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A Systematic Review of Courses, Training, and Interventions for Adoptive Parents

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Abstract

Adoption requires thorough preparations prior to the arrival of the child and support post-adoption among parents, to promote a positive parent-child relationship and healthy family functioning. The purpose of our study was, therefore, to systematically review the literature on pre- and post-adoption interventions for caregivers, and determine the possibility for conducting a meta-analysis. We searched 12 electronic databases and identified 7 574 references that were considered for inclusion by two independent raters. Articles meeting the following criteria were retrieved in full-text; studies that examined the effects of (a) a pre- and/or post-adoption intervention, (b) against a comparator (including quasi-experimental studies), and (c) report on outcomes for parents. Finally, we included 10 studies that met our inclusion criteria and which were assessed in terms of reported intervention effects and study quality using Cochrane's Risk of Bias tool. All studies were associated with a high risk of bias in at least one out of seven domains and unclear reporting on several domains. Eight studies examined intervention effects related to interpersonal functioning; three of which found positive effects. In addition, three studies investigated effects on parenting and stress, respectively; however, only one study demonstrated effects on parenting and none on parental stress. Overall, the study designs, interventions, and results were characterized by substantial heterogeneity, making a meta-analysis unfeasible. In conclusion, the results from the included studies in our review does not point in any particular direction. The most consistent finding across studies was the lack of studies on pre-adoption interventions, and poor design and unclear reporting. Consequently, future studies should evaluate pre-adoption interventions, and need to use more rigorous design, transparent and comprehensible reporting, as well as more homogenous interventions and methods, to move the field forward in support of adoptive parents.

Keywords: adoption, systematic review, parents, children, interventions, attachment

Introduction

In general, adoptive parents may differ from parents with biological children in several ways. They often have higher education, socioeconomic status, and are highly motivated to become parents (Gärtner & Heggland, 2013). Some adoptive parents have spent several years trying to have children of their own (Hogström et al., 2012), especially those adopting internationally, meaning that they are often older than non-adoptive parents (Hove et al., 2009). Adoptive parents may also have to deal with issues that are unique to their situation such as long waiting periods (Baden, Gibbons, Wilson, & McGinnis, 2013), pressure to be outstanding parents (Daniluk & Hurtig-Mitchell, 2003), and a lack of role models as friends and relatives are usually parents to children of their own biological background (i.e., role model handicap; Juffer et al., 2011). At the same time, the number of children adopted internationally has decreased dramatically in Western countries in recent years (Selman, 2012), the children being adopted are now usually older at the time of adoption than previously and, more often, have special needs such as medical or developmental challenges (Miller, Pérouse de Montclos, & Sorge, 2016). Thus, adopting a child may represent unforeseen challenges to parenthood and, therefore, require supportive services both before and after the child has arrived in the family.

As becoming an adoptive parent seems to be more challenging than having a biological child, many adoptive parents report they do not feel prepared for such challenges, especially when it comes to the child's emotional and psychological problems (O'Dell, McCall, & Groark, 2015). In contrast to biological parents, adoptive parents do not experience a pregnancy and thereby lose the natural belonging adaptation period of becoming a parent as described by Stern (1995; Stern, Bruschiweiler-Stern, & Freeland, 1998). Pre-adoptive preparations may thus help establish realistic expectations to adoption and help parents learn to use the resources both within and outside their own family (Wind, Brooks, & Barth, 2005). The feeling of being well-prepared for the adoption of a new family member has previously shown to be related to parental life satisfaction, a qualitatively better parent-child relationship, and lower stress after the adoption has been completed (Sar, 2000). Although many adoptions are highly successful, some adoptive parents may also encounter challenges after the adoption has been finalized (Barth & Miller, 2000). In-depth interviews with 500 adoptive parents documented a clear parental need for counselling and information after the child had arrived in the family (Atkinson & Gonet, 2007). These findings thus underscore the importance of offering pre- and post-adoption courses, training, and/or interventions for adoptive parents.

Two recent reviews have examined adoption training and support services for parents, of which most included studies focused on outcomes in adoptive children and less on the adoptive parents' physical and

psychological health (Kerr & Cossar, 2014; O'Dell et al., 2015). Kerr and Cossar (2014) performed a systematic review that aimed to identify the impact of attachment-based interventions for adoptive and foster parents, on children. They found that preventive interventions targeting infants and young children (up to 6 years), who are at future risk of experiencing difficulties, had the strongest effects. However, the authors only considered outcomes of attachment interventions on children. O'Dell et al. (2015) conducted a literature review that explored international special needs adoption (i.e., older children (> 3–4 years), sibling groups, and children with physical, mental and/or medical diagnoses) and existing support services. Although they identified many various support services, they found few that were backed up by empirical evidence. Thus, there is a lack of systematic reviews examining effects of a wider range of adoption interventions on caregivers, regardless of whether these are special needs adoptions or not.

In the reviews by Kerr and Cossar (2014) and O'Dell et al. (2015), the authors' also point towards difficulties with synthesizing the studies due to significant heterogeneity in study designs, populations, outcome measures, and interventions. This is likely to reflect that the adoption field is still in its infancy and that conducting research on adoptive families may be challenging (e.g., a small, hard-to-reach population or parents that are unwilling to participate due to, for example, tedious pre- and post-adoption processes). In addition to study heterogeneity, Kerr and Cossar (2014) also found that the included studies were of poor methodological quality. This makes it important to assess potential sources of bias in studies on adoption interventions, in order to appraise the certainty and validity of their findings, and guide future directions for research in this field. The purpose of the current review was, therefore; first, to perform a systematic review of the literature on pre- and post-adoption courses, training, and interventions for adoptive parents. Second, to assess risk of bias in the included studies. Finally, to synthesize the results by means of a meta-analysis if possible, in relation to adoptive parents physical or mental health. Our review thereby contributes to the literature by examining the effects of interventions for adoptive parents, regardless of their approach, as evaluated in comparative studies, and assesses the potential for systematic errors in this research.

Method

Study design

The present study is a systematic review designed to identify, quality appraise, and synthesize the results of comparative studies (i.e. studies of experimental or quasi-experimental designs using control groups) on the effects of education, training, and other supportive interventions for adoptive parents on their physical and

mental health. This review adheres to the preferred reporting items for systematic reviews and meta-analyses (PRISMA; Moher, Liberati, Tetzlaff, & Altman, 2009) and the protocol is registered at the Centre for Reviews and Dissemination (<https://www.crd.york.ac.uk/prospero/>; project no.: CRD42016040132).

Search strategy

A comprehensive, initial search strategy was developed by one of the authors (HBB) in collaboration with a research librarian, to identify all studies relevant to our research question (see inclusion and exclusion criteria below). After the initial search, the search strategy and results were reviewed by another author (KTH) and a second research librarian. The search strategy was then adjusted mainly to remove a large number of irrelevant search results (e.g., about adoption of IT systems). The final search was conducted by one of the research librarians between February 29th and March 2nd 2016, and included the following databases: (1) PsycINFO, (2) Cochrane Library, (3) Campbell Library, (4) Social Policy and Practice, (5) ISI Web of Science, (6) Ovid MEDLINE(R), (7) Embase, (8) Eric, (9) Social Services Abstracts, (10) ProQuest Dissertations & Theses, (11) Sociological Abstracts, and (12) OpenGrey. Four of these databases contain grey literature and were included to minimize the introduction of publication bias. Furthermore, we manually scanned reference lists in relevant reviews, meta-analyses, and in the included studies. We also contacted researchers in the field of adoption, identified to have published materials on interventions for adoptive parents, and requested any additional information or unpublished manuscripts to be considered for inclusion in the current review.

Search strings varied slightly depending on the indexing and descriptors used in the various databases. However, the search consisted of a combination of index and free text terms describing (1) adoption, (2) parents, and (3) intervention, including synonyms for all terms. The following is an example of the search string used for the Web of Science database: **TOPIC:** ("parent" OR "parents") **AND TOPIC:** ((adopt* NEAR/10 ("parent" or "parents" or father* or mother* or famil* or child*))) **AND TOPIC:** ((program* or training* or course* or "support" or service* or intervention* or education* or prepar* or "class" or "classes" or "counseling" or "counselling")). After removal of duplicates, the retrieved references were imported in to Covidence (www.covidence.org) for the study selection process.

Study selection

A two-stage screening process was carried out. First, two members of the research team reviewed all references independently, based on their title and abstract (HBB and one member of the research team). Second, potentially

relevant full-text articles were retrieved and assessed for inclusion independently by the same two reviewers. Interrater reliability was estimated using Gwet's gamma (Gwet, 2012) to avoid the prevalence paradox with Cohen's kappa (i.e., few categories in the marginal distribution may lead to unexpected results; Byrt, Bishop, & Carlin, 1993) and was 0.99 and 0.83 for the initial selection process and full-text articles, respectively. This indicates a very good agreement. Selected full-text articles were then imported into Mendeley v.1.17 and considered for inclusion. Eligible articles had to include (1) pre- and/or post-adoption courses, trainings or interventions (2) for parents adopting a child domestically and/or internationally, who were (3) compared to a control group (i.e., we included randomized controlled trials as well as studies utilizing quasi-experimental designs) and that (4) reported at least one outcome related to adoptive parents. Articles reporting on studies without control groups and/or foster parents and foster children only (i.e. studies without an adoption sample), were excluded. Studies reporting on mixed samples (e.g., both adoptive and foster parents) were included to gain as complete an overview of the research field, as possible. Wherever possible, we would only report data for adoptive parents. There were no restrictions on the language of publications during study selection (i.e., all non-English articles were screened). Furthermore, articles that reported on the same sample, or follow-up of the same sample, were considered to be one study. Hence, we included 21 articles, reporting a total of 10 studies (see Table 1 below).

Analysis plan and risk of bias assessment

One author (HBB) extracted the following data from the included studies: authors, year, country, type of adoption (international or domestic), research design, study setting and population, number of participants, type of intervention, type of control, outcome measures, and measurement waves. We double-checked data extraction where study results were considered to be unexpected, or where study results did not seem to be in agreement with the study authors' conclusions. Wherever relevant information was unclear or missing, for example type of adoption or standard deviations, we attempted to contact the study authors. Two authors (HBB and KTH) independently assessed the risk of bias for the included studies by using the Cochrane Handbook's Risk of Bias Tool version 5.1.0 (Higgins & Green, 2011). Bias is a systematic error that may lead to misleading conclusions; that is, lead to an over- or underestimation of a true intervention effect. The seven items covered in this tool are: (1) random sequence generation, (2) allocation concealment, (3) blinding of participants and personnel, (4) blinding of outcome assessment, (5) incomplete outcome data, (6) selective reporting, and (7) other sources of bias. We followed Cochrane's recommendations for item assessment, and judged each item to be of either "Low

risk”, “High risk” or “Unclear risk”. Disagreements were resolved by consensus. In order to determine the overall efficacy of courses, training or interventions, the reported mean effect size was either extracted or calculated based on the available information using Cohen’s *d*. We planned to conduct meta-analyses, provided that the included studies were sufficiently homogeneous in terms of adoption type, child characteristics, intervention, and outcome measures. If not possible, the plan was to present a narrative summary of the included studies and their results.

Results

Study selection and characteristics

As depicted in Figure 1, we considered 7 574 references for inclusion, of which 10 studies (21 articles) were included for this review. The study characteristics for each of the 10 studies are presented in Table 1. All 10 studies were concerned with post-adoption interventions for parents and included about 600 participants in total. However, determining the exact number of participants in some of the studies was difficult due to unclear or equivocal reporting, and was determined by consensus among the authors of the current review. Six of the studies were conducted in the USA, three in the UK, and one in the Netherlands. Furthermore, four of the studies were quasi-experimental while the remaining studies were randomized controlled trials (RCTs). All studies utilized a comparison group, of which five were waitlist or treatment-as-usual controls. One study did not describe the control group, while the remaining four studies had active controls. It should be noted that several studies were planned or started out as randomized, controlled trials, but for different reasons, turned in to quasi-experimental studies or deviated from the traditional implementation of RCTs (e.g., unsuccessful randomization or post-intervention data collected at different times for the intervention and control groups, respectively; see Table 2).

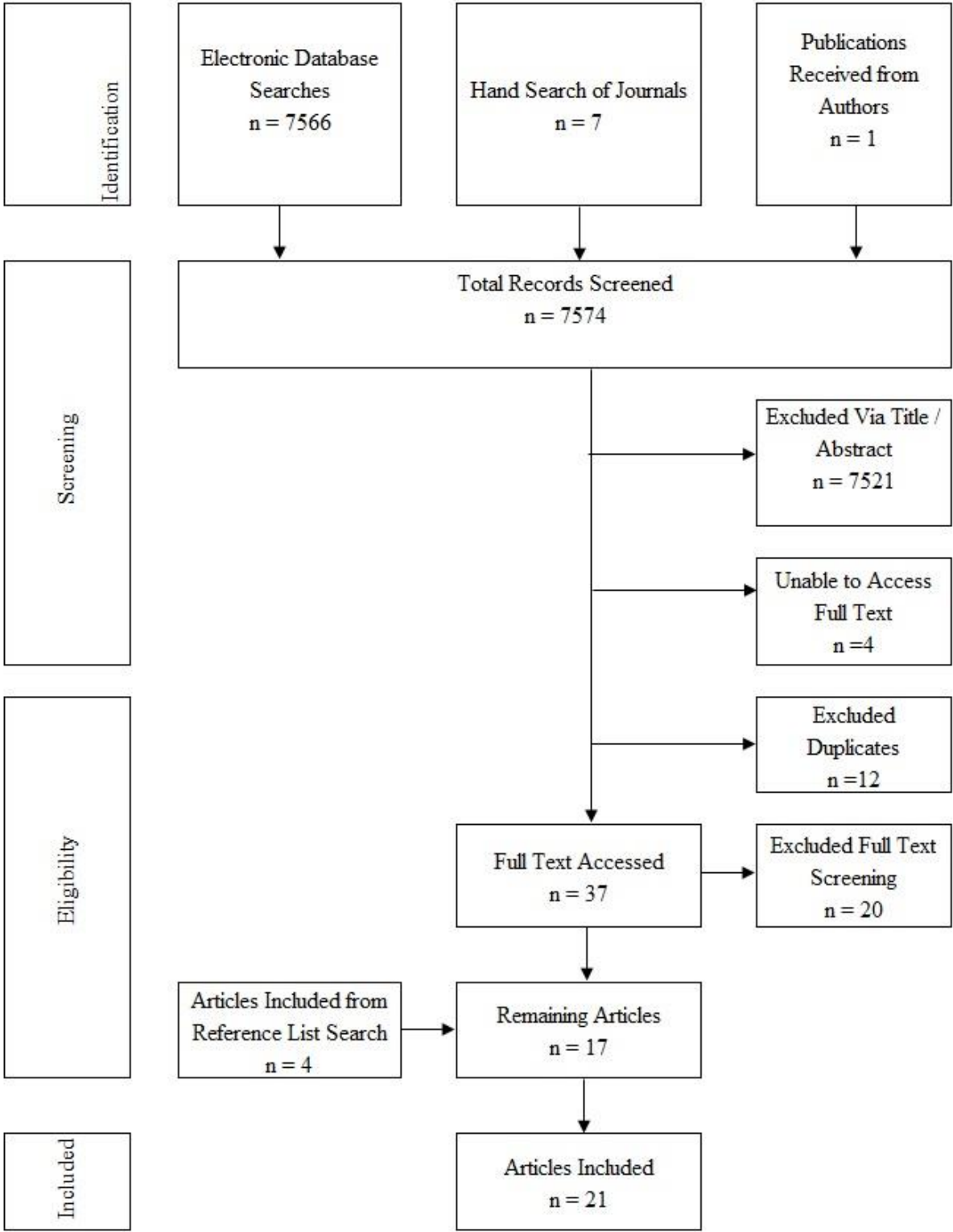


Figure 1. Flowchart for the inclusion of articles.

Table 1. Characteristics of the included studies.

<i>Study</i>	<i>Country</i>	<i>Design</i>	<i>Outcome</i>	<i>Children</i>	<i>Type of adoption</i>	<i>Parents (N)</i>	<i>Interventions</i>	<i>Follow-Up</i>
Baker et al., (2015) Baker (2012)	USA	RCT	Emotional availability; attachment; parenting stress	Nonbiological adoption; experienced in utero or postbirth maltreatment; experienced developmental, emotional, behavioral, and/or attachment-related challenges Age: 1.5 to 5 years	Domestic and international	8 7	<i>Emotional Attachment and Emotional Availability (EA2)</i> 6-week group-based program with 6-10 parents per session; Skype videoconferencing and website Delayed intervention (EA2)	Pre- and posttest Pretest, postcontrol, and posttest
Baskin et al., (2011)	USA	RCT	Forgiveness; marital satisfaction; depression	Special needs children Age: About 9 years at study onset	Domestic	33 ^b 36 ^b	Educational group intervention for couples Leader-facilitated group discussions and processing, workbook curricula, for 6-7 sessions over 3 months. Waitlist control	Pre-, posttest, and 3 months
Benjamin (2010)	USA	Quasi	Adult attachment characteristics: close, dependent, anxious	Attachment-challenged children; less than 4 years with their adoptive family. Age: 6 to 15 years.	Domestic	20	<i>Benjamin Interactive Parenting Model (BIPM)</i> 90-minute educational and interactive support program for 8 weeks, max. 10 participants. Includes bilateral kinesthetic stimulation exercises and a book	Pre- and posttest

						20	<i>Love and Logic Parenting (LPP)</i> Group-based psychoeducational, behavioral modification program with max. 10 parents.	
						20	Waitlist control	
Carnes-Holt & Bratton (2014)	USA	RCT	Parental empathy; parenting stress	Attachment-related concerns Age: 2 to 10 years	Domestic and international	37	<i>Child Parent Relationship Therapy (CPRT)</i> Ten, 2-hour group sessions with 6 to 8 parents. Parents also conduct weekly supervised play sessions.	Pre- and posttest
Carnes-Holt (2010)						35	Waitlist control	
Chan (1987)	USA	RCT	Maternal attachment behaviors	Healthy, full-term infants placed about 2 weeks after birth Age: 11 ± 9 weeks	Unclear	8	Attachment-based education program on maternal orientation towards early infant behavioral states and cues (e.g., responsiveness and habituation) by means of maternal attachment behaviors such as touching, holding, and gazing.	Pre- and posttest
						9	Adoptive mothers; no intervention	
Juffer et al., (2005)								
Juffer, Hoksbergen, et al., (1997); Juffer, Rosenboom, et al.,	Netherlands	Quasi	Parental sensitivity	Two subsamples: one consisting of 90 families with a first child and one consisting of 40 families with birth children Age: 6-months-old infants; 7 years at follow-up	International	50	Three home-based video feedback sessions, including a personal workbook with written information focusing on sensitive parenting and playful interactions	Pre- and posttest

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(1997);
 Juffer,
 (1993);
 Juffer, et al.,
 (2007);
 Rosenboom,
 (1994);
 Stams, et
 al., (2001)

						30	Personal workbook on parental sensitivity	
						50	Booklet on adoption issues	
Loew et al., (2012) ^a	USA	RCT	Knowledge about PREP and relationship skills; use of PREP skills; spousal communication	n/a ^d	Unclear	25	<i>Prevention and Relationship Enhancement Program (PREP)</i> Web-based 1-week course consisting of four chapters, lasting for about 4 hours	Pre- and posttest
						24	Control website (Birth Parent Visitation program; www.fosterparentscollege.com) Lasting for about 4 hours	
Rushton, Monck, et al., (2010)								
Rushton et al., (2009); Rushton & Monck (2010); Sharac et al., (2011)	UK	RCT	Parenting satisfaction; parenting efficacy; daily hassles	Nonbiological adoption; late-placed children identified to have serious behavioral problems early in their placement Age: 3 to 8 years	Domestic	10	Manualized and adapted cognitive-behavioural program based on Incredible Years, consisting of 10 sessions	Pre-, posttest, and 6 months

					9	10-session educational manual designed specifically for this study		
					18	Service-as-usual' control group		
Selwyn et al., (2009)	UK	Quasi	Confidence in parenting skills; repertoire of parenting skills; mental health	Children place at least for 12 months with adoptive family; most with one or more placements; about 50% with borderline or elevated scores on behavioral problems	Domestic	16	<i>It's a Piece of Cake?</i> is a group training program, consisting of six modules	Pre-, posttest, and 5 months ^e
				Age: 8 years on average		19	n/a ^d	
Wassall (2011) ^a	UK	Quasi	Parental sense of competence; sense of confidence; self-efficacy; mind-mindedness; stress	Children removed from birth parents because of neglect or abuse; 15 diagnosed with developmental or mental health difficulties	Unclear	11	<i>Fostering Attachments</i> is an intensive, group-based psychoeducational program. 18-sessions, lasting about 2 1/2 hours each	Pre-, posttest, and 8 months
				Age: 9 to 14 years.		11+3 ^f	Waitlist control	

^a Study included both foster and adoptive parents, and reported only the combined results for adoptive and foster parents.

^b Number of couples.

^c Convenience sample which was not randomized.

^d n/a = no information or data available.

^e Data from this measurement wave were not analyzed due to low response rate.

^f Three additional participants recruited after study commencement.

In two studies, participants included both domestic and international adoptions, four studies were based on domestic adoptions, and only one study included international adoptions only. Three studies did not clearly report whether parents had adopted children domestically, internationally, or both. All studies collected data at pre- and post-intervention, but only three studies had any follow-up beyond post-intervention. In terms of type of adoption, characteristics of the adopted children, intervention content, and outcome measures, there was a substantial heterogeneity between studies (Table 1). For example, the age of the adopted children ranged from 0 to 15 years, which may include families and children with various special needs, and few studies reported on the same outcome measurements; that is, only three studies reported to use the Parenting Stress Index (PSI; Abidin, 1995) and two studies reported to use sub-scales from the Parenting Sense of Competence scales (PSOC; Johnston & Mash, 1989). Thus, the combination of diversity in populations, intervention content, use of sub-scales, and lack of reported and available data, prevented us from conducting a meta-analysis. For this reason, we conducted a narrative review, describing and evaluating the studies on parental outcomes. However, insofar as we found any common factors across studies, it seemed that ‘attachment’ was a recurring theme, both in terms of the outcomes and interventions (i.e., at least six studies), and the use of a group-based intervention format (i.e., six studies).

Table 2. Effects of the included studies at study end-point.

Study	Total N	Outcome(s)	Intervention	Control	Effect size	Effect size category	Quality rating	Comments and other potential threats to validity not assessed by the Risk of bias tool
			Mean (SD)	Mean (SD)				
Baker et al. (2015)	15	Emotional Availability (EA): Sensitivity	5.7 (0.32)	4.2 (1.02)	1.98 ^a	Large	1 low-risk rating out of 7 items	Due to complications with parent availability, immediate intervention group and delayed intervention group received intervention concurrently; data collected at different measurement points across groups.
		EA: Structuring	6.0 (0.58)	4.3 (0.82)	2.39 ^a	Large		
		EA: Nonintrusiveness	6.6 (0.50)	4.0 (1.05)	3.16 ^a	Large		
		EA: Nonhostility	7.0 (0.00)	6.1 (0.92)	1.38 ^a	Large		
		EA-Self-Report (EA-SR): Mutual Attunement	37.0 (9.89)	25.3 (6.42)	1.40 ^a	Large		
		EA-SR: Affect Quality	20.8 (2.70)	20.6 (3.78)	n.s. ^b			
		EA-SR: Hostility	12.9 (6.31)	19.9 (5.80)	n.s. ^b			
		EA-SR: Intrusiveness	20.5 (3.82)	21.4 (5.16)	n.s. ^b			
		EA-SR: Child Capacity to Involve Parent	42.5 (4.07)	35.4 (8.50)	1.07 ^a	Large		
		Emotional Attachment & Emotional Availability Clinical Screener	82.6 (4.02)	62.9 (9.31)	2.75 ^a	Large		
Parenting Stress Index	225.0 (26.62)	233.6 (30.85)	n.s. ^b					

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Baskin et al. (2011)	138	Enright Forgiveness Inventory	295.1 (47.9)	263.6 (60.5)	0.51 ^c	n/a ^d	2 low-risk ratings out of 7 items	
		Dyadic Adjustment Scale	113 (13.6)	105 (19.8)	0.45 ^c	n/a ^d		
		Beck Depression Inventory	6.8 (7.4)	8.9 (7.6)	0.34 ^c	n/a ^d		
Benjamin (2010) ^e	60	Revised-Adult Attachment Scale (R-AAS): Close	3.00 (n/a) ^d	3.02 (n/a) ^d	n.s. ^b		2 low-risk ratings out of 7 items	Indication of unequal group characteristics at baseline (e.g., income levels). Randomized trial turned into quasi-experimental study due to time constraints among participants.
		R-AAS: Anxious	2.33 (n/a) ^d	2.08 (n/a) ^d	n.s. ^b			
		R-AAS: Dependent	2.90 (n/a) ^d	2.83 (n/a) ^d	n.s. ^b			
Carnes-Holt et al. (2014)	72	Measurement of Empathy in Adult-Child Interaction	27.36 (8.01)	43.37 (10.84)	0.46 ^f	Large	2 low-risk ratings out of 7 items	Unclear if interrater reliability accounted for agreement by chance in coding of empathy.
Carnes-Holt (2010)		Parent Stress Index (PSI)	245.69 (39.51)	237.93 (39.85)	0.13 ^f	Large		The author seems to misinterpret the analysis; reported data suggest differences on PSI-scores between groups at pretest and a change within the intervention group from pre- to posttest.
Chan (1987)	17	Massie-Campbell Scale of Mother-Infant Attachment Indicators During Stress (ADS): Maternal Vocalizing	3.7 (0.5)	2.8 (0.7)	1.48 ^g	Large	3 low-risk ratings out of 7 items	Indication of pretest differences on maternal vocalizing and touching between intervention and control group; not corrected for in analyses.
		ADS: Maternal Touching	3.6 (0.7)	2.9 (0.4)	n.s. ^b			
Juffer et al. (2005) ^e	130	Maternal Sensitivity: Sensitivity	5.64 (1.61)	4.84 (1.71)	0.48 ^g	Moderate	2 low-risk ratings out of 7 items	Null-findings between main intervention (i.e., with videofeedback + personal workbook) and second intervention (i.e., personal workbook only). Differences in country of origin and age of arrival between groups; unclear how this was taken care of in the analyses.
		Maternal Sensitivity: Cooperation	5.66 (2.02)	4.12 (1.67)	0.83 ^g	Large		

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Loew et al. (2012)	98	PREP Content Knowledge	0.89 (n/a) ^d	0.81 (n/a) ^d	n/a ^d	n/a ^d	2 low-risk ratings out of 7 items	Foster and adoptive parents combined.
		PREP Applied Knowledge	0.88 (n/a) ^d	0.78 (n/a) ^d	n.s. ^b			
		Communication Skills Test (i.e., use of PREP skills)	3.90 (n/a) ^d	3.72 (n/a) ^d	n/a ^d	n/a ^d		
		Communication Danger Signs Scale (i.e., negative spousal communication)	1.37 (n/a) ^d	1.28 (n/a) ^d	n.s. ^b			
Rushton et al. (2010)	80	Parenting Sense of Competence (PCOS): Satisfaction with parenting	39.00 ^h (n/a) ^d	35 (n/a) ^d	0.70	Large	1 low-risk ratings out of 7 items	Two intervention arms combined into one group and compared to control; means reported as combined in all analyses. Means and SDs for parenting efficacy and daily hassles not reported, but authors state that mean differences were insignificant .
		PCOS: Parenting efficacy	n/a ^d	n/a ^d	n.s. ^b			
		Daily hassles: Frequency	n/a ^d	n/a ^d	n.s. ^b			
		Daily hassles: Intensity	n/a ^d	n/a ^d	n.s. ^b			
Selwyn et al. (2009) ⁱ	41	General Health Questionnaire	n/a ^d	n/a ^d			1 low-risk ratings out of 7 items	Small sample size; no description of control group.
		Parenting skills and confidence	n/a ^d	n/a ^d				
Wassall (2011)	25	PCOS: Self-efficacy	32.18 (5.74)	n/a ^d			4 low-risk ratings out of 7 items	Included foster and adoptive parents. No formal tests of between-group differences Small sample size
		PSI	n/a ^d	n/a ^d				
		Stress Index for Parents of Adolescence	n/a ^d	n/a ^d				
		Carer Questionnaire	94.38 (7.11)	n/a ^d				

Maternal Mind- Mindedness Interview	0.29 (0.11)	n/a ^d
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^a Effect size = Cohen's *d*: 0.2 = small, 0.5 = medium, and 0.8 = large.

^b n.s. = non-significant findings; thus, effect sizes not reported herein.

^c Feingold's (2009) effect size for hierarchical linear modeling.

^d n/a = no information or data available.

^e Results reported for main intervention as compared to control group (i.e., Interactive Parenting Model for Benjamin (2010) and video-feedback for Juffer et al. (2005)).

^f Partial eta-squared effect size for analysis of variance: .01 = small, .06 = medium, and .14 = large.

^g Effect size estimated based on the reported data using the formula for Cohen's *d* (i.e., mean difference/pooled standard deviation).

^h Combined data from two intervention groups.

ⁱ Reported results based on post-intervention data.

Risk of bias assessment

The overall risk of bias, as assessed by the Risk of Bias tool, is presented graphically in Figure 2 and summarized in Figure 3. In seven of the included studies, sequence generation was inadequate (e.g., in some studies group allocation was based on randomization as well as participants' personal preference for treatment). One study did not describe the randomization procedure sufficiently, and two studies described and performed randomization adequately, thus considered to be of low risk of bias on this item. Furthermore, in three studies, the allocation sequence was not concealed (i.e. group allocation was predictable for those admitting participants to the study). Six studies did not describe allocation concealment procedures while only one study described adequate concealment. Participant and personnel blinding was not performed in three studies, and not referred to in the remaining seven studies, meaning that none of the studies were assessed as having low risk of bias on this item. It should be noted, however, that participant blinding in particular may be difficult to perform in adoption studies because the population of adoptive parents is small and participants are likely to know each other. Furthermore, the psychosocial interventions studied present a pragmatic problem with blinding, especially when there is no placebo intervention for the control group. For this reason, blinding may have been difficult to achieve. Outcome assessors were blind to group allocation in three studies, six studies did not refer to this type of blinding, whereas, in one study, blinding of outcome assessors was explicitly not performed. Incomplete outcome data concerns how missing data and drop-out among study participants was handled. One study had a high attrition rate (i.e., 34.7%), and found that completers and non-completers differed significantly (Loew et al., 2012). The authors did not take into account this difference in their analyses, thus introducing a high risk of bias. Eight studies did not provide enough information to assess completeness of outcome data, whereas one study had no attrition. Selective reporting was detected in three of the included studies (i.e. the authors did not provide the results of all measured outcomes), unclear in one study, while there was no apparent selective reporting in the remaining six studies. Finally, other sources of bias were detected in four of the included studies. However, in general, we found that the methods were poorly described in the majority of studies, and hence reporting was unclear on more than 40% of our item assessments. Some studies were also identified to have other potential threats to validity (see Table 2) not assessed in by the Risk of bias tool. The most prominent threat was small sample sizes. Four studies had total samples with less than 50 participants. However, even trials with larger sample sizes (i.e., > 50 participants) often had substantial attrition. For example, in the study by Loew et al. (2012), 100 couples were assessed for eligibility, of which 51 declined to participate. Thus, 49 couples were randomized but only 32 were retained and analysed.

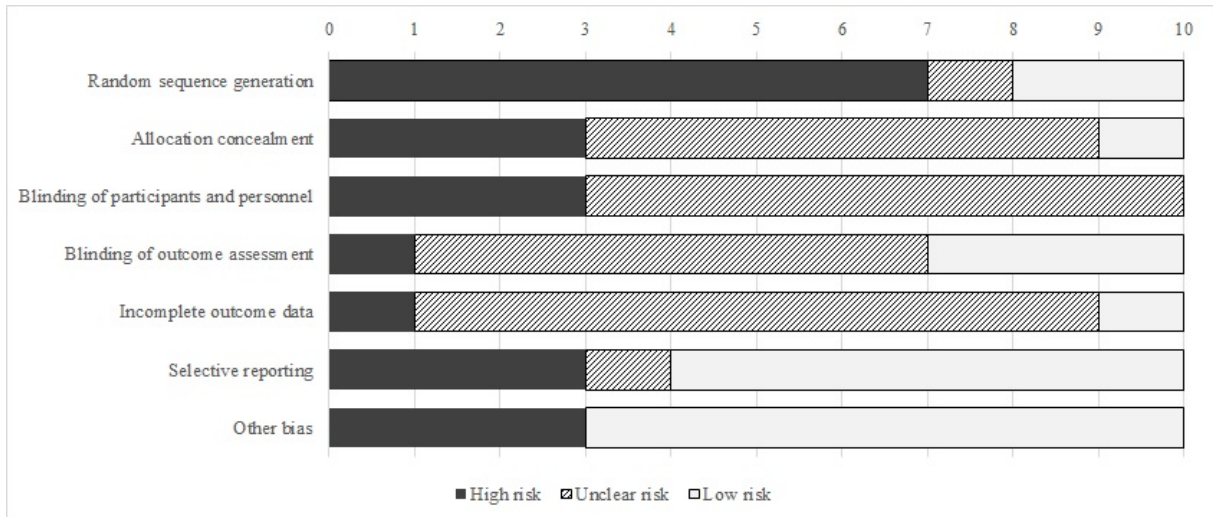


Figure 2. Risk of bias graph

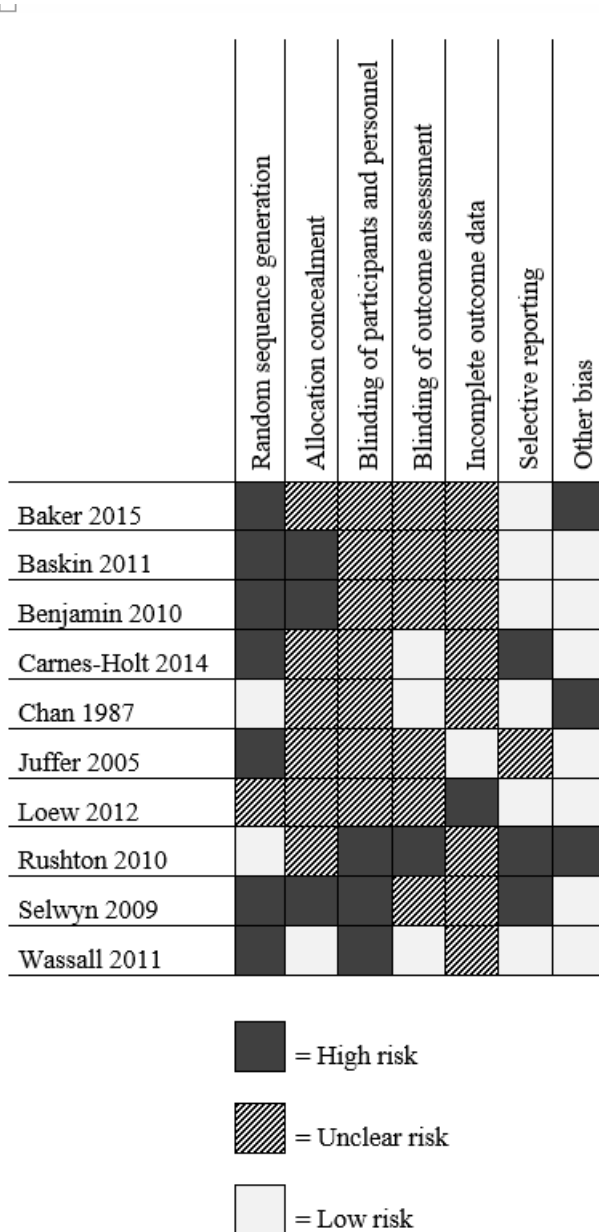


Figure 3. Risk of bias summary

Summary of results

The aim of this review was to systematically review the literature on interventions for adoptive parents. Table 2 describes the findings for each of the included studies with references to which articles information was retrieved from (i.e., for studies with several publications). Overall, we found that six studies reported at least one positive finding in favour of the main intervention under investigation. Where effect sizes were reported or possible to calculate, these were considered mostly large. However, we also found that six of the studies reported null-findings on one or several parameters. Thus, there is a heterogeneity in the results of the studies. Additionally, in one of the studies, the reported data suggest that the positive results may have been misinterpreted (i.e., on stress; see Carnes-Holt, 2010 below); in another study, the author does not appear to have formally tested between-group differences (Wassall, 2011); and one study did not report on the parent outcome data they set out to measure (i.e., selective reporting; Selwyn et al., 2009).

Eight of the studies examined outcomes related to interpersonal or family functioning (Baker et al., 2015; Baskin et al., 2011; Benjamin, 2010; Carnes-Holt & Bratton, 2014; Chan, 1987; Juffer et al., 2005; Loew et al., 2012; Wassall, 2011). Five of these examined aspects of the interpersonal relationship between a caregiver and the child (Baker et al., 2015; Carnes-Holt & Bratton, 2014; Chan, 1987; Juffer et al., 2005; Wassall, 2011) while three of these studies examined aspects related to romantic relationships (Baskin et al., 2011; Benjamin, 2010; Loew et al., 2012). Among studies on aspects of the caregiver's relationship to the child, three out of five studies found positive effects on emotional availability (Baker et al., 2015), empathy (Carnes-Holt & Bratton, 2014), and maternal sensitivity (Juffer et al., 2005), respectively. Wassall (2011) did not formally test for group differences and, thus, it cannot be determined whether the Fostering Attachments intervention had any significant impact on the adoptive parents. Chan (1987) reported significant findings, but also indicated that there were pre-test differences on outcomes between groups, and must be interpreted with caution.

Three studies reported on aspects related to parenting (Rushton et al., 2010; Selwyn et al., 2009; Wassall, 2011), of which only Rushton et al. (2010) reported a significant impact on satisfaction with parenting. Overall, all three studies were difficult to assess as they were characterized by poor reporting quality and lacked formal comparisons between the intervention and control group.

In three of the studies (Baker et al., 2015; Carnes-Holt, 2010; Wassall, 2011), researchers also reported on parental stress. None of the interventions appeared to have any significant impact, although Carnes-Holt

(2010, p. 65) concluded that Child Parent Relationship Therapy (CPRT) reduced levels of stress. However, upon examination of the reported data, it appears that the observed changes were, in fact, changes within the intervention group, rather than changes between the intervention and control group. The CPRT group had elevated pre-test scores on stress compared to the controls which declined to comparable levels at post-test (see: Carnes-Holt, 2010, p. 57). Finally, two studies measured outcomes on parents' mental health (Baskin et al., 2011; Selwyn et al., 2009). Selwyn et al. (2009) did not report on the data on mental health (i.e., selective reporting); however, Baskin et al. (2011) did find a significant effect on couples depressive symptoms from their intervention. Overall, the unclear or high risk of bias in the majority of studies, as well as the heterogeneity in study findings, leads us to conclude that we have very little confidence in the results from the individual studies included in our review.

Discussion

In the present study, we aimed to review the existing literature on pre- and post-adoption courses, training, and interventions for adoptive parents. We could not identify any studies of pre-adoption interventions, but found 10 studies that examined post-adoption interventions for adoptive parents. Although some studies indicated that post-adoption interventions may have a positive impact on caregivers (e.g., empathy, sensitivity, and marital relationship), the results should be interpreted with caution because most studies were considered of poor methodological quality and had unclear reporting. For example, Rushton et al. (2010) claimed to report on daily hassles as an outcome, but no results were reported. Further, Wassall (2011) included two measures on parental stress, but we could not identify if the outcome was based on the PSI or the Stress Index for Parents of Adolescence. Such lack of unclear reporting made it difficult to evaluate the impact on adoptive parents.

The important task of identifying effects of pre- and post-interventions for adoptive parents is of great value to the clinical field, but, as this review shows, there are a number of challenges related to the current research that we discuss further on; (1) the number of participants, (2) use of outcome measures, (3) effect sizes, and (4) potential threats to validity and ethical considerations. The first challenge is to successfully recruit a sufficient number of participants to avoid low power in the study. Low power makes it difficult to identify if the intervention is of any help to adoptive parents and, in general in our review, the included studies were lacking power estimates in advance of study onset. In our review, six studies had a sample size of more than 50 participants, and the included number of participants varied from as low as 15 (Baker et al., 2015) to 138 (Baskin et al., 2011). This leaves much uncertainty regarding the findings in the included studies.

The second challenge, the quality and number of outcome measures, is of importance when researchers are planning a randomized controlled trial to identify possible effects on important parameters. The studies included in our review used mostly different instruments to measure potential intervention effects. Although most studies used well-established measures, some were not used in the traditional format such as the Emotion Availability scales (EA; Baker et al., 2015) or the reporting of these was unclear (Wassall, 2011). Using well-validated measures in new and innovative ways should be avoided to ensure that outcomes in different studies are comparable. Furthermore, different types of measures such as observations and questionnaires, may produce different and opposite results, as in the study by Baker et al. (2015). Their observational measures of emotional availability using expert evaluations showed statistically significant and large effect sizes on, for example, parental non-hostility and non-intrusiveness, while the parental reports yielded no such effects. One explanation might be that experts and adoptive parents over- and/or underestimate dimensions of emotional availability, underreporting or that the questionnaire is not addressing the same challenges as the observational measure. Finally, in all research, the number of outcome measures should correspond with the number of participants in the study. We may question if, for example, Baker et al. (2015) may have included too many of the subscales in their analyses considering that the sample size consisted of only 15 participants, although they identified a large effect size on five of the subscales.

Considering the third challenge, we found five studies to report a large effect size. However, obtaining a large effect size does not automatically mean that the intervention has any practical or clinical significance. Interpreting the effect of an intervention is not as straightforward as general guidelines may suggest such as small (0.2), medium (0.5), and large (0.8). First, the quality of the studies and their uncertainty of estimates must be assessed against the size of the effect. As pointed out, all studies in our review were associated with high risk of bias and several potential threats to validity. For instance, only two of the included studies provided proper explanations on the flow of participants. As there might be important differences between those who complete an intervention and drop-outs, attrition is an important concern for bias, and addressing this when reporting a study is essential. Furthermore, with more than 40% items rated as 'unclear' in our risk of bias assessment, incomplete reporting was considered a major problem in our review, which, in turn, affects the confidence in the results from the included studies. Second, guidelines for effect sizes are arbitrary and findings from studies should always be interpreted in terms of their practical and clinical significance (for discussion, see: Baguley, 2009). For example, an increase in knowledge about course contents may be a necessary first step towards change; however, unless that knowledge is translated into the daily life of the adoptive parents, it is unlikely to have had

any practical relevance for participants (see e.g., Loew et al., 2012). These considerations must also be viewed from an ethical perspective. Participating in research is time-consuming and may be burdensome. Thus, studies should not be carried out if they are of such a low methodological quality that they do not contribute to the existing knowledge base. Therefore, adoption studies must routinely perform power estimations, use a conservative number of measures to avoid type I errors (unless sample size permits otherwise), and, if recruitment fails or the study design is compromised, re-define the aim of the study and research design if possible or consider to stop the study (for a praiseworthy example, see: Crutzen, Bosma, Havas, & Feron, 2014).

We acknowledge that conducting studies on adoptive families is a challenging task, even more so after the dramatic global decline in international adoptions in the past decade (Selman, 2012). Therefore, it becomes all the more important to plan and conduct smaller, high-quality studies to build a knowledge base, which over time may contribute to the accumulation of knowledge and to meta-analyses. The findings in our systematic review reflects that the field of adoption is relatively young with limited research in other areas of adoption as well (e.g., clinical work with adult adoptees). There are, for example, few validated assessment tools for measuring attachment in adopted children, especially in older children (Kerr & Cossar, 2014), and, based on adult adoptees experiences, there is a need to address issues such as their acceptance of adoption or adoption identify, for which there are few, if any, tools for clinicians to work with (Darnell, Johansen, Tavakoli, & Brugnone, 2017). Many adoption studies have thus far focused more on basic research such as adoptees' and adoptive parents' adjustment to adoption or their physical or mental health (see e.g., Askeland, Hysing, Aarø, Tell, & Sivertsen, 2015). But, in general, there are fewer studies that may directly inform the development and study of interventions for adoptive parents and children. As such, our review has summarized the status of interventions on parental outcomes and highlighted the next steps in intervention research on adoptive parents.

In our view, there are three major improvements that should be implemented in future studies of adoption interventions. Since the adoptive population is limited and potentially difficult to study, there is a need for conducting studies that are more methodologically uniform in terms of, for example, outcome measurements that have been used in previous studies. Better reporting of studies, following guidelines such as the Consolidated Standards of Reporting Trials (CONSORT) statement (Moher et al., 2010), is another important factor for future studies. Uniform methods and improved reporting will provide transparency, increase reproducibility, and will allow future syntheses to provide stronger conclusions. The third area for improvement is to evaluate pre-adoption courses. Due to the fact that preparations for becoming parents is important for all prospective parents, pre-adoption courses must be seen as essential as these parents have not experienced the

psychological pregnancy, at the same time as adoption often is related to other challenges than with biological children (Baden et al., 2013). Currently, there are only a few qualitative evaluations showing that pre-adoption courses may help parents understand their child, but not necessarily help in developing parental skills needed to manage the child's problems (see e.g., Rushton & Monck, 2009). More focus should therefore be placed both on developing theory- and practice-based trainings, as well as more rigorous scientific evaluations of pre-adoption courses. A possible reason for the lack of studies on pre-adoption courses may be that the process of adopting is so challenging that voluntary participation in a research project becomes an unsettling task. Participation might be better when the family constellation is more clear, and thereby more easy to take part in during post-adoptive training.

The current review is limited in scope; focusing on parental outcomes of pre- and post-adoption courses, training, and interventions. Child outcomes related to adoption interventions were synthesized in the review by Kerr and Cossar (2014), however, the authors also called for reviews to investigate the mediating and moderating impact of carer variables on child outcomes, which was not considered in our review. Another possible limitation in our review is the single-person data extraction process. We have, however, sought to correct this by double-checking the data extraction in cases where study results were considered unexpected, or where study results did not seem to be in agreement with the study authors' conclusions. A further limitation concerns the lack of a meta-analysis. As the included studies were generally small and heterogeneous in terms of interventions, populations and outcomes, we considered the value of applying meta-analytic techniques questionable. A general problem with the studies included in our review, was the unclear reporting of methods, procedures and findings. For instance, domestic or international adoptions may present a different set of challenges for parents (e.g., identity, racial, and cultural concerns may be more prominent among international adoptees). Hence, we considered a meta-analysis of results from small, potentially flawed studies where it is not clear even what type of adoption that has been studied, not to be meaningful.

The unique challenges faced by adoptive families point to the need of some form of evidence-based support. The included studies in or reviews provide findings in favour of some post-adoption interventions on family life (e.g., empathy, emotional availability, sensitivity). However, due to unclear reporting and a high risk of bias, these findings should be interpreted with caution. Future research should aim to strengthen the evidence with rigorous protocols and design, clearer reporting and more homogenous interventions and methods. Moreover, there is a significant gap in the literature on pre-adoption interventions for caregivers. By preparing future adoptive families for adoption, one may counteract later negative consequences which might even reduce

the need for post-adoption support. In other words, future research could benefit from studying the effects of pre-adoption training.

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Author Contributions

FD: conceived and designed the study, assisted with data analysis, interpretation of data for the study, and drafted, revised, and approved the final manuscript. HBB: designed the study, acquired and analysed data, collaborated on interpretation of data, drafted part of the results and methods, and edited the final manuscript. KTH: assisted with data acquisition, analysis, and interpretation of data, drafted part of the results and discussion, and edited the final manuscript. MBH: conceived and designed the study, and drafted parts of the introduction. HJ: conceived and designed the study, collaborated on interpretation of data, and drafted part of the introduction and discussion, and edited the final manuscript. All authors approved the final manuscript.

References

- Abidin, R. R. (1995). *Parenting Stress Index* (3rd ed.). London: NFER-Nelson.
- Askeland, K. G., Hysing, M., Aarø, L. E., Tell, G. S., & Sivertsen, B. (2015). Mental health problems and resilience in international adoptees: Results from a population-based study of Norwegian adolescents aged 16–19 years. *Journal of Adolescence*, *44*, 48–56.
- Atkinson, A., & Gonet, P. (2007). Strengthening adoption practice, listening to adoptive families. *Child Welfare*,

86(2), 87–104.

- Baden, A. L., Gibbons, J. L., Wilson, S. L., & McGinnis, H. (2013). International Adoption: Counseling and the Adoption Triad. *Adoption Quarterly, 16*(3–4), 218–237. <http://doi.org/10.1080/10926755.2013.794440>
- Baguley, T. (2009). Standardized or simple effect size: What should be reported? *British Journal of Psychology, 603–617*.
- Baker, M., Biringen, Z., Meyer-Parsons, B., & Schneider, A. (2015). Emotional Attachment and Emotional Availability tele-intervention for adoptive families. *Infant Mental Health Journal, 36*(2), 179–192.
- Baker, M. A. (2012). *Emotional availability (EA) teleintervention for adoptive families* (Unpublished doctoral dissertation). Colorado State University: Fort Collins, CO.
- Barth, R. P., & Miller, J. M. (2000). Building effective post-adoption services: What is the empirical foundation? *Family Relations, 49*(4), 447–455.
- Baskin, T. W., Rhody, M., Schoolmeesters, S., & Ellingson, C. (2011). Supporting special-needs adoptive couples: Assessing an intervention to enhance forgiveness, increase marital satisfaction, and prevent depression. *Counseling Psychologist, 39*(7), 933–955.
- Benjamin, J. L. (2010). *Biopsychosocial-based versus behavioral-based parenting model: A clinical trial for adoptive parents with attachment-challenged children* (Unpublished doctoral dissertation). Alliant International University: San Diego, CA.
- Byrt, T., Bishop, J., & Carlin, J. B. (1993). Bias, prevalence and kappa. *Journal of Clinical Epidemiology, 46*, 423–429.
- Carnes-Holt, K. (2010). *Child-parent relationship therapy (CPRT) with adoptive families: Effects on child behavior, parent-child relationship stress, and parental empathy* (Unpublished doctoral dissertation). University of North Texas: Denton, TX.
- Carnes-Holt, K., & Bratton, S. C. (2014). The efficacy of child parent relationship therapy for adopted children with attachment disruptions. *Journal of Counseling & Development, 92*(3), 328–337.
- Chan, M. M. (1987). *Maternal attachment behaviors with adopted and birth infants* (Unpublished doctoral dissertation). The University of Utah: Salt Lake City, UT.
- Crutzen, R., Bosma, H., Havas, J., & Feron, F. (2014). What can we learn from a failed trial: Insight into non-participation in a chat-based intervention trial for adolescents with psychosocial problems. *BMC Research Notes, 7*(1), 824.
- Daniluk, J. C., & Hurtig-Mitchell, J. (2003). Themes of hope and healing: Infertile couples' experiences of

- adoption. *Journal of Counseling and Development*, 81(4), 389–399.
- Darnell, F. J., Johansen, A. B., Tavakoli, S., & Brugnone, N. (2017). Adoption and identity experiences among adult transnational adoptees: A qualitative study. *Adoption Quarterly*, 20, 155-166.
- Gwet, K. L. (2012). *Handbook of interrater reliability: The definitive guide to measuring the extent of agreement among raters* (3rd ed.). Gaithersburg, MD: Advanced Analytics, LLC.
- Gärtner, K., & Heggland, J. E. (2013). *Adopterte barn, ungdom og voksne: En kunnskapsoppsummering om kognitiv kompetanse, psykisk helse og bruk av hjelpetjenester* [Adopted children, adolescents, and adults: A review of cognitive competency, mental health and health service utility]. Oslo: Norwegian Institute of Public Health.
- Higgins, J. P. T., & Green, S. (2011). *Cochrane handbook for systematic reviews of interventions*. Chichester, West Sussex, UK: Wiley-Blackwell.
- Hogström, L., Johansson, M., Janson, P. O., Berg, M., Francis, J., Sogn, J., ... Adolfsson, A. (2012). Quality of life after adopting compared with childbirth with or without assisted reproduction. *Acta Obstetrica et Gynecologica Scandinavica*, 91(9), 1077–1085.
- Hove, H., Lauritsen Bendiksen, L., Dalen, M., Raundalen, M., Skogrand, E., & Sveen, T. (2009). *Adopsjon – til barnets beste: En utredning om de mange ulike sidene ved adopsjon* [Adoption - for the best of the child: A report on the many different aspects of adoption]. Oslo: Norwegian Service Organization.
- Johnston, C., & Mash, E. J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, 18, 167–175.
- Juffer, F. (1993). *Verbonden door adoptie. Een experimenteel onderzoek naar hechting en competentie in gezinnen met een adoptiebaby* [Connected by adoption. An experimental study of adherence and competence in families with an adopted baby]. Academische uitgeverij: Amersfoort.
- Juffer, F., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2005). The importance of parenting in the development of disorganized attachment: Evidence from a preventive intervention study in adoptive families. *Journal of Child Psychology and Psychiatry*, 46(3), 263–274.
- Juffer, F., Hoksbergen, R. A., Riksen-Walraven, J. M., & Kohnstamm, G. A. (1997). Early intervention in adoptive families: Supporting maternal sensitive responsiveness, infant-mother attachment, and infant competence. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 38(8), 1039–1050.
- Juffer, F., Palacios, J., Le Mare, L., Sonuga-Barke, E. J. S., Tieman, W., Bakermans-Kranenburg, M. J., ... Verhulst, F. C. (2011). II. Development of adopted children with histories of early adversity. *Monographs*

- of the Society for Research in Child Development*, 76(4), 31–61.
- Juffer, F., Rosenboom, L. G., Hoksbergen, R. A. C., Riksen-Walraven, J. M. A., & Kohnstamm, G. A. (1997). Attachment and intervention in adoptive families with and without biological children. In W. Koops, J. B. Hoeksma, & D. C. Van den Boom (Eds.), *Development of interaction and attachment: Traditional and non-traditional approaches* (pp. 93–108). Amsterdam: North-Holland.
- Juffer, F., van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2007). Supporting adoptive families with video-feedback intervention. In F. Juffer, M. J. Bakermans-Kranenburg, & M. H. van IJzendoorn (Eds.), *Promoting positive parenting: an attachment-based intervention* (pp. 139–153). New York, NY: Lawrence Erlbaum.
- Kerr, L., & Cossar, J. (2014). Attachment interventions with foster and adoptive parents: A systematic review. *Child Abuse Review*, 23(6), 426–439.
- Loew, B., Rhoades, G., Markman, H., Stanley, S., Pacifici, C., White, L., & Delaney, R. (2012). Internet delivery of PREP-based relationship education for at-risk couples. *Journal of Couple & Relationship Therapy*, 11(4), 291–309.
- Miller, L. C., Pérouse de Montclos, M.-O., & Sorge, F. (2016). Special needs adoption in France and USA 2016: How can we best prepare and support families? *Neuropsychiatrie de l'Enfance et de l'Adolescence*, 64(5), 308–316.
- Moher, D., Hopewell, S., Schulz, K. F., Montori, V., Gøtzsche, P. C., Devereaux, P. J., ... Altman, D. G. (2010). CONSORT 2010 explanation and elaboration: Updated guidelines for reporting parallel group randomised trials. *Journal of Clinical Epidemiology*, 63(8), e1-37.
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Medicine*, 6(7), e1000097.
- O'Dell, K. E., McCall, R. B., & Groark, C. J. (2015). Supporting families throughout the international special needs adoption process. *Children and Youth Services Review*, 59, 161–170.
- Rosenboom, L. G. (1994). *Gemengde gezinnen, gemengde gevoelens?: hechting en competentie van adoptiebaby's in gezinnen met biologisch eigen kinderen* [Mixed families, mixed feelings? Adherence and competence of adoptive babies in families with biological children] (Unpublished doctoral dissertation). Utrecht, NL: Utrecht University.
- Rushton, A., Leese, M., & Monck, E. (2009). *Enhancing adoptive parenting: A test of effectiveness*. London, UK: British Association for Adoption & Fostering.

- Rushton, A., & Monck, E. (2009). Adopters' experiences of preparation to parent children with serious difficulties. *Adoption & Fostering*, 33(2), 4–12.
- Rushton, A., & Monck, E. (2010). A “real-world” evaluation of an adoptive parenting programme: Reflections after conducting a randomized trial. *Clinical Child Psychology and Psychiatry*, 15(4), 543.
- Rushton, A., Monck, E., Leese, M., McCrone, P., & Sharac, J. (2010). Enhancing adoptive parenting: A randomized controlled trial. *Clinical Child Psychology and Psychiatry*, 15(4), 529–542.
- Sar, B. K. (2000). Preparation for adoptive parenthood with a special-needs child. *Adoption Quarterly*, 3(4), 63–80.
- Selman, P. (2012). The global decline of intercountry adoption: What lies ahead? *Social Policy and Society*, 11(3), 381–397.
- Selwyn, J., del Tufo, S., & Frazer, L. (2009). It's a Piece of Cake?: An evaluation of an adopter training programme. *Adoption & Fostering*, 33(1), 30–43.
- Sharac, J., McCrone, P., Rushton, A., & Monck, E. (2011). Enhancing adoptive parenting: A cost-effectiveness analysis. *Child and Adolescent Mental Health*, 16(2), 110–115.
- Stams, G.-J. J. M., Juffer, F., Van Ijzendoorn, M. H., & Hoksbergen, R. C. (2001). Attachment-based intervention in adoptive families in infancy and children's development at age 7: Two follow-up studies. *British Journal of Developmental Psychology*, 19(2), 159–180.
- Stern, D. (1995). *The motherhood constellation: A unified view of infant-parent psychotherapy*. London, UK: Karnac Books.
- Stern, D., Bruschiweiler-Stern, N., & Freeland, A. (1998). *The birth of a mother: How the motherhood experience changes you forever*. New York, NY: Basic Books.
- Wassall, S. (2011). *Evaluation of an attachment theory based parenting programme for adoptive parents and foster carers* (Unpublished doctoral dissertation). University of Birmingham: Birmingham, UK.
- Wind, L. H., Brooks, D., & Barth, R. P. (2005). Adoption preparation: Differences between adoptive families of children with and without special needs. *Adoption Quarterly*, 8(4), 45–74.