



Parent-school relationships and young adopted children's psychological adjustment in lesbian-, gay-, and heterosexual-parent families



Abbie E. Goldberg^{a,*}, JuliAnna Z. Smith^b

^a Department of Psychology, Clark University, 950 Main Street, Worcester, MA 01610, United States

^b Methodological Consultant, Independent Practice, United States

ARTICLE INFO

Keywords:

Adoption CBCL
Gay
Kindergarten
Parent-school relationships
School involvement

ABSTRACT

Almost no research has examined the role of parent-school relationships in relation to child psychological functioning in adoptive families or same-sex parent families, much less same-sex adoptive families. Yet adoptive families, and particularly same-sex adoptive families, may be vulnerable to marginalization in the school setting, which could have implications for child adjustment. Using parent reports, in a sample of 106 lesbian, gay, and heterosexual adoptive parent families with young children ($M_{age} = 3.38$ years at T1 and 5.42 years at T2), this study examined T1 parent-school relationships (school involvement, parent-teacher relationship quality, parent-school contact about child problems, and perceived acceptance by other parents) and adoption-specific school experiences at T1 (i.e., parent input about classroom inclusion and parent-teacher conflicts related to adoptive family status) in relation to children's later (T2) internalizing and externalizing symptoms, controlling for T1 symptoms. Follow-up analyses assessed these predictors in relation to concurrent (T1) symptoms. Family context and demographic variables were included as controls. Parents' school involvement was negatively related to later internalizing symptoms; providing input to teachers about inclusion, and parent-teacher conflicts related to adoption, were both positively related to later internalizing symptoms. Perceived acceptance by other parents was negatively related to later internalizing and externalizing symptoms. School-initiated contact about child problems more strongly predicted higher externalizing symptoms in same-sex parent families than heterosexual parent families. Cross-sectional analyses (T1 predictors in relation to T1 child outcomes) revealed a somewhat different set of findings: most notably, parents' school involvement was negatively related to externalizing symptoms. Findings have implications for early childhood educators and school administrators who seek to improve diverse family-school partnerships to enhance children's emotional and behavioral well-being.

According to ecological systems theory (Bronfenbrenner, 1995), individuals, especially children, are profoundly impacted by the contexts in which they live (e.g., home, school, and neighborhood) and the relationships among these systems (e.g., parent-teacher relationships) (Bronfenbrenner, 1995). A body of research has established that parent involvement in schools and strong parent-teacher relationships have implications for both parents' future school engagement as well as children's long-term psychosocial outcomes (Hornby, 2011; Izzo, Weissberg, Kaspro, & Fendrich, 1999). Notably, despite growing family diversity, including an increased number of lesbian/gay [LG] parent families, research on the role of the school context, and family-school linkages, in relation to children's well-being has primarily focused on heterosexual, two-parent families with biologically related children (Goldberg & Gartrell, 2014)—i.e., what is considered to be the standard North American nuclear family (SNAF; Smith, 1993). Both LG and adoptive families (and, in particular, LG adoptive families) deviate

from and challenge SNAF, belief in which is likely to be so omnipresent that it is rendered invisible, and hence unquestioned, in the school setting (Goldberg, Black, Sweeney, & Moyer, 2017). Schools, as microcosms of society, tend to be largely heteronormative, whereby heterosexuality, marriage, and reproduction are inextricably linked and privileged (De Graeve, 2014; Oswald, Blume, & Marks, 2005). According to queer theory (Oswald et al., 2005), such deviations from SNAF can be stressful, in that families may regularly confront reminders of their marginalization – for example, in the form of family tree assignments which both (a) require knowledge of ancestry, which may be unavailable to adopted children, and (b) assume a mother and father, which would not apply to children with LG parents. Yet such confrontations may also present opportunities for “queering”, or resisting and challenging the heteronormativity and biocentrism inherent in classroom practices and curricula, such as through the donation of books that reflect one's family (Goldberg et al., 2017).

* Corresponding author.

E-mail addresses: agoldberg@clarku.edu (A.E. Goldberg), juliannazsmith@mac.com (J.Z. Smith).

This study seeks to explore dimensions of parent-reported parent-school relationships as predictors of child emotional/behavioral functioning among LG and heterosexual adoptive families. This research is important in that adoptive families in general may encounter marginalization in the school setting (e.g., curricular lack of inclusion; insensitive remarks from teachers and other parents) related to their “non-normative” family building route, lack of genetic ties, and possibly multiracial status (Goldberg & Smith, 2014; Goldberg et al., 2017). LG adoptive parents may face additional marginalization (e.g., in curricula and school relationships) due to their same-sex relationship status and associated stigmas surrounding LG parenting (Goldberg et al., 2017). Given that LG couples are between four to 10 times more likely to adopt than heterosexual couples (Gary Gates, personal communication, June 26, 2016), a focus on LG adoptive families’ experiences in schools, and their implications for child adjustment, is especially warranted.

1. Parent-school relationships and children’s well-being

Family-school relationships are widely recognized as contributing to child development (Bronfenbrenner, 1995; Hornby, 2011). Parents’ involvement with schools (e.g., volunteering, serving on school committees, attending events) is recognized as a key way in which the family–school relationship may shape children’s academic (Castro, Bryant, Peisner-Feinberg, & Skinner, 2004; Clements, Reynolds, & Hickey, 2004) and psychological (Domina, 2005; Hill et al., 2004) outcomes. Parents’ school-based involvement can be conceptualized as representing a form of social capital that may contribute to positive child outcomes via the “shared information that extended parent networks allow” and parents’ “intensive investment in the well-being of the school” (McNeal, 1999; p. 125). Parents who attend PTA meetings and volunteer in school develop relationships with teachers and parents – relationships that make it easier for parents to monitor children’s behavior and teachers’ practices and to exchange information (Domina, 2005). Further, school involvement gives parents access to insider information, such that when children have problems at school, parents learn about them earlier and know more about available solutions. Thus, school involvement grants parents a type of control that may impact child behavioral outcomes (Domina, 2005; McNeal, 1999). Parents’ school involvement may also influence children via modeling, whereby children who witness their parents investing time in school and showing respect for school officials come to internalize the message that school, as an extension of family, is a place where they are expected to behave appropriately (Grolnick & Slowiaczek, 1994). High levels of school involvement may indirectly benefit children through the positive relationships they form with teachers, such that teachers may in be more positively predisposed toward (and less likely to have conflict with) children of highly involved parents (Wyrick & Rudasill, 2009), which could have positive implications for children’s adjustment.

Most research exploring the relationship between parents’ school involvement and children’s socioemotional adjustment has been cross-sectional (McCormick, Capella, O’Connor, & McClowry, 2013; McWayne, Hampton, Fantuzzo, Cohen, & Sekino, 2004; Rimm-Kaufman, Pianta, Cox, & Bradley, 2003), providing little insight into whether parents’ school involvement affects children’s adjustment or vice versa, or the long-term effects of involvement on adjustment. Nevertheless, both cross-sectional (McCormick et al., 2013; McWayne et al., 2004) and longitudinal (Domina, 2005; Hill et al., 2004; El Nokali, Bachman, & Votruba-Drzal, 2010) research on parents’ school involvement and children’s behavior suggests that involvement is associated with lower levels of child behavioral problems – although some research has found non-significant linkages between involvement and child adjustment (Rimm-Kaufman et al., 2003). A recent study of parents’ school involvement among school-aged children found that involvement predicted declines in problem behaviors across elementary grades, and children with more involved parents had enhanced social functioning and fewer adjustment problems (El Nokali et al., 2010).

Parent-school relationships are multidimensional (Kohl, Lengua,

McMahon, & the CPPRG, 2000), and, thus, there are several aspects of parents’ relationships with schools that are important to examine distinct from parents’ school involvement in order to tease apart their unique impact on child well-being. In particular, the quality of the parent-teacher relationship has been positively linked to child psychological adjustment (Izzo et al., 1999; Kim, Sheridan, Kwon, & Koziol, 2013; Serpell & Mashburn, 2012), with at least one study documenting its unique impact on child outcomes even when examined alongside school involvement and frequency of parent-teacher communication (Izzo et al., 1999). In addition, distinct from school involvement and parent-teacher relationship quality, parent-teacher contact about children is rarely examined but represents a key aspect of parent-school communication (Izzo et al., 1999; Kosciw & Diaz, 2008; Rimm-Kaufman & Pianta, 1999) that may reflect both parents’ and schools’ concerns about problematic behavior. Indeed, the number of direct contacts between teachers and parents has been negatively linked to child outcomes (i.e., it predicts increasing child behavior problems over the early school years) (Izzo et al., 1999). Thus, we examine parents’ school involvement, the parent-teacher relationship, and the quantity of parent-school contact about problematic child behaviors and performance (including parent- and school-initiated contact), in relation to child emotional/behavioral outcomes.

Insomuch as societal stigma related to adoption is still pervasive (Goldberg, Kinkler, & Hines, 2011) and may trickle down into school attitudes and practices (Goldberg et al., 2017), adoptive parent families are potentially vulnerable to implicit marginalization within the school in general and the classroom specifically. A limited body of primarily qualitative research has examined adoptive parents’ school experiences, and no work has examined adoptive parent-school relationships in relation to child outcomes—yet existing work highlights important dynamics that may be relevant to consider in quantitative research. Nowak-Fabrykowski, Helinski, and Buchstein (2009) surveyed heterosexual foster parents and found that most respondents reported that their children’s teachers and classrooms did not have any materials related to adoption, and felt that teachers should make more of an effort to incorporate the experiences and needs of adoptive families into materials and curricula. A qualitative study of lesbian, gay, and heterosexual adoptive parents with found that about one-fifth of parents reported teacher insensitivity and inexperience related to adoption (e.g., insensitive language, such as calling them “adoptive parents”; over-focusing on adoption as the root cause of children’s behavioral issues) as a challenge during the early childhood years (Goldberg, 2014). Unknown but of interest is how negative experiences with teachers related to child adoption might relate to children’s emotional and behavioral outcomes.

Notably, knowledge of adopted children within the classroom may not be enough to prompt teachers to pursue more sensitive or inclusive teaching practices related to adoption. One study found that more than half of early childhood educators were aware of adopted children in their classes, but only 34% of those who were aware had made adjustments in their teaching (e.g., in assignments related to families) (Taymans et al., 2008). It may be that direct input and education by adoptive parents – an adoption-focused, parent-initiated form of school involvement, and a form of “queering” in response to perceived marginalization (Oswald et al., 2005) – is necessary for teachers to adapt their teaching practices to be more inclusive. Parents who provide input to teachers may, however, be perceived as difficult or demanding by teachers, which could cause teachers to resent parents and children and treat them differently (Pyhalto, Pietarinen, & Salmela-Aro, 2011), which might ultimately have a negative impact on children.

There is some evidence that LG adoptive parents may be especially vulnerable to marginalization within the school setting. A national survey of LGBT parents found that 1 in 6 parents felt that schools did not acknowledge their type of family or that they could not fully participate in the school because they were LGBT; and, less than one-third of parents said that their children’s school curriculum included

representations of LGBT people, history, or events (Kosciw & Diaz, 2008). Qualitative research has also documented LG parents' concerns about curricular content, including the representation of LG-parent families (Goldberg et al., 2017). Such experiences may undermine LG parents' school involvement and their relationships and communication with teachers, which may have negative consequences for children's well-being.

2. Parents' perceptions of acceptance by other parents

A final important but understudied aspect of parent-school relationships is parents' connections to and perceptions of acceptance by other parents. Similar to interacting with and talking to teachers, interacting with other parents represents a form of social capital, whereby parents with strong social ties to other parents have more collective power in their communities and in advocating for their children in the school (Durand, 2011), which may have implications for children's adjustment. Positive relationships with other parents may also benefit parents and children by increasing their sense of belonging and connectedness to the school community at large (Kosciw & Diaz, 2008), thus enriching their social life within and beyond the school. Connections to, and perceived acceptance by, other parents are social resources that are likely to be especially important for members of minority groups, such as racial minorities (Durand, 2011) and LG parents (Goldberg & Smith, 2014), who are vulnerable to alienation and rejection from other parents at school (Kosciw & Diaz, 2008), which could indirectly disadvantage their children.

In support of the possibility that lower levels of perceived acceptance by other parents may have negative implications for children's adjustment, Bos, Van Balen, Sandfort, and Van Den Boom (2004), who studied lesbian mother families formed via donor insemination (with children age 4–8 years), found that mothers who reported greater rejection based on their sexual orientation reported more emotional/behavioral problems in their children. Thus, when parents experience greater social stress (as indexed by rejection), parenthood may be experienced more stressful, thus contributing to or reflecting a more difficult adjustment for their children (Bos et al., 2004). We examine parents' perceptions of acceptance by other parents, with the expectation that those who perceive less acceptance may report more emotional/behavioral issues in their children.

3. The current study

This study explores parents' reports of school-based involvement, relationships with teachers, contact with schools (parent- and school-initiated) about children's negative behaviors, and perceived acceptance by parents, all of which were measured 3 years post-adoption (Time 1 [T1]: early preschool, for most children; *Mage* = 3.38 years) as predictors of parents' reports of both internalizing and externalizing symptoms 5 years post-adoption (Time 2 [T2]: late preschool or kindergarten, for most children; *Mage* = 5.42 years). Consideration of both externalizing problems (overt issues such as aggressive behavior and hyperactivity) and internalizing problems (less visible issues such as anxiety, withdrawal, and depression) is important, inasmuch as stressful or positive aspects of children's environment may differentially affect these two domains (Gilliom & Shaw, 2004). We also include as predictors two adoption-specific parent-school variables: parents' reports of negative experiences with teachers related to their status as an adoptive family, and parents' reports of providing input to teachers related to classroom/curricular inclusion. By focusing on aspects of the parent-school relationship that are potentially malleable (e.g., school involvement, contact with teachers), this study has the potential to yield findings that can inform interventions to support diverse families and families of children with adjustment difficulties.

We also examine the role of parent sexual orientation, gender, and their interaction as predictors, as this enables us to examine whether

there are differences in child outcomes by parent sexual orientation (same-sex vs. heterosexual) and gender (women vs. men) and, whether the effect of sexual orientation differs by gender (such that there are differences among lesbians, gay men, heterosexual women, and heterosexual men). We include these variables as predictors in that public debate has increasingly focused on whether children raised by two women or two men will show "normal" development (see Goldberg & Gartrell, 2014). Yet of note is that studies that compare the adjustment of children of LG parents to children of heterosexual parents have found few differences in child adjustment by family type (Farr, Forssell, & Patterson, 2010; Goldberg & Smith, 2013; Golombok et al., 2014). Thus, our expectation is that, consistent with prior work, we will not find any differences in child outcomes by family type.

We control for key family factors that have been linked to child adjustment, namely: family income, education, parent depression, and parents' relational conflict, all measured 3 years post-placement. We also include as controls child age at adoptive placement, current child age, child gender, school type (private/public), school change between T1 and T2, and child internalizing or externalizing symptoms at T1. Much of the research predicting emotional/behavioral functioning does not control for earlier symptoms (e.g., Goldberg & Smith, 2013; Hill et al., 2004); as such, it is useful to consider how the inclusion of this control affects the findings. We also conduct cross-sectional analyses examining the relationship between the same predictors and controls (except for child change in school) and concurrent (T1) internalizing and externalizing symptoms.

Given the paucity of research on parent-school relationships in same-sex parent families, we conducted follow-up analyses testing interactions between parent sexual orientation and each of the parent-school relationship predictors (including the adoption-specific variables) to determine whether, for example, poor parent-teacher relationships are more strongly related to child problems for LG parent families. These interactions are exploratory and thus we not pose formal hypotheses.

In sum, our **research questions** are:

1. While controlling for other key variables, are parent-school relationships (i.e., involvement, teacher relationships, contact, parent acceptance) related to children's later adjustment?
2. Controlling for other key variables, are adoption-specific parent-school dynamics (negative adoption experiences; input regarding inclusion) related to children's later adjustment?
3. Are these associations (Q1 & 2) different for internalizing versus externalizing symptoms?
4. Are these associations (Q1 & 2) different when considering concurrent child symptoms?
5. In light of debates about parental sexual orientation and child outcomes, we ask: Controlling for other key variables, are parents' sexual orientation, gender, or their interaction related to child adjustment?
6. In exploratory analyses we ask: Do the associations between any of the parent-school or adoption-specific variables and child adjustment differ by parent sexual orientation?

4. Method

4.1. Description of the sample

Data were taken from a longitudinal study of adoptive families. All 106 couples had an adopted child, and in all cases it was their first child. At T1, children were 3.38 years old, on average; 85% were enrolled in preschool, and 15% were in daycare settings. Eighty-four percent of children were enrolled in private (as opposed to public) schools. At T2, children were 5.42 years old, on average; 46% of children were in preschool, 42% were in kindergarten, and the remainder were in 1st-2nd grade. Fifty-two percent of children were in private schools at T2.

Table 1
Table of Descriptives for Controls, Predictors, and Outcomes.

Variable	Entire Sample (<i>N</i> = 174) <i>M</i> (<i>SE</i> / <i>SD</i>) or <i>n</i> (%)	Same-Sex Female (<i>n</i> = 54) <i>M</i> (<i>SE</i> / <i>SD</i>) or <i>n</i> (%)	Same-Sex Male (<i>n</i> = 53) <i>M</i> (<i>SE</i> / <i>SD</i>) or <i>n</i> (%)	Heterosexual Women (<i>n</i> = 38) <i>M</i> (<i>SD</i>) or <i>n</i> (%)	Heterosexual Men (<i>n</i> = 29) <i>M</i> (<i>SD</i>) or <i>n</i> (%)
<i>Outcomes</i>					
T1 CBCL Internalizing	46.51 (0.81)	47.21 (1.48)	44.24 (1.06)	45.16 (10.34)	49.66 (10.21)
T1 CBCL Externalizing	48.11 (0.75)	47.89 (1.20)	46.93 (1.36)	47.29 (8.81)	51.24 (9.84)
T2 CBCL Internalizing	48.89 (0.96)	48.69 (1.84)	46.60 (1.67)	50.26 (10.69)	49.62 (10.49)
T2 CBCL Externalizing	48.31 (0.81)	47.67 (1.34)	48.59 (1.79)	47.92 (8.44)	48.76 (8.58)
<i>Predictors</i>					
School Involvement	2.23 (0.039)	2.26 (0.067)	2.26 (0.078)	2.28 (0.46)	2.11 (0.55)
Parent Negative Contact	28 (16.1%)	8 (14.8%)	11 (20.8%)	4 (10.5%)	5 (17.2%)
Parent Positive Contact	33 (19%)	9 (16.7%)	12 (22.6%)	8 (21.1%)	4 (14.3%)
School Negative Contact	29 (16.7%)	5 (9.3%)	12 (22.6%)	7 (18.4%)	5 (17.2%)
School Positive Contact	38 (21.8%)	6 (11.1%)	18 (32.7%)	8 (21.1%)	6 (21.4%)
Parent–Teacher Relationship	3.30 (0.05)	3.28 (0.07)	3.47 (0.06)	3.28 (0.77)	3.05 (0.68)
Perceived Acceptance-Parents	4.25 (0.05)	4.03 (0.10)	4.39 (0.09)	4.36 (0.65)	4.21 (0.67)
Negative Adoption Experiences	20 (11%)	11 (20.4%)	3 (5.4%)	3 (7.9%)	3 (10.3%)
Parent Input re: Inclusion	41 (23.6%)	17 (31.5%)	13 (24.2%)	7 (18.4%)	4 (14.3%)
<i>Controls: Parents</i>					
Parent Education	4.56 (0.08)	4.42 (0.14)	4.55 (0.14)	4.68 (0.96)	4.62 (0.98)
Family Income	\$157,049.43 (\$9798.63)	\$128,923.01 (\$73,109.56)	\$226,301.89 (\$119,827.37)	\$148,103.45 (\$91,989.65)	\$148,103.45 (\$91,989.65)
Depression	0.47 (0.40)	0.45 (0.37)	0.47 (0.41)	0.47 (0.39)	0.50 (0.45)
Conflict with Partner	3.75 (0.10)	3.96 (0.22)	3.69 (0.18)	3.75 (0.91)	3.51 (1.04)
<i>Controls: Child/school</i>					
T1 Child Age (Months)	40.61 (6.32)	41.028 (5.89)	39.30 (5.24)	40.99 (7.41)	41.72 (7.25)
T2 Child Age (Months)	65.11 (6.18)	63.97 (5.41)	63.98 (4.37)	67.03 (7.48)	66.76 (7.63)
Child > 6 Months At Adoption	37 (21.3%)	12 (22.2%)	2 (3.8%)	13 (34.2%)	10 (34.5%)
Child Gender (Female)	82 (47.1%)	23 (42.6%)	24 (45.3%)	21 (55.3%)	14 (48.3%)
Private School	147 (84.5%)	41 (75.9%)	47 (88.7)	34 (89.5%)	25 (86.2%)
Changed School	126 (72.4%)	46 (85.2%)	38 (71.7%)	27 (71.1%)	15 (51.7%)
Grade (Kindergarten + up at T2)	95 (54.6%)	31 (57.4%)	25 (46.3%)	23 (60.5%)	16 (57.1%)

Note: MLM analyses were used to determine means and SEs (rather than SDs) of continuous variables for which there were two reports per couple, in order to account for dependency in the data. The means and frequencies of men and women in heterosexual couples varies, as for several couples responses were only available for one member.

The sample is more affluent than national estimates for same-sex and different-sex adoptive parent families (whose average household incomes are \$102,474 and \$81,900, respectively; Gates, Badgett, Macomber, & Chambers, 2007), with male couples averaging \$226,301 (*SD* = \$119,827), female couples \$128,923 (*SD* = \$73,109) and different-sex couples \$148,103 (*SD* = \$91,989). Most parents were White: 93%, 90%, and 89% of parents in female, male, and different-sex couples, respectively. Children were mostly of color (including biracial children): 69% of female couples, 51% of male couples, and 61% of different-sex couples had children of color. A total of 57% of female couples, 55% of male couples, and 48% of different-sex couples adopted a boy. Chi-square analyses showed no differences in parent or child race or child gender by family type (For a full summary of participant characteristics, including predictor and outcome variables, see Table 1.).

4.2. Recruitment and procedures

Inclusion criteria for the larger study from which this sample was drawn were (a) couples must be adopting their first child; and (b) both partners must be becoming parents for the first time. Participants were originally recruited during the pre-adoptive period. Adoption agencies across the US were asked to provide study information to clients who had not yet adopted. U.S. census data were used to identify states with a high percentage of same-sex couples (Gates & Ost, 2004); effort was made to contact agencies in those states. Over 30 agencies provided information to clients, typically in the form of a brochure that invited them to participate in a study of the transition to adoptive parenthood. Couples were asked to contact the principal investigator for details.

Participation in the original study entailed completion of a ques-

tionnaire packet and participation in a telephone interview (separate from their partners) pre-adoption, and 3 months after they were placed with their first child. Parents completed follow-up questionnaires 3 years post-placement (T1), when children were about 3.5 years old (early preschool-aged). They completed follow-up questionnaires 5 years post-placement (T2), when children were about 5.5 years old (late preschool/kindergarten-aged), with no children over the age of 7 years. Data for the current study primarily come from the third and fourth assessment point, which we denote as T1 and T2.

4.3. Outcome measures

4.3.1. Child emotional and behavior problems (T1, T2)

The Child Behavior Checklist (CBCL/1.5–5) (Achenbach & Rescorla, 2000), designed for children aged 18–71 months (or under 6 years) consists of three domains: internalizing problems (e.g., depression, anxiety), externalizing problems (e.g., behavioral problems), and total problems. We used the internalizing and externalizing problem scores as outcomes, in part because prior work examining parent-school relationships in relation to child adjustment has tended to examine externalizing problems only (McCormick et al., 2013) or total problems (El Nokali et al., 2010), making it difficult to draw conclusions about the implications of parent-school dynamics for internalizing symptoms. Parents responded to 100 items (e.g., “afraid to try new things” [internalizing] and “gets into many fights” [externalizing]) and indicated how often their child displayed these problems using a 3-point scale (0 = *not true*; 1 = *somewhat/sometimes true*; 2 = *very/often true*). We transformed raw scores into standard *T* scores; higher scores = more symptoms. In the non-referred standardization sample, the mean *T* score for parent reports was 50.2 (*SD* = 9.9) for both internalizing

and externalizing scales. The mean *T* score for the clinically referred sample was 61.2 (*SD* = 10.9) for the internalizing scale and 61.7 (*SD* = 11.1) for the externalizing scale (Achenbach & Rescorla, 2000). To correct for the skewed distribution of the data, the square root of the CBCL *T*-scores was used in analyses.

The CBCL has good internal consistency and test-retest reliability (Achenbach & Rescorla, 2000). Consistent with prior work (Konold, Hamre, & Pianta, 2003), the two subscales were highly correlated in our sample at T1, $r = 0.65$, $p < 0.001$, and T2, $r = 0.70$, $p < 0.001$. Alphas for internalizing ranged between 0.81–.87 at T1 and T2, and between 0.86–.93 for externalizing at T1 and T2.

4.4. Predictor measures

4.4.1. Parents' school-based involvement (T1)

Parents' school involvement was assessed using the Parents' Involvement and Volunteering subscale of the Parent-Teacher Involvement Questionnaire (PTIQ) (Conduct Problems Prevention Research Group, 1991); we hereafter refer to this subscale as School Involvement. Parents responded to 8 items (e.g., "You volunteer at your child's school") using a 5-point scale, where 0 = *never/not at all*; 1 = *once or twice a year/a little*; 2 = *almost every month/some*; 3 = *almost every week/a lot*; and 4 = *more than once per week/a great deal*. One item ("You have attended PTA meetings") was dropped from the scale as it was not deemed applicable to preschool/kindergarten-age children. Alphas ranged from 0.70 to 0.78 across family types, similar to those reported in other studies (El Nokali et al., 2010; Kohl et al., 2000).

4.4.2. Parent-teacher relationship quality (T1)

Parent-teacher relationship quality was assessed using the Parent-Teacher Relationship subscale of the PTIQ, which contained 7 items (e.g., "You think your child's teacher is interested in getting to know you") and used the same response scale as above. Due to the negative skewed distribution of responses, scores were squared for all analyses. The School Involvement and Parent-Teacher Relationship scales are intercorrelated ($r = 0.43$) but represent distinct constructs. For the Parent-Teacher Relationship scale, alphas ranged from 0.82 to 0.91 across different family types. Other studies utilizing this subscale report similar alpha values and similar scale correlations (El Nokali et al., 2010; Kohl et al., 2000).

4.4.3. School-initiated contact about child (T1)

Parents indicated the number of times their children's school had contacted them about various problems, using a 4-point scale: 1 = *none (never)*; 2 = *once or twice (infrequently)*; 3 = *three or four times (sometimes)*; or 4 = *five or more times (a lot)*. This scale was created by Kosciw and Diaz (2008). Four items (Your child's... "poor performance in school"; "problem behavior at school"; "having problems with other students"; "poor attendance") were summed to form an index of school-initiated *negative* contact. We do not report alphas, as items represent parents' reports of school contacts about specific topics and do not represent unitary constructs. Due to the skewed distribution of responses (over half of the sample responded a 1 on a 1–4 scale), we created a categorical variable in which the top quartile of parents were coded as having high negative contact (their mean score was greater than 1.5).

In addition, parents responded to six items about school-initiated contact about positive or neutral issues, using the same response scale (e.g., your child's school program; your child's good behavior). These items were summed to form a measure of school-initiated *positive/neutral* contact, which was included in follow-up analyses to ensure that any associations between negative contact and child functioning were due to the negative nature of the contact and not overall contact.

4.4.4. Parent-initiated contact about child (T1)

Parents also indicated how often they had contacted the school

about the above issues, using the same response scale. Two parallel scales were created (parent-initiated *negative* contact; parent-initiated *positive/neutral* contact), the latter of which was only used in follow-up analyses. Due to the extremely skewed distribution of responses, we created a categorical variable in which the top quartile of respondents were dummy coded as having high negative contact (their mean score was greater than 1.5).

4.4.5. Acceptance by other parents (T1)

To measure parents' perceptions of acceptance by other parents at their children's schools, we adapted a measure by Goodenow (1993), whose original measure assessed adolescents' perceived acceptance by peers, which we adapted to assess perceived acceptance and inclusion by other parents. Parents responded to 5 items (e.g., Other parents at this school... "are friendly to me"; "are interested in my opinions"; "respect me") on a 5-point scale (1 = *not at all true*; 5 = *very true*). Alphas ranged from 0.69 to 0.79 across family types. Due to the negative skewed distribution of responses, this variable was squared for all analyses.

4.4.6. Negative adoption-related experiences at school

At T1, parents responded to the question, "Have you had any negative experiences with your child's teachers related to your status as an adoptive family?" by answering yes (1) or no (0). This item was used as an index of negative adoption-related school experiences.

4.4.7. Parent input regarding classroom inclusivity

At T1, parents responded to the question, "Have you offered suggestions to your child's school/teachers regarding how to promote a more inclusive classroom?" by answering yes (1) or no (0). This item was used as an index of parental efforts regarding inclusivity and diversity.

4.4.8. Parent gender (female parent)

Parent gender refers to the self-reported gender of each partner. We examined differences by gender by creating a dummy variable (1 = *female*, 0 = *male*).

4.4.9. Sexual orientation (parent in same-sex couple)

Parents' sexual orientation was coded according to whether they were in a same-sex or heterosexual relationship. We assessed differences by sexual orientation by creating a dummy variable (1 = *same-sex parent*, 0 = *heterosexual parent*).

4.5. Measures of control variables

4.5.1. Family income

In light of some research showing higher CBCL scores in low-income families (Mistry, Biesanz, Taylor, Burchinal, & Cox, 2004), we used parents' estimated combined (family) income as a control. Due to its positively skewed distribution, the square root of family income (divided by 10,000 to put it on the same scale as other variables) was used in all analyses.

4.5.2. Parent education

Given that low parent education levels have been linked to higher levels of child behavioral problems (Nagin & Tremblay, 2001), we control for parent education, where 1 = *less than high school*, 2 = *high school diploma or GED*, 3 = *associate's degree/some college*, 4 = *bachelor's degree*, 5 = *master's degree*, and 6 = *PhD/MD/JD*.

4.5.3. Parent depression (T1)

Given that parental depression is an established predictor of child adjustment (Anhalt, Telzrow, & Brown, 2007; Goldberg & Smith, 2013), we included it as a control. We used the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977), which assesses

depressive symptoms within the last week. Participants responded to 20 items (e.g., “I felt sad”) using a 4-point scale (0 = *rarely or none of the time* to 3 = *most or all of the time*). Higher scores indicate more symptoms. Due to the positively skewed distribution, the square root of depression scores was used. Alphas ranged from 0.88 to 0.94 across family types.

4.5.4. Relationship conflict (T1)

Given that parent relationship conflict is related to child adjustment concurrently and longitudinally (Ablow, Measelle, Cowan, & Cowan, 2009; Rhoades et al., 2011), we included it as a control. Conflict was assessed using a 5-item scale (Braiker & Kelley, 1979). Using a 9-point scale (1 = *not at all/never*, to 9 = *very much/very often*), parents responded to questions such as, “How often do you and your partner argue?” Higher mean scores indicate more conflict. Alphas ranged from 0.71 to 0.82 across family types.

4.5.5. Child age at adoptive placement

In that an older age at adoption has been linked to greater risk of emotional and behavioral problems (Gunnar, van Dulmen, & the International Adoption Project Team, 2007), with children placed in early infancy (i.e., under 6 months) demonstrating the best adjustment (Goldberg & Smith, 2013), child age at adoption was dummy coded, where 1 = 6 months and older, and 0 = under 6 months.

4.5.6. Child age at time of CBCL assessment (T1, T2)

Current child age, in months, was included as a control, since even standardized CBCL scores may vary somewhat by age (Achenbach & Rescorla, 2000). Due to the highly skewed distribution of child age, the natural log was used in all analyses. In addition, as a minority of children were older than 6 at one or both T1 or T2 ($n = 15$; 14%), follow-up analyses were conducted dropping these children from the sample.

4.5.7. Child gender (female child)

As prior studies have observed higher CBCL scores among boys (Bayer, Hoiscock, Ukoumunne, Price, & Wake, 2008), we control for child gender. Child gender was coded as a dummy variable (0 = *male*, 1 = *female*).

4.5.8. Type of school (private)

Given some data showing that children enrolled in private schools (which are generally safer and offer more discipline) show better behavioral outcomes (Dills & Mulholland, 2010; Figlio & Stone, 1999), we control for whether the child’s preschool was private or public. School type at T1 (early preschool) was coded as private (1) or public (0).

4.5.9. Switched school

In that parents whose children who attend kindergarten in the same location as preschool may receive more support during the transition than parents of children who switch schools (Carlson et al., 2009), which could impact child outcomes, we control for whether the child changed schools between T1 and T2 (1) or were at the same school (0).

4.5.10. Grade

Given that children varied in terms of whether they were in late preschool (43%), kindergarten (45%), or 1st or 2nd grade (12%) at T2, we included grade as a control in follow-up analyses, where 0 = *pre-school* and 1 = *kindergarten or later grade*.

4.6. Analytic strategy

Since both parents reported on child outcomes, it was necessary to use a method that could take into account both parents’ reports for each child. Multilevel modeling (MLM) permits examination of multiple

informants’ reports of the same outcome and provides accurate standard errors for testing the regression coefficients relating predictors to outcome scores (Kenny, Kashy, & Cook, 2006; Kuo, Mohler, Raudenbush, & Earls, 2000; Smith, Sayer, & Goldberg, 2013). The multi-level models tested were two-level random intercept models such that both parents’ reports (Level 1) were nested within the child (Level 2). A single intercept was used as there was no characteristic meaningful to the analyses (such as parent gender) available to distinguish between the two parent reports for each child (Smith et al., 2013). To deal with intracouple differences, the Level 1 model was a within-child, repeated measures, multiple informant model that used information from both members of the couple to define one parameter—an intercept, or average score—for each child. This intercept is a random variable that is treated as an outcome variable at Level 2. Scores that vary by parent were entered at Level 1 (e.g., depression), while those that varied by family were entered at Level 2 (e.g., child gender) (Smith et al., 2013). MLM was also used to examine mean differences based on gender, sexual orientation and their interaction on all continuous predictor variables (e.g., school involvement, conflict) including those which might not be thought to vary by family, such as child age and family income, as there were minor differences in parents’ reports of these domains. Differences in dichotomous variables (e.g., public/private school) were examined using chi-square tests, as MLM estimates are unreliable for examining dichotomous outcomes in dyads or other small groups (Raudenbush, 2008; Smith et al., 2013).

The distributions of all variables were examined. Several continuous variables were transformed to correct for skew, and the distribution of one variable (contact about child problems) was so highly skewed that it was necessary to recode it as a dichotomous variable. All continuous variables were grand mean-centered. Categorical variables, such as child gender, parent gender, and sexual orientation, were dummy coded. Interactions were created by mean-centering continuous variables and multiplying them or categorical variables (dummy coded) with sexual orientation (which was dummy coded). All variables were entered separately and in combination to check for multicollinearity. Effect sizes are not presented as MLM estimates are based on estimates of variance, which are unreliable in models examining dyadic data (see Maas & Hox, 2005; Raudenbush, 2008; Smith et al., 2013).

5. Results

5.1. Descriptive statistics

Table 1 presents descriptive statistics for continuous, categorical, and dichotomous predictors and controls, and continuous outcomes, for the full sample and by sexual orientation and gender. For continuous individual level variables (e.g., relational conflict), we used MLM to examine differences by sexual orientation, gender, and their interaction. For dichotomous variables, we used chi-square tests (as MLM provides inaccurate estimates for dyadic data when examining dichotomous outcomes) to examine differences across the four parent types identifiable by sexual orientation and gender: lesbians, gay men, heterosexual women, and heterosexual men. Where a significant difference was found, follow-up analyses were conducted to see between which parent types the differences lay. As reported in Table 1, parents’ reports of internalizing and externalizing symptoms differed at T1. There was a significant interaction between gender and sexual orientation ($\beta = 8.02$, $SE = 2.67$, $df = 164.87$, $t = 3.01$, $p = 0.003$), with significant main effects for both gender ($\beta = -5.13$, $SE = 1.65$, $df = 88.94$, $t = -3.12$, $p = 0.002$) and sexual orientation ($\beta = -6.37$, $SE = 2.20$, $df = 135.03$, $t = -2.90$, $p = 0.004$), such that heterosexual men reported significantly higher levels of child internalizing symptoms than any other group. For T1 externalizing symptoms, there were significant main effects for both gender ($\beta = -3.92$, $SE = 1.72$, $df = 95.95$, $t = -2.28$, $p = 0.025$) and sexual orientation ($\beta = -4.55$, $SE = 2.08$, $df = 140.71$, $t = -2.19$, $p = 0.031$), such that women and parents in same-sex couples reported lower externalizing symptoms.

lizing symptoms. There were no significant differences by parent sexual orientation or parent gender at T2.

Reports of T1 parent-teacher relationship quality also differed by group, with a significant interaction between gender and sexual orientation ($\beta = -2.84$, $SE = 1.15$, $df = 168.30$, $t = -2.48$, $p = 0.014$) and a significant main effect for sexual orientation ($\beta = 2.59$, $SE = 0.85$, $df = 148.17$, $t = 3.04$, $p = 0.003$), such that gay men reported the highest quality relationships and heterosexual men the lowest. Perceived acceptance by other parents also showed a significant interaction between gender and sexual orientation ($\beta = -4.91$, $SE = 1.61$, $df = 170.00$, $t = -2.74$, $p = 0.007$), but no significant main effects for gender or sexual orientation, such that lesbians reported the least acceptance. There were no other significant differences for parent-school variables.

Regarding negative adoption-related experiences with teachers, there was a significant difference across the four parent types (lesbians, gay men, heterosexual women, heterosexual men; $X^2 = 8.41$, $df = 3$, $p = 0.038$). Inspection of the means showed that lesbian mothers were the most likely to report such experiences; however, for gay men, heterosexual women, and heterosexual men, the cell count was under 5 and thus one cannot rely on the accuracy of chi-square statistics for detecting group differences by group. Parent input related to inclusion did not vary by group.

In terms of demographic controls, the only significant difference by group was family income, which showed a significant interaction for gender and sexual orientation ($\beta = -1.31$, $SE = 0.28$, $df = 145.15$, $t = -4.61$, $p = 0.000$) and a significant main effect for sexual orientation ($\beta = -1.31$, $SE = 0.28$, $df = 145.15$, $t = -4.61$, $p = 0.000$), but no significant main effect for gender, such that gay men reported the highest family incomes and lesbians reported the lowest.

In terms of child characteristics, there was a significant difference in age at adoption across the four parent types (lesbians, gay men, heterosexual women, heterosexual men; $X^2 = 16.54$, $df = 3$, $p = 0.001$), with gay men adopting younger children than lesbians ($X^2 = 8.01$, $df = 1$, $p = 0.005$), heterosexual women ($X^2 = 14.89$, $df = 1$, $p < 0.001$), and heterosexual men ($X^2 = 14.15$, $df = 1$, $p < 0.001$). (Of note, though, is that so few [$n = 2$, or 3%] gay male couples adopted older children that the cell count was under 5, and thus one cannot rely on the accuracy of these chi-square statistics.)

Child age at T2 differed by sexual orientation ($\beta = -0.45$, $SE = 0.18$, $df = 104.69$, $t = -2.55$, $p = 0.012$), with same-sex couples having younger children than heterosexual couples.

In terms of the schools that children attended, there was a significant difference across parent type ($X^2 = 10.67$, $df = 3$, $p = 0.014$), with lesbians more likely than heterosexual men to report a change in schools ($X^2 = 10.84$, $df = 1$, $p = 0.001$). That no significant differences between lesbians and heterosexual women were found may reflect the fact that fewer heterosexual men participated, or, possibly, differences in heterosexual men's and women's interpretations of what constitutes "switching schools." No other differences were found between groups.

A correlations matrix of all predictors and outcomes appears in Table 2. (These are only provided to give a rough sense of the associations among the variables. These correlations do not take into account the clustered nature of the data, as MLM does not provide accurate standardized estimates. No hypothesis testing was conducted due to the likelihood of capitalizing on chance given the large number of statistical tests.) Although we did not test for significance, several correlations are of sufficient magnitude to deserve note. Parent- and school-initiated contact about negative topics are moderately correlated ($r = 0.52$), as are parent- and school-initiated contact about positive/neutral topics ($r = 0.56$). Perceived acceptance by parents is moderately correlated with school involvement ($r = 0.31$) and parent-teacher relationship quality ($r = 0.36$); and, involvement and parent-teacher relationship quality are moderately correlated ($r = 0.46$). Parent- and school-initiated negative contact were moderately correlated ($r = 0.52$). Correlations between these variables did not substantively impact the findings: checks for

multicollinearity showed no change in findings for the remaining variables when one of two correlated variables was dropped from the model. It is also worth noting the moderate correlation between parent depression and all of the child adjustment measures ($r = 0.41$ – 0.61), given that parent depression is rarely considered in educational research.

5.2. Predicting child internalizing symptoms at T2

In predicting later (T2: late preschool/kindergarten) internalizing symptoms (see Table 3), the following were included as predictors: T1 parents' school involvement, T1 parent-initiated negative contact, T1 school-initiated negative contact, T1 parent-teacher relationships, T1 parents' perceptions of acceptance by other parents, T1 negative adoption experiences, T1 parent input about inclusion, parent gender, and parent sexual orientation. We also included the following controls: parent education, family income, T1 parent depression, T1 relational conflict, child age at placement, child age, child gender, type of school (private/public), school change, and T1 internalizing symptoms. We also tested the parent gender x sexual orientation interaction.

Parents' school involvement emerged as significant, such that parents who were more involved at T1 reported fewer internalizing symptoms in their children at T2 ($p = 0.012$). Perceived acceptance by other parents was also a significant predictor, such that parents who reported less acceptance at T1 reported more T2 symptoms ($p = 0.016$). Negative adoption-related experiences with teachers was a significant predictor, such that parents who reported negative experiences at T1 reported more T2 symptoms ($p = 0.001$). Also, interestingly, having provided input regarding how to promote a more inclusive classroom was related to more child symptoms ($p = 0.046$), suggesting that perhaps parents may have been responding to perceived problems related to inclusivity and/or that teachers' response to such suggestions had deleterious effects on children.

Regarding the controls, T1 depression was positively related to T2 internalizing symptoms, such that higher levels of parental depression were related to higher levels of parent-reported symptoms ($p = 0.004$). Child age at adoption was also related to T2 symptoms, such that children adopted when they were over 6 months old had more parent-reported symptoms ($p = 0.034$). And, as expected, T1 internalizing symptoms were significantly and positively related to T2 symptoms ($p < 0.001$). All other variables were nonsignificant, as was the gender x sexual orientation interaction.

We then conducted a series of *exploratory interactions* between parent sexual orientation and each of the parent-school predictors, including the adoption-specific variables. None of the interactions were fully significant in the model predicting internalizing problems.

Finally, of interest was whether failing to control for T1 symptoms (i.e., *removing T1 internalizing symptoms as a predictor*) would lead to different findings. In predicting internalizing symptoms at T2, eliminating T1 internalizing symptoms from the model resulted in few changes; previously significant predictors (school involvement, perceived acceptance by parents, negative experiences with teachers, providing input) all remained significant ($p = 0.002$, $p = 0.008$, $p < 0.001$, and $p = 0.008$). Of the controls, parent depression also remained significant ($p < 0.001$), whereas age at adoption became nonsignificant ($p = 0.057$). The effect of parent sexual orientation, which had previously been nonsignificant ($p = 0.085$), became significant ($p = 0.022$), such that heterosexual parents reported more symptoms. Thus, without controlling for T1 symptoms (which have a strong effect on T2 symptoms), we may have concluded that child age at adoption was not a predictor of symptoms, and that sexual orientation was—two findings, which although not key questions for this study, have important public interest and policy implications.

5.3. Predicting child externalizing symptoms at T2

In the model predicting T2 externalizing symptoms, the same series

Table 2
Intercorrelations Among Predictor and Outcome Variables.

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1. T1 CBCL Intern	-																									
2. T1 CBCL Extern	0.56	-																								
3. T2 CBCL Intern	0.60	0.47	-																							
4. T2 CBCL Extern	0.35	0.65	0.64	-																						
5. School Involvement	-0.07	-0.17	-0.21	-0.22	-																					
6. Parent Neg Contact	-0.03	0.12	0.13	0.28	-0.19	-																				
7. Parent Pos Contact	-0.10	-0.21	-0.08	-0.10	0.39	0.17	-																			
8. School Neg Contact	-0.07	0.08	0.15	0.28	-0.04	0.52	0.12	-																		
9. School Pos Contact	0.00	-0.11	-0.05	-0.14	0.36	0.05	0.56	0.20	-																	
10. Parent-Teach Relat	-0.02	-0.04	-0.08	-0.06	0.46	-0.06	0.11	0.03	0.15	-																
11. Accept by Parents	-0.17	-0.06	-0.30	-0.21	0.31	0.00	0.12	0.01	0.15	0.36	-															
12. Neg Adoption Exp	0.29	0.11	0.36	0.12	0.05	-0.11	0.07	-0.06	0.06	-0.02	-0.05	-														
13. Input on Inclusion	0.06	-0.06	0.11	-0.07	0.06	-0.06	0.13	0.01	0.08	-0.05	-0.15	-0.06	-													
14. Parent Gender (Fem)	0.02	-0.04	0.09	-0.04	0.06	-0.09	-0.09	-0.10	-0.14	-0.03	-0.12	0.15	0.07	-												
15. Sex Or (Same-sex)	-0.07	-0.09	-0.10	-0.02	0.04	0.06	0.05	-0.03	0.05	0.14	-0.07	0.05	0.13	-0.06	-											
16. Education	-0.04	-0.09	-0.05	-0.01	0.01	0.06	-0.05	0.11	0.09	0.05	0.03	-0.05	0.05	-0.03	-0.09	-										
17. Income	-0.06	-0.10	-0.11	-0.05	0.04	0.06	0.09	0.15	0.13	0.13	0.20	-0.09	-0.01	-0.41	0.16	0.20	-									
18. Parent Depression	0.41	0.61	0.46	0.49	-0.18	-0.01	-0.01	-0.01	0.03	0.06	-0.20	-0.15	0.07	-0.03	-0.01	-0.13	-0.04	0.02	-							
19. Conflict	0.05	0.25	0.11	0.28	-0.08	0.03	-0.05	0.04	-0.12	-0.19	-0.13	0.00	0.07	0.10	0.07	0.00	-0.02	0.33	-							
20. T1 Age	0.01	-0.06	0.17	0.08	0.03	0.05	0.04	0.15	-0.01	-0.25	-0.06	0.13	0.14	0.07	-0.07	0.05	-0.06	0.02	0.05	-						
21. T2 Age	0.03	-0.02	0.12	0.06	0.06	0.08	0.04	0.16	0.04	-0.16	-0.01	0.01	0.11	0.02	-0.22	0.22	0.00	0.10	0.02	0.64	-					
22. > 6 Mos At Adopt	0.01	-0.07	-0.02	-0.06	0.06	0.00	-0.02	0.03	-0.11	-0.23	-0.02	0.04	0.13	0.15	-0.25	0.08	-0.17	-0.05	-0.05	0.55	0.61	-				
23. Child Gender (Fem)	0.04	-0.08	-0.06	-0.09	0.17	-0.10	-0.02	-0.11	0.15	0.06	0.07	-0.22	-0.03	0.02	-0.08	0.12	0.01	-0.10	-0.09	0.02	0.09	0.04	-			
24. Private School	-0.20	-0.23	-0.21	-0.21	-0.05	-0.03	0.01	-0.06	0.03	0.11	0.09	-0.24	-0.12	-0.09	-0.08	0.00	0.07	-0.06	-0.07	-0.12	-0.07	-0.01	-0.01	-		
25. Changed School	-0.06	-0.03	-0.03	0.01	-0.19	0.06	-0.06	0.00	-0.05	-0.16	-0.22	0.10	0.02	0.16	0.17	-0.16	-0.14	0.04	-0.05	-0.12	-0.03	0.04	-0.22	-0.02	-	
26. Grade	-0.06	0.04	-0.09	-0.02	-0.05	-0.16	-0.01	-0.15	-0.06	0.09	0.03	0.01	0.07	-0.09	0.07	-0.05	0.15	-0.03	0.02	-0.45	-0.60	-0.32	-0.12	0.02	-0.08	-

Note: Hypothesis testing was not conducted for the bivariate correlations in order to limit the overall number of statistical tests. Consequently, statistical significance is not reported.

Table 3
Multilevel Models with CBCL Internalizing Symptoms as Outcome (N = 106 Families).

Predictors	T2 Internalizing, w/T1 Internalizing β (SE)	T2 Internalizing, w/T1 Internalizing & Sex Or x Gender Interaction β (SE)	T2 Internalizing w/out T1 Internalizing β (SE)	T1 Internalizing β (SE)	T1 Internalizing w/Sex Or x Gender Interaction β (SE)
Constant	48.78 (2.47)***	47.61 (2.42)***	51.31 (2.86)***	50.78 (2.76)***	52.09 (2.78)***
School Involvement	−3.59 (1.39)*	−3.53 (1.39)*	−4.96 (1.57)**	−2.99 (1.45)*	−3.05 (1.45)*
Parent Negative Contact	2.83 (1.77)	2.91 (1.76)	2.91 (2.01)	−0.67 (1.87)	−0.75 (1.83)
School Negative Contact	3.15 (1.72)	3.05 (1.71)	2.16 (1.94)	−1.36 (1.78)	−1.13 (1.75)
Parent–Teacher Relationship	0.15 (0.18)	0.11 (1.8)	0.28 (0.21)	0.28 (0.19)	0.32 (0.19)
Perceived Acceptance-Parents	−0.30 (0.12)*	−0.32 (0.12)**	−0.37 (0.14)**	−0.09 (0.13)	−0.05 (0.12)
Input re: Inclusion	2.82 (1.42)*	2.80 (1.41)*	4.07 (1.63)**	2.78 (1.55)	2.88 (1.50)
Negative Adoption Experiences	7.72 (2.21)**	8.03 (2.20)**	11.49 (2.50)***	7.20 (2.50)**	6.63 (2.48)**
Parent Gender (Female)	2.52 (1.31)	4.64 (1.74)**	1.85 (1.40)	−2.53 (1.37)	−4.83 (1.63)**
Sexual Orientation (Same-sex)	−2.50 (1.44)	0.22 (2.05)	−3.02 (1.68)*	−3.21 (1.71)	−7.02 (2.29)**
Parent Education	−0.70 (0.61)	−0.69 (0.61)	−1.13 (0.70)	−0.76 (0.65)	−0.74 (0.64)
Family Income	0.10 (0.62)	−0.19 (0.63)	0.09 (0.73)	−0.19 (0.72)	0.26 (0.73)
Depression	4.81 (1.60)**	4.65 (1.59)**	6.69 (1.80)***	3.46 (1.69)*	3.51 (1.67)*
Conflict With Partner	−0.48 (0.51)	−0.52 (0.51)	−0.35 (0.59)	0.54 (0.55)	0.59 (0.54)
T1 Child Age	–	–	–	1.00 (10.21)	1.56 (10.13)
T2 Child Age	14.07 (8.56)	12.35 (8.50)	13.83 (10.03)	–	–
Child > 6 Mos At Adoption	4.44 (2.07)*	3.97 (2.06)	4.79 (2.43)	0.43 (2.50)	1.17 (2.49)
Child Gender (Female)	0.23 (1.36)	0.14 (1.35)	1.07 (1.59)	1.98 (1.61)	2.00 (1.58)
Private School	−0.33 (1.81)	−0.44 (1.79)	−1.98 (2.11)	−3.38 (2.18)	−2.98 (2.16)
Changed School	−1.68 (1.47)	−1.93 (1.47)	−2.65 (1.71)	–	–
Time 1 CBCL Internalizing	0.51 (0.07)***	0.53 (0.07)***	–	–	–
Sexual Orientation x Gender	–	4.67 (2.53)	–	–	6.78 (2.78)*

Note: Interact = Interactions; Sex or = Sexual orientation.

* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$, **** $p < 0.001$.

of predictors were entered (Table 4). School-initiated negative contact emerged as a significant predictor, such that more contact about negative issues (e.g., child's negative behavior) at T1 were related to more parent-reported symptoms at T2 ($p = 0.018$). Perceived acceptance by parents was significant, such that lower perceived acceptance at T1 was related to more parent-reported symptoms at T2 ($p = 0.010$). Regarding the controls, only T1 externalizing symptoms were related to symptoms ($p < 0.001$). All other variables were nonsignificant, as was the sexual orientation x gender interaction.

We conducted a series of *exploratory interactions* between parent sexual orientation and each of the parent-school and adoption predictors. The school-initiated contact x sexual orientation interaction emerged as significant ($p < 0.001$), such that same-sex parents who reported higher levels of school-initiated contact about child problems reported especially high levels of externalizing symptoms; see Fig. 1. The main effect of school-initiated contact was rendered nonsignificant. Upon removing the other non-significant interactions from the model, retaining just the school contact x sexual orientation interaction, the main effect of school-initiated negative contact continued to be nonsignificant. Perceived acceptance by parents remained significant ($p = 0.005$), as did T1 externalizing symptoms ($p < 0.001$).

Again, of interest was whether *removing T1 externalizing symptoms as a predictor* would lead to different findings. When T1 symptoms was removed from the model, school-initiated contact remained significant ($p = 0.039$), whereas perceived acceptance became nonsignificant ($p = 0.070$), and both school involvement and relational conflict became significant ($p = 0.040$, and $p = 0.019$). Thus, in not controlling for T1 symptom, the role of perceived acceptance by parents would not have been recognized, and instead school involvement and conflict would have been identified of having effects that are no longer present when concurrent symptoms are taken into account.

5.4. Predicting T1 internalizing symptoms (cross-sectional analyses)

To examine whether the same pattern of findings would result when looking at children's concurrent symptoms, the same predictors, measured at T1, were used to predict T1 internalizing symptoms—except for school change. As there was a significant interaction between gender and sexual orientation, we report the findings from the model with this included (see Table 3, column 5). As in predicting T2, school involvement emerged as significant, such that more involved parents reported fewer concurrent internalizing symptoms ($p = 0.034$). Negative experiences with teachers as an adoptive family was a significant predictor, such that parents who reported negative experiences reported more concurrent symptoms ($p = 0.008$). In contrast to the model predicting T2 symptoms, perceived acceptance by parents, and providing input to teachers, were not significant predictors (although providing input was a nonsignificant trend, $p = 0.077$), suggesting that the impact of these experiences on children's emotional functioning may not be fully felt until later on.

A significant gender x sexual orientation interaction emerged which, when graphed, showed that heterosexual men reported the highest level of symptoms ($p = 0.016$); see Fig. 2. Regarding controls, T1 depression was, as in predicting T2 symptoms, related to T1 symptoms ($p = 0.037$).

5.5. Predicting T1 externalizing symptoms (cross-sectional analyses)

Again, we conducted cross-sectional analyses with T1 externalizing symptoms as the outcome. A somewhat different set of findings emerged compared to the model predicting T2 symptoms. Whereas school-initiated contact and perceived acceptance by parents predicted T2 symptoms, parents' school involvement ($p = 0.007$) was the only

Table 4
Multilevel Models with CBCL Externalizing Symptoms as Outcome (N = 106 Families).

Predictors	T2 Extern w/T1 Extern β (SE)	T2 Extern w/T1 Extern & Sex Or x Gender Interaction β (SE)	T2 Extern w/T1 Extern & School Interaction β (SE)	T2 Extern w/out T1 Extern β (SE)	T1 Extern β (SE)	T1 Extern w/Sex Or x Gender Interaction β (SE)
Constant	47.96 (2.18)***	46.94 (2.25)***	49.70 (2.12)***	52.11 (2.63)***	55.09 (2.51)***	56.11 (2.56)***
School Involvement	-1.05 (1.26)	-1.00 (1.25)	-0.84 (1.20)	-3.05 (1.47)*	-3.80 (1.42)**	-3.82 (1.41)**
Parent Negative Contact	2.95 (1.59)	3.04 (1.59)	2.69 (1.53)	3.51 (1.89)	0.65 (1.82)	0.59 (1.81)
School Negative Contact	3.72 (1.55)*	3.56 (1.55)*	-2.70 (2.19)	3.81 (1.82)*	0.23 (1.74)	0.44 (1.74)
Parent-Teacher Relationship	0.11 (0.16)	0.08 (0.16)	0.11 (1.6)	0.11 (1.6)	0.17 (0.19)	0.30 (1.9)
Perceived Acceptance-Parents	-0.28 (0.10)**	-0.31 (0.11)	-0.30 (0.10)**	-0.28 (0.10)**	0.11 (0.12)	0.12 (0.13)
Input re: Inclusion	-0.80 (1.26)	-0.80 (1.25)	-0.62 (1.21)	-0.45 (1.42)	0.46 (1.49)	0.40 (1.48)
Neg Adoption Experiences	2.17 (1.87)	2.52 (1.87)	2.01 (1.78)	3.19 (2.31)	1.92 (2.31)	1.51 (2.30)
Parent Gender (Female)	0.15 (1.16)	1.92 (1.59)	0.70 (1.11)	-0.57 (1.39)	1.80 (1.31)	-3.57 (1.66)*
Sexual Orientation (Same-sex)	-0.06 (1.25)	2.08 (1.79)	-2.08 (1.29)	-1.77 (1.54)	-3.23 (1.53)*	-5.77 (2.11)**
Parent Education	-0.08 (0.55)	-0.06 (0.55)	0.04 (0.52)	-0.66 (0.65)	-0.95 (0.63)	-0.94 (0.62)
Family Income	-0.05 (0.55)	-0.25 (0.56)	0.20 (0.53)	-0.42 (0.67)	-0.66 (0.67)	-0.38 (0.68)
Depression	0.31 (1.45)	0.17 (1.45)	0.02 (1.39)	2.92 (1.69)	4.68 (1.64)**	4.75 (1.62)**
Conflict With Partner	0.72 (0.47)	0.67 (0.46)	0.52 (0.45)	1.31 (0.55)*	1.14 (0.53)*	1.17 (0.53)*
T1 Child Age	-	-	-	-	-4.58 (9.28)	-2.93 (9.25)
T2 Child Age	7.70 (7.42)	6.40 (7.41)	4.99 (7.09)	5.57 (9.22)	-	-
Child > 6 Mos At Adoption	1.83 (1.79)	1.46 (1.79)	1.57 (1.70)	2.82 (2.23)	1.42 (2.25)	1.88 (2.25)
Child Gender (Female)	0.31 (1.17)	0.28 (1.16)	-0.62 (1.14)	-0.01 (1.46)	-0.46 (1.44)	-0.44 (1.44)
Private School	-0.74 (1.59)	-0.79 (1.58)	-1.05 (1.51)	-3.44 (1.95)	-4.88 (1.96)*	-4.66 (1.95)*
Changed School	-0.30 (1.28)	-0.51 (1.28)	-0.47 (1.23)	-0.82 (1.57)	-	-
Time 1 CBCL Externalizing	0.57 (0.07)***	0.58 (0.07)***	0.56 (0.06)***	-	-	-
Sex Orientation x Gender	-	3.67 (2.24)	-	-	-	4.53 (2.62)
Sex Orientation x Sch Contact	-	-	10.99 (2.75)***	-	-	-

Note: Interact = Interactions; Sex or = Sexual orientation.
 *p < 0.10, **p < 0.05, ***p < 0.01, ****p < 0.001.

significant school-related predictor of externalizing symptoms in preschool, with more involved parents reporting fewer symptoms.

Also significant were several controls. Parents who were more depressed (p = 0.004), parents who reported more conflict (p = 0.029), heterosexual parents (p = 0.005), male parents (p = 0.033), and parents of children attending public schools (p = 0.014), reported higher concurrent symptoms.

5.6. Follow-up analyses

To ensure that our measures of contact about negative child behavior by school and by parents were functioning specifically as a

measures of contact about negative issues, and not just as measures of contact overall, we added in as controls (a) school-initiated contact about neutral/positive topics, and (b) parent-initiated contact about neutral/positive topics, to the models predicting T2 symptoms. The addition of these predictors did not change the pattern of findings. Both school- and parent-initiated contact continued to be significant in predicting externalizing but not internalizing symptoms, and neither measure of “good/neutral” contact was significant.

We also conducted a series of follow-up analyses whereby child grade (preschool versus kindergarten/early school age [1st or 2nd]) was added as a predictor to all models. There were no changes in findings.

Finally, we conducted a series of follow-up analyses to address child age, whereby we dropped children age 6 years and older; n = 15 from the sample, as these were above the recommended age for the CBCL. There were no changes in findings.

T2 Externalizing

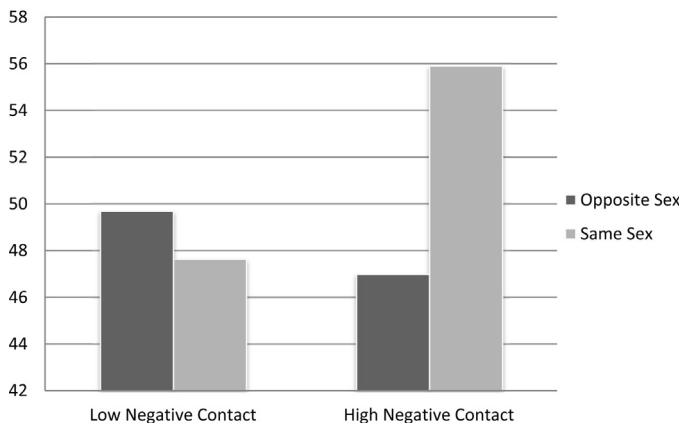


Fig. 1. The Interaction Between Negative School Contact and Sexual Orientation Predicting T2 Externalizing Symptoms.

T1 Internalizing

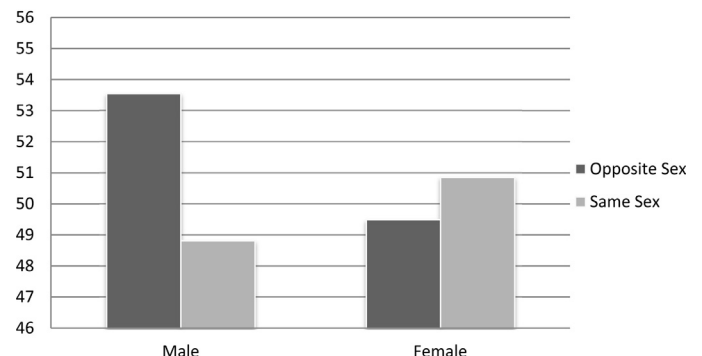


Fig. 2. The Interaction Between Gender and Sexual Orientation Predicting T1 Internalizing Symptoms.

6. Discussion

This study explored aspects of the parent-school relationship, controlling for established family-, child- and school-related variables, in predicting young adopted children's emotional and behavioral functioning. Our longitudinal design, inclusion of LG and heterosexual parents of adopted children, and assessment of family- and school-related contexts, represent key strengths.

A primary focus of this study was parents' school involvement, as limited longitudinal research has explored this domain in relation to psychological outcomes in young children (El Nokali et al., 2010). We found that school involvement was differentially related to child internalizing and externalizing symptoms. Specifically, higher involvement was related to lower *later* internalizing symptoms, supporting some prior research showing a long-term positive effect of school involvement on child adjustment (Domina, 2005; El Nokali et al., 2010), but solely in the domain of internalizing symptoms. This is important in that prior research has tended to focus on behavioral problems (Domina, 2005; McCormick et al., 2013) or to use the total CBCL problems scale (El Nokali et al., 2010), thus obscuring differing relationships between school involvement and internalizing versus externalizing problems. It is possible that school involvement is important in reducing adopted children's risk for later depression and anxiety, specifically. Parents may be more aware of internalizing symptoms – which tend to be less visible – than teachers; and, parents who are highly engaged with their children's schools may be in an especially good position to advocate for their children's needs, and to help teachers/staff to recognize – and have a plan for addressing – signs of withdrawal or distress. On the other hand, greater involvement was linked to lower *concurrent* externalizing symptoms, but not later symptoms, suggesting that any positive effect of involvement on behavioral issues is short-term, and supporting the possibility that the directionality of those effects may be reversed, with child externalizing behavior leading to reduced concurrent involvement (Izzo et al., 1999). Future longitudinal research needs to continue to tease apart the interrelationship between child symptoms and parents' school involvement over time.

While parent- and school-initiated contact regarding negative child behaviors were not related to internalizing symptoms either later or concurrently, school-initiated contact predicted higher levels of later externalizing symptoms—but this effect was strongest for parents in same-sex couples. That is, LG parents who reported being contacted about their children's behaviors in early preschool reported the highest levels of externalizing problems in late preschool/early kindergarten. This finding is open to several possible interpretations. First, among LG parents who report frequent communications about their children's negative behavior, such heightened contact may be a “flag” that their child is being inappropriately singled out or mistreated (e.g., based on their parents' sexual orientation, reflecting stigmatization on the part of school staff or teachers; Kosciw & Diaz, 2008), which could be contributing to or exacerbating child behavioral issues. Research shows that many early childhood education professionals lack training in working with LG-parent families (Church, Hedge, Averett, & Ballard, 2016). Lack of experience with such families may allow negative attitudes toward them to go unchecked, whereby teachers “expect” negative behavior from children and/or make inappropriate attributions when faced with child misbehavior. It is also possible that school-initiated contact about negative issues had a more negative effect on the children of LG parents (or, more accurately, parents' perceptions of children) via the effect of such contact on the parents. That is, LG parents who were regularly called about their children's problems may have become especially sensitive to noticing such problems, perhaps reflecting their awareness and internalization of societal stigmas, such as the (unsubstantiated) notion that children with LG parents may experience compromised psychosocial functioning (see Goldberg & Gartrell, 2014). It is, however, important to keep in mind the low level of negative contact in this sample overall. Findings may differ in samples where there is more

school-parent contact about children's negative behaviors. Also notable is that interactions between parent sexual orientation and the parent-school variables were generally not significant, suggesting few differences in the ways that parent-school relationships function in same-sex versus heterosexual adoptive parent families.

More research—particularly qualitative work—is needed that explores the family-school dynamics of LG parent families, and the ways in which experiences of marginalization versus affirmation in the school setting may shape how parents perceive and manage (e.g., in collaboration with teachers, or by themselves) children's emotional/behavioral issues.

Parents' perceived acceptance by other parents, which is a rarely explored aspect of parents' school experience (Goldberg & Smith, 2014; Kosciw & Diaz, 2008), was consistently related to less negative parent reports of their children's internalizing and externalizing symptoms. Given that very little research has been done on parents' experiences with other parents in relation to child functioning, particularly in family types that are vulnerable to rejection and exclusion (*author citation*; Bos et al., 2004), our finding of consistently strong associations between perceived acceptance and child outcomes, for the full sample, may have important implications for school professionals. Parents who perceive rejection from other parents may feel less integrated into the school community, and/or make fewer efforts to connect with other parents as well as the school community at large (Levine-Rasky, 2009); in turn, the absence of socialization opportunities for parents and children may lead to or exacerbate child problems. Further, if this lack of support is not offset by other sources of support (e.g., from non-school friends), this could exacerbate parent and child symptoms. Research, particularly qualitative work, should address how parents' perceptions of acceptance and belonging at school are tied to children's well-being – particularly among members of marginalized families (e.g., adoptive, LG-parent, and immigrant families). Indeed, recent qualitative research on adoptive parents' relationships with other parents suggests that for women in particular, not having been pregnant and birthed their children can make interactions with other mothers uncomfortable (*author citation*). Namely, adoptive mothers violate “biocentric and heterosexist ideals of whiteness [and] nuclear family ideals” (De Graeve, 2014; p. 689), which may contribute to their sense of outsidership and discomfort in relation to other mothers.

Turning to the two adoption-specific predictors, we found that, while few parents reported negative experiences with teachers in relation to their adoptive family status, those who reported such experiences in early preschool reported higher levels of symptoms in their children later on – but not concurrently. Prior research suggests that adoptive parent-reported challenges related to teachers often involve teachers either overly or not sufficiently attending to adoption dynamics (Goldberg, 2014). For example, teachers may (a) presume that children possess certain challenges or issues because they are adopted, (b) focus on adoption as the root cause of children's challenges, or (c) fail to understand the relevance of adoption when children are experiencing challenges (Goldberg, 2014). Thus, it is possible that parent-reported challenges with teachers index these types of dynamics, which could ultimately be quite detrimental to children.

Parents who provided input and suggestions to teachers regarding how to create a more inclusive and diverse classroom reported higher levels of internalizing symptoms in their children both concurrently and later on. This is an intriguing finding, inasmuch as parent input represents a type of parental involvement that on its face seems helpful and positive – but may be experienced by teachers as disruptive and unwelcome (Pyhalto et al., 2011), especially when it is around as sensitive an issue as diversity and inclusion. Perhaps parents who are driven to provide input only do so upon observing major problems within the classroom (i.e., they seek to “queer” the status quo in response to evidence that books, curricula, and language reinscribe biocentrist notions of family; De Graeve, 2014); in turn, children may

be directly affected by inhabiting classrooms that are inhospitable to diversity. Another possibility is that when parents perceive behavioral issues in their children, they assume greater initiative to intervene. Or, parents who provide input may experience backlash by teachers, which may in turn negatively impact their children. Alternately, parental input into teacher practices may in fact be indicative of a larger pattern of parental over-control, which has been linked to negative child outcomes (Affrunti & Woodruff-Borden, 2015). Future research should explore adoptive parents' motivations for providing input to teachers, the type of input they provide, and their perceptions of teacher responsiveness to the provision of input.

Regarding the relationship of parent gender, sexual orientation, and levels of child symptoms, we found that, consistent with prior work, children being raised by two mothers or two fathers did not show elevated rates of parent-reported internalizing or externalizing symptoms (Farr et al., 2010; Goldberg & Smith, 2013; Golombok et al., 2014). Thus, our research extends a small but growing body of work suggesting that the sexual orientation of parents is not a relevant indicator of child well-being. In fact, a surprising pattern of findings emerged with regard to the role of parent sexual orientation and gender, whereby heterosexual fathers reported the highest levels of child internalizing problems at T1, after taking into account the other parent and child characteristics. We are uncertain as to why this might be, but as heterosexual men were less likely than their female partners to participate at this stage of the study, it is possible that heterosexual men who perceived more child problems were the most likely to participate.

The control variables were not our focus in this paper, and, thus, we do not present a substantive discussion of findings related to them. As expected, parents who reported higher levels of depression reported more internalizing problems both concurrently and over time, as well as more concurrent externalizing problems (Anhalt et al., 2007; Goldberg & Smith, 2013). Parents who reported greater relational conflict also reported more concurrent internalizing and externalizing problems, consistent with prior work (Ablow et al., 2009; Rhoades et al., 2011). These findings underscore the key role of the family context in child development, and the interconnectedness of child and parent difficulties – dynamics that are important for school professionals to be aware of in their interactions with families. Most of the remaining controls that we included in our models, particularly child controls (child age/gender; change in school) were unrelated to child symptoms—with the exception of school type, such that children in public schools had more externalizing symptoms in preschool.

Given the large number of cross-sectional studies in this field, it is important to note that school involvement, which predicted internalizing adjustment in the cross-sectional model, did not hold up in the longitudinal models. It is impossible to determine how much of this is due to a short term effect on the child, effects that are specific to that stage of development, the context of early preschool vs. later schooling, mutual influence, or simply represent a quirk of the data. The differential findings do suggest, however, that we should question whether certain findings from cross-sectional analyses are causal and that they may not hold up over time. In addition, failure to control for early child symptoms in the longitudinal models would have led us to conclude that parent involvement in schools was related to later externalizing symptoms, whereas, once early symptoms were taken into account, this relationship was no longer apparent and the relationship between parents' perceived acceptance by other parents and child symptoms emerged.

6.1. Implications and conclusions

Our study has a number of strengths. First, we assessed adoptive heterosexual and LG-parent families, rarely studied but key components of school communities (Goldberg, 2014; Goldberg & Smith, 2014). Second, in exploring the role of parent-school relationships, we

controlled for family context variables that have been linked to child adjustment outcomes. Third, we controlled for earlier symptoms in predicting internalizing and externalizing problems. Fourth, we included as predictors multiple dimensions of parent-school relationships (Izzo et al., 1999), including adoption-specific variables that have not been explored in relation to child outcomes.

Our study also has many limitations. First, we relied solely on parent reports of both school involvement and child adjustment outcomes. This raises concerns such as reporter bias. Parents' reports of children's behaviors (i.e., the outcome) may be related to their reports on various other predictors (e.g., perceived acceptance by parents) because of some third, unmeasured variable. In other words, the association between lower perceived acceptance and poorer child adjustment might be a function of, for example, a negative attribution bias in the parents, which causes them to interpret neutral behaviors in other parents and their children as negative. While the issue of having the same individual reporting both the predictors and the outcomes is an issue for all analyses, it is of particular concern in the cross-sectional analyses, in which all data were gathered at a single time point. It is crucial that readers view these findings as exploratory and in need of replication.

It also would have been preferable to include teacher and child ratings of child symptoms, as multiple informants of children's behavioral and emotional functioning is ideal (Liu, Cheng, & Leung, 2011). We also did not include teacher ratings of parent-teacher relationships, which might differ from parent reports and relate differently to child adjustment outcomes (Kim et al., 2013).

We used single-item measures for some constructs, which is not ideal. In addition, the small number of items used to assess other constructs may have limited the amount of variability in parents' responses. Also, the CBCL version that we used is designed for children up through age 6. Like other authors who have utilized the CBCL 1.5-5 with children up to 6 years old (e.g., Liu et al., 2011), we acknowledge that our sample represents the upper age range of the instrument; it is possible that another measure of adjustment would have been more sensitive or appropriate. It should be noted that relatively few parents reported negative experiences (e.g., negative school contact, negative adoption experiences), which could affect our ability to detect effects, particularly when testing for differences due to sexual orientation. We also did not explore how other familial or extrafamilial contexts (e.g., siblings, peers) may impact child behavior. Finally, our sample is affluent, well-educated, and mostly White. Given that school involvement, parent-teacher relationships, and parents' relationships with other parents may vary by social class, race, and other factors, our findings may not generalize to diverse groups (Durand, 2011; Levine-Rasky, 2009).

We have a number of suggestions for future work. First, future research should follow children into school age. Research should also consider mediation models to examine the process through which involvement affects child outcomes, and should examine moderation of types of involvement by parental characteristics, such as social class, ethnicity, and gender. Such work must attempt to address the difficulty in assessing the directionality of effects and examine the possibility that parent perceptions of child problems (particularly externalizing) may affect parent perceptions and behavior (e.g., decreasing school involvement). Also, more work is needed to tease apart the associations among parents' relationships with teachers, parent-school contact, and child well-being, turning perhaps to qualitative research to understand what leads parents and schools to initiate contact around child problems and to consider how this contact may affect children.

Our findings have implications for early childhood educators and researchers. Prior research suggests that schools that improve their partnership efforts with parents may see payoffs in the form of fewer students in need of discipline, and fewer meetings with parents about poor student behavior (Sheldon, 2002). This work, coupled with our findings, suggests that facilitating parent involvement in schools early

on (e.g., via bidirectional communication practices, school programs that encourage parent participation), and perhaps most dramatically, creating more meaningful connections amongst parents (e.g., fostering opportunities for parents to engage with each other in respectful and diverse environment) may benefit child emotional and behavioral health.

Teachers and learning specialists should consider approaches that emphasize and promote parent connection and involvement as a precursor of, or parallel to, child-focused interventions aimed at decreasing emotional/behavioral problems. Yet practitioners should aim to implement such strategies in a way that is sensitive to the needs, experiences, and concerns of diverse (e.g., adoptive and LG parent) families. For example, school personnel who reach out to parents to discuss their child's negative behaviors at school should consider available information about the child's adoption, as well as whether or not it is actually relevant (e.g., a history of abuse/neglect; prior foster care placements; prenatal drug exposure). Likewise, in approaching LG parents to encourage their involvement, or to discuss their child's concerning behaviors, teachers and school personnel should consider the relative affirmingness of the school context: i.e., whether LG parents and their children experience affirmation versus stigmatization of their families from the school community on a day-to-day basis. In turn, recognition of the systemic forces that operate on families, within and beyond the school context, can empower educators to sensitively engage and work with diverse families to enhance their well-being and enable children to thrive.

References

- Ablow, J., Measelle, J., Cowan, P., & Cowan, C. (2009). Linking marital conflict and children's adjustment: The role of young children's perceptions. *Journal of Family Psychology, 23*, 485–499.
- Achenbach, T. M., & Rescorla, L. A. (2000). *Manual for the ASEBA preschool forms and profiles*. Burlington, VT: University of Vermont.
- Affrunti, N., & Woodruff-Borden, J. (2015). Parental perfectionism and overcontrol: Examining mechanisms in the development of child anxiety. *Journal of Abnormal Child Psychology, 43*, 517–529.
- Anhalt, K., Telzrow, C. F., & Brown, C. L. (2007). Maternal stress and emotional status during the perinatal period and childhood adjustment. *School Psychology Quarterly, 22*, 74–90.
- Bayer, J., Hoiscock, H., Ukoumunne, O., Price, A., & Wake, M. (2008). Early childhood aetiology of mental health problems: A longitudinal population-based study. *The Journal of Child Psychology and Psychiatry, 40*, 1166–1174.
- Bos, H. M. W., Van Balen, F., Sandfort Th, G. M., & Van Den Boom, D. (2004). Minority stress, experience of parenthood, and child adjustment in lesbian families. *Journal of Reproductive and Infant Psychology, 22*, 291–305.
- Braiker, H., & Kelley, H. (1979). Conflict in the development of close relationships. In R. Burgess, & T. Huston (Eds.), *Social exchange in developing relationships* (pp. 135–167). New York: Academic Press.
- Bronfenbrenner, U. (1995). *Developmental ecology through space and time: A future perspective*.
- Carlson, E., Daley, T., Bitterman, A., Heinzen, H., Keller, B., & Riley, J. (2009). *Early school transitions and the social behavior of children with disabilities: Selected findings from the Pre-Elementary Education Longitudinal Study*. Rockville, MD: Westat.
- Castro, D. C., Bryant, D. M., Peisner-Feinberg, E. S., & Skinner, M. L. (2004). Parent involvement in Head Start programs: The role of parent, teacher and classroom characteristics. *Early Childhood Research Quarterly, 19*, 413–430.
- Church, J., Hegde, A. V., Averett, P., & Ballard, S. M. (2016). Early childhood administrators' attitudes and experiences in working with gay- and lesbian-parented families. *Early Childhood Development & Care, 1–17*. <http://tandfonline.com/doi/abs/10.1080/03004430.2016.1213725?af=R&journalCode=gecd20>.
- Clements, M., Reynolds, A., & Hickey, E. (2004). Site-level predictors of children's school and social competence in the Chicago Child-Parent Centers. *Early Childhood Research Quarterly, 19*, 272–296.
- Conduct Problems Prevention Research Group (1991). *Parent-teacher involvement questionnaire: Parent version*. Available from the Fast Track Project website, www.fasttrackproject.org.
- De Graeve, K. (2014). Queering the family? A multi-layered analysis of relations of inequality in transnational adoption. *Culture, Health & Sexuality, 16*, 683–696.
- Dills, A., & Mulholland, S. (2010). A comparative look at private and public schools' class size determinants. *Education Economics, 18*, 435–454.
- Domina, T. (2005). Leveling the home advantage: Assessing the effectiveness of parental involvement in elementary school. *Sociology of Education, 78*, 233–249.
- Durand, T. (2011). Latino parental involvement in kindergarten: Findings from the early childhood longitudinal study. *Hispanic Journal of Behavioral Sciences, 33*, 469–489.
- El Nokali, N., Bachman, H., & Votruba-Drzal, E. (2010). Parent involvement and children's ac- ademic and social development in elementary school. *Child Development, 81*, 988–1005.
- Farr, R., Forssell, S., & Patterson, C. (2010). Parenting and child development in adoptive families: Does parental sexual orientation matter? *Applied Developmental Science, 14*, 164–178.
- Figlio, D., & Stone, J. (1999). Are private schools really better? *Research in Labor Economics, 18*, 115–140.
- Gates, G., & Ost, J. (2004). *The gay and lesbian atlas*. Washington, DC: The Urban Institute.
- Gates, G., Badgett, M. V. L., Macomber, J. E., & Chambers, K. (2007). *Adoption and foster care by gay and lesbian parents in the United States*. Washington, DC: The Urban Institute.
- Gilliom, M., & Shaw, D. (2004). Codevelopment of externalizing and internalizing problems in early childhood. *Development and Psychopathology, 16*, 313–333.
- Goldberg, A. E., & Gartrell, N. (2014). Children with LGBT parents. Research trends, emerging issues, and future directions. In J. Benson (Ed.), *Advances in child development and behavior* (pp. 57–88). Elsevier.
- Goldberg, A. E., & Smith, J. Z. (2013). Predictors of psychological adjustment among early-placed adopted children with lesbian, gay, and heterosexual parents. *Journal of Family Psychology, 27*, 431–442.
- Goldberg, A. E., & Smith, J. Z. (2014). Predictors of school engagement among lesbian, gay, and heterosexual adoptive parents of kindergarteners. *Journal of School Psychology, 52*, 463–478.
- Goldberg, A. E., Kinkler, L. A., & Hines, D. A. (2011). Perception and internalization of adoption stigma among lesbian, gay, and heterosexual adoptive parents. *Journal of GLBT Family Studies, 7*, 132–154.
- Goldberg, A. E., Black, K., Sweeney, K., & Moyer, A. (2017). Lesbian, gay, and heterosexual adoptive parents' perceptions of inclusivity and receptiveness in early childhood education settings. *Journal of Research in Childhood Education, 31*, 141–159.
- Goldberg, A. E. (2014). Lesbian, gay, and heterosexual adoptive parents' experiences in preschool environments. *Early Childhood Research Quarterly, 29*, 669–681.
- Golombok, S., Mellish, L., Jennings, S., Casey, P., Tasker, F., & Lamb, M. E. (2014). Adoptive gay father families: Parent-child relationships and children's psychological adjustment. *Child Development, 85*, 456–468.
- Goodenow, C. (1993). The psychological sense of school membership among adolescents: Scale development and educational correlates. *Psychology in the Schools, 30*, 79–90.
- Grolnick, W., & Slowiaczek, M. (1994). Parents' involvement in children's schooling: A multi-dimensional conceptualization and motivational model. *Child Development, 65*, 237–252.
- Gunnar, M., van Dulmen, M. H. M., & the International Adoption Project Team (2007). Behavior problems of postinstitutionalized internationally adopted children. *Development & Psychopathology, 19*, 129–148.
- Hill, N. E., Castellino, D. R., Lansford, J. E., Nowlin, P., Dodge, K. A., Bates, J. E., et al. (2004). Parent academic involvement as related to school behavior, achievement, and aspirations: Demographic variations across adolescence. *Child Development, 75*, 1491–1509.
- Hornby, G. (2011). *Parent involvement in childhood education: Building effective school-family partnerships*. New York: Springer.
- Izzo, C., Weissberg, R., Kaspro, W., & Fendrich, M. (1999). A longitudinal assessment of teacher perceptions of parent involvement in children's education and school performance. *American Journal of Community Psychology, 27*, 817–839.
- Kenny, D., Kashy, D., & Cook, W. (2006). *Dyadic data analysis*. New York: Guilford Press.
- Kim, E. M., Sheridan, S. M., Kwon, K., & Koziol, N. (2013). Parent beliefs and children's social- behavioral functioning: The mediating role of parent-teacher relationships. *Journal of School Psychology, 51*, 175–185.
- Kohl, G., Lengua, L., McMahon, R., & the Conduct Problems Prevention Research Group (2000). Parent involvement in school: Conceptualizing multiple dimensions and their relations with family and demographic risk factors. *Journal of School Psychology, 38*, 501–523.
- Konold, T., Hamre, B., & Pianta, R. (2003). Measuring problem behaviors in young children. *Behavioral Disorders, 28*, 111–123.
- Kosciw, J. G., & Diaz, E. M. (2008). *Involved, invisible, ignored: The experiences of lesbian, gay, bisexual, and transgender parents and their children in our nation's K-12 schools*. New York: Gay, Lesbian, Straight Education Network.
- Kuo, M., Mohler, B., Raudenbush, S. L., & Earls, F. J. (2000). Assessing exposure to violence using multiple informants: Application of hierarchical linear model. *Journal of Child Psychology and Psychiatry, 41*, 1049–1056.
- Levine-Rasky, C. (2009). Dynamics of parent involvement at a multicultural school. *British Journal of Sociology of Education, 30*, 331–344.
- Liu, J., Cheng, H., & Leung, P. (2011). The application of the Preschool Child Behavior Checklist and the Caregiver-Teacher Report Form to mainland Chinese children: Syndrome structure, gender differences, country effects, and inter-informant agreement. *Journal of Abnormal & Child Psychology, 39*, 251–264.
- Maas, C., & Hox, J. (2005). Sufficient sample size for multilevel modeling. *Methodology, 1*, 86–92.
- McCormick, M., Cappella, E., O'Connor, E., & McClowry, S. (2013). Parent involvement, classroom emotional support: and student behaviors: an ecological approach. *The Elementary School Journal, 114*, 277–300.
- McNeal, R. B. (1999). Parental involvement as social capital: differential effectiveness on science achievement. *Social Forces, 78*, 117–144.
- McWayne, C., Hampton, V., Fantuzzo, J., Cohen, H. L., & Sekino, Y. (2004). A multivariate examination of parent involvement and the social and academic competencies of urban kindergarten children. *Psychology in the Schools, 41*, 363–377.
- Mistry, R. S., Biesanz, J. C., Taylor, L. C., Burchinal, M., & Cox, M. J. (2004). Family income and its relation to preschool children's adjustment for families in the NICHD Study of Early Child Care. *Developmental Psychology, 40*, 727–745.
- Nagin, D., & Tremblay, R. (2001). Parental and early childhood predictors of persistent

- physical aggression in boys from kindergarten to high school. *Archives of General Psychiatry*, 58, 389–394.
- Nowak-Fabrykowski, K., Helinski, M., & Buchstein, F. (2009). Reflection of foster parents on caring for foster and adopted children and their suggestions to teachers. *Early Child Development and Care*, 179, 879–887.
- Oswald, R. F., Blume, L. B., & Marks, S. R. (2005). Decentering heteronormativity: A model for family studies. In V. Bengtson, A. Acock, K. Allen, P. Dilworth-Anderson, & D. Klein (Eds.), *Sourcebook of family theory & research* (pp. 143–154). Thousand Oaks, CA: Sage.
- Pyhalto, K., Pietarinen, J., & Salmela-Aro, K. (2011). Teacher-working-environment fit as a framework for burnout experienced by Finnish teachers. *Teaching & Teacher Education*, 27, 1101–1110.
- Radloff, L. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385–401.
- Raudenbush, S. W. (2008). Many small groups. In J. de Leeuw, E. Meijer, J. de Leeuw, & E. Meijer (Eds.), *Handbook of multilevel analysis* (pp. 207–236). New York: Springer.
- Rhoades, K., Leve, L., Harold, G., Neiderhiser, J., Shaw, D., & Reiss, D. (2011). Longitudinal pathways from marital hostility to child anger during toddlerhood: Genetic susceptibility and indirect effects via harsh parenting. *Journal of Family Psychology*, 25, 282–291.
- Rimm-Kaufman, S., & Pianta, R. (1999). Patterns of family-school contact in preschool and kindergarten. *School Psychology Review*, 28, 426–438.
- Rimm-Kaufman, S., Pianta, R., Cox, M., & Bradley, R. (2003). Teacher-rated family involvement and children's social and academic outcomes in kindergarten. *Early Education & Development*, 14, 178–198.
- Serpell, Z. N., & Mashburn, A. J. (2012). Family-school connectedness and children's early social development. *Social Development*, 21, 21–46.
- Sheldon, S. B. (2002). Parents' social networks and beliefs as predictors of parent involvement. *The Elementary School Journal*, 102, 301–316.
- Smith, J., Sayer, A., & Goldberg, A. E. (2013). Multilevel modeling approaches to the study of LGBT parent-families. In A. E. Goldberg, & K. A. Allen (Eds.), *LGBT-parent families: Innovations in research and implications for practice* (pp. 307–323). New York: Springer.
- Smith, D. E. (1993). The standard north american family: SNAF as an ideological code. *Journal of Family Issues*, 14, 50–65.
- Taymans, J., Marotta, S., Lynch, S., Riley, D., Ortiz, D., & Embich, J. (2008). Adoption as a diversity issue in professional preparation: Perceptions of preservice education professionals. *Adoption Quarterly*, 11, 24–44.
- Wyrick, A., & Rudasill, K. M. (2009). Parent involvement as a predictor of teacher-child relationship quality in third grade. *Early Education & Development*, 20, 845–864.