Parental Depression After Adoption: Strategies for Professionals
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Historical Evolution:
- 1990s – Early pioneers: June Bond & Harriett McCarthy
- 2000s – Empirical studies began; media takes notice
- 2010s – Increasing legitimacy tied to parental postadoption depression; increased media sensationalization; pushback from scholars/professionals.

Context of Depression Rates:
- Depression affects an estimated 32.6 to 35.1 million adults or 16.2% of the adult population.
- Although rates vary, approximately 10%-15% of new mothers experience postpartum depression. In a meta-analysis across 43 studies and 28,004 participants, a 10.4% meta-estimate for paternal postpartum depression was found; higher rates of depression (25.6%) were reported at 3 to 6 months postpartum.
- The rate of postadoption depression in mothers ranges from 8% to 32%, with mothers surveyed in contexts of intercountry and domestic adoptions.
- Through a series of preliminary studies, Foli and colleagues have found rates from 18%-26% (mothers) and 11%-24% (fathers).

Parental Expectations:
Unmet expectations may be associated with depressive symptoms. Dimensions include: expectations of self as parent, of child, of family and friends, and of society.

Overlap with Risk Factors Associated with Postpartum Depression:
Low self-esteem, history of depression, lack of social support, and marital dissatisfaction.

Common Screening Tools for Depressive Symptoms:
Center for Epidemiological Studies Depression, Edinburgh Postnatal Depression Scale; and the Patient Health Questionnaire-2. Depressive symptoms may vary with individual and gender. Safety is Number One priority.

Interventions (not inclusive list):
- Pre-placement education and awareness
- Building a trusting relationship with parent
• Using therapeutic communication techniques to open and sustain dialogue: empathy, reflection, summarizing, using silence effectively, etc.
• Referring parent to “adoption smart” mental health professionals
• Helping locate needed support/support groups
• Employing screening tools
• Understanding gender differences
• Encouraging self-care: What do they enjoy?
• Individualizing plan of care to family situation
• Need for professional self-awareness: compassion fatigue and secondary trauma

Conclusions:

• Research is growing in this area: recognize that depression in new adoptive parents should be screened for.
• Beginning to see patterns in the data:
  o Risk factors: sleep/rest, self-esteem, relationship satisfaction, social support, history of depression, and expectations
  o Overlap with PPD predictors
  o Differences by gender beginning to emerge
• Still much to understand and learn about postadoption depression.