

NEEDS OF PROSPECTIVE ADOPTIVE MOTHERS AND FATHERS

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF SCIENCE
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

BY

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DENTON, TEXAS

DECEMBER 1984

The Graduate School
Texas Woman's University
Denton, Texas

September 27 19 84

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our supervision by Susan Eleanor King Brown
entitled Needs of Prospective Adoptive Mothers and Fathers

be accepted as fulfilling this part of the requirements for the Degree of _____
Master of Science

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DEDICATION

This paper is dedicated to my family. I could not have done it without their support, encouragement, tolerance, and patience.

ACKNOWLEDGEMENTS

The author would like to thank those individuals who provided support throughout the writing of this thesis. extend a very special thanks to Dr. Sandra Strickland who always provided positive guidance and understanding patience throughout the years of this project.

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CHAPTER 1

INTRODUCTION

Parenthood is recognized as an important role in Western society (Brazelton, 1978; Salk, 1973), a role for which little preparation or education is provided. LeMasters (1965) found that the transition into parenthood could be considered a crisis situation for many couples, stating that couples that did not report crisis were somehow better prepared for parenthood.

Rubin (1980) stated that pregnancy was a time when expectant parents begin to form mental images of themselves as parents and begin to make role adjustments in anticipation of taking on their new roles. Prenatal classes including child care information use anticipatory guidance to help the family develop realistic expectations about child care demands and the new roles of parenthood. Although adoptive parents do not have the period of pregnancy during which these adjustments are made, they do have a long and indefinite waiting period. Adoptive parents often do not attend prenatal classes, so in many cases do not have the opportunity to develop realistic expectations or to gain child care information with others

anticipating a child. Adoptive parents also may experience stress, or potential crisis situation, in anticipation of and during their transition into parenthood.

The stresses of adoptive parents include many of those experienced by birthparents plus additional potential stresses. Until the adoption is final, the couple must deal with the stress that accompanies the role changes, the new tasks and responsibilities involved in the care of an infant, as well as the probationary nature of the waiting period. The idea of raising someone else's child, the circumstances surrounding the birth of the child, the process of assimilating a new person into the family, and the concern about the reactions of family and friends to the child may also be potential stressors for the couple (Zimmerman, 1977).

In an effort to influence the resolution of the stress or crisis in a positive manner with the use of anticipatory guidance, it is first necessary to identify the specific needs of prospective first-time adoptive mothers and fathers in the areas of information and feelings to determine if the needs of these mothers and fathers differ. This study identified these needs

utilizing a descriptive survey during the time the prospective parents await their child. This information can then be utilized by health professionals to establish the most effective intervention plan.

Problem of Study

The problem of this study was to determine if there is a difference in (a) total information needs, (b) information needs in the area of emotion, (c) information needs in the area of environment, (d) information needs in the area of physical care, (e) information needs in the area of health, (f) total feeling needs, (g) internal feeling needs, and (h) external feeling needs between first-time prospective adoptive mothers and fathers.

Justification of Problem

Little research regarding the preparation or stresses adoptive parents experience during their transition into parenthood was found in the literature. The research available on adoption was limited primarily to the psychopathology in adoptive families and upon the subsequent functioning of the child and family.

Potential crisis situations occur at intervals during the often lengthy adoption process. The acceptance of

infertility, the rigors of the application process itself, the uncertainty and often isolation of the waiting period, the sudden arrival of an infant, and the probationary nature of the placement are stresses for the adoptive parent (Zimmerman, 1977).

One critical period during the transition into parenthood when nurses can become involved is the time when the parent is waiting for the arrival of the infant. Zimmerman (1977) stated that parents are often left alone during this waiting period to imagine their child and their future. The difference between this fantasy and the reality when the child arrives influences the manner in which the couple handles the crisis. Role changes, new tasks, and new responsibilities are anticipated. Research with biological mothers seems to indicate that realistic expectations are important, not only for the mother's information but also for the actual development of the infant (Snyder, Eyres, & Barnard, 1979). Nurses in the community can provide information which can assist prospective adoptive parents to develop realistic expectations. What specific needs these adoptive mothers and fathers experience during this time is unknown. By determining the needs of this group and how the needs of the

mothers and fathers differ, nurses and community organizations can design and implement interventions to satisfy the identified needs and influence the resolution of this potential crisis situation in a positive way.

A fertility survey ("Infertility Rate," 1983) estimated that more than 2 million couples who cannot have babies want to have children. The demand for adoption is positively influenced by the number of reproductive impairments in the population. Nurses in the community dealing with couples waiting to adopt an infant need to be aware of the needs of these prospective mothers and fathers. By assisting prospective adoptive parents to anticipate the crisis often associated with the transition into parenthood, nurses can use primary prevention to assist in making the crisis situation a positive, growth-producing experience. The consequences of a negative crisis resolution could include the breakdown of the couple dyad, disorganization and breakdown of an individual parent, the removal of the child from the family, or child abuse, which is considered to be the most severe manifestation of a parenting disorder.

Service agencies within the community have begun to recognize that prospective adoptive mothers and fathers have specialized needs. However, more information is needed to determine specifically the needs of prospective first-time adoptive mothers and fathers as they await the arrival of an infant. The literature focuses primarily upon the biological mother and her needs as the parent role is assumed. There is little reference to the father and his needs during the transition into parenthood. It is important to determine if the needs of prospective first-time adoptive mothers and fathers differ or are the same in the areas of information and feeling during this waiting time so that effective intervention can be accomplished that meets the needs of both parents.

This study identified the needs of prospective first-time adoptive mothers and fathers in the areas of information and feelings as they await their arrival of an infant. Hopefully, the results may serve to make nurses aware of the needs of these prospective parents so they may intervene to assist the parents in making the crisis associated with the transition into parenthood a positive, growth-producing opportunity.

Conceptual Framework

Concepts from crisis theory by Caplan (1964) were utilized as the framework for this study. Selected concepts significant to this study are crisis and primary prevention. Each concept is described and discussed in the following paragraphs.

Caplan (1961) viewed crisis as an upset in a steady state. Crisis is considered to be a psychological upset which reflects the adjustment and adaptation struggles that occur when dealing with a temporarily insoluble problem. Parenthood can be considered a transitional period in life development which demands new tasks, responsibilities, and roles. These new demands may, at times, present themselves as temporarily insoluble problems. This transitional period presents an opportunity for increased health, maturity, and personal growth as well as the danger of a reduced capacity to deal with life problems and an increased vulnerability to mental disorder.

Caplan (1964) described four characteristic phases of crisis. Phase one of crisis occurs when the impact of a stimulus causes an initial rise in tension, which then calls forth the habitual problem-solving responses of

homeostasis. Crisis occurs when there is an imbalance between the difficulty and importance of the problem and the resources available to deal with it immediately.

Phase two occurs when the lack of success of the usual problem-solving methods and a continuation of the stimulus is associated with a further rise in tension. The greater the strain, intensity, and significance of the problem, the more "upset" an individual becomes. This upset may be manifested in subjective feelings of displeasure such as anxiety, fear, guilt, or shame (Caplan, 1964).

Phase three is the stage when the even greater rise in tension acts as an internal stimulus to mobilize internal and external resources. The individual may use emergency problem-solving methods, redefine the problem, use trial-and-error attempts to solve the problem, or define certain goals as unattainable (Caplan, 1964).

Phase four occurs when no problem resolution occurs and tension mounts to a breaking point. Drastic results and major disorganization occur as a result (Caplan, 1964).

Caplan (1964) described factors which influence the outcome of a crisis. These include personality factors,

sociocultural influences, the family, and key community members. Any of these factors may be significant when applying them to parenthood viewed as crisis.

Personality factors include past experience in dealing with problems and the perception of the current problem. The current problem may be perceived as a loss, a threat to need satisfaction, or as a challenge. The perception of the problem is influenced by personality and cultural norms. Within any culture, hazardous circumstances can be identified which will be perceived by a significant proportion of the population as stressful and crisis-producing. One such hazardous circumstance is role transition like that which occurs as parenting roles are assumed.

Sociocultural factors affect crisis resolution because the person experiencing the problem must be considered within his or her milieu. The culture influences crisis resolution not only by influencing how the problem is perceived but also by defining acceptable problem-solving methods based upon the beliefs held within the culture.

The family influences crisis resolution by how it acts to support or hinder the member as the crisis is

managed. The members must support the individual in the cultural and traditional ways of the group while maintaining the functioning system of the family. More support is expected from a group that is well-organized, has a clear, acceptable system of authority, has an open communication network, and whose member roles compliment each other. A significant factor is that a person in crisis is more dependent upon personal relationships than usual.

Key community members influence the resolution of crisis because as tension mounts and resources are mobilized, help is solicited from others. Key community members may be religious leaders, physicians, nurses, other professionals, or lay community leaders in informal roles. Because individuals are more susceptible during disequilibrium (crisis) than during times of stable functioning, the influence of others can be great.

Caplan (1964) defined primary prevention as a community health concept that "involves lowering the rate of new cases of mental disorder in a population over a certain period by counteracting harmful circumstances before they have had a chance to produce illness" (p. 26). Caplan named three aspects of crisis which are particularly significant for primary prevention. The first is

that crisis outcome is determined by the interplay of exogenous and indogenous forces during the course of the crisis. External intervention during disequilibrium may lead to a good or bad result. The second significant aspect is that "during a crisis, an individual experiences a heightened desire for help and that the sign of his distress evoke a helping response from others" (Caplan, 1964, p. 53). The final aspect is that a person is more susceptible to this influence by others during a crisis than in stable periods.

Parenthood is a transitional period in life development. It requires adjustment and adaptation by biologic and adoptive parents. Certain problems can be anticipated as the new roles are being established. By determining the needs of first-time prospective adoptive mothers and fathers as they await the arrival of an infant, intervention in the form of anticipatory guidance or primary prevention can be influential in the resolution of a crisis to a positive end.

Assumptions

This study was based on the following assumptions:

1. Prospective first-time adoptive mothers and fathers will experience crisis during the transition into

parenthood similar to that of first-time biological parents.

2. Prospective first-time adoptive mothers and fathers have needs in the areas of information and feelings as they await the arrival of an infant.

Hypotheses

The hypotheses of the study were:

1. There is no difference in the total information needs of prospective first-time adoptive mothers and fathers.

2. There is no difference in the information needs of prospective first-time adoptive mothers and fathers in the area of emotion.

3. There is no difference in the information needs of prospective first-time adoptive mothers and fathers in the area of environment.

4. There is no difference in the information needs of prospective first-time adoptive mothers and fathers in the area of physical care.

5. There is no difference in the information needs of prospective first-time adoptive mothers and fathers in the area of health.

6. There is no difference in the total feeling needs of prospective first-time adoptive mothers and fathers.

7. There is no difference in the internal feelings needs of prospective first-time adoptive mothers and fathers.

8. There is no difference in the external feeling needs of prospective first-time adoptive mothers and fathers.

Definition of Terms

For the purposes of this study, the following definitions were utilized.

1. Prospective first-time adoptive mothers--females anticipating the arrival of a nonbiological child into the home and family as a first child, for whom the primary roles of protector and nurturer will be assumed.

2. Prospective first-time adoptive fathers--males anticipating the arrival of a nonbiological child into the home and family as a first child, for whom the primary roles of protector and nurturer will be assumed.

3. Information needs--recognized personal requirements in the area of facts as measured by questionnaire items in Part 1 of Brown Questionnaire for Prospective Adoptive Parents.

a. Emotional information needs--recognized

requirements of facts regarding mental states or feelings which arise as subjective rather than conscious mental efforts that constitute the drive which brings about the emotional or mental adjustment necessary to satisfy instinctive needs as measured by questionnaire items 1, 4, 8, 9, 10, and 12.

b. Environment information needs--recognized

requirements of facts regarding the preparation and maintenance of the physical surroundings that affect parent and child as measured by questionnaire items 2, 15, 17, 21, 22, and 24.

c. Physical care information needs--recognized

requirements of facts regarding the actions and behaviors necessary to accomplish the daily deeds and tasks of routine child care as measured by questionnaire items 5, 11, 14, 16, 19, and 23.

d. Health information needs--recognized require-

ments of facts regarding the establishment and maintenance of optimal physical, mental, and social well-being as measured by questionnaire items 3, 6, 7, 13, 18, and 20.

4. Feeling needs--recognized emotional requirements as measured by items in Part 2 of the Brown Questionnaire for Prospective Adoptive Parents.

a. Internal feeling needs--recognized emotional requirements in dealing with emotion originating from within the parent as measured by questionnaire items 26, 27, 28, 30, 33, 34, 35, 38, and 39.

b. External feeling needs--recognized emotional requirements in dealing with emotions originating from sources outside the parent as measured by questionnaire items 29, 31, 32, 36, 37, and 40.

Limitations

For the purposes of this study, the following limitations were identified.

1. A convenience sample was utilized.
2. Results cannot be generalized because the sample size was small and was derived from only one geographic location.
3. Past experience with children was varied.
4. Educational background varied.

Summary

The purpose of this study was to determine the differences in information and feeling needs of prospective adoptive mothers and fathers as they anticipated the arrival of an infant into the family as a first child. Two concepts from crisis theory, crisis and primary prevention, served as the framework for this study. A descriptive survey was designed for use in this study. Hypotheses were written stating that no needs difference was anticipated between mothers and fathers awaiting an adopted child.

CHAPTER 2

REVIEW OF LITERATURE

For the purpose of this study, the literature was reviewed and is reported in three major sections. Because of the scarcity of available adoption research literature pertinent to this study, research reporting studies of birthparents is included in one major section of this chapter. The first section is a summary of the concept of crisis and crisis theory. The second section discusses beginning parenthood and application of crisis theory to beginning parenthood. Finally, the last section reviews the available literature on adoption that is relevant to this study.

Crisis

The concept of crisis can be defined in several ways. Webster's (1967) defined crisis as a decisive time, a crucial period or a turning point in one's life. Koos (1946) declared that crisis was a situation calling for new action due to ineffective coping utilizing one's usual methods. Hill (1949) stated that crisis was a sharp or decisive alteration in one's life events for which old behavior patterns were inadequate.

The theory by Caplan (1961) described crisis as an "upset in a steady state" (p. 18) and suggested that adaptive or problem-solving methods are utilized by a person to maintain homeostasis or equilibrium. Caplan stated that during the lifespan, one may be confronted with situations that disrupt this homeostasis. If usual adaptive or problem-solving activities do not enable one to re-establish equilibrium quickly, disequilibrium or crisis exists.

Thomas (1951) wrote about crisis related to social theory, saying that crisis is a "catalyst that disturbs old habits, evokes new responses and becomes a major factor in charting new developments" (p. 12). Caplan (1964) wrote that crisis presents the opportunity for growth as well as the danger of major disorganization leading to disaster.

The concept of crisis has been further divided into two major types: (a) developmental, maturational, or normative crisis and (b) situational or adaptive crisis. Developmental crises are "transition points, periods that every person experiences in the process of biopsychosocial growth and development that are accompanied by changes in thought, feelings and abilities" (Murray & Zentner, 1975,

pp. 208-209). Examples of developmental crisis are passage into adolescence and the role change associated with new parenthood (Aguilera & Messick, 1978). Situational crises are sudden, unexpected, and often unfortunate events or situations. The events or situations are perceived as being beyond the ability of the individual to cope and so require behavior change (Murray & Zentner, 1975). Examples of situational crises are the occurrence of natural disasters or loss of a loved one through separation, divorce, or death. A sudden alteration in responsibility, such as that which occurs with new parenthood, may also be considered situational crisis.

Parad and Caplan (1965) further described the concept of crisis by noting that during a crisis, the problem confronting the individual has great meaning or significance to him/her and the usual methods of coping or problem-solving cannot solve the current problem. Hazardous life events which may lead to crisis in accordance with these characteristics include pregnancy and the birth of a child.

Beginning Parenthood

Parenting is one of the most important tasks of adulthood for the parent, child, and society as a whole

(Salk, 1974). Little formal education is provided to prepare adults for parenthood, yet thousands assume the role each day (Balter, 1976). Pregnancy is considered a period of transition from a childless state to the subsequent irreversible state of parenthood (Coleman, 1977). Caplan (1964), Coleman (1977), Rapoport (1965), and Simmel (1964) wrote about pregnancy as crisis or disequilibrium. Rapoport (1965) said that the minimal anticipatory guidance for parenthood and new family roles as well as the varied expectations of parenthood held during pregnancy are two factors contributing to the crisis situation.

Parenthood has been described in many different ways in the literature. Simmel (1964) wrote about new parenthood as a structural family change from a dyad to a triad. He viewed the family transformation as a situation requiring changes in existing family relationships. Callahan (1973) described parenthood as a process where a child is nurtured and protected and said that the skill of parents depended upon the degree of maturing parental personality used to cope with the stress of caring for a child as well as a general knowledge of child care. McBride (1973) described parenthood as a role into which one grows and wrote that to mature into parenthood,

parents must understand values, problems, role conflicts, adaptation patterns, and how these all relate to the role of parent.

It is contended that this period of change can be one of turmoil or crisis. The transition into parenthood has been described as a time of crisis. This transition has the potential for being accomplished in a healthy manner resulting in personal growth or in a way that leads to failure and guilt. The following research studies deal with the stage of new parenthood and crisis.

One of the first references in the literature of parenthood as crisis is found in a study by LeMasters (1957) which supported the idea of the addition of a first child to a middle-class, urban, married couple constituting a crisis event. Of 46 couples interviewed, 83% reported severe or extensive crisis during the period following the arrival of the first child. Thirty-eight couples reported that they had had romantic ideas regarding parental roles and had had little preparation for the realities of childrearing.

In a replication of LeMaster's (1957) study, Dyer (1963) found similar results. Of 52 couples interviewed, 38% reported moderate crisis, 28% reported extensive

crisis, and 25% reported severe crisis as a result of the arrival of the first child.

In two subsequent studies, Hobbs (1965, 1968) reported that 87% and 95%, respectively, of parent respondents reported only slight crisis in response to items presented on a questionnaire. It has been noted that a comparison between the results of these studies is somewhat difficult. The concept of crisis was not clearly defined or comparable in the studies. The samples differed in social class and age of the child. Social class may influence the reaction to parenthood and the willingness to acknowledge any negative factors toward parenthood. The age of the child may influence how disruptive new parenthood was viewed, as those opinions may be altered over time. Difficulties also occurred with comparisons of these study results because results from intensive personal interviews were being compared to questionnaire item results.

Rosenberg and Rosenberg (1981) stated that, "This line of research leaves us, then, with considerable ambiguity about the intensity, universality, and experiential nature of the crisis elements in the transition to parenthood" (p. 36). Rosenberg conducted interviews with

preschool-aged children in a 1976 study and reported results that generally supported LeMaster's (1957). Rosenberg (1981) said that motherhood is accompanied by, at the least, a temporary identity disruption in most women that could be called a crisis. In interviews, only about 20% did not report the sense of having been overwhelmed.

Rubin (1961) described motherhood as a developmental process. Rubin defined maternal behavior as a "learned behavior, evolving and changing, largely dependent on the nature and kinds of interpersonal experiences and on the individual mother's evolving self-concept" (p. 684). Other writers (Brazelton, 1978; Broussard, 1978, 1979; Snyder, 1979) also discussed motherhood as a new role. Brazelton (1978) wrote that a mother's perception of her infant's appearance and behavior affects the way she relates to him/her. Brazelton continued by saying that the ability of the mother to provide an optimal environment in which the infant develops depends upon her sensitivity to the needs of the infant.

Broussard (1978) also submitted that the perceptions of the mother and her infant influence how she relates to the infant as well as the behavior of the infant. Snyder

(1979) indicated that realistic expectations of an infant's abilities are important for the mother but also for the actual development of the infant. Broussard (1979), a pediatrician, noted that some women made a smooth transition from pregnancy to motherhood and others lacked the ability to make the transition. These mother-infant couples seemed to be in distress even when the infant was determined to be healthy and normal physically. Broussard continued by saying that a new mother has certain expectations about the kind of mother she will be and what kind of child she will have. These expectations, according to Broussard, will actually affect how she relates to the infant.

The literature available concerning fathers was primarily concerned with preparation for parenthood as preparing for the labor and delivery process. It was not reported here due to its irrelevance to this study.

It can be concluded that pregnancy and the birth of a first child require new roles, tasks, and responsibilities. The state of new parenthood has been described by some as a crisis situation. The elements of the situation which differ in those identifying the stage as one of crisis and of those who do not have not yet been

identified. LeMasters (1957) stated that those parents not reporting crisis accompanying new parenthood were somewhat better prepared than those who did report crisis during that period.

Adoption

The literature available on adoption contains little research. The research reported in the literature was largely concerned with genetic versus environmental influences upon the child. Studies compared various characteristics of the child with those of the birth-parents and adoptive parents. The research largely focused on psychopathology in adoptive families and the subsequent functioning of the child and family following the adoption. Articles in the literature in the past several years dealt primarily with the adoptive child. More recent articles dealt with the birthmother, adoptive children with special needs, and adoptive parents adopting children with special needs. Articles dealing with the needs of adoptive couples waiting to adopt healthy infants or in an anticipatory preventive time reference were few.

Zimmerman (1977) listed a number of stresses unique to the adopting couple which included the issue of infertility, the rigors of the often lengthy adoption process itself, the uncertainty and often isolation of the

waiting period, the sudden arrival of the infant, and the probationary nature of the placement. The potential stresses continue after the placement of the child with the possibility of the adoptive mother feeling "let-down, depressed, and exhausted" (p. 195) after the arrival of the infant. The family may be in a state of severe disorganization leading to crisis. The stresses may continue at intervals, associated with the possible sketchy medical history and the issue of telling a child about his/her adoption.

Walker (1981) conducted a study to determine which parental factors were associated with the amount of needs adoptive parents experience in informational, feeling, and judgement-development areas as they adopted a child. The parents had completed all legal proceedings at the time the data were gathered and a number of participants had other children or had received children with special needs. The results suggested that parents with the following characteristics reported greater parenting needs compared to the rest of the sample: (a) mothers, (b) younger in age, (c) with fewer children, (d) with less child care experience, and (e) with a low self-rated score on preparedness. A highly significant correlation was

found between information needs and the following biographical factors of the parent: sex of parent, with the mother expressing more need; age of parent at the time of placement; number of other children; amount of previous child care experience; and reported preparedness for parenthood. A highly significant correlation was found between feeling needs and the reported preparedness for parenthood. In the area of judgement-development needs, a highly significant correlation was found between need and the following biographical factors of parents: the number of other children, the amount of previous child care experience, and the reported preparedness for parenthood. Walker concluded by saying that "the study suggests that adoptive parents who are new to the parenting role have special needs" (p. 123).

Wiehe (1976) reported on a study which was designed to determine if attitudinal change toward infertility, unmarried parents, and telling a child about adoption occurred in the adoptive study normally conducted by social workers. The study also looked at individual and group interviews to determine which method influenced individuals to report more preparation for adoptive parenthood. Thirty-three couples waiting to adopt infants

were randomly assigned to a group adoptive study, an individual adoptive study, or a control group for which no adoptive study was conducted until after the completion of the research. Attitude changes were found to occur in both adoptive study groups regarding attitudes toward unmarried parents and telling a child about adoption. No change in infertility attitudes occurred in any group. Wiehe concluded that preparation for adoptive parenthood can lead to attitudinal change and stated that critical variables must be identified around which preparation for adoptive parenthood should occur.

Marion and Hayes (1975) reported a program of primary prevention in a mental health center to aid "adoptive parents in their stressful role transitions" (p. 323). An informal psychoeducational group was started to assist parents to separate normal child and family development from that unique to adoption in order to strengthen parental competence. Low esteem and conflicts in mothering in adoptive mothers had previously been observed at this center. Marion (1975) described the group as a psychologically vulnerable population and stated that increased competence, joy, and relief occurred with the exchanges of experiences and feelings, which is suggestive of previous

isolated pain. All participants felt that the support the group provided was not available in other community interventions. They rated the most valuable aspects of the service as support, insight, and information.

Van Steenkiste (1981) and Walker (1981) mentioned that adoptive parents are usually not included in prenatal classes where some child care instruction may be given on preparation of the family for the child or basic child care. Lockhart (1982) reported that a series of classes designed for prospective adoptive parents has been offered within a hospital setting. While no formal results were reported, the authors stated that the feedback has been excellent. The informal nonthreatening atmosphere, the course content, and the opportunity to meet other adoptive couples were the factors reported as being mentioned most often.

Summary

The authors in this section discussed crisis as an upset in a steady state. Developmental and situational crisis was defined, and it was determined that the state of parenthood could fit into either category of crisis. Beginning parenthood was discussed as a crisis, citing studies by several authors over a period of years.

Other authors cited in this section identified some stresses of adoptive parenthood. Research identified parenting needs in different areas from a retrospective view. Further research demonstrated that attitudinal change can occur within groups of prospective adoptive parents. It was also suggested that primary prevention assists adoptive parents as they assume the parenting role. No research was located that attempted to identify informational needs of adoptive parents as they waited for the arrival of an infant.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

A descriptive research design was utilized for the purpose of this study. Descriptive designs are used when the researcher obtains information in areas in which little previous investigation has occurred and/or to construct a picture or account of events as they exist naturally (Waltz, 1981). Descriptive designs offer greater precision and accuracy in assessing relationships between phenomena (Williamson, 1981). No attempt was made to modify or control the situation being studied.

Setting

The setting for this study was an educational classroom in a local community service organization. The agency is a volunteer organization which serves a large metropolitan area. One nursing director, two half-time staff nurses, and three clerical workers comprise the paid staff of the nursing department. The volunteer force consists of 49 active instructors with a total of 350 members on roll. The agency is located in a metroplex with a population of approximately 1 million in the southwestern part of the United States. The agency offers a

preparation for parenthood course for prospective adoptive parents which consists of eight 2-hour classes. The course is offered at least 4 times per year with approximately 8-15 couples attending each course.

The agency classroom was arranged to accommodate as many as 22 participants seated at tables and chairs. The environment was quiet and private, making it conducive to completing the questionnaire.

Population and Sample

The target population was composed of prospective adoptive mothers and fathers anticipating the arrival of an infant into their home as a first child. They were enrolled in a child care course for prospective adoptive parents at a local service agency over a period of 3 months.

The sampling technique was by convenience. Convenience sampling is one of the most commonly used forms of nonprobability sampling because of its economic convenient means of obtaining a sample (Polit & Hungler, 1978).

The sample was composed of individual, consenting, prospective, first-time adoptive parents who met the criteria: (a) were waiting for the arrival of an infant as a first child and (b) who were registered and present

for the child care course at the local agency on the first class session. The sample consisted of 21 mothers and 14 fathers.

Protection of Human Subjects

Written consent was obtained to conduct the research from Texas Woman's University (Appendix A) and the agency in which the data were collected (Appendix B). The agency will be given a copy of the research abstract during a conference in which the results will be reviewed.

Protection of human subjects was accomplished according to the current rules and regulations of the Human Subject's Review Committee. This study was determined to be in Category I (no risk) of the Federal guidelines (Appendix C).

Informed consent was obtained by the inclusion of the following statement at the top of the first page of the questionnaire: "I understand that the return of my questionnaire constitutes my informed consent to act as a subject in this research." Participants were informed verbally that participation in this study was voluntary, that anonymity would be accomplished by avoidance of placing their name or any identifying mark on the

questionnaire and that results would be reported as group findings (Appendix D).

Instrument

No tool was available which exactly met the needs of this study. However, a tool designed for adoptive parents after the finalization of an adoption, the Adoptive Parent Questionnaire by Walker (1981), was utilized with modifications. Permission was obtained from Walker to utilize or revise the tool as necessary for this study (Appendix E). Individual items in one entire section were deleted from the Adoptive Parent Questionnaire due to their irrelevance to this study. Other items were edited to read in the present tense from the past tense. New items were added according to a table of specifications based on the literature to balance the areas covered in the questionnaire. The new questionnaire designed for this study was called the Brown Questionnaire for Prospective Adoptive Parents (Appendix F).

Since the questionnaire was self-administered, closed-ended multiple-choice questions were used primarily. Polit and Hungler (1978) stated that closed-ended questions are easy to administer, respondents are able to complete more closed-ended questions in a given time

period than open-ended questions, and respondents may be more willing to complete a question that requires only a check to one that requires a written response. Four alternative responses were offered. The fifth alternative response expressing uncertainty on the Adoptive Parent Questionnaire was omitted from this tool in hopes that respondents would commit to an opinion. Two open-ended questions were included to give respondents an opportunity to express needs that may have been overlooked when developing the questionnaire. Polit and Hungler (1978) cautioned that the use of closed-ended questions exclusively may lead to bias if potentially important responses or questions were overlooked when developing the tool. The inclusion of two open-ended questions gave respondents an opportunity to express needs that may have been overlooked or to express a deeper perspective than possible when responding to the closed-ended questions. The demographic information identifying the respondent as the mother or father was utilized for hypothesis testing.

The questionnaire was divided into two major sections. Part 1 focused on the information needs of prospective first-time mothers and fathers in each of four categories: emotion, environment, physical care, and

health. Categories were based upon review of the literature and from content frequently included in child care courses for expectant parents. Part 2 focused on the feeling needs of prospective first-time adoptive mothers and fathers. The feeling needs were divided into two categories, internal and external. These categories were based upon concerns of adoptive parents as reported in the literature. The single question concerning identification of the respondent as the mother or father was included as the last item on the questionnaire.

The tool was submitted to a panel of experts for the purpose of establishing content and face validity. Polit and Hungler (1978) stated that content validity is concerned with the sampling adequacy of the content being measured. The panel consisted of three experts in the areas of adoption and/or child care. The first panel member was a registered nurse with a Master's degree in community health and who is the Director of Nurses of a service agency which conducts educational programs for biological and adoptive expectant parents. The second panel member was a social worker with a Master's degree and who specializes in home investigations for prospective adoptive parents. The final panel member was a pediatric

nurse practitioner with a Master's degree and who works with adoptive and biological parents with newborn and child care needs. Recommendations for change by two out of three experts on any item determined the change.

Although no two experts recommended changes on any one item, several questions were added based upon the recommendation of one panel member and the feeling of the researcher that the suggestions were significant. The questions added dealt with emergency situations, support groups for adoptive parents, and the selection of day care facilities.

The final questionnaire consisted of 41 items. It was divided into two major sections. Questions in Part 1 dealing with information needs of prospective adoptive parents were coded into one of four areas of need. Emotional information needs were items 1, 4, 8, 9, 10, and 12. Environment information needs were items 2, 15, 17, 21, 22, and 24. Physical care information needs were items 5, 11, 14, 16, 19, and 23. Items 3, 6, 7, 13, 18, and 20 were related to health information needs. Question 25 was an open-ended question designed to provide an opportunity to name and discuss other needs in the area of information.

Part 2 consisted of items related to feeling needs of prospective adoptive mothers and fathers. Internal feeling needs questions were items 26, 27, 28, 30, 33, 34, 35, 38, and 39. External feeling needs questions were items 29, 31, 32, 36, 37, and 40. Question 41 was an open-ended question designed to determine what other needs may exist in the area of feeling.

The final questionnaire item identified the respondent as the mother or father. This information was included for the purpose of testing the hypotheses.

Hypothesis testing was accomplished by a point system utilizing the raw scores obtained on the questionnaire. A total information needs score was obtained by adding respondent answers (1 point for strongly agree; 2 points for agree; 3 points for disagree, and 4 points for strongly disagree) from questions in Part 1. Information needs scores in the category of emotion were scored by adding responses to items 1, 4, 8, 9, 10, and 12. Information needs scores in the category of environment were scored by adding the responses to items 2, 15, 17, 21, 22, and 24. Information needs in the category of physical care were scored by adding the responses to items 5, 11, 14, 16, 19, and 23. Information needs in the category of

health were scored by adding the responses to items 3, 6, 7, 13, 18, and 20.

Feeling needs scores were obtained in the same manner. A total feeling needs score was obtained by adding respondent answers from questions in Part 2. Feeling needs scores in the category of internal needs were obtained by adding responses from questions 26, 27, 28, 30, 33, 34, 35, 38, and 39. Feeling needs scores in the category of external needs were obtained by adding responses to questions 29, 31, 32, 36, 37, and 40. The following items were scored in reverse: 27, 28, 33, 34, 35, and 38, with 1 point given for a strongly disagree response, 2 points for a disagree response, 3 points for an agree response, and 4 points for a strongly agree response.

Open-ended questions 25 and 41 were not scored numerically. All responses to these questions were assembled to comprise a list which includes all needs mentioned in response to those items (Appendix G).

The final question identified the respondent as the mother or father and was scored nominally with a check to indicate mother or father. This information was used for

hypotheses testing. Each mother and father was scored independently.

This study served as a pilot in order to establish reliability for the Brown Questionnaire for Prospective Adoptive Parents (Appendix F). According to Polit and Hungler (1978), reliability of an instrument is how well it measures what it is intended to measure when it is given to a certain sample under certain conditions.

Reliability for this tool was assessed using the internal consistency method (Table 1). Polit and Hungler (1978) stated that this measure of reliability is the best way of assessing the sampling of questionnaire items, which is one of the most important sources of measurement error.

Two scoring alterations were made following the initial internal consistency analysis. Item 34 was scored in reverse and item 36 was scored utilizing the original scale rather than the reverse scale. These changes are reflected in the statistics given in Table 1.

Data Collection

After receiving permission to conduct the study, the researcher attended the first session from each of two courses for prospective adoptive parents. The researcher

Table 1

Summary Statistics for Each Category of the Brown
Questionnaire for Prospective Adoptive Parents

Need Area Measured	Number of Items	Mean	Standard Deviation	Internal Consistency (Alpha)
Emotional information	6	10.2	2.2	.60
Environment information	6	10.5	3.0	.84
Physical care information	6	9.6	2.6	.83
Health information	6	8.5	1.8	.52
Internal information	6	24.8	3.6	.69
External information	6	15.8	3.1	.72

was introduced by the class instructor. At that time the researcher described the problem under investigation, the importance of the study, and the benefits possible as a result of the study. The group was asked to participate in the study by completing the Brown Questionnaire for

Prospective Adoptive Parents. Anonymity was assured by asking the respondents not to place any identifying name on the questionnaire. It was also stated that participation was strictly voluntary, no change in service would result from nonparticipation, withdrawal from the study could be made at any time, and results would be reported as group findings.

The questionnaire was then distributed. Pens were provided for those who needed them. Participants were asked to complete the questionnaire as it applied to them now and to place the completed forms in the envelope placed on a table at the back of the room. The researcher remained in the room at the front table for the 10-20 minutes necessary to complete the questionnaire. The researcher did not handle any questionnaire until it had been placed in the envelope by the respondent. The questionnaires were then removed from the agency by the researcher for the purposes of treatment and analysis.

Treatment of Data

The hypotheses were tested using the t-test. Polit and Hungler (1978) stated that the t-test is used when the researcher obtains measures from sets of subjects to test the difference between group means. In this study, the

mother group and father group were the independent sets of subjects. The t-test was used to determine if prospective first-time adoptive mothers and fathers had the same or different needs in each of the two major areas and in the categories of these areas. The data analysis was accomplished using the computer at the .05 level of significance. This setting of the significance is equivalent to accepting the risk of being in error 5% of the time (Elzey, 1974).

CHAPTER 4

ANALYSIS OF DATA

A descriptive research study was conducted for the purpose of determining the difference in informational and feeling needs of prospective adoptive mothers and fathers in several categories: emotion, environment, physical care, health internal feeling, and external feeling needs. This chapter describes the sample and presents the findings of this study.

Description of Sample

The available sample was composed of 35 prospective adoptive mothers and fathers who were enrolled and present at the first class meeting of an educational course designed for prospective adoptive parents at a local service agency. Twenty-one prospective adoptive mothers and 14 fathers completed and returned the questionnaire. No other demographic data were obtained from the subjects; therefore, no further description of the sample is possible.

Findings

All hypotheses were tested using the t-test for independent samples. The test was applied to determine if a significant difference between the two groups of scores existed. Each hypothesis is discussed as it relates to the findings of the study (Table 2).

Hypothesis 1 stated that there is no difference in the total information needs of mothers and fathers. Mothers averaged 37.10 (SD = 9.2) and fathers averaged 41.42 (SD = 6.0) on this scale, which had a range of 24 to 96. The scores indicated that while fathers expressed slightly greater need on the total information scale, the difference was not significant. This hypothesis was accepted ($t(31) = 1.46$, $p = .153$).

Hypothesis 2 stated that there is no difference in the information needs of mothers and fathers in the area of emotion. Mothers averaged 9.9 (SD = 2.3) and fathers averaged 10.7 (SD = 1.8) on this scale, which had a possible range of 6 to 24. The scores indicated that while fathers expressed slightly greater need in the area of emotion, the difference was not significant. This hypothesis was accepted ($t(32) = 1.10$, $p = .278$).

Table 2

Mean, Standard Deviation, and Significant Levels for Each Area Tested

	Mean	Standard Deviation	<u>n</u> ^a	Significance
Hypothesis 1 (total information)				
Mother	37.10	9.2	21	p = .153
Father	41.42	6.0	12	
Hypothesis 2 (emotion)				
Mother	9.9	2.3	21	p = .278
Father	10.7	1.8	13	
Hypothesis 3 (environment)				
Mother	9.6	3.3	21	p = .117
Father	11.6	2.1	12	
Hypothesis 4 (physical care)				
Mother	9.1	2.9	21	p = .212
Father	10.3	2.1	13	
Hypothesis 5 (health)				
Mother	8.2	2.0	21	p = .350
Father	8.9	1.5	13	
Hypothesis 6 (total feeling)				
Mother	38.7	6.3	20	p = .049
Father	42.8	4.1	13	
Hypothesis 7 (internal feeling)				
Mother	24.0	4.1	21	p = .148
Father	25.9	2.5	14	
Hypothesis 8 (external feeling)				
Mother	15.0	3.0	20	p = .026
Father	17.3	2.9	13	

^aThis number varies because of missing responses to questions, i.e., if a question in any category was not answered, that subject's responses in that category was deleted from the analysis.

Hypothesis 3 stated that there is no difference in the information needs of mothers and fathers in the area of environment. Mothers averaged 9.6 (SD = 3.3) and fathers averaged 11.6 (SD = 2.1) on this scale, which had a possible range of 6 to 24. The scores indicated that fathers had slightly greater need in the area of environment, but not great enough to be considered significant. Hypothesis 3 was accepted ($t(31) = 1.61, p = .117$).

Hypothesis 4 stated that there is no difference in the information needs of mothers and fathers in the area of physical care. Mothers averaged 9.1 (SD = 2.9) and fathers averaged 10.3 (SD = 2.1) on this scale, which had a possible range of 6 to 24. While the scores indicated slightly greater need of fathers in the area of physical care, the difference was not significant. Hypothesis 4 was accepted ($t(32) = 1.27, p = .212$).

Hypothesis 5 stated that there is no difference in the information needs of mothers and fathers in the area of health. Mothers averaged 8.2 (SD = 2.0) and fathers averaged 8.8 (SD = 1.5) on this scale, which had a possible range of 6 to 24. The score indicated a slightly greater need in fathers in the area of health, but the difference was not significant. Hypothesis 5 was accepted ($t(32) = 0.95, p = .350$).

Hypothesis 6 stated that there is no difference in the total feeling needs of mothers and fathers. Mothers averaged 38.7 (SD = 6.3) and fathers averaged 42.8 (SD = 4.1) on this scale, which had a possible range of 15 to 60. Hypothesis 6 was rejected ($t(31) = 2.05$, $p = .049$).

Hypothesis 7 stated that there is no difference in the internal feeling needs of mothers and fathers. Mothers averaged 24.0 (SD = 4.1) and fathers averaged 25.9 (SD = 2.5) on this scale, which had a possible range of 9 to 36. While the scores of fathers indicated slightly greater need, the difference was not significant. Therefore, this hypothesis was accepted ($t(33) = 1.49$, $p = .148$).

Hypothesis 8 stated that there is no difference in the external feeling needs of mothers and fathers. Mothers averaged 15.0 (SD = 3.0) and fathers averaged 17.3 (SD = 2.9) on this scale, which had a possible range of 6 to 24. The scores indicated a significantly greater need in external feeling needs in fathers than in mothers. Therefore, hypothesis 8 was rejected ($t(31) = 2.33$, $p = .026$).

The open-ended questions elicited approximately 10 responses. No attempt was made to categorize responses. The responses were simply assembled into a list (Appendix G).

Summary of Findings

In this study it was determined that there was no significant difference between scores of mothers and fathers in the following categories: total information needs, emotion information needs, environment information needs, physical care information needs, health information needs, and internal feeling needs. These hypotheses were all accepted.

It was further determined that fathers scored significantly higher on total feeling needs and external feeling needs. These hypotheses were rejected.

Responses to open-ended questions were recorded as they were written. No attempt was made to categorize them (Appendix G).

CHAPTER 5

SUMMARY OF THE STUDY

This chapter presents a summary of this study and includes a discussion of the findings. Conclusions and implications based upon the findings are offered as well as recommendations for further study.

Summary

The problem of the study was to determine if there was a difference in informational and feeling needs of prospective adoptive mothers and fathers as they anticipate the arrival of a first child. The area of information needs included the categories of emotion, environment, physical care, and health. The area of feeling needs was comprised of internal and external feelings.

Concepts from Caplan's (1964) theory of crisis provided the framework for the study. The two concepts utilized were crisis and primary prevention. Crisis was viewed as an upset in a steady state, often leading to adaptation struggles as solutions are sought for a temporarily insoluble problem. Primary prevention is involved with reducing the rate of new illness within a population

by taking action before circumstances have been able to produce illness. Three aspects of primary prevention were useful for this study. The first aspect is that crisis outcome is determined by the interaction of exogenous and indogenous forces during the crisis course. The second is that an individual has a greater desire for help during a crisis than during equilibrium. The third aspect is that during a crisis, a person is more susceptible to the influence of others than in stable periods.

Using Caplan's (1964) concepts, parenthood and adoptive parenthood could be considered potential crisis situations. By determining the needs of first-time prospective adoptive mothers and fathers as they await the arrival of an infant, intervention in the form of primary prevention can be accomplished to attempt to influence the crisis resolution to a positive end.

The instrument utilized was the Brown Questionnaire for Prospective Adoptive Parents which gathered information in the areas of information and feelings needs of prospective adoptive mothers and fathers. Information needs data were collected in the categories of emotion, environment, physical care, and health. Feeling needs

data were collected in the categories of internal and external needs. Twenty-one mothers and 14 fathers completed and returned questionnaires.

The results of this study indicated that there was no significant difference between scores of mothers and fathers in the following categories: total information needs, emotion information needs, environment information needs, physical care information needs, health information needs, and internal feeling needs. These hypotheses were accepted.

It was further determined that fathers scored significantly higher on total feeling needs and external feeling needs. These hypotheses were rejected.

Responses to open-ended questions were recorded. No categorization of responses was attempted.

Discussion of Findings

The findings of this study were compared to the findings of the postadoption study done by Walker (1981). Walker found in her study that mothers expressed more need than fathers in the area of information. In the present study, the scores of fathers indicated more need in all areas studied than the scores of mothers. In the Walker study, sex of the parent was not a significant factor in

the area of feeling needs. In the present study, the scores of fathers indicated a significantly greater need in the area of feeling needs than the scores of mothers. The findings of the studies seem to contradict each other, although close comparison of the results is impossible due to the major differences in research designs.

Walker (1981) did find that parents with a limited amount of child care experience had greater needs in the area of information and judgement-development than parents with more child care experience. Walker stated that adoptive parents new to the parenting role have special needs. Since the present study examined a group of new prospective parents awaiting placement of a first child into the family, the subjects were new to the parenting role and might be expected to have somewhat different needs than the sample utilized in the study by Walker.

Conclusions and Implications

The following conclusion can be drawn from the findings of this study: Prospective fathers consistently demonstrate a greater needs level than prospective mothers in all areas surveyed as they prepare for the arrival of the first child into the family.

The implications for nurses are as follows:

1. Preadoptive education classes are needed to prepare prospective adoptive mothers and fathers for parenthood.
2. Classes should be made available to both mothers and fathers.
3. Nurses should be sensitive to the needs of both mothers and fathers and plan programs accordingly.

Recommendations

Based upon the conclusions of this study, the following recommendations for further study are offered:

1. A similar study be conducted utilizing a larger and equally distributed sample since fathers scored consistently but not significantly higher in all areas than mothers.
2. Longitudinal studies be developed to determine what information and feeling needs exist in mothers and fathers at various stages during the life cycle with respect to parenting.
3. Establishment of the reliability of the instrument utilizing the test-retest method.

APPENDIX A



Texas Woman's University

P O Box 22479, Denton, Texas 76204 (817) 383-2302, Metro 434-1757

THE GRADUATE SCHOOL

April 16, 1984

Mrs. Susan Eleanor Brown
10823 Camellia Dr.
Dallas, TX 75230

Dear Mrs. Brown:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,

A handwritten signature in cursive script that reads "Barbara J. Cramer".

Barbara J. Cramer
Provost, ad interim

tb

cc Dr. Sandra Strickland
Dr. Anne Gudmundsen

APPENDIX B

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE American Red Cross

GRANTS TO Susan Eleanor King Brown
a student enrolled in a program of nursing leading to a
Master's Degree at Texas Woman's University, the privilege
of its facilities in order to study the following
problem.

Needs of Prospective Adoptive Mothers and Fathers

The conditions mutually agreed upon are as follows:

1. The agency (may) (~~may not~~) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (~~may not~~) be identified in the final report.
3. The agency (wants) (~~does not want~~) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other Abstract of final report

Date 2/6/54 Jane B. Hedderly
Signature of Agency Personnel
Susan Eleanor King Brown Sandra J. Jickland
Signature of Student Signature of Faculty Advisor

*Fill out & sign 3 copies to be distributed: Original-student; 1st copy-Agency; 2nd copy-TWU School of Nursing

APPENDIX C

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

PROSPECTUS FOR THESIS/DISSERTATION/PROFESSIONAL PAPER

This prospectus proposed by: Susan Eleanor King Brown
_____ and entitled:

Needs of Prospective Adoptive Mothers and Fathers

Has been read and approved by the members of (his/hers)
Research Committee.

This research is (check one):

 x Is exempt from Human Subjects Review Committee
review because it is placed into Category I (no risk)
of the Federal Register, published Monday, January 26, 1981,
Part X, effective July 27, 1981.

_____ Requires Human Subjects Review Committee review
because _____

Research Committee: Date: 12/7/83

Chairperson, Sandra Stutland

Member Joe Taton

Member Lois Hough

Dallas Campus x Denton Campus _____ Houston Campus _____

APPENDIX D

ORAL PRESENTATION TO SUBJECTS

My name is Susan Brown. I became interested in adoptive parents a couple of years ago while working on a project. It became increasingly obvious to me that adoptive parents had some information needs that were being met by varying degrees by different groups of people. But, what were those needs? What did adoptive parents want to do or hear about while they were waiting for their babies? That is the reason I am here. I have a questionnaire that seeks to find out what kind of information you want now during this waiting period. The results obtained from this survey from your group and others will be utilized to plan the types of programs you want and that perhaps others would want.

It will take approximately 10-20 minutes to complete this questionnaire. I will assure you that anonymity will be maintained. The forms will never be out of my possession and results will be reported as group findings only. No response made by any one of you will be able to be traced back to you. There are no right or wrong answers to any questions. I am simply interested in your feelings and opinions now. No effort will be made to identify a

participant by name. To further assure anonymity, please do not place your name or any identifying mark on the questionnaire. Completion and return of the questionnaire will be construed as your consent to participate in this study. Your participation is strictly voluntary.

Are there any questions? Please complete the questionnaire as you feel now and place the form in the envelope on the back table when you are finished.

Thank you very much for your time and cooperation in completing the questionnaire.

APPENDIX E


Lorraine O. Walker
University of Texas at Austin
School of Nursing
Austin, Texas

February 2, 1973

Dear Susan Brown,

You have my permission to utilize the Adoptive
Parent Questionnaire for your research study. You
may ammend or adapt it to meet the purposes of your
project.

Sincerely



Lorraine O. Walker, R.N., Ed.D.

APPENDIX F

Completion and return of this questionnaire will be construed as consent to participate in this study.

BROWN QUESTIONNAIRE FOR PROSPECTIVE ADOPTIVE PARENTS

Part 1

Instructions: Parents may want various kinds of information as they anticipate the arrival of an infant. We are interested in what information you personally want now. There are no right or wrong answers. For each of the statements below, please write in the blank the number of the choice that best fits you, using one of these choices for each statement.

- 1 = strongly agree
- 2 = agree
- 3 = disagree
- 4 = strongly disagree

For example, if you agree that you want to know about good foods for children or how to select toys, you would mark your choice like this:

 2 I want to know about good foods for children.
 1 I want to know how to select toys for children.

* * * * *

- 1. I want to know how I can prepare myself for the arrival of my baby.
- 2. I want suggestions about how to select such things as furniture, clothing and toys for my child.
- 3. I want to know about the normal growth and development patterns of children.
- 4. I want to know about books and other material I can read dealing with adoption.
- 5. I want information about how to care for children.
- 6. I want information on how to deal with emergency health situations.
- 7. I want to know how I might help my child grow to be a happy, healthy person.
- 8. I want information to help me understand my child's behavior.
- 9. I want to know how to handle my child's questions about his/her birthparents and background as he grows older.
- 10. I want information about how to discipline and guide my child.
- 11. I want to know how to plan and prepare healthful food for my child.
- 12. I want to know about support groups for adoptive parents.

- _____ 13. I want information on how to keep my child healthy; for example, when to get baby and booster shots.
- _____ 14. I want to know how and what to feed a baby.
- _____ 15. I want to know how to childproof my home.
- _____ 16. I want to know how to bathe a baby.
- _____ 17. I want to know about equipment necessary in the daily care of a baby.
- _____ 18. I want to know how to select a pediatrician.
- _____ 19. I want to know how to hold a baby safely.
- _____ 20. I want to know how to recognize signs of illness in a baby.
- _____ 21. I want to know how to prepare my home for the arrival of an infant.
- _____ 22. I want to know how to select a safe car seat for a baby.
- _____ 23. I want to know how to change a baby's diaper.
- _____ 24. I want to know how to select a quality day care program for a child.
- _____ 25. What other kinds of information are important to you? Please use the back of this page if additional space is necessary.

Part 2

Instructions: Parents have various feelings as a part of the adoption process. We are interested in the feelings you personally have. There are no right or wrong answers. For each of the statements below, please write in the blank the number of the choice that best fits you, using one of these choices for each statement.

- 1 = strongly agree
 2 = agree
 3 = disagree
 4 = strongly disagree

For example, if you agree that you are worried about the cost of adoption, you would mark your choice like this:

- 2 I am worried about the cost of adoption.
 3 I am worried about the prenatal care received by birthmothers.

* * * * *

- _____ 26. I feel frustrated by the waiting periods involved in adoption.
- _____ 27. I was certain the adoption agency would accept our application for a child.

- _____ 28. I am sure I can accept an adopted child as my own.
- _____ 29. I am bothered by negative reactions from relatives or friends toward the adoption of a baby.
- _____ 30. I feel that my occasional feelings of fear about whether adoption is the right choice for me are a normal part of adopting.
- _____ 31. I am irritated by some of the questions people ask when they find out I am going to adopt a baby.
- _____ 32. I feel alone because none of my friends or family understand what it is like to adopt a baby.
- _____ 33. After receiving my child, I am sure that I will grow to love him/her.
- _____ 34. I am worried about becoming too attached to my child during the waiting period before the adoption is final.
- _____ 35. After placement, I feel confident that my baby will soon respond to me in a happy, comfortable way.
- _____ 36. I want my child to have a positive attitude toward his/her birthparents.
- _____ 37. I am worried about reactions grandparents and other relatives might have toward my child.
- _____ 38. I feel sure that my infant will continue to love me as a parent when he/she grows up.
- _____ 39. I will be relieved when the adoption of my baby is final.
- _____ 40. I feel the need to meet and interact with other adoptive parents.
- _____ 41. What other feelings do you have that are important to you now? Please use the back of this page if additional space is necessary.
- _____
- _____
- _____
- _____
- _____

Part 3

Instructions: There is some additional information which would be helpful to us in this study. For the item below, please answer by placing a check in the proper blank.

42. I will be the
 _____ mother _____ father

APPENDIX G

RESPONSES TO OPEN-ENDED QUESTIONS

Question 25

The exact responses of prospective adoptive mothers to this question were:

1. "Diaper service available."
2. "Couples' relationships and their evolution to a newborn."
3. "I'd like to know, in depth, how to determine if a situation warrants medical attention--what are signs to watch for, etc."

The exact responses of prospective adoptive fathers to this question were:

1. "Pre-school at-home education programs and concepts."
2. "Emergency care."
3. "Explanation and handling of psychology of adoption."

Question 41

The exact responses of prospective adoptive mothers to this question were:

1. "I am nervous (but I think that is normal) but not worried, I know that God has it all planned out."

2. "A sense of disbelief and as though the adoption process is not happening."

3. "I have felt since the decision to adopt and the corresponding education our adoption agency has given us since we were accepted, that the more education you can receive about adoption--from all three sides of the triangle (birthparents, child, adoptive parents), the more prepared you are to receive an adopted child. I also feel the more open you are in dealing with all sides of the adoption question, the more secure you are with it."

4. "I am very impatient and especially concerned because we will have no 'advance warning' about our adopted baby. We will just get the call from the agency one day (after approval, which for us has been 9-1/2 months so far) and then go get our new son or daughter."

5. "I feel out of control with the whole situation. It's out of my hands. I get what I get when I can get it. It's all frustrating and frightening."

6. "The uncertainties connected with when to expect the baby's arrival is very difficult. It is very difficult to make any 'job' or career plans--they tell us to be patient, but it's extremely hard to do so."

The exact responses of prospective adoptive fathers to this question were:

1. "I hope not to change basic personality traits because of new responsibility."

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