The Relationship between Trauma-Related Problems and Family **Communication Post-Adoption** Stephanie Villaire; Jana Hunsley, MA; & Casey Call, PhD **Texas Christian University**



Abstract

Adopted children often have trauma-related emotional and behavioral problems, such as depression, anger, and anxiety, and these problems can continue to exist after adoption. Post-adoption, the adoptive family's impact on these problems is not well understood. The current study examines the relationship between adopted children's trauma symptoms and family communication – a construct that is associated with child social-emotional adjustment in traditional, biological families. Data was collected from adoptive families who were recruited to participate in a therapeutic family intervention. The results revealed a significant negative correlation between family communication and trauma-related emotional and behavioral problems in adopted children; specifically, the healthier the family communicated, the fewer problems the adopted child exhibited. Further, we wanted to determine if a similar relationship was found between biological children's emotional problems in adoptive families and family communication. The results revealed a similar relationship: the healthier the family communicated, the fewer emotional problems the biological children experienced. The results of this study indicate that family communication may be a significant factor when considering the severity of adopted children's trauma-related emotional and behavioral problems post-adoption.

Method

Participants were recruited from adoptive families before they participated in a therapeutic family intervention. Inclusion criteria were being a member of an adoptive family, with fathers excluded as not all families included a father. Participants were asked to complete a survey including demographic questions and assessments measuring each child's trauma-related or emotional problems and family communication.

The trauma-related problems for adopted children were measured using the Trauma Symptom Checklist for Young Children (TSCYC), and this study focused on anger, anxiety, and depression. The emotional and behavioral problems for biological children were measured using the Parenting Relationship Questionnaire (PRQ). While the PRQ and TSCYC both record other variables, this study was only interested in the adopted children's' trauma-related problems and the biological children's' emotional and behavioral problems. Family communication was assessed using the mother's reports on the Family Adaptability and Cohesion Scale IV (FACES-IV) questionnaire.

Participants:

- 96 total participants (26 mothers, 36 adopted children, 34 biological children)
- Age: 4-51 ($M_{mother} = 41.5$ years; $M_{child} = 9.3$ years)
- Gender: Female (56%), Male (44%)

emotional problems as well.

Race: Caucasian (74%), Mixed Race (7%), African (4%), Other (15%)

Resu	

Table 2. Bivariate correlations of emotional problems and the impact of family co				
Variables	Family	Emotional		
	Communication (%)	Problems		
Family				
Communication (%)	1.000			
Emotional Problems	-0.344*	1.000		
Note: Statistical significance: $*p < .05$, $**p < .01$				
The results of this study indicate a significant relationship between f communication and emotional problems in biological children. Spec communication increases, emotional problems decrease. This relation				
important in the context of this study as it suggests that family comr				
only related to adopted children's emotional problems, but biologica				





Results: Adopted Children



Table 1. Bivariate correlations of t		
Variables	Family	
	Comn	
Family		
Communication (%)	1.000	
Anxiety	0.085	
Depression	-0.483	
Anger	-0.337	
Note: Statistical significance: *p <		

There were significant correlations found between family communication and both depression and anger. Specifically, as family communication increases, depression and anger both decrease. These results are consistent with literature that shows family communication is negatively correlated with traumarelated problems (Rueter & Koerner, 2008).

The results of this study reveal three significant correlations regarding family communication. Specifically, family communication is negatively related to depression and anger in adopted children and emotional problems in biological children. Each correlation shows that as family communication increases, the trauma-related or emotional problem decreases.

While this specific population has not been previously studied, family communication has been examined in both psychology and communication literature. Specifically, much emphasis has been put on the Family Communication Patterns Theory (Koerner & Fitzpatrick, 2006) as one explanatory theory of the importance of family communication. This theory, however, fails to explicitly address adoptive families. This population of adoptive families has also been discussed in the literature in regards to the factors contributing to adoptionrelated challenges (Soares, Barbosa-Ducharne, & Palacios, 2019). However, such research doesn't describe an observed relationship between family communication and adoption-related challenges. This study and future studies with similar goals can help bridge gaps between communication and psychological literature.

While these results suggest an association between the variables, directionality and causation cannot be determined. Further research can assess family communication and trauma-related and emotional problems at multiple timepoints during adoption to determine whether family communication predicts adopted-related emotional changes. Future directions for this research can also look more in depth at the relationship between trauma-related problems and family communication post-adoption. This can be done in a similar fashion to this study, or in a way that incorporates the Family Communication Patterns Theory.

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trauma-related problems and the impact of family communication (n = 48)Anxiety Anger Depression 1.000 3** 0.331* 1.000 0.250 1.0000.424** <.05, **p <.01

Discussion

References

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