National Quality Improvement Center for Adoption and Guardianship Support and Preservation: Intercountry and Private Domestic Adoption Final Evaluation Report

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CENTER ON CHILDREN, FAMILIES, AND THE LAW

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Executive Summary

Many intercountry and private domestic adoptive families find themselves facing some challenges post-adoption as they begin to navigate the specific needs of their adopted child. Access to clinical interventions and supportive services that serve intercountry and private domestic adoptive families is often limited, though understanding the role that these programs play in the lives of these adoptive families is critical to ensuring their post-adoption stability as well as enhancing child behavioral health and family well-being. The current study serves to meet this need for greater understanding of how intercountry and private domestic adoptive families benefit from post-adoption services. Specifically, this evaluative study explores the impact of the following five interventions used with adoptive families: Success Coach Program (Catawba County), Trauma Affect Regulation: Guide for Education and Therapy (Illinois), Tuning in to Teens (New Jersey), The Neurosequential Model of Therapeutics as part of the Adoption Support and Preservation Program (Tennessee), and Adoption and Guardianship Enhanced Support (Wisconsin). Forty families from four of these sites participated in the current study, providing survey data and participating in semi-structured interviews. The findings detailed the sources of stress for these families, many of which revolved around adoption-specific challenges, as well as the impact of these programs on families' attempts to surmount said adoption-related challenges. Results showed that families benefitted from these services in the following distinct domains: (a) stress-reduction and conflict de-escalation as well as helpful language and child behavior changes (Illinois); (b) communication and empathy/perspective-taking (New Jersey); (c) knowledge building/strategies/insight, support, and activities (Tennessee); and (d) resources (Wisconsin). Across sites, families suggested that programs could further meet their needs by implementing booster sessions or an ongoing service for adoptive families.

The Project

Intercountry and Private Domestic (I/PD) Adoptions

Adoption can be a rewarding yet sometimes challenging journey for many families (McDonald, Propp, & Murphy, 2001). Post-adoption services are an important piece when families are working through post-placement adjustment issues (Brooks, Allen, & Barth, 2002). Much is known about the role that post-adoption services play in the lives of child welfare-involved adoptions (Dhami, Mandel, & Sothmann, 2007). However, more information about the role of post-adoption services in intercountry and private domestic (I/PD) adoptions is needed, which the current report examines.

Project Overview

The University of Nebraska–Lincoln's Center on Children, Families, and the Law (UNL-CCFL) examined five National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) Center sites that offered services to I/PD adoptive families. UNL-CCFL research staff conducted semi-structured interviews with I/PD adoptive parents to understand their perspectives on the strengths and weaknesses of the intervention programs offered by the five QIC-AG Center sites.

Methods

Semi-structured interviews were completed with parents who adopted children either through intercountry or private domestic processes and completed a program for adoptive families. The sample came from 4 different states: Illinois, New Jersey, Tennessee, and Wisconsin. Each program had a different approach and goals, but all aimed to help families of adopted children. These data were collected in order to examine the efficacy of and satisfaction with each program, but information related to the child and family more broadly was also gathered.

On-site employees recruited participants once they began the program. Each family was asked to sign a consent form and schedule an appointment for the survey. Those forms were then forwarded on to the research team. A team member took the information provided in the consent forms and contacted each family to request an interview. All interviews took place over the telephone, were digitally recorded, and then transcribed by a member of the research team. Upon agreeing to complete an interview, families were sent a link to an online survey that could be completed before the telephone interview to shorten its length (n = 34). If families did not complete the online survey ahead of time (n = 4), those questions were asked during the telephone interview. Once interviews were transcribed, they were uploaded to a qualitative data management and analysis program, and the coding process was completed. While the primary purpose of this study was to examine the impact of each program, additional information was collected regarding the child's background, behaviors, school success as well as family dynamics, bonding, and general stress.

The Programs

Description of Programs

Each of the five programs aimed to ensure post-adoption stability as well as enhance child behavioral health and family well-being for I/PD adoptive families.

1. **Catawba County, North Carolina:** *Success Coach Program* at the Catawba County Social Services
    a. **Description:** The impetus for this program came from discovering that many of the adoptive families that were reaching out for support were already in crisis, the Reach for Success program aims to proactively serve families by connecting with families who were unaware of the availability of services or who were reluctant to reach out for services. Through Reach for Success families were connected to Success Coach services. Through this model of support, families are provided a Success Coach who helps connect families to community resources and works directly with the family on issues such as assessing needs of children in the home, connections to adoptive parents, supporting school needs, providing crisis management, parenting strategies and counseling.
    b. **Focus:** Increased engagement in Success Coach program.
    c. **Contact for interview:** 6 months from start of program
2. **Illinois:** *Trauma Affect Regulation: Guide for Education and Therapy (TARGET) Program* at the Illinois Department of Children and Family
    a. **Description:** TARGET is designed to enable youth affected by trauma and adverse childhood experiences to recognize, understand, and gain control of their stress reactions. Based on research that shows that discontinuity for children is most likely as they enter their teen years, TARGET was offered to adoptive families with children ages 10-17. TARGET teaches seven essential steps using the acronym FREEDOM (Focus, Recognize triggers, Emotion self-check, Evaluate thoughts, Define goals, Options, and Make a contribution). The program discusses the brain as an alarm system and helps parents and children understand how to regulate their emotions when their brains and bodies are reacting to trauma or stress.
    b. **Focus:** Decreased incidences of child behavioral issues, reduced school-based problem behaviors, reduced involvement with the juvenile justice system, reduced use of services (i.e. psychiatric hospitals or out-of-home placements), and increased caregiver commitment.
    c. **Contact for interview:** 14 weeks from start of program
3. **New Jersey:** *Tuning In To Teens (TINT) Program* at the New Jersey Department of Children and Families, Division of Child Protection and Permanency
    a. **Description:** The TINT program is designed for youth 10-18 years of age, but New Jersey focused on families with a child between the ages of 10 and 13. The main goal of the program is to help parents better understand their child's

emotions, so their responses are appropriate and help the child develop and improve their emotional wellbeing. This goal is achieved by focusing the program on emotional intelligence and emotional coaching. This program hopes to improve the relationships and interactions within the family, and address and prevent children's behavioral issues.

   b. **Focus:** Decreased incidences of child behavioral issues, increased caregiver commitment, improved caregiver-child relationships, and improved sense of family belongingness.
   c. **Contact for interview:** 8 weeks from start of program

4. **Tennessee:** *The Neurosequential Model of Therapeutics (NMT) assessment as part of the Adoption Support and Preservation (ASAP)* at Harmony Family Center
   a. **Description:** NMT is a developmentally informed and trauma-sensitive approach to working with at-risk children and their families. NMT helps clinicians organize a child's developmental history and current functioning to inform the clinical decision-making and treatment planning process, guiding the selection of the most appropriate, developmentally sensitive interventions for a child. *Note: The NMT framework was used by clinicians in the ASAP program as part of the assessment process. Because families might not recognize the term "NMT," it was referred to as ASAP to the families who were participating because it was determined that was a reference that would be most recognizable.*
   b. **Focus:** Decreased familial stress, decreased child behavioral issues, improved educational outcomes, increased staff satisfaction with service delivery, improved familial relationships, and improved caregiver commitment.
   c. **Contact for interview:** 6+ months from start of program
5. **Wisconsin:** *Adoption Guardianship Enhanced Support (AGES) Program* at the Wisconsin Department of Children and Families
   a. **Description:** The AGES program is an enhanced case management service that offers families individualized assessment of their strengths and needs, identification of child- and family-specific goals, personalized assistance with identifying resources and navigating services, and targeted advocacy. The AGES program has five different phases: support initiation, assessment, support planning, support delivery, and case closure. Goals of this program are to increase post-permanency stability, increase overall family wellbeing, and provide tools to manage family stress.
   b. **Focus:** Decreased familial stress, increased family satisfaction with services, and increased caregiver confidence.
   c. **Contact for interview:** 6 months from start of program

Recruitment

Site-Specific Recruitment Plan

UNL-CCFL personnel, QIC-AG staff, and relevant site contacts worked together to develop two recruitment plans. One plan (Plan A) detailed the steps each site coordinator took to inform, and recruit parents involved in each site intervention. The second plan (Plan B) was used to reach participants from each site who had either completed the intervention or dropped out. See Table 1 for more information.

Table 1. Site-specific recruitment plans.

Site Name	Plan A	Plan B
Catawba County	Success Coaches planned to inform families about the evaluation on the first or second visit. Site Implementation Managers planned to scan and email completed packets to UNL-CCFL.	Success Coach planned to contact families who dropped out or had completed services and mail them the packets.
Illinois	Facilitators informed families about evaluation at the first meeting. Coaches/Facilitators mailed completed packets to UNL-CCFL.	Outreach Coordinator mailed packets to families who had completed/dropped out. Families mailed completed packets back to Outreach Coordinator who then mailed them to UNL-CCFL.
New Jersey	Site Implementation Manager distributed packets at session 2.	Facilitators contacted families who had completed. Families completed packets and mailed them directly to UNL-CCFL.
Tennessee	Family Counselors distributed packets near the conclusion of services. Site Implementation Manager scanned and emailed completed packets to UNL-CCFL.	Site Coordinator mailed packets to families who graduated/dropped out.
Wisconsin	AGES workers delivered packets to families. AGES workers scanned and emailed completed packets to UNL-CCFL.	AGES workers contacted families who dropped out. Completed packets were mailed to AGES who then sent them to UNL-CCFL.

Recruitment Success

Across the data collection sites, 197 families completed their program. More than two-thirds of the completers consented to be interviewed in New Jersey and Illinois, but less than a quarter consented in Tennessee and Wisconsin. Because the program staff onsite did the initial consent process, we do not have information on why families who completed their program chose not to consent to be interviewed. Fifty-five of the families did consent (with the program staff) to be a part of the study. Forty of the 55 consenting families were interviewed; yielding a response rate of 72.7% for those families who

Table 2. Recruitment success.

Site Name	# of I/PD Families who Completed their Program	# of I/PD Program Completed Families Who Consented to be Interview	% of Program Completed I/PD Families Who Consented to be Interview	# of I/PD Families Who Were Interviewed	% of Consenting I/PD Families Who Were Interviewed	% of Program Completed I/PD Families Who Were Interviewed
Catawba County	0	0	N/A	0	N/A	N/A
Illinois	32	21	65.6%	15	71.4%	46.9%
New Jersey	7	6	85.7%	6	100%	85.7%
Tennessee	132	21	15.9%	14	66.7%	10.6%
Wisconsin	26	7	26.9%	5	71.4%	19.2%
Total	***197***	***55***	***27.9%***	***40***	***72.7%***	***20.3%***

Note. Due to not knowing whether program attending families were intercountry or private domestic adoptive families unless they consented to and participated in the evaluation, we have no way of estimating differences in recruitment success among these two sub-populations.

initially indicated interest in and agreed to be involved with the study. All 55 families were contacted by UNL-CCFL. Of those who did not participate in the study after initially consenting, most did not respond to multiple contact attempts and one family decided they were no longer interested. The number of interviews conducted were as follows: Illinois (*n* = 15), New Jersey (*n* = 6), Tennessee (*n* = 14), and Wisconsin (*n* = 5). See Table 2 for more information.

The Participants

Parents of children adopted through I/PD adoption processes who participated in a site's (e.g., Catawba County, Illinois, Tennessee, Wisconsin, New Jersey) intervention program were recruited to the current study. All parents interviewed for this study successfully completed their intervention program. There was no comparison or control group. I/PD adoptive families both attended the same programs, so findings related to the programs themselves are discussed with I/PD families combined in a later section of the report. Below, we discuss demographic information and some differences between the two sub-samples (i.e., intercountry vs. private domestic adoptive families).

Table 3. Number of participants by site and adoption type (*N* = 40).

Site	# Interviews
Catawba Co.	
PD	0
Intercountry	0
Subtotal	0
Illinois	
PD	8
Intercountry	7
Subtotal	15
New Jersey	
PD	5
Intercountry	1
Subtotal	6
Tennessee	
PD	6
Intercountry	8
Subtotal	14
Wisconsin	
PD	2
Intercountry	3
Subtotal	5
Combined	
PD	**21**
Intercountry	**19**
Total	**40**

There was a total of 40 I/PD adoptive families who completed their programs and were interviewed. The sample (*N* = 40) was almost evenly divided between private domestic (*n* = 21) and intercountry adoptive families (*n* = 19). Table 3 details the number of participants by site overall and adoption type.

Demographic Characteristics by Sub-sample

Children who were adopted through intercountry processes were younger at the time of adoption compared to children who were adopted through private domestic processes. However, youth were roughly the same age at the time of interview. Additionally, private domestic adopted youth were more likely to be female than intercountry adopted youth. Families who engaged in private domestic adoptions had more total children in their household than families who engaged in intercountry adoptions. See Table 4 for more information.

Table 4. Demographic differences by sub-sample.

Sub-sample	Child Age at Adoption in Years	Child Age at Interview in Years	# (%) Child Female	Yearly Total Household Income[a]	Number of Children in Household
Intercountry (n = 19)	0.91	12.05	5 (23.8)	5.43	1.95
Private domestic (n = 21)	3.67	13.47	10 (52.6)	5.67	2.58

Note.
a = Household income ranged from 1 (less than $25,000) to 8 ($200,000 or more); a score of 5 indicates an income range of $75,000 to $99,999 while a score of 6 indicates an income range of $100,000 to $149,999.

Child Wellbeing by Sub-sample

As noted, children adopted through private domestic processes were older on average than those adopted through intercountry processes. Private domestic adopted children were also more likely to evince behavioral problems compared to intercountry adopted children as reported by their adoptive parents. Additionally, intercountry adopted youth had greater academic achievement compared to private domestic adopted children. Both sub-samples of youth had similar rates of diagnostic conditions though private domestic youth were more likely to evince emotional, developmental, or behavioral problems that required formal intervention. More information is available in Table 5.

Table 5. Child wellbeing differences by sub-sample.

Sub-sample	Behavior Rating Index[a]	Academic Performance[b]	Special Health Care Needs (% of sub-sample)[c]
Intercountry (n = 19)	41.12	3.20	68.4%†
Private domestic (n = 21)	41.55	2.92	90.5%†

Note. One ASAP parent did not provide information on their child's academic performance.
a = The Behavior Rating Index for Children (BRIC) from Stiffman, Orme, Evans, Feldman, & Keeney, 1984. Higher scores indicate more severe behavioral problems.
b = Averaged scores from English, science, math, and history. Items based on the education section of Achenbach's Child Behavioral Checklist.
c = The Children with Special Health Care Needs Screener from Bethell, Read, Stein, Blumberg, Wells, & Newacheck, 2002.
† = Difference in mean rates of special care needs was significant at the $p < .1$ level.

The Findings

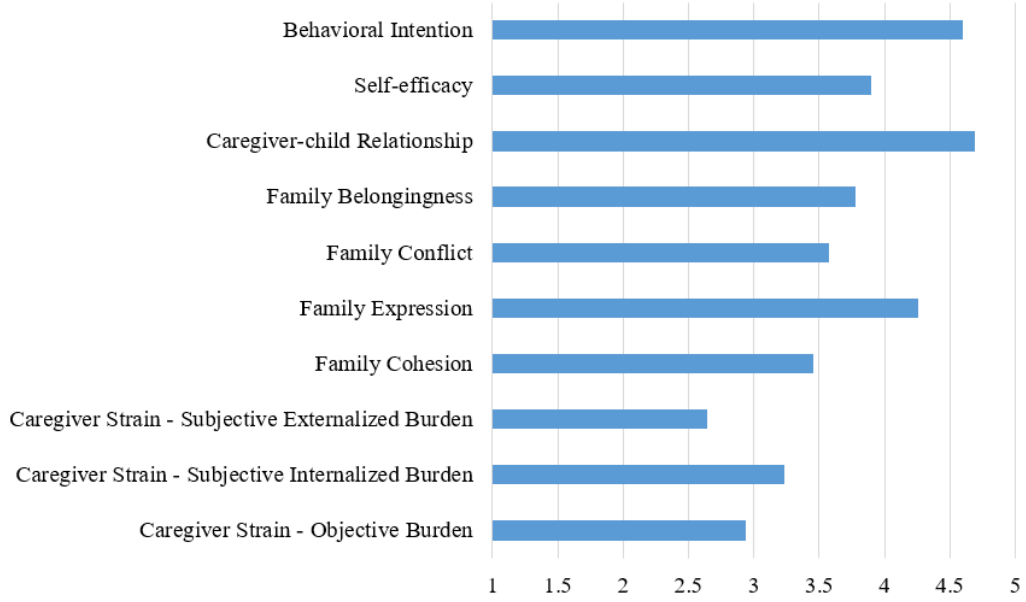
The results of the current evaluative study are mainly organized by the intervention site. Findings fall into the following categories: family dynamics (across sites), site-specific survey responses, site-specific program strengths identified in interviews, and area for intervention

improvement (across sites). The final category – area for intervention improvement – is presented with all site data combined. The reason for this was two-fold. First, there was much less data on area for improvement than program strengths; thus, presenting findings by site was not possible for this category of data. Second, the theme that emerged regarding how to potentially improve interventions was fairly similar across sites.

Family Dynamics (Across Sites)

Families who participated in the I/PD post-adoption programs across sites (n = 40) reported that they intended to continue to learn how to help their adopted child thrive and meet their adoption needs. They also reported to be planning to use the skills that they learned from their program and were confident in their abilities to get the help they need to raise their adopted child. Additionally, families reported a strong sense of family belongingness and felt as though their adopted child was an important part of their life and a member of the family. Families also reported strong caregiver-child relations. Additionally, reported that – due to their adopted child's challenges, they felt somewhat strained and were somewhat worried about their child's future. See Figures 3 and 4 for more information.

Figure 3. Parents' levels of caregiver strain, behavioral intention, and self-efficacy (n = 40).



Note. Response options for behavioral intention and self-efficacy (Lwin & Saw, 2007) items ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). Response options for caregiver-child relationship (Pierce, Sarason, & Sarason, 1991) ranged from 1 (*not at all*) to 5 (*very much*). Response options for family belongingness (Soliz & Harwood, 2006) ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). Response options for family cohesion, expression, and conflict (Fok, Allen, Henry, & People Awakening Team, 2014) items ranged from 1 (strongly disagree) to 5 (strongly agree). Response options for caregiver strain (Brannan, Heflinger, & Bickman, 1997) items ranged from 1 (*not at all*) to 5 (*very much a problem)*, and the question stem was "*For each item, respond how much of a problem each item is as a result of your child's challenges."* Behavioral intention and self-efficacy items were filled out by all families acorss sties. Caregiver-child relationship items were filled out by parents from TINT and ASAP/NMT. Family belongingness items were filled out by familes from TINT. Family conflict, expression, and cohesion items were filled out by families from ASAP/NMT. Caregiver strain items were filled out by families from TARGET.

Catawba County: Success Coach Program

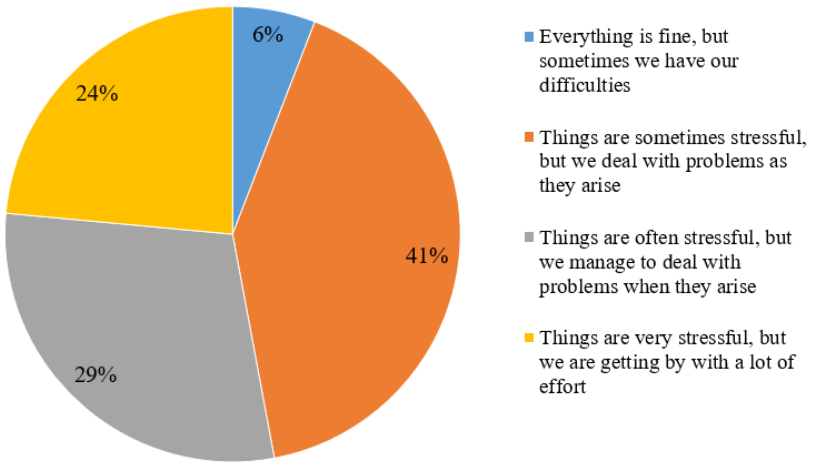
Despite the outreach efforts made by the staff at this program, no families from the Success Coach Program at Catawba County participated in this study. One I/PD family that initially

interested in participating in Success Coach eventually declined to receive services from the program staff and was not eligible to be interviewed due to not joining and completing the program.

Illinois: TARGET

TARGET-specific Survey Responses (*n* = 15)

Figure 4. Family stress profiles (*n* = 19).



Note. Only families from ASAP/NMT and Ages provided data on family stress profiles. One AGES parent did not provide information on family stress. Parents were asked to choose from one of the following possible responses (Weiss & Lunsky, 2011):
Everything is fine, my family and I are not in crisis.
Everything is fine, but sometimes we have our difficulties.
Things are sometimes stressful, but we deal with problems as they arise.
Things are often stressful, but we manage to deal with problems when they arise.
Things are very stressful, but we are getting by with a lot of effort.
We have to work extremely hard every moment of every day to avoid having a crisis.
We won't be able to handle things soon. If one more thing goes wrong—we will be in crisis.
We are currently in crisis but are dealing with it ourselves.
We are currently in crisis, and have asked for help from crisis services.
We are currently in crisis and it could not get any worse.

Families found out about the TARGET program through various sources, including their adoption agency, an adoptive mother's social group, a newsletter, and by therapist recommendation. On average, families enrolled in the TARGET program attended 11 sessions of the intervention. When asked about how the TARGET program impacted their child's behavioral issues, parents pointed out how the program helped their child with "resistance" as well as helped the parents "adopt and implement" the aspects of the program. When asked about how the TARGET program impacted parents as caregivers, parents said, for example, that it helped them focus on "how precious my kids are to me when I am stressed" and that "it has given me more tools and ways to communicate with him." They also cited other benefits such as increased emotional awareness.

TARGET Program Strengths Identified in Interviews (*n* = 15)

Stress-reduction and conflict de-escalation. Several parents discussed how the TARGET project helped them to "stop to think about things… before my emotion escalated." For example, one parent pointed out that "you tend to want to get angry right away and you realize… this isn't a life or death situation… and when I get angry it makes the situation worse, so I need to go… come up with a better option… that's really helpful." Another parent discussed how "when things do start going downhill" for their child, "he's able to better… moderate his response and… collect himself." This parent also noted that there was "less contention" in their household generally and that the child was "easier to get along with" following completion of the

intervention. Lastly, one parent said that TARGET helped them "recenter… look at the long-term goal… and not just react to the behavior (of their child)." The tools from TARGET also helped one parent "stay calmer when [adopted child is] having a big fit."

Helpful language and child behavior changes. Parents noted that the TARGET program gave them language to "identify the emotions before things get out of hand" and help their children make positive behavioral changes. One parent noted that their child didn't "want to shower… she would go days without showering" but that "we were able to talk about that in an adult way… through the TARGET program… it just gave us a way to talk about the things that were causing tension or that… we were fighting about." Another parent discussed how the "TARGET program just brought me this toolset" that helped her "put a name on it… a tag on my feeling… that feeling just needs to go into the filing cabinet and stay there for a little bit and I'll come back and deal with it when I'm ready." One parent noted that the TARGET program "taught me enough to slow down and try to get to the root of the problem." This parent relayed how their daughter "blew up" but that – due to the TARGET program – the parent was able to slow down and help her child said that she was "really tired," which "made all the difference in the world." Another parent discussed how their daughter had broken a plate and the TARGET program elements helped them "work backwards to why was she trying to hide it, get to the core reason of that" as well as "talk about the stress" and "name it."

New Jersey: TINT

TINT-specific Survey Responses (*n* = 6)

Parents reported that the TINT program improved their relationship with their child via increased emotional self-care and emotional awareness as well as improved relational connections and better communication. Parents reported continued difficulties with their child in the form of disagreements on parenting styles with the child's other parent, their child's lack of trust, and general relational frustration. Parents reported that their child's feeling of belonging in the family was positively affected by TINT as evidenced by being able to connect at a deeper level with their child. Parents reported that their view of their child's emotions and behaviors was positively affected by their participation in TINT in that it made them more positive and optimistic, helped them realize how children are influenced by their environment and genetics, and by leading parents to stop and think before reacting to their child's behavior. Before engaging in TINT, parents reported that they responded to their child's emotional outbursts with more tension and less sense of calm as well as without recognizing their child's feelings. After engaging in TINT, parents reported that they better handled conflict by giving their child space, validating their child's emotions and perceptions, following the steps in the program, and taking breaks in conflict. Parents reported that child's emotional awareness went from getting "fired up" and generally limited emotional understanding to being more comfortable expressing emotion and talking about emotional issues with their parent as a result of the TINT program. Parents reported their child's emotion regulation abilities changed as a result of TINT from

struggling to calm down to being able to connect and having increased emotional awareness. Parents reported other behavioral improvements in their child in the form of open communication and coming to better conclusions.

TINT Program Strengths Identified in Interviews (*n* = 6)

Communication. Parents reported that the TINT program led to "better communication" with their adopted child. Parents noted that they adopted a "validating and listening approach" to their child following the program, which helped them "stop and think [about] how I was feeling as well as stop and think [about] how the kid was actually feeling too." One parent noted a conceptual shift in their communication, saying that "interactions with your child are more about connecting… and building that relationship than they are about solving the problem at hand." Another parent noted that they found themselves using a "calmer approach" with "not as much… yelling…" and that "things have calmed down" as a result of the program. Lastly, one parent said that they saw an increase in the "strength in our bond" and that she felt "more connected" to her daughter, which "feels great for me." She said that her daughter "feels like I'm listening to her" more now.

Empathy/Perspective-taking. Parents also noted that they adopted a more empathetic approach to their child and tried to take their perspective more often. One parent noted that TINT helped them "create that environment" where their child was able to "feel a little bit more at ease and more relaxed." The parent also noted that they found themselves "being a little bit more sensitive to… where he's at, basically." Another parent discussed how the program was a "reminder to listen more and put yourselves in [the adopted child's] shoes more" often.

Tennessee: NMT

NMT-specific Survey Responses (*n* = 14)

Parents reported that participation in the NMT influenced their view of their child's behaviors and needs in that they worked together more as a family to come to resolutions, they more clearly saw signs leading up to their child having an emotional outburst, and they tried harder to get their child the help that they needed. Parents reported that their children engaged in the following activities as a part of NMT: team sports, equine therapy, family camp, physical exercise, relaxation techniques, and playing games with the family. Parents reported that – since their child engaged in the above activities – they had noted that their child was making friends, had improved their behavior, and was getting along better with classmates and teachers as well as achieving higher grades. Parents reported that their families were continuing to experience stressors in the form of end of the school year "survival mode," poor physical health of family members, and continued mental health and behavioral needs of their adoptive child. Parents reported that NMT helped lower their family stress and foster the family in working together to improve their situation. Parents reported that the NMT improved their relationship with their adopted child by bringing them closer together and helping them communicate as well as some

led to positive behavioral changes. Parents reported continued challenges in parenting in the form of their child not engaging in bonding activities, not listening to parents, and struggling to achieve developmentally appropriate levels of independence for a child.

NMT Strengths Identified in Interviews (*n* = 14)

Knowledge Building/Strategies/Insight

The main take-away parents reported from NMT were increases in knowledge about topics related to parenting their adopted child. Some of the topics that parents learned included *trauma and the trauma response, developmental issues, attachment,* and *brain development*. Parents reported that by applying what they learned they were able to understand *new ways to present things to their child, their own expectations and what their child is capable of, how adopted children often are not making a conscious choice to misbehave, how behavioral deficits are related to specific areas of the brain, a deeper understanding of the root of child behavioral problems,* and *how to identify triggers.*

Support

Parents who engaged in NMT also stated that they appreciated the social support that the model provided and/or introduced them to. One parent reported that they found "that there is this whole community of people dealing with issues like this." Another parent reported that "our involvement" connected them to "other people that were kind of dealing with the same issues and just having somebody to process that with on a weekly or biweekly basis was wonderful."

Activities

Lastly, some parents reported that they learned several valuable activities from their time in NMT. For example, one parent reported learning "different activities that could help with each area where he is struggling." Another parent stated that when they were finished, "they left us with a box of… note cards that had activities, so… we could reach in and pull one out… we've been able to do that a few times and she likes it." Others pointed out the usefulness of "activities that we could do to work on attachment and bonding" as well as "physical things that he can do to help… self-soothe and things like that."

Wisconsin: AGES

AGES-specific Survey Responses (*n* = 5)

When asked what kinds of stressors they were experiencing as a family, parents who had participated in AGES reported that their child struggled with school and making friends as well as had issues with truancy. Parents reported that their family struggled with not having ready access to resources in rural areas as well as having medical bills to pay. One parent noted that their adopted child's behavioral struggles had increased as the child grew older. Parents reported that AGES had positively impacted their family's stress in that their AGES workers helped them find resources and spent time talking with them. Parents reported that the main support

resources that they were connected to through AGES were various local resources in their county, trainings, counselors, and trauma-informed parenting classes. Parents reported positive levels of satisfaction with the AGES program (e.g., "very satisfied," "pretty happy," "definitely satisfied"). When asked about what they would like to see changed about the AGES program, one parent mentioned they would like "activities to focus more on the relationship building." Parents noted that the most helpful part of AGES was the AGES worker– they were "someone that understands the adoption" and helped parents feel like "you're not all alone." One parent noted that the AGES worker was flexible with their schedule and came to the home, which was helpful. Parents reported that they were "confident" or "very confident" in their abilities to take care of their adopted child despite that "parenting in itself is crazy."

AGES Program Strengths Identified in Interviews (*n* = 5)

Resources

The main benefit of AGES as reported by adoptive parents was the access to resources that it provided them. One parent said that AGES helped them "find the right counseling for our older kids as well as… long term living and coaching assistance for… our youngest son… [who is] on the autism spectrum." One parent noted that AGES helped them gain "access to resources and information that I might – as a parent – not come across." This parent noted that, before participation in AGES, they had to rely on "online resources and word of mouth a lot more." More specifically, parents were pleased to get access to a list of counselors that they could reach out to for additional assistance. One parent noted that "the questions from the AGES worker forced us to… sit down and gave us the things we needed to talk about."

<u>Area for Improvement (Across Sites)</u>

One major theme emerged when participants (N = 40) were asked how the programs and services could be improved: a need or want for follow-up sessions after the training was completed and/or an ongoing service for adoptive families. Parents pointed out that "sometimes you just… need a refresher course" and that "something that could be ongoing" would ensure that "I'm using [the intervention skills] in the right way." Parents also reported desiring these additional services as a way to establish and maintain social ties with other adoptive families. The importance of follow-up sessions and/or ongoing services was articulated by 12 parents; all four sites that participated in the evaluation were represented by these 12 parents (TARGET: n = 6; TINT: n = 2; ASAP: n = 3; AGES: n = 1). Two other pieces of feedback were provided. First, one parent (from TINT) wished their program had some additional services for parents dealing with "extreme cases." The parent that provided this piece of feedback has an adopted child who has several mental health diagnoses and has special developmental needs. Second, another parent (from TARGET) voiced that she wished her program was "more widespread" (i.e., available in other areas) as she felt there was "probably a very big need" for TARGET programming. The remaining 26 parents did not provide feedback on how to improve the programs.

Conclusion

Intercountry and private domestic adoptive families often face some challenges on their journey during and after the adoption of a child. Post-adoption services that serve to ensure adoption stability and enhance the behavioral health of the adopted child as well as general family wellbeing play a critical role in the lives of intercountry and private domestic adoptive families. The current study provided evidence that suggests participating families (n = 40) received distinct benefits from four services used with post-adoptive families (i.e., TARGET, TINT, ASAP/NMT, AGES) that served to increase the quality of parent-child relationships, reduce family stress, ameliorate adopted youth behavioral problems, and connect them with vital resources. The main suggestion from families on how to improve post-adoption services was to add booster sessions and/or an ongoing service of some kind for adoptive families.

References

Achenbach TM. Manual for the Child Behavior Checklist/4-18 and 1991 profile. Burlington: Department of Psychiatry, University of Vermont; 1991.

Bethell, C. D., Read, D., Stein, R. E., Blumberg, S. J., Wells, N., & Newacheck, P. W. (2002). Identifying children with special health care needs: development and evaluation of a short screening instrument. *Ambulatory Pediatrics*, *2*(1), 38-48.

Brannan, A. M., Heflinger, C. A., & Bickman, L. (1997). The Caregiver Strain Questionnaire: Measuring the impact on the family of living with a child with serious emotional disturbance. *Journal of Emotional and Behavioral Disorders*, *5*(4), 212-222.

Brooks, D., Allen, J., & Barth, R. P. (2002). Adoption services use, helpfulness, and need: A comparison of public and private agency and independent adoptive families. *Children and Youth Services Review*, *24*(4), 213-238.

Fok, C.C.T., Allen, J., Henry, D., & People Awakening Team. (2014). The brief family relationship scale: A brief measure of the relationship dimension in family functioning. *Assessment*, *21*(1), 67-72.

Lwin, M.O. & Saw, S. (2007). Protecting children from Myopia: A PMT perspective for improving health marketing communications. *Journal of Health Communication, 12*, 251-268.

McDonald, T. P., Propp, J. R., & Murphy, K. C. (2001). The postadoption experience: Child, parent, and family predictors of family adjustment to adoption. *Child Welfare*, *80*(1), 71.

Pierce, G. R., Sarason, I. G., & Sarason, B. R. (1991). General and relationship-based perceptions of social support: Are two constructs better than one? *Journal of Personality and Social Psychology*, *61*(6), 1028.

Soliz, J., & Harwood, J. (2006). Shared family identity, age salience, and intergroup contact: Investigation of the grandparent–grandchild relationship. *Communication Monographs*, *73*(1), 87-107.

Stiffman, A. R., Orme, J. G., Evans, D. A., Feldman, R. A., & Keeney, P. A. (1984). A brief measure of children's behavior problems: The Behavior Rating Index for Children. *Measurement and Evaluation in Counseling and Development*, *17*(2), 83-90.

Appendix A: Recruitment and Consents

The staff at each program was responsible for informing families who were a part of their programs about the project. Below is an example of the consent and recruiting forms that families completed and returned to the program staff. These were then forwarded on to the research project staff who used the scheduling survey to contact potential participants. On the scheduling survey participants could choose the forms of contact (texting, email, telephone call) that they preferred. Below are the scripts for scheduling through each of the forms of contact, one program is used as an example.

Center for Children, Families, and the Law | 206 S. 13th St. Suite 1000, Lincoln NE, 68588-0227 | (402) 472-3479

Evaluation of the National Quality Improvement Center for Adoption Guardianship Support and Preservation Private/International Adoptions

Purpose:
This study aims to understand your experiences as an adoptive parent of a child adopted through a private domestic or intercountry adoption and your experiences with Catawba County Social Services and the Success Coach program. In order to participate in this study, you must fit the following criteria:

1. You must be at least 19 years of age.
2. You must have adopted a child through the private domestic or intercountry adoption process.
3. You must have participated in the Success Coach program.

Procedures:
You will be asked to complete the attached brief scheduling survey that will ask you to provide contact information and convenient times for you to participate in a 30-45-minute phone interview. If you are willing to participate, the completed scheduling survey and informed consent should be given to a staff person in the program who will then send them to University of Nebraska at Lincoln (UNL). Once you have completed the intervention, you will then receive a call from a staff person at UNL to schedule your phone interview.

Benefits:
There are no direct benefits to you as a result of participating in this study. However, the information obtained through this study will help improve future post-adoption support services.

Compensation:
You are eligible to receive one $25 Visa gift card from Spaulding for Children after completing the phone interview.

Risks and/or Discomforts:
Talking about your adopted child and challenges that you may have had may make you feel uncomfortable. At any point in time if you experience discomfort associated with the topics being discussed, you may ask to skip questions or end the interview.

Freedom to Withdraw:
During the phone interview, you are free to take a break or skip any questions. You are also free to decide not to participate in this study or to withdraw at any time without adversely affecting

your relationship with the investigators or the University of Nebraska-Lincoln. Your decision will not result in any loss of benefits to which you are otherwise entitled.

Confidentiality:
Any information obtained during this study that could identify you will be kept strictly confidential. All electronic information obtained through the online survey will be stored in a password-protected Dropbox file accessible only by the research team that is secure and encrypted. All interview data including audio recordings and transcripts will also be stored in a password-protected Dropbox file accessible only by the research team. Your name and mailing address will be shared with your consent with Spaulding for Children for you to receive a $25 Visa gift card. You may opt out of this compensation if you do not want your name and address shared. All paper records will be stored by the research team in a locked file cabinet and keep this information strictly confidential. Spaulding for Children will store all names and addresses in a locked file cabinet and keep this information strictly confidential. The information obtained in this study may be used in in the aggregate in reports, published in scientific journals, or presented at scientific meetings.

Opportunity to Ask Questions:
You may ask any questions concerning this research and have those questions answered before agreeing to participate or after the study is complete. If you have any questions about this research project, please feel free to contact the principal investigator, Dr. Eve Brank, at (402) 472-4500. If you have any questions about your rights as a research participant that have not been answered by the investigator or would like to report any concerns about the study, you may contact the University of Nebraska-Lincoln Institutional Review Board at (402) 472-6965.

Consent, Right to Receive a Copy:
You are voluntarily making a decision whether or not to participate in this research study. Your signature certifies that you have decided to participate having read and understood the information presented. You will be given a copy of this consent form to keep.

Signature of Participant:

Signature of Research Participant Date

Should you have any questions regarding your participation in this study, please feel free to contact the following person:

Eve Brank, J.D., Ph.D.
Director, Center on Children, Families, and the Law
Associate Professor, Department of Psychology
Phone: (402) 472-4500
Email: ebrank2@unl.edu

Catawba County Social Services
Success Coach program

Thank you for your interest in participating in this study! We would like to set up a time to talk to you on the phone about your experience with the Success Coach program provided through Catawba County Social Services. Ideally, we would like to do this about 6 months after you began the program. In order to do that, we're going to ask you a few questions here and then contact you later by phone, text, or email to set up that interview.

1. First name_____

2. Last name_____

3. When did you begin the Success Coach program? (please provide an approximate date)

   _____

4. Are you still participating in the Success Coach program? (circle one)

   Yes

   [If yes] When do you anticipate completing the Success Coach program? (please provide an approximate date)

   _____

   No

   [If no] How long did you participate in the Success Coach program?

   _____

5. How may we contact you to schedule a specific time for your phone interview? (circle all that apply).

   Phone call

   Text message

   Email

6. [If you selected phone call or text message] What is the best phone number to reach you?

   _____

7. [If you selected email] What is the best email address to reach you?

   _____

8. To receive your $25 Visa gift card after your phone interview, we will need your physical mailing address. By entering your physical mailing address here, you will be consenting to our sharing your name and address with Spaulding for Children who is providing you with your gift card.

(please check the appropriate box)

[ ] Yes I consent to share this information and have provided my mailing address here:

Street address: _____

City, state, and zip: _____

[ ] No, I do not consent to sharing my information and do not wish to receive a gift card

Email Scheduling Script: Illinois

Hello [name]. My name is _____ and I'm contacting you to schedule your phone interview regarding your participation in the Trauma Affect Regulation: Guide for Education and Therapy (TARGET) program conducted through the Illinois Department of Children and Family Services.

You are receiving this email because you indicated an interest in participating in a study regarding your experience with this program.

According to our records, you began your participation in this program about 14 weeks ago. If this is the case, we would like to go ahead and schedule a time that is convenient for you to participate in the 30-45 minute phone interview.

As a reminder, you are eligible to receive a $25 Visa gift card after your participation in an interview over the phone if you consented to our sharing your mailing address. We have your address on file as being *[list participant mailing address]*. Is this correct?

If you would like to have a shorter phone interview, we have an online survey where you can answer some of the questions ahead of time. This is completely optional but it will make the phone interview a bit shorter. The survey will take approximately 15 minutes to complete and you can access it at this website: tinyurl.com/adoptionsurvey2018

Thanks so much for your time and I look forward to talking with you!

Sincerely,
[Name]

Texting Scheduling Script: Illinois

Hello [name]. My name is _____ and I'm texting you to schedule your phone interview regarding your participation in the Trauma Affect Regulation: Guide for Education and Therapy (TARGET) program conducted through the Illinois Department of Children and Family Services. A while ago, you expressed interest in participating in this study. Is this still the case?

[If no] Okay. Thank you for your time!
[If yes] Okay. You indicated that text messaging is the best way to contact you. Would you like to schedule everything via text still or would it be easier if I call you?

[If they prefer phone call, confirm phone number and call them back]
[If text messaging works] Okay. Have you completed this program?

[If no] Okay. When do you anticipate completing the program?
[if it's soon, go ahead and schedule the interview]
[if it's still several weeks away] Great! I will text you again closer to the time that you are completed with the program and will schedule your interview then.
[If yes] Wonderful! Thank you very much for your willingness to participate and I am glad that you have finished the program. Okay. Let's talk about a time that works best for you. Would _____, _____, or _____ times work for you?

[schedule interview]

Great! Okay, so I will call you on [date] at [time]. Sound good?

If you would like to have a shorter phone interview, we have an online survey where you can answer some of the questions ahead of time. This is completely optional but it will make the phone interview a bit shorter. The survey will take approximately 15 minutes to complete and you can access it at this website: tinyurl.com/adoptionsurvey2018

One last thing: could you please confirm your mailing address where you would like your $25 Visa gift card sent after your interview? *[let participant confirm address]*

Thanks so much for your time and I look forward to talking with you!

Phone Scheduling Script: Illinois

Hello [name]. My name is _____ and I'm calling to schedule your phone interview regarding your participation in the Trauma Affect Regulation: Guide for Education and Therapy (TARGET) program conducted through the Illinois Department of Children and Family Services. A while ago, you expressed interest in participating in this study. Is this still the case?

[If no] Okay. Thank you for your time!
[If yes] Have you completed this program?

[If no] Okay. When do you anticipate completing the program?
[if it's soon, go ahead and schedule the interview]
[if it's still several weeks away] Great! I will call you back closer to the time that you are completed with the program and will schedule your interview then.
[If yes] Wonderful! Thank you very much for your willingness to participate and I am glad that you have finished the program. As a reminder, you are eligible to receive a $25 Visa gift card after your participation in an interview over the phone if you consented to our sharing your mailing address. So, we have your address as *[read participant address to confirm]*. Is that still your mailing address?

Would you like to the conduct the 30-45 minute interview right now?

[If yes, move over to interview protocol]
[If no] Okay. Let's talk about a time that works best for you. Would _____, _____, or _____ times work for you?

[confirm time for interview]

Great! Okay, so I will call you on [date] at [time]. Sound good?

If you would like to have a shorter phone interview, we have an online survey where you can answer some of the questions ahead of time. This is completely optional but it will make the phone interview a bit shorter. The survey will take approximately 15 minutes to complete and you can access it at this website: tinyurl.com/adoptionsurvey2018

Thanks so much for your time and I look forward to talking with you! Bye.

Appendix B: Interview and Survey Questions

There were long and short protocols for interviews. Participants had the opportunity to complete the survey questions online, through Qualtrics, ahead of the telephone interview. If this online survey was not completed before the time of the interview, the long protocol was used. Below is the long protocol for each program, which includes survey and interview questions. Some of these questions are present in all interviews, while others are unique to the program.

Catawba County Interview Protocol – Long
(use if participant <u>HAS NOT</u> completed Qualtrics)[1]

[Begin phone call]

Hello! This is _____ calling from the University of Nebraska-Lincoln to interview you about your experience with the Success Coach program. Is now still an okay time to talk?

[Wait for participant to indicate yes.]

[After participant indicates yes, proceed.] *Great! Thank you for your willingness to share your experience with us.*

You already signed a consent form in person when you initially said you were interested in this study, but because it has been a while since you filled that out, I wanted to briefly remind you generally what it said.

The purpose of this study is to understand more about your experience as an adoptive parent and evaluate the services that you received through the Success Coach program provided through Catawba County Social Services. You will be asked a series of questions and the interview will last approximately 45 minutes.

There are no direct benefits to you, however the information we receive from this study may help craft future adoption services. Additionally, you are entitled to receive a $25 Visa gift card, mailed to you, as compensation for your time.

The questions I will ask may pose minimal discomfort. Talking about your adoption experience and your adopted child may make you feel uncomfortable. If you want to skip any questions or end the interview at any time, you may do so. You may also provide as much or as little information as you are comfortable with.

All of the information that you give me today will be kept confidential. If anything you say is used in an academic article, presentation, or report, your name will be changed.

I will be recording our phone call so that I can have an accurate record of what you say and so I don't misrepresent any of your experience. After this recording is transcribed, the audio file will be deleted.

[1] These general questions are aimed at assessing the following outcomes:
1. Post-permanency stability
2. Behavioral health of children
3. Child and family well-being
4. Parents' view of behavioral problems
5. Permanency commitment
6. Caregiver commitment

*The University of Nebraska-Lincoln wants to know about your research experience. In order to do this, you may complete an **optional** 14 question, multiple-choice anonymous survey after your participation in this research. Again, this survey is optional. Should you like to complete it you can access it at **bit.ly/UNLresearchfeedback.***

Are you okay to proceed with the interview or do you have any questions about anything that I said?
[if they do not consent] Thank you for your time! Have a great day.
[If they do consent] Great! Thank you so much for taking the time to talk with me today. Do you have any other questions before we begin?

[wait for participant to indicate that (s)he is ready to begin]

Great! We'll get started by getting some basic information about you and your child.

First of all, have you adopted more than one child through intercountry or private domestic adoption?

- *[If yes]* please answer the following questions based off of the child who led you to seek out the services of the Success Coach program or who was impacted most by the Success Coach program.
- *[If no proceed with general questions]*

Section I: Child demographics

- Was your child's adoption done via intercountry or private domestic process?
    - [If done via intercountry] What country was your child adopted from?
- What age was your child when he/she was adopted?
    - What is your child's date or birth?
- What is your child's grade in school?
- What is your child's race or ethnic identity? [please identify all that apply]
    - White/Caucasian
    - Black or African-American
    - Hispanic/Latino
    - Asian/Pacific Islander
    - Middle Eastern
    - Multiracial
    - Other _____
- What is your child's sex?
- Where was your child living prior to being placed with you?
    - With a biological parent
    - With a biological family member, not a parent
    - In a foster home
    - In a group home
    - In an orphanage
    - Unknown
    - Other

Next, I will ask you some basic questions about yourself.

Section II: Parent demographics

- What is your age?
- What is your race or ethnic identity? [please identify all that apply]
    - White/Caucasian
    - Black or African-American
    - Hispanic/Latino
    - Asian/Pacific Islander
    - Middle Eastern
    - Multiracial
    - Other _____
- What is your sex?
- Are you currently married?
    - [If yes] How long have you been married?
    - [If no] How would you characterize your relationship status currently? Please identify all that apply.
        - Single
        - Dating
        - Engaged
        - Cohabiting
        - Separated
        - Divorced
        - Widowed
        - Other
- What is your total household income before taxes?

- How many total children under 18 years of age are in your home?
    - How many of these children are biological?
    - How many of these children are foster?
    - How many of these children are adopted?

Behavioral Intention and Self-Efficacy

For the following questions, please respond on a scale of 1 to 5, where 1 is strongly disagree and 5 is strongly agree.

- I am confident of my ability to use the information that I learned from the Success Coach program with my adopted child.[2]
- I am confident of my ability to get the help that I need in raising my adopted child.
- It is easy for me to put into practice the skills that I learned from the Success Coach program.

[2] These three questions assess self-efficacy and are based on/adapted from the self-efficacy items used in Lwin, M.O. & Saw, S. (2007). Protecting children from Myopia: A PMT perspective for improving health marketing communications. *Journal of Health Communication, 12*, 251-268. The items have all been adapted to read smoother and address this specific context of adoption rather than myopia prevention.

- I intend to use the skills that I learned from the Success Coach program.[3]
- I intend to bring my child to any necessary regular therapy, counseling, medical visits, etc. associated with his/her adoption needs.
- I intend to find out more about how I can continue to help my child thrive in our home post-adoption.

Next we're going to talk about your child's behavior. Please respond on a 1 to 5 scale. 1 represents never, 2 represents rarely, 3 represents occasionally, 4 represents moderately, and 5 represents a great deal.[4]

1. In general, how often does your child:
2. Feel happy or relaxed?
3. Hide his/her thoughts from other people?
4. Say or do really strange things?
5. Not pay attention when he/she should?
6. Quit a job or task without finishing it?
7. Get along well with other people?
8. Hit, push, or hurt someone?
9. Get along poorly with other people?
10. Get very upset?
11. Compliment or help someone?
12. Feel sick?
13. Cheat?
14. Lose his/her temper?
15. [Skip if parent does not identify any behavioral issues] Reflecting back on the issues you rated about your child's behavior…
    a. Have these issues changed since your family began this program?
    b. [if yes] How have they changed?

[3] These three questions assess behavioral intention and are based on/adapted from the behavioral intention items used in Lwin, M.O. & Saw, S. (2007). Protecting children from Myopia: A PMT perspective for improving health marketing communications. *Journal of Health Communication, 12,* 251-268.

[4] This (items 1-13) is the Behavior Rating Index for Children (BRIC), original citation is Stiffman, A.R., Orme, J.G., Evans, D.A., Feldman, R.A., & Keeney, P.A. (1984). A brief measure of children's behavior problems: The Behavior Rating Index for Children. *Measurement and Evaluation in Counseling and Development, 16,*83-90. The scale has a moderate to strong correlation with the longer Child Behavior Checklist.

The scale points were changed from *"1 represents rarely or never, 2 represents a little of the time, 3 represents some of the time, 4 represents a good part of the time, and 5 represents most of all of the time"* to "*1 represents never, 2 represents rarely, 3 represents occasionally, 4 represents moderately, and 5 represents a great deal".* This change was made in an effort to make responding easier.

Scoring instructions from Fischer & Cocoran (1994), "The BRIC is scored on a 5-point Likert-type scale (1-5), omitting items 1, 6, and 10, which are not problem-oriented items. The scores are transformed into a potential range of 0 to 100 by adding up all the item scores, subtracting from that figure the total number of items (out of 10) completed, multiplying that figure by 100, and dividing that result by the total number of items completed times 4. High scores indicate more severe behavioral problems" (p. 421). Citation for scoring instructions: Fisher, J., & Cocoran, K. (1994). *Measures for clinical practice: A sourcebook.* New York, NY: The Free Press.

16. *[if participant identifies some of the positive behaviors]* Think about the positive behaviors you identified and pick the most positive one in your mind. What do you attribute the cause of this behavior to?
17. *[if participant identifies some of the more challenging behaviors*] Now think about some of the more challenging behaviors and pick the most challenging one in your mind. What do you attribute the cause of this to?
18. How do you respond to the more challenging behavioral issues?
19. How has the Success Coach program affected how you respond to these more challenging behavioral issues?
20. How do you feel when your child experiences these positive behavioral changes?
21. How do you feel when your child experiences these more challenging behavioral issues?

Thank you for that information. Next I'm going to ask you some more specific questions about your child's health care needs.

Children with special health care needs (CSHCN) screener[5]

1) Does your child currently need or use **<u>medicine prescribed by a doctor</u>** (other than vitamins?
   [Yes] → Go to Question 1a
   [No] → Go to Question 2
   a. Is this because of any medical, behavioral, or other health condition?
      [Yes] → Go to Question 1b
      [No] → Go to Question 2
   b. Is this a condition that has lasted or is expected to last for <u>*at least*</u> 12 months?
      [Yes]
      [No]
2) Does your child need or use more **<u>medical care, mental health, or educational services</u>** than is usual for most children of the same age?
   [Yes] → Go to Question 2a
   [No] → Go to question 3
   a. Is this because of any medical, behavioral, or other health condition?
      [Yes] → Go to question 2b
      [No] → Go to question 3
   b. Is this a condition that has lasted or is expected to last for <u>*at least*</u> 12 months?
      [Yes]
      [No]
3) Is your child **<u>limited or prevented</u>** in any way in his or her ability to do the things most children of the same age can do?
   [Yes] → Go to question 3a
   [No] → Go to question 4

[5] Bethell, C.D., Read, D., Stein, R.E.K., Blumberg, S.J., Wells, N., & Newacheck, P.W. (2002). Identifying children with special health care needs: Development and evaluation of a short screening instrument. *Ambulatory Pediatrics, 2*(1), 38-48.

"All 3 parts of at least one screener question (or in the case of question 5, the 2 parts, must be answered "Yes" in order for a child to meet CSHCN screener criteria for having a special health care need" (p. 48).

a. Is this because of any medical, behavioral, or other health condition?
[Yes] → Go to question 3b
[No] → Go to question 4
b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
[Yes]
[No]

4) Does your child need to receive **special therapy**, such as physical, occupational, or speech therapy?
[Yes] → Go to question 4a
[No] → Go to question 5
a. Is this because of any medical, behavioral, or other health condition?
[Yes] → Go to question 4b
[No] → Go to question 5
b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
[Yes]
[No]

5) Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or receives **treatment or counseling?**
[Yes] → Go to question 5a
[No]
a. Has this problem lasted or is it expected to last for *at least* 12 months?
[Yes]
[No]

Thank you for that information. Now we're going to talk about your child's education.

Education outcomes[6]

- Does your child attend school currently?
  - (if yes, continue)
  - (if no) Why not?

For each of the following subjects, please tell me if your child is failing, below average, average, or above average.

- Reading, English, or Language Arts
  - Failing
  - Below average
  - Average
  - Above average
  - N/A or does not apply
- History or Social Studies
  - Failing
  - Below average
  - Average

[6] This section of questions is based on the education section (items VII. 1.-4.) of Achenbach's Child Behavioral Checklist

    - Above average
    - N/A or does not apply
- Arithmetic or Math
    - Failing
    - Below average
    - Average
    - Above average
    - N/A or does not apply
- Science
    - Failing
    - Below average
    - Average
    - Above average

- Does your child receive special education or remedial services, attend a special class or special school, or have a 504 plan or Individualized Education Program?
    - No
    - Yes
        - [If yes] What kind of services, class, school, or accommodations does your child attend or receive?
- Has your child repeated any grades?
    - No
    - Yes
        - [If yes] What grades and for what reasons?

- Has your child had any academic or other problems, such as behavioral problems, in school?
    - No
    - Yes
        - [If yes] Please describe these problems
        - When did these problems start?
        - Have these problems ended?
            - No
            - Yes
                - [If yes] When?

Thank you for that information. Next we'll talk about your general impressions of the Success Coach program.

Open-ended general questions:

1) What have you learned from your involvement with the Success Coach program?
2) What are the benefits you've seen for your child?
3) What are the benefits you've seen for you?
4) What are the benefits you've seen for other family members (partner, other children, etc.)?
5) What do you wish had been covered or offered that wasn't?
6) How have you been able to implement what you learned with your child?

7) What struggles do you continue to face?
8) How likely are you to use the information that you learned from the Success Coach program?
    a) Have you used anything already?
        i) If so, what have you used?
        ii) How did it work?

Thank you for that information. Next, I'm going to talk to you more specifically about your relationship with your adopted child.

Caregiver Commitment/Permanency Section:

1) I would like to begin by asking you to describe your adopted child. What is (his/her) personality like?[7,8]
2) How do you feel about raising your adopted child?
3) How much would you miss your adopted child if (he/she) had to leave?

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[7] Questions 1-8 are adapted from the "This is my baby" interview. Dozier, M. & Lindhiem, O. (2006). This is my child: Differences among foster parents in commitment to their young children. *Child Maltreatment, 11*(4), 338-345.

[8] TIMB Commitment Ratings for coding:

"*5 points (high commitment)*. The mother provides evidence of a strong emotional investment in the child and in parenting the child; multiple indices of high levels of commitment are present throughout the interview; descriptions of the child and the mother-child relationship clearly reflect a strong attachment to the child with no evidence of mental or physical activities designed to limit the strength of the mother-child affective bond; there is evidence of the mother committing resources to promote the child's growth or other indices of psychological adoption of the child; the child is fully integrated into the family; although the mother may acknowledge that the child will eventually leave her home (e.g., to return to the biological parent), she considers the child as hers while the child is in her home.

3 points (moderate commitment). The mother provides evidence of investment in the child but this is not clearly as marked as a mother scoring high on commitment; although there may be some indices of high levels of commitment, there also may be evidence suggesting that the child has not been psychologically adopted by the mother; the mother may state she would miss the child if her or she left but this is more of a matter-of-fact statement and lacks the strong affective component seen in mothers high in commitment; if the mother speaks of limiting the psychological bond with the infant, she also gives evidence of struggling with this issue; the child may be only partially integrated into the family (i.e., is placed in respite care only when the family goes on vacation); overall, the coder may conclude that the child is adequately cared for and nurtured but not to any special degree.

1 point (low commitment). The mother provides virtually no evidence of a strong and active emotional investment in the child or in parenting the child; there are few, if any, indices of high levels of commitment; the mother may be indifferent to whether the child remains in her care or may actually state that she hopes/desires that the child will be removed; there may be little evidence that the mother would miss the child if he or she leaves; the mother may provide evidence of participating in physical or mental activities designed to limit the strength of the mother-child bond; the child has not been psychologically adopted by the mother and may not be fully integrated into the family (e.g., is routinely placed in respite care); the child may seem to be more of an unwelcome guest than a member of the family or may be viewed as only one of a series of children passing through the mother's home." (Dozier & Lindheim, 2006, pp. 344-345).

4) How do you think your relationship with your adopted child is affecting (him/her) right now?
5) How do you think your relationship with your adopted child will affect (him/her) in the long-term?
6) What do you want for your adopted child right now?
7) What do you want for your adopted child in the future?
8) Is there anything about your adopted child or your relationship that we've not touched on that you'd like to tell me?

Okay, thank you for that information. Now we'll talk more about your child's adoption.

9) Have you ever had thoughts about ending your child's adoption?[9]
   a) Please respond with (1) never, (2) not very often, (3) sometimes, or (4) frequently
   b) (if never) Tell me more about that. Why is that?
   c) (if not very often, sometimes, or frequently) When have you thought about this?
      i) How do you feel about these thoughts?
      ii) Have you talked to others about them?
      iii) Is there anything else you'd like to tell me about this?

Acceptance/Belongingness[10]

1) How (if at all) do you talk to your child about their adoption?
2) How do you try to make your child feel like a member of the family?
3) What do you do or say to help them feel accepted?
   1. How does your child respond to these messages?
4) How has the Success Coach program influenced how you communicate with your child in everyday conversations?
5) How has the Success Coach program influenced how you communicate with your child about their adoption?

Thank you for that information. The last few questions I have for you relate to how you got connected with the Success Coach program and how you have used it.

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[9] This scale item is taken from Testa, M.F., Snyder, S.M., Wu, Q., Rolock, N., & Liao, M. (2015). Adoption and guardianship: A moderated mediation analysis of predictors of post-permanency continuity. *American Journal of Orthopsychiatry, 85*(2), 107-118.

[10] These items are all based on the approach and findings following articles:

Colaner, C.W., & Soliz, J. (2017). A communication-based approach to adoptive identity: Theoretical and empirical support. *Communication Research, 44*(5), 611-637.

(This article suggests that both non-adoption communication, such as confirmation and affection, and open communication about adoption, influence adopted children's identity)

Kranstuber Horstman, H., Colaner, C.W., & Rittenour, C.E. (2016). Contributing factors of adult adoptees' identity work and self-esteem: Family communication patterns and adoption-specific communication. *Journal of Family Communication, 16*(3), 263-276.

(This study suggests that families who emphasize more open communication environments tend to be predictive of less preoccupation by adult adoptees, healthier adoptive identity, and higher adoptee self-esteem)

Parent answers to these questions will be analyzed using thematic analysis (Braun & Clarke, 2006). This coding process will also be informed by the previously cited articles suggesting that open communication about adoption, affection, and confirmation tend to be associated with healthier outcomes for adopted children.

Catawba County specific questions[11]

- How did you get connected with the Success Coach service?
- What motivated you to use this service?
- Please tell me more about your experience with the Success Coach service. What stood out to you as you and your family used this service?
- What specific resources did your Success Coach connect you to?
    - How have these resources affected your adopted child?
        - Have you noticed any positive changes?
        - Have you noticed any negative changes?
    - How have these resources affected any other children in your home?
        - Have you noticed any positive changes?
        - Have you noticed any negative changes?
    - How have these resources affected your relationship with your adopted child?
        - Have you noticed any positive changes?
        - Have you noticed any negative changes?
- What specific parenting techniques (if any) did you learn from your Success Coach?
    - How have these techniques affected your adopted child?
        - Have you noticed any positive changes?
        - Have you noticed any negative changes?
    - How have these techniques affected any other children in your home?
        - Have you noticed any positive changes?
        - Have you noticed any negative changes?
    - How have these techniques affected your relationship with your adopted child?
        - Have you noticed any positive changes?
        - Have you noticed any negative changes?

That is all of my questions. Thank you so much for taking the time to speak with me about your experience. Do you have any questions for me?

[If not] *Thank you again! Have a good day.*

[11] These site-specific questions are designed to assess the Success Coach program and engagement with the Success Coach program.

Illinois Interview Protocol – Long
(use if participant <u>HAS NOT</u> completed Qualtrics)[12]

[Begin phone call]

Hello! This is _____ calling from the University of Nebraska-Lincoln to interview you about your experience with the Trauma Affect Regulation: Guide for Education and Therapy program. Is now still an okay time to talk?

[Wait for participant to indicate yes.]

[After participant indicates yes, proceed.] *Great! Thank you for your willingness to share your experience with us.*

You already signed a consent form in person when you initially said you were interested in this study, but because it has been a while since you filled that out, I wanted to briefly remind you generally what it said.

The purpose of this study is to understand more about your experience as an adoptive parent and evaluate the services that you received through the Illinois Department of Children and Family Services in the Trauma Affect Regulation: Guide for Education and Therapy program. You will be asked a series of questions and the interview will last approximately 45 minutes.

There are no direct benefits to you, however the information we receive from this study may help craft future adoption services. Additionally, you are entitled to receive a $25 Visa gift card, mailed to you, as compensation for your time.

The questions I will ask may pose minimal discomfort. Talking about your adoption experience and your adopted child may make you feel uncomfortable. If you want to skip any questions or end the interview at any time, you may do so. You may also provide as much or as little information as you are comfortable with.

All of the information that you give me today will be kept confidential. If anything you say is used in an academic article, presentation, or report, your name will be changed.

I will be recording our phone call so that I can have an accurate record of what you say and so I don't misrepresent any of your experience. After this recording is transcribed, the audio file will be deleted.

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[12] These general questions are aimed at assessing the following outcomes:

7. Post-permanency stability
8. Behavioral health of children
9. Child and family well-being
10. Parents' view of behavioral problems
11. Permanency commitment
12. Caregiver commitment

The University of Nebraska-Lincoln wants to know about your research experience. In order to do this, you may complete an ***optional*** *14 question, multiple-choice anonymous survey after your participation in this research. Again, this survey is optional. Should you like to complete it you can access it at* ***bit.ly/UNLresearchfeedback.***

Are you okay to proceed with the interview or have any questions about anything that I said?
[if they do not consent] Thank you for your time! Have a great day.
[If they do consent] Great! Thank you so much for taking the time to talk with me today. Do you have any other questions before we begin?

[wait for participant to indicate that (s)he is ready to begin]

Great! We'll get started by getting some basic information about you and your child.

First of all, have you adopted more than one child through intercountry or private domestic adoption?

- *[If yes]* please answer the following questions based off of the child who led you to seek out the services of the TARGET program or who was impacted most by the TARGET program.
- *[If no proceed with general questions]*

Section I: Child demographics

- Was your child's adoption done via intercountry or private domestic process?
    - [If done via intercountry] What country was your child adopted from?
- What age was your child when he/she was adopted?
    - What is your child's date or birth?
- What is your child's grade in school?
- What is your child's race or ethnic identity? [please identify all that apply]
    - White/Caucasian
    - Black or African-American
    - Hispanic/Latino
    - Asian/Pacific Islander
    - Middle Eastern
    - Multiracial
    - Other _____
- What is your child's sex?
- Where was your child living prior to being placed with you?
    - With a biological parent
    - With a biological family member, not a parent
    - In a foster home
    - In a group home
    - In an orphanage
    - Unknown
    - Other

Next, I will ask you some basic questions about yourself.

Section II: Parent demographics

- What is your age?
- What is your race or ethnic identity? [please identify all that apply]
    - White/Caucasian
    - Black or African-American
    - Hispanic/Latino
    - Asian/Pacific Islander
    - Middle Eastern
    - Multiracial
    - Other _____
- What is your sex?
- Are you currently married?
    - [If yes] How long have you been married?
    - [If no] How would you characterize your relationship status currently? Please identify all that apply.
        - Single
        - Dating
        - Engaged
        - Cohabiting
        - Separated
        - Divorced
        - Widowed
        - Other
- What is your total household income before taxes?

- How many total children under 18 years of age are in your home?
    - How many of these children are biological?
    - How many of these children are foster?
    - How many of these children are adopted?

Behavioral Intention and Self-Efficacy

For the following questions, please respond on a scale of 1 to 5, where 1 is strongly disagree and 5 is strongly agree.

- I am confident of my ability to use the information that I learned from the TARGET program with my adopted child.[13]
- I am confident of my ability to get the help that I need in raising my adopted child.
- It is easy for me to put into practice the skills that I learned from the TARGET program.

[13] These three questions assess self-efficacy and are based on/adapted from the self-efficacy items used in Lwin, M.O. & Saw, S. (2007). Protecting children from Myopia: A PMT perspective for improving health marketing communications. *Journal of Health Communication, 12*, 251-268. The items have all been adapted to read smoother and address this specific context of adoption rather than myopia prevention.

- I intend to use the skills that I learned from the TARGET program.[14]
- I intend to bring my child to any necessary regular therapy, counseling, medical visits, etc. associated with his/her adoption needs.
- I intend to find out more about how I can continue to help my child thrive in our home post-adoption.

These next two questions are more open-ended.

1) First, How likely are you to help your child implement the strategies that you learned?
2) And second, What barriers exist that will make implementation more difficult?

Next we're going to talk about your child's behavior. Please respond on a 1 to 5 scale. 1 represents never, 2 represents rarely, 3 represents occasionally, 4 represents moderately, and 5 represents a great deal.[15]

1) In general, how often does your child:
2) Feel happy or relaxed?
3) Hide his/her thoughts from other people?
4) Say or do really strange things?
5) Not pay attention when he/she should?
6) Quit a job or task without finishing it?
7) Get along well with other people?
8) Hit, push, or hurt someone?
9) Get along poorly with other people?
10) Get very upset?
11) Compliment or help someone?
12) Feel sick?
13) Cheat?
14) Lose his/her temper?

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[14] These three questions assess behavioral intention and are based on/adapted from the behavioral intention items used in Lwin, M.O. & Saw, S. (2007). Protecting children from Myopia: A PMT perspective for improving health marketing communications. *Journal of Health Communication, 12,* 251-268.

[15] This (items 1-13) is the Behavior Rating Index for Children (BRIC), original citation is Stiffman, A.R., Orme, J.G., Evans, D.A., Feldman, R.A., & Keeney, P.A. (1984). A brief measure of children's behavior problems: The Behavior Rating Index for Children. *Measurement and Evaluation in Counseling and Development, 16,*83-90. The scale has a moderate to strong correlation with the longer Child Behavior Checklist.

The scale points were changed from *"1 represents rarely or never, 2 represents a little of the time, 3 represents some of the time, 4 represents a good part of the time, and 5 represents most of all of the time"* to "*1 represents never, 2 represents rarely, 3 represents occasionally, 4 represents moderately, and 5 represents a great deal".* This change was made in an effort to make responding easier.

Scoring instructions from Fischer & Cocoran (1994), "The BRIC is scored on a 5-point Likert-type scale (1-5), omitting items 1, 6, and 10, which are not problem-oriented items. The scores are transformed into a potential range of 0 to 100 by adding up all the item scores, subtracting from that figure the total number of items (out of 10) completed, multiplying that figure by 100, and dividing that result by the total number of items completed times 4. High scores indicate more severe behavioral problems" (p. 421). Citation for scoring instructions: Fisher, J., & Cocoran, K. (1994). *Measures for clinical practice: A sourcebook.* New York, NY: The Free Press.

15) [Skip if parent does not identify any behavioral issues] Reflecting back on the issues you rated about your child's behavior …
    a. Have these issues changed since your child began this program?
    b. [if yes] How have they changed?
16) *[if participant identifies some of the more challenging behaviors*] Now think about some of the more challenging behaviors and pick the most challenging one in your mind. What do you attribute the cause of this to?
17) How do you respond to the more challenging behavioral issues?
18) How has the TARGET program affected how you respond to these more challenging behavioral issues?
19) How do you feel when your child experiences these more challenging behavioral issues?
20) *[if participant identifies some of the positive behaviors]* Think about the positive behaviors you identified and pick the most positive one in your mind. What do you attribute the cause of this behavior to?
21) How do you feel when your child experiences these positive behavioral changes?

Thank you for that information. Next I'm going to ask you some more specific questions about your child's health care needs.

Children with special health care needs (CSHCN) screener[16]

6) Does your child currently need or use **medicine prescribed by a doctor** (other than vitamins?)
   [Yes] → Go to Question 1a
   [No] → Go to Question 2
    a. Is this because of any medical, behavioral, or other health condition?
       [Yes] → Go to Question 1b
       [No] → Go to Question 2
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
       [Yes]
       [No]
7) Does your child need or use more **medical care, mental health, or educational services** than is usual for most children of the same age?
   [Yes] → Go to Question 2a
   [No] → Go to question 3
    a. Is this because of any medical, behavioral, or other health condition?
       [Yes] → Go to question 2b
       [No] → Go to question 3
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
       [Yes]
       [No]

[16] Bethell, C.D., Read, D., Stein, R.E.K., Blumberg, S.J., Wells, N., & Newacheck, P.W. (2002). Identifying children with special health care needs: Development and evaluation of a short screening instrument. *Ambulatory Pediatrics, 2*(1), 38-48.

"All 3 parts of at least one screener question (or in the case of question 5, the 2 parts, must be answered "Yes" in order for a child to meet CSHCN screener criteria for having a special health care need" (p. 48).

8) Is your child **<u>limited or prevented</u>** in any way in his or her ability to do the things most children of the same age can do?
   [Yes] → Go to question 3a
   [No] → Go to question 4
   a. Is this because of any medical, behavioral, or other health condition?
      [Yes] → Go to question 3b
      [No] → Go to question 4
   b. Is this a condition that has lasted or is expected to last for <u>*at least*</u> 12 months?
      [Yes]
      [No]
9) Does your child need to receive **<u>special therapy</u>**, such as physical, occupational, or speech therapy?
   [Yes] → Go to question 4a
   [No] → Go to question 5
   a. Is this because of any medical, behavioral, or other health condition?
      [Yes] → Go to question 4b
      [No] → Go to question 5
   b. Is this a condition that has lasted or is expected to last for <u>*at least*</u> 12 months?
      [Yes]
      [No]
10) Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or receives **<u>treatment or counseling?</u>**
   [Yes] → Go to question 5a
   [No]
   a. Has this problem lasted or is it expected to last for <u>*at least*</u> 12 months?
      [Yes]
      [No]

Thank you for that information. Now we're going to talk about your child's education.

Education outcomes[17]

- Does your child attend school currently?
  - (if yes, continue)
  - (if no) Why not?

For each of the following subjects, please tell me if your child is failing, below average, average, or above average.

- Reading, English, or Language Arts
  - Failing
  - Below average
  - Average
  - Above average
  - N/A or does not apply

[17] This section of questions is based on the education section (items VII. 1.-4.) of Achenbach's Child Behavioral Checklist

- History or Social Studies
    - Failing
    - Below average
    - Average
    - Above average
    - N/A or does not apply
- Arithmetic or Math
    - Failing
    - Below average
    - Average
    - Above average
    - N/A or does not apply
- Science
    - Failing
    - Below average
    - Average
    - Above average

- Does your child receive special education or remedial services, attend a special class or special school, or have a 504 plan or Individualized Education Program?
    - No
    - Yes
        - [If yes] What kind of services, class, school, or accommodations does your child attend or receive?
- Has your child repeated any grades?
    - No
    - Yes
        - [If yes] What grades and for what reasons?

- Has your child had any academic or other problems, such as behavioral problems, in school?
    - No
    - Yes
        - [If yes] Please describe these problems
        - When did these problems start?
        - Have these problems ended?
            - No
            - Yes
                - [If yes] When?

Thank you for that information. Next we'll talk about your general impressions of the TARGET program.

Open-ended general questions:

9) What have you learned from your involvement with the TARGET program?

10) What are the benefits you've seen?
    a) For you?
    b) For your adopted child?
    c) For your other family members (partner, children, etc.)?
11) What do you wish had been covered or offered that wasn't?
12) How have you been able to implement what you learned with your child?
13) What struggles do you continue to face?
14) How likely are you to use the information that you learned from the TARGET program?
    a) Have you used anything already?
        i) If so, what have you used?
        ii) How did it work?

Thank you for that information. Next, I'm going to talk to you more specifically about your relationship with your adopted child.

Caregiver Commitment/Permanency Section:

10) I would like to begin by asking you to describe your adopted child. What is (his/her) personality like?[18,19]

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[18] Questions 1-8 are adapted from the "This is my baby" interview. Dozier, M. & Lindhiem, O. (2006). This is my child: Differences among foster parents in commitment to their young children. *Child Maltreatment, 11*(4), 338-345.

[19] TIMB Commitment Ratings for coding:

"*5 points (high commitment)*. The mother provides evidence of a strong emotional investment in the child and in parenting the child; multiple indices of high levels of commitment are present throughout the interview; descriptions of the child and the mother-child relationship clearly reflect a strong attachment to the child with no evidence of mental or physical activities designed to limit the strength of the mother-child affective bond; there is evidence of the mother committing resources to promote the child's growth or other indices of psychological adoption of the child; the child is fully integrated into the family; although the mother may acknowledge that the child will eventually leave her home (e.g., to return to the biological parent), she considers the child as hers while the child is in her home.

3 points (moderate commitment). The mother provides evidence of investment in the child but this is not clearly as marked as a mother scoring high on commitment; although there may be some indices of high levels of commitment, there also may be evidence suggesting that the child has not been psychologically adopted by the mother; the mother may state she would miss the child if her or she left but this is more of a matter-of-fact statement and lacks the strong affective component seen in mothers high in commitment; if the mother speaks of limiting the psychological bond with the infant, she also gives evidence of struggling with this issue; the child may be only partially integrated into the family (i.e., is placed in respite care only when the family goes on vacation); overall, the coder may conclude that the child is adequately cared for and nurtured but not to any special degree.

1 point (low commitment). The mother provides virtually no evidence of a strong and active emotional investment in the child or in parenting the child; there are few, if any, indices of high levels of commitment; the mother may be indifferent to whether the child remains in her care or may actually state that she hopes/desires that the child will be removed; there may be little evidence that the mother would miss the child if he or she leaves; the mother may provide evidence of participating in physical or mental activities designed to limit the strength of the mother-child bond; the child has not been psychologically adopted by the mother and may not be fully integrated into the family

11) How do you feel about raising your adopted child?
12) How much would you miss your adopted child if (he/she) had to leave?
13) How do you think your relationship with your adopted child is affecting (him/her) right now?
14) How do you think your relationship with your adopted child will affect (him/her) in the long-term?
15) What do you want for your adopted child right now?
16) What do you want for your adopted child in the future?
17) Is there anything about your adopted child or your relationship that we've not touched on that you'd like to tell me?

Okay, thank you for that information. Now we'll talk more about your child's adoption.

18) Have you ever had thoughts about ending your child's adoption?[20]
    a) Please respond with (1) never, (2) not very often, (3) sometimes, or (4) frequently
    b) (if never) Tell me more about that. Why is that?
    c) (if not very often, sometimes, or frequently) When have you thought about this?
        i) How do you feel about these thoughts?
        ii) Have you talked to others about them?
        iii) Is there anything else you'd like to tell me about this?

Acceptance/Belongingness[21]

6) How (if at all) do you talk to your child about their adoption?
7) How do you try to make your child feel like a member of the family?
8) What do you do or say to help them feel accepted?
    1. How does your child respond to these messages?

(e.g., is routinely placed in respite care); the child may seem to be more of an unwelcome guest than a member of the family or may be viewed as only one of a series of children passing through the mother's home." (Dozier & Lindheim, 2006, pp. 344-345).

[20] This scale item is taken from Testa, M.F., Snyder, S.M., Wu, Q., Rolock, N., & Liao, M. (2015). Adoption and guardianship: A moderated mediation analysis of predictors of post-permanency continuity. *American Journal of Orthopsychiatry, 85*(2), 107-118.

[21] These items are all based on the approach and findings following articles:

Colaner, C.W., & Soliz, J. (2017). A communication-based approach to adoptive identity: Theoretical and empirical support. *Communication Research, 44*(5), 611-637.

(This article suggests that both non-adoption communication, such as confirmation and affection, and open communication about adoption, influence adopted children's identity)

Kranstuber Horstman, H., Colaner, C.W., & Rittenour, C.E. (2016). Contributing factors of adult adoptees' identity work and self-esteem: Family communication patterns and adoption-specific communication. *Journal of Family Communication, 16*(3), 263-276.

(This study suggests that families who emphasize more open communication environments tend to be predictive of less preoccupation by adult adoptees, healthier adoptive identity, and higher adoptee self-esteem)

Parent answers to these questions will be analyzed using thematic analysis (Braun & Clarke, 2006). This coding process will also be informed by the previously cited articles suggesting that open communication about adoption, affection, and confirmation tend to be associated with healthier outcomes for adopted children.

9) How has the TARGET program influenced how you communicate with your child in everyday conversations?
10) How has the TARGET program influenced how you communicate with your child about their adoption?

Thank you for that information. The next few questions I have for you relate to the TARGET program specifically.

General TARGET Questions

- How did you learn about TARGET?
    - How many sessions did you attend?
- How has TARGET impacted your child's behavioral issues?
    - What positive changes have you noticed?
    - Have you noticed any negative changes? If so, what are they?
- How has TARGET impacted you as your child's caregiver?
    - What positive changes have you noticed?
    - Have you noticed any negative changes? If so, what are they?

Caregiver Strain[22]

For the next few questions, please respond on a 1 to 5 point scale where 1 represents not at all and 5 represents very much of a problem. For each item, respond how much of a problem each item is as a result of your child's challenges.

1. Interruption of personal time
2. Missing work or neglecting other duties
3. Disruption of family routines
4. Family members having to do without things
5. Family member suffering mental/physical health effects
6. Child having trouble with neighbors or the law
7. Financial strain
8. Less attention paid to any family member
9. Disruption of family relationships
10. Disruption of family's social activities
11. Feeling socially isolated
12. Feeling sad and unhappy
13. Feeling embarrassed
14. Feeling angry toward child
15. Feeling worried about child's future
16. Feeling worried about family's future
17. Feeling guilty about child's illness
18. Feeling resentful toward child
19. Feeling tired or strained
20. Toll taken on family

[22] The Caregiver Strain Questionnaire (CGSQ) from Brannan, A.M., Heflinger, C.A., & Bickman, L. (1997). The caregiver strain questionnaire: Measuring the impact on the family of living with a child with serious emotional disturbance. *Journal of Emotional and Behavioral Disorders*, *5*(4), 212-222.

That is all of my questions. Thank you so much for taking the time to speak with me about your experience. Do you have any questions for me?

[If not] *Thank you again! Have a good day.*

New Jersey Interview Protocol – Long
(use if participant <u>HAS NOT</u> completed Qualtrics)[23]

[Begin phone call]

Hello! This is _____ calling from the University of Nebraska-Lincoln to interview you about your experience with the Tuning In to Teens program. Is now still an okay time to talk?

[Wait for participant to indicate yes.]

[After participant indicates yes, proceed.] *Great! Thank you for your willingness to share your experience with us.*

You already signed a consent form in person when you initially said you were interested in this study, but because it has been a while since you filled that out, I wanted to briefly remind you generally what it said.

The purpose of this study is to understand more about your experience as an adoptive parent and evaluate the services that you received through the Tuning In to Teens (TINT) program. You will be asked a series of questions and the interview will last approximately 45 minutes.

There are no direct benefits to you, however the information we receive from this study may help craft future adoption services. Additionally, you are entitled to receive a $25 Visa gift card, mailed to you, as compensation for your time.

The questions I will ask may pose minimal discomfort. Talking about your adoption experience and your adopted child may make you feel uncomfortable. If you want to skip any questions or end the interview at any time, you may do so. You may also provide as much or as little information as you are comfortable with.

All of the information that you give me today will be kept confidential. If anything you say is used in an academic article, presentation, or report, your name will be changed.

I will be recording our phone call so that I can have an accurate record of what you say and so I don't misrepresent any of your experience. After this recording is transcribed, the audio file will be deleted.

[23] These general questions are aimed at assessing the following outcomes:
13. Post-permanency stability
14. Behavioral health of children
15. Child and family well-being
16. Parents' view of behavioral problems
17. Permanency commitment
18. Caregiver commitment

*The University of Nebraska-Lincoln wants to know about your research experience. In order to do this, you may complete an **optional** 14 question, multiple-choice anonymous survey after your participation in this research. Again, this survey is optional. Should you like to complete it you can access it at **bit.ly/UNLresearchfeedback.***

Are you okay to proceed with the interview or have any questions about anything that I said?
[if they do not consent] Thank you for your time! Have a great day.
[If they do consent] Great! Thank you so much for taking the time to talk with me today. Do you have any other questions before we begin?

[wait for participant to indicate that (s)he is ready to begin]

Great! We'll get started by getting some basic information about you and your child.

First of all, have you adopted more than one child through intercountry or private domestic adoption?

- *[If yes]* please answer the following questions based off of the child who led you to seek out the services of the TINT program or who was impacted most by the TINT program.
- *[If no proceed with general questions]*

Section I: Child demographics

- Was your child's adoption done via intercountry or private domestic process?
    - [If done via intercountry] What country was your child adopted from?
- What age was your child when he/she was adopted?
    - What is your child's date or birth?
- What is your child's grade in school?
- What is your child's race or ethnic identity? [please identify all that apply]
    - White/Caucasian
    - Black or African-American
    - Hispanic/Latino
    - Asian/Pacific Islander
    - Middle Eastern
    - Multiracial
    - Other _____
- What is your child's sex?
- Where was your child living prior to being placed with you?
    - With a biological parent
    - With a biological family member, not a parent
    - In a foster home
    - In a group home
    - In an orphanage
    - Unknown
    - Other

Next, I will ask you some basic questions about yourself.

Section II: Parent demographics

- What is your age?
- What is your race or ethnic identity? [please identify all that apply]
    - White/Caucasian
    - Black or African-American
    - Hispanic/Latino
    - Asian/Pacific Islander
    - Middle Eastern
    - Multiracial
    - Other _____
- What is your sex?
- Are you currently married?
    - [If yes] How long have you been married?
    - [If no] How would you characterize your relationship status currently? Please identify all that apply.
        - Single
        - Dating
        - Engaged
        - Cohabiting
        - Separated
        - Divorced
        - Widowed
        - Other
- What is your total household income before taxes?

- How many total children under 18 years of age are in your home?
    - How many of these children are biological?
    - How many of these children are foster?
    - How many of these children are adopted?

Behavioral Intention and Self-Efficacy

For the following questions, please respond on a scale of 1 to 5, where 1 is strongly disagree and 5 is strongly agree.

- I am confident of my ability to use the information that I learned from the TINT program with my adopted child.[24]
- I am confident of my ability to get the help that I need in raising my adopted child.
- It is easy for me to put into practice the skills that I learned from the TINT program.

[24] These three questions assess self-efficacy and are based on/adapted from the self-efficacy items used in Lwin, M.O. & Saw, S. (2007). Protecting children from Myopia: A PMT perspective for improving health marketing communications. *Journal of Health Communication, 12*, 251-268. The items have all been adapted to read smoother and address this specific context of adoption rather than myopia prevention.

- I intend to use the skills that I learned from the TINT program.[25]
- I intend to bring my child to any necessary regular therapy, counseling, medical visits, etc. associated with his/her adoption needs.
- I intend to find out more about how I can continue to help my child thrive in our home post-adoption.

These next two questions are more open-ended.

1) First, How likely are you to help your child implement the strategies that you learned?
2) And second, What barriers exist that will make implementation more difficult?

Next we're going to talk about your child's behavior. Please respond on a 1 to 5 scale. 1 represents never, 2 represents rarely, 3 represents occasionally, 4 represents moderately, and 5 represents a great deal.[26]

1) In general, how often does your child:
2) Feel happy or relaxed?
3) Hide his/her thoughts from other people?
4) Say or do really strange things?
5) Not pay attention when he/she should?
6) Quit a job or task without finishing it?
7) Get along well with other people?
8) Hit, push, or hurt someone?
9) Get along poorly with other people?
10) Get very upset?
11) Compliment or help someone?
12) Feel sick?
13) Cheat?
14) Lose his/her temper?

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[25] These three questions assess behavioral intention and are based on/adapted from the behavioral intention items used in Lwin, M.O. & Saw, S. (2007). Protecting children from Myopia: A PMT perspective for improving health marketing communications. *Journal of Health Communication, 12,* 251-268.

[26] This (items 1-13) is the Behavior Rating Index for Children (BRIC), original citation is Stiffman, A.R., Orme, J.G., Evans, D.A., Feldman, R.A., & Keeney, P.A. (1984). A brief measure of children's behavior problems: The Behavior Rating Index for Children. *Measurement and Evaluation in Counseling and Development, 16,*83-90. The scale has a moderate to strong correlation with the longer Child Behavior Checklist.

The scale points were changed from *"1 represents rarely or never, 2 represents a little of the time, 3 represents some of the time, 4 represents a good part of the time, and 5 represents most of all of the time"* to "*1 represents never, 2 represents rarely, 3 represents occasionally, 4 represents moderately, and 5 represents a great deal".* This change was made in an effort to make responding easier.

Scoring instructions from Fischer & Cocoran (1994), "The BRIC is scored on a 5-point Likert-type scale (1-5), omitting items 1, 6, and 10, which are not problem-oriented items. The scores are transformed into a potential range of 0 to 100 by adding up all the item scores, subtracting from that figure the total number of items (out of 10) completed, multiplying that figure by 100, and dividing that result by the total number of items completed times 4. High scores indicate more severe behavioral problems" (p. 421). Citation for scoring instructions: Fisher, J., & Cocoran, K. (1994). *Measures for clinical practice: A sourcebook.* New York, NY: The Free Press.

15) [Skip if parent does not identify any behavioral issues] Reflecting back on the issues you rated about your child's behavior online…
    a. Have these issues changed since your child began this program?
    b. [if yes] How have they changed?
16) *[if participant identifies some of the positive behaviors]* Think about the positive behaviors you identified and pick the most positive one in your mind. What do you attribute the cause of this behavior to?
17) *[if participant identifies some of the more challenging behaviors*] Now think about some of the more challenging behaviors and pick the most challenging one in your mind. What do you attribute the cause of this to?
18) How do you respond to the more challenging behavioral issues?
19) How has the TINT program affected how you respond to these more challenging behavioral issues?
20) How do you feel when your child experiences these positive behavioral changes?
21) How do you feel when your child experiences these more challenging behavioral issues?

Thank you for that information. Next I'm going to ask you some more specific questions about your child's health care needs.

Children with special health care needs (CSHCN) screener[27]

11) Does your child currently need or use **medicine prescribed by a doctor** (other than vitamins?
    [Yes] → Go to Question 1a
    [No] → Go to Question 2
    a. Is this because of any medical, behavioral, or other health condition?
       [Yes] → Go to Question 1b
       [No] → Go to Question 2
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
       [Yes]
       [No]
12) Does your child need or use more **medical care, mental health, or educational services** than is usual for most children of the same age?
    [Yes] → Go to Question 2a
    [No] → Go to question 3
    a. Is this because of any medical, behavioral, or other health condition?
       [Yes] → Go to question 2b
       [No] → Go to question 3
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
       [Yes]
       [No]

[27] Bethell, C.D., Read, D., Stein, R.E.K., Blumberg, S.J., Wells, N., & Newacheck, P.W. (2002). Identifying children with special health care needs: Development and evaluation of a short screening instrument. *Ambulatory Pediatrics, 2*(1), 38-48.

"All 3 parts of at least one screener question (or in the case of question 5, the 2 parts, must be answered "Yes" in order for a child to meet CSHCN screener criteria for having a special health care need" (p. 48).

13) Is your child **limited or prevented** in any way in his or her ability to do the things most children of the same age can do?
    [Yes] → Go to question 3a
    [No] → Go to question 4
    a. Is this because of any medical, behavioral, or other health condition?
        [Yes] → Go to question 3b
        [No] → Go to question 4
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
        [Yes]
        [No]
14) Does your child need to receive **special therapy**, such as physical, occupational, or speech therapy?
    [Yes] → Go to question 4a
    [No] → Go to question 5
    a. Is this because of any medical, behavioral, or other health condition?
        [Yes] → Go to question 4b
        [No] → Go to question 5
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
        [Yes]
        [No]
15) Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or receives **treatment or counseling?**
    [Yes] → Go to question 5a
    [No]
    a. Has this problem lasted or is it expected to last for *at least* 12 months?
        [Yes]
        [No]

Thank you for that information. Now we're going to talk about your child's education.

Education outcomes[28]

- Does your child attend school currently?
    - (if yes, continue)
    - (if no) Why not?

For each of the following subjects, please tell me if your child is failing, below average, average, or above average.

- Reading, English, or Language Arts
    - Failing
    - Below average
    - Average
    - Above average
    - N/A or does not apply

[28] This section of questions is based on the education section (items VII. 1.-4.) of Achenbach's Child Behavioral Checklist

- History or Social Studies
    - Failing
    - Below average
    - Average
    - Above average
    - N/A or does not apply
- Arithmetic or Math
    - Failing
    - Below average
    - Average
    - Above average
    - N/A or does not apply
- Science
    - Failing
    - Below average
    - Average
    - Above average

- Does your child receive special education or remedial services, attend a special class or special school, or have a 504 plan or Individualized Education Program?
    - No
    - Yes
        - [If yes] What kind of services, class, school, or accommodations does your child attend or receive?
- Has your child repeated any grades?
    - No
    - Yes
        - [If yes] What grades and for what reasons?

- Has your child had any academic or other problems, such as behavioral problems, in school?
    - No
    - Yes
        - [If yes] Please describe these problems
        - When did these problems start?
        - Have these problems ended?
            - No
            - Yes
                - [If yes] When?

Thank you for that information. Next we'll talk about your general impressions of the TINT program.

Open-ended general questions:
15) What have you learned from your involvement with the TINT program?
16) What are the benefits you've seen?

a) For you?
b) For your adopted child?
c) For your other family members (partner, children, etc.)?

17) What do you wish had been covered or offered that wasn't?
18) How have you been able to implement what you learned with your child?
19) What struggles do you continue to face?
20) How likely are you to use the information that you learned from the TINT program?
    a) Have you used anything already?
        i) If so, what have you used?
        ii) How did it work?

Thank you for that information. Next, I'm going to talk to you more specifically about your relationship with your adopted child.

Caregiver Commitment/Permanency Section:

19) I would like to begin by asking you to describe your adopted child. What is (his/her) personality like?[29,30]

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[29] Questions 1-8 are adapted from the "This is my baby" interview. Dozier, M. & Lindhiem, O. (2006). This is my child: Differences among foster parents in commitment to their young children. *Child Maltreatment, 11*(4), 338-345.

[30] TIMB Commitment Ratings for coding:

"*5 points (high commitment)*. The mother provides evidence of a strong emotional investment in the child and in parenting the child; multiple indices of high levels of commitment are present throughout the interview; descriptions of the child and the mother-child relationship clearly reflect a strong attachment to the child with no evidence of mental or physical activities designed to limit the strength of the mother-child affective bond; there is evidence of the mother committing resources to promote the child's growth or other indices of psychological adoption of the child; the child is fully integrated into the family; although the mother may acknowledge that the child will eventually leave her home (e.g., to return to the biological parent), she considers the child as hers while the child is in her home.

3 points (moderate commitment). The mother provides evidence of investment in the child but this is not clearly as marked as a mother scoring high on commitment; although there may be some indices of high levels of commitment, there also may be evidence suggesting that the child has not been psychologically adopted by the mother; the mother may state she would miss the child if her or she left but this is more of a matter-of-fact statement and lacks the strong affective component seen in mothers high in commitment; if the mother speaks of limiting the psychological bond with the infant, she also gives evidence of struggling with this issue; the child may be only partially integrated into the family (i.e., is placed in respite care only when the family goes on vacation); overall, the coder may conclude that the child is adequately cared for and nurtured but not to any special degree.

1 point (low commitment). The mother provides virtually no evidence of a strong and active emotional investment in the child or in parenting the child; there are few, if any, indices of high levels of commitment; the mother may be indifferent to whether the child remains in her care or may actually state that she hopes/desires that the child will be removed; there may be little evidence that the mother would miss the child if he or she leaves; the mother may provide evidence of participating in physical or mental activities designed to limit the strength of the mother-child bond; the child has not been psychologically adopted by the mother and may not be fully integrated into the family

20) How do you feel about raising your adopted child?
21) How much would you miss your adopted child if (he/she) had to leave?
22) How do you think your relationship with your adopted child is affecting (him/her) right now?
23) How do you think your relationship with your adopted child will affect (him/her) in the long-term?
24) What do you want for your adopted child right now?
25) What do you want for your adopted child in the future?
26) Is there anything about your adopted child or your relationship that we've not touched on that you'd like to tell me?

Okay, thank you for that information. Now we'll talk more about your child's adoption.

27) Have you ever had thoughts about ending your child's adoption?[31]
   a) (1) never, (2) not very often, (3) sometimes, or (4) frequently
   b) (if never) Tell me more about that. Why is that?
   c) (if not very often, sometimes, or frequently) When have you thought about this?
      i) How do you feel about these thoughts?
      ii) Have you talked to others about them?
      iii) Is there anything else you'd like to tell me about this?

Acceptance/Belongingness[32]
11) How (if at all) do you talk to your child about their adoption?
12) How do you try to make your child feel like a member of the family?
13) What do you do or say to help them feel accepted?
   1. How does your child respond to these messages?

(e.g., is routinely placed in respite care); the child may seem to be more of an unwelcome guest than a member of the family or may be viewed as only one of a series of children passing through the mother's home." (Dozier & Lindheim, 2006, pp. 344-345).

[31] This scale item is taken from Testa, M.F., Snyder, S.M., Wu, Q., Rolock, N., & Liao, M. (2015). Adoption and guardianship: A moderated mediation analysis of predictors of post-permanency continuity. *American Journal of Orthopsychiatry, 85*(2), 107-118.

[32] These items are all based on the approach and findings following articles:
Colaner, C.W., & Soliz, J. (2017). A communication-based approach to adoptive identity: Theoretical and empirical support. *Communication Research, 44*(5), 611-637.
(This article suggests that both non-adoption communication, such as confirmation and affection, and open communication about adoption, influence adopted children's identity)
Kranstuber Horstman, H., Colaner, C.W., & Rittenour, C.E. (2016). Contributing factors of adult adoptees' identity work and self-esteem: Family communication patterns and adoption-specific communication. *Journal of Family Communication, 16*(3), 263-276.
(This study suggests that families who emphasize more open communication environments tend to be predictive of less preoccupation by adult adoptees, healthier adoptive identity, and higher adoptee self-esteem)

Parent answers to these questions will be analyzed using thematic analysis (Braun & Clarke, 2006). This coding process will also be informed by the previously cited articles suggesting that open communication about adoption, affection, and confirmation tend to be associated with healthier outcomes for adopted children.

14) How has the TINT program influenced how you communicate with your child in everyday conversations?
15) How has the TINT program influenced how you communicate with your child about their adoption?

Thank you for that information. The next few questions I have for you relate to the TINT program specifically.

New Jersey specific questions[33]

General TINT Questions

- How has the Tuning In To Teens (TINT) program affected your relationship with your child?
    - Has your relationship with your child improved?
        - *[If yes]* Tell me more about that. What has improved?
        - *[If no]* Tell me more about that. What challenges are you still experiencing?
    - What challenges do you still face in your relationship with your child?
- How has the Tuning In to Teens (TINT) program affected your child's feeling of belonging in your family?
- How has the Tuning In to Teens (TINT) program affected your view of your child's emotions and behaviors?
- Has your response to your child's behavior or attitudes changed since your training the Tuning In to Teens (TINT) program?
    - *[If yes]* How did you respond to an emotional outburst before the Tuning In to Teens (TINT) program?
    - *[If no]* Why is that?
- How do you and your child handle conflict after you have gone through the Tuning In to Teens (TINT) program?
    - How does your child understand his/her emotions?
        - How has this changed after he/she has gone through the TINT program?
        - What improvements have you noticed?
        - Has anything gotten worse?
    - How does your child regulate his/her emotions?
        - How has this changed after he/she has gone through the TINT program?
        - What improvements have you noticed?
        - Has anything gotten worse?
    - Have you noticed any improvements in how your child handles conflict based on what he/she learned in the Tuning In to Teens (TINT) program?

[33] These site-specific questions are designed to assess the Tuning in to Teens program. Specific outcomes of interest include:

1. decreased incidence of child behavioral issues (assessed in general questions)
2. increased caregiver commitment (assessed in general questions)
3. improved caregiver–child relationships; and
4. improved sense of family belongingness.

- Have you noticed any negative changes in how your child handles conflict based on what he/she learned in the Tuning In to Teens (TINT) program?

Family Belongingness[34]

For the next few statements, please respond on a 1 to 5 scale, where 1 is strongly disagree and 5 is strongly agree.

- I am proud to be in a relationship with my adopted child.
- My shared relational membership with my adopted child is not that important to me (reverse code)
- Above all else, I think of my adopted child as a member of my family
- My adopted child is an important part of my life
- I feel as if we are members of one family
- I feel as if we are members of separate families (reverse code)

Caregiver-child relationships[35]

For the next few questions, please respond on a 1 to 5 scale, where 1 is not at all and 5 is very much.

- How positive a role does your adopted child play in your life?
- How significant is your relationship with your adopted child in your life?
- How close do you think your relationship with your adopted child will be in 10 years?
- How much would you miss your adopted child if the two of you could not see or talk with each other for a month?
- How responsible do you feel for your adopted child's well-being?
- How much does your adopted child depend on you?

That is all of my questions. Thank you so much for taking the time to speak with me about your experience. Do you have any questions for me?

[If not] *Thank you again! Have a good day.*

[34] This is based on the Shared Family Identity scale, adapted from Soliz, J., & Harwood, J. (2006). Shared family identity, age salience, and intergroup contact: Investigation of the grandparent-grandchild relationship. *Communication Monographs, 73,* 87-107. Item 6 was changed from "separate groups" to "separate families" to be easier for participants to understand.

[35] These items are adapted from the depth subscale of the Quality of Relationships Inventory (QRI) from Pierce, G.R., Sarason, I.G., & Sarason, B.R. (1991). General and relationship-based perceptions of social support: Are two constructs better than one? *Journal of Personality and Social Psychology, 61*(6), 1028-1039. Item 3 wording was changed from "How close will your relationship be with your adopted child in 10 years?" to "How close do you think your relationship with your adopted child will be in 10 years?" for explanation and readability.

Tennessee Interview Protocol – Long
(use if participant <u>HAS NOT</u> completed Qualtrics)[36]

[Begin phone call]

Hello! This is _____ calling from the University of Nebraska-Lincoln to interview you about your experience with the Neurosequential Model of Therapeutics (NMT) and the Adoption Support and Preservation (ASAP) program. Is now still an okay time to talk?

[Wait for participant to indicate yes.]

[After participant indicates yes, proceed.] *Great! Thank you for your willingness to share your experience with us.*

You already signed a consent form in person when you initially said you were interested in this study, but because it has been a while since you filled that out, I wanted to briefly remind you generally what it said.

The purpose of this study is to understand more about your experience as an adoptive parent and evaluate the services that you received through the ASAP program and NMT provided through Harmony Family Center and the Tennessee Department of Children's Services. You will be asked a series of questions and the interview will last approximately 45 minutes.

There are no direct benefits to you, however the information we receive from this study may help craft future adoption services. Additionally, you are entitled to receive a $25 Visa gift card, mailed to you, as compensation for your time.

The questions I will ask may pose minimal discomfort. Talking about your adoption experience and your adopted child may make you feel uncomfortable. If you want to skip any questions or end the interview at any time, you may do so. You may also provide as much or as little information as you are comfortable with.

All of the information that you give me today will be kept confidential. If anything you say is used in an academic article, presentation, or report, your name will be changed.

I will be recording our phone call so that I can have an accurate record of what you say and so I don't misrepresent any of your experience. After this recording is transcribed, the audio file will be deleted.

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[36] These general questions are aimed at assessing the following outcomes:

19. Post-permanency stability
20. Behavioral health of children
21. Child and family well-being
22. Parents' view of behavioral problems
23. Permanency commitment
24. Caregiver commitment

*The University of Nebraska-Lincoln wants to know about your research experience. In order to do this, you may complete an **optional** 14 question, multiple-choice anonymous survey after your participation in this research. Again, this survey is optional. Should you like to complete it you can access it at **bit.ly/UNLresearchfeedback.***

Are you okay to proceed with the interview or do you have any questions about anything that I said?
[if they do not consent] Thank you for your time! Have a great day.
[If they do consent] Great! Thank you so much for taking the time to talk with me today. Do you have any other questions before we begin?

[wait for participant to indicate that (s)he is ready to begin]

Great! We'll get started by getting some basic information about you and your child.

First of all, have you adopted more than one child through intercountry or private domestic adoption?

- *[If yes]* please answer the following questions based off of the child who led you to seek out the services of the Success Coach program or who was impacted most by the Success Coach program.
- *[If no proceed with general questions]*

Section I: Child demographics

- Was your child's adoption done via intercountry or private domestic process?
    - [If done via intercountry] What country was your child adopted from?
- What age was your child when he/she was adopted?
    - What is your child's date or birth?
- What is your child's grade in school?
- What is your child's race or ethnic identity? [please identify all that apply]
    - White/Caucasian
    - Black or African-American
    - Hispanic/Latino
    - Asian/Pacific Islander
    - Middle Eastern
    - Multiracial
    - Other _____
- What is your child's sex?
- Where was your child living prior to being placed with you?
    - With a biological parent
    - With a biological family member, not a parent
    - In a foster home
    - In a group home
    - In an orphanage
    - Unknown
    - Other

Next, I will ask you some basic questions about yourself.

Section II: Parent demographics

- What is your age?
- What is your race or ethnic identity? [please identify all that apply]
    - White/Caucasian
    - Black or African-American
    - Hispanic/Latino
    - Asian/Pacific Islander
    - Middle Eastern
    - Multiracial
    - Other _____
- What is your sex?
- Are you currently married?
    - [If yes] How long have you been married?
    - [If no] How would you characterize your relationship status currently? Please identify all that apply.
        - Single
        - Dating
        - Engaged
        - Cohabiting
        - Separated
        - Divorced
        - Widowed
        - Other
- What is your total household income before taxes?

- How many total children under 18 years of age are in your home?
    - How many of these children are biological?
    - How many of these children are foster?
    - How many of these children are adopted?

Behavioral Intention and Self-Efficacy

For the following questions, please respond on a scale of 1 to 5, where 1 is strongly disagree and 5 is strongly agree.

- I am confident of my ability to use the information that I learned from NMT and the ASAP program with my adopted child.[37]
- I am confident of my ability to get the help that I need in raising my adopted child.

[37] These three questions assess self-efficacy and are based on/adapted from the self-efficacy items used in Lwin, M.O. & Saw, S. (2007). Protecting children from Myopia: A PMT perspective for improving health marketing communications. *Journal of Health Communication, 12*, 251-268. The items have all been adapted to read smoother and address this specific context of adoption rather than myopia prevention.

- It is easy for me to put into practice the skills that I learned from NMT and the ASAP program.

Please respond to the following statements on a 1 to 5 scale, where 1 is strongly disagree and 5 is strongly agree.

- I intend to use the skills that I learned from NMT and the ASAP program.[38]
- I intend to bring my child to any necessary regular therapy, counseling, medical visits, etc. associated with his/her adoption needs.
- I intend to find out more about how I can continue to help my child thrive in our home post-adoption.

Next we're going to talk about your child's behavior. Please respond on a 1 to 5 scale. 1 represents never, 2 represents rarely, 3 represents occasionally, 4 represents moderately, and 5 represents a great deal.[39]

1) In general, how often does your child:
2) Feel happy or relaxed?
3) Hide his/her thoughts from other people?
4) Say or do really strange things?
5) Not pay attention when he/she should?
6) Quit a job or task without finishing it?
7) Get along well with other people?
8) Hit, push, or hurt someone?
9) Get along poorly with other people?
10) Get very upset?
11) Compliment or help someone?
12) Feel sick?
13) Cheat?
14) Lose his/her temper?

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[38] These three questions assess behavioral intention and are based on/adapted from the behavioral intention items used in Lwin, M.O. & Saw, S. (2007). Protecting children from Myopia: A PMT perspective for improving health marketing communications. *Journal of Health Communication, 12,* 251-268.

[39] This (items 1-13) is the Behavior Rating Index for Children (BRIC), original citation is Stiffman, A.R., Orme, J.G., Evans, D.A., Feldman, R.A., & Keeney, P.A. (1984). A brief measure of children's behavior problems: The Behavior Rating Index for Children. *Measurement and Evaluation in Counseling and Development, 16,*83-90. The scale has a moderate to strong correlation with the longer Child Behavior Checklist.

The scale points were changed from *"1 represents rarely or never, 2 represents a little of the time, 3 represents some of the time, 4 represents a good part of the time, and 5 represents most of all of the time"* to "*1 represents never, 2 represents rarely, 3 represents occasionally, 4 represents moderately, and 5 represents a great deal".* This change was made in an effort to make responding easier.

Scoring instructions from Fischer & Cocoran (1994), "The BRIC is scored on a 5-point Likert-type scale (1-5), omitting items 1, 6, and 10, which are not problem-oriented items. The scores are transformed into a potential range of 0 to 100 by adding up all the item scores, subtracting from that figure the total number of items (out of 10) completed, multiplying that figure by 100, and dividing that result by the total number of items completed times 4. High scores indicate more severe behavioral problems" (p. 421). Citation for scoring instructions: Fisher, J., & Cocoran, K. (1994). *Measures for clinical practice: A sourcebook.* New York, NY: The Free Press.

15) [Skip if parent does not identify any behavioral issues] Reflecting back on the issues you rated about your child's behavior online …
    a. Have these issues changed since your child began this program?
    b. [if yes] How have they changed?
16) *[if participant identifies some of the positive behaviors]* Think about the positive behaviors you identified and pick the most positive one in your mind. What do you attribute the cause of this behavior to?
17) *[if participant identifies some of the more challenging behaviors*] Now think about some of the more challenging behaviors and pick the most challenging one in your mind. What do you attribute the cause of this to?
18) How do you respond to the more challenging behavioral issues?
19) How has NMT and the ASAP program affected how you respond to these more challenging behavioral issues?
20) How do you feel when your child experiences these positive behavioral issues?
21) How do you feel when your child experiences these more challenging behavioral issues?

Thank you for that information. Next I'm going to ask you some more specific questions about your child's health care needs.

Children with special health care needs (CSHCN) screener[40]

16) Does your child currently need or use **medicine prescribed by a doctor** (other than vitamins?
    [Yes] → Go to Question 1a
    [No] → Go to Question 2
    a. Is this because of any medical, behavioral, or other health condition?
       [Yes] → Go to Question 1b
       [No] → Go to Question 2
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
       [Yes]
       [No]
17) Does your child need or use more **medical care, mental health, or educational services** than is usual for most children of the same age?
    [Yes] → Go to Question 2a
    [No] → Go to question 3
    a. Is this because of any medical, behavioral, or other health condition?
       [Yes] → Go to question 2b
       [No] → Go to question 3
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
       [Yes]

[40] Bethell, C.D., Read, D., Stein, R.E.K., Blumberg, S.J., Wells, N., & Newacheck, P.W. (2002). Identifying children with special health care needs: Development and evaluation of a short screening instrument. *Ambulatory Pediatrics, 2*(1), 38-48.

"All 3 parts of at least one screener question (or in the case of question 5, the 2 parts, must be answered "Yes" in order for a child to meet CSHCN screener criteria for having a special health care need" (p. 48).

[No]

18) Is your child **limited or prevented** in any way in his or her ability to do the things most children of the same age can do?
[Yes] → Go to question 3a
[No] → Go to question 4
    a. Is this because of any medical, behavioral, or other health condition?
    [Yes] → Go to question 3b
    [No] → Go to question 4
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
    [Yes]
    [No]
19) Does your child need to receive **special therapy**, such as physical, occupational, or speech therapy?
[Yes] → Go to question 4a
[No] → Go to question 5
    a. Is this because of any medical, behavioral, or other health condition?
    [Yes] → Go to question 4b
    [No] → Go to question 5
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
    [Yes]
    [No]
20) Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or receives **treatment or counseling?**
[Yes] → Go to question 5a
[No]
    a. Has this problem lasted or is it expected to last for *at least* 12 months?
    [Yes]
    [No]

Thank you for that information. Now we're going to talk about your child's education.

Education outcomes[41]

- Does your child attend school currently?
    - (if yes, continue)
    - (if no) Why not?

For each of the following subjects, please tell me if your child is failing, below average, average, or above average.

- Reading, English, or Language Arts
    - Failing
    - Below average
    - Average
    - Above average

[41] This section of questions is based on the education section (items VII. 1.-4.) of Achenbach's Child Behavioral Checklist

    - N/A or does not apply
- History or Social Studies
    - Failing
    - Below average
    - Average
    - Above average
    - N/A or does not apply
- Arithmetic or Math
    - Failing
    - Below average
    - Average
    - Above average
    - N/A or does not apply
- Science
    - Failing
    - Below average
    - Average
    - Above average

- Does your child receive special education or remedial services, attend a special class or special school, or have a 504 plan or Individualized Education Program?
    - No
    - Yes
        - [If yes] What kind of services, class, school, or accommodations does your child attend or receive?
- Has your child repeated any grades?
    - No
    - Yes
        - [If yes] What grades and for what reasons?

- Has your child had any academic or other problems, such as behavioral problems, in school?
    - No
    - Yes
        - [If yes] Please describe these problems
        - When did these problems start?
        - Have these problems ended?
            - No
            - Yes
                - [If yes] When?

Thank you for that information. Next we'll talk about your general impressions of NMT and the ASAP program.

Open-ended general questions:

21) What have you learned from your involvement with NMT and the ASAP program?
22) What are the benefits you've seen?

a) For you?
b) For your adopted child?
c) For your other family members (partner, children, etc.)?

23) What do you wish had been covered or offered that wasn't?
24) How have you been able to implement what you learned with your child?
25) What struggles do you continue to face?
26) How likely are you to use the information that you learned from NMT and the ASAP program?
    a) Have you used anything already?
        i) If so, what have you used?
        ii) How did it work?

Thank you for that information. Next, I'm going to talk to you more specifically about your relationship with your adopted child.

Caregiver Commitment/Permanency Section:

28) I would like to begin by asking you to describe your adopted child. What is (his/her) personality like?[42,43]

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[42] Questions 1-8 are adapted from the "This is my baby" interview. Dozier, M. & Lindhiem, O. (2006). This is my child: Differences among foster parents in commitment to their young children. *Child Maltreatment, 11*(4), 338-345.

[43] TIMB Commitment Ratings for coding:

"*5 points (high commitment)*. The mother provides evidence of a strong emotional investment in the child and in parenting the child; multiple indices of high levels of commitment are present throughout the interview; descriptions of the child and the mother-child relationship clearly reflect a strong attachment to the child with no evidence of mental or physical activities designed to limit the strength of the mother-child affective bond; there is evidence of the mother committing resources to promote the child's growth or other indices of psychological adoption of the child; the child is fully integrated into the family; although the mother may acknowledge that the child will eventually leave her home (e.g., to return to the biological parent), she considers the child as hers while the child is in her home.

3 points (moderate commitment). The mother provides evidence of investment in the child but this is not clearly as marked as a mother scoring high on commitment; although there may be some indices of high levels of commitment, there also may be evidence suggesting that the child has not been psychologically adopted by the mother; the mother may state she would miss the child if her or she left but this is more of a matter-of-fact statement and lacks the strong affective component seen in mothers high in commitment; if the mother speaks of limiting the psychological bond with the infant, she also gives evidence of struggling with this issue; the child may be only partially integrated into the family (i.e., is placed in respite care only when the family goes on vacation); overall, the coder may conclude that the child is adequately cared for and nurtured but not to any special degree.

1 point (low commitment). The mother provides virtually no evidence of a strong and active emotional investment in the child or in parenting the child; there are few, if any, indices of high levels of commitment; the mother may be indifferent to whether the child remains in her care or may actually state that she hopes/desires that the child will be removed; there may be little evidence that the mother would miss the child if he or she leaves; the mother may provide evidence of participating in physical or mental activities designed to limit the strength of the mother-child bond; the child has not been psychologically adopted by the mother and may not be fully integrated into the family

29) How do you feel about raising your adopted child?
30) How much would you miss your adopted child if (he/she) had to leave?
31) How do you think your relationship with your adopted child is affecting (him/her) right now?
32) How do you think your relationship with your adopted child will affect (him/her) in the long-term?
33) What do you want for your adopted child right now?
34) What do you want for your adopted child in the future?
35) Is there anything about your adopted child or your relationship that we've not touched on that you'd like to tell me?

Okay, thank you for that information. Now we'll talk more about your child's adoption.

36) Have you ever had thoughts about ending your child's adoption?[44]
   a) (1) never, (2) not very often, (3) sometimes, or (4) frequently
   b) (if never) Tell me more about that. Why is that?
   c) (if not very often, sometimes, or frequently) When have you thought about this?
      i) How do you feel about these thoughts?
      ii) Have you talked to others about them?
      iii) Is there anything else you'd like to tell me about this?

Acceptance/Belongingness[45]
16) How (if at all) do you talk to your child about their adoption?
17) How do you try to make your child feel like a member of the family?
18) What do you do or say to help them feel accepted?
   1. How does your child respond to these messages?

(e.g., is routinely placed in respite care); the child may seem to be more of an unwelcome guest than a member of the family or may be viewed as only one of a series of children passing through the mother's home." (Dozier & Lindheim, 2006, pp. 344-345).

[44] This scale item is taken from Testa, M.F., Snyder, S.M., Wu, Q., Rolock, N., & Liao, M. (2015). Adoption and guardianship: A moderated mediation analysis of predictors of post-permanency continuity. *American Journal of Orthopsychiatry, 85*(2), 107-118.

[45] These items are all based on the approach and findings following articles:
Colaner, C.W., & Soliz, J. (2017). A communication-based approach to adoptive identity: Theoretical and empirical support. *Communication Research, 44*(5), 611-637.
(This article suggests that both non-adoption communication, such as confirmation and affection, and open communication about adoption, influence adopted children's identity)
Kranstuber Horstman, H., Colaner, C.W., & Rittenour, C.E. (2016). Contributing factors of adult adoptees' identity work and self-esteem: Family communication patterns and adoption-specific communication. *Journal of Family Communication, 16*(3), 263-276.
(This study suggests that families who emphasize more open communication environments tend to be predictive of less preoccupation by adult adoptees, healthier adoptive identity, and higher adoptee self-esteem)

Parent answers to these questions will be analyzed using thematic analysis (Braun & Clarke, 2006). This coding process will also be informed by the previously cited articles suggesting that open communication about adoption, affection, and confirmation tend to be associated with healthier outcomes for adopted children.

19) How has NMT and the ASAP program influenced how you communicate with your child in everyday conversations?
20) How has NMT and the ASAP program influenced how you communicate with your child about their adoption?

Thank you for that information. The last few questions I have for you relate specifically to NMT and the ASAP program.

Tennessee questions[46]

- How has NMT affected your view of your child's behavior and needs?
- What new activities has your child participated in (if any) as prescribed by NMT? (for example, yoga)
    - *[ask this for each unique activity listed by the parent]* How has your child responded to *[activity/treatment name, such as yoga]*?
        - What kind of positive changes have you observed since their participation in this activity?
        - Have there been any negative changes?
            - If so, what kind of negative changes?
- What kind of stressors is your family experiencing?
    - How have these stressors changed (if at all) over the course of your child's time in your family?
    - How has NMT affected your family stress?
- How has NMT affected your relationship with your child?
    - Has your relationship with your child improved?
        - *(If yes)* Tell me more about that. What has improved?
        - *(If no)* Tell me more about that. What challenges are you still experiencing?
    - What challenges do you still face in your relationship with your child?

Family Stress[47]

I am going to read the following 10 statements to you, each representing a different level of family stress. After reading them, select the item that best represents your family today.

[46] These site-specific questions are designed to assess caregiver's perception of the use of NMT with their child. Specific outcomes of interest include:

1. decreased levels of family stress;
2. decreased child behavioral issues (assessed in general questions)
3. improved educational outcomes; (assessed in general questions)
4. increased staff satisfaction with delivery of services; (we're not addressing this)
5. improved familial relationships; and
6. improved caregiver commitment (assessed in general questions)

[47] Brief Family Distress Scale, from Weiss, J.A., & Lunsky, Y. (2011). The brief family distress scale: A measure of crisis in caregivers of individuals with autism spectrum disorders. *Journal of Child and Family Studies, 20*, 521-528. Items 3 and 4 were changed in wording to be more active and have parents reflect more on how the family functions presently.

1. Everything is fine, my family and I are not in crisis. *If this best represents your family, you'll select "1" after I read all 10 statements.*
2. Everything is fine, but sometimes we have our difficulties. *Again, if this is most accurate, select a "2" at the end.*
3. Things are sometimes stressful, but we deal with problems as they arise. *That was a "3".*
4. Things are often stressful, but we manage to deal with problems when they arise. *That was a "4".*
5. Things are very stressful, but we are getting by with a lot of effort. *That was a "5".*
6. We have to work extremely hard every moment of every day to avoid having a crisis. *That was a "6".*
7. We won't be able to handle things soon. If one more thing goes wrong—we will be in crisis. *That was a "7"*
8. We are currently in crisis but are dealing with it ourselves. *That was an "8"*
9. We are currently in crisis, and have asked for help from crisis services (Emergency room, hospital, community crisis supports) *That was a "9"*
10. We are currently in crisis and it could not get any worse. *And that as a "10". Would you like me to read any of the statements again? [if no] Which number or statement best corresponds to how your family is doing currently?*

Thank you for that information.

Familial Relationships[48]

Please rank each statement on a scale of 1 to 5 where 1 is strongly disagree and 5 is strongly agree.

1. In our family we really help and support each other.
2. In our family we spend a lot of time doing things together at home.
3. In our family we work hard at what we do in our home.
4. In our family there is a feeling of togetherness.
5. My family members really support each other.
6. I am proud to be a part of our family.
7. In our family we really get along well with each other.
8. In our family we can talk openly in our home.
9. In our family we sometimes tell each other about our personal problems.
10. In our family we begin discussions easily.
11. In our family we argue a lot. (reverse code)
12. In our family we are really mad at each other a lot. (reverse code)
13. In our family we lose our tempers a lot. (reverse code)
14. In our family we often put down each other. (reverse code)
15. My family members sometimes are violent. (reverse code)
16. In our family we raise our voice when we are mad. (reverse code)

[48] The Brief Family Relationship Scale from Fok, C.C.T., Allen, J., Henry, D., & People Awakening Team. (2014). The brief family relationship scale: A brief measure of the relationship dimension in family functioning. *Assessment, 21*(1), 67-72.

17. In our family we do things for each other without being asked (excluded from analysis in study)
18. In our family we work out our problems (excluded from analysis in study)
19. In our family we are usually careful about what we say to each other (excluded from analysis in study)

That is all of my questions. Thank you so much for taking the time to speak with me about your experience. Do you have any questions for me?

[If not] *Thank you again! Have a good day.*

Wisconsin Interview Protocol – Long
(use if participant <u>HAS NOT</u> completed Qualtrics)[49]

[Begin phone call]

Hello! This is _____ calling from the University of Nebraska-Lincoln to interview you about your experience with the Adoption Guardianship Enhanced Support (AGES) program. Is now still an okay time to talk?

[Wait for participant to indicate yes.]

[After participant indicates yes, proceed.] *Great! Thank you for your willingness to share your experience with us.*

You already signed a consent form in person when you initially said you were interested in this study, but because it has been a while since you filled that out, I wanted to briefly remind you generally what it said.

The purpose of this study is to understand more about your experience as an adoptive parent and evaluate the services that you received through AGES program provided through the Wisconsin Department of Children and Families. You will be asked a series of questions and the interview will last approximately 45 minutes.

There are no direct benefits to you, however the information we receive from this study may help craft future adoption services. Additionally, you are entitled to receive a $25 Visa gift card, mailed to you, as compensation for your time.

The questions I will ask may pose minimal discomfort. Talking about your adoption experience and your adopted child may make you feel uncomfortable. If you want to skip any questions or end the interview at any time, you may do so. You may also provide as much or as little information as you are comfortable with.

All of the information that you give me today will be kept confidential. If anything you say is used in an academic article, presentation, or report, your name will be changed.

I will be recording our phone call so that I can have an accurate record of what you say and so I don't misrepresent any of your experience. After this recording is transcribed, the audio file will be deleted.

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[49] These general questions are aimed at assessing the following outcomes:

25. Post-permanency stability
26. Behavioral health of children
27. Child and family well-being
28. Parents' view of behavioral problems
29. Permanency commitment
30. Caregiver commitment

The University of Nebraska-Lincoln wants to know about your research experience. In order to do this, you may complete an ***optional*** *14 question, multiple-choice anonymous survey after your participation in this research. Again, this survey is optional. Should you like to complete it you can access it at* ***bit.ly/UNLresearchfeedback.***

Are you okay to proceed with the interview or do you have any questions about anything that I said?
[if they do not consent] Thank you for your time! Have a great day.
[If they do consent] Great! Thank you so much for taking the time to talk with me today. Do you have any other questions before we begin?

[wait for participant to indicate that (s)he is ready to begin]

Great! We'll get started by getting some basic information about you and your child.

First of all, have you adopted more than one child through intercountry or private domestic adoption?

- *[If yes]* please answer the following questions based off of the child who led you to seek out the services of the Success Coach program or who was impacted most by the Success Coach program.
- *[If no proceed with general questions]*

Section I: Child demographics

- Was your child's adoption done via intercountry or private domestic process?
    - [If done via intercountry] What country was your child adopted from?
- What age was your child when he/she was adopted?
    - What is your child's date or birth?
- What is your child's grade in school?
- What is your child's race or ethnic identity? [please identify all that apply]
    - White/Caucasian
    - Black or African-American
    - Hispanic/Latino
    - Asian/Pacific Islander
    - Middle Eastern
    - Multiracial
    - Other _____
- What is your child's sex?
- Where was your child living prior to being placed with you?
    - With a biological parent
    - With a biological family member, not a parent
    - In a foster home
    - In a group home
    - In an orphanage
    - Unknown
    - Other

Next, I will ask you some basic questions about yourself.

Section II: Parent demographics

- What is your age?
- What is your race or ethnic identity? [please identify all that apply]
    - White/Caucasian
    - Black or African-American
    - Hispanic/Latino
    - Asian/Pacific Islander
    - Middle Eastern
    - Multiracial
    - Other _____
- What is your sex?
- Are you currently married?
    - [If yes] How long have you been married?
    - [If no] How would you characterize your relationship status currently? Please identify all that apply.
        - Single
        - Dating
        - Engaged
        - Cohabiting
        - Separated
        - Divorced
        - Widowed
        - Other
- What is your total household income before taxes?

- How many total children under 18 years of age are in your home?
    - How many of these children are biological?
    - How many of these children are foster?
    - How many of these children are adopted?

Behavioral Intention and Self-Efficacy

For the following questions, please respond on a scale of 1 to 5, where 1 is strongly disagree and 5 is strongly agree.

- I am confident of my ability to use the information that I learned from the AGES program with my adopted child.[50]
- I am confident of my ability to get the help that I need in raising my adopted child.
- It is easy for me to put into practice the skills that I learned from the AGES program.

[50] These three questions assess self-efficacy and are based on/adapted from the self-efficacy items used in Lwin, M.O. & Saw, S. (2007). Protecting children from Myopia: A PMT perspective for improving health marketing communications. *Journal of Health Communication, 12*, 251-268. The items have all been adapted to read smoother and address this specific context of adoption rather than myopia prevention.

Please respond to the following statements on a 1 to 5 scale, where 1 is strongly disagree and 5 is strongly agree.

- I intend to use the skills that I learned from the AGES program.[51]
- I intend to bring my child to any necessary regular therapy, counseling, medical visits, etc. associated with his/her adoption needs.
- I intend to find out more about how I can continue to help my child thrive in our home post-adoption.

Next we're going to talk about your child's behavior. Please respond on a 1 to 5 scale. 1 represents never, 2 represents rarely, 3 represents occasionally, 4 represents moderately, and 5 represents a great deal.[52]

1) In general, how often does your child:
2) Feel happy or relaxed?
3) Hide his/her thoughts from other people?
4) Say or do really strange things?
5) Not pay attention when he/she should?
6) Quit a job or task without finishing it?
7) Get along well with other people?
8) Hit, push, or hurt someone?
9) Get along poorly with other people?
10) Get very upset?
11) Compliment or help someone?
12) Feel sick?
13) Cheat?
14) Lose his/her temper?

[51] These three questions assess behavioral intention and are based on/adapted from the behavioral intention items used in Lwin, M.O. & Saw, S. (2007). Protecting children from Myopia: A PMT perspective for improving health marketing communications. *Journal of Health Communication, 12,* 251-268.

[52] This (items 1-13) is the Behavior Rating Index for Children (BRIC), original citation is Stiffman, A.R., Orme, J.G., Evans, D.A., Feldman, R.A., & Keeney, P.A. (1984). A brief measure of children's behavior problems: The Behavior Rating Index for Children. *Measurement and Evaluation in Counseling and Development, 16,*83-90. The scale has a moderate to strong correlation with the longer Child Behavior Checklist.

The scale points were changed from *"1 represents rarely or never, 2 represents a little of the time, 3 represents some of the time, 4 represents a good part of the time, and 5 represents most of all of the time"* to "*1 represents never, 2 represents rarely, 3 represents occasionally, 4 represents moderately, and 5 represents a great deal".* This change was made in an effort to make responding easier.

Scoring instructions from Fischer & Cocoran (1994), "The BRIC is scored on a 5-point Likert-type scale (1-5), omitting items 1, 6, and 10, which are not problem-oriented items. The scores are transformed into a potential range of 0 to 100 by adding up all the item scores, subtracting from that figure the total number of items (out of 10) completed, multiplying that figure by 100, and dividing that result by the total number of items completed times 4. High scores indicate more severe behavioral problems" (p. 421). Citation for scoring instructions: Fisher, J., & Cocoran, K. (1994). *Measures for clinical practice: A sourcebook.* New York, NY: The Free Press.

15) [Skip if parent does not identify any behavioral issues] Reflecting back on the issues you rated about your child's behavior online…
    a. Have these issues changed since your child began this program?
    b. [if yes] How have they changed?
16) *[if participant identifies some of the positive behaviors]* Think about the positive behaviors you identified and pick the most positive one in your mind. What do you attribute the cause of this behavior to?
17) *[if participant identifies some of the more challenging behaviors*] Now think about some of the more challenging behaviors and pick the most challenging one in your mind. What do you attribute the cause of this to?
18) How do you respond to the more challenging behavioral issues?
19) How has the AGES program affected how you respond to these more challenging behavioral issues?
20) How do you feel when your child experiences these positive behavioral issues?
21) How do you feel when your child experiences these more challenging behavioral issues?

Thank you for that information. Next I'm going to ask you some more specific questions about your child's health care needs.

Children with special health care needs (CSHCN) screener[53]

22) Does your child currently need or use **medicine prescribed by a doctor** (other than vitamins?
    [Yes] → Go to Question 1a
    [No] → Go to Question 2
    a. Is this because of any medical, behavioral, or other health condition?
       [Yes] → Go to Question 1b
       [No] → Go to Question 2
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
       [Yes]
       [No]
23) Does your child need or use more **medical care, mental health, or educational services** than is usual for most children of the same age?
    [Yes] → Go to Question 2a
    [No] → Go to question 3
    a. Is this because of any medical, behavioral, or other health condition?
       [Yes] → Go to question 2b
       [No] → Go to question 3
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
       [Yes]
       [No]

[53] Bethell, C.D., Read, D., Stein, R.E.K., Blumberg, S.J., Wells, N., & Newacheck, P.W. (2002). Identifying children with special health care needs: Development and evaluation of a short screening instrument. *Ambulatory Pediatrics, 2*(1), 38-48.

"All 3 parts of at least one screener question (or in the case of question 5, the 2 parts, must be answered "Yes" in order for a child to meet CSHCN screener criteria for having a special health care need" (p. 48).

24) Is your child **limited or prevented** in any way in his or her ability to do the things most children of the same age can do?
[Yes] → Go to question 3a
[No] → Go to question 4
    a. Is this because of any medical, behavioral, or other health condition?
    [Yes] → Go to question 3b
    [No] → Go to question 4
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
    [Yes]
    [No]
25) Does your child need to receive **special therapy**, such as physical, occupational, or speech therapy?
[Yes] → Go to question 4a
[No] → Go to question 5
    a. Is this because of any medical, behavioral, or other health condition?
    [Yes] → Go to question 4b
    [No] → Go to question 5
    b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
    [Yes]
    [No]
26) Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or receives **treatment or counseling?**
[Yes] → Go to question 5a
[No]
    a. Has this problem lasted or is it expected to last for *at least* 12 months?
    [Yes]
    [No]

Thank you for that information. Now we're going to talk about your child's education.

Education outcomes[54]

- Does your child attend school currently?
    - (if yes, continue)
    - (if no) Why not?

For each of the following subjects, please tell me if your child is failing, below average, average, or above average.

- Reading, English, or Language Arts
    - Failing
    - Below average
    - Average
    - Above average
    - N/A or does not apply

[54] This section of questions is based on the education section (items VII. 1.-4.) of Achenbach's Child Behavioral Checklist

- History or Social Studies
    - Failing
    - Below average
    - Average
    - Above average
    - N/A or does not apply
- Arithmetic or Math
    - Failing
    - Below average
    - Average
    - Above average
    - N/A or does not apply
- Science
    - Failing
    - Below average
    - Average
    - Above average

- Does your child receive special education or remedial services, attend a special class or special school, or have a 504 plan or Individualized Education Program?
    - No
    - Yes
        - [If yes] What kind of services, class, school, or accommodations does your child attend or receive?
- Has your child repeated any grades?
    - No
    - Yes
        - [If yes] What grades and for what reasons?

- Has your child had any academic or other problems, such as behavioral problems, in school?
    - No
    - Yes
        - [If yes] Please describe these problems
        - When did these problems start?
        - Have these problems ended?
            - No
            - Yes
                - [If yes] When?

Thank you for that information. Next we'll talk about your general impressions of the AGES program.

Open-ended general questions:

27) What have you learned from your involvement with the AGES program?
28) What are the benefits you've seen?

a) For you?
b) For your adopted child?
c) For your other family members (partner, children, etc.)?

29) What do you wish had been covered or offered that wasn't?
30) How have you been able to implement what you learned with your child?
31) What struggles do you continue to face?
32) How likely are you to use the information that you learned from the AGES program?
    a) Have you used anything already?
        i) If so, what have you used?
        ii) How did it work?

Thank you for that information. Next, I'm going to talk to you more specifically about your relationship with your adopted child.

Caregiver Commitment/Permanency Section:

37) I would like to begin by asking you to describe your adopted child. What is (his/her) personality like?[55,56]

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[55] Questions 1-8 are adapted from the "This is my baby" interview. Dozier, M. & Lindhiem, O. (2006). This is my child: Differences among foster parents in commitment to their young children. *Child Maltreatment, 11*(4), 338-345.

[56] TIMB Commitment Ratings for coding:

"*5 points (high commitment)*. The mother provides evidence of a strong emotional investment in the child and in parenting the child; multiple indices of high levels of commitment are present throughout the interview; descriptions of the child and the mother-child relationship clearly reflect a strong attachment to the child with no evidence of mental or physical activities designed to limit the strength of the mother-child affective bond; there is evidence of the mother committing resources to promote the child's growth or other indices of psychological adoption of the child; the child is fully integrated into the family; although the mother may acknowledge that the child will eventually leave her home (e.g., to return to the biological parent), she considers the child as hers while the child is in her home.

3 points (moderate commitment). The mother provides evidence of investment in the child but this is not clearly as marked as a mother scoring high on commitment; although there may be some indices of high levels of commitment, there also may be evidence suggesting that the child has not been psychologically adopted by the mother; the mother may state she would miss the child if her or she left but this is more of a matter-of-fact statement and lacks the strong affective component seen in mothers high in commitment; if the mother speaks of limiting the psychological bond with the infant, she also gives evidence of struggling with this issue; the child may be only partially integrated into the family (i.e., is placed in respite care only when the family goes on vacation); overall, the coder may conclude that the child is adequately cared for and nurtured but not to any special degree.

1 point (low commitment). The mother provides virtually no evidence of a strong and active emotional investment in the child or in parenting the child; there are few, if any, indices of high levels of commitment; the mother may be indifferent to whether the child remains in her care or may actually state that she hopes/desires that the child will be removed; there may be little evidence that the mother would miss the child if he or she leaves; the mother may provide evidence of participating in physical or mental activities designed to limit the strength of the mother-child bond; the child has not been psychologically adopted by the mother and may not be fully integrated into the family

38) How do you feel about raising your adopted child?
39) How much would you miss your adopted child if (he/she) had to leave?
40) How do you think your relationship with your adopted child is affecting (him/her) right now?
41) How do you think your relationship with your adopted child will affect (him/her) in the long-term?
42) What do you want for your adopted child right now?
43) What do you want for your adopted child in the future?
44) Is there anything about your adopted child or your relationship that we've not touched on that you'd like to tell me?

Okay, thank you for that information. Now we'll talk more about your child's adoption.

45) Have you ever had thoughts about ending your child's adoption?[57]
   a) (1) never, (2) not very often, (3) sometimes, or (4) frequently
   b) (if never) Tell me more about that. Why is that?
   c) (if not very often, sometimes, or frequently) When have you thought about this?
      i) How do you feel about these thoughts?
      ii) Have you talked to others about them?
      iii) Is there anything else you'd like to tell me about this?

Acceptance/Belongingness[58]
21) How (if at all) do you talk to your child about their adoption?
22) How do you try to make your child feel like a member of the family?
23) What do you do or say to help them feel accepted?
   1. How does your child respond to these messages?

(e.g., is routinely placed in respite care); the child may seem to be more of an unwelcome guest than a member of the family or may be viewed as only one of a series of children passing through the mother's home." (Dozier & Lindheim, 2006, pp. 344-345).

[57] This scale item is taken from Testa, M.F., Snyder, S.M., Wu, Q., Rolock, N., & Liao, M. (2015). Adoption and guardianship: A moderated mediation analysis of predictors of post-permanency continuity. *American Journal of Orthopsychiatry, 85*(2), 107-118.

[58] These items are all based on the approach and findings following articles:
Colaner, C.W., & Soliz, J. (2017). A communication-based approach to adoptive identity: Theoretical and empirical support. *Communication Research, 44*(5), 611-637.
(This article suggests that both non-adoption communication, such as confirmation and affection, and open communication about adoption, influence adopted children's identity)
Kranstuber Horstman, H., Colaner, C.W., & Rittenour, C.E. (2016). Contributing factors of adult adoptees' identity work and self-esteem: Family communication patterns and adoption-specific communication. *Journal of Family Communication, 16*(3), 263-276.
(This study suggests that families who emphasize more open communication environments tend to be predictive of less preoccupation by adult adoptees, healthier adoptive identity, and higher adoptee self-esteem)

Parent answers to these questions will be analyzed using thematic analysis (Braun & Clarke, 2006). This coding process will also be informed by the previously cited articles suggesting that open communication about adoption, affection, and confirmation tend to be associated with healthier outcomes for adopted children.

24) How has the AGES program influenced how you communicate with your child in everyday conversations?
25) How has the AGES program influenced how you communicate with your child about their adoption?

Thank you for that information. The last few questions I have for you relate to your experience with the AGES program specifically.

Wisconsin specific questions[59]

- What kind of stressors is your family experiencing?
    - How have these stressors changed (if at all) over the course of your child's time in your family?
    - How has AGES affected your family stress?
- What support resources have you been connected to through AGES?
    - Can you give me some examples of how these resources have helped?
- How satisfied are you with the services that you have received through AGES?
    - What would you like to see changed?
    - What has been the most helpful?
- How confident are you in your ability to take care of your adopted child?

Family Stress[60]

I am going to read the following 10 statements to you, each representing a different level of family stress. After reading them, select the item that best represents your family today.

11. Everything is fine, my family and I are not in crisis. *If this best represents your family, you'll select "1" after I read all 10 statements.*
12. Everything is fine, but sometimes we have our difficulties. *Again, if this is most accurate, select a "2" at the end.*
13. Things are sometimes stressful, but we deal with problems as they arise. *That was a "3".*
14. Things are often stressful, but we manage to deal with problems when they arise. *That was a "4".*
15. Things are very stressful, but we are getting by with a lot of effort. *That was a "5".*
16. We have to work extremely hard every moment of every day to avoid having a crisis. *That was a "6".*

[59] These site-specific questions were designed to assess the AGES program. Specific outcomes of interest include:
1. decreased familial stress
2. increased family satisfaction with services
3. increased caregiver confidence

[60] Brief Family Distress Scale, from Weiss, J.A., & Lunsky, Y. (2011). The brief family distress scale: A measure of crisis in caregivers of individuals with autism spectrum disorders. *Journal of Child and Family Studies, 20,* 521-528. Items 3 and 4 were changed in wording to be more active and have parents reflect more on how the family functions presently.

17. We won't be able to handle things soon. If one more thing goes wrong—we will be in crisis. *That was a "7"*
18. We are currently in crisis but are dealing with it ourselves. *That was an "8"*
19. We are currently in crisis, and have asked for help from crisis services (Emergency room, hospital, community crisis supports) *That was a "9"*
20. We are currently in crisis and it could not get any worse. *And that as a "10". Would you like me to read any of the statements again? [if no] Which number or statement best corresponds to how your family is doing currently?*

Thank you for that information.

That is all of my questions. Thank you so much for taking the time to speak with me about your experience. Do you have any questions for me?

[If not] *Thank you again! Have a good day.*