

Parent Adjustment Over Time in Gay, Lesbian, and Heterosexual Parent Families Adopting From Foster Care

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Although increasing numbers of gay and lesbian individuals and couples are adopting children, gay men and lesbian women continue to face increased scrutiny and legal obstacles from the child welfare system. To date, little research has compared the experiences of gay or lesbian and heterosexual adoptive parents over time, limiting conceptual understandings of the similarities they share and the unique challenges that gay and lesbian adoptive parents may face. This study compared the adoption satisfaction, depressive symptoms, parenting stress, and social support at 2, 12, and 24 months postplacement of 82 parents (60 heterosexual, 15 gay, 7 lesbian) adopting children from foster care in Los Angeles County. Few differences were found between heterosexual and gay or lesbian parents at any of the assessments or in their patterns of change over time. On average, parents in both household types reported significant increases in adoption satisfaction and maintained low, nonclinical levels of depressive symptoms and parenting stress over time. Across all family types, greater parenting stress was associated with more depressive symptoms and lower adoption satisfaction. Results indicated many similarities between gay or lesbian and heterosexual adoptive parents, and highlight a need for services to support adoptive parents throughout the transition to parenthood to promote their well-being.

As gay men and lesbian women have become increasingly visible and accepted in society, many have formed families. In the last decade alone, rates of adoptive parenthood among same-sex couples nearly doubled (Gates, 2011). Nonetheless, only 52% of Americans support allowing gay men and lesbian women to adopt (Pew Research Center, 2012), and the issue of whether gay men and lesbian women should be allowed to adopt remains a topic of debate among policymakers and child welfare organizations (Lamb, 1999; see Brodzinsky & Pertman, 2012 and Patterson, 2009 for reviews). Approximately 2 million lesbian, gay, and bisexual individuals are interested in adopting (Gates, Badgett, Macomber, & Chambers, 2007), but they often face legal challenges, continued scrutiny, and a lack of support from the child welfare system (cf. Brodzinsky, 2011; Downs & James, 2006), in part because questions remain regarding how well they function as parents. These obstacles limit the pool of

potential parents at a time when more than 400,000 children are in the child welfare system, with 107,000 of these children awaiting adoption (U.S. Department of Health & Human Services, 2011).

To date, very little research has compared the experiences of gay or lesbian and heterosexual adoptive parents, limiting our understanding of the similarities they share and the unique challenges that gay and lesbian adoptive parents may face. For example, given evidence that gay and lesbian parents report experiencing societal stigma and perceive increased scrutiny because of their sexual orientation (Brooks & Goldberg, 2001), do gay and lesbian adoptive parents report more depressive symptoms and parenting stress over time relative to heterosexual adoptive parents? Might gay and lesbian adoptive parents have lower levels of social support, much in the same way that same-sex cohabiting couples report receiving less social support from their families than do heterosexual couples with children (e.g., Kurdek, 2004)? Do gay and lesbian parents report lower levels of adoption satisfaction over time because of a sense of “otherness” and strain from navigating society as a nontraditional family? There is an especially acute need for data on parents adopting high-risk children from foster care, as policy debates center on these public adoptions. Also needed are longitudinal data that can examine development and growth over time. The current study addressed these gaps, with the goals of extending previous research on adoptive parents in heterosexual and gay and lesbian families, enhancing theoretical understandings of parents’ adjustment in these families, and informing policy debates regarding adoption by gay men and lesbian women.

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Review of Research

The transition to parenthood has long been seen as a significant transition for individuals and couples, arguably more so than the transition into marriage or work (e.g., Belsky, Spanier, & Rovine, 1983; Cutrona, 1984; Gianino, 2008; Huebner, Mandic, Mackaronis, Beougher, & Hoff, 2012; Rossi, 1968). Although research into the experiences of adoptive parents over the transition to parenthood is "sparse" (McKay, Ross, & Goldberg, 2010), there is good reason to believe that this adjustment may be especially difficult for adoptive parents. Adoptive parents undergo an intrusive and highly variable adoption process, face stigma around their adoptive status, and lack role models (Brodzinsky & Huffman, 1988). Further, children adopted from foster care enter their adoptive homes having already experienced a host of biological and environment risk factors such as prenatal substance exposure, prematurity, history of abuse and/or neglect, and multiple placements, which can impact their psychological well-being over time (e.g., Simmel, 2007). Given these challenges, it is not surprising that postadoption depression is common among a subset of adoptive parents (McKay et al., 2010), and as many as one in four report viewing the adoption more negatively over time (Groze, 1996).

Gay and lesbian parents report additional concerns during the transition to parenthood stemming from their sexual orientation. Prospective lesbian mothers considering donor insemination reported worries about raising a child in a nontraditional family in a heterosexual and homophobic society (Gartrell et al., 1996). When their children were 2-years-old, these same women reported encountering some difficulties because of their sexual orientation, including homophobia from health and child care providers; many also reported feeling discriminated against within the lesbian community (Gartrell et al., 1999). As these children grew older, these families continued to experience some discrimination from the outside world and within their own social networks (e.g., birth families, neighbors; Gartrell et al., 2000). Gay men who wish to become fathers often must first overcome numerous legal, logistical, and psychological barriers, such as rejecting the widespread negative myths about gay men and children (Berkowitz & Marsiglio, 2007; Gianino, 2008). These men also experience stigma during and after the adoption process, sometimes from their own families and friends (Gianino, 2008).

Although the above findings suggest that gay and lesbian adoptive parents should experience the transition to parenthood quite differently from heterosexual adoptive parents, the limited research directly comparing their experiences suggests that they are generally similar. For example, a recent study of heterosexual, gay male, and lesbian couples who were parents of young children (mean age = 3) adopted as infants from private adoption agencies found no differences in parenting stress or relationship adjustment (Farr, Forssell, & Patterson, 2010). Longitudinal research on gay male, lesbian, and heterosexual adoptive couples assessed three times over the transition to parenthood (preplacement, 3 months postplacement, and 12 months postplacement) also revealed similar changes in relationship quality (Goldberg, Smith, & Kashy, 2010) and perceived parenting skill (Goldberg & Smith, 2009), regardless of parents' sexual orientation.

These findings contribute to our understanding of gay and lesbian adoptive parents' adjustment, but they are not without their limitations. First, concerns can be raised about the samples used. Farr et al.'s (2010) research included only children adopted as infants from

private agencies, who are known to be a much lower risk population than children adopted through the child welfare system (Daly & Sobol, 1994). Goldberg and Smith's (2009, Goldberg, Smith, & Kashy, 2010) sample included families formed through public domestic adoption, private domestic adoption, and private international adoption, thereby representing a heterogeneous mix of adoption experiences. Second, the studies do not provide a nuanced understanding of development and change over time. Farr and colleagues' research utilized a cross-sectional design in which most of the children had been placed for several years at the time they were studied, and Goldberg's longitudinal studies examined families only through the first year postplacement. Third, Farr and Goldberg's samples included only gay men and lesbian women who were part of couples. This fails to fully represent the pool of adoptive parents, which includes individuals as well as couples (Straus, 2000). Further, gay men and lesbian women who are in couples may be buffered from the effects of minority stress and may disproportionately represent well-functioning gay and lesbian participants (Kurdek, 2004).

The Current Study

The current study sought to address these limitations and build on these findings using three waves of data from a sample of heterosexual, gay, and lesbian parents adopting children from foster care in Los Angeles County. Extending previous research, we examined parents' adoption satisfaction, depressive symptoms, parenting stress, and social support at 2 months, 12 months, and 24 months postplacement. We compared mean levels at each time point and patterns of change over time among heterosexual and gay and lesbian adoptive parents. To our knowledge, we were the first to do so in a sample focused solely on public adoptions. Thus, we provided a multifaceted examination of how gay and lesbian adoptive parents of high-risk children fared over time relative to heterosexual adoptive parents. We also examined correlations across domains of functioning at each time point, thereby providing greater insight into the associations between the demands of parenting (e.g., parenting stress), facilitating factors (e.g., social support), and parents' adjustment (e.g., adoption satisfaction, depressive symptoms; McKay et al., 2010).

Method

Participants

All participants were part of a larger study on child and parent adjustment over the transition to adoptive placement.¹ Participants were recruited from UCLA TIES for Adoption, a program which aims to facilitate the successful adoption of high-risk children transitioning from foster care to adoptive placement. Eighty-two families (60 heterosexual, 15 gay, and seven lesbian, self-identified on a demographic questionnaire) who enrolled in this program between 1996 and 2001 (the time of initial data collection) were asked to participate in this longitudinal study. Demographic characteristics of

¹We have previously compared how children in these families fared over time, and they showed similar gains in children's IQ and stable levels of behavior problems regardless of their parents' sexual orientation (Lavner, Waterman, & Peplau, 2012). This study is the first to use data from this sample to compare the adjustment of the adoptive parents over time.

the sample are presented in Table 1. The children were from varied backgrounds, with most being children of color. Transracial adoptions, where the child's ethnicity did not match the ethnicity of their adoptive parent(s), occurred for 51% of the children (i.e., in the case of a single parent household, the child and parent were of different ethnicities; in the case of a two-parent household, the child was of a different ethnicity from both parents). The majority of the adoptive parents were married or living with a domestic partner [67% of gay and lesbian parents and 68% of heterosexual parents]. Children were an average of about 4-years-old at placement. Based on toxicology screens at birth and social worker and court reports, 89% of the sample had documented prenatal substance exposure, consistent with the idea that children from public adoptions have special risks (Daly & Sobol, 1994). There were some missing data over the course of the study, but data were available from most families at each time point (heterosexual households: 93%, 73%, and 67% of total at Times 1–3, respectively; gay and lesbian households: 95%, 91%, and 82% of total at Times 1–3, respectively). Heterosexual and gay and lesbian participants did not differ significantly on the percentage of missing data at any time point (all $p > .05$). We included all available data.

Procedure

The Adoptions Division of the Los Angeles County Department of Child and Family Services (DCFS) requires potential adoptive parents to attend a series of educational seminars prior to being assigned a child. Roughly 85% of these seminar groups incorporated announcements about TIES for Adoption, which offered three addi-

tional educational meetings. Those attending the three meetings were offered additional comprehensive services, including multidisciplinary preplacement consultation; parent and child counseling services; support groups; and medical, educational, and psychiatric consultation. The research study was mentioned at the third session of the educational meetings, and families who subsequently had a child placed with them and requested services from TIES for Adoption were asked if they would like to participate in the follow-up study. Parents of children younger than 9-years-old at the time of placement were eligible to participate.

The DCFS granted permission to review the child's adoption records. Approximately 2 months after placement (Time 1), parents completed questionnaires and came with their child for in-person interviews. They returned approximately 12 months after adoptive placement (Time 2) and again 1 year later (24 months postplacement; Time 3). At each time point, the parent (or in the case of two-parent households, the primary parent self-designated as spending the most time with the child) completed measures assessing adoption satisfaction, depressive symptoms, parenting stress, and social support. At the same time, children participated in assessments beyond the scope of this study.

Measures

Adoption satisfaction. In an interview at each assessment, parents were asked to report on a 5-point Likert scale, "In general, how do you feel things are going with the adoption?", from 1 (*Poorly*), 2 (*Not too well*), 3 (*OK*), 4 (*Pretty well*) to 5 (*Very well*).

Depressive symptoms. Parents reported on their depressive symptoms (e.g., feeling sad, crying, feeling guilty) at each time point using the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). The BDI is a widely used measure of depressive symptomatology and consists of 21 items, each scored on a 0–3 scale, such that higher scores indicate more depressive symptoms. Scores could thus range from 0 to 63. A total score of 10 and above is considered to be in the clinical range (Beck, Steer, & Carbin, 1988).

Parenting stress. Parenting stress was measured at each time point using the Parenting Stress Index (PSI; Abidin, 1990). This 101-item questionnaire measured stress involving a parent-child dyad. Parents were asked to rate each item on a 5-point Likert scale from *strongly agree* to *strongly disagree*. The PSI generates raw scores as well as norm-referenced summaries on two major source domains of stressors: the child domain and the parent domain. As the parent domain focuses on parents' general functioning and not stress from parenting (sample item: "I feel alone and without friends"), we analyzed outcomes from the child domain exclusively. Child-related stress was captured through 47 questions (sample items: "My child does a few things which bother me a great deal"; "My child is so active that it exhausts me"; "My child rarely does things for me that make me feel good") from six subscales (Adaptability, Acceptability, Demandingness, Mood, Distractibility/Hyperactivity, and Reinforcement). Consistent with prior studies (e.g., Kazdin & Whitley, 2003; Webster-Stratton, 1990), we examined the total composite score for the child domain rather than individual subscales.

Table 1. Descriptive Statistics

Child	Primary adoptive parent	
Age (at Time 1)		
Mean	4.3 years	41.1 years
Range	4 months–8.4 years	30 years–56 years
Gender		
Female	46%	77%
Male	54%	23%
Ethnicity		
Caucasian	17%	69%
African American	26%	14%
Latino/a	35%	9%
Biracial	16%	7%
Asian	1%	1%
Other/Unknown	6%	0%
Number of previous placements		
Mean (<i>SD</i>)	3.2 (2.4)	—
Range	0–15	—
Age at placement		
Mean (<i>SD</i>)	3.9 years (2.2 years)	—
Range	0 months–8.1 years	—
Parent's education		
Less than college	—	36%
College	—	30%
More than college	—	34%
Live with a partner	—	68%

Note. In the case of two-parent households, the primary parent was the parent self-designated as spending the most time with the child.

Social support. Parents were asked about the social support they had received over the past 4 weeks using the Multidimensional Social Support Questionnaire (MSSQ; McIntosh, 1995). This measure includes three domains of social support: direct support (e.g., receiving advice, information, or being taught how to do something); indirect support (e.g., someone listened to you talk about private feelings or showed you that they cared about you in other ways); and tangible support (e.g., someone provided money, child care, transportation, or home repairs). Respondents received a list of people (e.g., family member, child's other parent, friend, school staff, therapist) and were asked how many times each person provided each type of support. The number of times the parent reported receiving support was averaged across domains to create a total social support variable.

In exploratory analyses, we examined differences between gay or lesbian and heterosexual parents on each of three social support dimensions. Of the nine possible comparisons, eight were not significant ($p > .05$). The only significant difference was found for direct support at Time 3 (2 years postplacement). At this time only, gay and lesbian adoptive parents reported receiving less direct support ($M = 9.07$, $SD = 10.95$) than heterosexual parents ($M = 22.26$, $SD = 18.94$), $t(36) = 2.44$, $p = .02$. This result must be interpreted cautiously, however, given the relatively large number of comparisons. Given the overall pattern of results was nearly identical regardless of which domain was used, we proceeded with the composite measure to reduce the total number of comparisons and avoid the possibility of Type I errors.

Results

Descriptive Statistics

We first examined the associations across different domains of functioning using a series of correlations at each time point (see Table 2). At all three assessments, parenting stress was negatively associated with adoption satisfaction, such that parents reporting higher levels of parenting stress were significantly less satisfied with the adoption. Parenting stress was also significantly associated with depressive symptoms at the first two assessments, such that parents with higher levels of parenting stress reported higher levels of depressive symptoms. Depressive symptoms were also negatively correlated with social support at the first assessment and with adoption satisfaction at the second assessment.

Differences by Household Type

To examine differences in parents' adjustment over time by household type, we compared mean levels for adoption satisfaction, depressive symptoms, parenting stress, and social support at 2, 12, and 24 months postplacement. See Table 3 for group means, t scores, and effect size r estimates.

We collapsed across single and partnered parents within each sexual orientation given the relatively small cell sizes. In exploratory analyses, we found no significant differences between single gay or lesbian parents and partnered gay or lesbian parents in any domain (all $p > .10$). Single heterosexual parents reported significantly less social support at Time 3 compared with coupled heterosexual parents ($p < .05$), but did not differ significantly at any other time or in any

Table 2. Correlations Among Parents' Adoption Satisfaction, Depressive Symptoms, Parenting Stress, and Social Support at Each Time Point

	Adoption satisfaction	Parenting stress	Depressive symptoms
Time 1 (2 months postplacement)			
Adoption satisfaction	—		
Parenting stress	−0.48**	—	
Depressive symptoms	−0.20	0.29*	—
Social support	0.02	−0.03	−0.28*
Time 2 (12 months postplacement)			
Adoption satisfaction	—		
Parenting stress	−0.35**	—	
Depressive symptoms	−0.46**	0.32*	—
Social support	−0.05	−0.22	0.14
Time 3 (24 months postplacement)			
Adoption satisfaction	—		
Parenting stress	−0.41**	—	
Depressive symptoms	0.31 ⁺	0.02	—
Social support	0.11	−0.02	0.13

⁺ $p < .10$. * $p < .05$. ** $p < .01$.

other domain. When examined in the sample as a whole, single parents reported significantly lower levels of support at Times 1 and 3 compared with partnered parents ($p < .01$ at both time points), but did not differ significantly in any other domain (all $p > .10$).

There were no significant differences between parents from gay versus lesbian households for any of the variables of interest (all $p > .05$) so we collapsed across the two nonheterosexual household types to maximize power and facilitate comparisons with heterosexual households.

In general, adoption satisfaction was quite high (means > 4 on the 5-point scale at each time point for gay and lesbian and heterosexual parents). Depressive symptoms were well within normal limits (below the clinical cutoff of 10) at each time point. Parenting stress was somewhat elevated (mean scores > 100 at each time point), although the mean level was still below the clinically significant cutoff of 116. Mean levels of social support were relatively higher at the first assessment ($M_s = 22.17$ and 20.33 for gay or lesbian and heterosexual parents, respectively) than at the third assessment ($M_s = 11.23$ and 17.37 for gay or lesbian and heterosexual parents, respectively). Gay or lesbian and heterosexual adoptive parents did not differ significantly on any measure at any time point (all $p > .05$).

Differences in the rate of change over time were examined using growth curve analytic techniques (Raudenbush & Bryk, 2001) and the HLM 7.0 computer program (Raudenbush, Bryk, & Congdon, 2010). Growth curve analytic techniques allow for a two-level process in data analysis. Level 1 allows for the estimation of within-subject trajectories of change (growth curve) for a variable, described by two parameters: an intercept (initial level of the variable) and a slope (rate of change over time). Level 2 allows for the examination of between-subjects differences in these parameters using individual-level predictors.

To test whether parents' adjustment differed by household type over time, we used these equations:

$$\text{Level 1: } Y_{it}(\text{Outcome}) = \pi_{0i} + \pi_{1i}(\text{Time})_{it} + e_{it} \quad (1)$$

Table 3. Parents' Adoption Satisfaction, Depressive Symptoms, Parenting Stress, and Social Support Over Time

	Household type				<i>t</i>	Cohen's <i>r</i>
	Heterosexual (<i>n</i> = 60)		Gay/Lesbian (<i>n</i> = 22)			
	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)		
Adoption satisfaction						
2 months	45	4.18 (0.86)	17	4.18 (0.95)	0.01	0.00
12 months	36	4.39 (0.87)	17	4.35 (1.12)	0.13	0.02
24 months	30	4.87 (0.43)	13	4.85 (0.38)	0.15	0.02
Depressive symptoms						
2 months	46	5.11 (4.42)	21	3.19 (2.98)	1.81 ⁺	0.22
12 months	38	4.05 (3.43)	13	3.31 (2.02)	0.74	0.11
24 months	27	5.70 (3.80)	14	4.21 (2.86)	1.29	0.20
Parenting stress						
2 months	49	111.24 (28.13)	20	102.40 (31.97)	1.14	0.14
12 months	39	103.41 (26.03)	18	100.56 (20.21)	0.41	0.06
24 months	33	100.36 (20.37)	17	108.24 (19.97)	-1.30	0.18
Social support						
2 months	42	20.33 (15.07)	19	22.17 (22.34)	-0.38	0.05
12 months	31	15.28 (15.20)	12	8.39 (5.33)	1.53	0.23
24 months	25	17.37 (13.94)	17	11.23 (15.00)	1.36	0.21

⁺*p* < .10.

$$\text{Level 2: } \pi_{0i}(\text{Intercept}) = \beta_{00} + \beta_{01}(\text{Household}) + \mu_{0i}$$

$$\pi_{1i}(\text{Time}) = \beta_{10} + \beta_{11}(\text{Household}) + \mu_{1i} \quad (2)$$

Household type (heterosexual vs. gay or lesbian) was included at Level 2 as a predictor of intercepts and slopes, and was coded such that heterosexual households were the reference group (coded as 0) and gay or lesbian households were coded as 1. Time was estimated as the number of months after the first assessment and was uncentered so that the intercept term (β_{00}) could be interpreted as the initial value (2 months postplacement).

We ran separate models for each outcome measure: one with adoption satisfaction, another with depressive symptoms, a third with parenting stress, and a fourth with social support (see Table 4). Regardless of their sexual orientation, all parents showed similar, significant increases in adoption satisfaction ($p < .001$) and maintained stable, low levels of depressive symptoms. There was also a nonsignificant trend suggesting that parents received less social support over time ($p = .09$). There were no significant differences between gay or lesbian and heterosexual parents on any of these measures (all $p > .10$). For parenting stress, there was a significant decline over time for heterosexual parents ($p < .05$) but not for gay and lesbian parents. As noted earlier, however, mean levels of parenting stress did not differ significantly by sexual orientation at any time point.

Discussion

As the number of same-sex couples adopting children has nearly doubled over the past decade (Gates, 2011), questions remain regarding how gay and lesbian adoptive parents function over time, especially compared with heterosexual parents. Using three assessments of adoption satisfaction, depressive symptoms, parenting stress, and social support from a sample of parents of high-risk children adopted

from foster care in Los Angeles County, we found no significant differences between gay or lesbian and heterosexual parents at 2 months, 12 months, or 24 months postplacement on any of these measures. Further, regardless of their sexual orientation, parents maintained stable and low levels of depressive symptoms over the transition to adoptive placement and reported increased adoption satisfaction over time. Gay and lesbian and heterosexual parents also reported similar, nonclinical levels of parenting stress over time, with significant declines in parenting stress for heterosexual parents.

Before discussing the implications of these findings, we first acknowledge some methodological limitations. First, as a result of the intensive design of this research, the sample was relatively small, providing adequate statistical power to detect medium and large effects but limited power to detect small effects. We were also unable to separately examine effects for lesbians and gay men or to fully explore possible differences between single and coupled adoptive parents. Future work with larger samples should examine differences along each of these dimensions. Second, families in our sample were eligible for support services that may not be available to other adoptive families, which could limit the generalizability of the findings. Third, future studies could benefit from third party reports of parents' adjustment to address any concerns regarding social desirability in parent responses. Even so, participants routinely reported clinical issues as part of the broader study from which they were drawn and had no reason to believe that the purpose of the study was to compare heterosexual and gay or lesbian households, suggesting that social desirability effects did not drive these results.

We note also that the data were collected more than 10 years ago. To the extent that societal attitudes toward allowing gay men and lesbians to adopt children continue to become more supportive over time (Pew Research Center, 2012), more research is needed to examine parents' functioning in the current social climate. Additional research comparing the experiences of adoptive parents in different

Table 4. Multilevel Models Comparing Parents' Adjustment Over Time Among Heterosexual and Gay/Lesbian Parent Households

	Coefficient (SE)	<i>t</i> test	<i>df</i>	Cohen's <i>r</i>
Adoption satisfaction				
Intercept (β_{00})	4.13 (0.13)	—	71	—
Household (β_{01})	0.04 (0.25)	0.16	71	0.02
Time (β_{10})	0.03 (0.01)	4.34***	71	0.46
Household \times Time (β_{11})	0.00 (0.01)	-0.28	71	0.03
Depressive symptoms				
Intercept (β_{00})	4.75 (0.53)	—	73	—
Household (β_{01})	-1.53 (0.97)	-1.58	73	0.18
Time (β_{10})	0.02 (0.03)	0.58	73	0.07
Household \times Time (β_{11})	0.02 (0.05)	0.39	73	0.05
Parenting stress				
Intercept (β_{00})	109.59 (3.72)	—	77	—
Household (β_{01})	-10.01 (6.95)	-1.44	77	0.16
Time (β_{10})	-0.32 (0.15)	-2.09*	77	0.23
Household \times Time (β_{11})	0.50 (0.26)	1.91 ⁺	77	0.21
Social support				
Intercept (β_{00})	21.11 (2.60)	—	69	—
Household (β_{01})	-0.16 (4.74)	-0.03	69	0.00
Time (β_{10})	-0.23 (0.12)	-1.74 ⁺	69	0.21
Household \times Time (β_{11})	-0.28 (0.21)	-1.36	69	0.16

Note. All intercepts were significant $p < .001$ and are therefore not reported. Household was coded as 0 = heterosexual, 1 = gay/lesbian. Effect size $r = \sqrt{t^2/(t^2 + df)}$.

⁺ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

states and geographical settings (urban or suburban or rural) would also be useful to further understand how characteristics of the broader sociopolitical environment affect parents' adjustment over time. Lastly, our sample of adoptive parents was majority Caucasian (69%). Although these demographics are consistent with national estimates of adoptive parents (Gates et al., 2007) and more diverse than previous studies comparing heterosexual and gay or lesbian adoptive parents (e.g., Farr et al., 2010; Goldberg, Smith, & Perry-Jenkins, 2012), targeted studies of adoptive parents from particular subcultural groups (e.g., Blacks, Latinos) are needed to examine how the intersection of race, class, and sexual orientation may affect family dynamics (cf. Moore, 2011).

Despite these limitations, the present findings provide new insights into the experience of gay and lesbian adoptive parents over time. Most notably, these findings suggest many similarities in the experiences of gay, lesbian, and heterosexual parents over the transition to adoptive parenthood. In particular, despite the high-risk nature of these adoptions, gay, lesbian, and heterosexual parents were very satisfied with the adoption overall, and increasingly so over the first 2 years postplacement. These findings extend previous research showing that the majority of heterosexual parents view their adoption positively over time (Groze, 1996). Parents also maintained nonclinical levels of depressive symptoms and parenting stress, suggesting that they were able to sustain positive mental health over this period of significant life changes even as other challenges inevitably presented themselves. In an era when thousands of foster children lack adoptive homes and concerns about the suitability of gay and lesbian adoptive parents limit the pool of potential parents, these data indicate that gay and lesbian adoptive parents are largely similar to heterosexual parents with regard to their adjustment over time.

More generally, these findings add to a limited body of work examining the factors that are associated with adoptive parents' adjustment

over the transition to parenthood (see McKay et al., 2010 for review). Consistent with prior research indicating lower role satisfaction among mothers with higher levels of parenting stress (e.g., Koeske & Koeske, 1990), greater parenting stress was consistently associated with lower adoption satisfaction throughout the transition to parenthood. Greater parenting stress was also associated with more depressive symptoms at two of three assessments. Although we cannot draw causal conclusions on the basis of our correlational design, these findings nonetheless suggest that for some parents the demands of parenting detract from their overall perceptions of the adoption and contribute to poorer mental health. Surprisingly, social support did not buffer parents from experiencing higher levels of parenting stress, a finding that is inconsistent with the broader literature (e.g., Crnic, Greenberg, Ragozin, Robinson, & Basham, 1983; Koeske & Koeske, 1990; Östberg & Hagekull, 2000; Smith, Oliver, & Innocenti, 2001). It is possible that the fact that all parents were part of a program where they routinely received support services from professionals reduced the variability in this domain and did not capture the full range of most parents' experiences regarding social support. Additional research into the factors that protect parents adopting children from foster care from experiencing parenting stress would be valuable.

Our study suggests that it is critical that adoption agencies prepare prospective parents for the complexities of the children entering their care and continue to support adoptive parents throughout the transition to parenthood to reduce parenting stress and promote greater well-being. Previous research among parents of adoptive children highlights several factors that contribute to parenting stress, including child characteristics (e.g., externalizing behavior problems, medical problems), problematic parent-child interactions (e.g., lying, withdrawal), poor family cohesion (sibling rivalry, difficulty meeting family members' needs), and changing demands for parents (e.g., extra workload, new routines; McGlone, Santos, Kazama, Fong, &

Mueller, 2002). Challenges related to the adoption service system have also been noted, including a perceived lack of partnership with service professionals (McGlone et al., 2002). Similarly, surveys of adoptive parents reveal many unmet education and training needs: specific parenting and developmental issues; helping children cope with adoption; race and cultural issues; and parent support groups (e.g., Brodzinsky, 2011). Accordingly, these findings call for a range of services to help families, including preplacement consultation to provide thorough background information on children's needs; psychotherapy to target difficult behaviors and improve parent-child and family cohesion; and respite care for children with severe behavioral problems (see also Rosenthal, Groze, & Morgan, 1996). Many parents also find support groups with other adoptive parents or mentor services from more experienced adoptive parents to be very useful (e.g., Kramer & Houston, 1998; Reilly & Platz, 2004). Agencies can thus meet parents' needs through a combination of providing direct services and by linking parents with peer resources.

In conclusion, the data reported here indicate that gay and lesbian parents adopting children from foster care show many similarities to heterosexual adoptive parents in their adjustment over time, and suggest that parents' sexual orientation is less important than the need for parental support and specific information as to ways to help children adopted from foster care. We hope that future research will extend these results by examining parents' functioning in multiple domains throughout their children's development in order to provide a better understanding of the lives and needs of diverse adoptive families over time.

Keywords: gay or lesbian parents; nontraditional families; transition to parenthood; foster care; high-risk adoption

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Correction to Levine and Levine (2013)

In the article “Vouchers and Free Market Ideology” by Murray Levine and Adeline Levine (*American Journal of Orthopsychiatry*, 2013, Vol. 83, No. 4, pp. 443–449. doi: 10.1111/ajop.12058), an incorrect pull quote was printed on page 445. The pull quote should have read:

“Vouchers for education based on free market principles of choice would encourage fragmentation of our school population.”

The online version of this article has been corrected.

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