

Emotional Implications of Adopting Drug Exposed Children

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Abstract

Adopting children who were prenatally drug exposed may lead to stresses and concerns for adoptive parents. This qualitative research study examined the emotional implications of adopting a drug exposed child. This is a vastly under studied area. This study sought to create awareness of the emotional challenges of parenting drug exposed children. The study was conducted through semi-structured interview of three adoptive mothers. Analysis of the data revealed four overarching themes: developmental concerns for the child; change in home life and family relationships; the importance of resources; and the overall emotional impact of raising a drug exposed child. This research examines the role that each of these themes play in the emotional implications of adopting a drug exposed child. Findings may aid in the creation of appropriate training and interventions to promote emotionally healthy adoptive families of children who were prenatally drug exposed.

Emotional Implications of Adopting Drug Exposed Children

Baby Asa was born in 2014 weighing just three pounds and addicted to heroin (“The Opioid Crisis”, n.d.). His mother had been using drugs during her pregnancy and turned down offers to receive medication assisted treatment (MAT) and other medical assistance. Asa spent the first month of his life in the NICU fighting his heroin dependence. Asa was later placed in a kinship foster placement and eventually adopted by this family. Unfortunately, Asa’s story is not an uncommon one. Asa was one of thousands of babies born in 2014 with neonatal abstinence syndrome (NAS) and one of several thousand who entered foster care. Many families who foster or adopt children with NAS face emotional challenges that last for many years.

Opioid drug use has a wide-ranging impact on our American society. Drug overdose has already taken the lives of more than 300,000 Americans over the past 15 years, and experts believe 300,000 more Americans will die in the next five years, if no changes are made (Macy, 2019, p.5). Drug overdose is the leading cause of death in the United States, killing more people than guns or car accidents. But drug use does not just impact the users, it also impacts those around them. Fifty nine percent of adults in substance use programs are parents of children (Waite et al., 2018). If current trends continue, by 2030 an estimated 4.3 million children will have been impacted by this crisis (Brundage et al., 2020). In Tennessee alone, 31 out of every 1,000 children are affected by the opioid crisis. These numbers illuminate the tremendous negative impact of the opioid crisis.

Neonatal abstinence syndrome (NAS) is one of the most potent effects of the opioid crisis. NAS is when an infant experiences withdrawal from a drug he or she became addicted to in the womb (“Health Brief”, n.d.). During pregnancy, babies rely completely on the mother. If a mother is using drugs or alcohol, these substances can pass through the placenta to the baby.

Babies suffering from NAS often have lower birthweights, respiratory conditions, feeding challenges, seizures, lengthy hospital stays, difficulty sleeping, and excessive and high-pitched crying (“Opioid Factsheet”, n.d.). Infants with NAS are also generally born premature. It has been concluded that babies born with NAS may also have medical and social problems which can last into adulthood, although more research is needed (“Health Brief”, n.d.).

The opioid crisis has also influenced the number of children entering the foster care system. From 2012 to 2017, the number of children in foster care increased by almost twelve percent (Meinhofer et al., 2019). Approximately 75 thousand children enter foster care every year due to opioids (Brundage et al., 2020). In 36 percent of foster placements, drug use by a parent is the main reason for the children being removed from their home (Waite et al., 2018). It is possible that this statistic underestimates the impact of parental drug use on the increase in foster care placements. Misuse of drugs is often a factor that impacts child welfare even when drug use by parents is not recorded.

Parenting a child who was prenatally drug exposed can be extremely difficult. Foster and adoptive parents of drug exposed babies sometimes quickly learn that caring for the child will not be as easy as they predicted (Blakeslee, 2005). Raising these children can be frustrating, exhausting, and time consuming. There is a lack of research on how foster and adoptive families of drug exposed children are emotionally impacted. This research seeks to examine the emotional implication of adopting a drug exposed child.

Historical Trends in Adoption

Adoption of children has been a common practice in the United States for many years (Zamostny et al., 2003). Over the past decade, it has become increasingly popular. Adoption is an extremely under-researched area (Stolley, 1993). Data collection on adoption began in 1944

and continued periodically until 1957 when it then was collected annually until 1975. At this time, no comprehensive data is collected by the government on adoption. States collect their own data and private agencies do not report their data. For this reason, it is difficult to examine the long term trends of adoption and the data presented may not be completely accurate.

Although it is impossible to know the exact number of annual adoptions in the United States, it is estimated by the government that around 135,000 children are adopted each year. In a summary of the data collected by the government on adoption, Wiley presents significant information. Wiley conveys how adoption has changed significantly over the past decade (2017). Intercountry adoption has greatly decreased and adoptions from the U.S. child welfare system are becoming more popular. In 2007, China, Russia, Guatemala, South Korea, and Ethiopia were countries where most international adoptees were born. These countries have changed their adoption protocols making it more difficult to adopt. Intercountry adoption decreased by 66 percent from 1999 to 2016 (“Intercountry Adoption”, n.d.). International adoption policies becoming more restrictive likely played a role in the decrease in the number of children from foreign countries being adopted in the U.S.

Research shows that this decrease in international adoption paved the way for an increase in transracial adoptions, older children adoptions, special needs adoptions, and an increase in openness and acceptance regarding adoption in the U.S. (Wiley, 2017). A recent quantitative study by the U.S. Census Bureau conveys that there has been an increase in the number of gay and lesbian families adopting (2020). The study revealed that 14.7 percent of same sex couples in the United States in 2019 had at least one child in their household. More research is beginning to be done in order to better understand and aid children who are adopted. It is clear that the past 10 years has brought growth and change to many aspects of adoption in the U.S.

Historically, there are generally more boys adopted in the United States than girls. This difference has begun to even out in recent years (“Intercountry Adoption”, n.d.). Data collected by the United States government shows that in 2016, for the first time ever, more boys were adopted from abroad than girls. This trend was likely influenced by changing adoption policies in China. Data collected in a quantitative study by the U.S. Department of Health and Human Services stated that in 2016, 50.4 percent of children adopted in Tennessee were male, and 49.6 percent were female (“Adoption Data”, 2016). The study also found that that the majority of the children adopted in Tennessee were white. This trend is also true nationally.

Over the past decade, there has also been an increase in the number of children adopted who have special needs. The same government study disclosed that in 2016, 1,223 children with special needs were adopted in Tennessee. This is a significant increase from 813 children in 2012. Before 1970, the majority of children with special needs who were not able to live at home were not placed for adoption. Instead, children with special needs grew up in out-of-home placements (Rosenthal, 1993). These changing numbers may represent a growing openness towards adoption of children from diverse populations.

Children with special needs tend to be very challenging to parent (McKenzie, 1993). Most children with special needs require educational accommodations as well as psychological and medical services. Therefore, adopting children with special needs may be more demanding. Children who drug exposed in utero are included in the special needs population in most states, including Tennessee. A possible reason why the number of children with special needs who are adopted in Tennessee is so high is the opioid epidemic. The opioid epidemic is particularly prevalent in the northeast region of Tennessee (Leventhal et al., 2018).

Adopting children out of foster care is becoming increasingly common in the United States. The quantitative study conducted by the Department of Health and human services also found that out of the 673,000 children in foster care in 2016, 66,000 of them were adopted (“Adoption Data,” 2016). The number of children adopted out of foster care has been climbing each year since 2014. This could be caused, in part, by the fact that people have started adopting children out of foster care due to the increased restriction on adoption in foreign countries.

Interracial adoption is another type of adoption that is gaining popularity. Interracial adoption was not legal in the U.S. until 1965. Since that time, interracial adoptions have become more and more acceptable and common. A recent longitudinal study found that interracial adoptions increased by 50 percent between 1999 and 2011 (“The Changing”, 2017). Overall, 44 percent of adopted kindergarteners were being raised by parents of a different race. The researcher claims that this data shows multicultural growth in the United States. Overall, it appears that U.S. adoptive families are becoming more diverse over time.

Neonatal Abstinence Syndrome (NAS)

Recently, the number of NAS cases has been rising (“Health Brief”, 2019). This was revealed in a health briefing released by the state of Tennessee. This increase can be attributed, in part, to the opioid crisis. Opioids play a large role in the development of NAS. Research has found that opioids cause over half the cases of NAS. This is just one of the opioid crisis’ detrimental effects on society. Over the past decade the prevalence of NAS has increased substantially. In 2012, there were 21,732 infants diagnosed with NAS in the United States. This is a five time increase from the previous year. According to data collected in a qualitative study by the Healthcare Cost and Utilization project in 2016, seven out of ever 1,000 babies were

diagnosed with NAS (“Neonatal Abstinence Syndrome”, n.d.). Therefore, one baby is diagnosed with NAS every 19 minutes in the United States.

Tennessee is known to have a high prevalence of NAS. There have been more than 4,000 babies born with NAS since 2013 in Tennessee (“The Ripple”, 2020). In 2017, 16.4 babies out of every thousand born were diagnosed with NAS, which is more than twice the national average (“Neonatal Abstinence Syndrome”, n.d.). This high number of NAS diagnoses may be related to the large amount of opioid abuse that occurs in the state.

The increase in NAS is related to an increase in the number of women using opioid prescriptions during pregnancy. A quantitative cohort study found that Maternal opioid use quadrupled from 1999 to 2014. In 2014, it was estimated that between 14 and 22 percent of women filled an opioid prescription during pregnancy (Bateman et al, 2014). This data clearly exhibits that the national rates of opioid use disorder are growing among pregnant women. Using opioids during pregnancy can lead to neonatal abstinence syndrome (NAS) as well as other issues like congenital heart defects. For this reason, researchers and medical professionals aim to raise awareness about the significant impacts of opioid abuse by pregnant women on infants in utero.

The opioid crisis has a large impact on children. Eight million children in the United States live in home with at least one parent with a substance abuse disorder (“The Ripple”, 2020). There has been a ten percent increase in foster care placements since 2012. It is likely that the opioid crisis plays a role in this increase. A quantitative study revealed that parental drug use has become a prevalent reason for foster care entries (Meinhofer et al., 2019). The number of removals of children from homes due to drug use increased by 57, 542 from 2000 to 2017. The

data suggests that an increase in parental drug use has contributed to increases in the number of children in foster care. However, it is possible that other factors played a role.

Impact of NAS on Children

Although there is little research on the topic, it seems that many children who enter foster care due to parental drug use have NAS. Children with NAS frequently face challenges including cognitive and behavioral issues (Larson et al., 2019). It is also common for children with NAS to have difficulty regulating their emotions. All of these things can make life more difficult for children with NAS and those who raise them.

The long-term consequences of NAS are mostly unknown. The developmental and cognitive impact of NAS has long been disputed. Early researchers believed there to be no differences between a typical child and a child who had been exposed to drugs in utero. However, in the past decade, researchers have realized this is not the case. One qualitative cohort study found that children ages three to six years old who were exposed to drugs in utero had significantly lower IQ scores than non-drug exposed children (Bauman & Levine, 1986). Children scored lower on responsibility, self-control, empathy, executive planning, and social maturity. These are just a few of the developmental and cognitive effects of drug exposure in utero.

There is some building evidence that neonatal abstinence syndrome can lead to behavioral challenges. Soepatmi conducted a longitudinal research study that followed children who had been exposed to drugs in utero from birth until 5.5 years of age. The study found that children who had been prenatally exposed to opioids had higher behavioral problem scores as well as more problems at school (1994). Another longitudinal study, which examined mental health disorders among children with NAS, concluded that children with NAS were two times as

likely to have conduct disorder or attention deficit hyperactivity disorder (Sherman et al., 2019). Half of the children with NAS were diagnosed with a mental disorder before age five. In comparison, only 30 percent of the children in the control group were diagnosed with a mental disorder. Children with NAS are believed to display more anxiety and aggression than the average child. Despite the need for more research, it can be concluded that neonatal abstinence syndrome is likely to lead to behavioral difficulties among children.

Stresses of Parenting

Parenting is often challenging and stressful. Parenting children with special needs and behavioral issues can often be an even more difficult task. It can put a large amount of stress on the parents. Parenting stress is related to lower emotional well-being in parents (Fink, 2007). Parents who have high stress levels are more likely to have a negative outlook on parenting. Therefore, they find less enjoyment in their children. Such feelings of stress can also lead to depression and anxiety. These emotions can negatively impact their ability to parent. A recent qualitative, cross-sectional study used multiple questionnaires in order to determine the impact that parental stress has on parenting (Miragoli et al., 2016). The study discovered that parental stress increases the risk for child maltreatment. For this reason, the well-being of parents should be taken very seriously.

Parents of children with special needs or behavior problems are likely to have more stress than the average parent. One longitudinal study looked at the differences in stress levels between parents of typical children and parents of children with Autism (Smith et al., 2010). It was determined that daily events led to twice as much stress in mothers of children with special needs. A companion longitudinal study examined the psychological impact of stress by looking at cortisone levels in mothers. The study found that the stress levels for parents of children with

special needs was close to that of parents of children with cancer, holocaust survivors, and people with PTSD (Seltzer et al., 2010). These studies convey the difficulty associated with being a parent of a child with special needs.

Parenting children with special needs may be even more difficult when living in rural communities (Lauver, 2010). Parents living in rural areas while raising children with special needs find accessing medical care to be a challenge. Parents report feeling overwhelmed and unprepared. Feelings of isolation are also frequent. These challenging emotions only add to the struggles of caring for a child with special needs.

Parenting drug exposed children can be extremely demanding. A longitudinal study revealed that adoptive parents of drug exposed children found parenting these children to be both more rewarding and more stressful than they had predicted (McCarty et al., 2009). As previously noted, children who are born drug exposed often have medical and behavioral problems. This only adds to the stresses of parenting (Kelley, 1992). Another longitudinal study found that biological mothers and foster mothers of drug exposed children had more child-related stress, most significantly in the areas of hyperactivity, distractibility, and adaptability. This data reveals the extensiveness of the stress felt by mothers of drug exposed children.

Emotional stress can have negative influences on both the parents and the children. Evidence from many studies have shown that chronic parental stress can impact a child's development (Liu et al., 1997). One longitudinal study examined this relationship and found that there was a bidirectional relationship between parenting stress and child behavior problems (Neece et al., 2012). The study also revealed that parenting stress was related to negative parenting styles. Therefore, stress is not good for either party and can lead to greater issues in the future for children. The study suggests putting parent training programs into place. These

programs would aim to enrich the parent-child relationship through early support in order to prevent such effects.

Support for Adoptive Parents

There are federal, state and local programs in place to help assist parents of children with disabilities. Parent to Parent USA is a program that pairs a parent with another parent who has a child with the same disability as their own (“Our Mission”, n.d.). This program allows parents to find emotional support from others who are having similar experiences to their own. In Tennessee, Tennessee Early Intervention System (TEIS) provides services to children ages birth to three (“Information”, n.d.). TEIS is free for all children who meet criteria for services. Early intervention can make an enormous difference in a child’s life. This program is extremely important because it provides the support that parents need in order to help their child succeed.

In 2006 a state run post adoption center released an informational packet on how to parent children who have been prenatally exposed to drugs. This is one of the only resources currently available that provides this information. At this time, there is a paucity of research on the most effective ways of parenting drug exposed children or the challenges faced by parents of drug exposed children (“Organ”, 2006.). However, the informational packet includes several helpful strategies for parenting drug exposed children that parents can utilize. Children who were born drug exposed thrive under parents who are nurturing, calm, and patient. Due to the sensory and neurological impairments, children who were prenatally drug exposed are unable to fit with controlling and non-empathetic parents. These children require a large amount of patience and compassion from their family. Many of these children have experienced trauma, grief, struggle with their identity, and may have difficulty forming new attachments. If they grew up in a family where substance abuse was common, they may also have a distorted sense of

family ideals. They likely have never seen how a functional family operates. It will be the parents job to change this.

Adoptive parents of children who were prenatally exposed and spent time in an unhealthy household will have to teach their children how to act appropriately in different situations. Adoptive parents should create a predictable environment with clear rules to follow. This may help the child to manage their behavior more easily. It can also provide the child with security and stability that they have not previously obtained. It is important that adoptive children are able to feel safe and protected in their new family. This may help to improve their behavior and allow them to form stronger attachments with family members.

There are several steps that adoptive parents may take in order to ensure that they provide the best care possible for their child. It is very important that parents raising drug exposed children have medical professionals helping them. Therapy will likely play a big role in helping improve the child's life. Parents will also benefit from a strong support system. Raising a drug exposed child is not an easy task. Having friends and family who provide encouragement and comradery will be a helpful tool throughout all the challenges that parenting presents.

It is clear that adopting a child who has been prenatally drug exposed has the potential to have large social and emotional impacts on the entire family. The number of children in adoption and foster care is increasing in part due to the opioid crisis in the United States (Meinhofer et al., 2019). As the number of prenatally drug exposed infants born continues to rise across the country, the number of prenatally exposed children adopted will likely grow (Brundage et al., 2020). Therefore, more adoptive parents will face the challenges that come with raising a child who was prenatally drug exposed.

Adoption, in general, can be a very stressful process for parents (Schwarz, 1994). Adopting children who are prenatally drug exposed can lead to additional stresses and concerns for parents. This research study seeks to examine the emotional implications of adopting a drug exposed child. This is a vastly under studied area and therefore will provide helpful information that can assist in creating awareness on the challenges of parenting drug exposed children and improving the services provided for parents. The results from previous studies on the emotional impacts of parenting children were all similar and no notable differences were identified. Studies on this area have all found that stress is rampant among parents of children who were prenatally drug exposed. This study's hypothesis is that adoptive parents of children drug exposed in utero will report signs of emotional stress. This will be explored through a qualitative method of interviewing several adoptive parents. Collecting information on potential stressors for adoptive parents of children who were prenatally drug exposed may assist in the development of appropriate training and interventions to promote emotionally healthy families.

Methods

This present study had a thematic analysis design. By applying this design, the goal was to obtain an in-depth understanding of participants'. The study aimed to comprehend the emotions and perceptions held by parents of adoptive children with NAS. According to research, Babies suffering from NAS often have lower birthweights respiratory conditions, feeding challenges, seizures, lengthy hospital stays, and difficulty sleeping ("Opioid Factsheet", n.d.). However, babies aren't the only ones who may suffer due to the effects of NAS. Parenting children with NAS can be extremely difficult (Smith et al., 2010). Examining the perspectives that parents of drug exposed children have will enhance understanding of the emotional implications of adopting drug exposed children.

Interviews took place in Johnson City, TN over a four week period. Participants were selected based on a prior relationship with the researcher. The researcher was present at each interview. The researcher recorded the interview using a recorder application on the iPhone. Data collection instruments utilized included a recorder application on the iPhone. The recorder was used to accurately document all verbal information. The information from the interviews were coded and examined for common themes. Additional notes were taken on a notepad.

The study was conducted through semi-structured interviews of three adoptive mothers: Sarah, Melody, and April. Sarah is a mother of two children who were prenatally drug exposed. She has worked as a nurse for over thirty years and has two older children from a previous marriage. Melody is a mother of two biological children and one adoptive daughter who was prenatally drug exposed. She also works in the healthcare field. Lastly, April is a single mother of an adoptive daughter who was drug exposed in utero. She is a college professor. Interviews were conducted with these mothers in order to help better understand the range of emotions exhibited by parents of drug exposed children.

Procedures

The data was collected in the homes of the participants. The researcher conducted one interview with each of the three participants. The interviews lasted approximately 30-60 minutes. Data was recorded by using an audio recording application on the iPhone. Written observation notes were recorded while the recording of the interview was in progress. Participants were thanked for their time and participation. Participants indicated if they wanted to be informed of the results of the study on the informed consent form. Participants who requested the results received the results via email. The participants did not receive money for their participation in the study.

After the data was collected, the researcher transcribed and analyzed the data for themes. Participants and their children were given pseudonyms. Quotes were then placed into categories based on each of the four themes: developmental concerns for the child; change in home life and family relationships; the importance of resources; and the overall emotional impact of raising a drug exposed child.

The results of the study may aid in the creation of appropriate training and interventions for adoptive families of prenatally drug exposed children. These programs should aim to improve the emotional well-being of the adoptive parents. The study may also improve awareness of the difficulties that come with raising adoptive drug exposed children. The researcher plans on presenting the findings of this study at RISE Above Research Conference.

Results

This qualitative research study examined the emotional implications of adopting a drug exposed child. The study hypothesized that adoptive parents of children drug exposed in utero will report signs of emotional stress. The study was conducted through structured interviews of three adoptive mothers: Sarah, Melody, and April. Sarah is a mother of two children who were prenatally drug exposed. She has worked as a nurse for over thirty years and has two older children from a previous marriage. Melody is a mother of two biological children and one adoptive daughter who was prenatally drug exposed. She also works in the healthcare field. Lastly, April is a single mother of an adoptive daughter who was drug exposed in utero. She is a college professor. Interviews were conducted with these mothers in order to help better understand the range of emotions exhibited by parents of drug exposed children.

Four significant themes emerged from the interviews: developmental concerns for the child; change in home life and family relationships; the importance of resources; and the overall

emotional impact of raising a drug exposed child. Each of these themes will be described in detail. Direct quotes taken from interviews will provide support for how each theme relates to the emotional implications faced by adoptive parents of parentally drug exposed children.

Developmental Concerns

Developmental concerns for the child was a theme identified throughout the interviews. All of the parents exhibited concern regarding the development of their prenatally drug exposed child. This concern was specifically related to NAS symptoms, the child's overall health, intrauterine trauma, and academic success.

Distress regarding NAS symptoms was a common trend among the parents. NAS symptoms can often be concerning for parents and can be difficult to handle which can lead to increased distress. Sarah talked extensively about NAS symptoms and how they influenced her role as a mother. Sarah stated, "Um when we brought her home we were told that she would probably never have social skills, um no one else would take her." She goes on to explain, "She couldn't go to daycare for six months because she couldn't coordinate suck, swallow, breathe. So, we had to hire someone to stay with her while we were at work." Melody also mentioned NAS symptoms in her interview. She noted, "More than anything I think we were just really really behind in all her major milestones: mobility, speech, smiling, and laughing." Such delays are common with babies who have NAS. April communicated much less concern about her daughter's NAS symptoms but did mention that she had a speech delay. April explains, "She wasn't in speech but once I got her I could tell that she was delayed in speech and I got her in therapy but she has since caught up." All of the parents appeared to be aware of the symptoms of NAS and were vocal about the challenges that can come along with it.

The parents also showed concern relating to the overall health of their child. Both of Sarah's children have had many health concerns throughout their life related to their NAS diagnosis. Sarah gives an overview of her son's health struggles when stating, "Um, he has sensory processing disorder both proprioceptive and vestibular, dyslexia, and ADHD." Sarah's daughter also had health concerns early on in her life. Sarah explains, "Child number one was in the NICU for seven weeks. She had seizures and horrible drug withdrawal. She was on morphine, she was very very sick." Melody had a different set of health concerns for her daughter. She explains, "We worried a lot about the fact that she had been born 10 weeks early in her mobile home." Melody found her birthing situation to be troubling and worried about the gaps in her daughter's history. She demonstrates this concern when she states, "Like, I don't know how long she was there before she got to the hospital." Another health concern had for her daughter was related to nutrition. She mentions this worry when stating, "She struggled with eating enough for a long time." The parents all demonstrated worry regarding their child's health.

A final developmental concern that many parents had was in regards to academics. It was clear that all of the parents shared a deep desire for their child to be successful in school but had worries about how they might perform in an academic setting. Sarah had much to say on this subject. Sarah shared, "Um he did have to repeat kindergarten and that was a decision made by us and the teacher together." She goes on to explain, "Um his biggest struggle over all probably academically is his ability to write." Sarah's daughter also struggles academically. She explains, "So I would say that for the first child the biggest challenges for her right now at age eight are academic struggles. She is about two grade levels behind across the board and we don't have any intervention from the school to assist with that." April also had some concerns about her

daughter's ability to learn in a classroom setting. When asked about concerns for her daughters academic future she said, "Um I don't know like attention span stuff, sometimes you have impulsivity when kids are exposed to drugs and behavior issues and this can make school harder." Each of these parents cared deeply about their child's ability to succeed academically.

Change in Home Life or Family Relationships

Adopting a child who had NAS can lead to changes in home life and family relationships. All of the parents I interviewed were honest about how their role as a parent of a child with NAS transformed many aspects of their lives. In particular, they noted changes in their social life, home life, and family activities.

A change in their social life seemed to be significant for all the parents I interviewed. Sarah, in particular, was very saddened about her lack of a social life. She stated, "Um honestly, I don't have a social life. I don't have one." She goes on to explain, "I think it's different because we are older parents. Because my friends my age don't invite us to things anymore. Most of them because they are past raising small kids and we have a child that's a lot." It seemed Sarah was bothered by her lack of social involvement with peers. April also experienced a change in her social life after adopting her daughter. When asked about how her social life altered, Melody stated, "Oh, well it took us back to square one of having a newborn and not just any newborn but a newborn with sensory issues who couldn't tolerate loud noises so there were suddenly a lot of things we couldn't do anymore and that was actually a big adjustment." As melody explained, the adoption caused a difficult social transition at first, but now the family has gotten used to it. April also noticed some changes and explained them by saying, "Um anytime you get a kid and you've hung out with people who don't have kids most of the time those friendships are going to

peter out a little bit.” These examples demonstrate how parent’s social lives can change as a result of adopting a child with NAS.

The home life of the parents and families may alter after adopting a child with NAS. When I asked Sarah about how the adoption impacted her home life, she explained, “Um, my house is chaotic.” She goes on to note, “Um its always loud in my house um it’s hard to have any kind of conversation because, again, these kids are very disrespectful.” Sarah’s home atmosphere changed significantly in result of the adoption. Melody also experienced this change. She used an illustration of a mobile to explain her situation. She states, “I feel like we have all had to adapt. Um, I read this illustration once about a mobile adding another piece is off centered until everything adapts to become centered again. I feel John and I had to learn how to give our time in different amounts and the big kids had to become more tolerant.” Melody feels that the situation allowed for her family to grow and mature. April felt that the adoption caused her to learn to adopt a consistent routine. She stated, “Oh, just the structure of everything is on a schedule with time. You know, what time do I get up to make sure I’m ready before she gets up.” Each of these parents had to adapt in different ways in order to accommodate a child who has NAS.

The ability to partake in family activities can also change following the adoption of a child with NAS. For Sarah, the adoption has influenced how often she can socialize with her son, daughter, and grandchildren. She states, “I mean other ways it has impacted our family, like I said, our family doesn’t come over near as much as they used to. They probably would but we’ve identified that as a stressor for child number two.” Sarah felt like the adoption impacted her ability to spend time with other family members. When I asked Melody about how adopting her

daughter had influenced family activities, she noted how the family's ability to go places transformed.

But yeah, there were so many things we could no longer do and I feel like as a mom it kind of impacts you a little bit more because I'm usually the one who is with the kiddo who is melting down in the corner or won't go on the train at doe river because they're terrified.

Melody felt like the most significant alteration was their inability to go to doe river gorge for the train rides, which was a family tradition. Such changes in the ability to participate in family activities can be meaningful to the families impacted.

Resources

Another major theme identified throughout the interviews was the resources offered in this area. Both the importance of taking advantage of the resources available and the need for more resources were discussed in detail. All of the parents interviewed had similar beliefs on this subject.

In upper East Tennessee here are many different resources available to parents of children with NAS. The parents interviewed believe that it is important to be aware of and make use of the different services available. April made some excellent points on this subject. She notes, "Um, tap into any professional resources that are available to you, like Harmony has all those trainings and they continue to provide respite. I think we can become so immersed in our child's life too that we don't think about our own self-care." April's comment helps to shed light on the importance of parents using the resources not just to aid the child, but also to provide themselves with the care they need. April goes on to explain the significant role that early intervention and use of resources can play in a child's life.

They become those kids who are really tantruming in a grocery store or impulsive doing stuff in the classroom and if there isn't any training on how to respond to those behaviors that doesn't help the kid develop the coping skills they need that's going to allow them to be successful.

Sarah was also passionate about the importance of using the resources available. She believes that TEIS can make a large positive impact on children born with NAS. Sarah states, "I have said since we got involved that I think TEIS should be mandatory for NAS babies regardless of who they go home with." Sarah feels that by making TEIS mandatory, more children with NAS will obtain medical care. These parents believe that the use of resources can help children with NAS and their parents to receive the help they need.

Although there are many resources available, parents believe there is still a need for more. Sarah was open on her belief that the government needs to put more money into resources for children who were prenatally drug exposed.

Um, you know I think the government needs to look at you know, you can spend this much for resources early on for these kids or you can spend 10 times that when they're teenagers with exponential the normal teenage problems.

Melody spoke on the need for more trained professionals. In particular, she thinks there is a large need for more developmentalists and pediatric psychiatrists. Melody explains, "We have OT here and speech therapy and physical therapy but there aren't a lot of developmentalists and you're going to have to wait 11 months to get in." She goes on to discuss the need for more pediatric psychiatrists and states, "Our occupational therapist recommended counseling but I said there's just not anyone good around here that I know of who does pediatrics." The parents all had great

ideas on how to improve the services provided in upper East Tennessee for children with NAS and their families.

Overall Emotional Impact

Parents of children with NAS can often experience overwhelming emotions. These emotions may be related to fear for their child and the future, stresses in regards to their child's medical care, and the joys and rewards of parenting. Each of these themes will be examined in detail.

Many parents worry about their child and what their child's future will look like. This is especially true among parents of drug exposed children. Parents fear for their child's future was a common theme among the parents interviewed. Each of the parents have a deep desire that their child be successful in life. Sarah puts it simply when stating, "Um but honestly, I mean, I think our biggest concern really is just are these kids growing up to be independent adults?" The answer to this question is still unknown to her. Melody also has concerns about her daughters future. In particular, Melody worries about the possibility of drug addiction in her daughter's future due to her previous exposure.

And then lots of concerns for long term implications of addiction is always worrisome. It's not just the consequences, but it's the fact that it's just so much easier to have just one hit of something and then become an addict again because you've already been exposed to it.

April also explained how when her daughter was a baby she worried about how her daughter would progress.

But yeah, for us we were just behind in everything and wondering what the future would look like. Even though there is always uncertainty with a kid, like you

don't know what you're going to get any way there was, I thought, even more uncertainty with her because we wondered if she would walk normally, if she would speak.

It is clear that April wants her daughter to thrive. Overall, these parents worry that their child will not reach the goals they have for them.

The medical needs of drug exposed children can be overwhelming and stressful. For the parents interviewed, medical responsibilities were an extremely stressful part of raising a drug exposed child. Sarah notes how medical appointments can be overwhelming. She states, "You know, it impacts every second of your day. You know we've had lot of therapies in the past so that impacts your time and your job and all those things." Melody had similar thoughts on the stressfulness of her daughter's medical appointments. When Melody was asked about what she thought the main stresses of raising a child with NAS are, she responded, "Just being behind and all the appointments that go along with that." For working parents Sarah and Melody medical appointments for their children was time consuming and stressful. April also found medical appointments to be stressful. However, her stress came from the uncertainty of the test results. She explains, "Um the stresses would have been tests that we had along the way or just waiting to see what the results were." These mothers were overwhelmed with the medical appointments and tests that are associated with adopting a child with health issues.

The joys and rewards of raising a prenatally drug exposed child are often abundant. Although the joys of parenthood may look different for these parents, the joys are still present. Melody explains how this occurs:

Oh, well when you love them, and most people who have drug exposed children do, they have lots of joy when they do something big. Because they do reach

milestones but often it just looks different, or later, or it just doesn't look like a textbook says it should look.

Melody goes on to note how close she is with her daughter. She says, "We feel very bonded do her. We feel very much that she's our kid, um she is our kid." It is clear that Melody has a loving relationship with her daughter and finds happiness in parenting a drug exposed child. Sarah had a very similar outlook on this. Sarah describes her decision to adopt her children by stating, "I don't regret my decision at all. Um I can't even figure out what my life would be without them honestly." She later notes, "Yeah, you're giving them opportunities that they wouldn't have had before. Um you know and just realize that its challenging. It's hard, its challenging, it's exhausting, but it's rewarding." Sarah is very aware of the positive impact she has made in her adoptive children's lives and finds her job as their mother to be fulfilling. Although parenting a child with NAS can be a significant challenge, it also brings joy, rewards, and purpose into parent's lives.

Conclusion

Much information was discovered as a result of this study. The parents of children with NAS who were interviewed in this study all reported signs of emotional stress. Therefore, the hypothesis was supported. The study found that adoptive parents of drug exposed children are emotionally impacted by many different aspects of raising a child with such issues. In particular, parents were emotionally impacted by the developmental delays of their child, change in home life and family relationships, and the lack of resources available. The parents worried about their child's NAS symptoms, overall health, and learning. Adjustments within the home that occurred following the child's adoption was also a point of stress and emotional impacted the parents. All

of the changes appeared to be overwhelming for the parents and the lack of resources available only worsened this situation.

The study also discovered that many parents of children with NAS may feel overwhelmed or stressed due to fear for their child's future and the medical appointments involved with raising a child with NAS. The parents involved in the study all had concerns about what their child's future might look like. The uncertainty surrounding their child's future was a source of stress and worry for the parents. It is also important to note that all of the parents interviewed stated that they are happy with their decision to adopt a drug exposed child. The parents found raising their adopted child to be extremely rewarding. It is evident that the parents involved in this study were impacted emotionally by their decision to adopt a child who was prenatally drug exposed.

Discussion

The emotional implications of adopting a drug exposed child were identified through the interview process. The results indicate that parents exhibit a broad range of emotions in regards to their drug exposed child. Parents feel concern for their child's development, stress due to an adjustment in home life, and a desperate need for more resources. Parents also demonstrated a large feeling of joy and felt their decision to adopt had been rewarding. The data suggests that more resources should be set up to provide care and assistance for adoptive parents of drug exposed children. There were similar themes found in the literature. This implies the body of research is appropriate for future study.

Developmental concerns

The findings of this study indicate that parents were concerned about their child's development. This was expected due to the lack of knowledge on the developmental and cognitive

impacts of prenatal drug exposure. The current study found that parents of drug exposed children fear for their child's health and their ability to succeed academically. This concern is valid based on a study by Bauman & Levine (1986) which found that drug exposed children had lower significantly IQ scores than non-drug exposed children. Although there is very little research on this topic, other studies have also found links between prenatal drug exposure and mental health disorders. For example, a study by Sherman et al., (2019) concluded that children with NAS are twice as likely to develop conduct disorder or attention deficit disorder. These results provide insight into parental stress surrounding development exhibited by parents of children with NAS. The results suggest that parents feel stress regarding their child's development due to the uncertainty regarding the cognitive and developmental impacts of prenatal drug exposure. This suggests that more research needs to be done on the developmental impacts of NAS as well as on treatments for NAS. Additional information regarding possible outcomes and treatments may help decrease the vast emotional impact of adoption felt by parents of drug exposed children.

Another concern parents had regarding their child's development was in regards to NAS symptoms. Consistent with data reported in "Health Brief" (n.d.), the parents interviewed in this study all reported their child suffering from symptoms of NAS. Parents reported low birthweights, premature births, long hospital stays, seizures, and feeding issues. The results indicate that these symptoms made their job as a parent more difficult. The data suggests that NAS symptoms can lead to increased stress and concern among parents. Furthermore, this stress may be related to the parent's concern for the child's wellbeing, exhaustion, and increased responsibility. The data provides new insight into the relationship between parental stress and NAS symptoms.

Change in Home Life or Family Relationships

The present study found that adoptive parents of drug exposed children experience a change in their home life and family relationships. The data suggests that families will have to adjust their lives to better accommodate the drug exposed child. Parents will likely find that their social lives and families activities change. It was found that such a change in home life and family relationships can cause an increase in negative emotions among adoptive parents of children with NAS. Similarly, a study conducted by Forbes & Dziegielewski (2003) discovered that the adoption of children with special needs created changes to occur within the family. Such changes were found to create difficulty for the parents that sometimes resulted in negative emotions. These findings demonstrate a correlation between stress and a change in home life caused by adopting a drug exposed child. The results should be taken into account when considering adopting a drug exposed child. The findings can be used to help educate future adoptive parents on the emotional implications and responsibilities of raising a drug exposed child.

Resources

The current study identified the significance of resources for drug exposed children and their families. Parents feel that taking advantage of resources is essential when raising a drug exposed child. Parents reported positive experiences with TEIS and other similar programs. A comparable study completed by McCarty et al., (1999) emphasized the importance of resources for drug exposed children and their parents. Results of the study indicated that parents found resources to be helpful in decreasing stress and worry. This finding supports the notion that resources can play a large role in providing support for these adoptive families. Consistent with that data, the results from the current study indicate that parents believe that using offered resources can help decrease the stress of raising a child who was prenatally drug exposed. The present data

contributes a clearer understanding of the role of resources. Parents may find that resources aid in calming their fears by providing them with pertinent information and support.

Similarly to Lauver (2010), the present study determined that there is a need for more resources for families of drug exposed children in East Tennessee. The data suggests that parents feel there are not enough resources offered in this area. In particular, a need for more trained professionals was explicated. Parents reported struggles locating psychologists and other specialists. Lauver also identified that the inability to access resources can be extremely discouraging for parents and result in feelings of hopelessness. The results of the present study provide support for this claim. Therefore, it can be inferred that the inability to access resources has a negative impact on the parents as well as the child.

Emotional Impact

Parenting a drug exposed child can have large emotional impacts on the caregiver. The results of the current study indicate that adopting a drug exposed child can be extremely difficult but also tremendously rewarding. The results are supported by a study done by McCarty et al., (2009). Parents in the current study expressed the most concern over their child's future. Like many other parents, they want their child to be successful. The uncertainty surrounding their child's future likely plays a role in causing parental stress and worry. The current study also determined that parental stress is influenced by the medical needs of the child. Appointments and tests for the child can often result in negative emotions for the parents. These results provide new insight into the relationship between adopting a drug exposed child and parental stress.

The present study also found that adoptive parents of drug exposed children find joy in parenting their adopted child. The results show that adoptive parents of drug exposed children find happiness in the opportunity to parent their adopted child and feel bonded to the child. The study

therefore demonstrates a correlation between adoption of a drug exposed child and joy. The results from a study by Forbes & Dziegielewski (2003) support these findings. The study found that adoptive mothers of children with special needs felt that adopting their child had been a positive experience. These results should be taken into account by those considering adopting a drug exposed child.

Limitations of the Study

The current study included three participants all of which live in Johnson City, Tennessee. The results may not apply to parents of prenatally drug exposed children who live in different areas. The small number of participants in the study could be due to the lack of adoptive parents of children with NAS who the researcher had access to interview. In addition, all of the participants were female. This greatly reduced the range of perspectives included in this study and limited the amount of information that could be collected. The lack of male participants deprived the study of the ability to examine male caregivers' perspectives. Therefore, the results of the study only apply to female caregivers as it cannot be assumed that male caregivers share the same beliefs as their female counterparts. The lack of male participants could be because the female caregivers were the more involved parent in the adopted child's life. Future studies should include more participants in order to collect a broader range of perspectives. Participants from multiple areas of the United States should be interviewed and male participants should be included. This will help strengthen the validity of the results.

Conclusion

The study identified several themes that play a role in the emotional impact of adopting a drug exposed child. The findings suggest that there is a correlation between adopting a child who was prenatally drug exposed and feelings of stress, worry, and joy. The results indicate the overall

emotional impact of adopting a child with NAS is influenced by developmental concerns for the child, change in home life and family relationships, and the importance of resources. Findings from this study are supported by current literature. For that reason, the results of this study should be taken into consideration by those interested in adopting a drug exposed child, healthcare professionals, and programs that aim to provide assistance to adoptive parents.

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