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PSYCHOLOGICAL ADJUSTMENT AND RELATIONAL DEVELOPMENT IN
ETHIOPIAN ADOPTEES AND THEIR FAMILIES

By

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Abstract

Zelege, Waganesh Abeje, Ed.D., May 2013

Psychological Adjustment and Relational Development in Ethiopian Adoptees and Their Families

Chairperson: Dr. Lynne Sanford Koester

Co-Chairperson: Dr. Cathy Jenni

The number of American families choosing to adopt a child from Ethiopia has increased exponentially since 2004. Over the past five years alone, between 2006 and 2011, 13.5% of internationally adopted children in the U.S. came from Ethiopia. The purpose of this study was to examine psychological adjustment and relational development of Ethiopian adoptees who have been adopted during 2007 -2010 and their families who reside in Montana.

Using a convenience-sampling method, data were collected from 25 adoptive parents who adopted a total of 35 children from Ethiopia. All families live in Montana and responded to questions through an online survey. In addition, four families participated in a semi-structured in-depth interview.

Descriptive statistics were used to examine the parents' scores on parental adjustment, cultural competency, parenting intervention skills and their perceptions about their child's adjustment. To compare the relationships between different variables, one-tailed Spearman's non-parametric correlations and Mann-Whitney U test were used.

The study's findings suggest that: 1) Parents report a variety of environmental characteristics as risk factors that challenge the relationship development with their adopted child. 2) Ethiopian adopted children are described by their adoptive parents as being generally well adjusted. 3) Adoptive parents also appear to: be well adjusted to the adoption process; have good awareness about their own and their adopted child's culture; and report good parenting intervention skills. 4) Parents who live in the more urban, populated areas of Montana seem to be better adjusted to adoption compared to parents who live in the rural areas of the state. 5) Parents with biological children seem to have better intervention skills in comparison to parents without any biological children.

The correlational analyses of the study also show that perception of lower level of adoptee's adjustment problems was found to be related to higher levels of parental cultural competency; and, parental adjustment was positively correlated with their cultural competency and to their parenting intervention skills.

This study replicates findings of previous studies regarding the relationship between adoptees' adjustment and parents' cultural competence. Implications of these findings are discussed.

DEDICATON

I dedicate this work in loving memory of my mother who dedicated her life to me, instilling the importance of hard work, and who became a source of my inspiration about adoption. As a widow and a mother of eleven biological children, you could hardly have enough room in your heart and house to adopt another child who was abandoned at birth, and yet you did. How you did this has always been beyond me. I love you Mom, and I will never forget your sacrifice, your big heart, and the love you gave to all of us.

To the beautiful man who has the glow of God in his eyes, my loving husband Mengesha Yimam Abtew: I could not have accomplished this monumental task without your love and support.

This one is for you: to my beautiful children, Adonias and Naomi who inspired me at five and one years of age to complete my degree. My siblings and best friends: Em. W/Selassie, Muluken, Askal, Gizashwork, Hailu, Fiker, Eyasu, Tamru, Arsima, and Miklit who have never left my side and are very special.

I also dedicate this work and give special thanks to my best friend Linsey Wiesemann, for being there for me throughout the entire doctorate program. You have been my best cheerleader.

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I would have to begin by giving honor to God for being the head of my life. God's grace and mercy has kept me through the challenges of life. I am forever grateful for His love and the opportunity to receive the mercies each day that I have been given the breath of life. The completion of the journey is evidence of God's presence in my life. This process was definitely a spiritual journey.

I would like to express my deepest gratitude to my mentor, advisor, and life coach, Dr. Lynne Sanford Koester, for her excellent guidance, caring, patience, and providing me with an excellent atmosphere for learning and doing research, and growing professionally.

Completing my doctoral degree is probably the most challenging activity of my life. The best and worst moments of my doctoral journey have been shared with many people. It has been a great privilege to spend several years in the Department of Counselor Education, and in the Intercultural Youth and Family Development Program at The University of Montana, and the students and faculty members will always remain dear to me. I would never have been able to finish my dissertation without the guidance of my committee members, help from friends, and support from my husband and family.

Special thanks to Dr. Cathy Jenni, for co-chairing this dissertation and for her support and guidance. I would like to thank my dissertation committee: Dr. Katherine Weist, Dr. Kirsten Murray, and Dr. Lindsey Nichols for their support, advice and helpful suggestions. Their guidance has served me well and I owe them my heartfelt appreciation.

I would like to thank all Ethiopian adoptive families who participated in this research. They have provided me with rich data that supports the idea that Ethiopian adoptions do work.

This dissertation would not have come to a successful completion, without the help I received from different individuals and the staff of the university's IT center. I would like to thank Mrs. Janet Sedgely and her colleagues, for their service in developing the online survey. My special thanks to Effie Koehn, and Mary and Bruce Crippen for your valuable support, encouragement, and being there for me and my family throughout the entire program.

Some faculty members of the Counselor Education Department have been kind enough to extend their help during various phases of this research, whenever I approached them, and I do hereby acknowledge all of them. I thank Dr. John Sommers Flanagan, Dr. Rita Sommers-Flanagan and Dr. Kim Brown Campbell for their valuable suggestions on various parts of the research papers.

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CHAPTER ONE

Introduction

International adoption is an increasing phenomenon in the USA and most Western countries. Over the past decade alone, between 1999-2011, there has been a surge in international adoptions by American families which involves more than 233,934 orphaned or abandoned children from more than 100 countries (US State Department, 2012). Following the concerns raised about the placement of children internationally, researchers and child policy professionals have sought to determine the “best interests of the child” by conducting research to assess the adjustment and impact of adoption on children adopted internationally.

The studies conducted on international adoption for the last five decades have been based on certain theoretical assumptions including: a) children placed in families of different race and culture from their own may be less easily integrated into their adoptive family and community, and may have difficulties in developing a positive self-concept and integrated identity (Bagley & Young, 1981; Loene & Hoksbergen, 1986; Simon & Alstein, 1987); b) international adoptees are often older children, many of whom have experienced physical and emotional abuse, and often come from institutions, orphanages, or foster care after experiencing multiple placements, so that they may have severe physical and emotional traumas. Hence, the pre-adoption traumatic experiences of the adoptees may also have long-term effects on their adjustment patterns (Verhulst, Althus, & Versluis-Den- Bieman, 1990); c) older age at the time of placement, and prior institutionalization experiences are more significant predictors of post-adoptive maladjustment; and d) The process of international adoption in some country, particular those that are not member of Hague Convention, have less clear procedure and transparent system.

The Hague Adoption convention is an international agreement to safeguard inter-country adoptions that concluded on May 29, 1993 in The Hague, the Netherlands. It establishes international standards of practice for inter-country adoptions. The United States signed the Convention in 1994, and the Convention entered into force for the United States in April 2008. Since Ethiopia is not party to this convention, intercountry adoption processing from Ethiopia to USA did not change when the Hague Adoption Convention entered into force for the United States. The complications associated with international adoption processes may later impact the child's adjustment and family functioning.

Using these assumptions as theoretical frameworks, numerous scholars have conducted research on the psychological adjustment, social and identity development of internationally adopted children, and the adoptee-adoptive parent dyadic relationship (Altstein & Simon, 1991; Baden, 2002; Bagley & Young, 1979; Basow, Lilley, Bookwala, & McGillicuddy-DeLisi, 2008; Friedlander, 1999; Gaber & Aldridge, 1994; Lee, 2009). Most of the results indicate that although the majority of the adoptees develop well (Levy-Shiff, et al., 1997), some of them are over- represented in clinical populations (Bohman & Sivardsson, 1980; Brodzinsky, Schechter, Braff, & Singer, 1984), and some serious emotional and behavioral problems have also been observed on the part of the adoptive families (Levy-Shiff, Bar & Har-Even, 1990). Despite investigating variables affecting adoptees, such as psychological and social adjustment, and attachment, questions remain about what shapes the experiences of inter-country adoptees and adoptive families, especially children who are adopted from Africa. This is due to several factors such as: limited focus on research area (more focus on the effect of institutionalization), research method (more research in quantitative and less in qualitative and mixed method), and fewer research subjects (for example, less information on adoptees from Ethiopia).

Limited Focus on Research Area

The primary focus of most research on international adoption has been on examining the effect of institutionalization on adoptees' development (Beckett, et al., 2007; Castel, et al., 1999; Gunnar, van Dulmen & The International Adoption Project Team, 2007; Hodges & Tizard, 1989; Maclean, 2003; Rutter & the ERA Team, 1998; Tizard, 1991). There has been very little research examining factors related to the child's characteristics such as coping and building resilience, or on the effects of the context in which the child has previously lived. This gap raises questions about the role of the post-adoption context as well, such as family, community, the child's developmental level, etc. Most research has investigated the adoptees' problems without considering the context, for example, the family system in which these problems occur.

Understanding the adjustment of the child by exploring the adoptive family's level of functioning may provide greater insights into the issues raised regarding the child's adjustment.

Limited Usage of Research Methods

Most previous researchers have used quantitative methodology to investigate the phenomenon of inter-cultural adoption. A quantitative follow-up of internationally adopted children can report on children's physical, behavioral and educational development, but qualitative research can also reveal what it might feel like, for example to be an Ethiopian child brought up by white American parents in a small, rural town. It is also qualitative data that can reveal in greater depth how various quantifiable effects occur. In international adoption research, there is a struggle to find balance in terms of examining the effects of adoption using different methods. Incorporating aspects of both (i.e., mixed methods) may give us insights about how the complicated issues of adoption can be understood from different angles.

Limited Focus on Research Subjects (Countries Studied)

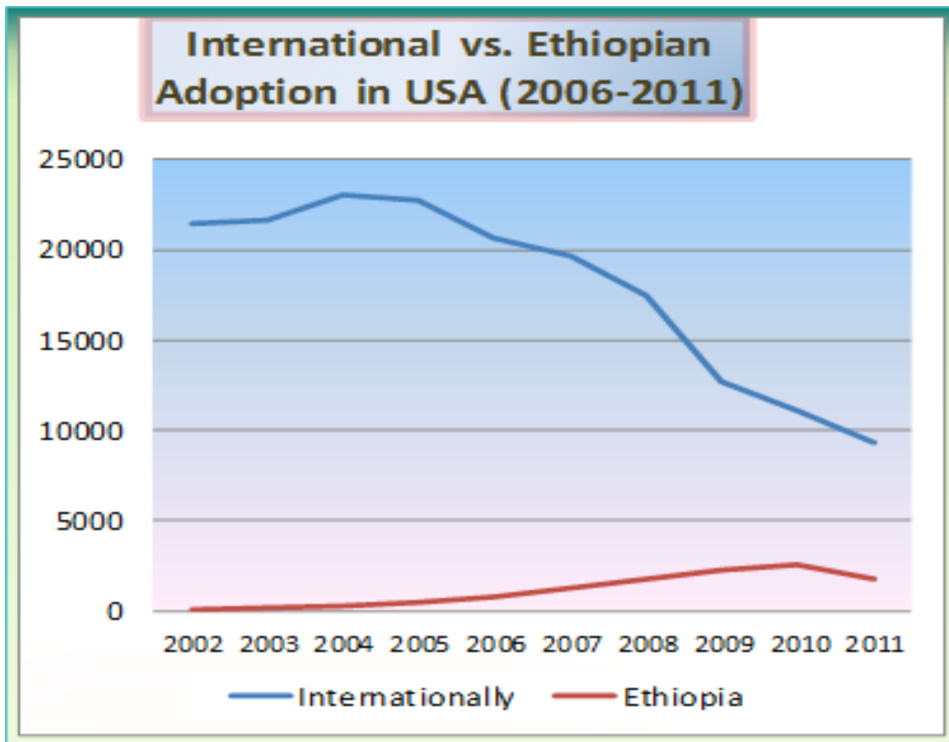
Studies during the 1980s to 2000s viewed adoptees primarily from countries such as Romania, China, Korea, and those from South America, so little is known about whether these conclusions can be generalized to adoptees from Africa. In this case, children brought to America not only must cope with their adoption status, and with the fact that they came from a country that is culturally different from the country they now live in, but they also need to deal with all of these issues from their racial, ethnic and cultural identity point of view. There has apparently been no research conducted on the adjustment and relational development of African adopted children and their adoptive families, despite the fact that the number of children adopted from Africa has been significantly increasing for the last eight years. The lack of literature about the developmental progress of children adopted from Africa, and the limited amount of mixed methods and qualitative research on internationally adopted children, illustrate this gap in the social science research.

The statistical data from the US State Department shows that although the number of international adoptions has been decreasing from year to year since 2006, the number of children who are adopted from Ethiopia is increasing at a startlingly fast rate. Currently, Ethiopia is the leading country from Africa and the second leading country internationally to send a large number of children for adoption to the USA. In 2009, for example, 2,722 children were adopted from Africa. Out of this, 2,277 (84%) were from Ethiopia. This figure is eight times larger than the number of children in 2003, at which time there were only 284 Ethiopian adopted children. According to the US State Department statistical data, from 2002-2006, the number of children adopted internationally by American families was 109,526. Out of these, 1,727 (1.5%) were from Ethiopia, but for the next five years (2007-2011), the numbers of children from Ethiopia become 9,495 (13.5%), while the total number of international adoptions decreased to 70,185 (U.S.

Department of State Bureau of Consular, 2012; January, 2013

http://adoption.state.gov/about_us/statistics.php (See Figure 1).

Figure 1: International and Ethiopian Adoption in USA (from 2002-2011)



The absence of literature and research about Ethiopian adopted children, the increasing number of children who are adopted from Ethiopia, and the fact that Ethiopia has not signed the Hague Convention on Inter-Country Adoption, lead the researcher to believe that the current Ethiopian adoption situation might need to be viewed from different perspectives in order to add to our knowledge and understanding of the effects of international adoption.

Purpose of the Study

The purpose of this study is to explore the process of psychological and emotional adjustment and relational development of Ethiopian adoptees and their adoptive families in

Montana. An exploratory survey method design was used that involved primarily quantitative data followed by collecting qualitative data from a small number of participants so as to explain the quantitative data in the context of four participants' experiences. In the first quantitative phase of the study, data were collected from parents through an online survey questionnaire that was developed by the author based on three guiding theoretical concepts:

1) Attachment Theory, which addresses how early abandonment and loss might influence the attachment development of both adoptees and adoptive families (Ainsworth, 1979; Bowlby, 1960). This theory describes the factors involved in the development of a securely attached child and emphasizes the necessity for emotional security and safety in the early formation of relationships (Ainsworth, 1989; Siegel, 1999). The basic component of Attachment Theory includes emotional closeness, a sense of security, and mutual understanding between the child and the parent (Bowlby, 1969, 1973, 1980). Examining the mutual understanding of the family members may enable us to identify the level of relationship/attunement that exists in the adoptive family.

2) Erikson's psychosocial and identity development theory can be used to explain how international adoption, accompanied by racial, cultural and language differences between the child and the family, may relate to the psychological, emotional and social states of parents and child. According to this theory, a person's perception of race and cultural differences influences awareness of the self and social belongingness (Erikson, 1959) Therefore, testing the level of adoptive families' socio-emotional, and cultural competence (the ability to deal with differences and similarities within and outside of the family setting) may help us to identify the level of psychological adjustment of adoptees and adoptive families.

3) Family systems theory focuses on the importance of understanding the individual's psychological development by first understanding the quality of familial relationships (Bronfenbrenner & Ceci, 1994; Cozolino, 2006; Hughes, 1997). One of the prominent early figures in family systems theory, Minuchin (1974) argued that the family environment in which one has been reared represents one of the first social environments encountered and is one of the most powerful forces in an individual's life. Thus, by examining variables such as the dynamics and interactions that occur in the family environment, the pattern of familial response to the adoption, the congruence or incongruence of family expectations with the adoption experience, the flexibility, boundaries, and emotional closeness in the family, one may be able to identify the level of functioning of the new family system. This analysis can serve as an indication of the degree of relationship development and adjustment within adoptive families.

The second, qualitative phase was conducted to enrich the results by including several narrative examples of 4 adoptive parents' experiences. These participants were asked to describe their experience of having a child of a different color and racial background, their coping strategies, and ways of dealing effectively with these differences in an effort to foster attachment and a smooth transition as they became an adoptive family.

The current study aims to contribute to the literature and fill the gaps by exploring the development of psychological, socio-emotional, and relational adjustment of Ethiopian adoptees and adoptive parents in Montana. Specifically, the purposes of the current research are to:

- Examine how adoptive parents' and adoptees' psychological and socio-emotional adjustment develops over time, i.e., within the first three years post-adoption.
- Explore how the relationship between adoptees and their adoptive parents develops and what factors are most important in determining the outcomes of this process.

- Examine how the changes that both adoptees and adoptive parents associate with intercultural adoption as they start their lives together affect their psychosocial state.
- Investigate how the living circumstances and place of adoptive parents impacts the adoptees' experience of his/her new status and subsequent psychological and social adjustment.

Significance of the Study

The results of this study will:

- Contribute to filling the gaps in the literature regarding the adjustment process and development of Ethiopian adopted children.
- Address the ways that Ethiopian adoptees and their adoptive families integrate cultural and racial differences in the family system, and how they use these to develop healthy relationships with each other.
- Contribute to the contemporary understanding of variables affecting the psychological and social adjustment experiences of international adoptees by providing a voice for Ethiopian adoptees and their adoptive families not often represented in the literature.
- Offer a foundation for further research on the social, psychological, and legal aspects of Ethiopian adoption; and
- Point out implications for future adoption policies that might be considered by the Ethiopian government and American adoption agencies.

Research Questions

The research questions explored in this study were as follows:

- 1) What factors are considered as risk and protective in adoptive family's relational development as perceived by families raising an Ethiopian adopted child in Montana?
- 2) What is the level of these Ethiopian adoptees' psychological and emotional adjustment?
- 3) What are the levels of adoptive parents' adjustment, cultural competency, and parenting interventions skills?
 - a. Is there a significant difference between parents who adopted their child at a younger age or an older age?
 - b. Is there a significant difference between parents who live in rural and urban settings?
 - c. Is there a significant difference between parents with and without biological children?
 - d. Is there a significant difference between parents who adopted one child versus more than one child?
- 4) What is the relationship between *adoptees'* adjustment and *parents'* adjustment, cultural competency, and intervention skills?
- 5) What is the relationship between adoptive *parents'* adjustment, cultural awareness and their parenting intervention skills when raising an Ethiopian adopted child?

Research Hypotheses

- 1) Adoptees' adjustment will be positively correlated with high family parenting intervention skills.

- 2) Parental cultural awareness about the impact of their own culture and their adoptive child's culture will be positively correlated with the psychological adjustment of Ethiopian adopted children.
- 3) Parents' adjustment, cultural competency and their intervention skills will be positively correlated with each other.

Definition of Terms

Adoptee's Adjustment: the ability of the child to successfully transition into his/her adoptive family with minimal psychological and behavioral disruptions. The adoptee's adjustment is measured by the Child Behavior Check List (CBCL - see Appendix B) (Achenbach & Rescorla, 2001).

Adoptive Parents' Adjustment: parental adjustment refers to their emotional reaction to the child and to the adoption process, their psychosocial wellbeing, their experience interacting with families and communities, and their perception of relational development in three phases (Pre-, Peri- and Post-Adoption). The parents' adjustment is measured by the Parental Adjustment Scale (PA), a 14-item scale that generated the composite Parental Adjustment scores (see Appendix A).

Relational Development: refers to the process and level of maintaining consistent and secure emotional and social connections within the new family unit (i.e., between the adopted child and his or her adoptive family).

Parents' Cultural Competency: refers to the adaptability of the family to the parents' and the adopted child's birth cultures. Specifically, it includes the families' attitude, awareness of and knowledge about both cultures and how they have attempted to integrate the child's Ethiopian culture into the day-to-day life of the family unit (Vonk, 2001). This is measured by the parental

cultural competency scale (PCC -- see Appendix A) that includes 20 items and generates a composite score.

Parenting Intervention Skills: In this study, parenting intervention skills refers to parenting strategies or styles that include: flexibility, boundaries, communication, cohesion or emotional closeness of the family, and their activities in terms of emotional coaching, facilitating the child's bicultural identity development, and coping skills. These skills are measured a 10-item scale that generates the composite Parental Intervention Skills score (see Appendix A).

Ethiopian Adoption: refers to the adoption of an Ethiopian-born child into an American family. The child is living in the country of origin at the time of adoption and subsequently becomes a United States citizen and member of the new family's household.

Mutual Belonging: refers to the mutual acceptance of the adoptee and the adoptive parents of one another as a family unit.

Exclusive Belongingness: refers to the legal and emotional aspects of parents' feelings that they belong to the child, and vice versa. This is sometimes referred to as "entitlement" in the adoption literature.

CHAPTER TWO

Review of Literature

Adoption is a worldwide phenomenon that touches the lives of numerous families, and there are few countries that are not involved in either international or domestic adoption. Historically, adoption is used around the world for different reasons; mostly it has evolved to meet the needs of changing societies, such as to find a child welfare solution, or as a way of alternative family formation for adults wanting to become parents. For some countries, adoption is primarily viewed as a means of providing new families for children in the public welfare system, but for others, it is predominantly either about the receipt of children from other countries or about the sending of children abroad. These different views of adoption make the practice of international adoption the subject of considerable controversy.

Some professionals, politicians, and policy makers view the outcome of inter-country adoption as an issue involving the ethics of removing a child from their home country and culture, the potential risks related to visible minority status in the child's new home, and the cost to the sending country of losing its young citizens. As a result of such concern expressed over the outcomes of international/interracial adoption, researchers and child policy professionals have sought to determine the "best interests of the child" by conducting research to assess the adjustment outcomes and psychological impact of adoption on children adopted internationally. Thus, a large number of studies (Altstein & Simon, 1991; Baden, 2002; Bagley & Young, 1979; Basow, et al., 2008; Friedlander, 1999; Gaber & Aldridge, 1994; Juffer & vanIJzendoorn 2005, 2007; Lee, et al., 2006; Mckay, Ross, & Goldberg, 2010) have been conducted during the last five decades to investigate variables affecting adoptees such as racial and ethnic identity, psychological adjustment, school achievement and attachment. While some have contended that

international adoptive status alone does not produce a negative identity and may even result in better adjustment, others have described the challenging conditions confronting a growing number of international adoptees. These mixed results on the outcome of international adoption provided by different empirical studies imply that what shapes the experience of international adoptees remains an unanswered question. Some writers in the field have pointed out factors such as methodology, and perspectives about the outcome of adoption as potential causes for the contradictory findings of these studies. The methodology used to study adoption provides insights about the phenomenon in different ways. Quantitative follow-up of internationally adopted children can report on children's physical, behavioral and educational development, whereas qualitative research can reveal the more subjective aspects of this experience. For example, what might it feel like to be an Ethiopian child brought up by white American parents in a small country town? *Qualitative* data can enrich our understanding about how various *quantifiable* effects occur. Exploring the outcome of adoption must also take into consideration the question of "outcomes for whom?"

In order to examine the literature surrounding the process of psychosocial adjustment and attachment development of adoptees and adoptive families, five major areas of literature will be reviewed. The first section provides a brief overview of the history of international adoption practices in the United States. The second section examines the process of psychological and social adjustment of internationally adopted children from three different theoretical perspectives such as attachment theory, Erickson's psychosocial and identity development theory, and family system theory. The third section focuses on the adjustment process of adoptive families. The fourth section looks at different factors that contribute to or hinder both adoptees' and their family's adjustment. The fifth section views the roles of families' cultural competency and

parenting skills in building a relationship with the adoptee, and effects on the psychosocial adjustment of adoptees. The review then summarizes what is currently known about the needs of children who have been adopted, and about their families' efforts to facilitate productive identity exploration and healthy psychosocial development.

History of International Adoption in the United States

It is estimated that more than 100 million children located around the world have no available caregivers (Child Welfare League, 2003). The United Nations (UN) and United Nations Children's Fund (UNICEF) (2002) report showed the number of children with no parental care may be as high as 65 million in Asia, followed by Africa (34 million) and Latin America and the Caribbean (8 million). The causes are many, but a majority of these children are the product of civil war, overpopulation, famine, poverty, abandonment, or as is the case in China, a devaluation of girls.

The movement of children between countries has a much longer history. The formal international response to the needs of displaced or orphaned children through adoption -- the legal placement of abandoned, relinquished or orphaned children within an adoptive family -- began on a large scale during the decades following World War II. According to the modern history of international adoption, the Korean War orphans mark the beginning of modern international adoption to the United States. In these cases, children orphaned by the war or biracial children fathered by a military soldier and Korean mother were adopted by American families. Lovelock (2000) pointed out that the first provision for inter-country adoption into the United States was President Truman's directive of December 22, 1945, which allowed for the migration of refugees and minors not accompanied by family members. Since then, the United States has remained by far the primary receiving nation of orphaned children, followed distantly

by other Western nations, including France, Canada, and Germany. The statistical data from the US Department of State show that over the past decade alone (between 1999-2011), more than 233,934 orphaned or abandoned children from more than 100 countries have been adopted by American families (October, 2012; http://adoption.state.gov/about_us/statistics.php).

Though international adoption practice has been expanding from decade to decade, the availability of children from other nations for adoption has always been shaped by political unrest, civil war, natural disasters, and domestic family policies in the Third World countries. Camacho-Gingerich, et al., (2007) viewed international adoption practice as occurring in two waves, as will be described in more detail below:

1. From the end of World War II to the mid-1970s, adoption was considered primarily as a humanitarian response to children in need of families from poor and war-torn countries; and
2. From the 1970s to the present, the practice was driven by falling fertility rates and the diminishing supply of healthy Caucasian infants available for adoption domestically and was inspired by the desire to provide a nurturing family environment for children from poor countries in political turmoil.

In the 1950s, the U.S. military intervention in Asia prompted the United States to institute special provisions to facilitate adoption of Korean orphans by military and government employees stationed in that country. Between 1957 and 1969, more than 20,000 children were adopted by American families (Ruggeiro, 2007). Many of these children were from Germany, Japan, and Korea.

In the 1960s, international adoption became more frequent. By the mid-1970s, the Latin American and Caribbean nations had become significant sources for U.S. parents looking to

adopt children. These adoptions represent the turning point from the first wave of migration of children to the second wave. In contrast to previous international adoptions, these adoptions were not associated with U.S. military involvement or any international political conflict. Many of these adoptions were interracial and involved children initially unknown to the prospective adoptive parents. When China opened her doors to international adoption in the 1970s, the number of international children adopted by U.S. families increased dramatically. Since then, China has continued to be the leading country sending children for inter-country adoption to the United States.

In the late 1980s and 1990s, Latin America continued to be a significant region for parents looking to adopt children. With the increased demand came more opportunities for corruption. In many cases, prospective parents paid large amounts of money to intermediaries who controlled the supply. These situations pressured many poor women in Latin America to put up their babies for international adoption. A Black Market for adoptions became common in some Latin American as well as Asian countries.

The current statistical data from the US State Department show that international adoption rates from Latin America, Eastern Europe and Asia have shown little increase since 2006. However, the rate of international adoption of *African* children by American families has grown significantly. To date, this is most evident in Ethiopia where numbers have been rising rapidly in recent years (Selman, 2007). According to the State Department, between 2007-2011 there have been 70,185 children adopted by American families; among these, 9,495 (13.5%) were from Ethiopia. These numbers show that Ethiopia has become the leading African country and the second leading country internationally to send a large number of children for adoption to the USA. In 2009, for example, 2,722 children were adopted from all of Africa. Out of this,

2,277 (84%) were from Ethiopia. This figure is eight times larger than the number of children in 2004, when families in the United States adopted only 284 Ethiopian children. Since 2005, 10,668 adoptions in the U.S. have come from Ethiopia, although the figures dropped in 2011 due to the new goal set by the Ethiopian government: to reduce the number of intercountry adoptions by 90% beginning March, 2011 (retrieved from <http://ethiopia.adoption.com/> October 2012).

Adjustment Process of International Adoptees

In the last four to five decades, numerous researchers have studied the psychological adjustment of internationally adopted children; the results are mixed, with most researchers concluding that internationally adopted children are typically either well-adjusted or overly represented in the clinical population. The impact of international adoption on the child's adjustment and development varies at each stage of the child's life. Internationally adopted children must adjust to the stress of their adoption on a continuing basis. In other words, issues related to international adoption have different meanings and impact on adoptees as they develop, and the child's understanding and adjustment to adoption are influenced by their emerging cognitive capacity and their developing coping skills (Brodzinsky, 2006; Mohanty & Newhill, 2007; Verhulst, Althaus, & Versluis-den Bieman, 1992). What a better adjustment means to an adoptee on any particular day depends on the adoptee's developmental level. This is evident in the lack of agreement in the adoption literature regarding a single, systematic explanation of the pattern of international adopted children's adjustment (Alstein & Simon, 1991; Silverman & Feigelman, 1990; Tizard, 1991). Recognizing the importance of the child's developmental level and the context or the "system" in which the child grows, the current study used the following three theories in order to understand the psychological adjustment of international adoptees:

Attachment Theory, Erickson's theory of psychosocial and identity development, and family systems theory.

a. Attachment Theory

Adoption can be characterized as a situation involving both risk and protective factors. All adopted children deal with both loss and gain, with separation and re-attaching. Adopted children may be particularly susceptible to extra challenges in developing secure attachments and in successfully separating and creating a solid sense of self as an individual.

According to Attachment Theory, early attachment behavior is one of the primary means of survival for human infants. Infant attachment behaviors are necessary to gain the caregiver's nurturance and attention, so that the helpless infant will have its needs met. The set of internal representations about self and others is formed as a by-product of this early attachment relationship with primary caregivers. Bowlby (1969) pointed out that the expectations and beliefs about whether caretakers are loving, responsive, and reliable, and whether the self is worthy of love, care and attention, determine to a large extent how an individual anticipates and constructs self and others in interpersonal relationships. Children whose basic needs have not been met consistently, and who therefore are not securely attached, may respond to the world either by shrinking away from it or by doing battle with it (Groza, Ryan, & Cash, 2003; Juffer & Rosenboom, 1997). McGinn (2007) also viewed attachment as the early keystone on which other developmental tasks rest:

A child who experiences consistent, reliable caretaking will feel secure and think that the world is a safe, benign place to explore. The child's tasks of gaining control of its body (grasping, walking, smiling), making appropriate eye contact, learning to regulate its emotions, developing language- all these can best be attempted in the context of a safe,

reciprocal relationship with a primary care takerThese tasks are subject to delays if the primary task, attachment, is impeded in some way. (P. 65)

In the adoption process, when relinquishment and placement occur, the repercussions of the parent's psychological stressors may result in difficulties for the mother-child dyad in becoming attuned to one another's cues due to the lack of prenatal bonding. All of these conditions for both child and parent may come into play and contribute to challenges in forming a secure attachment.

Juffer and Rosenboom (1997) argue that in circumstances such as when a child has been relinquished after experiencing poor or inconsistent care with the birth parent, and or in situations in which the child has experienced multiple placements, the challenges are even greater. Many adoption studies conclude that the early life of adopted children, which is greatly affected by such circumstances, has a significant impact on their later psychological adjustment. This condition may be most prevalent in the case of international adoptees who have commonly experienced multiple placements or have been in institutionalized care before adoption. Children who come to the United States through adoption must be orphans, which the UN defines in the following ways: when a child has no parent or those parents placed the child for adoption through a child welfare agency; in circumstances in which the child was abandoned; or when parental rights were terminated (Wierzbicki, 1993). The 2010 Minnesota international adoption project, "State of Children Report- New Arrival" report (University of Minnesota, retrieved on January 2012: <http://www.cehd.umn.edu/icd/research/iap/Newsletters/IAPnewsletter2010.pdf>), for example, revealed that 22% (out of 736 participants) of the children in the study were from Ethiopia and all of the children were adopted from institutional care.

As more than forty years of research has demonstrated, children in institutional care will not develop in the same way as children living in families. Normal child development requires frequent one-to-one interactions with a parent. While a socially rich family environment promotes infant brain growth, an impoverished environment has the opposite effect and will suppress brain development. The child's lack of opportunity to form a specific attachment to a parent figure is a typical feature of institutional care.

Attachment theory places a central emphasis on major issues such as implications of trauma, loss, and separation for the individual, as well as a focus on family process and intergenerational transmission. Thus, many researchers have used it as a paradigm to disentangle the effects of the adoption experience on the psychological and behavioral adjustment of internationally-adopted individuals and adoptive families (Simmel, Barth, & Brooks, 2007; Steele, et.al., 2009; van IJzendoorn, Bakermans-Kranenburg, & Juffer, 2007; van IJzendoorn & Juffer, 2006).

In 1950, John Bowlby, the founder of Attachment Theory, conducted an important study on the mental health of homeless children for the World Health Organization. Bowlby concluded that children suffered from the effects of institutional care, even when their physical needs were met adequately. The children were deprived of parental care and missed out on opportunities to develop secure attachment relationships. According to Bowlby (1980), parental deprivation leads to compromised child development and sets the stage for various mental health problems in children. Bowlby (1988) recommended foster care and adoption as viable alternatives for institutional care. Regarding adoption, Bowlby (1969) stated that in skilled hands, this can give a child nearly as good a chance of a happy home life as that of the child brought up in his or her own home.

After more than 50 years since Bowlby's report and after 50 years of international adoptions, Juffer and Van IJzendoorn (2007) tested Bowlby's statement as a working hypothesis: Is adoption an adequate option, not only instead of institutional care but also after institutional care, meaning the adoption of children who may be scarred by the consequence of early neglect and deprivation? What does international adoption mean for children's development?

Juffer and Van IJzendoorn (2007) used two methods to investigate these research questions: 1) a longitudinal study in which they followed and observed a group of internationally-adopted children growing up and coming of age; and 2) a series of meta-analyses of adopted children's development and adjustment following their life after adoption. In their longitudinal sample, the authors assessed infant attachment security at 12 months with Ainsworth, et al.'s, (1978) Strange Situation Procedure and found that 74 % of the children demonstrated secure attachment, which is comparable to the normative percentage of 65% (Van IJzendoorn and Kroonenberg, 1988). Accordingly, the overall result of the Juffer and van IJzendoorn study showed massive catch-up after adoptive placement in all developmental domains, including physical growth, attachment, cognitive development, behavior problems and self-esteem. However, Juffer and Van IJzendoorn's meta-analysis also showed that after institutional care, adoptees are not able to catch up completely with their current peers. Therefore, they concluded that the influences of institutional care, loss, and separation on adopted children's development constitute major risk factors, whereas the influences of the adoptive family may function as protective factors.

Additional adoption studies share the Juffer and van IJzendoorn conclusion regarding significant effects of adverse pre-adoption experience on children's later adjustment (Barth & Berry, 1988; Levy-Shiff, 2001; Sharma, McGue, & Benson, 1998; Verhulst, 2000; Verhulst &

Versluis-den Bieman, 1995). Johnson and Dole (1999) pointed out that international adoptees placed prior to 4 to 6 months of age exhibited normal attachment behavior; however, children institutionalized for 8 months or more had lower attachment scores upon arrival. Some writers, however, believe that in the long term, adoptees' attachment outcomes do not differ substantially from those of non-adoptees (Fahlberg, 1991; Melina, 1998). Juffer and Rosenboom (1997), for example, found that internationally adopted infants displayed secure attachment relationships at rates comparable to non-adoptees.

Though the limited amount of empirical research that has focused on adoptee attachment yields conflicting results, there is an appreciation of the impact of the child's pre-adoptive experience and an understanding of the need for attachment building to improve the probability of achieving healthy attachment outcomes for all children placed in adoptive homes.

Besides having multiple placements and institutionalization experiences, children who enter the US through adoption come to their new home with different emotional, physiological, and psychological language. Most of the children typically have little proficiency in English and have limited means of communication with their adoptive parents; many of them may be malnourished and accustomed to sleeping arrangements that are different from those they experience in their new homes. Consequently, dealing with those issues (for example, behaviors such as hoarding food and sleep terrors) are most likely a big part of the adjustment process for both children and adoptive parents.

b) Erickson's Psychosocial and Identity Development Theory

International adoption refers to the adoption of infants or children by a parent of a different race (in most cases), or the same race (in some cases), and different culture (in all

cases). Many professionals agree that in order to comprehensively address international adoption, issues related to the psychosocial task of identity formation must be addressed.

The construct of identity can be traced back to Erikson's psychosocial development theory (Erikson, 1968) and was originally associated with the struggle to gain knowledge of self, other, and the self in relation to other (Erikson, 1959). At all psychosocial stages, Erikson claimed that the individual develops on three levels simultaneously: Biological, Social, and Psychological (McLeod, 2008). His theory of psychosocial development was a lifespan model of development involving eight stages; each has two possible outcomes, and the model extends well into adulthood (Bee, 1992; Erikson, 1968; McLeod, 2008). According to the theory, successful completion of each stage results in a healthy personality and successful interactions with others. Failure to successfully complete a stage can result in a reduced ability to complete further stages and therefore may lead to a less healthy personality and sense of self. These stages, however, can be resolved successfully at a later time. Since Erikson's original theory, many professionals in the field have used the concept of identity in various ways to refer to a personal "sense of self" which develops through both internal representations and relationships with others (Grotevant, et al., 2007).

Identity is a central feature of well-being and psychological adjustment. It consists of developing internal values and priorities, a sense of self-worth and self-fulfillment, and social roles and personal reputation. Thus, identity development involves a dynamic tension between something considered core (the self) and something considered as context to the core (e.g., social, family, community, society). Grotevant, Dunbar, Kohler, & Esau (2007) view this dynamic tension of identity development as consisting of three components: an intrapsychic component, a component involving relationships within the family, and a component involving the social

world beyond the family. All individuals must grapple with these three levels of identity development.

The intrapsychic component of identity is grounded in Erikson's theoretical framework (1968), which addresses the developmental processes involving exploration and consideration of a given identity domain, and commitment to a specific future. In this component, the task includes incorporating immutable characteristics such as sex and ethnicity with those that are more amenable to self-definition. Those who are adopted possess the added characteristic of their adoptive status. In the case of international adoption, children must not only be required to integrate their adoptive status into their sense of self, but they also need to include the fact that they came from a country that is culturally different from the country they live in, and incorporate their racial point of view in their sense of self.

Regarding the second component of the identity development, adoptees usually have a unique experience inside the home that is distinctly different from children being raised in racially and culturally homogeneous families. Adoption often becomes visible within families because of real or perceived differences in physical appearance, abilities or personalities. Most children who are adopted internationally are, almost by definition, different in physical appearance from other members of their adoptive families. How both the adoptee and the families deal with this difference plays an important role in adoptive identity development.

The adoptive identity development task also involves interaction beyond the family. It is more about movement and tension than it is about self-sameness. The process of social interaction may make adoptees feel disconnected from others because others define them as "different" based on their adoptive status. In her study on the geographies of identity in transnational adoption, Yngveson (1999), for example, noted that an Ethiopian young adult who

had been adopted into Sweden as a young child may feel more Ethiopian (than Swedish) when in Sweden, yet more Swedish when in Ethiopia—thereby exemplifying the dynamic tension between self and context. In this view, the presence or absence of autobiographical information affects how the adoptee will present him or herself in social interaction, thereby eliciting different responses from social partners (Grotevant, et al., 2007).

Including multiple characteristics such as ethnicity, culture, and race in the sense of self, issues related to fitting within the new family and the new surrounding community, and the societal attitudes about international adoption, all make the adoptive identity development task more complex. In other words, the psychosocial and identity development of international adoptees involves not only incorporating differences between one's self and one's family, but also between one's self and one's society; international adoptees must therefore continually confront their differences on many levels. This dynamic task is a constant stressor that for many impedes both adjustment and the development of a racial identity (Feigelman, 2000; Juffer, 2006; McRoy, Zurcher, Lauderdale, & Anderson, 1982; Mohanty, Keokse, & Sales, 2007). Because adoption and race play a significant role in the psychosocial development of adopted children and adjustment of adoptive parents, some writers indicate the need to approach the complexity of international adoptive adjustment and psychosocial development through Erickson's identity development theoretical perspectives (Baden, 2002; Carstens & Juliá, 2000; Grotevant, et al., 2007; Lee, 2009). Although Erikson's theory of psychosocial development and identity has been central to the emerging understanding of adoptive identity, further theoretical work is needed to clarify the links connecting adoption and race as an assigned identity. Thus, many scholars have studied identity development focusing on how ethnic/racial identity is constructed.

Most models of identity focus on the individual; others incorporate aspects of social and collective identities. Although reviewing all theories and models of identity is beyond the scope of this paper, theoretical models that focus on the role of race and culture in adoptive identity development are presented below.

Racial identity is very likely to be a particularly challenging issue for international adoptees and their families. This is true in part, because not only must they develop a sense of internal identity, but they are also attempting to come to some consensus as to how cultural socialization and social interactions will be externally negotiated with respect to their racially and ethnically diverse family (Galvin, 2003). As Baden and Steward (2007) suggest, this process is complex given that adoptees must manage a number of cultural and racial influences stemming from both their own birth culture and that of their parents.

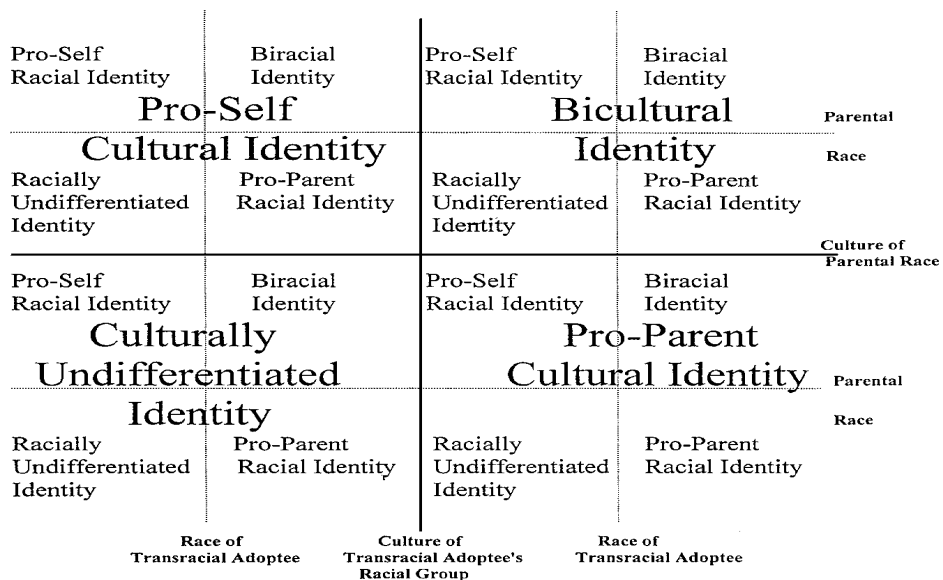
Though many theories of racial identity development have been developed for racial ethnic minority groups (Atkinson, Morten, & Sue, 1979; Cross, 1971, 1978), most of them have grouped culture and race together within a single model and assume racial homogeneity within families. Because this homogeneity is not found in families adopting internationally, this study relies upon Baden and Steward's theoretical framework of adoptees' identity development, called the Cultural–Racial Identity Model in terms of using culture and race issues while viewing adoptees' identity development (Baden & Steward, 2000).

Cultural-racial identity model. One of the few models to address this unique aspect of transracial adoptive identity development has been developed by Baden and Steward (2000). The Cultural-Racial Identity model proposes that healthy development of children is not only affected by the early experience of the child, but is also contingent on the effective management of diversity-related issues both inside and outside of the home. This model addresses the

compelling roles of both race and culture within families where racial homogeneity does not necessarily exist. It integrates both culture and race in an attempt to better understand the experience of transracial/ international adoptees. The intent of the model is to extend the conceptualization of adoptees' experience beyond the dichotomous perspectives that currently fuel the controversy around transracial adoption (Baden, 2002; Baden & Steward, 1995, 2000, 2007).

The Cultural-Racial Identity Model (See Figure 2) has two axes, a cultural identity axis and a racial identity axis. The two dimensions of the Cultural Identity Axis (i.e., the Adoptee Culture Dimension and the Parental Culture Dimension) and the two dimensions of the Racial Identity Axis (i.e., the Adoptee Race Dimension and the Parental Race Dimension) make up the four dimensions that describe the degree to which transracial adoptees identify with the culture and race of both their racial group and that of their parents.

Figure 2: Cultural-Racial Identity Model (Baden & Steward, 2000)



c) Family Systems Theory

Like attachment theory and Erickson's psychosocial development theory, the family system approach recognizes the importance and effect of near and distant environments, but it focuses on viewing the relationship and the social context in terms of the ways family members function and relate to one another. Family system theory recognizes that the relationships and behaviors are complex and almost never tied to a single cause or event, and the target of intervention should include the entire system (i.e., the family; Minuchin, 1974; Satir, 1972).

A family systems theory which is derived from the general systems theory, focuses on understanding the adjustment and functioning of the individual members within the family context (Bowen, 1972; Watzlawick, Fisch, & Haley, 1974; Walters, Carter, Papp, & Silverstein, 1988). Though there is less literature regarding framing international adoptees' adjustment and psychosocial development from the systems perspective, some scholars' definition of adoption seems to fit this perspective. Hartman and Laird (as cited in Brodzinsky & Schechter, 1990) defined adoption as "a social arrangement constructed in some human societies to respond to children in need of parents and parents in need of children" (p.221). The values that the social context holds regarding child development will be most influential in shaping the child's adjustment. Understanding the processes and the functions of this system will provide a more complete picture of the child's adjustment. As Reitz and Watson (1992) said, "the best context within which to examine adoption is that of family systems" (p.12).

Systems theory suggests that children's behavioral problems are inextricable from their family group context and that they are most effectively addressed through a family collective approach. Understanding the adoptees' adaptability and the emotional closeness in the family, for example, can give a better understanding of the adoptees' level of adjustment. In the adoption

literature, there is some evidence that supports the system perspective's contributions to our understanding of the adjustment of internationally adopted children. Results of a study by Kelly et al. (1998), for example, showed that adoptees from highly structured and emotional families seem to adjust with greater ease at critical periods in life than those from less structured families.

Both Bowen (1985) and Boszormeny-Nagy (1973) emphasized the continuing powerful influence of relationships with families of origin. Viewing the child's current family unit alone would not allow for detection of the sources behind the historically-entrenched family role the child has unwittingly stepped into and been expected to play. Reitz and Watson's (1992) definition of adoption as legally transferring the ongoing parental responsibilities from birth parents to adoptive parents also reflects this continuity of kinship in an adoptee's life; it is important to recognize that the new kinship network forever links those two families together through the child, who is "shared" in some ways by both parents.

McHale & Sullivan (2007) summarized the most fundamental assumptions of the contemporary family theory as: (a) a system is something more than parent(s) and child(ren); (b) interconnected subsystems have their own integrity that is organized hierarchically and separated by boundaries; (c) patterns in a system are circular and not linear; (d) stable patterns are maintained over time through a homeostatic process; and (e) open systems do adapt, change, re-organize and develop (Bornstein & Sawyer, 2005; Cox & Paley, 2003; Minuchin, 1974). There are properties and behaviors of the system that do not derive from the component parts themselves when considered in isolation (Minuchin, 1985; Murray, Sommers-Flanagan & Sommers-Flanagan, 2012). Thus, the child's behavior can be best understood in its relational context. McHale and Sullivan (2007) explain this by saying, "...from a systems view, the

behavioral problems evident in any individual family members are perhaps best understood as manifestations of dysfunction within the broader family unit” (p. 193).

Family systems are also self -reflexive; that is, they have the ability to make themselves the objects of examination and the targets of explanation, thereby establishing goals for themselves (McHale & Sullivan, 2007). Many studies have pointed to the importance of establishing and clarifying the nature of dynamic linkages among adoptive family subsystems. In other words, investigation of the couple’s relationship, marital satisfaction, or parent-child interaction can shed light on the development of both adoptees’ adjustment and parenting behaviors. For example, Patterson-Mills’ (2010) study of the relationship between marriage satisfaction and internationally adopted children’s adjustment showed that the more satisfied fathers were with their marriage, the better adjusted the adoptee was likely to be.

In general, examining the relationships and patterns existing within the family unit might offer insights and understanding of the adjustment of adoptees and their families. For example, the concept of flexibility in the family dynamics could foster the process of attunement (Minuchin, 1974). Specifically, this approach provides us with a better understanding of what factors may influence the family’s (and the adoptee’s) adjustment and personal sense of competence. When families are studied and understood as a system, interventions services can be designed and implemented that enhance the adjustment of the adoptee and each family member.

The Adjustment Process of Intercultural Adoptive Parents

Many researchers suggest that for most individuals, the transition to parenthood is accompanied by significant changes in mental health, physical health and intimate and family relationship dynamics (McKay, Ross, & Goldberg, 2010; Nomura et al., 2002; Senecky et al., 2009). For international adoptive parents, this transition extends even beyond these usual

changes and dynamics. It may be amplified by the unique experiences they have been through such as coping with prior infertility, completing an extended and stressful adoption process, traveling overseas, and finally having a child to raise with a different racial, ethnic or cultural identity (Daniluk & Hurtig-Mitchell, 2003; Fontenot, 2007; McKay, Ross, & Goldberg, 2010).

Although every adoption is unique and every parent has different feelings and experiences, there are some general themes that emerge regarding international or intercultural adoptive parents' emotional responses during this transition. All internationally adoptive parents are required to pass through different adoption phases (e.g., application, home study, matching and placement processes) before bringing the child home. For most, completing these processes means that the most difficult phase is behind them. For many potential adoptive parents, the cost of international adoption may be prohibitive or at least a serious strain on their family budget. It is not uncommon for one or both parents to be required to travel to the child's country of origin for a period of time before the adoption can be finalized. As a result, when arranged independently or through a private agency, total adoption costs of \$25,000.00 to \$50,000.00 or higher are not uncommon for international adoptions (US Department of State, 2012; http://adoption.state.gov/adoption_process/what.php; American Adoption Agency, 2011; http://www.americanadoptions.com/adopt/domestic_international).

Though there are numerous research studies conducted on new parents' adjustment during the transition to biological parenthood, there is very little known about the adjustment experience during the transition to adoptive parenthood (McKay, Ross, & Goldberg, 2010). Although the great majority of international adoptive parents are satisfied with their decision to adopt, once the adopted children settle in with them, there are some families that do not share this feeling (Barth et al., 1988; Dhimi, Mandel & Sothmann, 2007; McDonald et al., 2001). The

adjustment process to adoptive parenthood can present its own difficulties for these parents for many reasons. First, adoption-related issues (dealing with the child's different ethnic, language and cultural background, with little or no family history, and with the effect of his/her early experience of loss and abandonment) may continue long after the adoption. Second, adoption-related stressors contribute to parents' emotional instability and inhibit their process of settling into parenthood. Post-adoption depression, grieving about various losses, building attachments, becoming a multicultural family, and identity issues are the factors that are experienced most commonly by many international and intercultural adoptive parents.

Post-adoption depression (PAD). It is not yet a distinct illness recognized by the American Psychiatric Association, but it has become one of the "hot issues" being addressed by many researchers, psychologists and psychiatrists who are working with adoptive parents (Foil, 2010, Foil, South & Lim 2012). The term PAD was coined by June Bond in 1995 in her article for *Roots and Wings Magazine* (as cited in Macrae, 2004). PAD can range from a full-blown episode of severe depression that requires treatment, or just a simple case of the blues that lasts a month or two (Payne, et al. 2010; Senecky, et al., 2009). The US Administration for Children and Families described depression in adoptive parents as follows:

After months or years of anticipating parenthood, the excitement of the actual adoption can give way to a feeling of being "let down" or sadness in some parents. Researchers have dubbed this "postadoption depression syndrome," or PADS, and it may occur within a few weeks of the adoption finalization. The realities of parenthood, including the tedium, lack of sleep (for parents of infants or children with behavioral or sleep issues), and the weight of parental responsibilities can be overwhelming. Parents may have difficulty attaching to the new child and may question their parenting capabilities.

They also may be hesitant to admit that there are any problems after the long-awaited adoption. (Child Welfare Information Gateway, 2010; p. 5)

The few scientific studies indicate that over half of adoptive mothers experience post-adoption depression. For example, in 1999 Harriet McCarthy, manager of the Eastern European Adoption Coalition for Parent Education and Preparedness, surveyed 165 mothers who had adopted children from Eastern Europe and found that 65% reported post-adoption depression. The same result has been found in a 2002 survey of 145 adoptive parents, of which half of the parents reported that their symptoms lasted for at least six months. Payne, et al., (2010) conducted research to assess the prevalence rate and factors associated with post-adoption depression with 112 adoptive mothers of infants less than 12 months of age. Their results, calculated at three time points post-adoption, revealed a rate of significant depressive symptoms for 27.9% of participants at 0-4 weeks, 25.6% at 5-12 weeks, and 12.8% at 13-52 weeks post-adoption (Payne, et al., 2010, p.149). Other researchers have determined that parents are more likely to experience PAD when they adopt children from overseas or children with special needs. While PAD has not yet been accepted as a diagnosis, it may be similar to the postpartum depression that is believed to be caused by hormonal changes of women after the birth of a child. One study conducted on post-adoption depression among adoptive mothers also reported that among 39 adoptive mothers of reproductive age, 15.4% were found with depression symptoms. This rate was similar to that for postpartum depression in the general population (Senecky, et al. 2009). Other research on PAD has also found that the depression experienced by adoptive parents often stems from the many stressors that accompany the adoption process, the adoptees themselves, and from the adoptive parents' social environment.

Adoption process related stressors. Unlike the birth parents who often spend a pregnancy

relishing their time together as a couple and paying close attention to the mother's health, adoptive parents are subjected to an intense amount of scrutiny, paperwork, expense and travel. By the time the child arrives, adoptive parents have been using their energy exhaustively to accomplish these tasks.

Stressors from the adoptee. For many families, the decision to adopt is a long and difficult journey through a great deal of self-doubt. Upon receiving their child, they are inundated with thoughts and questions about where their child came from, how he or she was cared for, and the information that they read about the country of origin. Often, there is no information on the child's history. These thoughts, alone, are not the typical, happy thoughts that come with the birthing of a child. Due to poor record-keeping in the children's countries of origin, adoptive parents may be unaware of their child's special medical needs. Additionally, because other genetically-mediated diseases may not be observable at the time of placement, adoptive parents may be unprepared for their onset (Daly & Sobol, 1993). Getting rewards or positive responses from a child who has been living in an environment with little stimulation, multiple caregivers, and less than adequate medical, health, and nutrition care does not happen overnight. Parents may have difficulty attaching to the new child and may question their parenting capabilities (Gunnar & Pollak, 2007). They also may be hesitant to admit that there are any problems after the long-awaited adoption.

Social environments related stressors. Coping with family members and friends who do not treat a new adopted child the same way they do other biological children in the family is a common experience by most international/ intercultural adoptive parents. In addition, the responses of teachers, community members, and neighbors – perhaps out of innocent curiosity –

may sometimes feel rude or hurtful to parents who have recently adopted a child from another culture.

Grief, separation and loss. Adoption always involves a circle of losses and gains for both adoptees and adoptive parents. Research results (Steele, et al 2009; Verschueren, Marcoen and Schoerfs, 1996) show that all parties involved in the adoption such as birth parents, adoptive parents and adoptee are dealing with feelings of loss and of grieving the loss for long periods after the adoption placement has been made. International adoptees often lose contact with their birth families forever, and adoptive parents have often experienced infertility; they may feel loss and grief for the children never born to them.

Parents who adopt children from a different cultural and ethnic background may also feel ambiguous loss related to what the child could have been, for example, had he/she not been exposed to toxic chemicals in utero, or abused and neglected after birth, or abandoned to the orphanage. Walking through these feelings of loss and processing the grief soon after the child comes to their home may increase the emotional stress felt by the parents and may interrupt their own adjustment process.

Parenting competency and confidence. For some parents the decisions to become adoptive parents comes only after many years of struggling with infertility. Dealing with infertility, loss of the hoped-for biological child, and grief can shape how they view their ability to parent (Reitz & Watson, 1992). While all parents feel insecure in their parenting abilities to some extent, adoptive parents must give themselves the right to parent their adopted children. Reitz and Watson (1992) identified some issues that can influence the adoptive parents' competency in their parenting, including: the feeling that the parents "own" or possess the child, the mutual acceptance of the child and the parent by one another, the congruence or

incongruence of parents' expectations about the adoptee's development, shifts in the family system (for example, role confusion escalates when the family birth order is shifted such as when an older sibling is already in the household), the experience of loss and grief, and new identity formation (as the family shifts from monocultural to bicultural identity). Adoptive parents' self-esteem and confidence may be negatively affected depending upon how they feel about their parenting competency.

Identity and attachment from adoptive parents' perspective. Adoption is a life event that changes the identity of the individual parties as well as the identity of the involved families. Sometimes, adoptive parents are slow to adjust to their new identity, or they wonder what expectations accompany this new identity.

Adoptive parents may worry that they don't "feel" like parents, even after the adoption is complete. They wonder whether they are really entitled to parent their new son or daughter. After years of keeping their parenting desire in check, they may be reluctant to fully embrace parenthood or to believe they are truly parents like other people are. Parents may even question why they don't immediately love their new child or wonder if they love their child enough. For these new parents, parenting may seem like a tentative status at best. Furthermore, the lack of role models for adoptive parents may give them a sense of isolation.

Identifying as a parent or as a parent of a particular child may be a more gradual process for some parents. Even so, the post-adoption status creates a permanent family situation, and both parents and child may take some time to develop a bond and evolve into their new identity. If the parents have adopted a child through an inter-country adoption, the suddenness of the child's arrival may leave parents little time for becoming accustomed to their new identity. They may be so absorbed in the practical tasks of meeting the needs of their child(ren) and building a

relationship that they have little time to settle into their new status. The feeling of being a parent may take some time to develop but may eventually be a result of being able to meet the child's needs and form a mutual attachment (Child Welfare Information Gateway, 2010; Vandivere, Malm, & Radel, 2009).

For some parents, there is a pivotal moment when they first feel like a parent (e.g., the first visit to the doctor, school registration, the first time the child says and means "momma"). For others, it is the day-to-day routine of caring for the child and helping the new son or daughter navigate the world that gradually leads to self-identification as the child's parent. Identifying the self as the parent is generally linked to a sense of entitlement, or "claiming," and responsibility. Most adoptive parents need time to move beyond feelings of being "not worthy" or "not capable" of parenting their child, to feeling comfortable in their new role, accepting the responsibility and recognizing and feeling fully entitled to parent their child (Child Welfare Information Gateway, 2010; www.childwelfare.gov/pubs/factsheets/impact_parent).

Parenting a child adopted from another country offers both the joys and the challenges that occur when two cultures come together. Many of the joys come from learning to love and celebrate the unique characteristics of each child; many of the challenges come from raising children in a society that may not always be welcoming or approving of transracial and transcultural families or of children from other countries. Parents may need to add many duties including: helping the child develop a racial and cultural identity, creating a family identity for the multiracial or multicultural family, living a multicultural life, dealing with racism and bias about race and culture, examining their own lifestyle and community, and viewing themselves through the eyes of their child. All of these additional and unique parenting tasks are not likely to make the adoptive family's adjustment process an easy one.

Interventions in Support of Adoptive Parenthood

Some scholars in the area have suggested that the impact of adoption-related issues and stressors on the transition to parenthood and its interventions can be viewed through the lens of Patterson's (1983) and Patterson and Garwick's (1994) family stress theory. According to the family stress theory, the adjustment period to parenthood constitutes an interactional process, wherein parents constantly negotiate between demands (i.e., stressors, hassles, daily strains), and facilitating factors (i.e., physical and emotional resources). When demands and facilitating factors are balanced, the transition to parenthood is more likely to be experienced positively. When the two factors become unbalanced in favor of demands, however, the adjustment is likely to become increasingly difficult. In a study conducted with 500 adoptive parents in Virginia, the most effective support services were those which were aligned with the specific needs of the parents as they adjusted to parenting, over time (Atkinson & Gonet, 2007). For example, in the early stages of the adoption process, participants identified peer support groups as one of the most effective support services, since they served to decrease the isolation participants felt as they transitioned to parenthood. Later in the adoption process, individual and family counseling became important for family cohesion as the adopted child aged.

Similarly, Dhami et al. (2007) evaluated the post-placement services offered by the Adoption Support Program (ASP) at the Queen Alexandra Centre for Children's Health in British Columbia, Canada. They reported that 45% of the 43 participants accessing services from ASP indicated they needed adoption support "soon after" their child was placed in their home. In addition, 26% of parents reported needing services when their child started school, 38% when their adopted child became a teenager and 17% needed support services when their adopted child turned 19. These data would indicate that the need for adoption support does not cease once, or

shortly after, the child is placed within the home. Approximately 43% of the participants sought help from both professional and personal supports (i.e., family and friends).

There are also a number of things that adoptive parents can do to help them adjust to their new status as parents and as a family, such as:

- Involvement in support groups: Connect with parents who have completed a similar adoption; learning how other parents have made the adjustment and have dealt with challenges can be reassuring. Parents who adopted 1 year or 10 years earlier can serve as role models to new parents. And parent support groups are meant for just that—supporting and lending a hand and a sympathetic ear to parents who need it.
- Establishing family traditions or rituals: Parents may want to establish daily or weekly schedules of activities. Routines can be comforting and stabilizing for children and they can help to normalize family life. Rituals can be as simple as bedtime reading or family movie night. Parents may also want to establish traditions to commemorate important days (e.g., the day of the adoption placement or finalization) or holidays. These special occasions can be a time for celebration and can reinforce parent and family identification.
- Creating a family storybook: This can help all the family members feel a sense of belonging to their family. Parents can start the book while they are awaiting the adoption; they begin with their own stories, from their own childhood through their decision to adopt. As each new member joins the family, his or her background and story are added. These books can be maintained through multiple generations (Child Welfare Information Gateway, 2010).

The Role of Family and Society in the Adjustment and Development of Adoptees

Many writers in the field have pointed out that though adoption and race are the major aspects of adoptees' identity, they must also navigate the ways society imposes identities in often-negative, stereotypical ways, sometimes including racism and biases toward families formed with children not born biologically (Hartman & Laird, 1990). As mentioned previously, identity issues have been recognized as affecting outcomes for adopted persons. It is well known that psychosocial and identity developments are influenced not only by individual personality, but also by peer and other close associations, school and community, and the larger cultural context and historic period.

Family is the first context in which identity development begins, and there are many ways that family can influence a child's psychosocial development and adjustment. For example, in a study of international adoptees in Sweden, family function as characterized by emotional support predicted adoptees' positive sense of self (Cederblad, et al., 1999); others have found that parents' attitudes – particularly denial or acceptance of differences – clearly relate to their children's mental health (Benson, et.al.,1994; Blum, 1976; Brodzinsky, et al., 1998); and the ability of adoptive parents to acknowledge differences between themselves and their children appears to be especially critical when considering race_ especially when the adoptive parents engage in parenting behaviors that reject or downplay racial and ethnic difference (Andujo, 1988; DeBerry, Scarr, & Weinberg, 1996; Kim, 1978; McRoy & Zurcher, 1983; Trolley, 1995).

Many recent studies indicate that a growing number of transracial adoptive parents acknowledge differences and try to promote pride in their children's birth culture and heritage (Carstens & Julia, 2000; Friedlander, Larney, Skau, Hotaling, Cutting, & Schwam, 2000; Rojewski & Rojewski, 2001). Cultural socialization studies examining strategies that transracial adoptive parents use to encourage their children's racial and ethnic identity development indicate

that how transracial/transnational families communicate about racial, ethnic and cultural experiences depends on parental attitudes and beliefs about race and ethnicity (Lee, 2003).

Transracial adoptive families play a significant role in helping their children deal with racism and discrimination, but research suggests Caucasian parents are not always certain about how to provide the necessary coping skills. For example, in a longitudinal study of 88 African American transracial adoptees, nearly half of all adoptive parents encouraged biculturalism during childhood but were more likely to deny or de-emphasize race as a factor; they also had ambivalent feelings about cultural socialization when their children reached adolescence, even though that was a time in which the salience of race, particularly awareness of discrimination, was most likely increasing (DeBerry, et al., 1996). In this regard, Lee (2003) describes cultural socialization strategies for adoptive families that include: cultural assimilation, enculturation, racial inculcation and child choice. In addition, Vonk (2001) presents a three-part definition of cultural competence for transracial adoptive parents focusing on their need to gain awareness, skills and knowledge in racial awareness, and survival skills and multicultural planning.

Literature reviews on the environmental context of adoptees' identity also point out that experiences outside of the family – specifically with peers and neighbors, and at schools and work – provide ever-widening contexts for encounters that may stimulate identity exploration. Research indicates that growing up with access to a diverse community and experiences in school and other contexts outside of the family impact how adopted individuals think of themselves and, in turn, their sense of well-being. Feigelman's (2000) study, for example, found that transracial adoptive parents who lived in predominately Caucasian communities tended to have children who experienced more discomfort about their appearance than those who lived in more integrated settings; conversely, transracially adopted children who lived in diverse

communities and attended schools with diverse populations were found to have a more positive sense of racial identity (McRoy et al., 1982).

Neither adoptive nor racial identity formation can be understood without placing them in the context of societal attitudes toward kinship and social constructions of race. Historically, Western societies have based kinship ties primarily, if not exclusively, on blood relations (Wegar, 1997). For adoptees, the emphasis on a biological basis for family relationships automatically creates problems, since their familial ties are grounded in social rather than biological relations (Feigelman, 2000). As a result, all adoptees must deal with being “different” within their families. This difference, derived from not having genetic links to their parents, is often manifest in physical dissimilarities between the children and their parents, which are most conspicuous in transracial placements but also exist in same-race placements. There are a few studies that have suggested that young adoptees are particularly vulnerable to feelings of “differentness” or low self-worth because of negative comments about adoption from peers; however, there is no known systematic research into the impact of stigmatizing attitudes on adoptees’ sense of self (Wegar, 1997).

Summary

The current adoption research outcomes seem to have mixed answers to questions such as how adopted children develop bonding and attachment, self-identities, views of the world, relationships with others, sense of belonging, and so on, in the context of their adoption experience. Much of the adoption literature has examined individual differences rather than environmental variation in explaining the heterogeneity observed among adopted individuals. For instance, in a number of studies of international adoptees, gender (with boys at greater risk for problem behavior), age at placement (older children at increased risk) and developmental age

(with more risks in adolescence) have been identified as factors that may increase the chance of poor adjustment but not all studies have found these factors to hold true.

On the other hand, most of the research on adopted persons has focused on their well being and adjustment, which are intertwined with their ability to develop a full sense of personal identity. Research that has explored adoption's effects on identity has tended to focus on two aspects: its impact on normative identity development in childhood and adolescence, and racial identity formation of transracial adoptees. Only a few studies have examined the interplay of adoption and racial/ethnic identity for transnational adoptees, despite the fact that adoption practitioners have raised the importance of national origin as an aspect of identity for transnational adoptees (Basow, Lilley, Bookwala, & McGillicuddy-DeLisi, 2008; Mohanty, Keoske, & Sales, 2006). Thus, factors associated with one's nationality may be considered a unique category in itself and may be particularly salient for international adoptees raised in different-race adoptive families (e.g., Russian-born child adopted by Irish- Americans), but may also play a critical role for transracial adoptees born overseas (e.g., Ethiopian child) compared to those who were born in the U.S. (e.g., African-American child). This indicates a lack of empirically-validated and comprehensive research documenting the psychosocial development of international adoptees. On the other hand, most studies on international adoption focus more on the effect of adoption on the adopted child and there is little documentation viewing the adoptee's adjustment development from the family context and the effect of adoption on the adoptive family unit (Bimmel et al., 2003; Patterson-Mills, 2010; van IJzendoorn, 2005). In order to fill this gap, there are fundamental issues that are in need of more systematic attention from professionals and practitioners who will work with internationally adopted children in the future. The aim of this study is to add to this knowledge base by examining the process of the

psychological and social adjustment of both the children and their adoptive parents in a group of Ethiopian children adopted by families in Montana, USA. Thus, the present study examines the adoptees' adjustment, their parents' adjustment, cultural competency, and parental intervention skills in a group of Ethiopian adoptees residing in Montana.

CHAPTER THREE

Methods

Introduction

Several studies focusing on the psychological adjustment of internationally adopted children and the emerging adopted child-adoptive parents' dyadic relationship indicate that although the majority of the adoptees develop well, some are over-represented in clinical populations. In addition, some serious emotional and behavioral problems have been observed on the part of the adoptive families (Altstein & Simon, 1991; Baden, 2002; Bagley & Young, 1979; Basow, et al., 2008; Friedlander, 1999; Gaber & Aldridge, 1994; Lee, et al., 2009). However, despite investigations of variables affecting adoptees in general, such as psychological and social adjustment and attachment, questions remain about which factors are most related to the adjustment and relational development specifically of African adoptees and their adoptive parents. Therefore, the purposes of the present study were to:

- (1) Describe the process of psychological adjustment and relational development of Ethiopian adoptees and their adoptive parents, based on adoptive parents' perceptions, and
- (2) Determine the relationship between the psychological adjustment of adoptees and their adoptive parents' adjustment, cultural competency, and parenting intervention skills.

Using multiple measurement methods offers an opportunity to gain specific information about the international adoptees and their adoptive parents' adjustment as they start their lives together. This study therefore used primarily a survey method including different subscales to explore what experiences and factors shape the adjustment and relational development of

adoptees and their adoptive parents. In addition, this study supplemented survey methods with several qualitative examples.

The mixed methods design (Tashakkori & Teddlie, 2003) is a procedure for collecting, analyzing and “mixing” both quantitative and qualitative data at some stage of the research process within a single study, in an effort to understand a research problem more completely (Creswell, 2002). Although it was beyond the scope of this study to incorporate a complete mixed methods design, the researcher completed a small number of interviews in order to supplement the survey data and give context to the experience of the participating families with actual narrative examples. In other words, the data being reported are based on responses to an extensive survey, but conclusions will include quotes from the personal stories shared with the researcher during several interviews.

The rationale for this approach was that the quantitative data and results provide a general picture of the research problem, (i.e., what internal [issues related to intercultural adoptees and their adoptive parents] and external factors [demographic, community or issues related to intercultural adoption]) contribute to and/or impede the psychosocial adjustment and relational development of Ethiopian adopted children and their adoptive parents in Montana. The individual interviews help to expand the statistical results by exploring participants’ experiences and views in greater depth (Green, Carcelli, & Graham, 1989; Tashakkorie & Teddlie, 1998).

The Researcher’s Background:

The investigator of this study is an Ethiopian native who has more than eight years of experience working with Ethiopian orphans, Ethiopian adoptees and adoptive families both in Ethiopia and in the USA. Before moving to Montana in 2008, she worked for an international NGO that serves children who are at risk such as street children and orphans. Beginning in 2008, the

researcher met several adoptive families who live in Missoula, MT; they became her source of inspiration to focus on intercultural adoptive parenting when she started her doctoral internship at Families First, a local non-profit organization. In her work there, the researcher provided both individual and group counseling for transracial and international adoptive parents. The Intercultural Adoptive Parents psycho-educational groups that the researcher has led for two years provided her with a baseline for assessing the needs of this population and shaped her focus as reflected in the current study.

Research Questions

The research questions explored in this study were as follows:

- 1) What factors are considered as risk and protective in adoptive family's relational development as perceived by families raising an Ethiopian adopted child in Montana?
- 2) What is the level of these Ethiopian adoptees' psychological and emotional adjustment?
- 3) What are the levels of adoptive parents' adjustment, cultural competency, and parenting interventions skills?
 - a. Is there a significant difference between parents who adopted their child at a younger age or an older age?
 - b. Is there a significant difference between parents who live in rural and urban settings?
 - c. Is there a significant difference between parents with and without biological children?
 - d. Is there a significant difference between parents who adopted one child versus more than one child?

- 4) What is the relationship between *adoptees'* adjustment and *parents'* adjustment, cultural competency, and intervention skills?
- 5) What is the relationship between adoptive *parents'* adjustment, cultural awareness and their parenting intervention skills when raising an Ethiopian adopted child?

Research Hypotheses

1. Adoptees' adjustment will be positively correlated with high family parenting intervention skills.
2. Parental cultural awareness regarding the impact of their own culture and their adoptive child's culture will be positively correlated with the psychological adjustment of Ethiopian adopted children.
3. Parents' adjustment, cultural competency and their intervention skills will be positively correlated with each other.

Variables in the Quantitative Analyses

The first research question, regarding Ethiopian adoptees' and their adoptive parents' psychological and emotional adjustment, predetermined a set of variables for this study. The reactions of the adoptees and adoptive parents towards adoption (such as psychological and social state, flexibility, cohesion, balanced self-representation within the families, and cultural competency) were considered as continuous, dependent variables, and labeled "psychological adjustment", and "relational development".

Selected factors related to intercultural adoption -- that is, those that contribute to and/or impede the family processes -- were treated as independent or predictor variables, because they were thought to potentially cause, influence, or affect outcomes. These factors were guided by the related literature, specifically theories of: 1) Erikson's psychosocial and identity development

that offers an explanation about how international adoption (accompanied by race, culture and language differences between the child and the family) relates to psychological, emotional and social states; 2) Bowlby's Attachment Theory which addresses how early abandonment and loss influence the attachment development of both adoptees and adoptive families; and 3) Family Systems Theory. These issues, factors and themes examined through the literature and group experiences correspond to the research questions and are the following:

Intercultural adoptees' related issues: pre-adoption experience (i.e., institutionalization, loss, grief), adoptees' health status, adoptees' age during adoption, gender, and developmental situation including language.

Intercultural adoptive parents' related factors: pre-adoption experience (i.e., infertility, loss grief), adoptive parenting goals, educational status, adoptive parents' health status, marital status, age, place of residence, employment, and family size.

Intercultural adoption related issues: Adoption process (i.e., period of time to complete), diversity, identity.

External factors: Friends and significant others, support group/network, ethnic diversity, and available resources.

Based on these factors, the following four variables were identified: *adoptees' adjustment, adoptive parents' adjustment, parental cultural competency, and parents' intervention skills*. Demographic characteristics such as gender, age, marital status, place of residence, educational status, employment, family size, and income level function as moderator variables. They affect the direction and/or strength of the relation between an independent and a dependent variable and account for the "interaction effect between an independent variable and some factor that specifies the appropriate condition for its operation" (Baron & Kenny, 1986, p.

1174).

Participants

The participants in this study were adoptive parents and Ethiopian adoptees residing in Montana. According to the U.S. State Department, from 1999-2011, there were 679 children age 1 to 12 years old adopted internationally by Montana families (http://adoption.state.gov/about_us/statistics.php). Among these, the Ethiopian adoptive parents support group network estimates that more than 100 adopted children in Montana are from Ethiopia. Using convenience sampling method, an attempt was made to reach all of these through a variety of methods including the support group network e-mail list (specifically through the Catholic Adoption Service agency based in Missoula), and the Montana Ethiopian adoption support group Face Book site. Twenty-seven adoptive parents completed most survey questionnaires, although only 25 adoptive parents (who adopted a total of 35 Ethiopian-born children) completed *all* of the survey questionnaires. This represents a response rate of approximately 35%, although the exact number of these children in Montana is unknown.

In addition to the surveys, four sets of parents, each with a different child (two parents with an adopted boy and two with an adopted girl) were recruited to conduct a semi-structured, in-depth interview based on purposive sampling. The criteria included willingness to participate, more than a year experience of parenting an adopted child, and the adoptee's gender.

Instruments

The quantitative data were collected through the use of an online Select survey. The instruments included in this survey study were the Parent Questionnaire (self-made) and the Child Behavior Checklist (CBCL) (Achenbach & Rescorla 2000) (see Appendix A and Appendix B).

The Parent Questionnaire

The Parent Questionnaire gathered demographic information, developmental data on the adoptee and the families, contained several open-ended questions, and a three-dimensional continuum related to parents' adjustment to intercultural adoption, cultural competence, and parental intervention skills. The researcher designed the questionnaire and its construction was directed towards the adoptive parents of Ethiopian children. It was designed to take only 30 to 35 minutes for completion. In order to establish face validity and construct validity, a draft of the questionnaire was reviewed by five dissertation committee members from the fields of counseling and psychology, and was revised based on their feedback. The revised questionnaire was then administered to two intercultural adoptive parents in Missoula, MT who have adopted children from China and Guatemala. The purpose of this step was to get their feedback about the clarity of the survey items, the amount of time involved, and the ease of responding. Following their feedback, modifications were made as needed.

Demographic questionnaire. The demographic and the developmental information sections of this questionnaire asked adoptive parents to provide information regarding their sex, current age, age during the adoption process, living place, ethnic or racial group, family size, educational status, employment, income, working hours, whether they have biological children or not, number of children adopted from Ethiopia, the developmental history of the adopted child/children including the child's age, sex, birth place, number of years in orphanage, health issues during pre- and post-adoption, ethnicity and educational/academic status. The open-ended items section asked parents to provide their experience or perception about factors that possibly hinder or foster the relational development between their adopted child and the family.

The other parts of the questionnaire include three dimensions, each with its own composite scale: Parental Adjustment (PA), Parents' Cultural Competency (PCC), and Parents' Intervention Skills (PIS).

(a) *The Parental Adjustment Scale (PA)*. This is a 14-item composite scale that measures the dimension of parents' psychosocial state and attitude towards their experience in adopting a child from Ethiopia. The items are designed to measure levels of adjustment of adoptive parents. The parental adjustment refers to their emotional reaction to the child and to the adoption process, their psychosocial wellbeing, their experience interacting with families and communities, and their perception of relational development in three phases (Pre-, Peri- and Post-Adoption). The parents rate their reaction using a two-point scale with a rating of, 0 (indicating "No"), and "1" (indicating "Yes"); their experiences were rated using a three-point scale with a rating of "0" (indicating neutral), "1" (indicating challenging/negative experience), and "2" (indicating positive experience). These measures generated the composite Parental Adjustment scores. Parents who scored higher were considered to be better adjusted.

(b) *The Parent Cultural Competency Scale (PCC)*. The PCC is a 20-item composite scale that assesses the adaptability of the family to the parents' and the adopted child's birth cultures. Specifically, the composite score of the items measures the adoptive parents' cultural competency, which refers to the families' attitude, awareness of and knowledge about both cultures and how they have attempted to merge the child's Ethiopian culture into the day-to-day life of the family unit (Vonk, 2001). The PCC measures the level of parental awareness, knowledge, and skill regarding the adopted child's birth culture and their own culture using a two-point scale in which "0" indicates "No, I don't have...", and "1"

indicates “Yes, I have...”. The measure generates a composite parental cultural competency score. Parents who score higher are considered to be more culturally aware and sensitive.

(c) *The Parenting Intervention Skill Scale* (PIS). In this 10-item composite scale, the parents rate their flexibility, boundaries, communication, cohesion or emotional closeness of the family, and their activities in terms of emotional coaching, facilitating the child’s bicultural identity development, and coping skills. Parents rate their intervention skills using a two-point scale in which “0” indicates “No, I don’t have/do/agree...”, and “1” indicates “Yes, I have/do/agree...”. The measure generates the composite Parental Intervention Skills scores. Parents who score high are considered to have better parenting intervention skills.

The Child Behavior Checklist (CBCL)

The CBCL is one of the most commonly utilized instruments in research on child development (Achenbach & Rescorla, 2000). The CBCL measures a parent’s perception of the child’s adjustment as well as how developed their vocabulary is with respect to their chronological age (Achenbach & Rescorla, 2001).

In this study, the CBCL was used to assess adoptive parents’ perceptions of their Ethiopian adoptees’ social and emotional adjustment. The full version of the CBCL is a 100-item inventory that is completed by each parent; however, only the 68 items that address the social and emotional behavior of adoptees were used in the study. The parents rate behaviors on a three-point Likert scale with a rating of “0” indicating “Problem is not true”, “1” indicating, “the problem is somewhat or sometimes true”, or “2” indicating that “the problem is very true or often true”. The measure generates an overall adjustment score, with two subscale scores: an internalizing score, and an externalizing score. Since the current study aimed to see the level of adoptees’ overall adjustment, only the total problem scale score was used in the analyses.

The total behavioral problem score is a summary score of the internalizing and externalizing behavior problems in addition to sleep, attention, thought, and social problems. The total scores can fall into three different ranges: subclinical, clinical, and above clinical levels. Test-retest reliability within one week of administration is .89 for internalizing problems and .93 for externalizing items (Achenbach & Rescorla 2001). Clinical or above clinical levels on the CBCL are indicated by an average score above 50% on the sub-scales of externalizing and internalizing behaviors. Adoptees who are rated by their parent with scores above the 50th percentile were therefore considered as having some adjustment difficulty (Achenbach & Rescorla, 2001). The CBCL is an effective way to ascertain the overall adjustment of the child (Stranger, Achenbach, & McConaughy, 1993). For example, utilization of the CBCL is often part of an assessment or a partial means for placement of children who are in state custody into foster care or other settings (Strikjer, Zandberg, & van der Meulen, 2005).

Procedures

Data collection. This survey was administered in an online format using “Select Survey” software. Both instruments (mentioned above) included instructions about how to complete the survey and a request for online consent to participate. In order to meet the double goals of allowing parents to both revisit questionnaires to amend them, and to fill out a separate questionnaire for each adopted child (in case of more than one adoption), three duplicate surveys and links were created. Therefore, parents who adopted one child used only the first link for entering information about the child. If parents had two Ethiopian adopted children, they used the second link to enter information about the second child; and similarly, in the case of a third child, parents used the third link for entering information about that child. The survey link was sent out to Ethiopian adoptive parents residing in

Montana through the Catholic Adoption Agency and the Montana Ethiopian Adoption Face Book group e-mail list serve.

Analyses. Descriptive statistics were used to examine the parents' scores on parental adjustment, cultural competency, parenting intervention skills and their perceptions about their child's adjustment. Given the small sample size of this study, it was not considered advisable to use statistical procedures such as ANOVAs or T-Tests. Therefore, to compare the relationships between child adjustment, parental adjustment, cultural competency, and intervention skills, one-tailed Spearman's non-parametric correlations were conducted. This provides insights regarding the direction and significance of relationships among the variables, and is appropriate for use with fewer participants.

The data were then separated according to different variables such as place of residence (urban/rural), number of children adopted from Ethiopia, and whether the family also has biological children or not. The non-parametric, independent samples Mann-Whitney U test was used in these analyses to provide insights regarding the differences among adoptive families based on these family circumstances.

Human Participants and Ethics Precautions

The Institutional Review Board (IRB) at the University of Montana at Missoula approved this study on July 7, 2011. No informants were involved in the study prior to the completion of the IRB review. The informed Consent forms for the online survey and semi-structured interview can be found in Appendix A, and Appendix C. All participants were cognitively able to consent to participate in this research and no participant was excluded based upon race, sexual orientation, ethnicity or religion. No participants received monetary reward for participation in the study, and all completed the survey voluntarily. Since the online survey was anonymous, subjects could not

later withdraw from the study. Anonymity for participants was guaranteed by the following procedures: 1) the web-based data collection site used Secure Socket Layer (SSL) to encrypt surveys through Select Survey (<http://www.selectsurvey.com>). SSL is used for transmitting information privately over the Internet. SSL is supported in all modern browsers. 2). Participants could take the online survey from a location of their own choice. 3). Participants could access the survey without having to identify themselves to the researcher, and 4) Data were exported onto SPSS and excel spreadsheet and retained in a password-protected files on the researcher's personal computer. The researcher's advisor had access to the data, but identifying information was not attached to the data.

CHAPTER FOUR

Results

Participants' Demographics

The data analyzed in this chapter include information gathered from 25 adoptive parents who adopted a total of 35 children from Ethiopia. All families live in Montana and responded to questions through an online survey. In addition, four families participated in a semi-structured in-depth interview. Of the total 25 parents completing the survey, 22 (88%) of primary respondents were female, 3 (12%) were male, 23 (92%) were married, 1(4%) was single, and 1(4%) was divorced. The average age of the participants was 36 years, with the youngest being 28 and the oldest being 52 years old. Twenty-four (96%) of the respondents were Caucasian. Fourteen (56%) of the participants live in an urban setting of Montana, while nine (36%) of them live in rural parts of the state. The sample reported a strong stability in terms of employment and financial status. Specifically, 92% of the participants were currently employed, whereas 8% reported not being employed. Forty-four percent of the participants reported an annual income above \$76,000, and 48% of them reported incomes between \$51,000- \$75,000; only 8% reported incomes less than \$50,000. These demographics are provided in detail in Table 1.

Table1. Participant Demographic Characteristics

Variable		N	%		N	%		N	%
Sex	Female	22	88	Male	3	12			
Age Range	28-35yrs	12	48	36-45yrs	12	48	>46yrs	1	4
Ethnicity/Race	Caucasian	24	88	Asian	1	4			
Marital Status	Married	23	92	Single	1	4	Divorced	1	4
Living place	Urban	14	56	Rural	9	36	Unidentified	2	8
Household income	<50,000	2	8	51-75,000	12	48	>76,000	11	44

Family Composition and Adoption Process

Findings about family setting, experiences during the adoption process, motivation to adopt a child from Ethiopia, and psychosocial background are shown in Table 2. Fifteen (60%) of the respondents have their own biological child either from a current or previous marriage, while 10 (40%) of participants reported not having their own biological child. For the total sample, 84% reported that they had not visited Ethiopia prior to the adoption process. Knowledge of the country (64%), ease of the adoption process (48%), and having other children from Ethiopia (36%) were reported as the main reasons for the parents' choice to adopt a child from Ethiopia. For 52% of the sample, the adoption process took from 6 to 12 months, while 44% of them reported that they completed the adoption process within a 6-month period of time. Fifty-six percent of the parents travelled to Ethiopia only one time, while 44% of them made two trips to complete the adoption process and bring the child home. One of the most notable results in this domain is the overall high rate of reported emotional support. Eighty-eight percent

reported getting emotional support from friends, families and their communities, and 16% reported also receiving financial support from families. Eighteen (72%) of the participants reported having one Ethiopian adopted child, 4 (16%) reported having two Ethiopian adopted children, and 3 (12%) of the parents have adopted three Ethiopian children. Of the total sample, 52 % adopted a child between ages 1 and 2, 44% adopted a child between ages 3 to 7, and 4% adopted a child between ages 8 and 9. All of the participants reported that their adopted child had been in an orphanage before adoption.

Table 2: Description of Family Composition and Adoption Process

Variable	N (%)		N(%)		N(%)	
Families with biological child	Yes	15 (60)	No	10 (40)		
Prior visit to Ethiopia	Yes	4(16)	No	21(84)		
No of trips to Ethiopia	One	14 (56)	Two	9 (36)		
Child's pre-adoption placement	Orphanage	25(100)	Foster care	0 (0)		
Type of support	Financial	3 (12)	Emotional	22 (88)		
Length of adoption process	1-6 mos	11(44)	7-12 mos	13(52)	>1yr	1(4)
No of adoptee per family	One	18 (72)	Two	4 (16)	Three	3 (12)
Age of child at adoption	1-2 yrs	13(52)	3-7yrs	11(44)	8-9yrs	1 (4)
Reason to adopt a child from Ethiopia	Knowledge of the country	18(72)	Ease of process	12 (48)	Other Ethiopian adoptee	9 (36)

The major goals of this research were to understand the adjustment of Ethiopian adopted children as perceived by their adoptive parents, and to increase our knowledge about factors that

may contribute to the adjustment of both adoptees and adoptive parents in the state of Montana.

Additionally, the following correlations were predicted:

Adoptees' adjustment would be positively correlated with adoptive parents' adjustment, their cultural competency, and their parenting intervention skills.

Adoptive parents' cultural competency, their adjustment and their parenting intervention skills would also be positively correlated with each other.

Risk and Protective Factors in Adoptive Families' Relational Development

Adoptive parents were asked to report, through several open-ended items, what factors they considered as risk and protective in their relational development. The quantitative results are summarized in four domains (See Table 3); in addition, several brief narratives from individual interviews are provided to illustrate parents' more detailed response to these questions. In this study, *risk factors* are defined as characteristics of the adopted children, their families, schools, and community environments that are associated with negative effects on the relationship development of adoptive parents and Ethiopian adoptees in Montana, as perceived by parents. *Protective factors* are defined as those associated with fostering the relationships among adoptive family members. Protective factors encompass adopted child and adoptive families' behavioral characteristics that may be expected to provide safeguards for the adoptive family system.

Table 3. Summary of Risk and Protective Factors

Domains	Risk Factors	%	Protective factors	%
Adopted Children	• Little or no background history	76	• Affectionate	80
	• Language acquisition (for children adopted at age 2 and above)	36	• Great personality	84
	• Pre-adoption experience (abuse, neglect, malnourishment)	56	• Quick learning ability	24
	• Experiencing loss and grief	80	• Good social skills	60
Adoptive Family	• No ethnic diversity in family	48	• Having support group	72
	• Less knowledge about treating ethnic hair and skin, or cooking food	52	• Knowing someone from child's birth culture	56
	• Little information about child's birth history	80	• Motivation to learn about child's birth culture	36
	• Less skill in dealing with community questions about adoption	24	• Prior adoption history in family	32
School	• Little/no ethnic diversity	42	• Resources available when support is needed	12
	• Few resources (educational materials) addressing adoptee's ethnicity/race	36		
	• Absence of resource persons with knowledge about adoption	24		

Community	<ul style="list-style-type: none"> • Little/no Ethnic diversity 	40	<ul style="list-style-type: none"> • Neighbors who have adopted 	28
	<ul style="list-style-type: none"> • Few resources (educational materials) addressing adoptee’s ethnicity/race 	68	<ul style="list-style-type: none"> • Online resources/ information about interracial adoption 	92
	<ul style="list-style-type: none"> • Lack of awareness/sensitivity about addressing diversity (e.g., asking inappropriate questions about the child such as “how much did you pay to get him/her?”) 	76	<ul style="list-style-type: none"> • Availability of counselors/therapists and pediatricians who have knowledge about adoption 	32

Lack of or inadequacy of the adoptees’ birth records or early childhood history was among the risk factors rated highest by these parents. The follow-up of questions about the impact of not having pre-adoption history of the child can be seen in the following example. (This narrative is paraphrased, for the purpose of clarity, as the voice on the tape recorder during the interview was sometimes not entirely clear):

When we adopted her, she was one and half years old on paper. We don’t know where she was exactly before adoption. We have been told two different stories about her birth parents, and place. One day, she was getting her molars and her dentist said, ‘your daughter is six years old now?’ ... that just happened and we have been thinking for a long time that she probably is a year older than we had been told. Just the lack of the family history on that medical card always makes you nervous to take her to the hospital. She was 2 and half on paper, but I do remember we were thinking that she was ready to go to preschool ...that not knowing her real age by itself always affects our expectations

and the decision about when she should go to kindergarten. Also, we have a very open communication about her adoption and she is so proud of her brown skin, her hair and Ethiopia; but what makes it challenging to keep the conversation going about this topic is that we don't have one, clear story about her early life... that just makes us unable to give her all information she wants to know about her birth mother. It's emotionally challenging for us too...I am always worried about this issue.

Although examining the actual levels of risk and protective factors and their effects on the adoptive families' relationships is beyond the scope of this study, the parents' responses to the open-ended questions revealed that the risk factors (mentioned above) tend to influence the adoptee and parents' entitlement, mutual belongingness, emotional closeness, boundaries, flexibility, and adaptability. Some of these issues were also found to be consistent with the individual case interview results, as illustrated by the following additional case examples; for purposes of clarity, these quotes have been slightly edited.

Entitlement. The issue of entitlement refers to the feeling that parents "own" or possess the child. For purpose of clarity, I preferred to use "exclusive belongingness" as the word entitlement has a possible negative connotation. "Exclusive belongingness" refers to the legal and emotional aspects of parents feeling that they belong to the child. The parents' reports indicate that inappropriate questions by members of the community can challenge this feeling, as illustrated below:

...when we brought 'K' home, everybody in our world out here was involved and excited for us. I think I could just tell from my families' and friends' eyes like the excitement they had, and to see me as a mother...little things like 'Oh, your son is adorable'. Or if they asked me permission to hold him ... But for me, for a while I didn't get it... I hadn't

created an elaborate image of me as 'his mother' ... I just felt like I am babysitting this little adorable child for 24/7! So I would go to the grocery store and someone would ask me questions like 'is he your child?', 'did you adopt him' or 'is he from Africa?' I think those questions were harder for me than you (her husband). They just make me feel more like seeing myself as his caregiver 'Primary caregiver'! (Laughs) (Case 1, Adoptive mother of 3-year-old boy)

Mutual belonging. This refers to the mutual acceptance of the adoptee and the adoptive parents of one another. This process can be challenged or benefited by the risk factors or protective factors, respectively. The following narrative is an example of how risk factors might affect this process of mutual belonging:

When we adopted our five month old, 'A', from Ethiopia his culture wasn't something I really thought much about. His African skin color was really the only thing that he brought with him from Ethiopia. However, later adopting our three-year-old 'D', it was a completely different story. His culture was very much a part of him and became a part of our family. He loved Ethiopian food, he spoke 100% Amharic, he ate with his hands, couldn't figure out our clothing -- for example, the importance of underwear. As a mother of a three-year-old, I really tried hard to integrate the two cultures together. I wanted to fuse his old life and new life together in a way that he would have some familiar things to help him feel a sense of comfort and security as he was learning a whole new lifestyle. I love to cook his favorite dishes and often will surprise him after school with an Ethiopian meal. When he walks into the room and smells the Ethiopian spices his eyes light up and he smiles from ear to ear. I love that face and I want to do it

as much as he wants.... unfortunately there is not so much in Missoula about Ethiopian food or Ethiopian culture.... (Case 2, a mother of two Ethiopian adopted boys)

The next narrative also illustrates how the availability of professionals such as counselors can serve as a protective factor in the relationship development of adoptees and their parents by fostering the development of the mutual belonging process:

Sometimes you just need someone who can come from a different angle to see what you couldn't seeuntil 'M's' counselor was wondering 'what if this is her way of claiming belongingness?' ... we were thinking that whenever she says things like 'I got my face shape from you, right mom?' -- we thought that was just her 'story-making' behavior

(Case 3, a mother of five-year-old Ethiopian adopted girl)

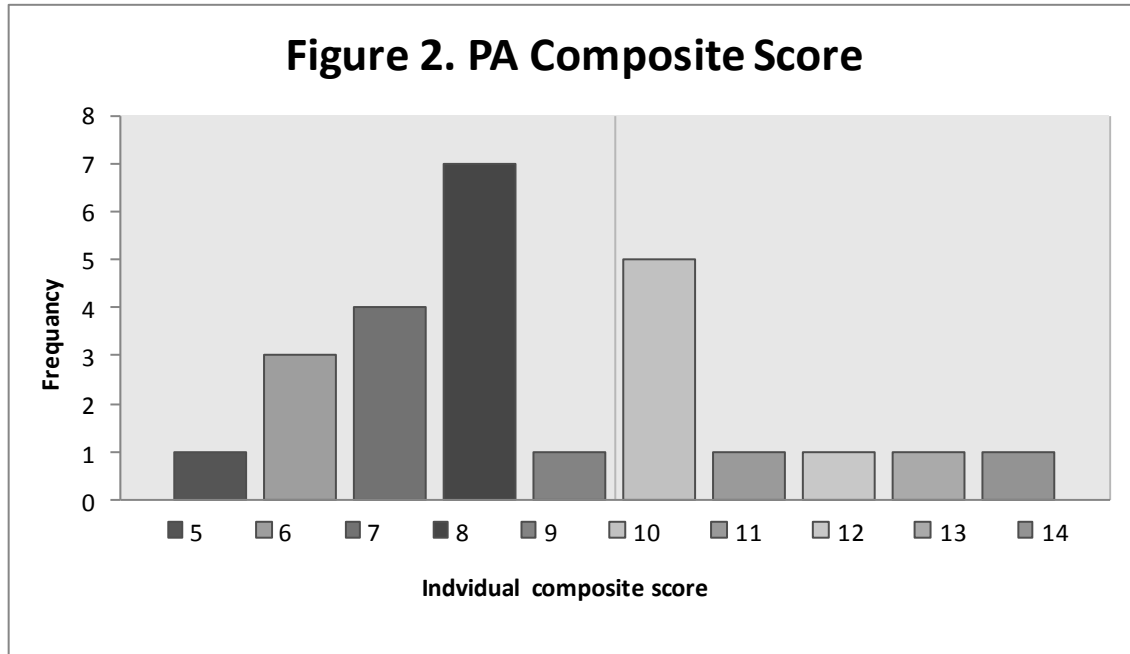
Descriptive Analyses of Parent Questionnaire and Child Behavior Check List (CBCL) Data

Descriptive data about the parents' adjustment, cultural competency, intervention skills, and the CBCL are summarized in Table 4. The Parent Questionnaire (See Appendix A) includes three subscales: Parents' Adjustment (PA), Parents' Cultural Competency (PCC), and Parenting Intervention Skills (PIS). The PA subscale is a measure of parents' total adjustment to the adoption; the PCC subscale includes a total score of parental cultural awareness; and the PIS subscale describes the parents' intervention skills. The CBCL score measures the overall adjustment of the adopted children.

Adoptive Parents' Adjustment, Cultural Competency, and Intervention Skills

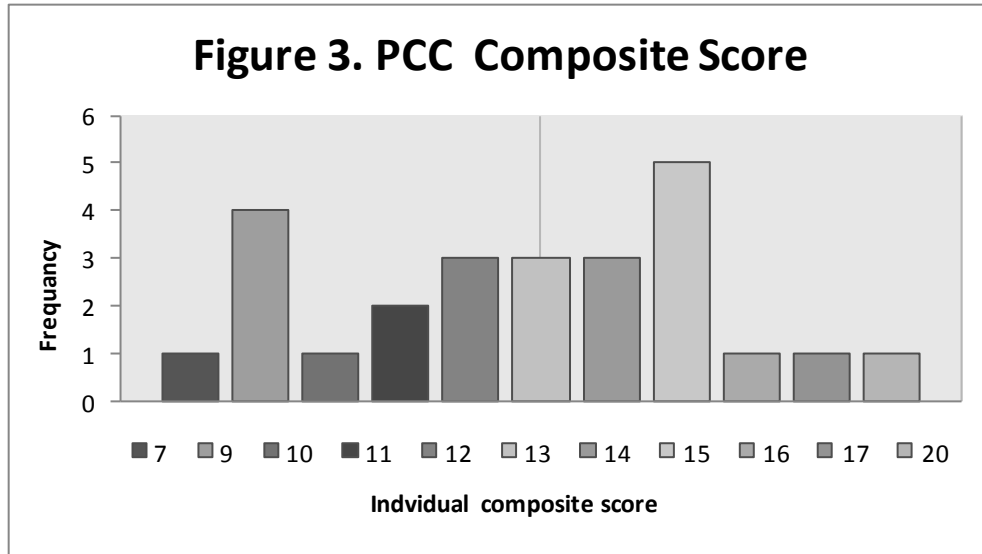
In the total score of the PA, scores in the range of 6 to 8 are considered average, with a score of 14 being higher (more optimal) and a score of 0 being lower. The frequencies of the parents' composite score on adjustment to adoption (See Figure 2) indicate that the majority of

the respondents (56%) score within the average range, 40% of them score above average with a maximum score of 14, and only one (4%) scores below average with a score of 5.



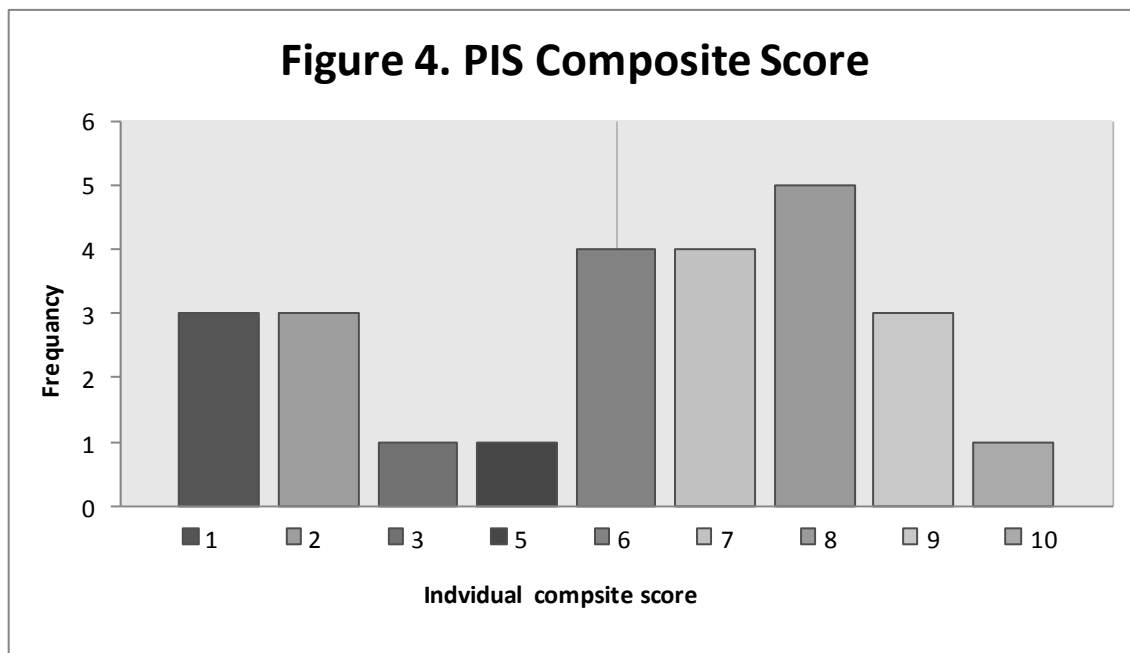
Note: Scores with no respondents are omitted from the figure

For PCC, scores in the range of 9 to 11 are considered average, with 20 representing higher competency and 0 being lower. The frequencies of parental cultural competency scores show that the majority of the research respondents' (17, or 68%) composite scores are in the *above* average range with maximum score of 20; quite a few (28%) score in the average range; and only 4% (1 participant) is in the *below* average range with a score of 7 (See Figure 3).



Note: Scores with no respondents are omitted from the figure

Scores in the range of 4 to 6 on the PIS subscale are considered average, with 10 indicating higher and 0 indicating lower skills. The frequency distribution of parents' intervention scores shows that the majority of research respondents' (36 %) composite scores fall within the average range, seven (28%) of the respondents score below average with a minimum of 1, and 36% of them score above average with a maximum score of 10 (See Figure 4).



Note: Scores with no respondents are omitted from the figure

In other words, in all 3 composite subscales, higher scores indicate higher levels of adjustment, cultural awareness, and parenting intervention skills. The descriptive results (See Table 4) show that the total mean scores of parents' adjustment to adoption ($M = 8.64$, $SD = 2.252$) and cultural competency ($M = 12.8$, $SD = 3.0$) are above average, while scores for parenting intervention skills ($M = 5.84$, $SD = 2.882$) are within the average range.

Table 4: Descriptive Data for PA, PCC, and PIS Subscales

Variable	N	Mean	SD	Skew (SE)	Kurtosis (SE)
Adjustment to Adoption	25	8.64	2.252	.704(.464)	.149 (.902)
Cultural Competency	25	12.80	3.0	.149 (.464)	.071 (.902)
Parenting Intervention Skill	25	5.84	2.882	-.587(.464)	-1.027 (.902)

Child Behavior Check List (CBCL)

Adoptive parents in this study perceived the Ethiopian adoptees as being generally well adjusted as indicated by total scores on the CBCL ($M = 12.4$; $SD = 9.9$). The adopted children's scores as reported by their adoptive parents were normally distributed [Skewness = 2.09; Kurtosis = 2.594]. Per the CBCL manual (Achenbach & Rescorla, 2001) greater problems in adjustment are indicated by scores greater than a mean of 50.1 and with a standard deviation of 9.9.

Due to the small sample size of this study, non-parametric tests were run to determine whether there are significance differences in adoptive parents' adjustment, cultural competency,

and intervention skills according to their place of residence, the presence of biological children in the home, age of the adoptees being described, and number of adoptees in the family.

The mean scores of each subscale are presented by each of these categories in Tables 5-8.

Higher mean scores indicate that the group reported better adjustment, cultural competency, and parenting skills.

Comparisons of Adoptive Parents with and without Biological Children

Parents who have biological children scored higher on average in terms of adjustment to adoption, cultural competency, and parenting intervention skills, compared to parents with no biological children. The non-parametric, independent samples Mann-Whitney U test revealed a possible significant difference between the groups on parents' intervention skills (0.048; $p < 0.05$), while the group differences in parental cultural competence and adjustment were not found to be significant (see Table 5). In other words, parents who have biological children seem to have better parenting intervention skills compared to parents without biological children.

Table 5. Scores for Adoptive Parents with and without Biological Children

Variable	N	Mean	SD	
PA	Parents with Biological children	15	8.866	2.099
	Parents without Biological Children	10	8.300	2.540
PCC	Parents with Biological children	15	13.600	3.042
	Parents without Biological Children	10	11.600	2.633
PIS*	Parents with Biological children	15	6.600	2.995
	Parents without Biological Children	10	4.700	2.406

* $p < 0.05$

In a family with its own biological children, the intervention to develop a sense of belonging amongst family members and develop a sense of a family unit requires them to coach and monitor sibling interactions and relationship development. The following narrative is an elaboration of the question about sibling relationship development in an adoptive family with previous biological children.

About a year into the adoption, we separated our biological children from J, our adopted child for 10 days... (due to life circumstances, not on purpose). It was after that time when the children reunited that I felt we had really become a "family unit". My biological children ran to J., hugged him and told him how much they had missed him. It was the first outward display of sibling bonding that I had seen. It literally brought me to tears to see the love that had grown for one another.

Comparisons of Adoptive Parents According to Place of Residence (Urban/Rural)

Parents who live in urban settings (Missoula, Billings, and Bozeman) had higher mean scores for adjustment to adoption, cultural competency, and intervention skills when compared to parents who live in rural settings (see Table 6). The non-parametric, independent samples Mann-Whitney U test results among these groups showed that the group difference for parental adjustment to adoption was significant (.007; $p < 0.05$); however, the group differences in parental cultural competency and parenting intervention skills were not significant. This shows that adoptive parents who live in urban settings may be better adjusted after adoption than those who live outside the cities mentioned above.

Table 6. Scores for Adoptive Parents Living in Urban and Rural Settings in Montana

Variable	N	Mean	SD
PA* Parents in Urban setting	14	9.428	2.533
Parents in Rural setting	9	7.444	1.424
PCC Parents in Urban setting	14	13.357	4.242
Parents in Rural setting	9	12.111	3.365
PIS Parents in Urban setting	14	6.857	2.537
Parents in Rural setting	9	3.666	2.345

* $p < 0.05$

Comparisons of Adoptive Parents According to Number of Adopted Children

As indicated in Table 7, parents who had adopted more than one child from Ethiopia scored higher on adjustment, cultural competency, and intervention skills when compared to those parents who had adopted only one child. However, non-parametric, independent samples Mann-Whitney U test results showed that the differences between the groups on all of the three variables were not significant.

Table 7. Scores for Parents Who Have Adopted One versus More than One Child

Variable	N	Mean	SD
PA Parents with one adoptee	18	8.444	2.148
Parents with more than one adoptee	7	9.142	2.609
PCC Parents with one adoptee	18	12.166	2.526
Parents with more than one adoptee	7	14.428	3.690

PIS	Parents with one adoptee	18	5.777	2.839
	Parents with more than one adoptee	7	6.000	3.214

Though the difference between the two groups are not significant, there is a trend showing that parents who adopt more than one child score higher on parental adjustment, cultural competency and intervention skills. Though looking at possible reasons why parents with more than one adopted child appear to score better is out of the scope of this study, the following narrative is elaboration of questions related to community response, and to multiple adoptions.

It was interesting to see how the community responded to the cultural differences between my children and me. When I had 'J'. only, people would stop me all the time and ask questions- where did you adopt from, can I touch his hair, how expensive was it, what happened to his parents....? It was like we stuck out like a sore thumb- obviously he was adopted. I even had a complete stranger try to take him from me when he was crying inconsolably- it was almost like she was thinking- "You aren't his real mother, so I can do just as good of a job if not better at meeting his immediate needs." People were bold, insensitive and very curious.

Then when I adopted my second child, people stopped asking. I'm not sure why- maybe they think the boys are biological, just interracial. I don't know. I can say that I don't miss it. If I only have one child with me- the questions do return.

Comparisons of Adoptive Parents According to Age of Adopted children

Parents who adopted children in infancy (age 1-2 years) scored higher on all three parenting variables -- adjustment to adoption, cultural competency, and intervention skills -- in comparison to parents who adopted an older child (above 2 years) (see Table 8). However, the

non-parametric, independent samples Mann-Whitney U test revealed that the differences between the groups on all of these variables were not significant.

Table 8. Scores for Parents According to Age of Child at Time of Adoption

Variable		N	Mean	SD
PA	Parents who adopted an infant	18	9.166	2.332
	Parents who adopted above 2 yrs old	7	7.285	1.380
PCC	Parents who adopted an infant	18	12.833	3.188
	Parents who adopted above 2 yrs old	7	12.714	2.690
PIS	Parents who adopted an infant	18	5.944	3.114
	Parents who adopted above 2 yrs old	7	3.114	2.370

Interrelationships of Measures

The measures of parents' adjustment to the adoption, their cultural competency, parenting intervention skills, and children's adjustment were compared to determine what relationships might exist among these four variables (See Table 9). It was hypothesized that adoptees' adjustment as measured by the CBCL would be positively correlated with parental adjustment as measured by the PA Composite Scale, and with parental cultural competency and parenting intervention skills as measured by the PCC and PIS Composite Scales respectively.

Higher scores on these measures indicate higher levels of parental adjustment, parental cultural awareness, and parenting intervention skills. Thus, it was predicted that the better the adjustment, cultural awareness and intervention skills of the parents, the better adjusted the child would be. Correlations between CBCL and PA, and between CBCL and PIS yielded no

significant results: ($r_s = -.163$; $p = .218$) and ($r_s = -.132$; $p = .265$), respectively (see Table 9).

However, the one-tailed Spearman's Rho correlation between PCC and CBCL was statistically significant, indicating that better parental cultural awareness is *negatively* associated with higher child adjustment problems ($r_s = -.500$; $p < .005$). This shows that adoptive parents' cultural awareness was associated with their perception that the adoptee was well adjusted, according to the CBCL.

Table 9. One-Tailed Spearman's Correlation between PCC, PA, PIS, and CBCL

Variable	PA	PCC	PIS	CBCL
PA	1.00			
PCC	.185	1.00		
PIS	.396*	.558**	1.00	
CBCL	.163	-.500**	-.132	1.00

* $p < .05$; ** $p < .01$

It was also predicted that adoptive parents' intervention skills as measured by the PIS Composite Scale would be positively correlated with cultural competency as measured by the PCC, and with adoptive parents' adjustment as measured by the PA. Significant correlations were found between parental adjustment and parental intervention skill ($r_s = .393$; $p = .026$), as well as between parental cultural competence and parental intervention skills ($r_s = .558$; $p = .002$) (see Table 9). Notable among the results was that all of these correlations were in a positive direction. This suggests a potential trend in that the greater the parental adjustment to adoption and the more the parent becomes culturally aware, the better their parenting intervention skills are likely to be.

Summary of Findings

A number of noteworthy and significant results and trends related to the adoption of Ethiopian children were identified in this study. The findings revealed the following risk factors in the relationship development between adoptees and their families: having little or no knowledge of the pre-adoption story of the child; experiences of loss and grief; a lack of resources on ethnic diversity; little community awareness or sensitivity to race; and a lack of ethnic diversity within the family, community and schools. According to Reitz and Watson (1992) those factors may interrupt the development of cohesion, flexibility, and adaptability of both adoptee and parents in the new family system. The narrative examples of this study also reflected the influence of the risk factors mentioned above on the relationships within adoptive families.

The results of this study indicate that the children described by their adoptive parents were generally well adjusted, as measured by the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000). Ethiopian adoptive parents living in Montana also appear to be well adjusted to the adoption process, to have good cultural awareness about their own and their adopted child's culture, and to report good parenting intervention skills.

Four other findings of particular interest regarding the relationships among adoptee adjustments, parents' adjustment, cultural competency and intervention skills were revealed. First, parents who live in the more urban, populated areas of Montana seem better adjusted to adoption compared to parents who live in the rural areas of the state. Second, significant differences in parents' intervention skills were observed between parents who have their own previous biological children, and those who do not. Parents with biological children seem to have better intervention skills in comparison to parents without any biological children. Third,

parents' perception of higher levels of adoptee adjustment was found to be related to higher levels of parental cultural competency. Fourth, parental adjustment to the adoption was positively correlated with their cultural competency and to their parenting intervention skills. Possible interpretations and implications of these findings will be discussed in the following chapter.

CHAPTER FIVE

Discussion

This chapter provides a detailed discussion of the results presented in the previous chapter. A description of the findings in light of previous literature regarding internationally adopted children's adjustment, adoptive parents' adjustment, parents' cultural competency, and parenting intervention skills follows. The possible interpretations, limitations and implications of these findings are also discussed below.

Although numerous studies have reviewed issues related to the adjustment of internationally adopted children, the findings of the current study are among the very few to illuminate: (1) factors related to the relationship development of Ethiopian adoptees and their families; (2) Ethiopian adoptees' adjustment to family life in America; and (3) adoptive families' adjustment to adoption, their cultural competency, and their parenting intervention skills. Each of these factors has been examined in relation to the adoptees' adjustment and to the relationship development within the family.

This study is unique in its specificity to geographical location (only Montana), and adoptees' origin (only from Ethiopia and who have been adopted between 2006 to 2010 calendar years). The geographical specificity may not enable generalizations from the study's findings, but it will contribute to insights regarding specific interventions and post-adoption counseling services that might be applied to the study population and possibly to adoptive families in settings similar to Montana. Hence, the major findings of the current study include:

- Parents report a variety of risk factors that challenge the relationship development with their adopted child:
 - having little or no knowledge of the pre-adoption story of the child;

ETHIOPIAN ADOPTEES AND THEIR FAMILIES

- experiences of loss and grief (both by parents and children);
 - a lack of resources regarding ethnic diversity;
 - little community awareness or sensitivity to racial and ethnic differences;
 - and a lack of ethnic diversity within the family, community and schools.
- Ethiopian adopted children are described by their adoptive parents as being generally well adjusted, as measured by the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000).
 - Adoptive parents of Ethiopian children living in Montana also appear to:
 - be well adjusted to the adoption process as measured by the Parents' Adjustment Scale;
 - have good cultural awareness about their own and their adopted child's culture as measured by the Parental Cultural Competency scale; and
 - report good parenting intervention skills as measured by the Parenting Intervention Scale.
 - Parents who live in the more urban, populated areas of Montana seem to be better adjusted to adoption compared to parents who live in the rural areas of the state.
 - Parents with biological children seem to have better intervention skills in comparison to parents without any biological children.

- Perception of lower level of adoptee's adjustment problems was found to be related to higher levels of parental cultural competency.
- Parental adjustment to the adoption was positively correlated with their cultural competency and to their parenting intervention skills.

Protective and Risk Factors in Ethiopian Adoptees and Their Families

Parents in this research reported protective and risk factors that either foster or challenge the relationship development of the family, respectively. Accordingly, parents' cultural awareness/multicultural experiences, diversity within the family, children's easy-going personality, availability of resources about various intercultural adoption issues, parents' motivation and interest in integrating the child's birth culture into their family system, and open communication are all perceived by parents as protective factors. In contrast, lack of ethnic resources (e.g., hair and skin products, ethnic restaurants, churches), lack of community sensitivity in communicating about diversity, absence of the adoptees' birth story, and adoptees' experience of loss and grief are all considered to be factors that challenge the relationship development of the adoptive family.

Given the literature on risk and protective factors affecting adoptive families' adjustment, one might expect results related to both adoptees' and adoptive parents' characteristics and prior history. These might include adoptee's gender, experience of multiple placements, pre and postnatal malnutrition, low birth weight, prenatal exposure to toxic substances, older age at adoption, early deprivation, emotional conflicts related to loss and identity issues (in the case of adoptees). On the parental side, being a victim of abuse, unresolved loss, and harsh parental expectations might play important roles (Gomez and Brown, 2006; Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007; McGuiness & Pallansch, 2000; Simmel, 2007; Smyke, Koga,

Johnson, Fox, Marshall, Nelson, Zeanah, & BEIP Group, 2007; Sroufe, 2005; Tan & Marfo, 2006). The results of this study provide support for previous research; however, unlike most studies on adoption risk and protective factors, these participants rate higher on environmentally-related factors (such as inadequacy or absence of adoptees' birth story and lack of ethnic resources in the community). Benzies and Myschiasiuk, (2009) stated that some environmental factors such as family involvement in the community, peer acceptance of adoptee children, supportive mentors, and access to quality child care/school/health and mental health services promote resilience of both adopted children and adoptive families.

It is also noteworthy that the current study's research participants' reports on risk and protective factors are related specifically to the Montana socio-demographic setting (for example, lack of resources on ethnic diversity, little community awareness or sensitivity to race, and a lack of ethnic diversity within the family, community and schools). In addition, these parental reports might be influenced by the current Ethiopian adoption process dynamics (for example, having little or no knowledge of the pre-adoption story of the child). All research participants in this study reside in Montana, where the population diversity is highly skewed towards Caucasian ethnicity/racial type with 89.9% White, 0.5% Black, 6.4% Asian, 0.7 % Native Hawaiian and other Pacific Islander, and 2.4% persons reporting two or more races (USA Census Bureau, 2011, <http://quickfacts.census.gov/qfd/states/30000.html>). In their well-known study, Lee et al. (2006) examined the impact of cultural differences and they noted that same-race and transracially adopted children begin to become aware of racial differences, as well as of their adoptive status, as early as 4-5 years of age (Lee, et al., 2006). The homogeneity of Montana may not enable parents to have access to different ethnic resources (for example, finding a role model from the child's racial/ethnic group, finding products or foods that can be used to celebrate the child's

birth culture, etc.), so that they may face difficulties responding to their preschoolers' curiosity and questions about adoption and racial differences in an experiential and visual way that would best meet the developmental needs of the adoptees.

Since Ethiopia is not part of the Hague Convention on Inter-Country Adoption, there is no clear and formalized adoption process with that country. In 2010 and 2011, some individuals reported allegations of fraud and unethical practices in the Ethiopian adoption process (Graff, 2012; <http://prospect.org/article/dont-adopt-ethiopia>). This allegation was further evidenced by Jordan (2012) in an article in *The Wall Street Journal*. In her writing (including 10 minutes of documentary video), Jordan tells the story of a child whose Ethiopian birthmother died of malaria, and whose birth father gave her up for adoption when someone came through his village, offering to take children to America and to later support their families. In other words, the situation of an unclear system or procedure for Ethiopian adoptions seems not only to put the Ethiopian adoptee at risk for possible abuse, including practices of illegal baby selling (adoption fraud), but it also might leave adoptive families with little or no story about their adopted child's background. This lack of medical and social history of the child and his/her birth parents may make adoptive parents feel uncertain in terms of understanding the child or knowing the roots of the child's problem, in the case of behavioral issues.

The effect of the child's unknown story is not limited to adoptive parents' intervention skills and the relational development process. It could potentially affect the results of this investigation too. Serbin (1997) quoted one of her fellow developmental psychologists (also an adoptive parent) who was concerned about the effect of the child's unknown history on research: "*After all, the prenatal histories of the children are virtually unknown, so how can we conclude anything about the effect of adoption from the course of their postnatal experience?*" (p.87).

Overall, the findings of this study add to the concerns that some researchers have raised and indicate the need for more awareness on the part of researchers as well as the need for more exploration about this issue in order to better meet adoptive parents' needs.

Additional findings that seem to support this explanation were also revealed in this study. For example, the results show no significant differences between parents who adopted infants and parents who adopted older children (above 2 years old) in terms of parents' adjustment, cultural competency, and parenting intervention skills. This finding seems to depart from previous research results that identified older age as a primary risk factor for adjustment difficulties, particularly in relation to risk for adoption disruption and behavior problems that ultimately challenge parents' adjustment and intervention skill (Barth & Berry, 1988, Berry & Barth, 1989; Festinger, 1986; Merz & McCall, 2010; Sharma, et al., 1996).

The same results (i.e., lack of significant differences) were also observed in the current study between parents who adopted one child and parents who adopted more than one child. These findings may offer us an insight about the impact of particular factors (for example, older age at placement) that could be challenging factors for adoptees' adjustment, but not necessarily for parents' adjustment to adoption, or parents' cultural competency and interventions. Since most previous adoption research has investigated age factors from the *adoptee's* adjustment point of view, this finding indicates the need for further exploration of different intercultural adoption-related factors based on their impact on the adoptive families as a unit.

The Adjustment of Ethiopian Adoptees

Unlike most studies (Deutsch, et al., 1982; Fullerton, Goodrich, & Berman, 1986; Kotsopoulos, et al., 1988; Rogeness, et al., 1988; Weiss, 1985) about the adjustment of international adoptees, the findings of this study revealed that Ethiopian adopted children in

Montana were generally well adjusted. It is important to address what is different about the current investigation in order to understand the departure from previous adoptees' adjustment studies. First, unlike the majority of adoption research, which has used clinical samples, the current study used a non-clinical sample; this means there is a likelihood of having adoptive families who are doing well and have the time and motivation to participate in research. Serbin (1997) argued that parents' experiences during and after the adoption process are likely to affect their attitudes and willingness to participate in research projects. Second, as mentioned earlier, there is no empirical evidence regarding the pre-adoption history of Ethiopian adoptees or their parents who participated in this research. This situation leads to the question of whether the children in the current study arrived in their new home with the effects of some pre-adoptive traumatic experiences and of multiple prior placements, as these factors often characterize international adoptions (Feigelman & Silverman, 1994). The fact that 76% of the children in this study, for example, came from the southern part of Ethiopia increases our curiosity about not only the amount of time that children experience in the orphanage, but also to suspect the possibility that the children could come directly from their birth family /home. Most adoption studies have indicated that the experience of early deprivation, including institutionalization and neglect, is the most consistent predictor and highest risk factor in terms of adoptees' later adjustment. Studies of children adopted from orphanages have documented the enduring impact of institutionalization on adoptees' development (Meese, 2005; Rutter, 2005; Tan, 2006). This situation implies a need for further research exploring the experiences of Ethiopian adoptees before an international adoption takes place, including explorations of the effects of length and type of institutionalization.

On the other hand, the findings of the current research seem consistent with those of some recent studies (Levy-Shiff, Zoran & Shulman, 1997; Patterson-Mills, 2010) that have revealed a generally high adjustment level of international adoptees. In results like this, when adoptees are well adjusted, some researchers point to the importance of taking the age of adoptees and the length of time that adoptees have already stayed in his/her new home into consideration. For example, Patterson-Mills' (2010) dissertation that investigated the adjustment of international adopted infants 6 months after adoption also revealed the same result as the current study. That is, Patterson-Mills explained that adoptees' age (predominantly infants in that case) could be the plausible reason for the finding of adequate adjustment compared to previous studies, which tended to examine older children. Another possible explanation of this finding could be that when children are adopted at a very early age, there might be a greater potential for parents to have fewer expectations and to judge the level of the child's adjustment based on the congruence or incongruence with their expectation.

Adoptive Parents' Adjustment

Most parents in this study perceive themselves as being well adjusted to the adoption of an Ethiopian child, which indicates their ability to transition to being an adoptive parent with relatively little psychological and emotional distress. As noted in the literature, international adoption can create difficulties beyond those inherent in same-race or domestic adoption; however, the effect of adoption on parents' adjustment may also be shaped by characteristics such as a stable marriage, cohesive patterns of family interaction, nurturing parenting styles, open communication, and good social support from outside the family. Clark, Thigpen, and Yates (2007) studied families adopting 15 older children, and concluded that parental perceptions were more important to family adjustment than were child behaviors. They identified

specific parental perceptions including: finding strengths in the child that were often overlooked by others; viewing behavior and growth in the context of the child's history; reframing negative behavior; and attributing improvement in behavior to parenting efforts (Clark, Thigpen, & Yates, 2007). As the demographic information of the current study shows, parents in this study are relatively highly educated, financially and socially stable, and have good family supports. The stable life style and adequate support system could both be important factors contributing to good parental adjustment to the adoption.

This dissertation's findings related to the influence of living place on the parents' adjustment seems to support this explanation. That is, parents who live in the more urban, populated areas of Montana seem better adjusted to adoption compared to parents who live in the rural areas of the state. For parents in urban settings, there are more opportunities to prepare for the adoption process in person by having contact with other adoptive families or contact with members of other ethnic groups. For parents who live in rural settings, this preparation is more likely to be done through online education, reading, or more distant contact with other parents.. Access to a diverse community and relevant experiences in the community, school and other contexts outside of the family seem to play a significant role in the adoptees' adjustment and identity development as well. Feigelman's (2000) study, for example, found that transracial adoptive parents who lived in predominately Caucasian communities tended to have children who experienced more discomfort about their appearance than those who lived in more integrated settings; conversely, transracially adopted children who lived in diverse communities and attended schools with diverse populations were found to have a more positive sense of racial identity (McRoy et al., 1982; Smith, 2006). Overall, the finding of the current study may help us to expand our understanding of the importance of social networking, and of the availability of

resources including professionals, in relation to parents' adjustment to intercultural adoption. These results also highlight the need for school- or community-based services in settings with little diversity and few multicultural resources.

Parental Cultural Competency

While many investigations of international adoption have confirmed that adoptive parents' cultural competency plays a significant role in determining the adoptees' adjustment, few have explored the specific role of parental cultural competency in building positive relationships between adoptees and their adoptive families. This study therefore furthers our understanding of how the parents' cultural competencies also play a significant role in building a secure and healthy relationship with their adopted children. Overall, the findings of the current study show that most of the adoptive parents who participated were culturally aware, and were consciously trying to integrate the child's birth culture into their new family system and to honor his/her previous relationships. Cultural competence factors that parents might bring to the development of adoptive relationships have been addressed in different ways by many researchers, but there is no agreement as to the specific attitudes, skills, and knowledge necessary to create parental cultural competence.

Most transracial adoption literature uses Vonk's (2001) definition of cultural competency that covers three areas: a) racial awareness (the roles that race, ethnicity, and culture play in the lives of others); b) multicultural planning (the facilitation of opportunities for the transracially adopted child to be exposed to and participate in their birth culture); and c) survival skills (parents' abilities to prepare their adoptive children with skills to externalize rather than internalize racism and discrimination). Although the current study's parent cultural competency scale was partially based on this definition, it is geared more toward measuring the practical

experience of parents in integrating and using their cultural knowledge and skills to develop relationships and to provide a secure family environment for the adoptees. The findings revealed that parents in this study seem to have good self-awareness about personal stereotypes and prejudice, and that they appreciate and acknowledge the role of their cultural competency in the growth of mutual belongingness and relationship development of their family members. This finding might seem inconsistent with the parents' reports of a lack of resources and opportunities for experiencing diversity in Montana; however, it is important to note that the age range of adoptees in this study is 2 to 7 years, so that parents might be viewing the racial and cultural differences basically from their *own* point of view (rather than the child's). This raises further questions, such as: a) What factors shape parents' efforts to assist their Ethiopian children in coping with issues of racism or discrimination? And b) How does the child's developmental level (e.g., ability to communicate their concerns) relate to the parents' level of cultural awareness, knowledge, and skill?

The findings of this study have implications for future research in terms of the need for more systematic definitions and understanding of the contexts that might facilitate or hinder parental cultural competency. For example, cultural competency in parenting must focus on specific aspects of how parents interact with and guide their adopted child, and should include attributes such as soundness of character, uprightness, integrity, and honesty. In other words, the previous adoption literature tends to view cultural competency at the *cognitive* level, such as focusing on parents' awareness, multicultural planning, and fostering survival skills about race and discrimination. This conceptual definition seems broad, theoretical, and difficult to operationalize. Most of the literature on multicultural competency shows its vague, multi-layered nature and does not guide us to answer questions like: What do adoptive parents need to know

specifically in order to implement cultural competency in their parenting? What changes are to be made when parents adopt a child from a race and culture that is different from their own? And, how do parents know if they understand their adopted child's cultural background sufficiently and are behaving in culturally sensitive ways? In the opinion of this author, cultural competency in parenting should focus on specific plans and actions within the adoptive parents' role when raising a child who is racially, linguistically, and culturally different from them by birth. Overall, the findings of this study and the literature on transracial parent cultural competency indicate the need for further explorations based on well-established concepts that can guide researchers and practitioners in this direction in the future.

Parent Intervention Skills

Another compelling finding of this study was the level of parents' intervention skills; this refers to the parents' attitudes and actions to provide secure family environments to the adoptee and to the family. The findings of this study help us to understand how parents view their experiences and the strategies they use in coaching the child emotionally, in teaching and modeling adaptive coping skills, and in maintaining a safe and secure family environment as their new family system evolves. In the current study, adoptive parents living in Montana report good parenting intervention skills that include being flexible, managing a range of emotions without becoming too overwhelmed, being knowledgeable about issues that their adopted Ethiopian child needs to deal with, and being able to work together with him/her to build a secure relationship and to strengthen the parent-child bonds. The following example from one of the participants who agreed to be interviewed illustrates these points:

In my mind I loved him as my son from the first moment I saw his adoptive profile and photo, however it took my heart longer to catch up. M. came to us, happy to be a part of

our family. He never looked back, never questioned my title as mother, however it took a while before I was “special” to him. He would go with anyone - friend, family, acquaintance. I could be gone for a few hours or a few days and he never asked about me.... He was always happy to see me, but I always felt very “replaceable” to him. It wasn’t until about 18 months after he came home that I really became his Mom. I went to drop him off at daycare and he welled up with tears and told me that he didn’t want me to leave because he missed me when I was gone. For me, those few words instantaneously sealed our bond as mother and son.

Previous research has shown that identifying, as a child of particular parents is a gradual process for most adoptees. Therefore, the child may struggle to feel a sense of belonging to that family or parents until he/she recognizes a consistent pattern of safety within the new family system or environment, developing an “emotional map” that leads to a path of effective self-regulation

Through different parenting intervention approaches such as emotional coaching, flexibility, and open communication, it is possible for adoptive parents to provide adoptees with this “emotional map” with the consistent, safe family environment they need. Thus, sense of mutual belongingness may grow and be nurtured.

The findings of this study also show differences in intervention skill levels among parents. For example, parents who also have biological children seem to have better intervention skills in comparison to parents without any biological children. It is important to point out the possible explanations for this finding. As the total parent intervention skill measure indicates, the adoptive parents in general seem to be optimally meeting their adoptees’ needs; however, prior parenting experience may have led to a higher overall quality of parenting for those with

biological children. Adoptive parents without biological children must learn to attach to their child without experiencing pregnancy, the period during which a bond usually begins and grows, while adoptive parents who have biological children may use their previous experience and strategies to connect with the adoptee. Other explanations are also possible, such as the way society views biological parenthood as the norm, or the expected family pattern. This social attitude might oppress adoptive parents who do not have biological children and disempower their parenting competency (as this norm gives more emphasis to the act of procreation than to the ongoing process of parenting itself). In the case of adoptive parents with prior biological children, they already seem to have achieved this “normal parenthood” status.

This finding is also supported by numerous research results describing adoptive parents without biological children as:

- experiencing the transition to parenthood as influenced by infertility (Cohen, Coyne, & Duvall, 1993; Daniluk & Hurtig-Mitchell, 2003);
- navigating first-time parenthood at an older age, on average (Ceballo et al., 2004; Cohen et al., 1993; Dean, Dean, White, & Liu, 1995; Gjerdingen & Froberg, 1991);
- an increased likelihood of parenting children with preexisting behavioral/emotional difficulties (Glidden, 2000; Glidden & Floyd, 1997; Lazarus, et al., 1998; McGlone, et al., 2002);
- an increased likelihood of parenting children who are of a different race (Lazarus et al., 2002);
- and more likely to experience stigma attached to adoption (Wegar, 1995).

Findings such as these are helpful in training adoption counselors and other interventionists to meet the different needs of post-adoption families both with and without biological children.

Relationship between Child Adjustment and Parental Cultural Competency

In the present study, a significant correlation was found between parents' perceptions of fewer adoptee adjustment problems and higher levels of parental cultural competency. Parents perceived their children as well adjusted (having fewer adjustment problems) when they reported high levels of cultural competency themselves. The present finding is supported by a number of previous results including: research that identified a direct relationship between parent cultural competence and adoptees' identity development (Huh & Reid, 2000; Lee & Quintana, 2005; Yoon, 2001); and domestic transracial adoption literature asserting that adoptive parents who are sensitive and aware of race, ethnicity and culture are likely to be able to help their children adjust better (Baumrind, 1994; Volk, 2001). Similar results were found in a study of international adoptees from Asia (Mohanty, Keokse, & Sales, 2007) in which parents' higher level of cultural socialization was associated with adoptees' sense of belongingness and self-esteem; in addition, research on adoptees from China (Thomas & Tessler, 2007) has shown that parents' high level of networking with Chinese adults is associated with adoptees' competence in Chinese culture.

It is also possible to offer a scientific explanation for this finding from cultural and neuroscience perspectives. Parents' knowledge about the child's birth culture may facilitate their understanding of the child. According to cultural neuroscience theory, what the brain finds rewarding reflects the value of the dominant culture and individuals may have different neural responses for the same stimulus (Azar, 2010). Seeing things differently may also affect how easily people from different cultures do cognitive tasks, even when they use the same brain circuitry. For adoptive parents, knowing the child's birth culture goes beyond being aware of or

having information about the language, the food, the socialization, etc. of the child. It is also about understanding and responding to the value that the child's birth culture holds for different things, including different aspects of the child's development. That is, when adoptive parents develop cultural competency, they are likely to be able to develop an accurate understanding of the adoptee's life experience, and to respond to the child's life patterns accurately rather than based on the meaning they know from their point of view only.

Summary of Discussion

This study differs from previous international adoption research in several ways: prior research primarily focused on characteristics related to adoptees and adoptive parents in order to identify risk and protective factors, whereas the current study focused only on Ethiopian adoptees and on a relatively homogenous population in the state of Montana, USA. In these families, adoptive parents perceived environmental characteristics (e.g., neighborhood, surrounding culture and school) as primary risk factors to the family's adjustment and relational development. This could be a result of Montana's cultural homogeneity, or it could be the effect of the specific nature of Ethiopian adoptions. The current study supports the environmental variables as important players in the relational development of Ethiopian adoptive families. Some of the current findings are similar to a few of the international adoption findings to date. For example Patterson-Mills' (2010) results indicated that international adoptees were highly adjusted, and that their parents were emotionally connected and adaptive within limits. In addition, some scholars to date have argued that there is an over-representation of international adoptees among children referred for services, but have not found them to be poorly adjusted (Juffer & Van IJzendoorn, 2007). The current study supports this argument and expands our understanding about what characteristics of the research participants (e.g., clinical vs. non-

clinical samples) might influence the findings regarding the adjustment of international adoptees. In other words, results reported here could influence the manner in which future research is designed, objective assessment measures and procedures are administered, and how the findings are interpreted in order to more fully understand the adjustment process of international adoptees and their families.

This study also departed from previous adoptive families research by reporting results that show that adoptive parents are generally well adjusted following the adoption, and that they report a good level of cultural competency and intervention skills to provide culturally sensitive and secure family environments for Ethiopian adoptees. Noting the homogeneity and “rural” nature of Montana, one might expect more adjustment difficulties from both Ethiopian adoptees and adoptive families, and greater difficulty building good relationships. However, the findings of this study suggest that parents’ interest, commitment, and motivation to include and honor the child’s birth culture, their awareness and knowledge of their own and the child’s culture, and the level of family functioning all play significant roles in the adjustment of both Ethiopian adoptees and their families.

One of the most important findings of the current study, and one that is supported by other related research results, is the relationship between parents’ cultural competency and the adoptees’ adjustment. The current study indicates that parents who are culturally competent tend to perceive their adopted child as well adjusted. This finding is supported by Mohanty, Keoksa, and Sales’ (2007) research that found parental support for cultural socialization correlates positively with fewer feelings of marginality in adopted children.

Limitations of the Study

The sample selection process and resulting small size served as one of the main limitations in the current study. The recruitment was limited to families who reside in Montana, and who can access the Internet to complete an online survey. The sample was non-random and utilized a convenience sampling technique. As a result of these methodological concerns, the study lacks the benefit of using randomized sampling and a wider geographical area that might provide the researcher an opportunity to find results that are more robust and generalizable.

Although the current study used convenience sampling with the goal of recruiting a large number of research participants, the number of participants was low. A larger sample size would be important in order to increase the available statistical techniques including predictive parametric procedures to determine the strongest predictors of the factors being measured. In addition, an expanded sample would allow better representation of Montana families who are raising Ethiopian children. This would also increase the generalizability of the study results to Ethiopian adoptees and their adoptive families in other locations.

Another limitation in the present study involved the response rate and the nature of the sample. As a non-clinical sample, those parents who responded may not have many concerns about their child's or their own adjustment. A mixture of clinical and non-clinical families would further elucidate the current findings, as a more heterogeneous sample would allow the researcher to make comparisons based on parents who have concerns with those who do not.

The other issue related to study limitations is the lack of data about children's pre-adoption stories. One of the researcher's original plans was to collect enough data to be able to compare the adopted children's adjustment and development before and after adoption. There

was not enough data regarding pre-adoption history and development of the child, thus such comparisons were not possible in the current study.

In addition, this research used only parent-report questionnaires that do not guarantee the valid measurement of adopted children's behavioral and emotional problems. No direct observations or interviews of the children (and only a selected few with the families) were conducted, nor were school records or clinical reports examined. In this study, parents were also asked to recall their own and their child's pre-adoption history, and it is possible that some of their recollections may not be accurate. Hence, the findings of this study should be interpreted with caution, although using semi-structured in-depth interviews with four families strengthened this study.

This investigation is also impacted by the current Ethiopian adoption situation. Starting mid-2011, Ethiopian adoption became a center of attention in the international adoption world for two main reasons: First, there have been many allegations about possible adoption fraud (baby-selling) made by a number of people, including journalists and human rights activists (Jordan, 2012). Second, the Ethiopian government set a new goal to *decrease* the number of international adoptions from that country by 90% since 2011 (www.voanews.com/content/article--ethiopia-to-cut-foreign-adoptions-by-up-to-90-percent-117411843/157582.html). The researcher of the current study believes that this situation potentially discouraged adoptive parents with Ethiopian children from participating in this research, and that it is also a reason for the inaccessibility of children's pre-adoption history. For example, the researcher traveled to Ethiopia in June 2012 to collect general background information about pre-adoption circumstances there, but was not able to collect enough data

since some adoption agency and government officials were hesitant to share data with any one at that time.

Implications and Future Directions

As exploratory research, the current study results show the areas that need interventions at different levels (for adopted children, their families and their communities) and also indicate directions for future research.

Implications at the policy level. One of the findings of this study reiterated the importance of reliable and accurate pre-adoption history in terms of adoptive parents' adjustment, adoptees' adjustment, and conducting valid and accurate research in the area. This is a significant finding on the policy level. The goal of adoption is finding a permanent place for the child who needs a family. However, clear procedures and careful adoption agency practices need to be put in place so that abuses or possible allegations of adoption fraud do not occur. Even though Ethiopia is not part of the Hague Convention on Inter-country Adoption, efforts should be made both at the Ethiopian government and the international levels to provide multiple safeguards to preserve the children's right to have access to their own real pre-adoption history. Such policy changes might include:

- The interests of the birth parents must be protected so that they do not give up the child without full informed consent and knowledge of the meaning of international adoption.
- Adoptive parents also need to be provided with accurate information about the child's background, origin and pre-adoption history including health and developmental status.
- The adoption agency's involvement with adoptive families must continue long after placement, for monitoring purposes and for providing families with help as needed.

Implications for adoptive parents, prospective adoptive parents, and adoption

counselors/therapists. As the findings of the current study and some others have revealed, examining issues related to international adoption such as the racial, logistical, and cultural differences in the family context is important not only to better understand the specific issues that the adoptee or adoptive parents deal with, but also to find the root causes of these issues. As family members deal with racial and cultural differences together, ultimately they are moving towards developing a bicultural family. This approach to understanding the issues related to international adoption may have a number of benefits, including: it decreases the possibility of treating the adoptee as an “identified patient”, as this approach always places the problem/issue out of the child; it increases the development of mutual belongingness and the functioning of the family unit. When the whole family treats adoption-related issues as a unit, as concerns that need to be addressed in the family system, this process will help adoptive parents increase their awareness of issues related specifically to raising an adopted child.

The current study results also indicate the impact of parents’ knowledge and awareness about their own motivations (i.e., why they chose to be adoptive parents) and their expectations (about what it might be like to bring an Ethiopian child into their home) on the overall adjustment process. Hence, attention and training need to be given to parents about their motivations and expectations both before and after adoption.

Adoption counselors and practitioners who are in supportive relationships with intercultural adoptive parents and adopted children need to provide support to these families by using a relational approach. This approach focuses on relationships as opposed to treating the child’s symptoms alone, and will potentially lead to better understanding of the internationally adopted child and his/her family. That is, a relational or a family systems approach may offer

insights about how adopted children came to see the world as they do, how their previous experiences have colored their view of current relationships, and how adoptive parents can use their hearts and minds to create a safe and meaningful connection with their adopted child.

Practitioners who are designing and providing support to these families also need to consider the environmental factors that present unique challenges to adoptive families' functioning. For example, adoptive parents who live in rural areas may be more segregated or isolated from multicultural resources and networks, and may therefore need greater intervention and support in addressing issues related to social connections and role models for their children.

In addition, in order to be effective helper to the intercultural adoptive families who seek professional helps, counselors needs to possess awareness of their personal belief and biases about transracial adoption, possess knowledge of their own racial identity redevelopment process, and develop a multicultural competency skills by seeking out resources and support to address their own racial biases or negative beliefs regarding transracial adoption (Malott & Schmidt, 2012).

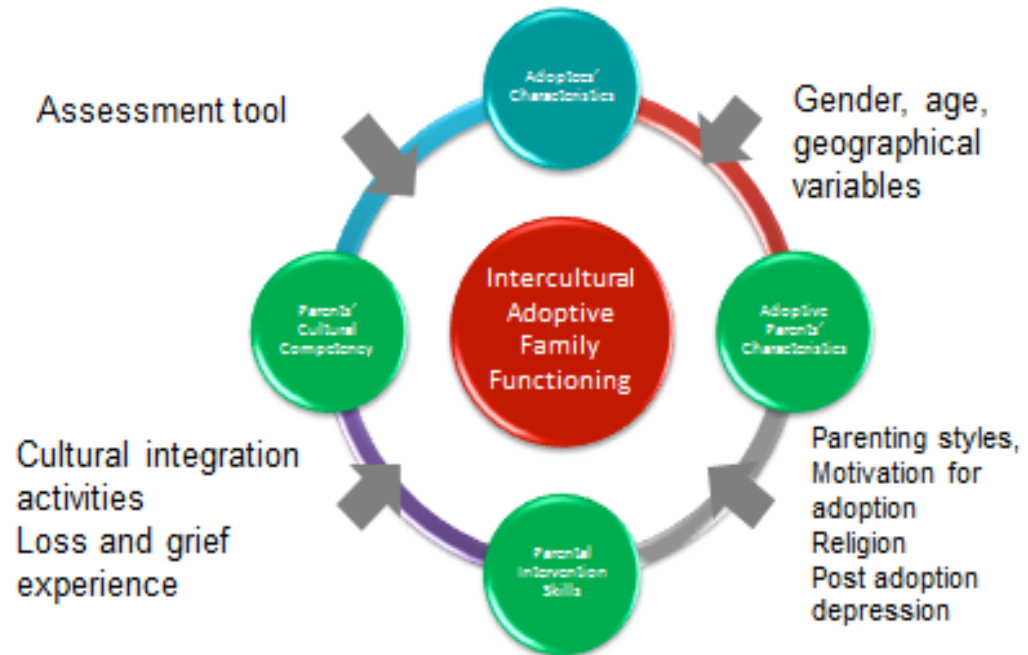
Implications for future research. Multiple areas for future research exploration emerged from the current study results. As the first known study of its kind in terms of exploring the lives of children from Ethiopia who reside in Montana, the current study may not offer a full picture of Ethiopian adoptees' adjustment in broader geographical locations. Further clarification and identification of the impact of differences and similarities between Ethiopian adoptees who live in communities with very diverse as opposed to homogenous populations, comparisons of child's gender, and pre-adoptive history (length of time spent in an orphanage, for example) would be valuable to the overall understanding of Ethiopian adoptees' adjustment.

Second, variables that are yet to be fully explored in the international adoption literature and are now identified as significant for understanding intercultural adoptive families' functioning include: the systematic definition and conceptualization of parental cultural competency; the adoptive families' experience of loss and grief; adoptive parents' motivations or reasons for adopting a child from Ethiopia; and the possible experience of post-adoption depression .

The existing literature offers few guidelines about what adoptive parents need to do specifically in order to implement cultural competency, and what changes are to be made when parents adopt a child from a race and culture that is different from their own. The present findings offer a look at the specific plans and actions of adoptive parents when raising a child who is racially, linguistically, and culturally different from them by birth, but point to a need for more in-depth study of adoptive families' cultural integration activities. Further exploration is also needed to develop research (and clinical) tools to assess the adoptive parents' cultural integration activities at various levels (home, schools, neighborhoods, etc.) and at different stages of the child's development. The following model illustrates the relationships among different variables that showed significant correlations or trends in the current study and can therefore serve as a conceptual framework for future research (see Figure 6).

Figure 6: Conceptual Model for Future Research

Conceptual Framework for Future Research



The relationships in adoptive families in this study appear to be well developed according to the parents' self-reports. Another focus for future study might be a query regarding how long it takes to build these healthy relationships following an international adoption, and who (mother, father or both) plays the most active role in this process.

Finally, little is known about the long-term development of these children, as this investigation only included those who were adopted recently. Despite the apparently positive adjustment reported by most participants, it is nevertheless important to follow such children into

adolescence and young adulthood in order to determine how both children and their adoptive parents will manage the process of identity development. The Attachment Theory as described previously also holds important implications for this population; investigations of the early emergence of secure relationships within the adoptive families should also be studied, and could result in implications for parents, for counselors, and for adoption agencies.

Appendix A: Online Survey questionnaire

Understanding the Process of Adjustment and Relational Development of Ethiopian Adoptees and their Families in Montana

Research Project

If you have adopted a child from Ethiopia and live in Montana, please take the time to complete a survey for each individual child.

Terms of Agreement

You are being asked to voluntarily complete this survey because you have adopted a child from Ethiopia and live in Montana. This research study is created by a student at the University of Montana who is researching Montana families who have adopted children from Ethiopia, in a partial fulfillment of the requirements for a doctoral degree in Counselor Education (?). The following agreement explains the survey process and your participation in the research study. Please read it carefully.

What You Should Know About This Research Study:

Participation is completely voluntary and all information collected will be strictly confidential. All surveys collected will be given a number and no personal identification information about parent or child will be collected. To participate in this study, you only need to be an adoptive parent who has a child from Ethiopia. You do not have to have a child who has been diagnosed with a special need such as a physical disability, emotional disability or mental health issue in order to complete this survey. This survey is not meant to be used as a diagnostic tool or assessment for the diagnosis of any condition. The data collected will be used for research and educational purposes only. You may take the survey one time for each child you have adopted from Ethiopia. You may withdraw from the process at any time before you have completed the survey.

What Happens if You Decide to Participate in the Research Study?

If you decide to participate in the research study, I will ask that you read and agree to the terms specified herein. Then you will be asked to complete the online survey. The survey asks questions about the adoption of your child such as what year your adoption was finalized, the age of your child at the time of adoption, medical diagnosis at the time of adoption, current medical, psychological and emotional diagnosis, current development (psychological, physical, social, language and learning), and you and your family activities related to connecting with your adopted child's culture and heritage. It may take you 20-30 minutes to complete the survey.

Risks

There are no known risks associated with participation in the survey. The data collected will be stored in a computer in a safe and protected manner.

Benefits

There is no personal benefit to you for participation in the survey. However, your contribution may benefit researchers, mental health practitioners, psychologists, social workers, medical professionals, adoption agencies, prospective adoptive parents and others who work in fields relating to adoption.

What if You Decide You Do Not Wish to Participate?

You may stop taking the survey at any point in time during the survey process. Once your survey has been completed and submitted, your survey cannot be withdrawn because I do not collect personal information; therefore I will not be able to tie a particular survey result to you.

How Will Your Privacy Be Protected?

The University of Montana and the Federal Government of the United States have laws that protect your privacy. No personal identifying information will be collected and/or stored in my computers. I therefore will not be able to identify or contact participants directly. If you have a question, it will be up to you to contact the researcher directly by emailing the Primary Investigator, Waganesh Zeleke at waganesh.zeleke@umontana.edu , or her advisor, Dr. Lynne Sanford Koester at lynne.koester@umontana.edu.

What is the University of Montana Institutional Review Board (IRB)?

The UM IRB reviews each research study involving human subjects that is conducted at the University. If it approves the study, it means that the study is considered safe and that your privacy will be protected as much as possible, and that you have been given the opportunity to ask questions about the study. If you have any concerns about your rights as a participant in this research study or any complaints you wish to make, you may contact Dan Corti, IRB Chair at the University of Montana, Institutional Review Board at 406-243-6670

Who Should Fill Out the Survey?

If one parent is the primary caregiver for your adopted child, we would prefer that he/she be the one to participate in this survey. However, if the responsibilities are shared almost equally, then you may decide yourselves who should respond.

What Does it Mean to Accept this Agreement?

Your electronic signature on this Terms of Agreement means that you are over the age of 18, have finalized the adoption of a child/ children from Ethiopia, understand and accept the provisions in this Agreement and will voluntarily complete the Research Survey.

I accept the Terms of Agreement: Begin Survey

I Do Not accept the Terms of Agreement: Leave Survey

PARENT data / Demographic Information:

1. Your Age Range _____ 20-25 _____ 26-30 _____ 31-35
_____ 36-40 _____ 41-45 _____ 46-50 _____ Above 50
2. Sex _____ Female _____ Male
3. Marital status?
_____ Single _____ Married _____ Divorced _____ Living with partner
4. Your Racial or Ethnic Group
_____ American/Indian/Alaskan _____ Native Hawaiian/Pacific Islander
_____ Black/African American _____ Hispanic/Latino
_____ White/Caucasian _____ Asian
_____ Other, Specify _____
5. Which part of Montana do you live in? City _____
6. Do you have biological children?
 - a. Yes/ with current marriage or partner _____
 - b. Yes/ with previous marriage or partner _____
 - c. No _____
 - d. If yes, how many? _____
7. What is the highest educational degree that you have completed? _____
8. What is your employment status? _____
9. How many hours a week do you work outside the home? _____
10. What type of work do you do? _____
11. Household income:
 - a. Less than \$50,000.00 _____
 - b. Between \$51,000.00 – 75,000.00 _____
 - c. Above \$76,000.00 _____
12. How many people live in the same house with you? _____
13. Had you visited/ been in Ethiopia before you decided to adopt your child? _____
14. Why did you choose to adopt a child/ children from Ethiopia?
 1. Knowledge of country
 2. Other children from there
 3. Ease of adoption process
 4. Less expensive to adopt a child from there
 5. Other _____
15. How many children did you adopt from Ethiopia? _____
16. When did you adopt your child/ children? _____
17. Does your child share bed room with another person? _____ If so, with whom? _____
18. Is there any other interracial adoption in your family history? Yes No
What about your partner/spouse's family? Yes No
19. Are there any other interracial adoptive parents:
 - a. In your neighborhood? Yes No
 - b. In your work place? Yes No
 - c. Among your friends? Yes No
20. How old were you when you adopted your child/ children? _____
21. How old was your child when you adopted him/her? _____ (if more than one, please list each child)

22. Your child's sex: Male _____ Female _____ (if you adopted more than one, please indicate each one)
23. Did you have parental leave when you went to bring your child from Ethiopia? Yes No
If yes, how long? _____
24. Who traveled to Ethiopia to bring your child back?
1. Only the mother
 2. Only the father
 3. Both the mother and the father
 4. Other family members accompanied (please specify): _____
25. How long did it take you to bring your child home (between referral for adoption and placement of the child with you in the U.S)? _____
26. Have you experienced any difficulty / challenging circumstance during your stay in Ethiopia? Yes No If yes, Please describe

27. When did you get your child's medical status reviewed by a physician? (check all that apply)
- a. Prior to adoption
 - b. During adoption
 - c. After adoption
28. How many times did you travel to Ethiopia for purposes of your child's adoption?
- a. One time
 - b. Two times
 - c. More than two times
29. How long did you stay there?
- | <u>First Visit:</u> | <u>Second visit:</u> | <u>Other visits:</u> |
|-----------------------|-----------------------|-----------------------|
| a. Seven to ten days | a. Seven to ten days | a. Seven to ten days |
| b. Ten to twenty days | b. Ten to twenty days | b. Ten to twenty days |
| c. More than 21 days | c. More than 21 days | c. More than 21 days |
30. Did you get any kind of support from your community during the first time of adoption (e.g. emotional support, financial support, gift/ present to your adopted child, etc.)?
Yes No
31. Which kind of support was most helpful for you? _____
-
32. Have you experienced prejudice/ racism/ hurtful comments because of your adopted child?
Yes No If yes, please describe

-
33. What has been the perception of your friends and extended family members about your Ethiopian adopted child?

-
34. Do you have sufficient health insurance to cover all of the medical costs of your adopted child? Yes No
35. Do you have contact with others of your adopted child's cultural/ethnic groups?
Yes No

36. Are you involved in groups for parents who have adopted children from Ethiopia or internationally? Yes _____ No _____

37. What has been the most challenging aspect of adopting a child from Ethiopia?

38. What strengths and positive attributes has this child brought to your family?

39. How do you want your child to grow up?

40. What kind of advice can you give for someone who wants to adopt a child from Ethiopia?

41. What kind of advice or information do you wish you had been given before adopting an Ethiopian child?

II. CHILD Information

1. Was your adopted child in an orphanage/ institution before adoption? Yes No If yes, for how long? _____

2. Do you know which part of Ethiopia your child is from? _____

3. Do you have information about your child's birth parents? _____

4. Do you have contact with your child's birth parents? _____ If no, Do you hope to in the future? _____

5. Has your child had any medical problems before adoption? _____

6. What kind of medical problem? _____

7. How did you find the quality of caregiving and caregivers of your child before the adoption?

8. How was your child's health status during the adoption?

a. Has normal weight Yes No

b. Has normal length Yes No

c. Has infectious disease Yes No If yes, please describe the type of infectious disease

d. There was a transition problem Yes No

e. Has hearing problem Yes No

f. Has vision problem Yes No

g. Has emotional attachment issues Yes No if yes, please describe _____

9. How is your child's current health status?

a. Weight _____ Below average _____ Average _____ Above average _____

- b. Height Below average Average Above average
- c. Physical development Below average Average Above average
- d. Social development Below average Average Above average
- e. Learning abilities Below average Average Above average
- f. Diagnosed conditions
 - 1. Diagnosed with a particular disorder
 - 2. Has no diagnosed condition
 - 3. If diagnosed with a particular disorder, please list the diagnosis type
 - 4. Do you have any concerns about your child's health and behavior that are not addressed by your doctor?

10. Has your child been a victim of bullying or prejudice by other children?

11. Currently, how is your child experiencing the following:
- a. Child Day care/ Pre- school?
 - Not applicable Everything fine Some difficulties Please explain _____
 - b. School experience: grade level?
 - Not applicable Everything fine Some difficulties Please explain _____
 - c. Academic achievement
 - Not applicable Everything fine Some difficulties Please explain _____
 - d. Your satisfaction with his/her education
 - Not applicable Everything fine Some difficulties Please explain _____

12. Is your child involved in extracurricular activities? Yes No
 If yes, list the extracurricular activities

13. Is your child comfortable in social settings?
- a. Yes in every social setting
 - b. Yes in certain social settings only (Please specify: _____)
 - c. No

14. What kinds of social settings make your child uncomfortable?

15. What kinds of activities are you doing to recognize and establish your adopted child/children's cultural heritage? (Check all that apply)
- a. Eating/ preparing Ethiopian food
 - b. Associate with Ethiopian group
 - c. Playing or spending time with children from Ethiopia/Ethiopian adopted children
 - d. Learning Ethiopian language
 - e. Having play and educational materials representing Ethiopia/ African culture
 - f. Having toys, books, and cultural materials of different cultures
 - g. Celebrating Ethiopian traditional holidays
 - h. Other activities from various culture
 - i. Not exposed to any of the above cultural activities/ experience

16. Is your child bilingual?
- a. Yes
 - b. Knows few words of his/her native language

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- c. No
17. How do you see your child's language development?
- a. Under his/her age expectation
 - b. Normal to her/his age
 - c. Above other children of same age
18. How do you see your child's attitude towards
- a. His/her culture and background? Positive Neutral Negative
 - b. His/her appearance/ color? Positive Neutral Negative
 - c. Immigrants and refugees? Positive Neutral Negative
19. How is your adopted child's relationship with his/her sibling/s (if there are any)?
-
20. In filling out of this questionnaire, do you think your answers reflect both you and your partner's opinion?
- Yes No To some extent
21. Do you hope to adopt other Ethiopian children in the future?
- Yes No Haven't decided

THANK YOU VERY MUCH FOR TAKING THE TIME TO PARTICIPATE IN THIS RESEARCH!

If you would like to receive a summary of my results when this project is finished, please email me at Waganesh.zeleke@umontana.edu

Appendix B- Child Behavior Check List (CBCL)

In the following table, please circle the phrase that best describes your child's behavior and emotional status:

Argues a lot	Often true	Sometimes true	Not true
Can't concentrate, can't pay attention for long	Often true	Sometimes true	Not true
Can't get his/ her mind off certain thoughts; has obsessions	Often true	Sometimes true	Not true
Can't sit still, is restless, or hyperactive	Often true	Sometimes true	Not true
Complains of loneliness	Often true	Sometimes true	Not true
Confused or seems to be in a fog	Often true	Sometimes true	Not true
Cries a lot	Often true	Sometimes true	Not true
Hurts animals or is physically cruel to them	Often true	Sometimes true	Not true
Meanness to others	Often true	Sometimes true	Not true
Day dreams or gets lost in his/her thoughts	Often true	Sometimes true	Not true
Demands a lot of attention	Often true	Sometimes true	Not true
Destroys things belonging to his/her family or others	Often true	Sometimes true	Not true
Disobedient at home	Often true	Sometimes true	Not true
Disobedient at school	Often true	Sometimes true	Not true
Doesn't eat well	Often true	Sometimes true	Not true
Doesn't get along with other kids	Often true	Sometimes true	Not true
Doesn't seem to feel guilty after misbehaving	Often true	Sometimes true	Not true
Fears he/she might think or do something bad	Often true	Sometimes true	Not true
Feels he/she has to be perfect	Often true	Sometimes true	Not true
Feels or complains no one loves her/him	Often true	Sometimes true	Not true
Feels others are out to get him/her	Often true	Sometimes true	Not true
Feels worthless or inferior	Often true	Sometimes true	Not true
Gets in many fights	Often true	Sometimes true	Not true
Hangs around with others who get in trouble	Often true	Sometimes true	Not true
Is impulsive or acts without thinking	Often true	Sometimes true	Not true
Would rather be alone than with others	Often true	Sometimes true	Not true
Lies or cheats	Often true	Sometimes true	Not true
Is nervous, highstrung , or tense	Often true	Sometimes true	Not true
Has nightmares	Often true	Sometimes true	Not true
Is not liked by other kids	Often true	Sometimes true	Not true
Too fearful or anxious	Often true	Sometimes true	Not true
Feels dizzy	Often true	Sometimes true	Not true
Feels too guilty	Often true	Sometimes true	Not true
Overeats	Often true	Sometimes true	Not true
Is overtired	Often true	Sometimes true	Not true
Has physical problems without a known medical cause, like, Aches or pains, not including headaches	Often true	Sometimes true	Not true
...headaches	Often true	Sometimes true	Not true
.....nausea, feels sick	Often true	Sometimes true	Not true

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....problems with eyes	Often true	Sometimes true	Not true
....rashes or other skin problems	Often true	Sometimes true	Not true
.....stomach aches or cramps	Often true	Sometimes true	Not true
.....vomiting, throwing up	Often true	Sometimes true	Not true
Poor school work	Often true	Sometimes true	Not true
Prefers being with older kids	Often true	Sometimes true	Not true
Refuses to talk	Often true	Sometimes true	Not true
Runs away from home	Often true	Sometimes true	Not true
Screams a lot	Often true	Sometimes true	Not true
Is secretive, keeps things to self	Often true	Sometimes true	Not true
Self-conscious or easily embarrassed	Often true	Sometimes true	Not true
Sets fires	Often true	Sometimes true	Not true
Shy or timid	Often true	Sometimes true	Not true
Sleeps less than most kids	Often true	Sometimes true	Not true
Sleeps more than most kids during day and/ or night	Often true	Sometimes true	Not true
Stares blankly	Often true	Sometimes true	Not true
Stubborn, sullen, or irritable	Often true	Sometimes true	Not true
Sudden changes in mood or feelings	Often true	Sometimes true	Not true
Sulks a lot	Often true	Sometimes true	Not true
Suspicious	Often true	Sometimes true	Not true
Swears or uses obscene language	Often true	Sometimes true	Not true
Teases others a lot	Often true	Sometimes true	Not true
Has temper tantrums or a hot temper	Often true	Sometimes true	Not true
Threatens people	Often true	Sometimes true	Not true
Truant, skips school	Often true	Sometimes true	Not true
Underactive, slow moving, or lacks energy	Often true	Sometimes true	Not true
Unhappy, sad , or depressed	Often true	Sometimes true	Not true
Withdrawn, doesn't get involved with others	Often true	Sometimes true	Not true
Worries	Often true	Sometimes true	Not true

Appendix C: Consent Form for Interview
University of Montana
Consent to Participate in a Research Study
Research Participants for Semi-structured Interview

Title of Study: Understanding the Process of Adjustment and Relational Development of Ethiopian Adoptees and their Families in Montana

Principal Investigator: Waganesh Zeleke

UM Department: Counselor Education

UM Phone number: 406 243 4003

Email Address: Waganesh.zeleke@umontana.edu

Faculty Advisor: Dr. Lynne Sanford Koester

Study Contact telephone number: 406 274 2671 (USA)

Study Contact email: Waganesh@yahoo.com, Waganesh.zeleke@umontana.edu

SOME GENERAL THINGS YOU SHOULD KNOW ABOUT RESEARCH STUDIES

You are being asked to take part in a research study. To join the study is voluntary. You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. You will be given a copy of this consent form. You should ask the researcher named above any questions you have about this study at any time.

PURPOSE OF THIS STUDY

The purpose of this study is to understand the adjustment and relational development in Ethiopian adoptees and their adoptive family in Montana

You are being asked to be in the study because the experiences you have as an intercultural adoptive parent, and the knowledge you possess, meet the research subject recruitment criteria.

To participate in this study you must have an adopted child/ children from Ethiopia adopted two to five years ago, be a resident or live in Montana at least for the last five years, and your adopted child must be in the age range of between three to eight. You must be above 20 years old and have no history of a cognitive, behavioral, or physical condition that would inhibit you from answering questions about your and your adoptive child's experiences or prevent you from sitting through interviews (minimum 60-90 minutes) only for one session

DURATION AND LOCATION

Your participation in this study will last for approximately sixty minutes for one session. Your participation will occur at your convenience. This study will be conducted in a place where you feel more comfortable to talk and can be designated by you. None of your regular routines/ schedules will be missed due to participation in this study.

PROCEDURE

If you are willing to participate in this study, I would ask you to do the following things:

1. Come to the designated area for a 60-minute interview for one session
2. Answer some interview questions, in which you will be asked some general questions such as:
 - How have you experienced the changes associated with intercultural adoption?
 - What are the significant changes that have occurred in your relationships with your family, friends or the general community because of adopting your child, but also those things that have influenced those relationships?
 - What are the significant changes that have occurred in you and your adopted child's relationship?
 - When you adopted your child, how was his/her overall development at the time? What things did you perceive or observe about your child at that time?
 - How were the first three to six months after adoption?
 - When did you notice your child had developed a secure attachment with you and the rest of the family?
 - What contexts or situations have typically influenced or affected your adopted child and your experience of intercultural adoption?
 - How has your community changed in response to your child's adoption status and how has that affected you as a parent and your child?

The order in which you will be asked to do these things will be random for research purposes. You may be asked other questions although these questions will be directly related to you and your adoptive child's experience of intercultural adoption.

ANTICIPATED BENEFITS TO SUBJECTS

Research is designed to benefit society by gaining new knowledge. You may not benefit personally from being in this research study, but your participation may help mental health care providers better understand what shapes the experience of intercultural adoptees and adoptive families. This could play an important role for future policies and for the successful delivery of mental health messages and mental health services to diverse populations.

POTENTIAL RISKS AND DISCOMFORTS

Risks involved in this study include the possibility of being uncomfortable with talking with a stranger about you and your child's experiences of intercultural adoption. You may feel embarrassed about some of the questions or nervous about being interviewed. I will ensure that the environment is private and only you and I will be present in the interview area. I will ask you how you feel numerous times throughout the interview. If at any time you feel uncomfortable, you are free to rest or to stop participating in the study.

PRIVACY AND CONFIDENTIALITY

Participants will not be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, University of Montana will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety. All data entered into computers will be password protected. This information will be stored for five years and then destroyed.

All the information I record from you during the interview time, including your name and any other identifying information, will be strictly confidential and will be kept under lock and key. I will not identify you or use any information that would make it possible for anyone to identify you in any presentation or written reports about this study. If it is okay with you, I might want to use direct quotes from you, but these would only be quoted as coming from “a person” or a person of a certain label or title, like “one parent said.” When I finish with all the interviews from everyone who has agreed to participate, I will group all the answers together in any report or presentation. There will be no way to identify individual participants.

The only risk to you might be if your identity were ever revealed. But I will not even record your name with your responses, so this cannot occur. There are no other expected risks to you for helping me with this study.

I will use an audio recorder and take some notes while talking with you.

Please, check the line that best matches your choice:

- OK to record me during the study
 Not OK to record me during the study

MEDICAL CARE FOR RESEARCH RELATED INJURY

All research involves a chance that something bad might happen to you. This may include the risk of personal injury. In spite of all safety measures, you might develop a reaction or injury from being in this study. If such problems occur, the researchers will help you get medical care, but any costs for the medical care will be billed to you and/or your insurance company. The University of Montana has not set aside funds to pay you for any such reactions or injuries, or for the related medical care. However, by signing this form, you do not give up any of your legal rights.

ALTERNATIVES TO PARTICIPATION

You can withdraw from this study at any time, without penalty. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped. There will be no costs for being in the study.

IDENTIFICATION OF INVESTIGATORS

In the event of a research related injury or if you experience an adverse reaction, please immediately contact the investigator. If you have any questions about the research,

please feel free to contact my faculty advisor, Dr. Lynne Sanford Koester at 406 234 4003 or lynne.koester@mso.umt.edu.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue your participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

OFFER TO ANSWER QUESTIONS

If you have any questions about this study, you may call investigator Waganesh at 406 274 2671

Participant's Agreement:

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

Signature of Research Participant

Date

Printed Name of Research Participant

Appendix D:

Interview Questions

- What motivated you to adopt a child internationally and why from Ethiopia?
- Please tell me about the process of adoption, such as information gathering, choosing the right agency, deciding from which country you are going to adopt and so forth.
- Could you tell me about your adopted child? How do you describe your relationship with him/her?
- What are the most challenging experiences after having the child?
- Could you tell me about your parenting goals and parenting approach used in raising your adopted child?
- How do you address the ethnic differences in your family setting?
- How you have experienced the changes associated with intercultural adoption?
- What are the significant changes that have occurred in your relationships with your family, friends or the general community because of adopting your child, but also those things that have influenced those relationships?
- What significant changes have occurred in you and your adopted child's relationship?
- When you adopted your child, how was his/her overall development? What particular things did you perceive or observe at that time about your child?
- How was the first three to six months after adoption?
- When did you notice that your child had developed a secured attachment with you and the rest of the family?
- What contexts or situations have typically influenced or affected your adopted child and your experience of intercultural adoption?
- How you feel society (your community) has changed regarding your child's adoption status, and how has that affected you as a parent and your child?

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