What Experiences Prompted Adoptive Parents of Preadolescents to Self-Refer for Child–Parent Relationship Therapy?

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Adoptive parents and preadolescent children experience unique relational challenges postadoption. As a developmentally responsive and attachment sensitive approach, child–parent relationship therapy (CPRT) is an established evidence-based mental health intervention for adoptive families. The purpose of this qualitative study was to explore the experiences of adoptive parents of preadolescents which prompted self-referral to CPRT services. Participants were 18 adoptive parents of preadolescents who self-referred for CPRT postadoption. We identified four main themes which characterized parents’ experiences which prompted seeking treatment during preadolescence: Adoption experiences, relationship components, parenting considerations, and child factors. Limitations and opportunities for future research are presented within the context of these findings.

Keywords: adoption, counseling, parent–child relationship, preadolescents, parenting

The evolution of the adoption process in the United States has drastically improved in recent years. The Adoption Assistance and Child Welfare Act included a strong focus on increasing the number of potential permanent placements to combat the growing number of children in the child welfare system. To assist in the transitions of adoption processes and address challenges that directly relate to early adverse experiences, some parents seek out counseling services for the child, themselves, or the family (Miller et al., 2003). Adopted children and their families face unique challenges related to childhood trauma and often express a high need for mental health services that focus on attachment-related concerns (Brodzinsky, 2013). However, Livingston Smith (2014) reported a lack of attention to serving children and their adoptive families postadoption.

The need for postadoption support appears to increase during the transitionary period of preadolescence (Dhami et al., 2007; Wind et al., 2007). Wind et al. (2007) posited some changes that may lead to greater needs for services during the developmental transitions characteristic of preadolescence, including the child’s desire for contact with biological family members along with fears of rejection from their adoptive family; parents feeling challenged by the child’s natural developmental stage of separation–individuation; parents and children experiencing difficulties in maintaining emotional bonds and boundaries within the adoptive family; and parents’ own fears related to parenting. Considering the complexity of adoption, Duchesne and Larose (2007) advocated for parenting interventions designed to teach parents how to emotionally support their preadolescent children. Al-Yagon (2016) encouraged mental health practitioners to develop interventions to strengthen preadolescent–parent attachment relationships, facilitate collaborative efforts between

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adolescents and parents, and support parents throughout the process. One particular mental health intervention that focuses on providing adoptive parents with support and tools to enhance attachment relationships with their preadolescent children is Child–Parent Relationship Therapy (CPRT; Landreth & Bratton, 2006, 2020).

The newest edition of the CPRT text (Landreth & Bratton, 2006) includes Opiola and Carnes-Holt (2020) adapted CPRT protocol for adoptive families, which adds increased focuses on interpersonal neurobiology, attachment, and postadoption support and resources. Carnes-Holt and Bratton (2014) initially established the efficacy of CPRT with adoptive parents of young children with histories of attachment/relationship disruptions by conducting a large randomized controlled trial with large treatment effects in favor of CPRT intervention over the control group. Based on the results of this study, the Donaldson Adoption Institute (2013) endorsed CPRT as the most robust parenting intervention for adoptive families. Opiola and Bratton (2018) published a replication study with increased rigor, adding an active control group, and demonstrated consistent results of large treatment effects in favor of CPRT intervention for adoptive parents of young children. The newest edition of the CPRT text (Landreth & Bratton, 2006) also includes a preadolescent-adapted protocol (Ceballos et al., 2020). Swan et al. (2019) conducted a single group pilot study of the effects of preadolescent-adapted CPRT for adoptive parents of preadolescents (ages 8–14), showing promising results with large, medium, and small treatment effects on parental empathy, parenting stress, and child behavior, respectively.

The CPRT intervention includes a 2-hr weekly parenting group, video-review supervision, and 7 weekly at-home play/activity sessions. All components of CPRT are grounded in child-centered play therapy (CCPT) philosophy, with the goal of teaching parents CCPT attitudes and skills which they use to conduct at-home play sessions with their children. During CPRT, parents explore their reactions to their children and gain insight into their own process of relating. Additionally, parents’ awareness of their children’s responses to limit setting is explored during CPRT groups and parents learn new, attachment-informed approaches to limit setting and choice giving that can help parents gain confidence and help children develop emotional regulation. One strength of the group format of the CPRT protocol is the potential to provide an environment of care, understanding, and normalization of many parenting experiences, especially when group members share common identities, such as parents of preadolescents or adoptive parents. This desire for connection and understanding from other adoptive parents is nurtured in CPRT, an intervention in which parents spend 2 hr per week in a group of other parents.

In CPRT, parents become the agents of change in their relationships with their children. Thus, parents’ experiences throughout the CPRT intervention are critically important to the delivery of this play therapy model. In recognition of the need to understand parents’ experiences to best deliver CPRT, researchers have published qualitative reports of parents’ perceptions of CPRT (e.g., Bavin-Hoffman et al., 1996; Bornsheuer-Boswell et al., 2013; Boswell, 2014; Dillman et al., 2011; Edwards et al., 2010; Hassey et al., 2016; Kinsworthy & Garza, 2010; Myrick et al., 2018; Socarras et al., 2015). Findings from qualitative CPRT reports establish CPRT as a group parenting intervention in which parents: (a) learn skills of reflective responding, empathic interaction, limit setting, and choice giving, (b) gain relational connection and emotional attunement with their children, and (c) feel validated by other parents and leaders.

To date, qualitative CPRT research has focused on parents of young children (e.g., children 8 years and younger) and investigated parents’ perceptions of their experiences during or after the CPRT intervention. We designed the present study to investigate what experiences prompted adoptive parents of preadolescents to self-refer to CPRT and data collection occurred prior to receipt of CPRT.

**Method**

The purpose of this qualitative study was to explore experiences of adoptive parents of preadolescents which prompted self-referral to CPRT services postadoption. The following research question guided our inquiry: What experiences prompted adoptive parents of preadolescents to self-refer to CPRT services?

**Participants**

The sample for this study consisted of 18 adoptive parents of preadolescents who self-referred to CPRT (Landreth & Bratton, 2006, 2020) services...
at a counseling clinic in the Southwestern United States. We utilized purposive sampling and 18 parents were interviewed about their current experiences in relationship to their preadolescent children which prompted seeking clinical services. In order to participate in the present study, adoptive parents met the following inclusion criteria: Parent was at least 18 years of age; parent identified as being an adoptive or foster-to-adopt parent/caregiver of a preadolescent child between the ages of 8–14; parent was able to speak and read English; parent consented to participate in the study. Although multiple definitions of preadolescents exist, we included ages 8–14 years which was the age range utilized by Swan et al. (2019).

Consistent with routine clinic intake paperwork, participants completed demographic questionnaires. See Table 1 for an overview of participant demographic information. All participants identified as adoptive parents, and all were married; only two participants had spouses who did not participate in interviews.

Data Collection

Upon approval from the Institutional Review Board, we distributed flyers to advertise CPRT groups for adoptive parents of preadolescents aged 8–14 years old. Flyers were distributed at local counseling clinics/providers, adoption support groups, and churches to recruit participants for CPRT groups. Eighteen parents were recruited and consented to participate in this study. To collect interview data, parents were invited to participate in group interviews prior to receipt of CPRT services. Participants were informed that participation in this study did not interfere with the services rendered. All parents began free CPRT intervention after completing group interviews.

Three group interviews were conducted, containing six participants per group interview \((n = 18)\), each lasting approximately 2 hr. Group interviews were facilitated by the first author, a doctoral level counselor with advanced graduate training and clinical experience in play therapy and CPRT. Group interviews were conducted using semistructured interview protocol, posing similar prompts to each of the three groups while encouraging individual parents to share their unique experiences which prompted self-referral to CPRT during preadolescence. All group interviews were video-recorded and transcribed.

Data Analysis

We used inductive thematic analysis in our study. This is a suitable method when the data has been collected for the purpose of the research and themes are data-driven (Patton, 1990), rather than theoretically based. We operated from an essentialist framework (Braun & Clarke, 2006), aiming to report the lived reality of participants, rather than a constructionist framework in which researchers examine how participants’ experiences inform social realities beyond the data themselves. Braun and Clarke (2006) outlined six phases of thematic analysis: (a) familiarizing yourself with the data, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report. We followed Braun and Clarke’s (2006) phases to conduct this inductive thematic analysis, which are aligned with

| Table 1 |
| --- | --- |
| **Parent Participant Demographics** |  |
| Demographic identification | Percentage of sample |
| Sex | 56% Female, 44% Male |
| Age | 89% 30+ years old, 11% <30 years old |
| Ethnicity | 72% European American, 17% Asian, 6% Black American, 6% Hispanic |
| Sexual orientation | 100% Heterosexual |
| Marital status | 100% Married |
| Total number of children | 11% have seven children, 22% four, 28% three, 28% two, 11% one |
| Total number of adopted children | 11% have seven adopted children, 22% four, 11% three, 17% two, 39% one |
| Total number of adopted preadolescent children currently between the ages of 8–14 years | 11% five preadolescent adopted children, 11% three, 39% two, 39% one |
First, coders familiarized themselves with the data by reading and rereading transcripts. Then, the transcript data were line numbered, and every 10th line identified a code section as follows. The coding team comprised of three members: Two doctoral level counselors and one advanced graduate student in counseling. The coding team began initial coding of group interview transcripts using an open coding process in which each member of the coding team coded every 10th line of each transcript. At every 10th line coding section, we individually wrote a word or phrase to capture participants’ experiences in that section. After each member completed open coding of the three transcripts, we met together and created an initial coding manual. The initial coding manual was created by reviewing every 10th line of each transcript and deliberating which individual initial codes most accurately captured participants’ experiences for each coding section. This process continued for all three transcripts.

Next, we collected all codes from each coding section of the three transcripts and organized the codes into meaningful groupings, resulting in an initial coding manual. Belotto (2018) described collected words and phrases in qualitative research as meaning units which are eventually identified and labeled with codes. In contrast to latent approach to identifying themes, we took a semantic approach to identifying themes (Braun & Clarke, 2006), as we identified themes across interviews and participants within the explicit meanings of the data. Using the initial coding manual, each coding member individually re-coded all three transcripts. The coding team met weekly to review codes, one transcript at a time. The coding manual was edited two times throughout the recoding process, resulting in a final coding manual which detailed the collection of codes into themes and subthemes. Braun and Clarke (2006) described options for reporting prevalence of themes in thematic analysis. In this study, we reported prevalence of themes as percentages of parent interview content.

Although interrater reliability is not always calculated in thematic analysis (Brough, 2019), Nowell et al. (2017) recommended one way to establish credibility in thematic analysis is researcher triangulation. Interrater reliability was calculated during final coding. The coding team achieved an interrater reliability of 96.9% during final coding. Roberts et al. (2019) stated that 75% is a minimum reliability percentage to demonstrate adequate agreement in thematic analysis. To operationalize confirmability (Nowell et al., 2017), each coder compared raw data (initial transcriptions of interviews) with results (themes). No discrepancies presented. Each coding team member utilized initial and continual bracketing of personal biases, characteristics, and experiences to decrease threat to trustworthiness of data interpretation. Bracketing was intentionally discussed throughout coding and report writing processes to operationalize reflexivity (Nowell et al., 2017). To further ensure integrity of presented results, an expert in play therapy, CPRT, and attachment-informed counseling, who was not a member of the coding team, supervised transcription, and coding process.

Results

The research team identified four major themes, comprised of 16 subthemes and displayed in Figure 1. Participants described their experiences which prompted seeking treatment, in relation to four themes: Adoption experiences, relationship components, parenting considerations, and child factors.

Adoption experiences were 29.4% of parent interview content. Adoption experiences included four subthemes: Needing support, expectations versus reality, adoption process, and family dynamics. All parent interviews included discussion about adoption-specific parenting experiences that impacted their parent–preadolescent/child relationships.

Relationship components accounted for 29.4% of parent interview content. Relationship components included five subthemes: Boundaries, attachment, challenge to relate, trust, and fear. All parent interviews included concerns and difficulties related to forming and maintaining secure attachment relationships with their preadolescent children.

Parenting considerations comprised 28.3% of parent interview content. Parenting considerations included four subthemes: Parent characteristics, parenting stress, parenting styles, and parent coping. All parent interviews included discussions of parents’ perceptions of their personal experiences, as impacted by their parent–preadolescent/child relationships.
Child factors constituted 12.8% of parent interview content. Child factors included three subthemes: Child coping, child characteristics, and development. All parent interviews included parent concerns about how their preadolescents cope and discussion of the impact of preadolescent development. Themes and subthemes are described below with example quotations from transcriptions.

Adoption Experiences

Parents in this study described adoption-specific experiences as an important component to their self-referral to CPRT. Parents reported feelings of shame and judgment from nonadoptive parents and family members related to their children’s behavior concerns and their identities as adoptive parents (e.g., nonbiological parents). One parent stated: “Even at the in-patient treatment, we’d talk with the workers and they’d just stare at us and look at us like we were crazy because they didn’t know. We didn’t feel understood by them.” A parent in a different interview group echoed: “All of our friends think we’re crazy and our parents think we’re crazy.”

During all three group interviews, participants validated other parents’ experiences of feeling different than their nonadoptive parent counterparts, at times. For example, one parent shared,

We haven’t heard anything that surprises us because being adoptive and foster parents for more than five years now, don’t worry . . . . Believe me, we’ve heard a lot of things. It’s kind of like a special group you’re in being an adoptive parent. And it’s really amazing how we seek each other out.

Parents in all interview groups further articulated adoption experiences which prompted their self-referral as accumulated stress resulting from their preadoption expectations versus their post-adoption reality. A mother who adopted her son at birth shared her 12-year struggle to feel connected to her son:

When he was a baby and he came to me, we didn’t bond like they say you’re supposed to bond with your newborn child. We didn’t bond like that. I mean . . . he was in foster care and I had other children. Plus, I guess, it was a defense mechanism for me. I didn’t want to get too attached because sometimes they [foster children] come and go.

A father described the mismatch between his expectations of being an adoptive parent to his daughter and his realization of the severity of his daughter’s behavior concerns, remembering with sadness in his voice: “I thought she was just not compatible with the family.”

All group interviews included discussions related to how the adoption process brought unexpected challenges, including notable differences in their relationships with their biological and adopted children:

When I look at my kids, they look totally normal. I think back to what my biological children did at certain ages and how they responded and interacted. Then, it’s so different and I have to remember where they’ve been and what they’ve known.

Parents in all groups described a desire to feel more connected with their children. One mother described cultural factors related to parenting norms and expectations that challenged her personal connection with her adopted son:

I grew up in a strict household with eagle-eye parents from Korea . . . we have to be respectful to older people. And after adoption, you know, it was so different. He was a baby when he came to us. I thought you can mold a baby as he grows. But listen, it doesn’t work that way.

Relationship Components

Concerns about attachment and relational challenges were noted as additional significant factors
in parents’ self-referral to CPRT. The parents in this study discussed attachment disruptions that their children had experienced and the lasting impact of the children’s biological families; for instance, one parent shared: “He’s had a rough rough time. He parented (younger sister) and there was a lot of neglect . . . he didn’t get held enough. He didn’t get enough of anything really. And so his self-regulation is really challenged.” During CPRT intervention, parents are able to relate to each other while expressing their concerns about providing corrective experiences for their children. Mistrust and tension in the parent–child relationship, and concern for the child’s emotional ability to relate to others, were common worries that prompted parents to seek CPRT services. As one parent attempted to understand the connection between her daughter’s attachment and behavior, “If we can securely attach, maybe she will be able to see others truly instead of seeing them as fools or manipulating them for what she wants.” This parent communicated a sense of hope that CPRT could teach her ways to build trust in her relationship with her daughter; moreover, she expressed a desire for her daughter to trust her to meet relational and safety needs, and decrease her daughter’s need for coercion.

The transition to permanent placement in the adoption process can be difficult for children and parents alike. The topic of needing stability was continually discussed in the groups throughout parent intake interviews. As one parent stated,

They’ve been in foster care for two years. And, before that at home, they never had a stable environment. Like they never lived with one parent. It would be constant where they were with both parents and then their dad would take the two older ones away and mom got pregnant with the youngest one who they never met until he was over a year old . . . Then they’d be back with mom and then back and forth.

The desires to be healthy role models and provide relational security in the parent–child relationship were apparent throughout all interview groups. Parents were able to relate to each other and express their desires to become emotionally attuned to their child. Additionally, parents sought education and validation from the CPRT groups while discussing their child’s differing ability to connect with the same or opposite sex parent. One parent discussed her adoptive daughter’s difficulties connecting with males in the family, “Any male role model for any of them has not been positive so there’s been an adjustment, like she’s having a really hard time connecting with my son and husband.” Across all parenting demographics, fear and worry about the child’s future was common. Particularly, additional concerns about being able to build trust and relational security after an attachment disruption has occurred were presented. One parent shared concern for their child’s ability to relate with others in the future,

I want her to be able to connect with not just us, but in the world beyond our home . . . I think a whole lot about the future for all of them. They’re going to move out one day. What is that going to look like for them? How can we get them to where they feel confident in themselves and secure in themselves and know that they are loved?

Parents described the ongoing, mutual process of learning from each other and navigating the parent–child relationships in ways that have differed from the expectations and ideals they held prior to adopting a child. As one parent stated,

He does not want to hug me ever. So, um, I’m learning the meaning of unconditional love. I’m really learning it. I took it personally for the longest time that he didn’t want to . . . he’s been pushing me away since birth.

Mismatched intimacy needs between the parent and adopted child appeared to be a common experience among the parents in the study. For some parents, this adjustment proved difficult and unexpectedly painful. Parents discussed their personal experiences in the process of creating and nurturing an emotional bond that satisfies both the parent and child’s intimacy needs.

You can’t take it personally because it’s like they can’t, they don’t have the ability . . . I don’t think it’s personal and I think that’s the hardest part of it is that it’s not. It is very general, and they could react that way to anybody.

Parenting Considerations

Parents in this study described their own process of parenting as an important factor in their decisions to participate in CPRT. Parents repeatedly discussed their personal characteristics that influenced their processes of parenting. As one parent described when sharing his daily experiences at home, “I’m overwhelmed because there are so many of them.” Parents also reported pride and commitment in being an adoptive parent.

Across all interview groups, parents expressed stress related to general parenting as well as pressures specific to having adopted children.
As one parent described pressures specific to being an adoptive parent, “This parenting business . . . you always have to go the extra mile.” Parents self-referred to CPRT in search of parenting tools to help support them in navigating and responding to their children in the most supportive manner possible.

A variety of parenting styles were apparent among all the groups; however, all of the parents shared a general attitude toward parenting that involved a level of openness and experimentation with different skills or techniques. One parent described his confusion about his two children’s contrasting responses to his use of the same disciplinary actions, “Some days it might really work well and some days you’re like what did I do . . . it’s an experiment with each child I think.” Another parent shared her continuous process of trying to find ways to help her child succeed, “It’s not like we’re gunna give up . . . Even if, if you don’t find that solution for your child, but that’s the thing- it’s not the goal to find every answer. It’s just to try.”

Throughout challenges with their children, parents develop coping strategies as a way to create understanding and maintain relationships. However, not all established coping strategies fully meet parents’ needs or expectations for daily living. One parent sharing her experience of constantly having to adapt to inconsistent behaviors stated,

“I’m always waiting for the other shoe to drop. There’s always, you know with four kids and two parents, anything can happen. It’s like ‘Let’s roll the wheel of life today and see what happens today . . . It’s pretty unpredictable and you have to figure out how to live in their world because that’s pretty much how their life has been . . . to a certain point they want chaos.”

Child Factors

In all interview groups, parents described their children’s behaviors as a component of their rationale for seeking CPRT services. Parents consistently described their children’s behaviors as occurring in extreme fluctuations. As one parent described her daughter’s extreme behaviors in reaction to limits, “And then there’s a point of no return . . . that’s what I’m nervous about right now . . . You can hear when she is on the tipping point and she will test her boundaries.” Another parent described her son’s disengagement response to stress and shared her desire to connect with him in moments of dysregulation:

“He would get upset and stuff but it was to the point where at first we didn’t know what was going on . . . He would just completely shut down. You’d try to talk to him, reason with him and stuff, but it was like nothing . . . It was like words were just bouncing off his head.

Another parent described her children as vigilant: “They’re very observant of many things. I mean he and all the kids they can read a situation a lot better than I can and a lot faster. They’re vigilant.”

Discussion

The purpose of this study was to investigate what experiences prompted adoptive parents of preadolescents to seek CPRT services. We found that adoption-specific experiences, relational/attachment components, parenting stress and characteristics, and child factors all impacted parents’ decisions to self-refer to CPRT intervention with their preadolescent children. By describing the four related themes from this study, we hope to illustrate the unique needs that these adoptive parents and preadolescents presented when seeking CPRT services. Presenting concerns parallel previously established outcomes of CPRT: Improvement in parent–child relationship, parenting stress, and child behavior (Landreth & Bratton, 2006). It is noteworthy to clarify that parents in this study are one sample of parents who adopted from the foster care system and self-referred for CPRT services. We recognize results of this study do not represent all adoption and parenting experiences.

An overarching interpretation of the results from this study involved the overlapping impact of the adoption experiences, relational components, parenting characteristics, and child factors on parent–preadolescent presenting concerns, which parents described as intersecting in severity. For example, parents’ descriptions of their adoption experiences (e.g., court system, foster care, impact of biological family, etc.) subsequently related to their experiences coded as relational components (e.g., attachment, challenge to relate, etc.). Moreover, parents expressed that their stress and confidence levels, as well as their preadolescent children’s styles of coping, were further influenced by their adoption and relational experiences. The opposite appeared
to be true as well; for instance, as parents reported parenting stress and child unhelpful coping strategies (e.g., rigid thinking, behavior), parents also reported greater difficulty to relate and attach to their children. We created Figure 2 to portray the dynamic relationship between the presenting themes, which combined to prompt these participants to seek CPRT services postadoption.

Considerable research exists on reducing child behaviors that impact the parent–child relationship (e.g., Dillman et al., 2011; Leathers et al., 2012). However, adoptive parents in this study assigned child factors as the least responsible for their experiences which prompted self-referral to services. One possible explanation for this lower rate of discussing child factors that contributed to seeking services is the relational nature of CPRT intervention. Parents who self-refer for CPRT services may be more willing and/or aware of a need to focus on the shared responsibility for relational difficulties in their parent–child relationships, including attachment and relationship. Parents’ reports of parenting stress also indicated that parents were seeking services to gain skills and knowledge about how to best repair and intervene in relationship with their child. Other research has explored the influence of parenting stress on child behavior (e.g., Dennis et al., 2018; Neece et al., 2012). Another explanation may be that child factors were consumed by other presenting themes. For example, both children and parents contributed to relational components described by parents in this study.

**Figure 2**

*Intersecting Relationship Between Presenting Themes*
During these initial group interviews, parents tended to describe their presenting concerns about their children in context of the parent–child relationship more often than isolated concerns about their children. Parents attempted to understand and explain their children’s behaviors as one part of their adoption and attachment experiences. Relatedly, past research had focused on understanding child behavior in the context of preadoption adversity (Gagnon-Oosterwaal et al., 2012), postadoption support (Waid & Alewine, 2018), caregiver permanency commitment (Testa et al., 2015), and parent–child conflict (Klahr et al., 2011). Moyer and Goldberg (2017) explored how adoptive parents adapted and reacted to unmet expectations related to adoption experiences, which reflects a similar sentiment among our participants that their actual experiences did not always meet their preadoptive expectations of parenting their children.

The findings of this study are particularly relevant for child–parent relationship therapists, as well as adoption-related clinicians and agencies. Placement continuity among youth who exit foster care is a prevalent concern in child welfare; a host of confounding variables impact continuity (White, 2016). In this study, we sought to articulate adoptive parents’ reasons for seeking CPRT services when their adoptive children aged into preadolescence. All parents had unique factors that contributed to their self-referrals to services, but all parents communicated four central themes as rationale for seeking CPRT services. Interestingly, and of particular clinical relevance, participants’ reasons for seeking treatment (adopter experiences, relationship components, parenting considerations, and child factors) relate to demonstrated outcomes of CPRT. Experiences which prompted referral (findings of present study) align with (a) the clinical goals (outlined in CPRT protocol) and (b) the outcomes (demonstrated by CPRT research) of CPRT.

The theme of relationship components and its subthemes (boundaries, attachment, challenge to relate, trust, and fear) directly relate to outcomes demonstrated in CPRT research. Research demonstrates that CPRT participation among adoptive parents can result in significant improvement in parental empathy, which relates to relationship components that were indicated as reasons for self-referral in the present study (Carnes-Holt & Bratton, 2014; Opiola & Bratton, 2018; Swan et al., 2019). The theme of parenting considerations associated with seeking out services, along with included subthemes (parenting characteristics, parenting stress, parenting styles, and parent coping) also relate to outcomes established in CPRT research. Reported outcomes of previous studies indicate that participation in CPRT significantly decreases parenting stress among adoptive parents (Opiola & Bratton, 2018; Swan et al., 2019).

Carnes-Holt and Bratton’s (2014) findings indicated that CPRT participation resulted in significant improvement in adopted youths’ use of externalizing behaviors, similar to behaviors described and characterized as child factors in this study. Opiola and Bratton (2018) and Swan et al. (2019) also found that adoptive parents’ participation in the CPRT intervention resulted in significant improvements in child problem behaviors over time. Findings from Socarras et al.’s (2015) qualitative study demonstrated that parents perceive social support and acceptance through CPRT’s group process element, which relates to the theme of adoption experiences and its subthemes (needing support, expectations vs. reality, adoption process, and family dynamics) in the present study.

With over 20 outcomes studies demonstrating its effects, CPRT is established as an evidence-based mental health intervention (Bratton et al., 2015; Ray & McCollough, 2015), with three outcomes studies particularly focused on its positive impacts on adoptive families, including two large randomized controlled trials (RCTs; Carnes-Holt & Bratton, 2014; Opiola & Bratton, 2018) and one repeated measures study (Swan et al., 2019). Adoptive parents in this study specifically sought CPRT services due to its clinical relevance and established reputation as an attachment/relationship-based parenting intervention for adoptive families. Findings of this study add to CPRT literature by illuminating the connection between parents’ attachment-related presenting concerns and recommendations of CPRT as treatment. In such, clinicians may use these findings to further understand parents’ presenting concerns and articulate the alignment of their unique concerns to CPRT intervention outcomes.

Limitations and Future Research

This study was limited to one group of adoptive parents who self-referred to CPRT specifically, not other counseling approaches. The adoptive
parents of preadolescents in this study may have been particularly motivated to seek an attachment-informed intervention, such as CPRT, compared to other parents. Regarding generalizability, one group of adoptive parents’ presenting concerns are not representative of all parents’ concerns. This study was conducted in one geographic location and with one group of parents. A limitation of this study’s methodology is that all raw data was collected during group interviews, rather than individual.

All preadolescent children of parent participants were adopted from foster care, which may impact the intensity of their relational experiences. Additionally, parenting experiences articulated by participants in this study may not be isolated to adoptive parents. Future research that directly connects presenting concerns and intervention-specific outcomes can be useful in establishing causality of change postintervention. No same-sex couples participated in this present study. Future research can attend to the additional social stressors that prompt same-sex couples to seek postadoptive services as well as the potential stigma that impacts parents’ experiences seeking clinical services. We recognize the limitation that this study was conducted in one geographical location in the United States by American researchers; future research can benefit from increasing attention to sampling and recruitment of participants from diverse racial, ethnic, and cultural backgrounds.

Conclusion

Braun and Clarke (2006) developed a 15-point checklist of criteria for “good thematic analysis” (p. 96), which describes standards throughout the research process from transcription to written report. Assessment of the methodological rigor of this present study using this checklist can be summarized as follows: (a) data was transcribed and data items were given equal attention (defined as every 10th line); (b) themes were identified across the comprehensive data set, checked back to original data (illustrated by direct quotation examples), distinctive, and analyzed; (c) relevant extracts from data were collated and presented in balance with analytic narrative; (d) research process occurred over time with adequate time allocated for each phase; (e) assumptions of thematic analysis were described (e.g., inductive, semantic, essentialist); and (f) researchers were actively positioned in identifying themes (Braun & Clarke, 2006).

From this research, we found that adoptive parents of preadolescents sought counseling due to the following concerns: Adoption-specific experiences (e.g., adjustment, trauma, and family dynamics), parent characteristics (e.g., parenting stress, parenting skills/style, and coping strategies), child factors (e.g., development, emotions, and behaviors), and relational components (e.g., attachment, fear/trust, and boundaries). CPRT is a well-established intervention for adoptive families (Carnes-Holt & Bratton, 2014; Opiola & Bratton, 2018). This research further supports CPRT as an attachment-based intervention, as parents’ reported rationale for seeking CPRT services aligned with CPRT goals of improving the parent–child attachment relationship. Findings support clinician efforts to verify and validate clients’ rationale for seeking services in order to tailor services to best meet parents’ needs, even several years postadoption.

References


**EXPERIENCES OF ADOPTIVE PARENTS**


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