted from foster care; met study criteria as child participant: interviews and participant observations
Alice*	16	Adopted from foster care, met study criteria as child participant: interviews and participant observations
Jay	14	Adopted from foster care, present for participant observation only
Dwayne*	13	Adopted from foster care, met study criteria as child participant: interviews and participant observations
Merida	11	Adopted from foster care, child participant: interviews and participant observations
CC	10	Biological son of Ella and Sven, child participant: interviews and participant observations
Bernie	6	Adopted internationally, child participant: participant observations
Ivan	5	Adopted internationally, child participant: participant observations
John	4	Adopted internationally, child participant: participant observations

** met original study criteria of: adopted at 6 or older, qualifying diagnosis ("special needs")*

As the table above describes, the Sweets family was formed through birth, domestic and international adoption: Roberto, Alice, Dwayne, Merida, and Jay were adopted domestically from foster care; CC is the couple's biological son; and Bernie, Ivan and John were adopted internationally from the Ukraine. Of the Sweets family children, three (Roberto, Alice and Dwayne) met the study recruitment criteria (adopted at 6 or older, with a qualifying disability). Siblings who did not meet study criteria were offered the opportunity to participate in interviews and participant observation as family members. During my initial visit, after reviewing the assent and consent forms to participate, Ella and her kids took a family vote, the outcome of which determined that they would borrow their pseudonymous surname from a character from their favorite TV show, "Bones."

I was struck by how much the Sweets family laughed together, at shared jokes and at stories that were now funny in retrospect, poking gentle fun at one another. "Remember that time Mom left me at church?" Alice remarked. "Oh yeah," their Mom said, rolling her eyes. "I remember because you guys never let me forget!" "It's our holiday tradition," Ella told me. "Every time Christmas rolls around, they remind me of the one time I forgot Alice." "It's funny now", Alice told me. "It wasn't funny at the time." Laughter proved to be a way for Ella to defuse and revisit tense situations with her children, and to move on from past battles and mistakes; her family laughed together while telling me remarkably candid narratives of past struggles and events.

Ella was the first, but certainly not the last, parent in the study to emphasize to me that her family's routines varied day by day, and season by season. "It's summertime," she told me during my first visit, "so our big family meal this time of year is lunch. Dinner is fend for yourself." Of the families who participated in the study, I spent the most time with the Sweets

family, from May of 2016 through December of the same year, sometimes spending a night or two in their guest room while collecting data, and sharing meals with them. I lost track of hours spent in their home, but would estimate the total to be above 100. Each visit captured different family occupations, but one thing was consistent across visits: their home was always full of people and laughter and activity.

A Day in the Life of the Sweets Family

One summer weekday, I made the six hour drive from my home in Durham, NC to experience what Ella called "our relaxed summer routine." I made the drive the night before, and stayed, at Ella's insistence, in the family's guest room. I was initially hesitant about staying with a consultant's family. "I'll just get a hotel," I told Ella the first time I visited. "Nonsense," she told me. "Bring an overnight bag." I did bring a bag, still intending on a hotel, but immediately discovered why Ella had dismissed my hotel idea. In addition to running counter to her family's habit of hospitality ("we have guests all the time"); it was completely impractical. The family lived in a rural Mennonite farming community, at least a 30 minute drive from anything that could be termed a "small town," and almost two hours' drive from any city. There simply was no hotel nearby. After a brief phone conference with my advisor, I determined that it would be okay to avail myself of the family's hospitality. "Sweet!" Roberto yelled when he found out I would be spending the night, and immediately planned to teach me a new board game.

The next morning, I found Ella and her four youngest children awake and chipper. The three youngest (Bernie, Ivan and John) usually woke up around six, and their mom usually got up with the, to feed them breakfast. One of her secrets, she confided, was that she had only ever needed four or five good hours of sleep a night. "I take after my dad," she confided. "But since John arrived I've been getting less sleep than that, which has been rough!" When I made my way out of the guest room at eight AM, I found Ella making coffee, while CC cooked pancakes in the

big farmhouse kitchen. “He’s my early bird,” his mom commented. It was Dwayne’s birthday, and he was still asleep. So were Merida and Alice, and CC was itching to go and wake them up. He waited until the house “summer wake up time” of 8:30, then went to wake them. Ella sang “Happy Birthday” to Dwayne as he made his way into the kitchen, and they all ate pancakes. The big picture windows in the dining room overlooked the family’s swimming pool, framed by the pine forest. While we ate, a deer walked out of the woods and bent her neck to drink from the pool.

After breakfast, Dwayne did the dishes. Ivan, the family’s youngest at age four and newest adoptee, had tummy time on a blanket, and managed to roll over. We all cheered. He’d been working on this skill for a while now. John climbed onto my lap and “helped” me write as I took notes on the family’s routine. “Hey,” he said to me, and gave me a thumbs up. He had found his own pencil, and added scribbles to my notepad. Dwayne brought the family’s bunny, Iris, out so that John could pet her, while CC cleaned her cage. It was a Tuesday, but Ella told the kids “We were out of town, so Saturday chores didn’t get done. This morning, that’s what we’re doing.” Only CC put up any resistance to this plan. “Get moving,” his mom told him, and so he did.

The whole family worked with a practiced rhythm. The kids clearly knew their chores without needing reminders, but there were also visual supports, including a big chore chart and a small binder with each child’s schedule, in the laundry room. CC finished cleaning the bunny cage, then cleaned the baseboards and the shower. Alice swept and mopped the house. “Everyone cleans their own bathroom,” their mom told me. Merida cleaned the guest bathroom.

Downstairs in the Sweets house was space and parents’ space; upstairs were the kids rooms. I never went upstairs, but the kids gave me an overview. There were four rooms, each

occupied by a pair of children. The littlest boys, Bernie and John, bunked together. The older boys had swapped rooms several times, but currently, CC had one room, and Dwayne the other, while their older brothers were away at school. Merida and Alice were the final pair of roommates. “I’m not a believer in kids having single rooms,” their mom told me. “It’s important to learn to share with people who do things differently from you.” She planned that John would move in with CC, and Ivan with Bernie, when Roberto moved out permanently. Jay would be coming home in the fall, and would bunk with Dwayne.

While all of the older kids did their Saturday chores, I took advantage of the chance to interview their mom. We talked at the enormous kitchen table, while both John and Ivan sat on Ella’s lap. Bernie played with a kitchen spoon. He had a passionate but restricted interest in kitchen utensils, and could play with them for hours. He particularly liked hiding them in the floor vents. During chore time, Iris the bunny hopped about the kitchen, and the TV was on, with a morning talk show playing in the background.

John and Bernie usually napped during the day, Ella told me. “I try to put them down at the same time, that way I have that space of time and quiet. Bernie often won’t sleep but he wants to be in his crib. He lets me know ‘okay I need a break, I’m ready for my crib.’ I think that’s how he survives the rest of the day.”

Once chores were finished, Alice and Dwayne headed down to the farm to help their dad. The chicken houses, where Sven raised his broilers, were near enough to walk. CC, finished with his own chores, asked Ella to play Rummikub, but she had to decline. “I would love to beat the pants off you, but I have that lunch meeting. We can play after I get back.” She was meeting with a colleague about a program in which experienced foster families would mentor parents who

were just starting out. Volunteering to support other adoptive families was an important occupation for Ella, who said

> I talk to adoptive families all the time. I don't mind helping connect them with resources or figure things out. The one thing I refuse to do is help with rehoming children. That should never be the first approach when something goes wrong. You're the parent, you need to figure things out.

Ivan's aide arrived, and fed him his G-tube, while Ella got ready for her meeting and put on "real, grownup clothes." Merida cooked eggs, then fed them to Bernie and John. While his little brothers ate lunch, CC subjected us to a particularly disgusting show about science, in which the hosts used enormous magnets to determine whether or not they could smash a human hand. They could, as it turned out. "I think I just lost my appetite," Merida said, and changed the channel to the family's favorite TV show, "Bones." While Dr. Bones dissected a corpse on TV, Bernie's service dog curled contentedly up under the table, sneaking every bite of eggs that Bernie dropped.

Bernie and John went down for their naps just as Ivan's PT arrived. She worked with him for an hour, then departed. Ivan's aide rocked him quietly. Merida played a quiet game on her iPad. Between Ella's meeting and working at the farm, everyone else was out of the house. Only in the wake of their noise and exuberance did I realize how much activity the Sweets house fully contained in any give moment. "I don't think I've ever heard the house this quiet," his aide whispered to me. I agreed, and wrote in my fieldnotes,

> With the TV off and no voices or footsteps, the only sounds are Ivan's little grunts and coughs as he fights sleep. It's hard to know what to do with so much quiet, how to spend the time without anyone to chat with or chase after or play a game with. The silence is staggering. [Ivan's aide] sings "Jesus loves me" to him to fill the quiet.

At 12:30, the silence ended as suddenly as it began, as Sven and all of his older children gathered in the family kitchen to wash up and eat lunch. They left their barn boots in a big pile

on the back porch, washed up, and each made themselves a big plate of nachos. They bantered while they ate around the big family table.

"Do you feel any different as a 14 year old?" Sven asked Dwayne.

Dwayne considered this. "Not really."

Sven then decided to put Alice on the spot. "As the one who was most recently 14, do you have any advice for Dwayne?"

"Dwayne's different," Alice laughed, then teased her brother about puberty. Next he would be dating, his siblings teased. They decided to contribute the wisdom of their experience by teaching him cheesy lines to use on girls. Alice contributed "Are you a banana? Because I find you appealing!" His dad contributed "Hey, I lost my phone number. Can I borrow yours?" But Alice won the most laughs with "baby, did you fart? Because you blew me away!"

On that romantic note, Sven was inspired to share what he insisted was the true story of when he met their mom. He was 25, she was 22.

> Our first date went so badly that Ella said it couldn't possibly get any worse, so she decided to go out with me again. She did say while we were watching the movie she couldn't stop staring at me because I was so good looking. She also said, and I'm sure this is true, that I talked the whole time and she couldn't get a word in edgewise. I have no filter. She's my filter now.

When Ella returned from her meeting, I asked her to confirm or deny the details of Sven's story of their first date. It was all true, she told me. "He talked the entire time. I thought he was so arrogant!"

"I think I was just nervous," Sven confessed.

Why did she go out with him again, I asked her, if their first date was really that bad?

She laughed. "I thought he was really, really handsome." On their second date, she realized, he was also pretty nice. Fifteen years and nine kids later, I surmised, that second chance seemed to have worked out well.

The Scott Family

The members of the Scott family lived together in a house full of pets and books and life, in a medium-sized city in the Southeastern United States. “It’s a tiny house!” Karen Scott described it before I visited for the first time. Their household was comprised of Karen, her partner Julie, and her younger son Carl. Carl lived at home, and was a rising ninth grader during the summer that he participated in the study. His older brother Ryan (17), who lived in an apartment in another town, did not participate in the study. The boys, who are biological brothers, were placed with Karen through foster care at ages six and nine. Their adoptions were finalized three years later, at ages nine and twelve. Carl and Ryan also had a younger biological sister, who was adopted by another family in a nearby town, and with whom Carl remained in close contact. He was planning a trip to Disneyworld with his sister and her family when I met him, and was very much looking forward to it. I met them during a busy summer of Boy Scout trips and family vacation, and continued with interviews and participant observation until the fall, as Carl began high school.

Table 8: Scott Family Descriptions

Name	**Age**	**Study Recruitment Status**
Karen	Adult	Adult (parent) participant
Julie	Adult	Co-parent; did not participate in study
Carl	14	Met study criteria; took part as child/adolescent participant
Ryan	17	Met study criteria but did not participate (currently living out of home)

Karen and Carl learned about the study through one of my former special education colleagues. Initially I exchanged a series of emails with Karen, detailing the study’s goals and participant roles. Karen decided that she would participate, and so I met with her in a coffee shop. Carl came along with her, but I didn’t meet him until after I finished interviewing his mom.

“Carl’s over there,” Karen told me, pointing to the back of the coffee shop. “He’s still deciding what he thinks about being in the study.” Carl had good questions for me, as it turned out. How would I use the study data, and how would his identity be protected? Once he was satisfied with my answers, he decided that he, too, would participate.

Carl told me that he generally preferred to talk more about the present, and the future, but said “I can talk about the past, too, if it’ll help other kids in foster care.” This was an act of remarkable courage from a young man who so wanted to help other children in situations like his own that that he was willing to talk about the most difficult and painful experiences of his life. That wouldn’t be necessary, I told him, because I was interested in how his life changed after coming to live with his mom, and my questions would be about that period of time. This, as it turned out, was a subject Carl was happy to talk about; his mom had changed his life a lot, and he had good things to say about her. At some point in our first interview, as he listed all of the things he loved about his mom, I couldn’t resist asking “so have you shared any of this with your mom?” He thought for a moment. “Probably not,” he decided. “Do you think someday you might?” I asked him. “Yeah, maybe.” This, I discovered, was a hallmark of interviewing adolescents: they had plenty of positive things to say about their parents, so long as their parents weren’t in the room to overhear.

The Scott family actively participated in four months of data collection, from June of 2016 through September of the same year, broken into three in vivo sessions of interviews and participant observations, and multiple follow up contacts via email and phone.

A Day in the Life of the Scott Family

During the school year, Karen and Carl had a solid routine: Karen, who worked as a librarian, would pick Carl up from school each day at 3:30 so that he wouldn’t be alone at home. She shared:

> What I'm doing right now with Carl and what I did last year was I would take a late lunch or early dinner [from working at the library] to pick him up from school every day. So he usually got done with school around 3:30, and the goal being that he wouldn't be at the house. I work at a public library, so he would come there and work with his tutor for an hour. And he's kind of a tutor-slash-life coach I would say. Or mentor, the gentleman that's working with him in the afternoon, he's mainly trying to get him to complete his homework and not have outbursts. Particularly about writing. So [they're working on] managing behavior.

Carl had other tutors who also worked with him at the library. One tutor worked with him on reading and writing skills. Carl experienced intense frustration with reading and writing due to his dyslexia and dysgraphia, and sometimes his frustration led to outbursts, which had become a focal point of his tutoring and mentoring. "We've had a lot of time spent on tutoring this year," his mom told me. The previous year, when he was in 7th grade, Carl had experienced hallucinations secondary to abuse and trauma, and spent six months in a residential treatment facility. "This year has been educational catch up because last year was dealing with emotional issues."

After tutoring at the library, Carl and Karen would go home, where her partner Julie would cook dinner. Carl liked cooking; Julie was teaching him, and he shared that it was one of his favorite things to do with her. One thing that became clear from spending time with the Scotts and from talking to them was that they stayed on the go, and that no two days were alike. Karen gave me an overview of their weeknight, after school routines:

> Karen: Tuesdays, we had been going to the gym right after [tutoring at the library], and my partner would meet us. Then we'd all work out, then come home and we would eat. Just kind of relax for the evening. Then Thursdays he has Scouts, so we would forego the Y, and we would eat dinner and he would go to Scouts. And I'd go back and forth because I've got to drop him off and pick him up. I'd be there for the first part of the activities and the last part of the activities...Wednesday evenings I would pick him up and that's when I would have to go back to work, so that's when he was working with a more specialized tutor, on Wednesday nights.
>
> [At this point I interjected, "you guys stay busy!"]

> Karen: Yeah, well, his tutoring took a lot of time, but um, yes. That's all I can say (laughs). Actually he got decent grades this year. He got A/B honor roll.[...]So I work Monday nights and Wednesday nights, and generally we stayed at the library. That's typically more of a, Mondays seem to be more focused days, like they usually dumped [homework] on him more. So the days that he had a lot of homework, he was at the library. And then when he didn't have a lot of homework he might be at home with my partner, or running errands, going grocery shopping, things like that.

Weekdays were organized primarily around Carl's tutoring and Boy Scouts schedule, with additional activities, such as basketball, seasonally added to the mix. "You have to be a go-getter," Karen told me, regarding advocating for and coordinating services for both of her sons.

When I visited them in July, Karen and Carl had a different summer routine. We had difficulty scheduling the visit; first Carl was away on a Scouting trip, then he was on a trip with his sister. This was his first summer having aged out of day camp, so Karen had signed him up for sleepaway camps almost every second week. She described their summer schedule when he was in town as "on the go." She wasn't kidding. When I drove up to their house on a summer morning, they were both outside, ready and waiting for me, with one of their dogs on a leash to take to the groomer. They had already walked all three dogs together, an activity they both enjoyed. One of their older dogs was paralyzed, and so Carl pushed him in a stroller so that he could still join the family on walks. This was a big help, Karen told me.

Karen was off on Mondays and Wednesdays during the day, she told me, so those were her errand days. I was joining the family on a Monday to run errands with them. We all hopped into Karen's car, the dog included. Carl graciously let me ride in the front seat; his mom drove. Our first stop was at a pet store with a groomer, to have the dog's nails clipped. We browsed, and I chatted with Carl while we waited, then we took the dog home and were off again in the car.

Our next stop was the Cooperative Extension, where Karen had a community garden plot. She was, as I discovered, a Master Gardener, who both maintained a garden plot and volunteered at the community garden, providing community education. Carl helped sometimes at the garden,

not out of any particular gardening passion, but because his mom asked him to. “I bribe him with Slushies,” Karen told me. She grew mostly vegetables in her community garden plot, including tomatoes, squash, and “one cucumber plant for my son.” Nobody else in the family was a cucumber fan. This summer, rodents had burrowed into Karen’s garden plot and wreaked havoc while the family was out of town; she was keeping her few remaining plants alive, and planning for the next season. Because I was with them, Carl took me on a guided tour of the educational gardens while Karen worked in her plot. Usually, though, he helped his mom with heavy duty garden tasks. “I like lifting stuff so usually I help with the mulch.”

True to her word, Karen stopped next at the gas station to treat herself and Carl to Slushies. “It’s our summer habit,” she told me. “It’s how you know summer has arrived, when the Slushie cups arrive.” Slushies, for the uninitiated, are a drink made of chopped ice and brightly colored, flavored syrup. Aficionados can purchase a refillable cup at the start of the season and enjoy 99 cent frozen treats all summer long. These were a Scott family favorite, and a treat with which Karen could reward Carl’s help and cooperation with errands, dog walking, and gardening.

Our final stop was a used bookstore. Karen was tasked that summer with leading a Barbara Kingsolver book club, and wanted copies of her work that she could take notes it. She and Carl splintered off in different directions as soon as we entered the bookstore, and I decided to stick with Carl. He had shared with me before that reading wasn’t his favorite hobby, but he was patient while his mom looked for her books. He browsed the music section and chatting with me. He liked comic books, I discovered, and the bookstore’s collection of comic book and action figure memorabilia. When Karen was ready to go, we headed back to their house, where she gave me a brief tour. They were going to eat lunch, she told me, and then she was going to take a

shower and head to work. My visit had lasted about two hours, during which they had accomplished more than many people accomplish in an entire day. “Every day is different” in the summer, Karen told me. “We stay busy.” To this, Carl added “my mom can’t sit still.”

The Dawson Family

Bethany and Tom Dawson lived with their children in a large house in a Southern suburb, just outside a major city. At the time of study participation, the Dawsons had five children through adoption, and one through foster care; a second child joined their family through foster care just before this participant observation. The family’s youngest daughter, a toddler still in foster care, had been placed with the Dawsons at birth, and Bethany shared with me that she and Tom were hoping to adopt her, but nothing was certain. They had cautiously explained this to Calvin, the youngest permanent member of their family. At seven, he had seen a number of foster siblings come and go, and his parents worked to help him understand that he was a permanent member of their family, and wouldn’t be going anywhere. “We tell him, ‘You’re a Dawson,’” Bethany told me, “you’re a part of *this* family.”

Bethany and Tom both participated in interviews and participant observations. Three of the Dawson children (Calvin, Hannah and Hailey) also participated as consultants in this study through interviews, and Calvin took part in the photo-elicitation segments.

Table 9. Dawson Family Descriptions

Family Member	Role in family	Age	Age at adoption	Role in Study
Tom	Parent	adult	n/a	Participated in interviews and participant observations
Bethany	Parent	adult	n/a	Primary consultant; participated in interviews and participant observations
Calvin	child	7	4	Primary consultant, participated in interviews, participant observations, and photo-elicitation segment
Hannah	adult daughter	18	infancy	Participated in interview and one brief participant observation
Hailey	adult daughter	18	infancy	Did not participate in study
Stephen	adult son	20	infancy	Did not participate in study
*	foster son	*	currently in foster care	did not participate in study, but was present for participant observations
*	foster daughter	*	currently in foster care	did not participate in study, but was present for participant observations

** ages and other identifying information have been omitted for children currently in foster care. Children in foster care were not enrolled in study due to confidentiality measures, and when present during participant observation sessions they were never the sole focus of observation.*

A Day in the life of the Dawson Family

On my second visit to the Dawson's home, I pulled up the long gravel driveway to their two story house in the suburbs late on a February afternoon to find Bethany, her three littlest children, and their two dogs are outside. One of the dogs was their new puppy, a labrador retriever, which they had been awaiting the last time I saw them, before Christmas. I parked carefully off to the side of the driveway, avoiding children and dogs. There were fanciful pastel colored chalk drawings all over the drive, of unicorns and dogs, people, a pink cat, and a penguin

in a bowtie holding an ice cream cone. “My older daughter did those with the little ones yesterday” Bethany told me.

Her youngest boys, Calvin (7) and a preschool aged foster son, ran toward me as I climbed out of my car, their little sister (toddler) trailing after them. This was my first time meeting their foster son, who was placed with the Dawsons in foster care just before Christmas. “We’re playing Army Men,” Calvin told me by way of greeting. Both boys were holding toy guns. Calvin saluted me and then walked the perimeter around my car, appearing vigilant. “We’re checking for army men in your car,” he told me, then climbed right into my unlocked Honda to check more thoroughly. His mom called him away. “We went to a military exhibit at the museum,” she told me, “so now it’s all Army men, Army everything.”

It was unusually warm for February, easily 65 degrees, and Bethany was wearing capris and a t-shirt, doing chores in the garden. She used a wheelbarrow to clear logs from the forested side of their property, then stacked them atop an enormous pile for a bonfire they were planning to have the following weekend. Bonfires were a favorite family activity, Calvin and Bethany told me. They liked to have all of their friends over on the weekends to gather around a big fire in their yard, and eat and hang out.

Bethany paused from gardening to explain that her husband was still at work and her twin young adult daughters were also out for the evening. Her oldest son, also a young adult, might be around somewhere, perhaps napping. This left Bethany and Calvin available to take part in a participant observation, together with the two young foster children.

Tom Dawson, the family’s father, pulled up in his truck while I stood in the driveway with his family. The kids ran to greet him. “Stand and salute!” Calvin ordered. It took me a moment to realize that he was staring at me, waiting for me to follow his command. I do so, a bit

awkwardly, because this was my first time meeting his dad. Tom gathered his things from his truck, greeted his children warmly, then walked up to me and asked who I was and why I was there, in a friendly tone of voice. (Later he told me that he guessed I was a social worker. "There's always someone here," Bethany explained. "Social workers. Nurses. Head nurses. Teachers."). When I explained my interest in family routines in adoption, Tom immediately laughed and claimed "there is no routine. It's chaos!" He wasn't the first parent in the study to say something like this; Ella and Sven Sweets had both said something similar about their own experience of life with a new foster or adoptive placement. But Bethany, overhearing Tom, disagreed. "We come outside every day after rest time," she tells us both. "That's our routine right now. Then we go inside for dinner."

The family's puppy climbed onto my lap while I sat on the drive taking notes. I laughed, but Bethany shooed the puppy away, and brought me a chair. At first I demurred, but she insisted. Hospitality was part of Bethany's household routine; she always made me feel welcome at her home, and made sure that I was comfortable. As she brought me a chair, her littlest boys followed her example, fanning imaginary "bugs" away from me, while their dad distracted the dogs by hitting tennis balls with a racket across the yard, swinging for the trees. The older dog, easily confused, kept running in the wrong direction, then spending long stretches of time searching the whole property for the tennis balls. "Nice throw, Pop!" Calvin yelled to his dad, as another tennis ball flew into the woods. The dogs were eager, and fast, and the game continued as dusk fell.

The boys resumed their game of Army Men. Their little sister toddled after them, watching their play but not quite a part of it. As the boys blazed past me, I asked Calvin if she could be part of the game. "We're army **men**," Calvin told me, emphasizing the final word so

that I would understand. I asked if maybe she could be something else, in that case. Calvin thought for a minute, looking at his sister. “She can be a doctor,” he decided, then ran off looking satisfied. His sister chased after him, grinning widely.

When the kids grew tired of Army Men, their Mom taught, or tried to teach, them how to play hopscotch. Calvin was initially interested, watching her draw the game on the driveway with sidewalk chalk, but then he got distracted, zooming off with his siblings again. The kids popcorned all over the place. It was getting dark. Sometimes the three children played separately, sometimes together. Calvin used his skateboard to roll under his mom’s SUV, pretending to check the oil until she called him out from under it. “He’ll be doing it for real before you know it,” his dad commented. Little sister played with bubbles in the driveway, then spilled the bubble fluid all over the driveway. “That was the last of it,” her mom said calmly. “Do we have more?” Tom asked. “It’s on my list for tomorrow,” Bethany said, then organized the kids for a bike race.

As it got dark, the family made their way inside together for dinner, and then baths and bedtime. Their mealtime practices will be further explicated in the chapter on parent perspectives.

Conclusion

I felt privileged to join each of these families for long stretches of daily occupations. Although I spent multiple days with each family, I tried to select segments of participant observation for this chapter that captured regularly occurring family occupations on days the family spent mostly together. Some of the occupations, parent strategies, and children’s experiences captured here will be further explicated in the following chapters on parent perspectives and children’s voices.

CHAPTER 6: FINDINGS: FAMILY EXPERIENCES OF CHANGE OVER TIME

Introduction

This chapter will review findings primarily from the parents' perspectives, gleaned through interviews and participant observations, with supplemental follow up data collected through emails and phone calls. These findings address the ways that family occupations changed over time, after the placement of a new child. The findings also shed light on the strategies that parents used and lessons they shared about family participation and bonding. Families participated in this study between three and eight years after the finalization of their adoptions. One experience each family emphasized in their narratives was that their shared occupations changed dramatically over time. These changes occurred as children grew older, as the families built shared habits and identities, and as children entered and left their homes. Although some changes reflected growth and progress; other changes were unexpected, and represented crises within the families.

Some placements started out relatively smooth, with what Ella Sweets called "honeymooning," but new challenges arose as children grew comfortable with their new families, and so began to display the full range of behaviors and needs relative to their past trauma. Other family narratives described an experience in which establishing everyday family rhythms was most challenging early in the placement. This often occurred because of children's behavioral and sensory needs, or their display of "testing" behaviors, where children tested limits by acting out. Such challenges sometimes became easier with time and experience, as children and parents came to better understand each other's perspectives and feel secure in their

relationships. In each of these cases, time had a transformative effect on family experiences of occupation. This section, on change over time, describes family experiences early on in the placements, and the ways that their experiences changed as children grew up, unexpected crises occurred, and bonding occurred. Finally, the chapter provides an overview of commonalities between family narratives, including strategies that families used to negotiate life together, both early in their adoptive placements and in the present day.

The Sweets Family

Sven and Ella, the parents of the Sweets family, brought a unique set of experiences into foster care. Sven was himself adopted around age six, and Ella grew up in a family who were active in foster care, through parenting and advocacy. She had foster siblings, and one sister who was adopted as a teenager from foster care. The Sweets were in some ways more prepared than most new parents for the experiences that come with foster care and adoption. Still, Ella told me, "I was naive."

Tackling Challenging Behaviors

In Ella's experience, shaping behaviors was a prerequisite to support her children's access to the community. Ella shared both in person and via her blog about the lengthy period of time she spent mostly at home with her children. She wrote on her blog about her experience:

> We did almost nothing outside of our home. We spent the majority of our time managing behavior. Adjusting consequences. Enforcing consequences. Counseling. Psychiatrists. Doctors of all kinds. Readjusting according to specialists' recommendations. Readjusting again when specialists' recommendations didn't work. In those years, the behavior could be debilitating at worst. Annoying at best. We just kept praying and plugging away. Chipping away at harmful behaviors. Reinforcing appropriate behaviors. It was exhausting.

Ella was initially discouraged and isolated by the experience of parenting through immensely challenging behaviors. She persevered. Ella's blog post about this experience also included a description of the things she did to shape her children's appropriate behaviors and

help them feel safe and secure, and the uncertainty she felt about how to address behaviors in public:

> My children desperately need consistency. Never wavering, totally inconvenient consistency. They also need me to be calm. Which I am working on. Sometimes I panic a bit when a child (with zero filter) announces to strangers in the store: 'I was in foster care. My mom likes drugs and I know lots of curse words, but my new mom says I can't say them, so I try to remember. But sometimes I forget.' I am never sure if the response should be, "Oh, what a kidder...heh heh" (weak smile). Or tell the kid to zip it. Or just walk quickly away pretending I heard nothing. They need stability. Never-give-up attitude. Swift forgiveness. Time to heal. Grace during setbacks, there WILL be setbacks. Fun. Discipline. Direction. They need every good and noble attribute you can bring to the adoption table.

Ella was sure, in those early days, "that it would never get better...but it did."

Consistency was one strategy she used to improve her family's functioning. During the school year, especially, "we try really hard not to deviate from the routine." In order to establish consistent and functional family routines, she implemented a number of visual supports. She covered a wall with white boards depicting schedules, chores, and a space for children to write meal requests. She created schedule binders, with each child's schedule written out. Some of these schedules were highly detailed, even broken down into thirty minute increments of time. The schedules included what each child would be doing and with whom. "Help Dad with chickens," "Reading with Mom." They also included a carefully crafted balance between more and less preferred activities, with breaks built into activities that required more focus and effort. After math, for example, might come swimming in the pool. In this way, Ella was able to structure a day that included the things her children enjoyed and wanted to do, in balance with the things they needed to do but sometimes resisted. Gradually, the behaviors got better, and she and her children were able to enjoy more activities outside their home. The schedules and visual supports remained as a part of their family's routine, and an important means of coordinating and communicating with the 11 busy members of the Sweets family.

Respecting Children's Experiences While Trying "To Steer Them in a New Direction"

I interviewed Sven, the father of the Sweets household, at night once he finished his work on the farm. He took off his boots on the porch, came in to wash his hands and change his clothes and have a bite to eat, then joined me in the living room for the interview. It was late at night; Bernie and John were in bed, and almost everyone else had put on their pajamas and gone up to their rooms. Sven's wife Ella joined us, rocking Ivan; their older children slowly drifted into the living room to hear their dad's stories as the interview began. They particularly wanted to hear stories about themselves. "What about me?" Dwayne asked, as his dad talked about challenging behaviors that children sometimes brought into foster care. "Well, yours was your language," his dad told him. Dwayne had used some colorful words when he came to live in the Sweets home. "I did?" Dwayne let out a surprised laugh as his dad nodded. Dwayne didn't really remember that; his parents hadn't made too big a deal over it. Sven, who had been adopted from foster care as an older child himself, told me that "many kids come in that, for lack of a better term, they're not housetrained." Children entered the home without knowing the expected rules and routines, and the routines they did know were sometimes *very* different from the foster or adoptive family's way of doing things. Sven told me,

> [We have to] remember that regardless of what their lifestyle looks like to us, that is their version of normal. It's a process. We start with different things depending on the child. For Dwayne, one of the first things was his language. We're respectful of what they think is normal, but we try to steer them in another direction.

Other challenges that Sven recalled included bathroom and hygiene habits as well as mealtimes, in terms of expected manners and "palate." "You acted like you had never seen a vegetable," Sven told Dwayne. The house rule was "just take a bite."

> Just take a bite. If you don't like it, the answer is 'I don't really care for this,' and move on, and that's fine. You have to see what it's like before you pass judgement on it. But you have to sit at the table until you try it.

In this way, mealtime, like everything else in the Sweets family, was handled with consistent rules and expectations.

Identifying Strengths: "We Set to Work Immediately at Finding Something They Could Do Well"

Roberto and his brother, Dwayne, were very quick to tell me that early on, their adoptive parents made them feel safe and loved by "giving us what we needed." Each brother came back to this point several times, but both struggled to find words for the specific ways that their parents did this. Their mom listened for a few minutes, then asked her children for permission to join their interview. "Please," Roberto laughed. Ella said she thought she knew what the boys were getting at:

> Sven and I went into it when we adopted older kids with the express purpose and idea that we needed to find something they were good at. I think what we've found, fostering and just being around foster kids and things like that….that the kids come in just feeling like they're good at nothing. You can find, you know, you come in and you have no stability, and a lot of times they feel like that's their fault, and they have these family members that are gone, and feel like that's their fault…you just kind of come in feeling like "I stink at everything, I'm horrible at everything. I'm horrible and everything is bad and terrible."

Roberto chimed in at this point with "that's so true." Ella continued:

> So I think part of what we set to work immediately was trying to find something that they could do well. So maybe school was a struggle, maybe life was a struggle, maybe relationships were a struggle, but we still have the one thing that we can do well, and we harp on that (laughs). If that makes sense…because I feel like[...]if lots and lots of things are a struggle, but you still have that one thing, you can hang onto that, like I can do this! And if I can do this, then maybe I can spread that into other areas of life instead of struggling in everything.

Ella praised her children's strengths throughout each of our interviews. Music was one early strength that she and Sven helped their children identify. Dwayne and Roberto both took up drumming. "They both have some kind of internal rhythm I don't possess," their mom told me, as all of her children laughed and confirmed the truth of this. Sports was another early strength. "Roberto and Dwayne are both good athletes. They both went right into sports and playing

drums," Ella said. The sports and activities that Roberto's parents signed him up for fit with his natural kinetic energy and interests. "I like to be doing things," he told me. "I don't like to just sit around and watch T.V….except sports. Football season is when me and the family grow close together." His mom, sitting in the background and listening to this part of the interview, found this comment particularly funny.

Favorite Family Occupations: Present Day

Sven Sweets rattled off a whole list of activities that he enjoyed doing with his children. Here it is significant to note that "family occupations" do not necessarily involve every family member. Many of Sven's favorites were specific to one or two children, or to one age group. With the older ones, he liked to have them help him on the farm. It wasn't so much that he needed their help, he pointed out. It was that he enjoyed having them with him, and getting to spend time with his children during the days that he worked long hours caring for the chickens and running the business.

Sven also enjoyed simply getting to see his kids hanging out with their friends at home. He did not directly participate in that occupation, but it gave him pleasure to see his kids having fun, and to know that he and Ella had achieved their goal of creating a home where his kids and their friends would want to spend time. As their children grew into teenagers with busy social lives, having a home where the teens wanted to hang out with their friends afforded Sven and Ella the opportunity to provide supervision and support when needed, and to continue to enjoy time with their oldest children.

The Scott Family

Early Family Occupations

Karen Scott, the mother of the Scott family, offered me a very different perspective on the evolution of family routines across time. Recalling what the Sweets told me, I asked Karen Scott to think back to when her sons Ryan and Carl were first placed with her. Did she remember any struggles with everyday routines, like mealtime or bedtime? In a word, Karen told me, "no." They really hadn't struggled with routines when the boys were younger:

> Mealtime was, they ate. They've always been eaters. And bedtime, not really too bad. They both are heavy sleepers. They did have, well, they had a medical issue, but that's been resolved. They slept really heavy, and they still do. In elementary school, school work wasn't really hard for Carl, except for reading. So you know, we had more fun routines, it wasn't so much school heavy routines.

Placed with her at ages six and nine, respectively, Carl and Ryan entered her home both literally hungry, and hungry to be loved. Those first few years included some of both Karen and Carl's fondest memories and favorite adventures. She remembered this as the time when she felt most successful as a mother.

> Well, it seems like it was so much easier in elementary school. It seems like they were just excited about everything. Excited about Scouts, excited about learning how to swim. And there were a lot of medical things, but we were getting things accomplished. It felt like, you know, moving in a positive direction. And we were taking these trips, and it got to the point with DSS when the said "you don't even have to let us know when you're leaving town, just let us know when you're leaving the state." Because we traveled so much, just for fun. So that's when I think, that was the best time period, I would say.

To bond with her boys early in their placement, Karen spent all of her free time with them, and shared the things she loved doing, such as camping and hiking all over the Southeast. When I interviewed Karen and Carl separately, they both emphasized these early camping adventures as enjoyable experiences, and as a way that they really bonded as a family. Karen said "we camped in the Shenandoahs, we camped in the Great Smoky Mountains, we camped in

West Virginia, Georgia, Tennessee, the Outer Banks, Carolina Beach State Park, Bear Islands. We just did a lot of neat camping adventures."

I asked Karen about her earliest memories from her sons' adoptive placement. "When [Carl] was first living with you, and Ryan too, was there anything that you did to help establish daily routines, and to help them feel safe and at home?" Karen thought about it for a moment, then said

> We just...did everything together back then. We went to the Y together, and we swam at the pool together, and we played basketball outside together, and we went to the park and had picnics together, and we played games together and watched movies together, went shopping together. We did everything together.

As the boys grew older, they began to show more severe symptoms related to prior traumatic experiences, and started to act out in ways that were difficult to manage. Karen wished that she had known more about trauma risk factors and warning signs because there were many things she would have done differently. Yet she also recognized the ways that not knowing, and therefore not dealing with it yet, shaped her family's early experience, before the intensive behavioral services and Ryan's out-of-home placement occurred.

> I think it's also, um, ignorance is bliss. Prior to knowing about any abuse...it was just kind of...we were all just having a good time together. A few problems with Ryan, but they hadn't really gotten extreme.

Challenges Emerge Over Time

Karen and Carl were thoroughly into the busy teenage years during this study, and it was the summer before Carl transitioned to high school. This posed challenges with data collection; Carl was often off on scouting trips, vacation, or volunteering, and was rarely at home. He and his mom were also going through some challenges in their relationship related to Carls's frustration with school and drive toward independence. As school became more difficult for Carl throughout middle school, with accompanying homework frustrations, Karen and Carl began to

really struggle with routines. “So that’s one of the things that’s really changed over time,” I commented, reflecting on Karen’s earlier accounts of doing everything together, and enjoying family life. Karen agreed: “Yeah. I mean, when he got to the older grades and he started really struggling, then we figured out that he’s got dyslexia, and dysgraphia, and more and more outbursts about school work.” This frustration boiled over into home life and affected her efforts to get help for him. “He’s at the non-cooperation stage,” his mom told me, with a rueful laugh. “With being evaluated, you know “leave me alone” is his answer right now, always. And so I’m just, I’ll wait.”

Carl’s drive for independence was a typical part of adolescence, but it wasn’t the only big disruption to their family routines, or even their family structure. His older brother, Ryan, had attempted an overdose three years earlier. At first, his mom saw it as a cry for help, so she got him inpatient psychiatric care. When Ryan was almost ready to be discharged and return home, Carl went through a mental health crisis, in which he heard and saw things that weren’t really there. Eventually, it came to light that both boys had experienced abuse that had not been previously disclosed, and that the elder brother had also harmed younger children. This revelation changed Karen’s whole world. She spent the following several years pursuing services for both boys. Ryan was not able to come back to the family’s home because he needed additional treatment, and because Carl’s psychiatrist recommended no contact between the brothers. Ryan spent time in therapeutic treatment settings and group homes, and then moved into his own apartment. Karen remained in contact with him, but she visited him alone. Her partner Julie had entered the family right around the time of Ryan’s hospitalization, and remained hurt and upset by the harm done to Carl. Carl changed, too, as he dealt with the trauma and negotiated the usual drive toward independence that accompanied adolescence. This

impacted Carl and Karen's favorite occupations, and all of their time together. When I asked if she still went camping with Carl, she looked thoughtful and said "Um...we try. And...it's just constant arguments. (Pause) He's at that age, 'why do I have to do this?' type of thing."

Favorite Family Occupations: Present Day

Although they had scaled back their adventure trips, Karen and Carl still enjoyed engaging in shared interests. "He loves eating," Karen told me about her son Carl, "so [my partner Julie] likes to cook, he likes to eat, that's a really good combo." Food had, indeed, been one of the favorite things Carl talked about when I interviewed him. Karen continued with her list of family pleasures, "They both like a similar type of music. And they both love the beach, we all love the beach. And they like forensic files, so they like to watch that together. They like the mysteries and stuff like that, and action adventures stuff."

Other favorite family occupations included just Karen and Carl, and continued to center around the outdoors. "He and I enjoy being physically active outdoors, so the biking and hiking, things like that," Karen told me. Neither his mom's partner, nor his siblings, were quite so enthusiastic about the outdoors, according to Carl: "I'm the active one, out of the three of us." Even though they didn't go camping much these days, other outdoor activities like biking and hiking gave Carl and Karen the chance to spend time together outside. Although there were some things he did because Karen wanted him to, such as helping with the community garden, or in anticipation of some reward, like a Slushie, bike rides and hikes together were their own reward. Carl and Karen shared these occupations just for the pleasure of them.

The Dawson Family

"Cocooning": A Season of Staying Close to Home

When I entered their lives, the Dawsons had over twenty years of foster parenting experience, including four adoptions. They were, by any measure, veteran foster parents, which was one reason that I was very excited to enroll them in the study. When they began fostering, though, it was without any previous parenting experience. They jumped right into the deep end, Bethany told me.

The Dawson family began every foster placement with a season of what Bethany called "cocooning." Similar to Ella Sweets' initial experience with her children, coccooning entailed a season of staying close to home and maintaining very consistent everyday routines to establish stability and a sense of security for newly placed children. Cocooning included setting limits. Bethany restricted outings and people coming into the home, and kept the daily schedule simple. I experienced this first hand when Bethany received a new foster placement during the study; I did not see the Dawson family for almost two months, as they cocooned and adjusted to life with a new foster child.

Cocooning also involved establishing expectations to help children feel secure and shape expected behaviors. Teaching expected behaviors was an ongoing process that continued long after adoptions were finalized. I observed every parent in the study intentionally reinforcing appropriate engagement from their children by using such practices as praise, corrective feedback, and consequences. Early on, simply establishing behavioral routines was critically important for families whose children exhibited challenging behaviors, in order to safely and comfortably take their children out into the community.

Change Over Time: Role of Siblings

During my first visit with the Dawsons after the placement of their newest foster child, I had the chance to observe how family routines changed with a new family member. Their new "little guy" was three years old, and clearly enamored of Calvin, his seven year old new big brother. I took notes on the family's occupations while Bethany prepared dinner, and her three youngest children played in the living room. The kids were energetic, bickering with each other, climbing on me while I took notes. Bethany noted their energy and their squabbles, and said "why don't I get out your trampoline so you guys can jump off some of that energy." She got the trampoline out, and her three youngest children, ages seven, three and two, jumped for a bit, squabbling some more over whose turn it was. Their mom gently redirected Calvin by asking him to set the table, to help her get ready for dinner. While she made dinner for the kids, the phone rang. She answered, chatting while she cooked, still managing to supervise the kids on the trampoline. This was clearly a busy time of day for her family.

Bethany called us all to the kitchen once the meal was ready and the table set. She had prepared kid-friendly foods for her children, including macaroni and cheese. For herself and Tom, she had prepared salads. She and Calvin both offered me dinner, but I awkwardly demurred; my husband was cooking at home. While Tom and Bethany added toppings to their salads, the littlest brother and Calvin both took their seats. The little brother hadn't quite figured out his high chair tray, so Calvin reached over to help him. Their dad joined us at the table, while their mom brought the plates. Tom taught the kids about quiet waiting. "Like a Ninja," he told Calvin. "Total silence." Calvin nodded and emulated, apparently taking his ninja training seriously.

Once Bethany was seated at the table, the children and parents folded their hands together to pray. Dad lead the family in saying a blessing. He said the prayer aloud, and also used sign language, while his littlest daughter watched closely and tried to imitate his movements.

A little bit later, Bethany said something about the prayer and siblinghood that struck me.

> I really like having older kids. Like, Calvin knows our family routines, and she [little sister] knows, so when our newest little guy came, I didn't have to tell him that much, because he follows the other kids. He sees them fold their hands to pray, so by day two, he folds hands when we sit down to eat.

Bethany's eighteen year old daughters, Hannah and Hailey, were able to further articulate some of the things they did to help new foster children placed in their home. "We start developing a schedule and stick to that as much as possible," Hailey told me. Her favorite thing to do with her younger siblings was playing outside with them. She was the creator of the imaginative and colorful chalk drawings that I saw all over the Dawson's driveway. "They just sort of do it," she told me, when I asked her how new children placed with her family learned the family's rules and routines. "That's because they see you doing it," her mom told her. "They follow you."

Favorite Family Occupations

Calvin Dawson, age seven, had different favorite activities with different members of his family. With his big sister Hannah, who worked as a lifeguard, his favorite thing to do was to go to the pool. Hannah expressed her own enjoyment in taking her younger siblings to the pool. Her twin sister Hailey, by contrast, worked as a nanny, and enjoyed playing outside with her siblings and making chalk drawings with them. Similarly to the Sweets and Scott families, I noted that older siblings and parents particularly seemed to enjoy sharing their own passions and pastimes as a way to bond with new children who joined their families through foster care and adoption.

Adolescence and Young Adulthood

"Neither of my daughters are here," Bethany told me one evening as I arrived to do a participant observation session. "One went out with friends, and the other one is working as a lifeguard. Between work and school I don't see her much these days." She said this a little wistfully. As with the Scott and Sweets families, for whom adolescence and young adulthood served as drivers of major changes to family occupations, the Dawson family's routines were significantly altered by the advent of young adulthood. Although her three oldest children, including a 20 year old son and 18 year old twin daughters, lived in the family's home, Bethany Dawson didn't see as much of them as she had when they were growing up. For one thing, she pointed out, the family ate dinner together every night when the kids were growing up. Her husband traveled for work back then, too, so sometimes he missed meals, but she and the kids had dinner together every night, and that was an important and valued routine. That changed as her oldest kids got busier. Hailey worked part time teaching martial arts, and as a nanny; Hannah was studying phlebotomy at the local college, in addition to lifeguarding.

Bethany continued the tradition of nightly family dinner with Tom and her younger children, but the experience was altered, without the whole family present. Her older children were away in the evenings more often than they were at home. It was rare, Bethany told me, for the whole family to sit down together to dinner: "Sunday lunch is just about the only time we're all together. When your kids are teenagers and older, they have activities and responsibilities...we're almost never all together anymore." On Sundays, all of her older children would join the family for lunch, together with their significant others. These Sunday lunches were rendered more special for the rare chance to get the whole family together to eat and talk together.

Strategies for Negotiating Life Together

Somewhere in the midst of data collection and iterative analysis, as families shared more about their children's needs for stability and reassurance, I realized that in addition to the initial study questions, I had begun pondering another question: What were the simple, explicit or implicit *strategies* that families used to negotiate daily life together? These parents and children were doing relatively well under challenging circumstances; they must, I reasoned, know something that I should learn and share with other adoptive families. As it turned out, they did have a number of strategies for shaping behavior, negotiating conflict, facilitating communication, and building relationships. Some of these were intentional, and parents were well aware of using them; others became evident through participant observation. "Oh yeah," Bethany said at one point, in reference to my observation that she always modeled the phrases that she wanted her children to use, "I hadn't really thought about that. It's just something I do."

Consistency was one strategy that both Ella and Bethany identified as important. This included maintaining familiar routines and consistent consequences. *Communicating transitions* was another important strategy for facilitating behavior. I saw all three parents using transition cues, such as "next we're going to go inside and get ready for dinner" during a fun play routine, and "last one" when snack was almost over, in order to help children cope and know what to expect next. "Because he lived with so much uncertainty," Bethany Dawson told me about her son Calvin, "he always wants to know 'what's going to happen next?'" She patiently explained, over and over, what the day's routine would be, and any change it held. Another communication strategy parents employed was pairing sign language with verbal communication for younger and less verbal children. Both the Dawson and the Sweets families used some sign language.

Building new habits and routines. Children entered into their adoptive homes with habits and routines based on their prior experiences. Some of these behaviors were challenging. I saw parents using three primary strategies to manage challenging behaviors. First, they modeled the more desirable behaviors. Parents served as one model, but siblings already in the home who knew the house routines also were important models in the two larger families. Second, parents used redirection, gently guiding children away from less desired behaviors; and third, they imposed consequences.

Helping children identify strengths was an important strategy that parents used to build their children's self-esteem. Bethany Dawson made a point about the importance of building self-esteem, especially in the face of academic and other school-related challenges:

> School is hard. If you're not good academically you're going to feel like a failure. Sitting still is hard when you have trauma. You haven't built the social skills to fit in. So finding something they're good at is so good for building up their self-esteem.

This process took place through engagement in meaningful, and often skilled, occupation. For Carl it was Scouts; for Roberto, drums; for Calvin, fixing things and helping his dad in the workshop. These were all ways that parents engaged children in activities that they could enjoy and feel good about, to build a sense of success.

Finding the things you can enjoy doing together was an important strategy for family bonding and sense of success. One significant unifying characteristic across parent narratives was the importance they placed on finding things their families could enjoy just for the sake of being together. Some of these things, such as Karen and Carl Scott's enjoyment of cooking and eating, were mundane enjoyments, and also achieved daily instrumental needs. Other favorite family occupations were more unique, such as the Dawson's tradition of having big bonfires in their yard, and inviting all of their friends over. Favorite occupations took place indoors and out,

within the home and out in the community. The important, unifying thing about them was shared enjoyment; families engaged in them just for the pleasure of being, and doing, together.

Conclusion: Common Threads in Parent Experience of Change Over Time

Although each family's experience of change over time was different, commonalities occurred across parent narratives in the experience of "doing everything together" early in the adoption, either cocooned at home or out and about. For Ella, this experience was isolating, as she navigated difficult behaviors at home, without social support. For Karen, these early years of doing everything with her sons were good years, when she felt like they were "getting things done." In each case, though, as children reached adolescence and young adulthood, family rhythms changed, and time together as a whole family became more precious. Unexpected life events, including child hospitalizations and mental health crises, also disrupted the families' routines in significant ways. These disruptions created new occupations, such as seeking and coordinating services, and complicated other family occupations, such as Karen and Carl's beloved camping trips. As children grew up and as new needs emerged, nightly family dinners gave way to a weekly family lunch after church; family camping trips gave way to more adventurous outdoor trips with the Scouts and less ambitious evenings in as a family. Siblings moved out, either to receive out-of-home services, or to pursue education. In each case, family occupations continually evolved as children's needs and wants changed, and as families adjusted to unpredictable events and changes in family dynamics.

CHAPTER 7: FINDINGS: COMMUNITY SUPPORTS AND BARRIERS

Introduction

This chapter addresses the findings relative to the original study question about the supports and barriers that adoptive families experience in their daily occupations. First, the chapter addresses the supports that parents accessed and found important to their enactment of family occupation. These included religious and community supports, and high quality casework and therapy services. Casework and therapy supports are examples of services that could be a support or a barrier, depending on the quality and consistency with which they were administered. This provides a segue into the second half of the chapter, which addresses the barriers that parents experienced to successful family engagement in everyday occupations. These challenges included lack of appropriate training and information before the adoption, challenges with accessing needed educational and therapeutic supports across time, and challenges related to family dynamics, such as being a relatively large family in the community.

Supports

Supports that one or more families emphasized in their narratives included church and religious supports; caseworkers and therapists; the right residential placement; community/ "the village"; and spouses and partners. This section will describe how families accessed and talked about these supports, and why they were important.

Supports: Church

Religion was not a recruitment criterion in this study. By coincidence, and perhaps reflective of emerging trends in adoption demographics, all three participating families were active members of different Christian faiths. The Scotts were active in a small church from a Protestant denomination, the Sweets were members of a very large, multi-campus Evangelical church, and the Dawsons attended a large, local non-denominational church. Parents from each of these families told stories that emphasized the importance of faith in their family, as did the Sweets teenagers. The Sweets and Dawson parents also stated that their faith in God was a part of their decision to pursue adoption. Both families intentionally cultivated their children's faith by praying with them, taking them to church, and modeling what it meant for them to follow Christ. This was all a part of helping their children feel safe and loved, not only by their adoptive parents, but by God. The Christian Gospel, Sven told me, was also an adoption story. Faith in one another, and for many of the family members, faith in God, was a touchstone that the parents and several of the older children would return to again and again as we talked. I have chosen to foreground a direct quote from Roberto Sweets, because the importance of faith was one of the first things he shared with me, and it helped me understand how he viewed his foster care and adoption experiences.

The Sweets family and church. Roberto, age 17, jumped right into the topic of faith during our first interview. Although he and his mom weren't sure, they thought his family of origin had been Catholic. Roberto didn't remember faith as having been all that important to him until he came to live with the Sweets family. Sven and Ella attended church regularly with their children, and cited faith as an important motivator in their decision to adopt. Gradually, they shared their faith with Roberto, who adopted it as his own. Roberto described the ways that faith

helped him understand the family situation he was born into, and the one he now felt blessed to be a part of:

> Um, I come from a – I came from a broken down house where drugs and abuse and alcohol and other crazy stuff happened, and as our pastor said last night, over time and with the help of others, Jesus takes our messes and turns them into miracles, which I think is what happened, was that he took the mess that I came from but turned it into a miracle where now I am blessed to have a family. I'm blessed to have Mom and Dad in my life, and I'm blessed to have them be big supporters of me, because not very many families or parents would be supportive of their kid going to a military school, or even into the military, before they're 18. I just feel like, God takes your messes and your life and your dumb decisions, because I have made many of those, and God uses those to help build you more as a person and as a Christian.

Roberto's faith helped him make sense of his prior negative experiences. Those experiences were part of God's plan for his life, to help him grow into the person he was meant to be. This understanding helped him to set goals for his future: he wanted a family of his own, and he wanted to be able to adopt from foster care – just as his own father, Sven, who was also adopted, had done.

Church was also an important source of support in concrete and social ways. The Sweets family teenagers were all actively involved in youth group. Their youth leaders were a pair of young men who served as important role models and counselors. Sometimes, Roberto and his mom both told me, he was able to talk to his youth leaders about things that were hard to talk about at home, like his anger. They served as listeners and role models. If Roberto was really upset, sometimes his mom would call one of the youth leaders, ask him to come and talk or sit with him, or take him out to get a bite to eat. Sven told me:

> [His youth leader] has spent an amazing amount of time with Roberto, and shared with him from his life experiences. We've called him before and been like 'Roberto is acting like a complete goober,' and he says 'I'll come over and talk with him about it.' Ella has jokingly adopted him as our favorite son, and we probably feed him more than any other adult I know.

The youth leader was, in fact, at their house for at least part of all but one of my observations, and participated in a family interview for this study. He helped with the younger kids, joked with the older kids, hung out for meals, and taught us all a new board game. He felt like one more member of this very large, very warm family. Also frequently at the Sweets' house was an aide worker who cared for their youngest child, Ivan. She was a young woman whom Ella had met through church prior to hiring her as a caregiver, and she was also interested in adoption.

Sven emphasized church as the community support that his family had found to be most important: "Our greatest resource has been our friends in our church. We've been able to experience an amazing support system. Whether your family has one kid or nine, having a network that can support you makes what we do a lot easier." This experience of supportive community, and their belief that God had called them to be a family, were core aspects of the Sweets family's identity and their shared daily practices. Faith, they told me, was at the core of everything they did.

The Scott family and church. For Karen Scott, religious supports were also important, although she did not emphasize them as heavily as members of the Sweets family did. She was an active member of a Protestant church. She didn't really know other adoptive families through her church, but the congregation had been supportive of her adoption.

> Church has welcomed the boys as far as being part of the church family, and I think it's been meaningful to them to be part of a church family, but I don't really talk [to the church members] about the problems we've been through. I've told one person in church, because I had to, when Carl was going on a youth trip and I needed someone to know what was going on with him, but I've been embarrassed, so I haven't told anyone else.

Church was part of what Karen called her "village" and served as a meaningful community for Karen and Carl, but like other social spaces, Karen found it difficult to confide the more difficult truths of her family's experience.

Supportive Caseworkers, Aides, and Therapists

Some of the most important supports that parents emphasized were people who were paid to be in their children's lives. A bad caseworker could be a major barrier to successfully finalizing an adoption, but a good one could make the difference in whether a family remained intact, and even thrived. Likewise, paid aides, tutors and therapists were important supports in helping parents and children cope with trauma and symptoms of disability, access necessary services, and successfully negotiate life together. Therapists and caseworkers were an important support, the families told me, when they were competent, consistent, and flexible.

During my very first interview with Karen, she told me about Emily* (a pseudonym), her family's most steadfast supporter. Emily was a caseworker for a local Christian non-profit agency, which contracted with the state's department of child protective services to provide post-adoption supports. Karen had adopted through the Department of Social Services (DSS). For the three years until her adoption was finalized, she received very little support from DSS, but her post-adoption supports were a whole different story. These supports were provided through the nonprofit agency Emily worked at. "She's been a listening ear," Karen told me, "because a lot of these things are difficult to talk about." Emily also helped Karen and her sons access needed behavioral and mental health services, which Karen knew were needed but struggled to find:

> The hardest thing was when the emergency room was saying the boys need services, but the hospital isn't going to provide them and DSS isn't going to do anything to make those services happen. Emily helped do the paperwork to make the services happen.

Karen faced a number of behavioral and mental health crises with both of her sons, and she was very candid about the pivotal role Emily played in helping her to navigate these crises: "I think if (Emily) our caseworker had not been around I would have had to relinquish my rights for both of them because of all the crises we've been through."

The youngest Sweets child, Ivan, had an aide who worked with him throughout the week. I'll call her Allie. She was present for several of my observations, and sat in on interviews with Ella, sometimes offering her own perspective. She was an important support for Ivan, whose favorite thing in the world was to be held and rocked; she was an important support for Ella, too. One afternoon, Ella asked me if her house was chaotic. She didn't quite believe me when I said I didn't think her house with nine kids, two dogs, a cat and a bunny was all that chaotic, so she turned to Allie, and asked the same question. Allie's answer wasn't too different from my own: "It has its moments where it's chaotic, but once you've been here for a little while, it's no big deal. Everyone knows the rules, and follow the rules, most of the time." Ella responded, "I don't think about our house being chaotic until there's other people here. Then I notice." Getting an aide for Ivan had made a difference in Ella's ability to meet her own needs in the midst of the "chaos."

"When I first started working here," Allie told me, "Ella was like 'this is the most I've ever gotten to shower'."

Ella laughed. "I have to choose between sleep and showers, because the only chance I get is once all the kids are in bed, and by then I'm like 'I have to go to bed.' Sleep always wins."

Supports: The Right Residential Placement

In additional to individual caseworkers and therapists, sometimes entire agencies and treatment facilities were an important source of support. Two of the three families who participated in this study, the Scott and Sweets families, experienced an out-of-home placement with an adolescent child. Two other families who initially expressed an intention to participate in the study also withdrew because of crises that led to children's residential placements. Generally, within adoption research and practice, disruptions in placement are considered less desirable outcomes. For the two families participating in this study who experienced a residential out-of-

home placement, the experience depended largely on the quality of the program. The right residential placement, as it turned out, had a great deal to do with opportunities for children to engage in therapeutic occupations.

The Sweets family experienced a temporary out-of-home residential placement with their 14 year old son Jay during the time of data collection. Seventeen year old Roberto voluntarily left home during data collection as well, to attend a boarding program for students interested in getting their GEDs and then joining the military. Both of these placements were beneficial. Jay's participation in a wilderness based therapeutic program helped him learn to understand and cope with his frustration, after which he was able to return home. The program was "fabulous," his mom told me. "Plan A" had always been for him to return home and live with his parents and siblings, but there was a period of time where his mom wasn't sure that was going to be feasible. "Plan B" had been boarding school. "I feel like I always need a Plan B," she told me, "for if living at home doesn't work." Living at home did work, in large part because of what Jay received from his "camp" program. "They helped me realize how much my family helped me," Jay told me about the camp. He especially enjoyed the wilderness trips that he went on as part of the program, which involved hiking and canoeing. His mom added,

> I liked the camp because everything they did was purposeful. It was a Mennonite camp, and there was never a time that an adult there was unkind to him. Those jobs are hard, but every time I talked to them, they were very encouraging. They really worked with him on making 'unhelpful comments.' They were wonderful and kind. They follow Jay for a year after he's discharged from the program, so they come by to check on him, and talk to us.

Karen Scott told me about her elder son Ryan's experience at a therapeutic treatment facility in Mountain Laurel Home (a pseudonym), a residential therapeutic facility in the mountains:

> And I'd say that's the best he's done in the last 4 years, was when he was at Mountain Laurel Home. Because they encouraged the kids to be physically active. The one in [another state, where he had previously been placed] was an old hospital, so it was almost like a mental institution. It was very depressing. And then Mountain Laurel Home, it was a beautiful setting, and they just did a lot of activities with kids, and they have really good staff [...] But they had a very limited number of spaces.

Here, Karen hit upon one of the challenges with accessing specialized supports: even when they did exist, and were able to meet her child's needs, resources were scarce, so her family was not always able to attain sufficient high quality services to meet their long term needs. Once discharged from Mountain Laurel Home, her son went into therapeutic foster care. Once he was discharged from that, Karen was on her own again in trying to figure out what to do with him next.

Supports: Access to the Outdoors

Time in nature appeared across multiple narratives as an important element of family occupation, and of children's well-being. Interestingly, Jay and Ryan's most positive experiences with residential placements were also characterized by lots of outdoor occupational opportunities. Both Ryan and Jay turned a corner, behaviorally, in programs that provided a great deal of outdoor activity, including hiking, canoeing, and access to nature. Jay was able to express the pleasure that he took in these activities. "My favorite trip was probably to the Everglades. We went hiking and canoeing. It was ten days in the sun."

The mothers of all three participating families also expressed that family time outdoors was special. Karen enjoyed taking her family camping and hiking; the Sweets children enjoyed rock crawling and trips to the lake with grandparents; Bethany Dawson took her children outside to play every day. "Just going outside can really can change our whole mood," Bethany Dawson told me. Nature appeared, across family narratives, as a source of much pleasure and family bonding.

Supports: Spouses and Partners

Ella and Sven Sweets' 'love language' seemed to be joking around and teasing each other. Sven gave Ella a hard time about her love of schedules, and she teased him about their first date. They were also very clearly each other's main source of support. I would have known this just from spending time with them, even if Sven hadn't put it into words:

> My biggest resource has been my wife, and who she has pushed me to be as their father. The best thing about Ella, and also the most aggravating at the same time, is that she is extremely consistent. She's done a good job of reminding me in situations where I need to have a one to one conversation with a kid that I need to remain more objective, and less emotional, when I'm dealing with sensitive conversations.

The Sweets parents pushed and supported each other to be better parents, and perhaps equally importantly, they made each other laugh. Laughter, as these chapters reflect, was an important part of their family culture. It was often how they talked through the hard things, and enjoyed spending time together.

Karen Scott also had a partner, Julie, but she had entered Karen's life after she had adopted her sons, shortly before the family crisis that led to Ryan's removal from the home. "It's a miracle that she stayed, really, when we were dealing with all of that," Karen reflected. But stay she did, and over time, Julie took on a co-parenting role with Carl. Their favorite thing to do together was cook. "She's a really good cook," Carl told me. "She's been teaching me." Julie was really supportive, Karen told me, both with Carl, and with his sister, who had been adopted by a nearby family, and continued to have a sibling relationship with Carl.

Children See Parents as Main Support

This chapter primarily reflects on what parents or whole families indicated were important support to their family well-being and occupational engagement. Before moving on to discuss barriers to family occupational engagement and well-being, though, it is important to include a note about child perspectives. The children and teenagers who took part in this study

consistently named their parents as their main source of support, both in everyday life, and in their vision for the future. “They get us what we need,” Dwayne summarized. Finding a family, Roberto told me, was the great miracle of his life, and the main source of his confidence that things were going to be okay. Simply having supportive parents, and being part of a permanent family, had made a tremendous difference in his life, and he and the other child participants returned to this point again and again. It will be further explicated in the chapter on children’s perspectives.

Barriers

The second half of this chapter will turn to a discussion of the barriers that families experienced relative to adoption and community participation. These included a lack of pre-adoption information and services; barriers within the educational system; lack of social support; challenge with post-adoption supports; and dynamics within the families, such as the challenges inherent to being part of a very large family accessing public spaces. This section explores the families’ experiences of these barriers and, when available, examples of the ways that families negotiated these challenges.

Lack of Pre-Adoption Information and Services

One significant barrier that families wanted me to know about was their experiences with inadequate pre-adoption information and services. With their first adoption from foster care, Ella shared, they had a particularly difficult experience. They couldn’t seem to get the process moving, even after Jay’s birthmother’s legal rights had been terminated. “We had a terrible caseworker,” Ella said. “We wound up having to hire an attorney to get anything done. It was almost as expensive as our adoption from Eastern Europe.” Hiring a private attorney was a significant and costly move. Although adoption from foster care is generally free or low cost, adoption from Eastern Europe, according to one agency I contacted, typically costs in excess of

10,000 U.S. dollars, and can range as high as $40,000. Ella's family felt compelled to make a significant out-of-pocket investment in order to work around inadequate adoption supports. Sven told me that the long and convoluted adoption process was one of the biggest surprises he faced when as an adoptive parent. Because he had been in foster care, he hadn't experienced some of the emotional challenges that he perceived as common to adoption, like hesitation or difficulty knowing how to relate to his kids, but the flaws of the adoption system itself surprised him:

> Being adopted myself, I don't think I had a lot of the hangups that some adults have. What was surprising to me was 'why is it so hard and taking so long to adopt a child,' when it seems so obvious that this adoption makes sense?'

Similar to the Sweets family, Karen Scott also experienced significant challenges with lack of pre-adoption services and information. She expressed that although she had adopted through DSS, "I would not recommend that, to be honest, because then you're on your own." By on her own, she clarified, she meant that she did not receive adequate caseworker support or information. She reflected that there were many things she would do differently, as a parent, had she known more. In particular, she wished that she had known that her sons had been abused in their family of origin. Finding out about the abuse disrupted her entire family life, well after the finalization of her adoption. "We did not know that they had been harmed as kids. So that came out too. So then we had to involve the police, and do forensic interviews, and it was very involved." This was the most difficult narrative I encountered during data collection, but it was one that Karen wanted me to understand, because she felt strongly that more information and training could have led to better outcomes for her children, and possibly for other children like her sons.

Karen learned of the abuse when she was trying to get services for her children, and they began having crises. To access crisis services in an emergency, she had to call the police:

> Well, unfortunately usually the situation is, they've acted out, you have to call the police, the police transport them to a crisis facility downtown, then they determine whether something else - unfortunately we've had to do this so many times. Carl had some issues at school where he was hallucinating and then um, then the culminating thing was at his therapist's office. And then my older son, it was repeated episodes. So dealing with the police, dealing with the crisis facility, having involuntary commitments, and dealing with the judge for that. (Sniffs, sounds somber) And then during this I attended some training at [Post-adoption Service Provider] for parents whose kids, I don't know, I guess it's like to recognize the signs of it, for kids who've been abused that way? The problem is I wish I had had the training long before. It was kind of too late, in a way. So that would be something I would recommend that everybody, anybody wanting to be a foster parent goes through that prior to fostering.

Karen went through basic foster parent training prior to her adoption, but it didn't really cover the signs of sexual abuse. It also didn't cover the statistics. She had no idea, at the time of her adoption, how common it was for children to enter into foster care having experienced sexual abuse, and so she didn't know to be watchful with her own boys. If there was one piece of information she would recommend for families considering foster care, Karen said, it would be to know those statistics. There were so many things she would have done differently as a parent if she had known earlier.

Education System Barriers

Karen Scott experienced substantial barriers to education for both sons. For her elder son, Ryan, the most recent challenge was getting services at all. Because Ryan was living independently in an apartment about an hour from her home, and had exited foster care, he was ineligible for most educational services. Karen wanted 17 year old Ryan to finish his last year of high school, but found that enrollment was near impossible because he wasn't homeless, and hadn't formally dropped out from the county in which she was trying to enroll him. The problem was, he had never been enrolled within this county's schools, and now it looked like it was too late to enroll him so that he could finish high school:

> I can't get him enrolled in anything. So...I have not gotten anybody to work with me. So I might have to have an attorney to help us out… And he's not 18, and he hasn't dropped

> out of that county's schools. If he had dropped out of their system, he could re-enroll. At the technical college, he has to be dropped out for six months. So he doesn't meet anybody's criteria. And the charter schools are full. So once you have a kid that has made these really bad life choices, it's really hard to assist them in a positive direction.

Karen found that getting educational services for her younger son was almost as difficult. Carl had been diagnosed with learning disabilities, including reading and writing impairments. Repeatedly throughout elementary school, and again in middle school, Karen had tried to get an educational plan put into place to support Carl's needs. She had advocated for an Individualized Educational Plan (IEP), a legally binding plan for students with disabilities which is federally mandated under the Individuals with Disabilities in Education Act. She had also pursued a 504 plan, a different legal plan which would cover physical accommodations, task and testing supports. In elementary school, her district had rejected her request. She wondered if paying for tutors all along had hurt, rather than helped, her case.

> Um, I think it's almost that you have to be the bottom of the barrel these days to get anything. And because I was paying for tutoring since the first grade, he never fell far enough below grade level. Paying for dyslexia and dysgraphia and a Title 1 reading tutor, all of that. Part of it is, the harder it was to do his school work, the angrier he got. So I had to do something. And I'm pretty fearful of high school, actually.

Because school work and homework continued to be difficult, and because she believed that his reading and writing disabilities were the reason, Karen continued to pursue services when Carl went to middle school. When he received his trauma-based mental health diagnoses and returned from inpatient care for his 8th grade year, Karen provided that paperwork to the school, hoping that emotional and behavioral disabilities might qualify Carl for an IEP. Still, she was not able to make inroads with getting accommodations for Carl put into place:

> Pages after pages of recommendations, we've applied for the 504, applied for the IEP before the eighth grade began. So they lost all the paperwork. We held the meeting about the IEP. And, well, we tried for the IEP in elementary school, I tried to do the IEP in middle, and then he came back into school with psychiatric medications and all this stuff. And I gave them all of the paperwork before in the summer before school started, but the first day of school, they didn't have the paperwork and they didn't even have him

> registered for school. (Sighs) So then I said "we need to get this done" and they never did. It never happened. I mean, I sent email after email. They got a new principal, and I sent email after email. So then I just kept paying all of these people to help him. So if you're not a go getter...good luck to you. Good luck to those kids.

In Karen's experience, accessing educational services for her sons was a constant process of advocating and trying to follow up, which ultimately led to private tutors and outside services. She paid for this out of pocket. "It's expensive," she confided. Now that she needed to pay for an apartment for her older son, she wasn't sure that she would be able to keep the private tutoring going. She was considering applying, once again, for an IEP through her school district, but now it was a question of whether Carl would support it. He was not keen on the idea of more evaluations, and Karen wasn't sure how to get him on board with the process. During the summer that I spent with her family, future educational services were one of the biggest unresolved questions in Karen's vision for their future. Pursuing educational services took tremendous tenacity. You had to be a "go-getter," as she phrased it.

The Sweets family also experienced challenges with accessing educational supports, and these challenges were so significant that Ella Sweets decided to homeschool most of her children. It was partly to help Roberto, Alice, and Dwayne catch up academically to their peers, because they entered her home about three years below grade level. In addition, they had not attended school consistently in their family of origin, which Ella discovered when she looked at their attendance records. She was already homeschooling anyway, having started with Jay because of his significant behavioral challenges:

> His behavior was so out of control that, if I had sent him to school he would have been suspended a lot, or expelled. I mean, anybody with a brain injury...he would have a hard time controlling his emotions. He would just lose it. So we decided to homeschool him, and then it kind of followed suit with everybody else. Everybody in my house pretty much has learning challenges in some capacity. So we could adjust accordingly, and if we got stuck, we got stuck, and we stayed stuck until we got it. And for the first, I don't know (....) four or five years we did school year round. Because taking a couple of weeks meant we lost so much information.

Homeschooling allowed Ella to teach at her children's pace, and to review information as often as they needed. She wanted to share more about this, but paused, and turned to her teenagers, who were present for this interview. Ella asked "do you care if I talk about y'all's diagnosis thing?" The kids conferred, and decided it was fine. She turned back to explain:

> So we have a lot of fetal alcohol, and what the neurologist described to me with the kids is it's like having a swiss cheese brain. So one day we'll be on point, it'll be no big deal, and the next day it's gone. So (sighs) to have those big gaps in education it wound up being very challenging even just getting back to where we were a couple of weeks before that. So we just did [school] all the time. If we were home, we did school.

Doing school year round at home with their mom allowed Dwayne, Alice and Roberto to catch up until they were all at least almost on grade level with their peers. "I'm going into tenth," Alice told me. Pretty close, then, I observed. "Right," her mom said. "You would be a junior if you had stayed on track." Eventually, Ella told me, she had to slow down and stop pushing so hard for the kids to be on grade level.

> There came a point where we had pushed and pushed and pushed, and it was like, is it really worth destroying relationships to try and get up a grade level? The answer to that is no, but it took me a little while to think, "do I want to push harder?" And to live with it.

And so she scaled back, and struck a balance between homeschooling and having her older children attend a University Model private school two days per week. It was almost an hour's drive from their home, two hours round trip, but it worked well for some of her children. For Alice, it proved to be too frustrating because her teachers didn't give her enough time to master the material, or enough flexibility in demonstrating mastery. She and Ella decided to go back to homeschooling for her sophomore year.

Isolation and Lack of Social Support

Social isolation was part of the post-adoption experience of each mother who participated in the study, and posed a major barrier to participating in community occupations. Many of the social opportunities open to most new mothers, like mother and baby groups or church clubs,

were difficult to access as foster mothers. People weren't always understanding or supportive; it was hard to open up to them because of embarrassment, and fear that their response would be unkind.

Karen Scott had tried to connect with other foster and adoptive parents, without much success. Part of it, she thought, was specific to being a single, gay parent; many of the foster parents she met were straight, or couples. She was also embarrassed to talk about the really hard things her family had been through, and wanted to respect her sons' privacy. As much as she could, she "used the village," bringing others such as her next door neighbors, scout leaders, and friends from church into her family's life. She described this as prevention, "having multiple people you can call in a crisis", and as connection, "having multiple people who know your child and your family, and will understand." Accessing community, or "the village," was important to Karen for her own sake and that of her son, but it hadn't been easy. She longed for more support, and the hope of finding it was one of her motivations to take part in this study. If there was more out there, she wanted to know about it. If community and support really weren't out there, then she wanted to be a part of creating them, for other families' sake, if not her own.

Ella Sweets told me that she also experienced tremendous isolation as a young adoptive mother. "I had no friends after our first adoption," she told me. "I think I wound up having none for a long time." It was hard to relate to people, as a 23 year old mother of a child with special needs, and even harder for the people she met to relate to her experience. Jay, her "first baby," had challenging behaviors secondary to trauma and brain injury, and other people didn't really understand why he acted out. Finding the people she met unsympathetic, Ella withdrew. "I was young and insecure and afraid that everyone was going to be mean, so I didn't make much of an effort to find people I related to."

Compounding her isolation, Ella had been working part time as a tutor, until Jay came, then "that was it." She ceased working outside the home to care for Jay and one other foster child.

> We moved to a small town and there weren't a whole lot of opportunities [for work]. After Jay came he was all consuming. He started transitioning to our house when he was two, and was adopted at three. He had these rages for hours and hours, until he passed out asleep. And so a lot of it was the raging. He had a lot of quirky things. We were still trying to figure out what was going on.

At home, trying to understand and cope with Jay's prolonged rages, Ella was mostly on her own. People didn't seem to understand her son. At the time, she barely understood what was going on with him, and was coming to terms with her own naivety. "I had the same mentality as a lot of adoptive parents," she told me. "We're going to be fine, I'm going to love them 'til we figure things out, and that isn't always the reality." In the midst of her isolation, unable to figure things out or just love her son into being better, it was critically important that Ella access community. It took a long time, but eventually Ella met and befriended a kindred spirit. The Sweets family had just moved across the country. They found a church to attend in their new town that "did this thing called supper club where they put you with three other couples," Ella told me. Her first contact with Rebecca was when Rebecca* called about supper club, and

> Our first conversation was like two hours. Then she called me the next day, "what are you doing? I know both of our husbands are working. I'll just bring supper over." So she came over to our house, our kids played. [My foster daughter] was in this stage where she was pulling kids pants down and being inappropriate. That freaks a lot of new moms out. We went to a new moms group, she did that, and we never got invited back. So I told Rebecca, I feel like I should disclose, she's going through this thing. There was silence on the other end of the phone, then she said "no problem. I'll just put overalls on my kid." And then she did, they went off and played, and we've been friends ever since.

Finding just one friend who understood, and who wasn't scared off, helped pull Ella out of her isolation and back into the world, but finding that friend took a long time.

Accessing Post-Adoption Services

Parents emphasized the challenges with accessing needed services after their adoptions as a major barrier to family well-being, and seeking services became a primary occupation during times of (often prolonged) crisis. Sometimes the challenge was finding the service, other times it was eligibility or insurance, and still others it was simply figuring out what service was needed in the first place. “With my older son it’s hard to know what to do,” Karen Scott confided. “I feel unsupported, like I’m making choices and I don’t know that they’re the best choices.” This wanting to do the right thing, but feeling unsure of what that right thing might be, was a common thread throughout parent narratives.

Accessing services became a primary occupation for several of the mothers, who invested tremendous quantities of time in calling insurance and service providers, scheduling and driving to appointments, and seeking out resources to ensure that their children were receiving the educational, therapeutic, and medical services they needed. “I don’t really think about it,” Ella Sweets told me, when I pointed this out, “but I do spend a lot of time on the phone with our insurance company.” The majority of this time was spent advocating for Ivan, her family’s newest adoptee, who had significant medical needs. Ella battled for him to get necessary medical equipment, such as seating and positioning devices. She coordinated various therapy services, including occupational and physical therapy, and medical care. In addition to coordinating care, Ella spent a great deal of time on the phone with the family’s medical insurance providers, negotiating for reimbursement and coverage for the things Ivan needed.

For Karen Scott, finding and maintaining residential placements for her older son, who needed intensive supervision and care, was particularly challenging. Once she realized that Ryan had been sexually abused in his family of origin, and had also harmed other children, Karen sought an out of home psychiatric placement for him.

> It's always been difficult to find placement. We've had to go to other states for Level 3 and 4 care. There is no Level 4 care for children who've offended (sexually) in (our state)…the best he's done in the last 4 years was at Chestnut House*. They encourage kids to be physically active, and they have a beautiful setting, with lots of activities for the kids, and a really good staff. But they have very limited spaces, so he went to therapeutic foster care. We had a bad experience with a group home. There was not enough supervision. He wasn't really improved when he was discharged. Our agency just wasn't approving more time in Level 3. He could have gone a level down, with mental health services, but the foster agency didn't do the paperwork, so he exited with no place to go.

Left without services, Karen was in a bind. Her younger son, Carl, was seeing a psychiatrist, who had recommended no contact between the brothers due to the abuse. Karen continued to visit Ryan, and to help him as much as she could, while following the psychiatrist's recommendation about no contact between the boys. "Once you have a kid who has made these really bad life choices, it's difficult to assist them in a positive direction," Karen told me. Still, she was his mother, and did everything she could.

> I got him a bus pass, and taught him to ride the bus. I've encouraged him to get a job. I can't enroll him in school. I can't enroll him in school because he's not 18 yet, and his guardian [Karen] lives in a different county. He hasn't been dropped out for 6 months yet, so he can't enroll at the technical college.

The technical college, she added, had a GED program. He couldn't enroll in that either, until he reached six months after dropping out of high school. Karen's vision for Ryan's future contained a lot of ambivalence, but she emphasized that in the midst of all of these challenges, she had maintained her parental rights so that she could continue to help him.

> I can't really prevent what he does in the future. That's difficult. I've maintained my rights to get him therapy. Every time it's such a battle. He was wronged as a kid. He needed therapy to deal with that. When he made those bad choices, he needed therapy to deal with that too, very specialized therapy. He had some awesome people that worked with him. Nobody else can determine his outcome. He has to do that at this point.

Overcoming previous traumatic experiences, Karen shared, was the biggest challenge her sons faced. Knowing how to help them do this was her own greatest challenge.

Family Dynamics: "Just Because We're a Large Family, We're Our Own Barrier"

One perspective unique to the Sweets family, which might resonate with other very large families, was that sometimes simply being a family of 11 people in a country accustomed to smaller families posed challenges to community access. Having a large family, and multiple young children, posed challenges with even the simplest occupations outside their home. Ella told me about a trip she had taken to Target with her youngest three:

> I took Ivan, John and Bernie to Target. Just our usual. And I only needed three things! But we were in there for like, two hours, because every time I turned around, one of my children was having a disaster. John pooped. Then Bernie pooped. And I'm pushing Ivan's wheelchair in front of me, and pulling John and Bernie in the cart behind me when a very nice lady comes up to me and says, polite as can be, 'um, excuse me, but your son is licking your toilet bowl cleaner.' (Laughs). Every time I turn around. Every time.

It could be hard to wrangle so many people's needs all at once, as Ella's trip to the store illustrates. She put advanced planning into every trip, and coordinated care for her youngest children with Ivan's aide and with her older children, who sometimes babysat their younger siblings if she had a meeting or needed to take Ivan to a longer medical appointment.

Ella's husband Sven thought that being a large family was actually his family's biggest barrier to going to places such as restaurants or medical appointments:

> In some ways just because we're a large family, we're our own barrier. With nine children we create our own logistical issues. Like going to the dentist, if we're taking six kids, that's not an appointment from 8 to 9, that's an appointment from 8 to noon. It poses logistical challenges. Scheduling is more challenging. With us being a large family there's certain things we get used to, but I try to be sensitive for the sake of others. There are times when we're 'that family,' where we're at Walmart with three buggies full of food, or we go to a restaurant and we need an entire section. We try to negotiate that with patience, and see it as an opportunity to share a piece of our story.

Conclusion

The families who participated in this study were candid in their discussion of the barriers they faced, and creative in generating solutions to overcome them. It is worth noting that all three families self-selected to participate in a study seeking to understand the occupations of families

who were successfully negotiating life together after an adoption. As I came to know the families and their situations, it became clear that they faced significant barriers and crises, and that their success was in their commitment to one another, that no matter what, they would continue to find a way to negotiate life as a family.

CHAPTER 8: "ADOPTION IS A MIRACLE THAT CHANGES LIVES": CHILDREN'S PERSPECTIVES ON ADOPTION AND FAMILY OCCUPATIONS

The Importance of Children's Voices in Adoption Research

This chapter focuses on the voices and perspectives of the child consultants. The inclusion of children's perspectives was one of the novel features of this study; this is in contrast to much of the adoption literature, which more commonly features the retrospective accounts of adults who were adopted as children. This gap in the literature is likely due to challenges with obtaining permission from both parents and institutions (such as institutional review boards and grant funding agencies) to talk with minor children, who are a protected population. Indeed, access to child perspectives posed a major recruitment challenge during this study's data collection, and recruitment stretched a full calendar year beyond what I originally anticipated.

When I did at last successfully recruit families and obtain permission to speak with the children who participated in this study, I found that their voices and the pictures they took were well worth the effort. Many of the older children were able to recall in detail the things their parents did to help them feel safe and loved in a new home, and to tell me about how it felt to join a new family and build a family identity together with new parents and siblings. All of the child participants, even the youngest, were able to tell or show the things that they most enjoyed doing with their families, to help me understand what *being family* meant to them. This chapter features perspectives from each of the children who participated in the study, gathered through interviews, conversations and notes taken during participant observation, and the photo-elicitation portion of the study.

Roberto: "The Mess and the Miracle"

"Adoption is a miracle and it changes lives" was the *first* thing Roberto, the oldest child to participate in the study, emphasized to me when I sat down to talk to him. This was the thing he most wanted to share with children in foster care, foster parents, and the public. The chance to share this message, together with the chance to earn gift cards, which he called "sweet!", was the reason he had agreed to participate in the study. "Adoption is hard," he told me during our earliest interview, "and I really don't like talking about it."

"But you will", his mom remarked from across the kitchen. "Especially if there's a chance that it will help other children in foster care."

"Very true," Roberto answered. "I like to help people through my situation, if there is a time I can do that", he told me later in the same conversation.

Adoption, Roberto felt, is "important for the people that are in foster care or do need to be in a permanent home, because being…to me, being in foster care or in a group home mentally destroys a kid." Roberto spoke from his own significant experience. He and his biological siblings, Dwayne and Alice, were removed from the care of their mother and grandparents multiple times before they were adopted by their foster family. The trio of siblings first met the Sweets family when they were living in the Southwest. Roberto and his siblings were placed with Ella and Sven in family foster care, and were later reunified with their family of origin, and went home to live with their biological mother and grandparents. Things were okay for a little while, then they weren't, and the children went back into the foster system. This time, they experienced a long stay in a children's group home. The Sweets had moved across the country, and had to start over with their foster parent licensure in their new state. Ella and Sven heard that Roberto and his siblings had been taken into foster care again, and wanted them, but they had to complete their foster parent licensure before the children could be placed with them out of state.

Ultimately, Ella and Sven were able to bring the siblings home to their new state, and later successfully pursued their adoption.

Roberto framed his experiences of adoption in terms of "mess" and "miracle." The mess, he told me (with prompting from his mom, who was present and served as a co-interviewer for each of her children's initial interviews), was his emotional state after his experiences with his family of origin, foster care, and the group home. A brief segment of his conversation with his mom about the "mess" and the "miracle" revealed much about his perspective on the effects of foster care, and of having a supportive adoptive family:

Mom: So what do you think, what was the mess and what was the miracle?

Roberto: The mess was that I was broken. Emotionally and mentally.

Mom: How?

Roberto: Like I wouldn't want to talk to anybody. I was always angry.

Mom: That's true. And how did your anger come out? What did you do?

Roberto: Physically, I'd break things and take them out on you.

Mom: Yeah. And what else?

Roberto: Is there something else?

Mom: I just mean, as far as behavior and things, like, you were angry but you would never say you were angry. It came out all as behavior.

Roberto: Oh, and I think that….that…that our messes – and my situation was, like, I was very, like, I was abusive through the way that I talked to people and through the way that I treated people. One, I think it was harder for me because I didn't know how to be treated. I didn't know how to treat somebody the way I was treated.

Mom: You mean how to not treat someone the way you had been treated?

Roberto: Yeah. Which was really hard.

Mom: How is that different now?

Roberto: One, I control my temper a lot better…I still shut people out sometimes when I get angry.

Mom: Yeah. But that's a lot better.

Roberto: Yeah. (Pause) I used to not want to talk about my feelings….I used to keep everything in. And then, now, like, there are certain people that I do talk to or text, because they will listen to me, and then that's all I need, is a listener…And now, I understand that there is a reason that I was taken out of that situation that I lived in, and that there is a reason why I was put into this house, and I believe that that's a miracle.

Adoption, for Roberto, was the miracle. He emphasized that his parents, Ella and Sven, had changed his life by proving to him that they would support him and be there for him, no matter what, and meet his needs, whatever those might be.

Roberto's favorite thing to do with his family, from his very first days of living with them, was taking trips together. This became clear when I asked him to tell me about his first memories of being part of the Sweets family: "So in those early days what were your favorite things to do with your family?" It took him two seconds to answer, with great enthusiasm, "Vacations!" His siblings, many of whom were listening to our first interview, laughed and agreed. Roberto told me more about their first trip, which had made quite an impression on him, but also on the rest of his family, partly due to Roberto's quick thinking:

Roberto: My very first vacation with them was on a houseboat in Kentucky. It was **awesome**.

Dwayne (sounding surprised): Was it really? It was our first vacation!

Ella (Mom): We went, like, three weeks after you guys got here.

Roberto: We lived on a houseboat for about a week.

Ella: The lake was only, there were no houses on it, only houseboats.

Roberto: It was huge…and I saved Merida's life.

Here I was surprised at the turn the story was taking, and it must have shown on my face, because Ella jumped in to confirm:

Ella: Oh yeah. He definitely saved her life. That is the truth.

Roberto: I let that rock hit me instead of Merida. Big old rock!

Ella: *Huge*. It scared me. That scared the wits out of me. The lake was draining because they were working on the dam, so the lake was really really low. So we got out of the houseboat and we were climbing up the side of the dry lake, and it was all pebbles, and up above them were rocks. Well, the rocks were sitting on top of the pebbles, and as we walked by, some of them started rolling down. Merida was downhill, and Roberto was above her – and, well, we were walking above them, and this huge rock starts going, and Merida was below it. So Roberto sticks his leg out in front of the rock, and the rock diverts from her, but Merida was what…four?

Roberto: She was tiny.

Ella (Mom): Tiny. Four years old? I mean, she would have been *flattened* if Roberto hadn't - but Roberto had his leg torn up - but oh my word, I was like, NO!, and there's nothing, I mean you're just standing there, and all you can do is watch it play out. So Merida did not get flattened. It was quick reflexes.

As I talked to them, it became clear that Roberto, a naturally protective big brother with quick reflexes, remembered the incident with pride, and the overall trip as a big adventure. His mom, though, expressed both gratitude and relief, even years later, for how quickly he sacrificed

his leg to save his new baby sister. Roberto's leg healed, but the incident left a deep impression on his mom: "That scared the wits out of me."

In addition to trips with his family, Roberto's other favorite family occupation was "chilling" with his siblings. He and Dwayne shared a definition of chilling. It involved snacks, movies or games, and downtime. To my thirty-something-year-old, outsider eyes, it did not initially look like an activity that I could name. Roberto, Dwayne, their friends, and sometimes Alice could spend hours watching videos on their phones, cracking jokes, and eating huge quantities of snacks. Chilling was a teenage occupation, in which only the teenage members of the family took part. Sometimes, if he was lucky, they let their ten year old brother join them. It was also a reflection of their flexible summertime schedule. "They're in for a rude awakening when school starts back up," their mom told me.

Roberto's vision for the future included getting his GED, and then joining the military. He wasn't sure what branch, just yet. He wanted to save up to buy a farm, then get married, and have a family. He thought he might even adopt, just as his father had adopted him, and his grandparents had adopted his father. Roberto was pretty sure he wanted to be a rancher, once he was done with his military service. Maybe he would raise cattle, he mused. Not chickens. Growing up on a chicken farm, he joked, "I think I've seen enough of chickens."

Alice: "When Somebody Adopts You, You Feel Like You're Loved Again, and Wanted"

Although she was at church during my initial interview with her brothers, and did not hear their answers, Alice Sweets echoed something Roberto said nearly verbatim: asked what she most wanted people to know about adoption, Alice thought for a long moment, then said "adoption can change a person's life." She elaborated, when I asked how adoption changes a person's life, with "I guess because when you're in a foster home you feel like you're forgotten, and so when somebody adopts you, you feel like you're loved again, and like you're wanted."

This sense of being wanted versus unwanted was echoed throughout multiple interviews with children in the study, but Alice said it plainly and memorably – knowing that she had parents who loved her changed her life entirely. Her story wove through time, beginning with when she came to live with the Sweets family. Once she got a little more comfortable with being interviewed, Alice and her mom shared more about her experiences in her family of origin, prior to coming into foster care. She remembered good things and bad things, from her family of origin and from the group home where she lived before the Sweets family adopted her. This section on her perspective relates these events in the order in which she shared them with me.

We began with talking about adoption, and the purpose of my study. I wanted to help older children in foster care, and the families who adopt them. Alice shared this goal, and had a great deal of empathy for other children in situations like the one she went through. When I asked "If you could share one story with a child in foster care, to help them picture what having an adoptive family is like," she thought of the night that she arrived on a plane from her home state, and the joy that her parents expressed when she arrived:

> I think for me, uh, one would be coming home for the first time and seeing the joy on my parents' face, when you walk up the front steps, go into the door, they show you your room and everything. So I think that would be the story I could tell them.

This line, "coming home for the first time", from which I borrowed the title of the project, was one that Alice repeated several times. She remembered feeling wanted. She also remembered her first bedroom in the Sweets' old house, in detail. When I asked what it was like, her mom interjected with "It was in the old farmhouse, and it had 70s carpet!" Alice laughed, but she remembered it as beautifully made:

> I remember stuffed animals everywhere. I remember stuffed animals because we had bunk beds, so I remember the top bunk was covered in stuffed animals, which was Merida's bed. In the bottom bunk, it was big, it was made *beautiful*, and then I remember a dresser with a mirror, which is still at the house, and Merida's clothes, and they were neat, everything. [...] And then a table in the middle of the room where Merida played tea

party with all her stuffed animals. I remember that's where I did most of my school, was on that little table.

That first night, getting to sleep in a beautifully made bed in a home where everything was neat and well cared for, and where she realized that she was wanted and would also be cared for, stood out in Alice's memory across the years. When I asked Alice what were some things that parents adopting older children could do to help them feel safe and loved, Alice called the question "a hard one." It was complex, she and her mom told me.

Alice: Because children who, if they adopt children that are, you know, 15 to 16, uh, they're going through a lot of stuff.

Mom: So it's maybe different for older kids than for younger kids?

Alice: Right. Older kids might, to me, older kids might need a little more attention when they first come, because they didn't really get that when they were in foster care. Because usually in foster care the older ones are the ones who, to me, look like the least, uh, how do I say it?

Mom: Appealing.

Alice: Right. Because everybody wants younger kids. They don't want older kids.

Part of what parents needed to do, Alice told me, was help older children overcome this sense of no one wanting them. Remembering exactly what her parents did to make her feel wanted and safe was hard; she said "I honestly only remember bits and pieces from when we first came." Alice had been through an ordeal, prior to coming to live with the Sweets family. She had been in foster care before, but this time was different, because she was removed from her grandparents' house and put into a group home. She had some fond memories of her grandparents' house, and of being her "grandma's favorite":

Alice: Well, I do remember Grandmom making tortillas.

Mom: Oh! I bet she was good at that. She worked at a bakery, right? She was a really good cook.

Alice: Mm hmm. She would have a big bowl. She would roll them up, and then I forget how she squished them to make them look like tortillas. But I remember when Grandpa woke up in the morning, she would make him a burrito with eggs, sausage, and all this other stuff. She would send him off to work and we would sit and watch TV.

Mom: And lots of soap operas. They knew all the soap operas!

In addition to her warm memories of family breakfast and watching soap operas with her grandmother, Alice also remembered the reasons that she and her brothers couldn't live with her grandparents anymore.

> I just remember, um, having to stay in a room a lot, just because my Grandparents would have parties, drinking parties, you name it. And um, just, remember they would take us to my mom's house and she would do the same thing. Put us all in a room while she has parties. And I remember waking up and calling my grandparents to come and get me because I didn't want to stay with my mom, because I didn't like her. So I just remember going back and staying with them. Still being their favorite. I don't remember them abusing Roberto but apparently they did. [...] I remember a lot of police cars coming up to the house.

That was her last night with her grandparents, when the police cars came. She wasn't sure what happened that night, although she remembered a lot of fighting. There was a brawl, Ella explained. "Well, so, you were living in a drug house," Ella told Alice in a calm, matter-of-fact tone. In addition to the drug trafficking, the police found ten kids living in the two bedroom house. "So they removed all the kids, and arrested all the adults."

After that night, Alice and her brothers went to a group home, where she remembered experiencing a great deal of loneliness. She didn't really fit in with the other girls in the group home, except for one friend, and because girls were housed separately from boys, she was separated from her brothers. This was what she remembered from immediately before she came

to live with the Sweets family. Being reunited with her brothers, and taken to the Sweets house - at least looking back on it eight years later when I interviewed her - felt like "coming home." She thought maybe it was because of how warmly her adoptive parents had greeted her, and that they had toys for her to play with, and things for her to do.

> I think it was when we first got to [their home] and Mom and Dad greeted us, or Dad greeted us at the airport and brought us here, and then Mom was at home, and I think the biggest thing was going into the house and seeing that there was stuff that we could play with, and seeing a room that was – that was filled with clothes and other stuff, so that was really a big one (chuckles).

Over time, Alice settled in with the Sweets family. Like Roberto, she told me a number of favorite stories about vacation, and family road trips. Unlike Roberto, Alice got carsick, and a favorite family story was about the time she threw up in her grandparents' car. Like so many Sweets family stories, this one was funnier in the retelling than it was at the time. Alice had what her mom called a "hypochondria problem" when she first came to live with the Sweets family. "She was deathly ill, constantly ill. According to Alice," her mom laughed. "Yep. I thought I was dying, pretty much," Alice agreed.

> So you wanted to go to the hospital all the time. And so – when she said her stomach hurt on the way back from Kentucky, we were just kind of like "You're fine, it'll be fine, everything will be fine, it's no problem" then she puked all over the backseat of my parents' car. (laughs). Everywhere! She got a little carsick. Which we didn't know, until we were driving in Kentucky, in the mountains.

When I met her, both the hypochondria and the carsickness stories were funny family anecdotes, and were in the past, but car trips remained a favorite family occupation. During the photo-elicitation segment of the study, Alice emailed me a set of photos she had taken with her phone. I quickly learned that Alice had a good eye for photography. The set she sent me was a triptych, all selfies of Alice with her brothers. Both of her older brothers were home from their school programs in the pictures, and they were all riding together in the family's van. I recognized the scene, having ridden along with the Sweets family for a number of family car

rides during the same weekend the photos were taken. On those rides, we all sang along with the kids to pop radio, and I listened to them joking and giving each other "snake bites." I made the mistake of asking her brother Dwayne what a "snake bite" was. It turned out to be a fairly vicious pinch on the arm. He did do me the courtesy of demonstrating on one of his brothers, rather than on me. Everyone laughed, even the snake-bitten brother. There was a lot of laughter on car rides with the Sweets children.

In Alice's photo series, everyone was indeed laughing, squeezed in together in the back two rows of the van. Roberto was in his military school uniform, and Alice was grinning and angling her phone to capture as many siblings as possible. I asked Alice what she was doing in the photos, and what they meant to her. She wrote back,

> In this picture we are having a good time in the car on the way to (the state capital). We are just listening to music and just really playing around. We were laughing at Roberto in the back playing air drums and then we were also laughing at Jay just being silly and stuff. In these pictures to me means that I can just be myself around my family and with them I can be silly and just have a good time. We are bonding and catching up with each other! It just really shows how well we bond with each other on our good days.

In her final caption, she wrote

> I don't really have pictures with everyone else. But family to me means coming together and just having a good time even when sometimes we have to pretend we like each other. It's a friendship that everyone has to participate in.

Dwayne: "We Just Needed a Family that Could Care for us the Way We Needed."

Dwayne, the youngest Sweets family member who met the child criteria for participation, was one of the most respectful teenagers I had ever met. He called his parents Mama and Daddy, and also Ma'am and Sir. I was *always* Ma'am or Mrs. Caroline when he addressed me. He was 13 years old at the time of data collection. When he celebrated his 14th birthday lunch with his siblings and dad, and they gave him dating advice and cheesy lines to use to get a girl's attention, Dwayne laughed at every silly line and said "I'm going to use all of them."

"Do not use *any* of them," his dad advised, laughing even harder.

Dwayne answered most of my questions thoughtfully, but with brevity, during the interview portion of the study, often preferring to listen to his mom and his older siblings talk about their shared experiences, chiming in when he agreed. His mom, who was always quick to share her children's strengths with me, described Dwayne as athletic, musical, sensitive, and easy-going. Ella joked that their family pseudonym, Sweets, was a misnomer: "We're not a sweet family. We're more feisty. Except Dwayne. He's my sweet child." Her favorite story that illustrated this point was about a ring pop, and a trip to the grocery store with Dwayne and Jay:

> I said "okay guys, if you behave until we get all our groceries, then you can get a piece of candy." They behaved, so I got them ring pops. And Dwayne's was smashed to smithereens. My other children would have been a disaster, but Dwayne just smiled and said "Sweet! I got more pieces!" And that's Dwayne. He plays well with everybody all the time. He's always just been sweet.

Dwayne told me that the most important thing that stood out to him about his early days as a part of the Sweets family was "they got us what we needed and cared for us the way we needed to be cared for. We just needed a family that could care for us the way we needed." He had a hard time elaborating on the specific things his parents did to meet his needs during the initial interviews, often looking to a parent or an older sibling to chime in if he was at a loss for words. Later, Dwayne took a number of pictures during the photo-elicitation segment of the project, which helped to clarify specific examples of how his parents met his needs, and of why family mattered to him. We ran out of time during an in-person visit to talk about the pictures, so I arranged a phone call with Dwayne and Alice within the following weeks, to hear about their photos and the meaning behind them. Dwayne willingly told me about his photos over the phone. The pictures were a bit blurry, taken in the moment, over the course of a few days with his family, and he remembered all of them even before I described them. The first one he took was of a restaurant sign, from the parking lot.

“Why Fatz Café?” I asked him.

“Well, we were going there to eat as a family because it’s something we like to do for fun,” Dwayne told me, “and because we were having our meeting to plan the schedule for the school year.”

He told me about the schedule. “We wake up at 6 am. Then we do our chores before breakfast, except for the breakfast chores (such as wiping down the kitchen table). Then we eat breakfast.”

“And then school?” I asked.

“No ma’am, first I help Daddy out at the farm in the morning, then I have school.”

I asked him what the family schedule meant to him, and why his family went out to eat to plan it.

“Mama wants us to stay on task this year,” he told me.

This was one small example of the ways in which the teenagers who participated in the study were very aware of their parents’ effort to meet their needs and coordinate their schedules. In this case, photo-elicitation provided an opportunity for Dwayne to identify specific ways that his mother cared for him and met his needs, and the visual medium and support of the photograph helped Dwayne to expand on and clarify his thoughts from earlier interviews (eg “they got us what we needed and cared for us the way we needed to be cared for.”)

The next set of photos was a series of blurred images taken at the kitchen table. I recognized the table immediately, along with parts of the scenes: several of Dwayne’s siblings, including Merida, and his dad, Sven; a stack of what appeared to be playing cards; a stack of spoons. In a series of three images, Merida and her dad appeared to arm wrestle over an object (maybe one of the spoons), her face a laughing blur, his orange hat recognizable even though his

face was blurred. On a sheet of paper were the six names of the siblings and parents participating in the game, and their scores. Merida and CC were out first, it appeared (and indeed, in the next photo, the camera had passed to CC, as Dwayne continued the game).

"We like to play Spoons as a family," Dwayne told me, echoing Alice, Merida and Ella's comments about board games as a favorite family pastime. "The first person to spell Spoons is out."

In the midst of this series was a lone photo of the TV screen. "Oh yeah!" Dwayne said, when I asked him about it. "I took a photo of the Olympics. I think it was gymnastics, because a couple of us (siblings) used to do gymnastics."

"Were you good at it?" I asked him.

"Yeah," he said quietly. "I was." I had heard this before, from his mom. Gymnastics had been one of the activities she mentioned when she talked about helping her children identify strengths by finding activities they were good at.

I asked Dwayne to sum up his pictures – what did they express about what family meant? He thought for a moment, and then said

> Family is important because you get somebody to love you and provide for you. Your parents provide for you. And I think it's important to have siblings because you're not alone when you need somebody to talk to.

Carl: "My Mom's the One Who Got Me into Camping, and into Scouts."

Carl cracked a wide smile when I asked him if he remembered his first night at home with his mom. "Yeah!" He said this like "of course I remember," but warmly, and with a chuckle. He was six years old when Karen brought him home, together with his older brother Ryan.

> I remember the first day. Okay, so, as soon as I got picked up, we went to [local restaurant] and ate chicken [...] It's kind of like a smaller version of KFC. And it has a little more choices. And then we went to a park in town. And after I had finished eating -

> I scarfed it down - I went to the sandbox. And all of my clothes had been super tight on me, and my pants ripped. (Laughs) And that was the only pair of clothes I had. So we bought a couple of pairs of clothes, we bought enough clothes to get to Tax Free Weekend. I can't remember when that is, but then we bought a whole bunch of stuff. Clothes. Because I came with, like, one extra shirt, I think.

When his mom took him to get chicken, then to the park, and then took him the next day to get the clothes he needed, those were all early signs to Carl that she was going to take care of him and his brother. Here was someone who was going to meet their needs. He remembered that he scarfed his food down that first night. He had been hungry for a while. His mom remembered that, too; they came to her hungry, and ate whatever she put in front of them.

Almost eight years later, on the day that I asked him to tell me what he remembered from coming to live with his mom, Carl wasn't having a great day. He had been arguing with his mom, and was avoiding her at the moment. He was even sitting at his own table in the restaurant, cooling off, when I walked in to meet them. But his face lit up as he shared these earliest memories of the things she did to make him feel safe and cared for. By the time I met them, Karen and Carl lived in a house, but Carl could remember in detail his first impressions of the apartment that he first lived in with Karen:

> Her house was a two room apartment. So I was like "wow". (Laughs). Very small. And the good thing was, the park we were at was not even a minute drive from where the apartment was. But I remember I was thirsty when we got there, and I went to go get a cup. She had all these glasses up high, on the microwave stand [...] She didn't know what age she was going to get. She got two kids, me and my brother. He was nine. She didn't know the ages, all she said was she wanted two boys. So she got all these tiny, tiny cups (laughs) like baby cups, and those were the first things I saw.

Looking back on that first night, and remembering their first apartment, it was clear that Carl understood that his mom had embraced the open questions that came with preparing for foster parenting. She had no way of knowing what age children would be coming to live with her, so she had, in that uncertainty, readied her home, including by gathering baby cups.

Another thing that stood out to Carl from those first few days was that his mom made sure he remained at a familiar school. He remembered that a few days after coming to live with Karen, he went back the same elementary school he had been attending prior to being taken into foster care:

> She wanted to keep me in the same district, because I had already left one school and went to that one. This was when I was in kindergarten, so I had started at one school, and then came to there. We [birth family] used to move every six months. Couldn't afford a home...but that's a different story. So she decided to stay in the same district. And then when I was in first or second grade, we moved into a house. It was right across the street from my best friend back then. Well, one of my best friends.

Carl participated in interviews and participant observations. When school started back, he got busy, and data collection tapered off; he did not complete the photo-elicitation portion of the study. Although I had initially intended for Carl to participate in the photo segments, he had been so able to answer abstract and complicated questions about family occupations that I did not feel it was necessary to further pursue photo-based methods. He was able to tell me in great detail about the things his mom did to bond with him, and the family occupations that meant the most to him. One thing that struck me was that all of his favorite occupations took place outdoors. Carl was a hands-on, nature loving kid, who was considering what his Eagle Scout project might be, when I met him. Many of Carl's favorite family memories were of camping trips with his mom and siblings when he was younger. Although was an avid and experienced camper by the time I met him, and mostly went on ambitious wilderness trips with the Boy Scouts rather than with his family, he credited his mom for that, too.

> She's the one that got me into camping and everything. And into scouts. She took me on a camping trip. And even then I liked to be outside. My brother on the other hand hated the outdoors. And then my sister, she really couldn't go outside. She was adopted to a different family, but she was three, so she couldn't really go outside. But she still doesn't like going outside even now (Laughs). I'm the active one, out of the three of us.

He thought they stayed at a "Kampgrounds of America" brand campground, that first trip, but he wasn't sure. His best memories were of longer camping trips, traveling around the Southeast. They started out in the mountains.

> And then, well, we stayed at different places like every night. [...]We went to the same place both years to start it, and that was the Smoky Mountains. I think it was there, on the first camping trip, that I saw a buck. And I got like *that* far away from it, like within a couple of feet. He did not move. Because he had seen so many people, he had grown up around people. My mom wouldn't let me pet it…(laughs ruefully, trails off). And I can't remember if it was that summer or the next summer we were hiking part of the Appalachian Trail, just a little bit of it. We saw four bears. Three adults and one cub. And my dog actually spotted them. Four black bears.

His mom had taken him, both of his siblings, *and* their dog on that weeklong trip, and for a number of years, she continued to take them on long trips in the summers, all by herself. He told me this - *all by herself* - in an impressed tone of voice. His mom was a brave woman, I told him. He laughed, and agreed. "*Very* brave."

Calvin: "I Like My Family a Lot."

Calvin, age seven, had personality, and lots of it. "I'm a worker," he told me, within about two minutes of meeting me. Indeed, he was always busy fixing something around the house, helping his mom, or playing Army. Fixing things and building things were among his favorite things to do with his dad, who had a workshop in the basement. "We build airplanes," Calvin told me.

With his abundant energy, Calvin sometimes appeared to like the idea of being interviewed more than the reality of it. "Okay, my turn to answer some questions now" was followed quickly by "I'm going to go see what my mom's doing outside." We took the interviews one or two questions at a time, with long play breaks in between, over the course of several visits. I also interviewed his older sisters in front of him, so that they could model answering some of the questions. He listened attentively to their interviews, and liked to chime

in and answer questions for his sisters. “She’s going to be a lifeguard!” he answered for Hannah, appearing very confident about her career aspirations. She was in fact currently a lifeguard, but her long term career goal was nursing. Calvin wasn’t as enthusiastic about this plan. “She loves to go to her pool and I love to see her sitting in the lifeguard stand,” he told us both.

One of the Dawson’s family traditions was having bonfires. “We build a bonfire sometimes and invite everybody,” he told me. His mom added, “that’s one of our favorite things to do, is have a bonfire and invite all our friends.” They would cook a bunch of food, and hang out, and play games. Another favorite shared occupation for Calvin was “popcorn and movie night with my mom. Just like in a movie theater!”

Calvin had difficulty answering questions about things his parents did to take care of him. The first thing that he thought of was related to why he had originally been placed with the Dawson family through foster care, which was to meet his intensive medical needs. “Medicine,” Calvin told me. “My mom gives me medicine. And...um...dishes.” His mom tried to help. “Do I buy you food? Do I wash your clothes?” Calvin laughed, and said “yes! Stinky clothes!” but he was not able to expand on his answers about how his parents cared for him and made him feel loved. He clearly knew that his mom and dad would love him and meet his needs, but he couldn’t really articulate how, nor could he remember the part of his life before this was true. He was the one child in the study for whom parents’ work to meet his basic needs was generally an uncomplicated expectation. Of course they would take care of him; that was what parents did. There were few echoes of the uncertainty that he experienced early in life, his mom told me. Mostly this came in the form of wanting to know “what was going to happen next” more than most seven year old. Bethany said, “He always, always wants to know the plan.”

On the subject of school, Calvin reported, "I'm homeschooled." His mom explained, "Well, he has school at home. We have a teacher that comes here. He has a lot of health problems, so we tried going to school in kindergarten, and again in first grade, but he just kept getting sick. So now -" "I have a private teacher," Calvin concluded. "But I don't have school again until Monday!" His health challenges kept him out of school, but his mom made sure he still went on family field trips. Questions about outings, and about things he enjoyed doing with his family, were the ones that Calvin was able to answer in detail, and give lots of examples. Calvin spoke about family outings with particular enthusiasm:

> We go to the kids museum in [city]. There's balls that drop down from the ceiling. I go with my mom, and my dad sometimes. And I've been to the dinosaur museum. We go up the ladder and the rounding stairs!

Calvin shared that in addition to the kids' museum, he had also really loved a recent trip with his family to "the Army Museum, where we *look at things, but don't touch*!" Here he looked meaningfully at his toddler sister, and informed me that she had broken this rule during their most recent museum trip. His mom chimed in with "she was good! It was her first museum." Calvin disagreed, but then digressed, to tell me about his other favorite place to go with his family. "I like to go to the zoo and see the animals."

Although Calvin's medical condition compromised his immune system and kept him out of school, it did not dampen his adventurous soul. Between our first and second interviews, he had his wish granted through the Make-a-Wish foundation. When he first told me about it, it was in hushed, confidential tones: "I flew in a helicopter, but it's a secret. Don't tell anybody!" Later his mom explained, "He had his wish granted, and his wish was, he got to ride in a helicopter. And the local news station filmed the whole thing, and got us a Limo." Calvin added excitedly, "we flew over the kids' museum and our house and the hospital. And we flew over your house, too!" His dad laughed; how could he possibly know where my house was? Calvin was correct,

though. He remembered something I told him from my first visit: I lived near the hospital he had flown over. Hospitals were a big deal in Calvin's young life.

Calvin was not able to recall much about being placed with his adoptive family; most of his memories were more recent. His mom told me, "we purposed to create memories with him together as a family." The Dawsons had worked to help him understand what adoption meant, and that he would be a part of their family for all his life. I hoped that photo-elicitation would help him to share more of his perspective on adoption and family practices, but he became ill near the conclusion of data collection, and was not able to share the photos that he took for the photo-elicitation segment of the study. During our practice session, he mostly took photos of his sisters, engaged in whatever they were doing, without much attention to the occupation.

"Remember, take pictures of things you really like to *do* with your family," I reminded him, trying to help him understand the prompt,

"I *like* Hannah and Hailey," he told me earnestly. "I like my family a lot."

Commonalities Across Child Perspectives

Importance of Having a Family

The most striking commonality between the teenagers who participated in this study was the passion with which each strongly advocated for adoption, and emphasized that being part of a family had changed their lives. They each expressed how being adopted made them feel wanted and loved again, and supported; they spoke repeatedly of the importance of knowing their parents would be there for them "no matter what". Their parents had taught them new things, taken them to new places, and above all, sought at every turn to meet their needs. Although they acknowledged that being adopted hadn't always been easy, the importance of having parents (and for many children, siblings) was the most important thing that each child wanted to impart to other children in foster care, especially those who were hesitant about being adopted. As

Roberto phrased it, if you have the choice to be adopted, "just do it." It may not be perfect, he said, and sometimes it will be difficult, but having a family will change your life.

Early Signs that Parents Would Meet Their Needs

Both the Sweets and Scott teenagers expressed memories from early on in their adoptive placements of the ways that their parents made them feel safe and loved by meeting their basic needs. These were small gestures, which the parents were often aware of doing, but did not realize their children had noticed quite so keenly. Such parental signifiers included buying their children clothes, feeding them regular meals, and taking them to the park, as Carl remembered Karen doing on his first day with her. Meeting their basic needs also included parents paying careful attention to who their children spent time with, and setting limits. Setting limits was a practice that the parents *did* recall their children noticing. This group of children was particularly aware, from their own personal experiences, of why such parental vigilance mattered. Dwayne, Roberto, Alice and Carl all conveyed a sense that the boundaries and limits that their parents set were an act of love and nurture, to protect them. This is not to say that the same group of children did not strain against parental boundaries – they were teenagers, after all. But these were teenagers with unique perspectives and life experiences. "Discipline was important," Dwayne and Roberto both told me, in reference to the ways that their mom and dad made them feel safe and loved.

Family Trips

Specific occupations events recurred as significant across child perspectives. In particular, special trips stood out in the children's memories, and in their anticipation of the future. Disney World was chief among these. When I met him, Carl was eagerly anticipating a trip to Disney World with his biological sister and her family later in the summer. It was a chance to spend time with his sister, who had been adopted by a family in a nearby town, and

whom he saw regularly; Carl and his mom shared that his sister had also taken many camping trips and vacations with the Scott family. Excited though he was about spending time with his sister, Carl was equally excited about Disney itself. Indeed, almost every child who took part in the study interviews spoke, unprompted, about Disney in particular, and more generally about family trips (including camping, theme parks, National Parks, and a houseboat on the lake) as special memories, and bonding moments with parents and siblings. Alice, asked about favorite things to do with her family, said

> I think for us, I think just like being able to all hop in the van and just all go out to eat, just us, as a family. Sometimes when we go to Disney World or 6 Flags or (local theme park) together as a whole family, it really brings everybody…in a happy mood! Not that we're not always in a happy mood.

at which point her mom interjected, laughing, "we're not all *always* in a happy mood."

Roberto remarked that his first trip to Disney with the Sweets family triggered an important and memorable revelation about the importance of family: "I remember seeing a lot of families. I don't know, I guess that's just what got me…realizing how important it was to be part of one." His mom added:

> I think too, when we go away, we do everything all together. It's not like when we're home and friends come over, or you go to friends' houses. We're pretty social, so we have people over a lot, and we, you know, we do a lot of stuff at church and we run around doing all kinds of things. When we're on vacation we do it all together… and I think that's what the difference is, being you know, you don't know anyone there, so the family does everything together.

Roberto and Alice both affirmed that "the family doing everything together" was indeed an important part of what they liked about vacation and special trips with their family. While not all family occupations involve all family members – for example, Alice pointed out that board game nights at the Sweets home are possible *because* the youngest and most energetic three Sweets children have gone to bed – there was something particularly special to the children, and many of the parents, about time spent together as a whole family. Road trips and vacations

afforded particular opportunities for this, and the quality of *togetherness* emerged as an important reason that road trips were highly valued by children and parents alike.

Goals for the Future Shaped by Experience of Adoption

Most children who participated in this study, particularly the children 14 and older, also endorsed a desire to help other children in foster care, either through their work (for example, becoming a teacher or social worker) or through becoming adoptive parents themselves. Roberto was a doting big brother who played with and cared for his youngest brothers every chance he got, and he was just beginning to seriously consider parenthood as a part of his future when I met him:

> I've thought about having a family. I used to say I didn't want any children or to get married…but as Mom told me, that would change when I got older (laughs) [...] I would like to have a family. And adopt some kids. Maybe like one or two. I can't do eight (laughs).

He wanted to raise his children near his parents, and have a farm, like his dad. That would be okay with his mom, who said she planned to spoil her grandchildren rotten. Roberto tried to curb her enthusiasm at the idea of spoiling her future grandkids, but Ella grinned and cheerfully insisted "this is the plan! And if they're no good, that'll be your problem." Roberto laughed at that, and said "this is true." He sounded like he was half-kidding when he told me that he hoped to adopt before any of his siblings so that he could bestow upon his parents their "grandparent names," but then I learned that he already had the grandparent names picked out: Meemaw and Pawpaw. "Could be worse," Ella told him, philosophically.

Hannah, the 18 year old daughter of the Dawson family, had also looked into foster parenting. She found out that the process her parents had gone through to adopt from foster care was pretty complicated. She also wasn't sure how being a foster parent might fit with her career goal of helping people by being a nurse, and had decided to get through nursing school first. Her

nursing goals had been shaped by her experience of watching her mom care for foster and adoptive siblings with medical needs. Her first exposure to nursing care was through the home health nurses who came to the Dawson home; over time, she started to think "I could do that," and she was pursuing a preliminary course in phlebotomy at the time that I met her, on her path to nursing school.

Alice Sweets' vision for her future included both working with children, and adoption:

> I think for me I want to work with children. I want to be able to adopt children for myself. I want to be able to show them that they are still people out there that care about you, especially the older ones.

Alice was unsure what kind of work she wanted to do with children just yet, but the point was to help them: "I don't know. I would like to work with them, doesn't matter what it is, just work with them." The motivation to help other children in foster care and group homes was evident in the actions, as well as the words, of the young people who participated in this study, as they expressed intrinsic motivation to share their stories – even the difficult ones – through this project in the hopes that those stories could help other children in similar situations.

CHAPTER 9: DISCUSSION AND CONCLUSION

Summary of Key Findings

This study began with a desire to identify and understand the relationship between family occupations and family well-being in the context of older-child adoption. Although I did not consciously realize it when I began this research, I carried into it a latent assumption that there must be some *key* occupations through which parents and children bond and form family identity after adoption. I had read much about dinnertime and bedtime routines in the published literature on families and disabilities, and I wondered how these concepts would fit with the experiences of families who adopt children with disabilities. Particular routines are emphasized within American parenting culture and have been so thoroughly examined and written about outside of adoption research; I expected to learn from adoptive families about how they bonded through, and overcame challenges with, everyday routines such as bedtime and mealtimes. What I found was altogether different from what I might have expected to find.

To my surprise, as I talked to families and participated in their daily lives, I observed no consistent set of *key* occupations that promote bonding and well-being across families. Neither were the focal routines and rituals from the literature base, such as mealtimes and bedtimes, necessarily the emphasis of these family narratives.

Mealtimes as an Example of Dissonance with the Literature

Family narratives about mealtime, for example, were full of surprises for me as a researcher. In contrast to published literature which heavily emphasizes family dinner and imbues it with symbolic meaning, the study families did not all ascribe deep or symbolic

importance to shared family meals. Whereas for the Dawson family, dinner was a highly valued time which they considered essential to bonding in adoption, the Sweets family found it less practical to convene their whole family dinner every night. During my observations dinner often occurred in shifts, with the older members of the family feeding the little ones, and then those older members eating their own meal later. The Sweets were also a farm family for whom lunch was the biggest meal of the day. Interestingly, although multiple parents did discuss family meals as meaningful routines, Carl Scott was the only child participant who named dinner at home as an important or preferred activity. Separately, each of the teenage members of the Sweets family expressed their enjoyment of family meals at restaurants. Alice Sweets shared that going out to eat was also meaningful because this occupation usually included her whole family.

Just as they ascribed varying degrees of importance to mealtimes, the study families experienced varied challenges in establishing mutually acceptable mealtime routines. The Scott kids ate what their mom served and participated in family meals right away, whereas the Sweets parents worked patiently to help their children learn to try new foods and use appropriate language and manners at the table. Sven Sweets didn't think his son Dwayne had ever even seen broccoli before entering their home. Dwayne remembered, with a laugh: The first time his parents served him broccoli, he thought it was trees.

Qualities, Rather than Categories, of Occupation

As with mealtime, there were variations across families in other family occupations that are highly valued in the published literature, such as bedtime routines. What I found, counter to what the literature might have suggested, was that families who adopt older children with disabilities *do* bond through occupation; although, the particular occupations do not conform to any predetermined set of culturally significant expectations. There was no set of universal, key occupations that families talked about, or took pictures of, when I asked them about the things

that they enjoyed or found important. Each family engaged in a unique rhythm of especially meaningful occupations, which organized their time, promoted bonding and supported well-being.

Where I did note commonalities across family perspectives, these occurred not in the *type* of occupations, but in the *qualities* of these occupations that made them so significant. *Togetherness* was one quality of occupation that each parent and child who participated in the study emphasized; specific occupations were particularly valued because they brought the whole family together, such as road trips and Sunday dinners. *Sense of success* was another important quality; families sought and valued occupations that built children's self-esteem, or helped the family experience a sense of success at engaging in occupation together. *Connection to community* emerged as a third important quality (and purpose) of family and parent occupations such as blogging and church participation. Finally, *advocacy* emerged as an important quality of the occupations that parents used to connect their children with services, and the occupations through which parents and children made meaning of their adoption stories in the service of others in the foster care system.

Qualities of Occupation: Togetherness

The Sweets, Scott and Dawson family members spoke about some occupations as being special for their ability to bring the whole family together. This togetherness could be experienced while doing something familiar, such as Sunday dinner, or something memorable, such as a road trip to a theme park. Bethany Dawson reflected on the sacredness of *togetherness* when she talked about her family's tradition of nightly dinners and Sunday lunch. Because her young adult children were so frequently away from home on weeknights, Sunday lunch had become even more special. This weekly meal included not only all members of the Dawson

household, but also the young adults' significant others, and Bethany cherished these meals for the experience of family *togetherness*.

When the adolescents in the study spoke of vacation, part of their enjoyment was in seeing new places and having adventures, but another part of it was just "time with the fam[ily]", as teenage Roberto Sweets put it. He remembered spending a whole day at Disney simply hanging out at the hotel pool with his parents and siblings:

> Disney was just a lot bigger than I had imagined it. It's definitely a place you don't want to go and take one day to do. You need time, I just – I don't know, it was just fun spending time with the fam (sic).

Roberto's teenage sister Alice also described her favorite things to do with her family as the things that brought them "together as a whole family," such as going out to eat at a restaurant, or taking a trip in the family's minibus. She liked doing things "just us" with her whole family and no one else; this was a relatively rare and special phenomenon for their busy family of 11 people. This was what her mom, Ella, elaborated on as being special about vacation. Unlike their daily life, when they were often scattered in different directions or had a house full of guests, Ella said, "when we're on vacation we do it all together… and I think that's what the difference is, being you know, you don't know anyone there, so the family does everything together."

This is not to say that *togetherness* always involves the entire family. An interesting example of togetherness was Alice Sweets's description of family board games: "I like it when we all play games together, when we're all together. I mean, [my littlest brothers] are up in their rooms, but still…" Board game nights were not a whole family event because they usually occurred once her three youngest brothers were in bed in the evening. John and Bernie, in particular, were gleefully energetic at ages four and six and prone to climbing onto the dining table where the family played board games. After the little brothers' early evening bedtime, the

older members of the family were better able to focus together on a game. Game nights also routinely included people who weren't formally part of the Sweets family, such as close family friends, the youth group leaders from church, and even me. It was fortunate that the littlest brothers slept upstairs, away from the dining area, because games often got loud and competitive but still full of laughter. *Togetherness* was about just enjoying time through a shared, mutually enjoyable activity. A fellow board game nerd, in my final visits I stopped trying to participate without shaping this occupation too much, and began bringing games with me that I thought the Sweets kids might like to learn.

Qualities of Occupation: Success

The experience of *success* at an occupation was something that parents wanted their children to experience, and to that end, parents helped their children by identifying occupations they were good at in order to build self-confidence. Sense of *success* was also an important quality in some of the favorite memories and most preferred occupations that families shared. They liked engaging together in things that went well, and smoothly, so that they could feel successful as a family. For Bethany, it was a pleasure if she was able to go to the grocery store with her children, get the things on her list, and leave without a meltdown. She had strategies in place to try to achieve this success; she talked her children through the list and the expected behaviors in advance and kept the excursion as simple as possible. She was also realistic; not every trip was destined to be a success, and depending on time of day, her children's mood, and how things were going, she might also dispatch her husband or an adult child to the grocery store on a solo mission to avoid the probability of a meltdown.

From early in their adoptive placement, Ella and Sven Sweets cultivated their children's experience of *success* when they helped them to identify and participate in occupations they were good at. Ella expressed that this was an important part of helping her children overcome the

sense of “I stink at everything,” a feeling that her children remembered having because of their difficult early experiences. Family, school, and meeting behavioral expectations could be hard, but she and Sven made it an explicit goal to find something that came easily for each of their children, as a springboard to confidence in other parts of life. For her son Dwayne, for example, such success-building occupations included gymnastics and drumming. He was good at both things, Ella told me. Dwayne looked a little embarrassed when I asked what he thought, but he humbly confirmed that yes, he was pretty good at gymnastics. He was much more willing to confirm his mom’s assessment of her own “lack of rhythm.” “That is the truth,” Dwayne and his brother, Roberto, both told me with a grin. Eventually, Dwayne was not only more confident and successful at drumming and gymnastics, but he improved at meeting his family’s behavior goals and caught up in school.

One more notable aspect of sense of success was that these occupations sometimes faded away when they were no longer needed or no longer served their purpose. This could happen with age, as children outgrew or lost interest in an activity. Dwayne, for example, eventually moved on from gymnastics to explore other interests. Moving on also occurred when families no longer saw potential for success in engaging in an occupation together. This was the case for the Dawsons with their family road trips. Hannah and Hailey’s favorite childhood memories were of long trips with their mom and extended family members, including their grandparents. They visited the Grand Canyon together and went to National Parks and Monuments. Hannah laughingly remembered “I scared my Grandma!” by getting too close to the edge of the canyon. Bethany shared that road trips and National Parks were “such a big part of our family culture,” but that was before Calvin was born. It made her a little sad not to be able to make those kind of memories with him. Her parents had “loved that kind of stuff,” and enjoyed sharing it with their

grandchildren, but now her parents were older, and less able to hike and adventure. The Dawsons also had young foster children who were too little for the long car rides. "I would *love* to be able to do that kind of thing again," Bethany told Hannah, who agreed, "but can you imagine trying to do those kinds of long drives with a two year old?" Maybe someday, she told me, they would all be able to tackle such an adventure again.

Similarly, Karen and Carl Scott had fond memories of camping trips, and of bonding through their shared love of being in the woods. Now that Carl was a teenager, camping as a family had become difficult and less pleasurable. Carl still went camping with the Scouts but his Mom didn't take him anymore. Karen worried about what would happen if he had an explosive episode in the woods and she wasn't sure she could handle it safely on her own. This occupation, which had brought a sense of togetherness and of success in their early days as a family, was on hold. Instead, Karen prioritized simpler and more successful shared family time through such occupations as cooking and eating meals, walking the family's dogs, and watching TV together.

Qualities of Occupation: Community

All three mothers who participated in this study talked about how isolating parenting could be in their situations, and the importance of specific occupations that helped them to access *community*. Bethany Dawson found community through her church and talking to other foster parents who understood her experiences and "just get it." Karen Scott spoke at length about her difficulty accessing a sense of community as an adoptive parent, and shared that one of her hopes for participating in this study was to learn more about resources for adoptive families, including social support.

For the mothers of the Sweets and Dawson families, some occupations were specifically *about* building community. They both actively participated in organizations devoted to foster and adoption support, and they both blogged. Indeed, the name of this theme - *community* - was

initially derived from a comment Ella Sweets made regarding her blog. Although Ella's adoption blog was part of how I initially located and contacted her, I didn't initially think of the blog as being related to this study. Blogging didn't seem all that related to my questions about family occupations, except where her posts talked about daily routines, and could inform my understandings about experiences she shared with her children. Blogging was something she did mostly in the quiet hours while her children were sleeping. However, the more chances I had to talk to her in those quiet hours, the more I realized that she put a great deal of effort into connecting to other foster and adoptive families. She mentored new foster families, served a role in national advocacy, and connected families with resources. Having adopted both domestically and internationally, and navigated the complex web of pre- and post-adoption supports, she was something of an expert parent and set out to help others navigate the same systems to meet their children's needs. I began to wonder if blogging was one more way of connecting with other families.

"Why do you blog?" I asked Ella in an email, after thinking more about it. She wrote back that she blogged "for community" and "for education." She wrote "always to reach the person who hasn't heard about adoption or foster care or someone who think it is scary and needs to know it isn't always." Blogging helped Ella build community. She did it to reach others with her adoption experiences, help them understand the realities of foster parenting and adoption, and help others imagine foster care or adoption as possible for their own families.

Quality and Purpose of Occupation: Advocacy

A final quality of occupation that recurred across family narratives was *advocacy*. This particularly related to adoption and disability, as *advocacy* was associated with the occupations that parents used to connect their children with services to meet their needs, and was a quality of some occupations, and the explicit purpose of others. Occupations involving advocacy for

services weren't always highly preferred or enjoyable, but the family members found them necessary and could invest large quantities of time into them. Advocacy was at the heart of the long hours Ella Sweets spent on the phone, negotiating insurance coverage for her son Ivan, or scheduling medical appointments. It was a quality of Karen Scott's repeated engagement with the school system in the pursuit of services for her sons. It required tenacity, she pointed out, and did not always bear fruit.

Advocacy was also an aspect of the occupations through which parents and children made meaning of their adoption stories by helping other children and families in the foster care system. This was what Roberto meant by taking the "mess" and turning it into a "miracle": he had been through a difficult time but it led him to a supportive family, which was in his words, was a "miracle." He wanted to take his difficult story and use it to make more miracles by being a voice for other children waiting to be adopted. Roberto viewed participating in this study as one way of reaching others to advocate for adoption. The other older adolescents who participated in this study, including Alice and Carl, also expressed interest in *advocacy* for children in foster care; their own experiences of foster care and adoption had shaped not only their family life but goals for the future.

Implications for Research and Services

These findings have significant intersections with the existing literature base of occupational science because they challenge existing ways of *categorizing and describing occupation*. This section will discuss the implications of this research for occupational science then move on to implications for adoption scholarship and services, including understandings of adoptive identity in relationship to occupation and implications for caseworker and community supports. Finally, this section will include a brief list of practical implications for foster and adoptive families, suggested by the families who participated in this study.

Implications for Occupational Science: Ways of Talking About Occupation

In Occupational Science and Therapy, scholars have engaged in recent conversations about ways of describing and grouping occupations. Traditionally, occupational therapists have used fixed categories to group occupations; many therapy tools for evaluation and documentation also use these categories. Categorical labels traditionally include *work*, *leisure*, and *self-care*; sometimes *rest* is included as a fourth category (Hammell, 2009a). The use of these categorical labels has been critiqued as culturally specific, insufficient, and overly simplistic (Pierce, 2001), addressing political and societal, rather than client, needs (Jonsson, 2008) and as indicative of "a specific, minority-world doctrine of individualism that specifically excludes those activities motivated by love and concern for the well-being of others" (Hammell, 2009a, p. 10). Of particular salience to this study on parenting and family occupations is Hammell's (2009a) observation that

> Clearly, the care of others does not fit comfortably within any of the three privileged categories because this is not concerned with care of the self, nor is it socially or economically productive or experienced as leisure (p. 10).

Hammell queried how a person engaged in full time caregiving could begin to describe his occupations using the traditional categorical labels? As an alternative, she suggested, might there be experiential labels, grounded in empirical work, which could better capture the human experience of occupation? As 21st century scholars have debated the utility of these categories, they have also reframed occupation in terms of qualities (Aldrich et al, 2014) or dimensions of experience (Hammell, 2004; 2009b), such as enjoyment, connectedness, and a sense of being productive or contributing to others (Hammell, 2009b).

Scholars have also called for empirical work to examine the utility and authenticity of using experiential qualities to describe occupation (Hammell 2009b) and for "theories about occupation that matter for people" (Jonsson, 2008, p 3). The findings of this study can, on a

small scale, answer this call in the context of family occupations and adoption,and validate Hammell's hypotheses regarding experiential categorizations of occupation. The ways that the consultants who participated in this study described their experiences of occupation indicate that the categories of *work*, *leisure*, *self-care* and *rest* are indeed insufficient and not congruent with the ways that parents or children talk about occupation. Although the families sometimes described the purpose of an occupation, particularly in relationship to advocacy, they more often described the experience of the occupation, as evidenced by the descriptors *togetherness* and *sense of success*.

Although the names of the themes in this study have been derived from the families' own words, they align closely with suggestions from Hammel's work. *Togetherness* corresponds with Hammell's suggested experiential descriptors of "connectedness" and "enjoyment," and with Jonsson's categories of "social." Similarly, this study's descriptor *advocacy* parallels Hammell's "contributing to others." Some of the specific occupations that families emphasized, such as vacation, resonated with Jonsson's description of "irregular occupations" as

> occupation that you choose to do and in which you basically find positive meaning. They are done on an irregular basis, and come and go in time. Going to a movie or the theater, or a vacation trip could be narrated as irregular occupations. (2008, p 6)

Regardless of how we name them, such qualities of occupation, derived from family experiences and narratives, hold promise for meaningful scholarship and discussion of family engagement precisely because they use the language that families use to describe their daily lives together. Although this study's findings are specific to families who adopt older children with disabilities, they support a broader emerging body of work which suggests that real people describe their occupations not by artificial categories but by the experiential qualities of engaging in the

occupations, such as connection to others, self-worth, enjoyment, and meaning (Hammell, 2009b).

Similarly, this study's findings challenge the traditional academic distinctions from the literature review of "routine" and "ritual" in the context of these three families' daily lives. Although scholarly literature distinguishes ritual as elevated and imbued with symbolic meaning, and routine as brief, regularly occurring and "holding no special meaning" (Spagnola & Fiese, 2007, p. 285), the families who participated in this study did not make such distinctions within their own shared experiences. Indeed, they indicated that brief and regularly occurring activities could well be imbued with special meaning. Some of this may be specific to the families' experiences with foster care and older-child adoption. It is possible that for children with early memories of deprivation or neglect, the ordinary instrumental activities through which parents meet their needs will naturally hold special meaning. Whereas seven year old Calvin could not remember life before he was placed with the Dawsons, and took for granted that his mom cleaned his clothes and bought groceries, the older child participants reflected on such actions as early signs that their parents were going to take care of them, and even love them. This is not to romanticize them as a special group of children who are uniquely grateful for their parents' efforts. Sven, with his dual perspective of adoptive parent and adopted child, issued a caution on this subject to other adoptive parents: don't expect them to be grateful that you do the things parents are supposed to do. Never say "well at least I did (or didn't) do this," setting yourself up in comparison to their birth parents.

It took both time and effort for the study families to establish shared daily occupations, and to establish mutually agreed upon rhythms to their days. They had to create shared habits, family identities, and memories, and they did this through engaging in occupation together.

Congruent with the broader literature on family routines and disability, parents intentionally employed routines to help children know what to expect and how to behave as well as to help them participate and adapt (Larson, 2006; Schaaf et al, 2011).

Together, a predictable and mutually enjoyable rhythm of occupations helped the consultant families to negotiate daily life (Fiese, 2007), bond, and meet their needs. As the families reflected on their most valued early experiences, these weren't necessarily highly symbolic *or* highly routinized. They were memories of mutual enjoyment, *success*, and *togetherness*, experienced through engaging together in a shared occupation.

Implications for Adoption Scholarship

Adoptive identity. The concept of adoptive identity, an important topic in the adoption literature, speaks to children's understanding of themselves as permanent members of a new family (Hanna, 2005). Establishing such an identity, and an understanding that adoption is forever, is particularly salient for children who have been adopted through foster care and may have experienced multiple disruptions to placement. This study's findings illuminate the relationship between occupation, family culture, and identity. Each family who participated in this study established a daily rhythm for enacting family together. There were predictable, daily family occupations such as reading aloud together to ease into the homeschool day, or playing outside together after nap. There were also favorite weekend and special occasion family occupations, such as camping and bonfires. It was through shared participation in these mutually enjoyable occupations that families experienced *togetherness* and developed a family identity. Children understood their relationship to their parents and siblings not only through biology or legal relationship but through the things they *did* together. Roberto Sweets helped his dad on the farm and aspired to have a farm of his own; they were farmers, and this was a part of their family culture and identity.

Calvin Dawson, at age seven, sometimes expressed confusion about what it meant to be a permanent part of his family, especially because they looked different from him, and because he experienced foster siblings coming and going from the Dawson home. Would he go back to live with his "brown family?" he asked his mom. No, Bethany told him, "you are a Dawson, you're part of this family." And then she told him, you eat dinner with *this* family. You sleep in *this* house. Family, she helped him to understand, was a forever relationship based not on biology or appearance but on living and doing life together.

The implications of this study for adoption scholarship on family identity indicate that family occupations may indeed have a strong relationship to the development of family identity. This is a promising avenue for exploration in order to understand how bonding and identity development take place and might be strengthened.

Implications for Adoption Services

Many of the parent reports within this study regarding community supports and barriers were highly consistent with findings in the adoption literature base, and (therefore) with what I expected to find when I began this study: adequate pre-adoption training and information are as important as they are difficult to obtain, and post-adoption supports can be difficult to access or even know about (Denby et al, 2011; Hartinger Saunders et al, 2015; Vig et al, 2005). Additionally, parents indicated that caseworker support, when it was provided with consistency, could be a critical bridge to services and an important factor in maintaining an adoptive placement during times of crisis.

Caseworker support. I was perhaps most surprised at the uniformity with which families described pre-adoption caseworker support from public social services as "a disaster" (These words in particular are from Ella, regarding her first adoption from public foster care). No family in this study felt well supported by their caseworker during their adoption; the reasons for this

included not responding to phone calls, not checking in as scheduled, or (in one particularly egregious situation) complete inaction, which went on for so long that the family felt compelled to hire a private attorney to help them proceed with their public adoption. Families attributed much of this lack of support to the caseloads that public social workers carry, which render high quality support simply unachievable. The intentions were good, they noted, but the support was overwhelmingly inadequate. In the absence of consistent casework, families turned to community supports including churches and other faith based services, and private services such as attorneys, to help them navigate the foster and adoption system. In addition, they relied on therapists and medical providers to help them understand their children's needs and how to meet them.

Reports of post-adoption support were more variable. Bethany Dawson, who had over 20 years of foster parenting experience, noted that her private nonprofit agency had started to provide very high quality support, especially within the past few years. It helped, she noted, that they had hired a veteran social worker with a career's worth of adoption related experience. Bethany could confide in this social worker without shocking or overwhelming her. A couple of times she had even just gone to cry in the caseworker's office. "She understands," Bethany told me; the caseworker felt comfortable just listening and being a voice of support without saying "gosh, we need to rethink this placement" or "we need to get you into this training."

Another experience of significant caseworker support came from Karen, who shared that her state's social services contracted with a private (Christian nonprofit) agency to provide long term post-adoption supports after her adoption was finalized. Her sons' post-adoption caseworker became her lifeline, helping her to seek out services, resolve crises, and serving as a very important listener when Karen herself felt overwhelmed by the challenges of parenting

adolescents with trauma. Eight years after her sons' placement, at the time that this study's data collection concluded, Karen's post-adoption social worker continued to be an active and highly consistent support for the family, helping to find services for Ryan, and helping Karen cope with Carl's challenging behaviors when they arose.

These findings indicate that the caseworker relationship can be a critically important support when families experience stress, and that families benefit most when their caseworker stays the same across time but is flexible, committed, and competent. These were the attributes that Bethany and Karen both emphasized in their narratives about positive caseworker support, and that all three parents expressed were lacking when they received insufficient support. These characteristics are also highly consistent with the published literature regarding high quality pre- and post-adoption casework (Denby et al 2011; Goldberg 2012; Vig et al 2005).

Community and faith-based supports. An additional implication of these findings is that community supports, including faith communities and nonprofit organizations, can play an important role in meeting families' needs. Improving adoption service provision should include not only a focus on social worker and caseworker support, but on improving access to community-based therapies and supports that can help to meet families' needs. Meeting these needs may include opportunities for a) establishing *connection* with others through meaningful community, b) building and experiencing *togetherness* through enjoyable activities, c) building children's self-confidence by experiencing *success* through occupations, and d) sharing their stories in a way that helps them to make meaning out of their experiences and help others.

Implications for Adoptive Families

Parent consultants, and a few older children, provided a useful list of suggestions for foster families and for newly formed adoptive families, especially those bringing home older children. These are divided into two sections, "Addressing Challenging Behavior" and

"Developing Routines." I have combined and paraphrased their suggestions for clarity and length.

Community and faith-based supports:

- Don't try to change every behavior at once. (Prioritize) – Sven
- Remain (or at least appear) calm, even when your child is upset. Don't escalate. – Ella, Bethany
- Have someone you can call for help in a crisis, who will come right over and help you problem solve or de-escalate a situation. This could be a neighbor, a good caseworker, a youth group leader, or all of the above. – Sven, Ella, Karen
- Model the way you want your kids to behave. Tell them what you *want* them to do and say, instead of what you *don't* want them to do and say. (So tell them "say 'I don't like that'" instead of "don't yell at your brother") – Bethany

Developing routines:

- Keep routines simple at first. Don't try to do multiple errands in a row, or go multiple places, or introduce your kids to everyone in your community at once. Take it slow. – Bethany, Ella
- Kids may need to sleep or rest a lot at first. They're coping with a lot of change, and they're probably overwhelmed. Let them rest if they need to. – Bethany
- Routines aren't going to look the way you envisioned. That's okay. It'll get better with time and consistency. – Sven, Bethany, Ella, Roberto
- If kids are open to talking about it, you can ask them what routines were like before, eg "what did you eat for breakfast" or "what did you do on birthdays?" Don't assume it'll all

be negative. It's more likely a mix, and kids may want to talk about the good things. – Alice, Bethany

- Find something you and your kids can enjoy all together. It might be something you already enjoyed, like Karen, who loved outdoor activities even before she brought her sons home. Or it might be something new, but you need something that isn't a battle, where you can just enjoy time together. – Everyone

Limitations

I experienced several challenges to collaboration during this research process, which represent noteworthy methodological limitations. First, in preparing my dissertation proposal for my committee, I developed the preliminary research questions prior to entering the field, without collaboration with the study consultants. Although these questions continued to evolve during data collection and discussion with the consultants, they do not represent full collaboration. Consultant participation in the data analysis and writing process was also limited by external constraints. Much of this was related to the child consultants' medical needs. These situations are particularly noteworthy because they could inform study design for projects with similarly situated families.

The children who participated in this study were more interested in talking about the findings than reading about them; it is also worth noting that over 50% of the children who participated in this study had some sort of identified learning or reading disability, which made reading, and physically writing, less-than-optimal ways to collaborate. Instead, I reviewed quotes with them verbally and gathered their input both in person and over the phone. The Sweets teenagers in particular were interested in hearing about, and giving feedback on, the themes as they emerged. They also expanded on their answers and previous quotes. Alice Sweets, for example, confided after getting to know me better that she had chosen to participate in the study

not only because she wanted to help other children in situations like hers, but because she had never been in a research study before, and it was "something different. It sounded like it could be interesting."

Carl and Karen Scott led a busy life together, and I was grateful that they made time for me. They participated in the fewest number of data collections sessions, although I felt that I was able to learn a great deal from them in a relatively short number of visits. Scheduling those visits was a challenge from the start, with Carl's Boy Scout trips, Karen's work, and life's other interruptions. It took an average of seven emails and phone calls to schedule each visit. As Carl began high school, I heard from them less and less; I gathered that their schedule had become even more full, and I remained cognizant that in addition to working full time and caring for Carl, Karen was also attempting to help her older son enroll in school and learn to live on his own in a town more than an hour away from her home. After multiple consecutive attempts at contact without a response, I determined that it was best to move on and use the data I had. I did send a copy of the findings chapters from this manuscript, with an invitation to read them and respond.

Calvin Dawson was hospitalized near the end of the study. This prevented him from completing the photo-elicitation portion of the project, although we had some data from a practice session and from existing photos he had shown me. Out of respect for the more pressing need for his parents to care for him during his illness, I did not press them to review the written materials for this study, although I did offer the opportunity. We had discussed the emerging themes as data collection continued, and I was able to summarize what I thought might be the study findings during our last interview/participant observation session. The section on parent strategies, specifically helping children identify strengths, particularly resonated with Bethany.

Ivan Sweets was also repeatedly hospitalized during data collection, including during my follow-ups with his family after data collection concluded. Ella Sweets is a writer and a voracious reader, and I had anticipated more time for us to collaborate on the writing of this manuscript. In this case, too, we reviewed findings in person and by email. I was also able to incorporate some of her blog content into the manuscript, with her permission. Although collaborative writing has not been possible up to this point, I remain hopeful that I will be able to collaborate with the study families on written products of this research targeted to foster and adoptive parents.

Finally, this study represents a deep, rather than broad, investigation of family experiences, and included only three families, who had several demographic similarities. Although the children who participated in the study were racially diverse (one was black, three were Latino, and one was white), all of the parent participants were white and of the Christian faith. Additionally, all families were from the Southeastern United States. Further exploration of child and parent perspectives in older-child adoption should seek to include the experiences of diverse families in different situations.

Carving a Path for Future Research

Further research is needed to inform support systems and services for adoptive parents to support adaptation to parenthood and to meet adoption specific needs (McKay, Ross & Goldberg, 2010). Although the broad body of adoption literature indicates that outcomes for adopted children and their families are largely positive, the same body indicates that adoptive families face unique needs and require complex, comprehensive services (Barth 2002; Dhami 2007). The predictors of service use and effectiveness are less well known and warrant further research. Research on important formal and informal supports for adoptive families, and on what environmental qualities matter in the context of adoption, has been especially limited. In

particular, research on naturally existing supports, such as religious communities, indicates that these supports are critically important and worthy of further study (Belanger et al, 2012); this is supported by the findings of this study, in which multiple families experienced connectedness and community support primarily through their churches. In addition to creating supports and services for adoptive families, service providers might best assist families by helping to identify and strengthen existing supports; further research is warranted to examine adoptive family perspectives on beneficial environmental supports, and identify the factors outside of clinical services or the adoptive family themselves which contribute to positive adoption outcomes.

Finally, an occupational perspective has much to contribute to adoption research and the development and provision of services for adoptive families. As the literature indicates, little is known about the occupations specific to adoptive families, or how these contribute to family well-being, adoptive identity development, or other outcomes. This study's findings indicate that the qualities of family occupation, which may include connection to *community*, *togetherness*, sense of *success*, and *advocacy*, are one promising path for understanding family and child experiences of occupation in the context of older child adoption. It is my intention as an occupational scientist working in the field of adoptions research to address this gap, and to conduct translational research in the area of family occupations, community supports, and occupational therapy services for adoptive families, to contribute to scholarly understandings of family occupation and inform services for adoptive families. This dissertation represents the first step in addressing these goals.

Concluding Words

The heart of this study's contribution to adoption research is the inclusion of the perspectives of adopted children. I was asked at a conference where I presented preliminary findings from this study, "what finding surprised you the most?" I shared that I was surprised

that the family's accounts of meaningful occupation appeared not to correspond with the literature base surrounding family routines and rituals. On later reflection, I have realized that the thing that surprises me in a lingering way is how much children have to share; yet, how underrepresented their voices are in adoption scholarship and policy. The children and teenagers who participated in this study were staggeringly brave in sharing their lives, hopes, and fears with me, and they did so because they want their own difficult stories to *mean* something, and in particular, to help other children in foster care. Many of the teenagers told me the same thing in similar words: "adoption is hard and I don't like talking about it…(but) I like to help people through my situation." "I want to inspire other families to take in foster kids." Or as Sven told me, "we want our kids to be a voice for adoption."

One standout lesson I learned from this research process was about resilience. I was continually amazed by the way that both the parents and the children who participated in this study persevered in the face of crises and barriers. Above all, they remained committed to one another. The adolescents who participated in this study experienced disruption and trauma; their resilience was grounded in their faith in their parents, and in the possibility of using their stories to *mean* something and maybe even *change* something. They were committed to turning "mess" into "miracle" as Roberto put it. Their resilience was a model for me in dealing with the more emotionally challenging stories that I heard; the way to cope with these stories, the kids taught me, was to let these experiences cultivate empathy within me and fuel the desire to help other children in similar situations.

The most challenging event in this research process happened right near the end. Gentle, smiley, six year old Ivan Sweets passed away unexpectedly the same morning that I presented this project to my committee and the public at my dissertation defense. Like his family, I was

stunned by Ivan's death. A few days later, at Ella's invitation, I drove across states to attend Ivan's memorial service at the Sweets family's church. Ivan's dad spoke at the service about his son's life and the Sweets family's hope that Ivan's story might inspire other families to consider adoption. After the service I joined the family at their home for a few hours to eat food and tell stories in the Southern tradition of grief. "I want to know that his life had meaning," his mom shared, "that there is purpose." A week after his death, she wrote on her blog,

> *I know* that I want Ivan to be more than just some planetary blip. *I know* that one of my biggest fears is that he will be forgotten. His remarkable story dying quickly, like him. I know that each of our kids has transformed us in some way. Ivan is no different. His needs were so unique. His story so unbelievable. He was the boy that lived. And we are blessed beyond measure to have called him son.

I promised Ella that I would dedicate this manuscript to Ivan and that I would continue to tell his story. Beyond this research process, and my hope of using what I learned to help shape clinical practice and scholarship, my relationships with the study families transformed *me*. "These kids are amazing and insightful and generous and this study is changing my life," I wrote to my advisor early in the data collection process, after meeting a new family. And so it did: by the end of the study, in large part because of what the children shared with me of their own perspectives on adoption, I had begun the process of becoming a licensed foster parent, persuaded in particular by Roberto's impassioned words, with which I will end this manuscript:

> "Adoption is a miracle that changes lives."

APPENDIX A: ASSENT TO PARTICIPATE, MINORS 6-14 YEARS

Study recruitment materials

University of North Carolina at Chapel Hill
Assent to Participate in a Research Study
Minor Subjects (6-14 yrs)

Consent Form Version Date: 3/10/15
IRB Study # 13-2346
Title of Study: Occupations of Families who Adopt from Foster Care: A Collaborative Ethnography
Person in charge of study: Caroline McCarty
Where they work at UNC-Chapel Hill: Allied Health Sciences
Other people working on this study: none

PI Contact Info: contact by email at chmccart@med.unc.edu

The people named above are doing a research study.

These are some things we want you to know about research studies:
Your parent needs to give permission for you to be in this study. You do not have to be in this study if you don't want to, even if your parent has already given permission.

You may stop being in the study at any time. If you decide to stop, no one will be angry or upset with you.

Sometimes good things happen to people who take part in studies, and sometimes things happen that they may not like. We will tell you more about these things below.

Why are they doing this research study?

The reason for doing this research is to learn more about adoptive families. I want to learn more about how things like having dinner together, or reading together at bedtime, are important to families.

Why are you being asked to be in this research study?
I want to learn from you because you are the expert on what makes your family special. I want to learn more about the things you do with your family every day, and I'm hoping to learn from the stories you tell me and the pictures you take.

How many people will take part in this study?
If you decide to be in this study, your family will be one of 3-5 families in this research study.

What will happen during this study?

This study will take about six months. During those six months, you will:

- Tell me stories
- Take pictures of the everyday things you do with your family
- Tell me about the pictures you've taken
- Show me the things you like to do with your family.

I will come hang out with your family every few weeks, and do the things that you do everyday (like go places together, or have dinner). Sometimes I might have questions for you; other times I might just hang out and do whatever you are doing.

When I ask you questions (interview you), I will ask if it's okay to record our conversations on an audiorecorder (like my iPhone). I'll use these recordings so that I can remember what we talked about. When the study is over, these recordings will be destroyed (deleted forever). I'll also type up transcripts of our conversations (lists of the things we talked about). I'll keep these for two years after the study ends, and then I'll destroy them, too.

You can always ask me to turn the recorder off, any time you like, or you can choose not to answer a question. You never have to talk to me about anything that you don't want to talk about.

Check the line that best matches your choice:

_____ OK to record me during the study

_____ Not OK to record me during the study

This study will take place at **your house and around town** and will last about six months.

Who will be told the things we learn about you in this study?

Only I (Caroline) will have access to the information that you give me. I will take your name off that information, and then might share some of it anonymously with my teachers and classmates at UNC. I will never share it with anyone else. Sometimes we will talk with your parents in the room (family conversations). These conversations are things I will ask you *and* your parents about when I have questions.

The rest of our conversations will be confidential (just between us), unless you tell me something that could be dangerous to you or someone else. I do want you to know that if you tell me something dangerous to you or someone else, I will have to report that. North Carolina law says that if researchers (like me) learn that a grown up is hurting or neglecting a child, the researcher has to report that to state authorities.

What are the good things that might happen?

Research is designed to benefit society by gaining new knowledge. You will not benefit personally from being in this research study.

What are the bad things that might happen?

Sometimes things happen to people in research studies that may make them feel bad. These are called "risks." These are the risks of this study: you could feel embarrassed about some of the things you tell me. If talking about something makes you feel bad, it's okay to stop. You can always tell me if there's something you do not want to share or talk about.

Not all of these things may happen to you. None of them may happen or things may happen that the researchers don't know about. You should report any problems to the researcher

What if you or your parents don't want you to be in this study?

If you or your parents don't want you to be in this study, that's okay. You do not have to participate, and you can withdraw at any time.

Will you get any money or gifts for being in this research study?
You will be receiving a $5 iTunes gift card, or a gift card of equal value to the place of your choosing (that your parents approve) for each month that you take part in this study.

Who should you ask if you have any questions?
If you have questions you should ask the people listed on the first page of this form. If you have other questions, complaints or concerns about your rights while you are in this research study you may contact the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

If you sign your name below, it means that you agree to take part in this research study.

_____ _____
Sign your name here if you want to be in the study Date

_____
Print your name here if you want to be in the study

_____ _____
Signature of Research Team Member Obtaining Assent Date

_____
Printed Name of Research Team Member Obtaining Assent

APPENDIX B: ADULT CONSENT TO PARTICIPATE IN RESEARCH STUDY

University of North Carolina at Chapel Hill
Consent to Participate in a Research Study
Adult Participants

Consent Form Version Date: 4/23/15
IRB Study # 13-2346
Title of Study: Occupations of Families who Adopt from Foster Care: A Collaborative Ethnography
Principal Investigator: Caroline Harkins McCarty
Principal Investigator Department: Allied Health Sciences
Principal Investigator Phone number: 843 452 9528
Principal Investigator Email Address: chmccart@med.unc.edu
Faculty Advisor: Brian Boyd
Faculty Advisor Contact Information: (919) 843-4465

What are some general things you should know about research studies?
You are being asked to take part in a research study. To join the study is voluntary.
You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. You should ask the researcher named above any questions you have about this study at any time.

What is the purpose of this study?
The purpose of this research study is to learn about the daily lives of families who adopt older children from foster care. We are interested in how adoptive families develop new routines in their daily lives together. We are interested in both child and parent perspectives on daily family life.

This study seeks to identify: 1) what routines are important to adoptive families, 2) what supports are important to families in their daily lives, and 3) what barriers do adoptive families face as they participate in routines together? The researcher's hope is that the information shared by the adoptive families (parents and children) who participate in the study can be used to better inform supports for other adoptive families, and adoption policy.

You are being asked to be in the study because your family 1) includes at least two children, and 2) at least one child was adopted from the foster care system within the past four years, and was older than six at the time he or she was adopted. As adoptive parents and children, you and the members of your family are the experts on your own daily lives, and I would like to learn from you about how you develop daily family practices, and how these shape your experience of being a family.

Are there any reasons you should not be in this study?
You should not be in this study if your adoption has not been finalized. You may still participate if you have other foster or adoptive children in your home, but children who are currently in foster care may not be interviewed for the study, and data will not be collected on their experiences.

How many people will take part in this study?
There will be 3-4 families (parents and children) participating in this research study.

How long will your part in this study last?

The expected length of study participation is six months. This will include an average of 2 visits from me (Caroline) each month. These visits may consist of interviews, informal conversations, or "participant observations," meaning that I'll go with you to do the things you do each day (only the things you're comfortable with, and wish to share), so that I can see and learn about your daily life. Visits will range from 1-2 hours on average. You will decide when each visit takes place. Interviews can also take place over the phone or by email, if that's more convenient for you, but observations will take place in person. You will also be invited to give input to the study results (this input can include feedback, comments, and new insights).

What will happen if you take part in the study?
This is a collaborative ethnographic research project. This means that the information will be collected through interviews and observations, and that you will be viewed as an equal partner in the research process.

Individual interviews

- Length: individual interviews will take up to an hour.
- Place: The researcher will meet you at your home or in the community, whenever and wherever is most convenient to you
- Purpose: to learn more about your perspective on your family's daily life. Questions will be about:
    - Things you do each day as a family
    - Supports that have helped you go about your family routines at home and in your community
    - Barriers to family routines, or barriers in the community
- Who: The researcher will interview each parent and child in your family (if all are willing) at least two times.

- During the interviews, you may choose not to answer a question for any reason. You may also share information that the researcher does not think to ask about.

Whole family interviews:

- There will be at least one hour long conversation between the researcher and your whole family, at your home.
- We will look at family photographs (selected by you) and talk about family routines.
- This will be a chance for your whole family to share about what life was like before and after your adoption, and about the things you have done together to become a family.

Photographs:

- Children who participate in the study will be asked to take pictures of what family means to them, and of the things they like to do with their families each day. These photos will be used to help guide the child and family interviews. The photos will not be collected or used as data, outside of the interviews.
- If you and your child elect to do so, you may share your photos with others, but the researcher will never share the photos, or any identifying information about you.
- You will also be asked to share existing photos from your family albums (these can be physical photo albums, or digital) to help guide the conversations during individual and whole family interviews. You may choose which photos you wish to share and discuss. You can always elect not to discuss something, for any reason.

What are the possible benefits from being in this study?
Research is designed to benefit society by gaining new knowledge. You will not benefit personally from being in this research study.

What are the possible risks or discomforts involved from being in this study?
There are no known risks to participation in this study. All ethnographic research carries the potential for social discomfort. If a question makes you uncomfortable, you have the right not to answer it. You will have the chance to review all study findings, and give feedback, prior to publication. All publications will be anonymous. You should report any problems from participation to the researcher. You should know that once the study is published, there will be no way to retract your contributions.

What if we learn about new findings or information during the study?
You will be given any new information gained during the course of the study that might affect your willingness to continue your participation.

How will information about you be protected?
Physical data (audiotapes, pictures, transcripts of our conversation) will be kept in a locked file cabinet in the researcher's locked office. Electronic data will be stored on the researcher's encrypted, password protected laptop computer.

Only the researcher (Caroline McCarty) will have access to the study data, although she may share the de-identified data (data with your personal identifying information removed) with other researchers (such as her doctoral mentor and dissertation committee members) for feedback.

Each member of your family will be invited to choose a pseudonym in order to maintain confidentiality, and data will be stored under these pseudonyms, rather than under your real name.

Participants will not be identified in any report or publication about this study, unless you directly request in writing to be credited by name for your contributions (for study members under 18, parents must additionally consent to this step). Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies (for example, the FDA) for purposes such as quality control or safety.

Under North Carolina law, confidentiality does not extend to information about abuse or neglect of a child or disabled adult. If the researchers become aware of such information, they are required to report it to state authorities.

This study includes digitally recorded audio data (the researcher will record some conversations, especially interviews, so that these can be transcribed as data). You can request that the audio recorder be turned off at any time. The recordings will be uploaded to the researcher's password protected, encrypted laptop. They will be stored for up to 2 years after the study is completed, for further analysis as needed, after which time they will be permanently destroyed.

Check the line that best matches your choice:

_____ OK to record me during the study

_____ Not OK to record me during the study

What if you want to stop before your part in the study is complete?
You can withdraw from this study at any time, without penalty. The investigators also have the right to stop your participation at any time. This could be to protect you or your children (if the research process causes you or your child unexpected stress), or because the entire study has been stopped. If the research process is stopped, the researcher will contact you to let you know,

and if possible, will explain why.

Will you receive anything for being in this study?

You will be receiving a $100 gift card for participating in this study.

Will it cost you anything to be in this study?

It will not cost you anything to be in this study.

What if you have questions about this study?
You have the right to ask, and have answered, any questions you may have about this research. If you have questions about the study (including payments), complaints, concerns, or if a research-related injury occurs, you should contact the researchers listed on the first page of this form.

What if you have questions about your rights as a research participant?
All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Participant's Agreement:
I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

_____ _____
Signature of Research Participant Date

_____
Printed Name of Research Participant

_____ _____
Signature of Research Team Member Obtaining Consent Date

_____
Printed Name of Research Team Member Obtaining Consent

APPENDIX C: PARENT PERMISSION FOR A MINOR CHILD TO PARTICIPATE

University of North Carolina at Chapel Hill
Parental Permission for a Minor Child to Participate in a Research Study

Consent Form Version Date: 4/23/15
IRB Study # 13-2346
Title of Study: Occupations of Families who Adopt from Foster Care: A Collaborative Ethnography
Principal Investigator: Caroline McCarty
Principal Investigator Department: Allied Health Sciences
Principal Investigator Phone number: 843 452 9528
Principal Investigator Email Address: chmccart@med.unc.edu
Faculty Advisor: Brian Boyd
Faculty Advisor Contact Information: (919) 843-4465

What are some general things you and you child should know about research studies?
You are being asked to allow your child to take part in a research study. To join the study is voluntary.
You may refuse to give permission, or you may withdraw your permission for your child to be in the study, for any reason, without penalty. Even if you give your permission, your child can decide not to be in the study or to leave the study early.

Research studies are designed to obtain new knowledge. This new information may help people in the future. Your child may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you and your child understand this information so that you and your child can make an informed choice about being in this research study.
You will be given a copy of this consent form. You and your child should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?
The purpose of this research study is to learn about the daily lives of families who adopt older children from foster care. We are interested in how adoptive families develop new routines in their daily lives together. We are interested in both child and parent perspectives on daily family life.

This study seeks to identify: 1) what routines are important to adoptive families, 2) what supports are important to families in their daily lives, and 3) what barriers do adoptive families face as they participate in routines together? The researcher's hope is that the information shared by the

adoptive families (parents and children) who participate in the study can be used to better inform supports for other adoptive families, and adoption policy.

Your child is being asked to be in the study because your family 1) includes at least two children, and 2) at least one child was adopted from the foster care system within the past four years, and was older than six at the time he or she was adopted. As adoptive parents and children, you are the experts on your own daily lives, and I would like to learn from you about how you develop daily family practices, and how these shape your experience of being a family.

Although this study targets children adopted from foster care within the past four years, I am interested in learning from all of the children in your family about family routines, and ask that you complete a parent permission form for each child in your family who is willing to participate.

Are there any reasons your child should not be in this study?
Your child should not be in this study if you have reason to suspect that the study topic, or study participation, could cause your child undue harm or stress. This could include children for whom participation in daily family routines such as meals and community outings is excessively stressful, or children for whom participating in an informal interview would be very stressful.

Children may not be in this study if their adoption has not been finalized. Your family may still participate if you have other foster or adoptive children in your home, but children who are currently in foster care may not be interviewed for the study, and data will not be collected on their experiences.

How many people will take part in this study?
There will be approximately 3-5 families in this research study.

How long will your child's part in this study last?
The expected length of study participation is six months. This will include an average of 2 visits from me (Caroline) each month. These visits may consist of interviews, informal conversations, or "participant observations," meaning that I'll go with you to do the things you do each day (only the things you're comfortable with, and wish to share), so that I can see and learn about your daily life. Visits will range from 1-2 hours on average. You will decide when each visit takes place. Interviews can also take place over the phone or by email, if that's more convenient for you, but observations will take place in person. You and your child(ren) will also be invited to give input to the study results (this input can include feedback, comments, and new insights).

What will happen if your child takes part in the study?
Your child will be asked to participate in brief interviews (with just your child, and with your whole family), which will be recorded. You or your child may ask me to turn the recorder off at any time. Your child will also be asked to participate in participant observations, in which I will hang out with your family and observe your daily routines to learn more about them. The activities that I observe will be up to you and your child. There will be an average of 2 participant observations and/or interviews each month that you participate in the study. The times and dates of these will also be up to you and your child.

- You and your child will both be asked to participate in interviews (about one a month). These will take an average of 30-45 minutes. Your child may choose not to answer a question for any reason.
- Children who participate in the study will be asked to take pictures of what family means to them, and of the things they like to do with their families each day. These photos will be used to help guide the child and family interviews. The photos will not be collected or used as data, outside of the interviews.
- If you and your child elect to do so, you may share your photos with others, but the researcher will never share the photos, or any identifying information about you.
- You will also be asked to share existing photos from your family albums (these can be physical photo albums, or digital) to help guide the conversations during individual and whole family interviews. You may choose which photos you wish to share and discuss. You can always elect not to discuss something, for any reason.

What are the possible benefits from being in this study?
Research is designed to benefit society by gaining new knowledge. Your child will not benefit personally from being in this research study.

What are the possible risks or discomforts involved from being in this study?
The foreseeable risk to participation in a study like this is stress or social embarrassment. If talking about a topic makes your child (or you) uncomfortable, you or your child may decline to answer the question, change the topic, and/or ask that the recorder be turned off. If study participation becomes stressful, you can scale back your own and your child's participation (space out visits or reduce number of visits) or withdraw from the study completely. You can withdraw from the study at any time. The researcher is a trained pediatric occupational therapist with extensive experience working with children, and will redirect and change the subject if your child becomes visibly upset during an interview, in order to minimize the risk of stress to your child.
There may be uncommon or previously unknown risks. You should report any problems to the researcher.

What if we learn about new findings or information during the study?
You and your child will be given any new information gained during the course of the study that might affect your willingness to continue your child's participation in the study.

How will information about your child be protected?
Physical data (audiotapes, pictures, transcripts of our conversation) will be kept in a locked file cabinet in the researcher's locked office. Electronic data will be stored on the researcher's encrypted, password protected laptop computer.

Only the researcher (Caroline McCarty) will have access to the study data, although she may share the de-identified data (data with your personal identifying information removed) with other researchers (such as her doctoral mentor and dissertation committee members) for feedback.

Each member of your family will be invited to choose a pseudonym in order to maintain confidentiality, and data will be stored under these pseudonyms, rather than under your real name.

Participants will not be identified in any report or publication about this study, unless you and your child directly request in writing to be credited by name for your contributions (for study members under 18, parents must additionally consent to this step). Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies (for example, the FDA) for purposes such as quality control or safety.

Under North Carolina law, confidentiality does not extend to information about abuse or neglect of a child or disabled adult. If the researchers become aware of such information, they are required to report it to state authorities.

This study includes digitally recorded audio data (the researcher will record some conversations, especially interviews, so that these can be transcribed as data).

You can request that the audio recorder be turned off at any time.

The recordings will be uploaded to the researcher's password protected, encrypted laptop. They will be stored for up to 2 years after the study is completed, for further analysis as needed, after which time they will be permanently destroyed.

Check the line that best matches your choice:

_____ OK to record my child during the study

_____ Not OK to record my child during the study

What if you or your child wants to stop before your child's part in the study is complete?
You can withdraw your child from this study at any time, without penalty. The investigators also have the right to stop your child's participation at any time. This could be because your child appears to be having a bad reaction to participating in the study (if the study appears to be causing your child undue stress, for example), or because the entire study has been stopped.

Will your child receive anything for being in this study?

Your child will receive a five dollar gift card (iTunes or another card of your/your child's choosing) for being in this study. This is separate from the gift card detailed in the adult consent to participate form.

Will it cost you anything for your child to be in this study?
It will not cost anything to be in this study.

What if you or your child has questions about this study?
You and your child have the right to ask, and have answered, any questions you may have about this research. If there are questions about the study (including payments), complaints, concerns, or if a research-related injury occurs, contact the researchers listed on the first page of this form**.**

What if there are questions about your child's rights as a research participant?
All research on human volunteers is reviewed by a committee that works to protect your child's rights and welfare. If there are questions or concerns about your child's rights as a research subject, or if you would like to obtain information or offer input, you may contact the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Parent's Agreement:

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily give permission to allow my child to participate in this research study.

_____

Printed Name of Research Participant (child)

_____ _____

Signature of Parent Date

_____

Printed Name of Parent

_____ _____

Signature of Research Team Member Obtaining Permission Date

_____

Printed Name of Research Team Member Obtaining Permission

APPENDIX D: ASSENT TO PARTICIPATE, AGE 15-17

University of North Carolina at Chapel Hill
Assent to Participate in a Research Study
Adolescent Participants age 15-17

Consent Form Version Date: 4/23/15
IRB Study # 13-2346
Title of Study: Occupations of Families who Adopt from Foster Care: A Collaborative Ethnography
Principal Investigator: Caroline McCarty
Principal Investigator Department: Allied Health Sciences
Principal Investigator Phone number: 843 452 9528
Principal Investigator Email Address: chmccart@med.unc.edu
Faculty Advisor: Brian Boyd
Faculty Advisor Contact Information: (919) 843-4465

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your parent, or guardian, needs to give permission for you to be in this study. You do not have to be in this study if you don't want to, even if your parent has already given permission. To join the study is voluntary. You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?
The purpose of this research study is to learn about the everyday routines of adoptive families. By learning about how children/teenagers and their families come together to develop routines like dinner time, getting ready for school in the morning, or family outings, we hope to be able to use the information we learn to help adoptive families and children who struggle with these parts of everyday life.

Are there any reasons you should not be in this study?
You should not be in this study if talking about daily routines, and having a researcher participate in some of these routines, will cause you too much stress. You do not have to participate in this study if you do not want to, even if your family wants you to participate.

How many people will take part in this study?
There will be approximately 3-5 families in this research study.

How long will your part in this study last?
This study will take approximately six months. During those six months, the researcher will visit your family about once every two weeks. During and after the six months, I'll ask you follow up questions to make sure I understand what you mean when you tell me things, and to be sure that I have a clear picture of the things you do with your family that are important to you. You'll have the chance to read what I write, and to give feedback and make changes. This is a collaborative study, which means that you will have an equal voice in everything we write about your experiences.

What will happen if you take part in the study?
This study will take about six months. During those six months, you will:

- Participate in interviews about your everyday family routines. (Some interviews will be individual (just you and me), and some will be with your whole family)
- Identify the things you do with your family that are important to you
- Take pictures of these everyday family routines
- Tell me about the pictures you've taken
- Show me the things you like to do with your family

I will come hang out with your family every few weeks, and do the things that you do everyday (like go places together, or have dinner). Sometimes I might have questions for you; other times I might just hang out and do whatever you are doing.

When I ask you questions (interview you), I will ask if it's okay to record our conversations on an audiorecorder (like my iPhone). I'll use these recordings so that I can remember what we talked about.

You can always choose not to answer a question. You never have to talk to me about anything that you don't want to talk about.

What are the possible benefits from being in this study?
Research is designed to benefit society by gaining new knowledge. You will not benefit personally from being in this research study.

What are the possible risks or discomforts involved from being in this study?
The known risk to participating in this study is social discomfort. You could feel embarrassed by the things we talk about. It is important that you know that you never have to tell me anything that you don't wish to share, and that I will take every possible precaution to protect the confidentiality of what you tell me. It's also important that you know that I am a mandated reporter of certain things: if you tell me anything that could be dangerous to you or others, I do have to report it.

There may be uncommon or previously unknown risks. You should report any problems to the researcher.

How will information about you be protected?

Physical data (audiotapes, pictures, transcripts of our conversation) will be kept in a locked file cabinet in the researcher's locked office. Electronic data will be stored on the researcher's encrypted, password protected laptop computer.

Only the researcher (Caroline McCarty) will have access to the study data, although she may share the de-identified data (data with your personal identifying information removed) with other researchers (such as her doctoral mentor and dissertation committee members) for feedback.

Each member of your family will be invited to choose a pseudonym in order to maintain confidentiality, and data will be stored under these pseudonyms, rather than under your real name.

Participants will not be identified in any report or publication about this study, unless you and your family ask to be acknowledged by name (you and your parents must give written permission for this to occur). Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies (for example, the FDA) for purposes such as quality control or safety.

During the study, I will record some of our conversations so that I can remember what we talked about. The recordings will be stored on my encrypted, password protected laptop. When the study is over, these recordings will be destroyed (deleted forever). I'll also type up transcripts of our conversations (lists of the things we talked about). I'll keep these for two years after the study ends, and then I'll destroy them, too.

I also want you to know that under North Carolina law, confidentiality does not extend to information about abuse or neglect of a child or disabled adult. If researchers become aware of such information, they are required to report it to state authorities.

You can always ask that I turn off the recorder, at any time.

Check the line that best matches your choice:

_____ OK to record me during the study

_____ Not OK to record me during the study

What if you want to stop before your part in the study is complete?

You can withdraw from this study at any time, without penalty. The investigators and your parents also have the right to stop your participation at any time. This could be because the study appears to be causing you undue stress, or because the entire study has been stopped. When possible, the researcher (Caroline) will tell you why your participation has been stopped.

Will you receive anything for being in this study?
You will be receiving a $10 gift card (to iTunes or the store of your choice, with your parent's approval) each month for taking part in this study.

Will it cost you anything to be in this study?

It will not cost you anything to be in this study.

What if you have questions about this study?
You have the right to ask, and have answered, any questions you may have about this research. If you have questions about the study (including payments), complaints, concerns, or if a research-related injury occurs, you should contact the researchers listed on the first page of this form**.**

What if you have questions about your rights as a research participant?
All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Participant's Agreement:

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

_____ _____

Your signature if you agree to be in the study Date

_____

Printed name if you agree to be in the study

_____ _____

Signature of Research Team Member Obtaining Assent Date

_____

Printed Name of Research Team Member Obtaining Assent

APPENDIX E: RECRUITMENT MATERIALS, LISTSERV AND FLYER

Are you part of an adoptive family?

Does your family include:

- At least two children?
- One child adopted from foster care a) over the age of 6, and b) within the past 4 years?

Would you be interested in sharing your everyday family experiences with an adoption researcher?

If your child was over the age of six at the time of placement within your family, and your adoption has been finalized, you may be eligible to participate in a research study. This collaborative ethnographic study, "OCCUPATIONS OF FAMILIES WHO ADOPT FROM FOSTER CARE," seeks to understand the experiences of adoptive families.

We are interested in learning about the supports and barriers that families experience, and the daily practices of successful adoptive families. Our hope is that this information can help therapists who work with struggling adoptive families, and can help to shape further research.

We are seeking 3-4 families who are willing to be interviewed and to have an observer participate in their daily routines on occasion (on average, 2 times each month for 3-6 months)

Interested? Contact Caroline at chmccart@med.unc.edu to learn more about this research study.

APPENDIX F: SAMPLE QUESTIONS FOR INTERVIEW OF YOUNG CHILDREN

Script for Interview of Minors : Sample Questions

NOT to be asked all in one sitting, but across several observations, especially with young children

1. What kind of things do you like to do with your family?
    a. (also ask about special routines with each family member, eg, "what kind of things do you like to do with your mom?")

2. What does your family do together that makes you feel special?

3. How do you celebrate birthdays in your family? What things do you do?
    a. (same for holidays, etc – try to get at special family rituals)

4. What does your family do at dinnertime?
        i. Bathtime
        ii. Breakfast
        iii. Mornings before school
        iv. Bedtime

5. What do you do with your family on the weekend?

6. Where do you like to go with your family around town?

APPENDIX G: SAMPLE PARENT INTERVIEW QUESTIONS

Sample Parent Interview Questionnaire

- Tell me about something you really enjoy doing with your family
- What does your family do to make birthdays special?
    - Holidays?
- Tell me about a special trip that you took together as a family.
- Think back to when you first brought your child home. What do you remember most about…
    - Dinnertime
    - Bathtime
    - Bedtime
    - Morning routines
    - Things you did to bond as a family
    - Etc.
- Is there anything you do each day, or each week, that has changed a lot since you brought your child home?
- Are there things that have stayed the same?
- Are there any routines that have been particularly difficult to figure out?
- Are there any times of day that are especially challenging?
- When do you feel the most connected with your child?
- When do you feel the most successful as a parent?
- What supports have been important to you as a mom (or dad)?
- Is there anywhere that's especially hard to go as a family?
- What have been your biggest obstacles as a family? As a parent?
- Tell me about a favorite memory with your child.

APPENDIX H: PHOTOVOICE PARTICIPATION INSTRUCTIONS

For children (verbal and written prompt)

Please use this (digital) camera to take pictures of the things you like to do with your family, at home and around town. Please take at least 10 pictures, of your family doing different things that are special to you

Also included for teenagers: Please take pictures of what family means to you.

For parents (written information)

Your child is being asked to participate in a photovoice project. Photography can help young children to express their thoughts and experiences in a novel way. I am interested in learning about the family routines and rituals that are important to your child. Please remind your child to take pictures of the things that he or she likes to do with your family, both at home and out in the community. You can ask your child what family means to him or her, or what his or her favorite things to do with (Mom, Dad, etc.) are, and use your child's answers to help you know when to bring the camera along/ask "would you like to take a picture of this?" It is okay if the photos are blurry or imperfect. What I'm interested in is your child's point of view on daily life as a part of your family. It is okay for your child to experiment with the camera, but please prompt him or her not to take pictures of people who have not agreed to be in the study, unless you are in a public place. If your child does take pictures of people who have not consented to be in the study, we won't be able to use those for our discussion. Please do not allow your child to take the camera to school. It is okay if your child wants to use his or her own camera, or phone, to take pictures instead of the loaner camera.

APPENDIX I: PARTICIPANT OBSERVATION GUIDE

Participant Observation Guide

- Participant observation notes will be kept in a hard bound notebook
- One notebook will be maintained for each family participating in the study
- Notebooks will use pseudonyms to protect participant privacy (pseudonyms to be chosen by study participants)

Data will include:

Significant quotations	From parents or children, about their daily lives and occupations – the researcher will make a note of anything striking during these observations, especially during times that the recorder is turned off (family may invite researcher to record, or researcher may ask permission to do so if the observation leads into an interview, but family will never be recorded without their explicit permission)
Occupations observed	What was the family doing together, or separately?
Researcher's role in these occupations	Was the researcher participating, or observing, or somewhere in between? Did the family, or individuals within the family, invite participation? Did it seem like the researcher entering into the occupation changed the way the occupation was performed, or the experience of the occupation for the family?
Locations	Where did the observations and interviews take place? Did the researcher travel anywhere in the community with the family?
Times and durations	Of the total observation, and of each occupation within the observation
Sensations	What was the sense of the researcher during the participant observation? What were the interactions, scenes and moods during the observation?
Impression	The researcher will journal her impressions IMMEDIATELY after each participant observation session, writing down everything she can recall, and every significant impression.

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