

ASSESSMENT ISSUES IN INTERCOUNTRY ADOPTIONS:

THE INTRODUCTION OF THE PROSPECTIVE ADOPTIVE PARENTING QUESTIONNAIRE (PAP-Q)

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Introduction

Intercountry adoption is a highly regulated phenomenon in most Western Countries. However, standards and theory on assessing prospective adopters are few. In this paper I present the results of a research project that was conducted between 1992 and 1999 at Utrecht University (the Netherlands). In this research I had two main goals. First I wanted to develop a child-centred theoretical framework to provide a scientific basis for the actual assessment of prospective adopters. Second, there was need to improve the current assessment procedure. The latter was accomplished by constructing and implementing an instrument. Theories on risk and protective factors, the idea that adoption is **not** a regular means of family formation but primarily meant to safeguard the rights of the children, and a model on specific adoptive parenting tasks, provided the basis for this new assessment instrument: the Prospective Adoptive Parenting Questionnaire (PAPQ), that I will introduce in this paper.

Facts and Figures on Intercountry adoption in the Netherlands

Last year about 1000 children entered the Netherlands to be internationally adopted and currently the adoption rates are rising (Figures by the Dutch Ministry of Justice, 1990, 1994, 2000). Between 1956, when the first Dutch Adoption Act came into force, and 1995, Dutch couples, mostly infertile, have adopted approximately 28,000 children (CBS, 1963; Duimelaar, 1993; Ministry of Justice, 2000). Recently (1998) Dutch Adoption Laws were reformed in order to enable the Netherlands to ratify the Hague Convention on Intercountry Adoption (1993). Ever since this reform, the number of applications is growing and more children are entering the Netherlands to be adopted by either couples or single persons. Under the Hague Convention the Netherlands have the obligation to provide the preparation and standardized assessment of prospective adopters.

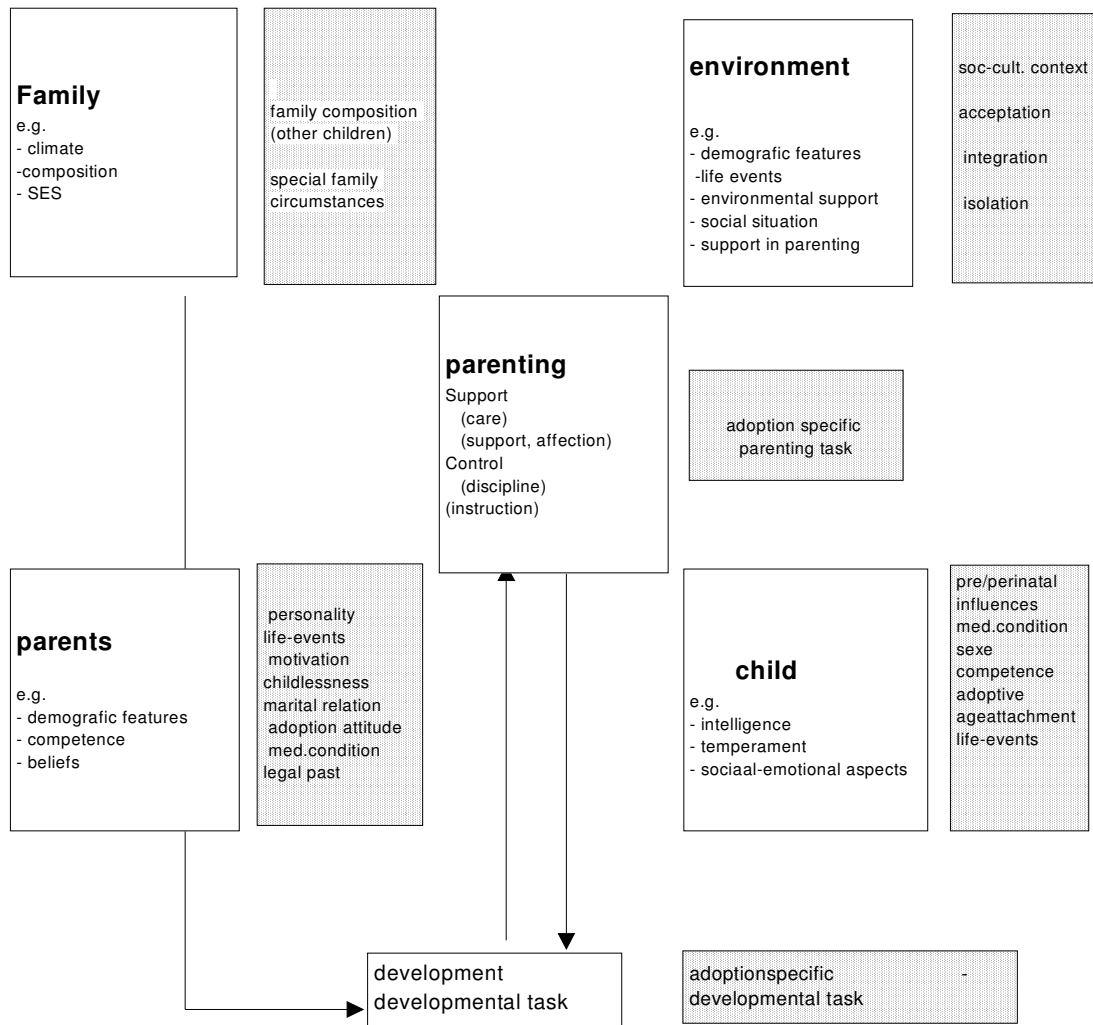
All adoptive families will have come a long way before the actual adoption takes place: they have obtained a formal consent (given by the Central Authority on Intercountry Adoptions/ the Dutch Ministry of Justice) in order to be able to adopt a foreign child. This consent is linked to the home study. The home study is conducted by a social worker of the Child Protection Board. In an average number of four interviews she writes a report and gives an advise on whether or not to grant the formal consent. A negative advise is very rare: less than 0,5% of the applicants is rejected, but a third to a fourth of all applications is withdrawn during the lengthy procedure.

The procedure of the home study lacks a theoretical background. Only a minimum of guidelines is provided to the social workers that are to conduct the assessment. This strikes as peculiar since we now know that intercountry adoptions often encounter serious problems on both individual as family levels (e.g. Ligthart, 1995; Wierzbicki, 1993; Hoksbergen, Spaan & Waardenburg, 1988; Verhulst & Versluis-den Bieman, 1989). However, longitudinal studies report good adoption outcomes when the families really are well prepared for their task of rearing a non-biological child (e.g. Bohman & Sigvardsson, 1990). This is where the first research question emerges: what theory can form the basis for an assessment of prospective adopters.

Developing a theoretical framework

I adapted the transactional model on child development by Rispen and Goudena (1994) for adoptive children. In this model and in my model, child development is considered as a dependent variable, determined by risk and protective factors at child, parental, family, school, and environmental levels. The crucial determinant is parenting, which in this model consisting of four dimensions, daily care, support, control and instruction. Each determinant contains several risk and protective factors. Rutter (1990) already addressed the idea of cumulation of risk: when there are more risk factors in a specific situation then there may be a cumulative effect. It is conceptualised that the same goes for protective factors. In this research I think a cumulation of protection crucial to provide a basis for adequate adoptive child developmental levels. For the present study, the model was adapted to adoptive families using recent insights on intercountry adoption combined with research on risk and protective factors.

Child factors and child developmental outcome are crucial to the model, but even now no information about the child is available in the assessment situation. Therefore, I used, based on an extensive literature survey of child functioning in adoptive families, an image of the (hypothetical) average, ordinary adoptive child. This intercountry adoptee is vulnerable and at risk for developing a psychopathological condition. In order to counteract this risk both protection and risk in the parents, family, and the environment are assessed. Therefore a more balanced view of strengths and weaknesses of the prospective adoptive family is produced, which provides a better starting point in adoptions than has so far been available. The other crucial determinant in the model is parenting. Therefore, I need to elaborate on adoptive parenting. In general, adoptive parents are older than their biological counterparts, hence they have been married longer and have been able to pursue a career, which results in a higher social economic status (SES; upper middle class). Their financial situation is better than average and they can afford an (expensive) intercountry adoption. Most couples (up to 90%) are involuntarily childless (Van Balen, 1991; Hoksbergen & Bunjes, 1989; Verhulst & Versluis-den Bieman, 1989; Humphrey & Humphrey, 1988; Bohmann & Sigvardsson 1990; Tizard, 1991). This presents a good starting point for the adoption, and is referred to by Rispen (1994) as 'parenting capital'. Adoptive couples need this 'parenting capital' as a basis to become *good-enough adoptive parents*.



Vinke, 1999

Figure 1. Model on child functioning for adoptive children

Table 1. Developmental and Parenting tasks for adoptive children and adoptive families

Age	0-1 year	2-3 year	4-5 year	6-11 year	12-14 year	15-18 year
Developmental period	baby	toddler	pre-school	schoolage	pre-adolescence	adolescence
Developmental task	- development of motor skills - attachment	- attachment - exploration	-development of autonomy -individuation	-contacts with peergroup -school skills	- identity - separation and individuation	- relations - rolls
Specific tasks for adopted children	- handling the trauma of separation - culture shock - attachment and bonding with the adoptive family	-development of trust in the adoptive parents - attachment and bonding with the adoptive family	- handling the adoption and the differences between the child and the parents - attachment and bonding with the adoptive family	- feelings of being deserted versus feelings of being chosen - fantasies on the biological family	- interest in 'roots' - coping with double loyalties/double set of parents	- decision on whether or not to search for the biological family - acceptance and reaffirmation of the triadic family
Parental task	- care-taking - responsive reactions - being available	- responsive reactions and interactions with the child -warmth and support	- creating a stimulating environment - giving autonomy	- regulation of behaviour - consistency - making contact with peergroup possible	- acknowledgment of autonomy - support in school and relationships - leeftijdsgereken grenzen stellen	- giving responsibility - accepting personal choices of the child - accomplishing a more symmetric relationship with the child
Specific task for adoptive parents	- acceptance en integration of a non-biological child - openness on adoption - respect and stimulation of child in its own way (which may differ due to genetic differences)	- coping with reactions on the adoption of both the child as the environment - respect and stimulation of child in its own way (which may differ due to genetic differences)	- acknowledgment of and coping with differences - formation of a stable adoptive family - respect and stimulation of child in its own way (which may differ due to genetic differences)	- coping with own uncertainties and questions (becoming good-enough adoptive parents) - openness on adoption	- coping with differences between triadic and regular family - connecting both the biological family and the adoptive family	- redefinition of rolls - re-acceptation of adoption - support when child decides to go look for its roots

(Based on Dekovic, Groenendaal, Noom, & Gerrits, 1996; Goudena, 1994; Hajal & Rosenberg, 1991; Rosenberg, 1992, translation of Vinke, 1999)

Constructing an assessment instrument

In order to develop an instrument to chart both (possible) risk and protective factors in applicants and thus to aid social workers in their decision process during the home study, the PAP-Q was developed. Prior to the actual instrument construction, assessment subjects were chosen by literature study, study of home study-report files, expert consultation (adapted Delphi procedure) and study of questionnaires (e.g. personality or family questionnaires). Finally a self report questionnaire was devised. The questionnaire consists of three parts: a part with factual information (Part A); a part with closed questions to be answered on a five point Likertscale (Part B) and a part with open questions and situations to give the applicants the opportunity to elaborate on some issues in their own words (Part C). All questions were related to one of the 69 risk- and protective factors that the PAPQ aims to assess. This questionnaire was filled out by prospective adopters prior to the home study. The PAPQ was scored and interpreted by a child psychologist and leads to a Parenting Profile. The Profile gives guidelines for the interviews (home study) the social worker has with the prospective adoptive parents. Thus, some major issues in assessing adoptive parents are solved.

Table 2: Impression of the contents of the PAP-Q

Prospective Adoptive Parenting Questionnaire (PAP-Q)

Part A: 20 questions on facts/background

(e.g. age, birthplace, cultural background, education, current medical treatment.)

Part B: 162 questions to be scored on a 5-point Likert scale

(e.g. 'My environment expects me to have children' or 'I never need advise of other people' or 'I simply like children')

Part C: 21 open questions

(e.g. sentence completions like 'Adoption means to me.....' and adoption related situations with questions like: what is your first reaction; how do you feel, how does this affect your child/what does he/she feel?)

Results

When I started of the general idea was that an instrument would help social workers in assessing the prospective adopters and that their work would be done more systematically. The try-out of the PAPQ in 109 home studies in 1995 at eight branches (of 19 branches) of the CPB, supports this idea: over 60% of all parents found the questionnaire interesting or useful, whereas nearly 90% of all social workers thought an instrument such as the PAPQ provides a useful basis for their home study. The general conclusion of the use of a new assessment instrument in intercountry adoptions is that the instrument is suitable and easy to implement. Psychometric values (reliability and validity) are promising. Cronbach's alpha varied between .5 and .8 for the various subscales. As for validity: in general, both social workers and prospective parents describe a good fit between the Parenting Profile and their own findings and ideas. Both state that - although initially reluctant to use or fill out an instrument such as the PAPQ - they find the instrument a valuable contribution to conducting home studies and assessing applicants in a more

uniform and systematic way. Most social workers felt strengthened in their own perception of the applicants, since the PAPQ Parenting Profile - in most cases - produced the same impression they had reached on the basis of their training and intuition.

Conclusion and discussion

In constructing an instrument a first step has been taken. More facts and figures on psychometric quality have to be gathered in the future and the instrument will probably need more revisions. Also studies should focus on the predictive value of the instrument: how do the parents that filled out the PAP-Q prior to the adoption parent in daily life: all families will have a child by now. There is a large road ahead that needs to be developed and maintained. Not only the phase prior to adoption (compulsary preparatory classes as well as the home study) needs attention, also the phase of matching and counseling after the actual placement is very important. As for now, I do express the hope that this research project may lead to reconsideration on adoptive parenting in general and the home study in particular. In my opinion there is only one main aim: providing a good-enough future for adoptive children and their new families!

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