DO ADOPTION SUPPORT SERVICES INCREASE SATISFACTION IN PARENTS WHO ADOPT INTERNATIONALLY?

A Project

Presented to the faculty of the Division of Social Work
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MASTER OF SOCIAL WORK

by
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Kandyce Seely

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Division of Social Work
Abstract

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by

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The current literature supports the need for adoption services to assist parents to prepare for and manage the complexities involved with international adoptions (Barth & Miller, 2000; Miller, 2005; Tan, 2007; Barth, 2005; Juffer, 2006; Kupel, 2010; Kim, 2009). This project examined the adoption experiences and support services of parents who adopted children internationally for the purposes of gathering information that could be used to improve future adoption services for families. The researchers conducted interviews with 16 adoptive parents that resulted in the collection of both quantitative and qualitative data. All of the participant families indicated that adoption was the right choice for them; and 68.75% of these participants reported they completed pre-adoptive training and post-placement services. Most of the participants (62.50% and 56.25% for pre-adoptive and post-placement services, respectively) liked the services they received from their agencies. The researchers found a relationship between adoption support services and parental satisfaction with international adoptions. However, the researchers were not
able to establish whether the services actually increased parental satisfaction because all of the participants indicated they were satisfied with their adoptions despite their experiences with adoption services. Consequently, the researchers posed additional questions and made recommendations for future research.

_______________________, Committee Chair
Teiahsha Bankhead, Ph.D., L.C.S.W.

_______________________
Date
DEDICATION

To all the children who wait.
ACKNOWLEDGEMENTS

This project would not have been possible without the guidance and help of several individuals who in one way or another have extended their valuable assistance in the preparation and completion of this study.

First and foremost, I would like to extend my utmost gratitude to my husband, Roy Seely. You have:

Cared for our daughter while I worked
Rubbed my shoulders when I was overwhelmed
Offered advice about writing
Supported any financial decisions concerning the project
Encouraged me with words, and expressed your pride in my accomplishments
Cooked dinners on busy evenings
Assisted with household chores and errands
Encouraged and supported my all-nighters
Expressed your concern when I tried to do too many things
Encouraged me to stay connected in my relationship with God
Made executive decisions when I didn’t have the courage, and
Prayed for me

Your actions have not gone unnoticed, and I will not take for granted your sacrifice for me. Thank you and I love you!
Thea, you have been so patient with me. There were many times you wanted to play or cuddle, but you allowed me to work on this project. Thank you, my Tooter-Boots! I love you.

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Jennifer, you are awesome! I could not have imagined a better partner than you. As two moms, we took on this daunting task. The journey was not easy, as we overcame family illnesses, financial adversity, dirty homes, and numerous errands. We understood and identified with each other’s commitment to our families.

Above all else, I thank my God who cared for me during this time. There were so many times that I wanted you to just take me out of my situation, instead you gave me hope and courage to follow through. You have delighted yourself in me and have accomplished more than I could have ever imagined. You are my hope and my love. Thank you!
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I want to thank my family for their support throughout this long process. In many ways you too have borne the burden of this process.

To my mother: Over long months, I tried to tap into your reservoir of patience as this process moved along. I was not always as successful as I had wished for.

To my father: You have shared your love of words. You taught me how to write.

To my sons: Your support and encouragement has been unfailing. You inspire me to seek out the good and believe in a better world.

To Kandyce: We ended up in the right place at the right time and our partnership is the result. This was no accident. We were perfect compliments for each other. We prodded, supported, pushed and nudged and we reached the destination. Your support was much needed through times that were, at best, challenging. Thank you.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Dedication</th>
<th>vi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>vii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>xiv</td>
</tr>
<tr>
<td>List of Figures</td>
<td>xvi</td>
</tr>
</tbody>
</table>

## Chapter

1. PROBLEM STATEMENT AND OVERVIEW ..............................................................1

   - Introduction ................................................................................................. 1
   - Background of the Problem ........................................................................... 4
   - Statement of the Research Problem .............................................................. 5
   - Purpose of the Study ....................................................................................... 5
   - Theoretical Framework ................................................................................... 5
   - Research Question .......................................................................................... 6
   - Definition of Terms ........................................................................................ 6
   - Assumptions .................................................................................................... 7
   - Justification .................................................................................................... 7
   - Limitations ..................................................................................................... 10
Summary .......................................................................................................................... 11

2. LITERATURE REVIEW ..................................................................................................12
   Introduction................................................................................................................... 12
   International Adoption in the United States............................................................. 13
   Need for Adoption Support Services .................................................................... 24
   Adoption Support Services ................................................................................... 43
   Summary ................................................................................................................... 49

3. METHODOLOGY .........................................................................................................51
   Introduction................................................................................................................ 51
   Study Design.......................................................................................................... 51
   Sampling Procedures ............................................................................................ 52
   Protection of Human Subjects .............................................................................. 52
   Data Collection Procedures ................................................................................ 53
   Instruments Used .................................................................................................. 54
   Data Analysis ........................................................................................................ 54

4. FINDINGS ..................................................................................................................56
   Introduction............................................................................................................. 56
   Family Structure.................................................................................................... 56
Appendix C  Consent to Participate in a Student Research Study..............................115

Appendix D  International Adoption Interview ................................................................117

References................................................................................................................................121
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Tables</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1  Education level of adoptive parents</td>
<td>57</td>
</tr>
<tr>
<td>Table 2  Same Racial/Ethnic Background</td>
<td>58</td>
</tr>
<tr>
<td>Table 3  How many times did family adopt?</td>
<td>59</td>
</tr>
<tr>
<td>Table 4  What were your reasons for adopting?</td>
<td>61</td>
</tr>
<tr>
<td>Table 5  Expectations about adoption</td>
<td>62</td>
</tr>
<tr>
<td>Table 6  Adoption the right decision</td>
<td>63</td>
</tr>
<tr>
<td>Table 7  Life better because of adoption</td>
<td>64</td>
</tr>
<tr>
<td>Table 8  Plan to adopt again</td>
<td>65</td>
</tr>
<tr>
<td>Table 9  Did you attend adoption related activities prior to the adoption?</td>
<td>66</td>
</tr>
<tr>
<td>Table 10 Types of activities attended prior to adoption</td>
<td>66</td>
</tr>
<tr>
<td>Table 11 Pre-adoption training required</td>
<td>67</td>
</tr>
<tr>
<td>Table 12 Did you like the pre-adoptive training provided by your agency?</td>
<td>68</td>
</tr>
<tr>
<td>Table 13 Suggested changes for pre-adoptive trainings</td>
<td>69</td>
</tr>
<tr>
<td>Table 14 Pre-adoption counseling required</td>
<td>70</td>
</tr>
<tr>
<td>Table 15 Use of informal adoption support services</td>
<td>77</td>
</tr>
<tr>
<td>Table 16 Attend cultural events with children</td>
<td>78</td>
</tr>
<tr>
<td>Table 17 Attend cultural events prior to adoption</td>
<td>79</td>
</tr>
<tr>
<td>Table 18 Incorporate child’s birth culture</td>
<td>79</td>
</tr>
<tr>
<td>Table 19 Extended family live nearby</td>
<td>81</td>
</tr>
</tbody>
</table>
Table 20  Extended family was supportive of adoption prior to adoption.................... 82
Table 21  Overall support network.................................................................................. 85
Table 22  I feel like I could be a better parent with my child........................................... 86
Table 23  My child makes me feel more confident as a parent. ...................................... 87
Table 24  I feel like I know how to deal with my child’s behavior most of the time. ...... 88
Table 25  I feel like I should have better control over his/her behavior......................... 88
Table 26  What else would you like to share? .................................................................. 89
Table 27  Suggestions for pre-adoptive practices............................................................ 90
Table 28  Suggestions for post-adoptive practices .......................................................... 91
### LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figures</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1 Adoptive Families</td>
<td>58</td>
</tr>
<tr>
<td>Figure 2 Did you like the post-placement services provided by your agency?</td>
<td>74</td>
</tr>
</tbody>
</table>
Chapter 1
PROBLEM STATEMENT AND OVERVIEW

Introduction

Thousands of children from other countries are adopted by families in the United States each year. They arrive here as infants, toddlers and school age children (US Department of State, 2009; Wingert, 2007) with the majority being under the age of five-years-old (Department of Human Services, 2009).

For most families, there is overall success with the adoption and the families develop a new family structure with their latest additions. These families are not exempt from any difficulties with their transitions, but they are able to work through those difficulties and forge strong, resilient relationships that are mutually beneficial for the parents, the adopted children and any biological children already in the family. For other families, the transition is very difficult and the difficulties and challenges test the very existence of the new family (Wingert & Nemtsova, 2007).

The consequences of adoptions that fail can be serious. Over 80 internationally adopted children were relinquished by their parents in 2006 (Department of Health and Human Services, cited in Wingert). More tragically, a number of international adoptees have been killed or seriously injured by their adoptive parents (Wingert, 2007; Martinez, 2010). While many of these tragedies have involved children adopted from Russia (McGuinness, 2005; Wingert, 2007), risk exists for children adopted from any country. The need to understand the factors contributing to successful adoptions is clear.
Protective factors were identified as cohesion, expressiveness, and lower levels of conflict (McGuinness, et al, 2005). For some families, protective factors come in the form of religious beliefs and a strong supportive network (Pickert, 2010). The adoptive family environment is found to play a significant role in the success of children (McGuinness & Pallansch, 2000, cited in McGuinness, et al, 2005). Additionally, parents of adopted children often have high socio-economic status and are likely to be actively involved in their children’s progress (McGuinness, et al, 2005). These parents may be more likely to seek out assistance such as counseling or therapy if they believe their children are struggling.

Preparation and training appear to also play a significant role in the outcome of adoptions. According to Karen Purvis, most parents are not being prepared by their adoption agencies to “deal with brain damage, sensory deprivation, aggression” (Wingert, 2007, p. 4). Purvis works with adoptees and their families at Texas Christian University. As one parent whose child was diagnosed with multiple mental health issues stated, “Adoption is supposed to be a touchy-feely thing surrounded with the glow of new parenthood” (Wingert, 2007, p. 4). The significant needs of children with multiple health issues can obscure this glow of new parenthood and leave parents feeling overwhelmed and underprepared.

Hauggard & Hazan (2003), as cited in Goldman & Ryan (2010), point to both parental and child expectations as factors contributing to the outcome of adoptions. Multiple risk factors that could lead to complications have been identified: longer time spent in an orphanage; lower birth weights; earlier age when entering the orphanage
Families often complain about the lack of information about children prior to adoption and the lack of resources available post-adoption (Pickert, 2010). This lack of resources becomes especially important for parents whose children face difficulties after adoption; if there are few resources to turn to, how do these families receive the help they need?

The United States does not have uniform policies or programs to help families cope with complications associated with adoption (Pickert, 2010) and children who need specialized care. The assistance available to families depends on what their individual adoption agencies can provide, what the local community has available, and what resources the families can pay for through their own insurance or out of their pocket.

There are efforts to improve pre-adoptive training, including The Hague Convention’s requirement of 10 hours of parental training prior to being approved to adopt (Electronic Code of Federal Regulations, Section 96.48). Most adoption agencies in the United States do require pre-adoption training regardless of whether or not the country the child comes from is Hague compliant. Unfortunately, there is no uniformity in the training offered and, like post-adoption services, it is highly dependent on the agency used and local resources.

Additional research in this area is needed as we found a dearth of information available that focused on a strengths-based view of adoptive parenting. Without sufficient research in this area, adoption social workers are overly dependent on their assumptions.
and the status quo when it comes to facilitating adoptions and working with adoptive families.

**Statement of collaboration.** This research project, including all of the data collected, was a joint collaborative effort of Kandyce Seely, BSW and Jennifer Mashburn, BSW. Both researchers were involved in developing the concept for the study, the development of the survey, conducted interviews and used SPSS to enter data. The researchers worked collaboratively on identifying themes and trends from the interviews and jointly analyzed the data.

**Background of the Problem**

Many families report that they were unprepared by their adoption agencies for the serious challenges their families would face (Festinger, 2002; Ruggerio & Johnson, 2009; Wingert, 2007). Issues such as dealing with the child’s response to neglect and abuse were glossed over by the agency and the families were told that their child would not have those issues (Barth & Miller, 2000). In other cases, families were not informed of possible difficulties, or dismissed the seriousness of the difficulties, created by attachment difficulties, learning issues, language barriers, cultural differences and the lack of acceptance and support their families could face (Brind, 2008; Ruggerio & Johnson, 2009).

Often these families state that the post-adoption services available to them were very limited or non-existent. Families that needed assistance with their children often found themselves traveling many hours to find help and having to pay for the services out
of pocket. The negative impact on their finances and the time commitment needed to reach these services placed a large burden on their family.

Finally, some families discovered that they received little to no support from their families in regards to any difficulties they were facing. This lack of family support, coupled with limited post-adoption services, placed families under extreme duress and seriously impacted their ability to deal with the stresses their family was facing.

Statement of the Research Problem

While pre-adoption training is mandated for international adoptions (Bailey, 2009), and post-adoption services are frequently requested, and needed, by adoptive families (Child Welfare Information Gateway; Ruggerio & Johnson, 2009), there is little research that analyzes the impact of these services on the outcomes for adoption.

Purpose of the Study

The purpose of the study is to review available information on adoption services and outcomes and to gain expert knowledge from experienced international adoptive parents. This information will be used in order to analyze correlations between the services provided and the outcomes for international adoptions.

Theoretical Framework

The theoretical framework of this project is Systems Theory. The families who choose to pursue an international adoption invariably involve themselves with a number of systems including the adoption agency and possibly a second agency for the homestudy, the United States Citizenship and Immigration Services offices, and the country from which the child comes from (Adoption Institute, 2011).
Each family’s international adoption experience is dramatically shaped by those systems and how each family is able to interact with those systems.

In addition, the family system itself is dramatically impacted by the process of adoption. Two individuals without children will become parents. Single children will become siblings. The impact on the family system is significant and should be considered.

**Research Question**

Does the presence of pre-adoption training, post-adoption services and family support positively impact the success of international adoptions?

**Definition of Terms**

a) **Successful adoption** – successful adoption will be defined as adoptive families who are intact three years after the child is placed in the new adoptive family

b) **Disruption** – an adoption that was terminated after the child was placed in the home

c) **Family Support** - The emotional, physical, and financial support provided by family members to each other. Activities such as assistance around the home, help with meals, babysitting, running errands and providing emotional support, all to be provided by relatives of the families that adopted a child internationally.

d) **Pre-adoption** - The time in which a family prepares to adopt a child and prior to the child being placed in the new family’s home.

d) **Post-adoption** - The time after the child has been placed in the home of the new family. This would include the six-month nurturance period in which the child is living with the new family but the adoption has not been finalized.
Assumptions

This project has three main assumptions:

1) That pre-adoption training, post-adoption services and family support will positively impact the success of international adoptions. The more of these three factors that are present, the more likely the outcome of the adoption is successful.

2) That parents who adopt internationally wish to have successful, happy adoptions and will seek out services to help ensure that successful outcome.

3) That children adopted internationally are a unique population with needs that should be recognized and addressed in order to increase the likeliness of a successful outcome.

Justification

We are interested in successful international adoptions because of the importance of the well-being of new adoptive parents and their adopted children and the understanding that a lack of knowledge and a paucity of resources can negatively impact these families. It is important to note that people who adopt internationally frequently have scarce information about the health, mental status, and emotional status of the soon-to-be adopted children. Inadequate knowledge about the child to be adopted can create a home situation that might not meet the unique needs of the children and/or adoptive parents, thus leading to an unsuccessful adoption. Working to increase the pool of knowledge about these special families is one of the goals of this study.

Knowledge gained from this study would allow agency personnel to better recognize the factors that contribute to successful adoptions. That knowledge could be
used to customize pre-adoptive training and post-placements services in order to better serve the parents and their children. The results will be useful for social workers and directors of agencies in recognizing what types of information, training and support may be best suited to families adopting.

In reviewing the Social Work Code of Ethics it is important to note that a social workers’ primary goal is to help people in need and to address social problems. Because of the long-term impact on the children involved as well as their families, failed adoptions should be considered a social problem. Social workers also recognize the central importance of human relationships, and it is our responsibility to ensure that relationships among people are strengthened in a purposeful effort to promote, restore, maintain, and enhance the wellbeing of individuals, families, social groups, organizations, and communities.

Social workers play a critical and complicated role in the adoption process as they serve both as gatekeeper and information provider. Social workers are responsible for creating the homestudy report which will be reviewed by adoption authorities in other countries, providing input about placements, completing volumes of paperwork related to the adoption, providing pre-adoption training and post-placement services, and acting as a liaison between the adoptive family and the country of origin for the child. Social workers working in this area have a tremendous responsibility and need to be as informed as possible about information that can help to improve outcomes.

In the majority of agencies, an MSW degree is required to work in adoptions, especially if one is writing homestudies and approving families as adoptive parents.
Neither a Bachelors degree in social work nor a PhD in social work are acceptable degrees to work in adoptions. The Hague Convention requires an MSW to write the homestudy for international adoptions.

This educational requirement places the onus on our profession to fully understand the issue of adoption, to be engaged in learning about the process of adoption and its impact on families and to continue to advocate for additional research and learning opportunities. In our experience, the social work curriculum does not adequately address adoption-related issues and this study is an attempt to help address that inadequacy. Knowing that individuals who are making critical decisions regarding adoptions are required to have an MSW increases the need to include adoption related issues in social work research.

Understanding factors that lead to successful adoptions is important to social workers because there are serious implications involved when adoptions disrupt. Children can be moved from families that they were told were their “forever families”; this undermines the sense of permanency that these children depend on to feel safe and secure. If the disruption is handled poorly and without the input and involvement of the adoption agency, the child can be placed in an inappropriate home environment.

There are also concerns about impact of disruptions on the adoption process from various countries. Concerns in other countries about the stability of the adoption process in the United States can lead to shut downs or severe limitations on adoptions into this country. For families who are already in the adoption process, these shut downs can end
their dreams of creating a family. For the children who are waiting for their ‘forever family,’ a government shutdown can mean the end of that journey.

Our intent is that this study will generate useful information that can be used in successful adoptions practice. Knowledge gained in this study may lead to changes in both pre-adoptive training and post-adoption services that will help social workers educate adoptive parents on the specific needs of their children. Additionally, if the research finds a strong correlation between family support and the successful outcome of adoptions, social workers can strive to develop programs and training that specifically focus on extended family members of adoptive families.

We intend to share the results of this study with adoption agencies and families. We would like to submit an article featuring the results to Adoptive Families Magazine to make the results accessible to adoptive families.

We social workers strive for social justice of all children, internationally and nationally; therefore it is our responsibility to ensure that these children’s needs are met in their adoptive home. As mentioned above, adopted children can be victims of abuse/neglect, however, with the proper training prospective parents can develop skills to be better prepared to meet the needs of these children. Better trained and prepared parents produce healthier children.

Limitations

There are limitations to this design as we are only using families who adopted internationally, whose children have been in the home for over two years, who have not disrupted their adoption, and who have accessed both pre-adoption and post-adoption
services. As such, there are limitations on the ability to generalize the results to families who have adopted domestically and privately, families whose adoptions have been in place less than two years and those families who have not accessed both pre-adoption and post-adoption services. Due to the fact that we are not surveying families who disrupted their adoptions, our results are not able to be generalized for this population.

**Summary**

Thousands of children are adopted each year from foreign countries (Adoption Institute, 2011; Administration for Children and Families, 2011). A child’s opportunity for a life with a caring family is a basic human right. As social workers, it is essential to understand the impact of adoption on the adopted child, their adoptive family and to understand the variables that are likely to increase the success of that adoption.

As pre-adoption training is now a requirement for the majority of international adoptions (Bailey, 2009), it is necessary to begin to understand how that training is impacting the outcome for vulnerable children and their new families.
Chapter 2

LITERATURE REVIEW

Introduction

A child is eligible for adoption when his biological parents are unable or unwilling to care for him, and when the parents no longer have legal rights to the child. The purpose of adoption is to secure permanent substitute care for a child, and it involves a social and legal process that permanently changes the child’s family affiliation. Adoption facilitates the development of new parent-child relationships; the adoptive parent and child can assume the same obligations and rights towards one another as those that exist between a biological parent and child (Kadushin, 1970). When a child is adopted from a different country than the parent, it is regarded as an international adoption. These types of adoptions are governed by laws from the receiving country and the sending country; that is, the country in which the parent lives and the country in which the child lives (Bureau of Consular Affairs, n.d.).

Each year, numerous children are adopted from foreign countries. In the year 2010, nearly 11,059 children from outside the United States (U.S.) were adopted by U.S. citizens (Administration for Children and Families, 2011). In that same year, 52,340 children were adopted from within the U.S. from the public foster care system (Administration for Children and Families, 2011). In consideration of all adoptions that were completed in the U.S. (for example, foster care adoptions, stepparent adoptions, and private adoptions) international adoptions accounted for only five percent of all
adoptions. Although it represents a small percentage of adoptions in the United States, international adoption may be a solution for family building.

Shapiro, Shapiro, and Paret (2001a) assert the process of becoming a family through international adoption can be complex. Children, who are abandoned or orphaned, are often placed in institutions or foster care, and the quality of that care impacts their development. A family that is inexperienced with the needs of a child that has been institutionalized may face challenges. Adoption services are developed to assist families to build protective factors to minimize the effects of these challenges (Claxton-Brynjulfson, 1991; Berkowska & Migaszewska-Majewicz, 1991). This literature review provides an overview of international adoption, factors contributing to a need for adoption support services, and current practices in adoption support services.

**International Adoption in the United States**

**History.** The historical accounts of international adoption practices in the United States indicate there were three significant factors present when large scale adoption took place. International adoption was provoked by civil or international war, poverty, and social unrest (Alstein & Simon, 1991; Gailey, 2000; Herman, 2007). International adoption commenced after the Second World War in 1939-1945. The war resulted in thousands of orphaned children in Germany and Greece (Alstein & Simon, 1991; Howell, 2006). With the plight of the orphaned children now visible to Americans, it evoked a philanthropic response (Herman, 2007). Approximately 4,065 children were permitted to enter the United States by way of the United States Displaced Persons Act of 1948 (Alstein & Simon, 1991; Displaced Persons Act of 1948).
There were a substantial number of children adopted after the civil war in Greece in 1946-1949 and the Korean War in 1950-1953. Adoptions that took place after the Korean War denoted a new wave of international adoptions by American citizens. Similar to World War II, many children were neglected, abandoned, lost, and orphaned. With a devastated social infrastructure, children from North and South Korea were either packed into orphanages and shelters or left to scavenge the streets (Kim, 2007). Among them, there were children who had been ostracized from their families and communities because they were of mixed race and the offspring of foreign soldiers and Korean women (Gailey, 2010).

The war had weakened the traditional family system in Korea (Kim, 2007). Many households were now headed by women who were pressured by family to relinquish their children (Gailey, 2010; Kim, 2007). Patriarchal traditions in Korea did not afford acceptance of children who had been abandoned by their fathers. They were condemned with no legal status (Conn, 1996). Children of Black soldiers were not allowed to be adopted by American citizens, and the soldiers were not allowed to marry the Korean mothers. Many of the Black Korean children languished in adoption agencies until adulthood (Gailey, 2010).

American altruism spearheaded the adoption of Korean children (Register, 1991; Oh, 2005; Howell, 2006). The distinguishing factor between this phase and the former was that couples had begun to adopt children that were racially and culturally different from themselves (Alstein & Simon, 1991). There was approximately 15,000 children

Among the American couples who adopted from Korea, there were the Holts. Harry and Bertha Holt were a farming couple who resided in Oregon (Oh, 2005). Inspired by a documentary that portrayed poor children living in orphanages in South Korea, the Holts made a decision to adopt children from Korea. World Vision, an evangelical organization, assisted the Holts with their adoption. The Holts wanted to adopt eight children, but the federal law would only permit the adoption of two children. World Vision assisted the Holts by employing a publicist, photographers, and journalist--the Holts story gained a lot of attention. Visas for nine children (one of which was for another couple in Oregon) were permitted when Congress passed the Bill for Relief of Certain War Orphans in 1955. The Holts assisted other couples with adoptions from Korea, and began to build orphanages in South Korea. In 1956, they founded Holt International Children's Services, which has become one of the largest international adoption agencies in the United States (Briggs & Marre, 2009; Dewan, 2000).

The Holts are credited with rallying American citizens to take on the responsibility of children who had been ostracized from their communities. Another champion in international adoption was Pearl S. Buck (Koh, 1981). An adoptive mother of five, Pearl S. Buck boisterously advocated on behalf of orphaned children in public articles in the 1940s. She argued orphanages and foster homes operated with little regard for the care of children; and, powerful interest groups pushed American prejudice against illegitimacy which transformed the temporary alternatives to permanent institutions of
care. Buck’s personal experience in finding homes for two small children who were given up for adoption demonstrated orphanages of the time labeled children who were abandoned by their parents. Children, deemed unadoptable, were forced to spend their childhoods in an institutional facility. Buck was fed up with the system, and she made it her mission to find families for children that other agencies neglected. She founded the Welcome House Adoption Program in 1949 (Conn, 1996; Pearl S. Buck International, 2010).

Holt International and the Welcome House Adoption Program were instrumental in what is known as Operation Babylift of 1975, a significant event in international adoption history. After the cease fire agreement between the United States and Vietnam, Da Nang, the second largest city in Vietnam, was captured on March 30, 1975 (Martin, 2009). Thousands of people fled the country as North Vietnamese forces entered the South; and, the United States President Gearld Ford ordered an emergency airlift of all Vietnamese orphans. The rescue plan was called, "Operation Babylift" (Martin, 2009; Allen, 2009). More than 2,000 children were evacuated from Saigon and flown to the United States, and another 1,300 were flown to Canada, Europe, and Australia. Holt International, the Welcome House Program, and other organizations coordinated flights for the Babylift (Martin, 2009; Briggs & Marre, 2009). They also assisted in matching children with willing families (Conn, 1996; Melosh, 2002).

In addition to the 1975 Operation Babylift, there were other factors that contributed to the increased rate of international adoptions in the 1970s. The 1973 United States Supreme Court decision in Roe v. Wade legalized abortion and increased
access to birth control (Roe v. Wade, 1973; Jacobson, 2008). The decision caused a shift in American values in that single parenthood became acceptable, and infant relinquishment was shamed. The number of healthy white infants available for adoption dropped notably and parents turned towards international adoption (Jacobson, 2008).

The decade between 1995 and 2005 demonstrated there was a 150 percent increase in international adoptions (Bureau of Consular Affairs, 2008). It is believed that the opening of China and Russia to international adoptions has contributed to the increase (Jacobson, 2008). In 1989, the Communist regime in Romania fell (Wilkinson, 1995). The Nicolae Ceaușescu regime banned abortion causing many children to be placed in poorly funded and inadequately staffed orphanages. A number of children developed attachment disorders and HIV infections from the reuse of needles for transfusions and injections (Wilkinson, 1995; Gailey, 2010). Around the same time, China instituted a one-child policy to combat overpopulation. What resulted was the abandonment of thousands of female infants which created a need to send children abroad (Van Leeuwen, 1999).

In total, there were 137, 437 children adopted abroad by U. S. parents during 1948 to 1987 (Alstein & Simon, 1991). The 1990s demonstrated exceptional rates in adoptions: 11, 340 in 1996 and 15,774 in 1998 (Gailey, 1999). At the close of the twentieth century, more than 140,000 had occurred in the United States alone. The roster of "sending countries" was increasing as well. Countries, such as China, Russia, Guatemala, Ukraine, Romania, Vietnam, Kazakhstan, India, and Cambodia became active participants in international adoptions in the 1990s (Volkman, 2005).
International treaties. The process of international, or Intercountry, adoption is governed by various international agreements and treaties. One such agreement is the Convention on Protection of Children and Co-Operation in Respect of Intercountry Adoption Hague Convention (the Convention) of 1993. The purpose of the Convention was to create more uniform rules and standards regulating international adoptions than had previously existed and to protect children (Schmit, 2008; Crea, 2009; Masson, 2001). Until the passage of the Convention, there was little uniformity in laws. Previous attempts at regulating international adoption had often been limited to agreements between specific countries.


Prior to the Convention, there were two attempts by the international community to respond to concerns about child welfare in relation to adoptions: the Declaration on Social and Legal Principles (DSLP) relating to the Protection and Welfare of Children in 1986 and the UN Convention on the Rights of the Child (CRC) in 1989. Each established
that adoption was to be considered after it was established that care for the child was not possible or probable in the country of origin (Bailey, 2009).

The first objective for the Convention is “to establish safeguards to ensure that intercountry adoptions take place in the best interests of the child and with respect for his or her fundamental rights as recognized in international law” (Chapter 1, Article 1, Hague Convention 1993). As part of that goal, the Convention emphasized increased regulations to ensure that children would be willingly relinquished for adoption, and not trafficked, that adoptive parents were properly screened and educated, and that agencies working in the adoption field were properly licensed, insured and adequately staffed.

Not all countries which allow international adoptions are part of the Convention. Adoptions from non-Convention countries are guided by many of the principals in the Hague Convention, but are regulated by the laws of the sending and receiving countries. Some countries do not allow adoptions from any non-Convention country. The United States allows adoptions from both Convention countries and non-Convention countries.

Countries that have signed on with the Convention agree to abide by its rules. However, as pointed out by Masson (2001), the Convention is not an “international criminal code” (p. 151). Enforcement of the rules can be difficult but pressure can be exerted on countries that do not comply. Reports of child trafficking and other irregularities prompted the US to place a moratorium on adoptions from both Cambodia and Guatemala even though they are Convention signatories (US Citizenship and Immigration Services, 2011; Schmit, 2008). At the same time, the United States allows adoptions from Russia, which is not a Convention signatory. There are specific
agreements between the US and Russia which regulate adoptions between those two countries. The most recent agreements were signed on July 13, 2011 (US Citizenship and Immigration Services, 2011).

In order for a United States adoption agency to be in operation, they must be accredited with either the Council on Accreditation or, in the case of agencies based in Colorado, the State of Colorado (Bailey, 2009; Schmit, 2008). Without accreditation, agencies must suspend activities or be under the supervision of an agency which is accredited (Bailey, 2009). There were initial concerns about some of the new requirements of the Convention and the impact on smaller adoption agencies. New regulations included additional insurance requirements, a requirement that supervisors of clinical workers hold an MSW, and that clinical workers themselves must have a Master’s or Bachelor’s degree in Social Work. The concerns were that increased requirements might drive smaller agencies out of business and restrict adoptive parent’s access to adoption services (Bailey, 2009).

While many components of the Hague Convention might not be noticeable by adoptive parents, one change is. Parents adopting from Convention countries are now required to participate in 10 hours of pre-adoption training (Bailey, 2009). Some agencies have extended that requirement to include parents adopting from non-Hague countries as well. This regulation is meant to help fulfill the Convention’s goal of parents being adequately educated.

**Parent motivations.** Infertility is commonly acknowledged as a motive for adoption (Bartolet, 1993). The 2002 statistics revealed by the National Survey of Family
Growth (2008) demonstrated there were a substantial number of infertile women who sought adoption as a means to build a family. They found that women who were currently seeking to adopt and women who were currently taking steps to adopt were more likely to have used infertility services (36.00% and 40.00%), to have impaired fecundity (40.00% and 36.00%) … compared with the distribution of all women in these categories, (U.S. Department of Health and Human Services, 2008, p.14).

The U.S. Department of Health and Human Services (2008) found there were larger portions of women, who had difficulty becoming pregnant and had used infertility services, seeking adoption than fertile women.

The infertile women who seek adoption do so as a last resort according to adoption authority Elizabeth Bartolet (1993). She contends women’s value as human beings is connected to the ability to procreate, and societal bias persuades them to produce a child by any means necessary. Personal and social values and moral judgment shape attitudes about adoption (Rowe, 1991), which in turn influences decisions to adopt.

Robert S. Bausch (2006) of Cameron University explored how demographic and attitudinal factors are associated with the willingness to adopt a child. Not having an extremely large sample available to conduct meaningful statistical analysis, the study included data collected in 1992 from two Midwestern cities, a random sample of married adults (n=185), and a nonrandom sample of married adults who applied for adoption through a public adoption agency (n=47). Respondents completed a survey that measured the independent variables with a seven-point Likert-type scale ranging from
1(strongly disagree) to 7(strongly agree); the dependent variable was measured using eight dichotomous (yes or no) indicators. The independent variables included demographics such as age, gender, education, employment status, fertility status, and spouse's fertility status. They also included attitudinal factors such as exposure to adoptive relationships, genetic background, importance of biological tie, pronatalist beliefs, concerns about adoption, and thoughts about adoptive parenthood as inferior. The dependent variable was the willingness to adopt. Multiple regression was used to analyze the samples separately and combined. The study demonstrated infertility status was a consistent covariate of willingness to adopt, which supported the study's hypothesis that infertile couples would be more willing to adopt. Another significant finding involves the relationship between the exposure to adoptive relationships and willingness to adopt. The respondents who had personal experience with adoption, meaning they themselves were adopted or had family members who were adopted, were more willing to adopt.

Bausch's (2006) study indicated there were relationships between sociological perspectives and a willingness to adopt. There are also altruistic motivations for adoption, including a desire to make a difference in a child's life, a desire to provide a child with a family experience, a desire to provide a home for a needy child, and a desire to respond to religious callings (Tyebjee, 2003). Karin Malm and Kate Welti (2010) of Child Trends, Inc., a research center for children's studies, conducted research to examine some of the previously mentioned motivations of adoptive parents. They reasoned motivating factors differed depending on the type of adoption- foster care, private, or
international adoption. The study analyzed data collected via the 2007 National Survey of Adoptive Parents (NSAP). The NSAP was the first nationally representative survey of adoptive families across different types of adoption that gathered information on the characteristics of adopted children and their families to gain insight on the adoption experience (U.S. Department of Health & Human Services, 2011). Malm and Welti (2010) found the original NSAP sample consisted of 2,089 children which included children who were known to the parents prior to adoption. Malm and Welti (2010) narrowed the sample to 1,185 children, excluding children who were known to the parents prior to adoption because their motives appeared to be related to recruitment efforts. The findings of the study revealed adoptive parents had general adoption motivations: to provide a permanent home for a child (81.20%), to expand family (68.50%), infertility (52.40%), and a desire for a sibling for a child (24.00%).

Specific to adoptive parents who adopted a child from abroad, there were reported motivations including infertility (73.90%), expanding family (92.80%), and a desire to provide a home to a needy child (92.00%). The sample of adoptive parents who adopted children internationally included 523 parents; their top three motivations were “thought it would be too difficult to adopt a child from the U.S.” (64.90%), “wanted an infant” (63.30%), and “wanted a closed adoption” (52.40%). The study also analyzed motivations based on the adoptive parents’ previous exposure to adoption for international adoptive parents. Four hundred and seventy-two adoptive parents had previous exposure while fifty-one reported no exposure. Infertility and the desire for a
sibling for a child were rated at a higher percentage for adoptive parents reporting no exposure than parents who had previous experience with adoption.

The findings of the study uncovered information useful for the development of strategies for recruitment and services for international adoption. The study demonstrated an association between infertility and parental satisfaction with adoption. Malm and Welti (2010) did not deduce a causality relationship, but found the findings supported speculations that infertility might make parents more resilient (Flykt et al., 2009). Overall, the researchers found the study demonstrated adoptive parents who reported infertility as a motivator were happier in their adoptions.

**Need for Adoption Support Services**

**Introduction.** Families adopting children internationally may seek out a variety of services to be provided by their agencies. Adoptive parents see their family’s difficulties as unique to those families who do not have adopted children (Barth, 2005). In some cases, parents are not comfortable with therapists whose focus is on current behaviors and not on the child’s pre-adoptive relationships and development.

Adoption services which parents may seek include home study services, providing comprehensive information about prospective children, information on special needs, issues of race and ethnicity, cultural training, trans-racial and trans-cultural awareness, culture activities, support groups for parents and children, providing adult adoptee peer mentors to children who are adopted, birth parent searches, birthparent contact, homeland visits and the preparation of mandatory post-placement reports for the home country (Barth & Miller, 2000; Kim, 2009; Kupel, 2010).
There is a need for empirical evidence about interventions for children who are adopted (Barth & Miller, 2000). More evidence might help mitigate some of the concerns that adoptive parents have that therapists engage in blaming parents for their children’s behavior and do not understand, nor are sensitive too, the unique needs of children who are adopted.

The recognition of the necessity of adoption services is not new. According to Weeks (1953) services were provided for older child adoptions in the 1940s and were recommended by the Child Welfare League of America in 1971 (Ford, 1971). Educating and preparing parents and providing them with support are commonly accepted by adoption professionals as providing stability to adoptive families (Brodzinsky, 2008). The following sections review studies related to major areas of concern for adoptive parents, such as attachment disorder, special needs, adoption disruption, and therapeutic needs.

**Attachment disorder.** Attachment involves a developmental process in which a loving, reciprocal, and emotional bond is forged between two individuals (Murphy, 2009). According to attachment theorists (Bowlby, 1969, Ainsworth, Blehar, Waters, & Wall, 1978), this bond is formed during the first three years of a child’s life. As the child learns the caregiver is able to meet her needs, she develops trust. The primary caregiver then assists the child to learn to trust other adults through socialization. Most children are able to build attachments, however there are children, who having suffered months or years of neglect and abuse in addition to institutionalization and multiple caregivers, have developed distrust for adults (Hughes, 1999).
Attachment disorders are characterized by a spectrum of transitional disorders; the severe form is the reactive attachment disorder (Murphy, 2009). The Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR) identifies two presentation subtypes: Inhibited type and Disinhibited type. Excessive inhibition, hypervigilance, and strong ambivalence are associated with the Inhibited subtype. The Disinhibited subtype includes displays of indiscriminant friendly behavior towards any adult (American Psychiatric Association, 2000). The negative behavior associated with attachment disorders has been linked to parental stress which, in turn, impacts the success of the adoption (Hoksbergen, Juffer, & Waardenburg, 1987; Judge, 2003; Mainemer, Gilman, & Ames, 1983; Verhulst et al. 1992).

Farina, Leifer, and Chasnoff (2004), of the Children's Research Triangle in Chicago, Illinois, conducted research to examine the impact of institutionalization and parenting stress on the quality of attachment. The study included U.S. adoptive families who adopted children from Russia. This population was selected because of their experience in institutionalization; children placed in orphanages endured dismal conditions including poor nourishment, physical maltreatment, and inadequate individualized care. According to Van den Dries et al. (2009), Russian children have more difficulty forming secure attachments than children adopted from other countries. Farina, Leifer, and Chasnoff (2004) included 29 adoptive families in their study. They used the Waters and Deane Attachment Q-sort (1985) to evaluate the quality of attachment relationships based on the parent's perceptions. Achenbach's (1992) Child Behavior Checklist was used to measure parent's perceptions on their child's behavior.
Finally, parental stress was assessed using the Parenting Stress Index (PSI) (Abidin, 1990). The findings demonstrated a significant correlation between attachment and parenting stress; individual child characteristics contributed to the total parenting stress ($r = -0.87, p < 0.0001$). Parental responses to child-related variables, such as behavioral difficulties, indicated parental stress. Parents who reported high levels of stress also described their attachment relationships with the adopted child as insecure. Farina, Leifer, and Chasnoff (2004) deduced, "The relationship between attachment and behavior may be bidirectional; insecure attachment may contribute to behavioral difficulty and behavior problems may in turn affect attachment," (p. 46).

Palacios and Brodzinsky (2005) assert adoption research has focused on the outcomes of attachment relationships, rather than the process by which relationships are developed. Studies show internationally adopted children make considerable improvements in attachment shortly after they are placed in their adoptive homes (Van den Dries et al., 2009). One study posed the question, what types of family environments facilitate this progress (Palacios et al., 2009)? University of Seville, Spain, Professors, Palacios, Román, Moreno, and León (2009), investigated parents’ attachment and their experience with parenting, two aspects of the family context. Participants included in the study were Spanish families and internationally adopted Russian children. Thirty adoptive parents and 30 biological parents served as comparison groups in the study. Child attachment disorders, or children's serious difficulties with attachment, were measured by the Minnis’ Relationships Problems Questionnaire (RPQ) (2007). Parents’ secure/insecure attachments were explored using the Waters and Rodrigues-
(2001) and Waters and Waters (2006) secure base script concept. The script provided means for analyzing attachment, expressly the Internal Working Models of Attachment (Bowlby 1969, 1973, 1980; Bretherton & Munholland, 2008) that consist of daily interactions between the child and the caregiver, influencing development, and social, cognitive, and affective regulation later in life (Cassidy & Shaver, 2008; Hamilton, 2000; Waters et al., 2000). Palacios et al. (2009) also explored parents’ mental capacity to reflect on parenting experiences and the experiences of their child; this related to parental reflective functioning. This study confirmed previous studies that demonstrated there was noteworthy recovery in attachment after a child had been placed with new caregivers. Non-adoptive parents achieved higher scores in secure attachment than adoptive parents. Palacios et al. (2009) concluded the results could be attributed to adoptive parents’ perception of themselves that may have been impacted by problems with infertility and difficulties parents encountered later in parenting a child with attachment disorders. The study also demonstrated adoptive parents’ reflective functioning was more articulate and positive than non-adoptive parents. Palacios et al. (2009) speculated, “Perhaps the adoptive parents were better prepared to face attachment-related difficulties, or maybe the challenges posed by their adopted children trigger a reflective functioning that is more sophisticated and more positive,” (p. 617).

Another study explored the attachment patterns of late-adopted children and their adoptive mothers within the first eight months after adoption. Pace and Zavattini (2010), Professors at the University of Rome, completed a brief longitudinal study, measuring child attachment behaviors, child attachment representation, and mothers' attachment...
models. A total number of 58 individuals, recruited from National Health Services and Agencies for International Adoption, participated in the study. The sample consisted of 20 late-placed children and 15 of their adoptive mothers; 12 children and their 11 biological mothers were included as a control sample. The analysis of child attachment behavior revealed 85.00% of the attachment patterns for late-adopted children were insecure while the control sample was 33.00%. This demonstrated attachment for children adopted at an older age is significantly insecure at the beginning of placement compared to children who were raised by their biological parents (Fisher's exact test, p = 0.005). Six months after placement, there was no significant difference (p = 0.30) indicated by the Fisher's exact test for adopted and non-adopted children. Pace and Zavattini (2010) affirmed adopted children's attachment security can improve after adoption in a stable environment. The results related to the mothers' attachment models showed adoptive mothers with secure early attachment experiences from childhood were more likely to have children who enhanced their attachment security. Adoptive mothers who had insecure early attachment experiences that included crisis, illness, separation, loss or abuse, were more likely to have children whose attachment patterns remained insecure.

The preceding studies had limitations characterized by small sample sizes, brief timeframes, and problems with methodology. However, they indicated a need to take into account parents’ internal working models- mental representations of the self and others for survival and sense of "felt" security- when constructing services to support adoption and parental satisfaction. Palacios et al. (2009) suggest adoption preparation
and post-adoption services expand to include education for parents relating to protection for themselves from feelings of incompetence while parenting, in addition to information that instructs parents on helping their child with recovery and development.

**Special needs.**

“All adoptions of orphanage children should be considered by both prospective parents and adoption officials to be special-needs adoptions”

*Ames, E. (1997) as cited in Williams 2009*

The term “special needs” covers a wide variety of definitions but generally refers to children who have some sort of physical disability or developmental delay. The broader term of “waiting children” is used to describe children who are “special needs”, older children who are waiting to be adopted and children who are members of sibling groups (Tan, 2007). While many international adoptees adopted into the United States are healthy infant or very young children, there are a significant number of adoptees who are considered to have special needs. Due to a lack of uniformity, definitions can vary widely. Some professionals consider any adopted child to be “special needs” while others include older children in this definition.

Complications for children can arise because of malnutrition, extreme poverty, abuse, neglect, and poor access to medical treatment (Miller, 2005). Physical and developmental disabilities can include missing limbs, cleft palate, birth marks, blindness, deaf or hard of hearing, blood disorders, spina bifida, global developmental delay, Down’s syndrome, autism, learning disabilities, mental retardation and low IQ (Asbury, 2003; Tan, 2007; Welsh, 2007). Ames (1997) found that children adopted from
Romanian orphanages after the age of eight months were more likely to have eating disorders, medical problems, sleeping difficulties, stereotyped issues including body rocking, and difficulties with siblings and peers than did their non-adoptive peers and those adopted at younger ages.

Families adopt special needs children (SNC) and waiting children (WC) for a variety of reasons. Some families have already parented young children and, while they want to parent more children, they do not feel a need or desire to parent very young children. Other parents feel a special connection to people with special needs and want to parent such children. In some cases, children are adopted with unknown special needs because the special need had not revealed itself, such as an undiagnosed hearing problem or developmental issue not evident in a very young child. Because some agencies provide additional financial support to those adopting SNC or WC, there is an incentive for families to consider adopting these children.

In addition, some countries have more flexible or less stringent requirements for families adopting SNC or WC (Dillon). The Philippines allows single women to adopt WC but does not allow them to adopt healthy infants. Similarly, China allows single women to adopt a “Special Focus” child, a waiting child who is deemed to have waited too long by the Central Chinese Adoption Authority (Osborne, 2010). In other cases, strict financial status requirements may be loosened in order for a family to adopt a child with special needs.

Adopting SNC places additional burdens and expectations on the adoptive family (Asbury, 2003). The child’s medical, emotional and educational needs must be met in
addition to all the other parenting issues that would be true for a child without special needs. Because of these extra needs, additional training and preparation is necessary for these families (Ruggerio & Johnson, 2009). Some agencies provide additional training for families adopting SNC and WC. One example would be Wide Horizons for Children’s “Horizon Kids” program for WC. Parents wishing to adopt through this program are required to participate in additional training and preparation in order to prepare for the unique parenting needs of these children. In addition, the agency has a social worker specifically assigned to work with families considering the adoption of SNC and WC.

Ruggerio & Johnson (2009) studied 208 non-infant children adopted from Eastern Europe by 121 families in the United States. The majority of respondents were married (76.00%) and childless (70.00%) at the time of their first adoption. While a large portion (48.00%) adopted a single child, a similar number (41.00%) adopted two children. Single adoptees were more likely to be girls than boys. The children were adopted at ages ranging from 3 months old to 15 years. More than half (55.00%) were adopted from Russia. The large majority of children came from orphanages (90.00%) and half of those children had lived in orphanages for at least 24 months prior to be adopted. Consequently, nearly two-thirds of the children were age 25 months, or older, when they were adopted. Over half (52.00%) had lived with their adoptive families for at least two years.

A large portion (81.00%) of the children who were adopted experienced problems in at least one of these five categories when they were adopted: physical,
behavioral, emotional, psychological, and other. And, of those who did have problems, 16.00% had problems in two areas and 50.00% had problems in three or more areas. More than two-thirds of the children were reported to have some sort of physical health issue. The next most common issues were, in order, emotional, behavioral and psychological issues.

Families reported that the problems generally did not resolve themselves and that many of the children needed professional help including speech therapy (54.00%), special education (45.00%), psychological or psychiatric services (43.00%), language services (32.00%) and other services. Over half of the children were still experiencing problems at the time their parents responded to the survey. The financial burden of accessing services fell frequently to the parents with more than half (54.00%) reporting that they were paying directly for those services.

Tan (2007) studied children adopted from China by 852 families in the United States, Australia, Canada and the UK. Tan emphasizes the lack of research into international adoptees with special needs, especially those from China which began its special needs adoption program in 2000. This study was aimed at building a “foundation for systematic inquiry into special needs adoptions from China (p. 1271). Of the 1122 children studied, 124 were identified as SNC. Of the 616 families who adopted one child, 36 adopted a child with special needs. Of the 236 families who adopted more than one child, 67 families adopted at least one child with special needs. One-third of the adoptive families had biological children.
Children were assessed for the presence of 11 signs of pre-adoption adversity including poor hygiene, bruises and poor response to others. In addition, children’s parents reported on the existence of developmental delays at adoption (DDA) based on medical evaluations conducted after the children arrived home. Parents were also asked to report on the children’s initial adaptation to adoption (IAA) based on their observations in the first two weeks with their child while in China. The IAA evaluated the child’s interactions with the parents and others in a limited time frame.

Finally, children were assessed using the Child Behavior Checklist (CBCL) which measures children’s behavior. The CBCL/1 ½ -5 assesses 99 different behaviors in children age 1 ½ to 5 years old and establishes seven clusters of behavior encapsulating common problems experienced by children. The CBCL/1½ -5 uses information from four of those clusters (emotionally reactive, anxious/depressed, somatic complaints and withdrawn) to form an Internalizing Problems score. Information from two clusters (attention problems and aggressive) is used to form an Externalizing Problems Score. The CBCL/6-18 assesses 119 behaviors in children ages 6-18 years old and establishes eight clusters of behavior. Like the CBCL/1 ½ -5, information from clusters are combined to form the Internalizing Problems score (anxious/depressed, withdrawn/depressed and somatic) and the Externalizing Problems score (rule-breaking behavior and aggressive behavior).

Tan (2007) found that parents who reported their children had signs of pre-adoption adversity, which Tan (2007) suggests are indicative of an environment that was poorer quality, were more likely to report problems with their children’s behavior overall.
This held true for both pre-school and school age children. Additionally, pre-school age children who were determined to be developmentally delayed were more likely to have behavioral problems. Finally, the study found that non-SNC from China were more likely than SNC to experience Internalizing Problems on the Child Behavior Checklist. It should be noted that of the 124 children with special needs in this survey, all were identified as having physical disabilities including cleft lip or palate (21.70%), heart conditions (19.30%) and visible disabilities other than cleft lip or palate (25.80%). None were listed as having any type of behavioral problems.

The studies highlight the wide disparities in issues that are defined as special needs. Nevertheless, they suggest that physical disabilities present a lesser challenge to adoptive parents than behavioral issues. Limitations to the studies include samples that are not inclusive of children from various countries, small size and inconsistencies in sampling and analysis. The results from the studies suggest additional research regarding specific types of special needs and the severity of those special needs and how they correlate to outcomes.

While some adoptive families may successfully navigate the unique challenges they face, other families find that circumstances may arise that challenge the family beyond its capacity to cope. The following section reviews the issue of disrupted adoptions.

**Adoption disruption.** Adoption “disruption” is the terminology most frequently used to describe a situation in which a child was adopted by a family and, for a variety of reasons, the child was not able to stay in that family and needed to be placed in foster
care, respite care or with a new adoptive family (Coakley & Berrick, 2007). The term “dissolution” is also used in some agencies to describe an adoption which does not stay intact. The terms are often used interchangeably (Festinger, 2002).

The term disruption is also used in foster adoptions. This describes children from foster care who are placed into homes for the purposes of adoption but are removed from the home prior to the adoption being legally completed. For the purposes of this study, disruption addresses only international adoptions in which the child’s adoption was not finalized and the child was placed with another family or placed elsewhere, and finalized international adoptions which were legally severed and the child was placed elsewhere.

Disruption is a concern not only of the family members directly involved, but of adoption professionals as well (Smith & Howard, 1991, Festinger 2002). For an adopted child, disruption is the second time they have been separated from their family and the loss is significant. Issues of loss, abandonment and rejection can be generated by this change in their life circumstances. For the families who may have waited years to bring home their child, disruption is the ending of that dream.

**Rates of disruption.** While the majority of international adoptions are finalized and the families stay intact, there are adoptions that are ended by the parents. Some adoptions that do not disrupt stay intact under circumstances that can be challenging and difficult (Barth & Miller, 2000).

Rates of disruption vary and while the majority of research is focused on adoptions from foster care, information is still difficult to find (Festinger, 2002). Research into the rates of disrupted international adoptions is scarce. Part of this scarcity...
may be attributable to the difficulties Festinger (2002) notes in gathering data about disruptions. There is no clearing house of this information. Children who are adopted often have their names changed, making it difficult to track them. In addition, case files for children adopted from foster care are closed after the child is adopted. The researchers for this study experienced difficulties in finding data related to the disruption rates of children adopted internationally. The information, as pointed out by Westhues and Cohen (1990), sometimes contradicts other studies, making interpretation difficult. Studies in the 1980s placed adoption disruption rates, for domestic adoptions, at 10 to 16% (Barth & Miller, 2000).

The problem is significant enough that adoption agencies, including Christian Homes and Special Kids (CHASK) and All Blessings International, have special programs dedicated to “rehoming” children from adoption disruptions. Rehoming is a process in which a new adoptive family, or alternative care, is sought out for the child. The current adoptive family is often involved in this process, but that is not always the case. If the child’s adoption has not been finalized here in the United States, the agency may place the child into temporary care until a new family is found. If the child’s adoption has been finalized, then the new adoption may be facilitated through a lawyer instead of an agency.

In a well-publicized case, Torry Hansen, an adoptive mother in Shelbyville, TN, placed her 7-year-old adopted son on a plane bound for Moscow’s Domodedovo Airport because, according to the mother’s reports, the child had severe psychological problems and that the orphanage had lied to her. In the months leading up to the incident, the
mother reported to the adoption agency that there were no problems. The case resulted in a temporary halt to adoption from Russia to the United States. The mother is currently being sued for child support by the adoption agency that placed the child with her. A Russian orphanage is caring for the boy and the legal status of the adoption is unclear as the mother did not go through a formal process of terminating the adoption (Netter & Magee, 2010; Banfield & Netter, 2010).

**Risk factors for disruption.** A number of factors have been identified as risk factors for adoption disruption including children who have been sexually abused (Barth & Miller, 2000) and act out sexually (Smith & Howard), children who are older (Dance & Rushton, 2005), children with a strong attachment to the birth mother (Smith & Howard), children who spent longer times in care before adoption (Dance & Rushton, 2005) and children experiencing serious emotional and behavioral problems (Festinger, 2002). Boys may present more externalizing problems than girls (Juffer, 2006), however, Dance & Rushton (2005) found that gender had not impact the outcome.

Ruggerio & Johnson (2009) identified three risk factors for families adopting children who have been placed in orphanages or who have been exposed to abuse and neglect: inadequate pre-adoption preparation, inadequate or false information about the children and their histories and a lack of appropriate post-adoption services and support (p. 493-495.) The authors point to the negative implications at both the micro (the child who was adopted and their family) and the macro level (society if it has to pick up the costs for out-of-home placements, incarceration and treatment for mental health issues).
Families facing challenging situations with their children, or who hope to prevent such challenging situations, may seek out professional counseling to assist them. The following section reviews the role of counseling for international adoptive families.

**Therapeutic Needs.** Families often seek out or express an interest in some type of counseling or therapy through their adoption agency. In some cases, parents may simply seek out supportive services for their children in order to assist them in their development as a family member and, in other cases, there may be specific behaviors or issues that parents want to address. Parents may feel alienated from children who have externalizing problems (Barth, 2005) and seek out solutions to help alleviate the difficulties. As children act out, experience interpersonal difficulties, and struggle in school, the need for services increases (Barth, 2000) and parents may turn to their adoption agency for some sort of guidance and assistance.

Early studies have shown a high number of children who are adopted in mental health settings (Barth, 2000, Wierbicki, 1993; Juffer & Vallingendoorn 2005 cited in Juffer 2006). There is some conjecture that adoptive parents, typically well educated (Barth, 2005; Hellerstedt, 2008) and having a relatively high income (Hellerstedt, 2008), are more likely to seek services for their children (Barth, 2000.) Warren (1992, as cited in Barth 2000) suggested that parents and professionals associate the behavior of children who are adopted to their adoptive status and this “labeling bias” results in their disproportionate placement in mental health settings. Juffer (2006) notes that children adopted internationally are less likely than those adopted domestically to get referrals for mental health services.
Attachment theory is a dominant theme amongst adoption professionals and adoptive families. According to Barth (2005), parents who accept attachment theory are likely to resist changing parenting styles that have been successful with previous children. These parents may feel hopeless and seek out treatment that places the blame on the child and not the parent. For them, new and post-modern therapeutic styles may not be a good fit.

**Parenting Capacity.** There is a tremendous need for services that can help enhance the parenting capacity of adoptive parents. The outcomes for children adopted by parents unprepared to parent them can be serious and severe. Without proper education and training, parents can turn to unorthodox or abusive methods to deal with their children, or they may decide to not deal with their children at all.

In one case, the Schatz family, an evangelical, homeschooling family that had six biological children decided to adopt three children from Liberia. They followed parenting techniques espoused by Michael Pearl in his book “Raising Up A Child”, which advocates giving children a “swift whack” with shortened sections of rubber irrigation tubing. Lydia, the 7-year-old daughter of the Schatz’s, died in 2010 after reportedly being punished by her parents over a period of hours. Her sister, also punished in a similar fashion, was placed in protective custody. The parents have both since been convicted of criminal charges (Martinez, 2010).

Yet, Lydia was not the only adopted child to die in the custody of parents following the Pearl’s book. Another child, 4-year-old Sean Paddock, died in 2006, after his adoptive mother, Lynn Paddock, wrapped him tightly in blankets to keep him from
“getting out of bed at night to play.” Prosecutors said that Sean suffocated. While the blanket wrapping is not advocated by the Pearl’s book, Paddock’s other children testified to being beaten on a daily basis. Lynn Paddock admitted to using techniques from the book including hitting the children with plastic tubing.

Another issue that can complicate circumstances for international adoptive families is the issue of culture. The following section reviews the issue of culture for adoptive families and the impact of cultural identity.

**Cultural identity.** Most children who are adopted internationally will be of a different race and ethnicity than their adoptive parents. This status as a “visible” adoptee generates questions of identity and belonging for many children who are adopted (Kupel, 2010; Kim, 2009).

In a study of 176 Korean, Colombian and Sri Lankan 7-year-old children adopted by white Dutch families in the Netherlands, race and ethnicity was an issue for many. All of the children were aware that they had been adopted and nearly half (46.00%) wished that they were white and about one-quarter (27.00%) wished that they had been born into their adoptive family (Juffer, 2006.) It is interesting to note that the children who most frequently wished they were white were from Sri Lanka (59.00%), followed by a smaller percentage of children from Colombia (32.00%), with the Korean children responding at the lowest rate (23.00%). The researcher theorized this might be in part due to the fact the Sri Lankan children were the darkest skin and therefore felt the most different from their white adoptive parents. Also, the impact of racism, and a general lack of tolerance
for multiculturalism may have played a role in the children’s feelings. However, as the researcher notes, the children were not interviewed for this study due to their age.

Kupel (2010) conducted discussion groups with 16 adult Asian adoptees to discuss post-adoption services they had participated in or been exposed to as children and as adults. One theme that surfaced was the experience of living in predominantly white environments as the only Asian. Some spoke of the conflict between wanting to fit in with peers as their parents pushed them to incorporate their birth culture. Participants also spoke of being uncomfortable around other Asians because of their lack of language skills and cultural awareness. Experiences with racism were a common experience for most of the participants. Even though most had attended some type of cultural event (play groups, dinner, formal get-together) and had been exposed to their culture in various ways (culture camp, magazines, attending cultural shows, participation in dance groups), the adult adoptees expressed the need for post-placement services and programs that would have been more useful to them. Some of the participants did report that they recognized the benefits of some of the activities now that they were adults.

Many families make cultural activities a priority. In a study of 1,834 adoptive families in Minnesota, participation in cultural activities such as attending a cultural camp (23.10%), learning the language (34.90%) and eating and preparing food from the country of origin (53.60%) were noted (Hellerstedt, 2008). Some cultural activities can be included in adoption support services. The following section reviews the implementation of adoption support services and their value for families.
Adoption Support Services

As children adopted from foreign countries present special needs, the need for adoption support services becomes more apparent. The complexity of problems associated with physical, behavioral, emotional, and psychological issues, can leave parents feeling unprepared and unable to maintain emotional stability in their homes (Shapiro et al., 2001b; Hughes, 1999; McDonald, Propp, & Murphy, 2001). The risk of disruption increases when parents are not provided appropriate services (Hughes, 1999). Adoption agencies offer prospective adoptive parents pre-adoption services to prepare them for the challenges they might face (Farber, Timberlake, Mudd, & Cullen, 2003). The most common pre-adoption services agencies offer include: home studies, education, trainings, medical evaluations, psychological evaluations, and consultations (New York Home Study, 2007; A Love Beyond Borders, n.d.; Riley Hospital for Children at Indiana University Health, 2011).

There are few studies that examine the efficacy of pre-adoption services. One such study involves pre-adoption videos from Russia. The use of pre-adoption videos evolved as a result of unreliable and incomplete medical histories from Russia and Eastern Europe. Not all agencies facilitating adoptions from Russia and Eastern Europe implement this practice. Prospective adoptive parents who receive videos can choose to have them evaluated by an adoption medical specialist. Adoption medical specialists assess the child's physical development (Boone, Hostetter, Weitzman, 2003). Pediatricians of Yale University School of Medicine, Jon L. Boone, Margaret K. Hostetter, and Carol Cohen Weitzman (2003), completed a retrospective chart review of
children who had a pre-adoption video evaluation and a post-adoption development evaluation. The study sought to determine whether pre-adoption videos were predictors of post-adoption development. Twenty internationally adopted Russian children who had presented to the Yale International Adoption Clinic in New Haven, Connecticut, between December 1998 and September 2000 qualified for the study; the children's ages ranged between 6 and 45 months. An experienced pediatrician reviewed the pre-adoption videos using the Denver II Screening Manual (Frankenburg, Dodds, Archer, & Bresnick, 1990); three areas were assessed, fine motor, gross motor, and expressive language skills. The Bayley Scale of Infant Development, second edition, (Bayley, 1993) was used by a developmental-behavioral pediatrician to assess the development of children for the post-adoption development examinations. The study found the pre-adoption videos were accurate when identifying children who had mild or no delay 85.00% of the time on post-adoption development assessments. When assessing children with moderate to severe development delays, the pre-adoption videos detected the delay only 40.00% of the time. Researchers supposed the findings among severe development delays were influenced by the variations in the length of videos, the ages of the children, and the time between the filming of the video and final placement in the adoptive home. There were many limitations to the study, including a small sample size, partial assessments due to brief videotapes, the broad age of the children, the complexities in assessing the development of newly adopted children, and the use of American English-speaking developmental tests for children who may not have been familiar with the language or objects (such as blocks or toys) used in the tests (Boone, Hostetter, Weitzman, 2003). The study suggests
the practice of pre-adoption videos could be valuable for some populations of internationally adopted children.

Social Workers, Farber, Timberlake, Mudd, and Cullen (2003), examined the practice of group orientation with prospective adoptive parents. The program evaluation was conducted with families preparing to adopt children domestically, but its findings demonstrate implications for international adoptions as well. Similar to the study recently presented, the impact of group orientation on adoption readiness has seldom been explored. The evaluation focused on participant's preparedness for adoption, satisfaction with group participation, and adoption policies and agency practices. Farber et al. (2003) focused their study on the Catholic Charities of the Diocese of Arlington, Virginia which implements a five-session Pre-Adopt program to prepare families for the intricacies of adoptive family formation. Two master-level social workers with advanced licensure facilitate a small group, utilizing a program curriculum that includes: an overview of the adoption process, discussion of the child placement process, exploration of couples' adoption concerns, information about adoption laws and birth parent/child searches, and an examination of anticipatory fantasies about the birth-parents. Researchers developed an evaluation instrument to measure demographics, and outcome variables using five-point Likert rating scales in pre- and post-tests. Thirty-nine couples who participated in groups offered between February, 1999, and January, 2001, were included in the convenience sample. The evaluation revealed the Pre-Adopt program assisted prospective parents to assess their emotional and individual needs in relation to adoption concerns. Four-fifths (82.00%) of the participants increased their time in
preparing for adoption, two (5.00%) participants did continued as before, and five (13.00%) participants decreased their time in preparing for adoption according to post-test scores. Participants' pre-test total mean of 42 (SD 7.3) increased to a post-test total mean of 50 (SD 5.7) ($t= 7.7$, df 77, $p= 0.000$). Concerns about adoption decreased in 91.00% of the participants and increased in 8.00%, signifying a change from moderate to minimal concerns. Participants knowledge about adoptive parenting demonstrated a significant increase in total pre-test mean of 36 (SD 5.1) to post-test mean of 43 (SD 3.9) ($t= 12.7$, df 77, $p= 0.000$). General knowledge and confidence in rearing infants and toddlers slightly but significantly improved for childless participants, and remained the same for participants with children. Lastly, almost all participants (95.00%) were satisfied with the adoption policies and agency practices. Despite the small selected suburban sample of traditional couples, the evaluation offered an orientation to the effectiveness of group orientation for prospective adoptive parents (Farber, Timberlake, Mudd, & Cullen, 2003).

Parental satisfaction was positively associated with pre-adoption services in a study that measured parental preparation, satisfaction with adoption services, and participation in cultural activities related to the adopted child's birth country (Paulsen & Merighi, 2009). Researchers, Paulsen and Merighi (2009), noted prospective adoptive parents are not necessarily prepared to face the challenges and tasks associated with rearing an internationally adopted child just because they feel confident about parenting. Adoption support services and emotional support can assist families with overcoming challenges and reduce stress. The cross-sectional survey research study entailed nine-
hundred and thirty-seven families who completed self-administered surveys, collecting data on demographics, international adoptee information, and satisfaction with preparation for international adoption. Descriptive analysis revealed medical, psychological, and developmental challenges influenced parents’ perceptions of preparedness; in that parents felt less prepared with a child who experienced multiple challenges. Families reported feeling moderately to highly satisfied with services they received from their adoption agencies (about 70.00%). Another 24.00% reported feeling indifferent, and 6.00% expressed dissatisfaction with services. Those who reported higher levels of satisfaction experienced few challenges with their children. The families involved in the study were a nonrepresentative sample and responses may have been associated with a bias, but the data derived from the study indicate a need for parents to have adoption-specific services available to help parents prepare and manage tasks of parenting an internationally adopted child.

Gunnar and Pollack (2007) highlight that adoption agencies may bring about problems for prospective adoptive parents during the adoption process. The agency’s struggle to acquire adoptive placements can influence how they inform parents of challenges involved with international adoption. Also, parents are unable to obtain advice from pediatricians for many are not trained in international adoption matters; the few specialists available are not located in every state, and are commonly situated in metropolitan areas. Once the child has been placed, adoptive parents turn to the agency for help where post-adoption services are modest or absent.
Hughes (1999) proposes adoptive parents need extensive support from the adoption community. Adoptive parents need services tailored to fit the unique needs of internationally adoptive families. Support groups have been found to be beneficial for parents as they present opportunities for parents to share their concerns with other parents, who, in turn, are the best to offer support. Respite services provide opportunities for parents to take a break from having to meet their child's intensive needs. In-home support services provided by mental health or family support professionals or paraprofessionals, like respite services, allow parents temporary relief and/or assistance with care for the child. Welsh et al. (2007) calls for program evaluations that demonstrate the effectiveness of such services.

A study out of the United Kingdom (U.K.) confirmed that investment in post-adoption support services would be advantageous in improving parental satisfaction (Rushton, Monck, Leese, McCrone, & Sharac, 2010). The study involved families who adopted from domestic public agencies. Thirty-seven families participated in the randomized control trial used to evaluate two parenting programs created for children who were placed from care at later ages. The two parenting programs were established to help parents learn to manage difficult behaviors and create a consistent and responsive parenting environment for the child. Parents participated in a cognitive behavioral program and an educational program; pre- and post- intervention research interviews were completed with each parent. Adoption social workers familiar to the families were recruited to provide advice during the course of the interventions. The study showed a child's psycho-social problems are not likely to improve in a short amount of time. After
six months of exposure to interventions, difficult behaviors reduced only slightly for the entire group. However, parents reported high levels of satisfaction on a Satisfaction with Parental Advice Questionnaire (Rushton, Monck, Leese, McCrone, & Sharac, 2010).

Adoption authorities question how pre-adoptive risk histories, often associated with difficult behaviors, and adoption preparation influence the use of post-adoption services. Wind, Brooks, & Barth (2007) measured service utilization among families who adopted children from foster care. Approximately, 560 adoptive placements participated in the study. Researchers discovered adoption services use increased over time; services use increased from 9.00 to 31.00% in eight years. Pre-adoptive risk histories were significant factors for adoption services utilization in the first two years of placement. This incidence decreased over time; eight years post-adoption risk history did not contribute to the use of general adoption services. General adoption services, such as support groups and case management were utilized more often than clinical services. Families who adopted children who experienced prenatal exposure or medical/physical disabilities were more inclined to participate in clinical services. The researchers assert post-adoption services can improve parents' ability to cope with and manage their child's needs, reinforcing a commitment to care.

Summary

A review of the literature has shown that families adopting children internationally are in need of additional services and that those services may serve as protective factors. The literature identified historical components of international adoption and the attempt of the Hague Convention to establish policies to ensure the well
being of children adopted internationally. The literature also identified the motivations of adoptive parents including the impact of infertility on parental decisions (Bartolet, 1993; Bausch, 2006).

Additionally, the literature revealed the need for services in order to support families who adopted special needs children and how children with attachment disorders present unique needs that require interventions. The risk of adoption disruption and risk factors associated with disruption were also addressed.

The literature clarified the need for supportive services for adoptive families to address their concerns about the unique structure of their families, to increase their parenting skills and to address the day-to-day realities of culture and ethnicity. The literature reviewed different types of adoption support services and provided a link between parental satisfaction and the availability and participation in pre-adoption services. Those families who experienced higher levels of satisfaction experienced fewer problems with their children.
Chapter 3

METHODOLOGY

Introduction

The literature explained that pre-adoption experiences can complicate relationships between a child, adopted from a foreign country, and his/her adoptive parents (Shapiro, Shapiro, & Paret, 2001a; Claxton-Brynjulfson, 1991; Berkowska & Migaszewska- Majewicz, 1991; Barth, 2005; Farina, Leifer, & Chasnoff, 2004; Miller, 2005; Ames, 1997). The challenges resulting from pre-adoption experiences can significantly impact parental satisfaction with the adoption. International adoption agencies offer support services to assist families with creating a nurturing and safe environment to facilitate healthy development of family relationships. However, it is not clear as to whether these services actually increase satisfaction with the adoption. This project included a study design, sampling procedures, protection of human subjects, data collection procedures, instruments, and data analysis to explore this topic.

Study Design

The purpose of the study was to describe and explore the relationship between the intensity of adoption services and the level of satisfaction in parents who adopt internationally. The exploratory design was selected as there are other factors besides adoption support services that affect family satisfaction with adoption, such as parental or child protective factors. This methodology allowed flexibility for the researchers to explore specific support services as well as any other factors that may contribute to satisfaction. Adoptive parents were also able to share their experiences with the services.
The findings resulting from the study included both quantitative and qualitative data analysis. Interviews allowed the researchers to capture authentic responses that may not otherwise be captured in standard survey research.

**Sampling Procedures**

Sixteen parents who finalized international adoptions were recruited to participate in this study. Other requirements included participation in some type of adoption service, such as pre-adoption education or post-adoption case management. The researchers did not include adoptive parents that completed domestic or private adoptions and/or did not participate in adoption support services. The researchers used a snowball sampling procedure to recruit adoptive parents. Initially, the researchers targeted personal contacts, and obtained names and contact information of other adoptive parents for participation in the study. To avoid conflict of interests the researchers did not interview participants with whom they had personal relationships.

**Protection of Human Subjects**

Researchers observed protocol for the Protection of Human Subjects. It was reviewed and approved by the Division of Social Work on October 26, 2011 (see Appendices A & B). The research study was acknowledged as a minimal risk study as no one under the age of eighteen was interviewed and no physical procedures, drugs, or pharmaceuticals were utilized in the study. Prospective participants were informed of the purpose and intent of the research study. They were informed that their participation was voluntary, and there were no negative implications for those who chose not to participate.
Prospective participants were also informed they had a right to withdraw from the study at any time without any negative implications.

When participants elected to participate in the study, an informed consent form (see Appendix C) was provided. The consent form was mailed to participants who elected to complete interviews by telephone, and presented at the time of the interview for participants who completed in person interviews. No one was interviewed without a signed consent form.

**Data Collection Procedures**

Prospective participants were invited to participate in the study via telephone. Once participation was confirmed, the researchers scheduled either a telephone or in person interview. Thirteen telephone interviews and three written communication interviews were completed. The interviews duration ranged between forty-five minutes to an hour and thirty minutes. At the completion of the interview, participants were asked to provide the researchers with two to three names of individuals who would be appropriate for the study. The researchers donated $1 to the participants’ preferred adoption organization to show appreciation for the participant's participation in the study.

The data collected from the interviews were de-identified through a numerical process. All data and identifying information (including consent forms and interviews) were kept separate, and stored in a locked file cabinet. All data was destroyed when the project was accepted by the Office of Graduate Studies.
**Instruments Used**

The interview was designed to collect quantitative and qualitative data pertaining to the adoptive parent’s experiences with adoption support services and protective factors that the adoptive parent experiences. The interview was written at a sixth grade level and is specifically structured to illicit responses directly associated with the research question. It included four questions adapted from the Family Impact Questionnaire by Geri Donenberg and Bruce L. Baker (1993). These questions were used to measure the satisfaction of parents. Open-ended questions were also used to allow their responses to not be constrained by a limited set of answers.

The interview included several major themes. Initial questions related to family structure including questions about the adoptive child’s gender, age, country of origin, and special needs. Other themes included questions pertaining to the participant’s demographics, reason for adopting, cultural aspects incorporated into parenting, and social and community support. The majority of the interview focused on pre- and post-adoption support services, asking parents to quantify the amount of services they participated in and discuss their experiences with the services.

**Data Analysis**

The researchers used various methodologies to analyze the data obtained from interviews, including descriptive statistics, content analysis, and correlation analysis. Descriptive statistics provided means for the researchers to summarize and describe the participants of the study. Content analysis was used to examine and identify important themes that frequented discussion. The researchers believed the themes could provide
insight about the quality and accessibility of the services. The researchers analyzed the content of both the quantitative and qualitative data. Lastly, correlation analysis was used to examine the relationships between the variables, adoption support services, parental protective factors, and parenting techniques.
Chapter 4

FINDINGS

Introduction

The purpose of this study is to explore and describe the relationship between adoption support services and the level of parental satisfaction in families who adopt internationally. The information was gathered through individual telephone and written communication. The interview questionnaire was supported by an extensive literature review which explored various aspects of international adoption. The quantitative and qualitative data is presented thematically using descriptive statistics. The following sections describe the participants and their responses to the interview questionnaire.

Family Structure

The adoptive parents. Sixteen families who adopted at least one child internationally were interviewed for this study. At the time of the adoption eight (50.00%) were married parents, seven (43.75%) were single parents, and one participant (6.25%) was in a long-term, non-married relationship. The majority of participants surveyed did not have biological children. Two families (12.50%) had biological children while the other fourteen (87.50%) families had only children who were adopted. The two families with biological children each had their biological children prior to adopting. For the purposes of this study, participants with more than one adopted child were asked to give their answers based on their first adoption experience as the researchers believed that the first adoption experience was the one most impacted by the adoption agency services.
**Education.** In this study, a large majority of the participants had college educations: one (6.25%) participant had an Associate’s degree, five participants (31.25%) had Bachelor’s degrees and nine (56.25%) had Masters or post-graduate degrees. One participant (6.25%) had not attended college. Single parents were more likely to have advanced degrees: six of the seven single participants had Masters or post-graduate degrees. Of the eight married participants, three had advanced degrees.

<table>
<thead>
<tr>
<th>Education</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not attend college</td>
<td>1</td>
<td>6.25%</td>
</tr>
<tr>
<td>Associate’s Degree</td>
<td>1</td>
<td>6.25%</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>5</td>
<td>31.25%</td>
</tr>
<tr>
<td>Masters or Post Graduate Degree</td>
<td>9</td>
<td>56.25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

**Racial/Ethnic Background.** The majority of adoptive families were not of the same racial, ethnic or cultural background as their adopted children. Two families (12.50%) shared the same racial, ethnic and cultural background as the children that were adopted. Another family (6.25%) shared the same racial, but not ethnic or cultural background, as the children that were adopted. In thirteen families (81.25%), the adoptive parent or parents came from a different racial, ethnic and cultural background than the children adopted.
Table 2

<table>
<thead>
<tr>
<th>Racial/Ethnic Background</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same racial, ethnic and cultural</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Same racial, but not ethnic or cultural</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Different racial, ethnic and cultural</td>
<td>13</td>
<td>81.25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

**The adoptive families.** A total of 32 children were adopted into the sixteen families that participated in the study. Of those thirty-two children, thirty (93.75%) were adopted as single children. There was one set of twins adopted. There were no sibling sets adopted by the participants in the study.

![Adoptive Families](image)

Figure 1 Adoptive Families
**Children adopted.** Nine families (56.25%) adopted two times, four families (25.00%) adopted one time, and three families (18.75%) adopted three times. At the time of the interviews, no family had completed more than three adoptions.

<table>
<thead>
<tr>
<th>How many times did family adopt?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopted one time</td>
<td>4</td>
<td>25.00</td>
</tr>
<tr>
<td>Adopted two times</td>
<td>9</td>
<td>56.25</td>
</tr>
<tr>
<td>Adopted three times</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

There were three families that each adopted one child. One family has biological children and two of the families do not. This means that two families (12.50%) in the study have one child, while the other fourteen families (87.50%) have two or more children. The largest family in the study had six children with three adopted and three biological children.

**Special needs of adopted children.** Some of the children who were adopted have identified special needs. Of the thirty-two children adopted, eighteen children (56.25%) do not have special needs and fourteen children (43.75%) do have identified special needs. Even though seventeen children were adopted past the age of twenty-four months, only one participant reported their child’s status as an older child as having a “special need.”
Country of origin. The children were adopted from Central Europe, Eurasia, South America, Central America, Central Asia, South Asia, Southeast Asia, and Asia. In addition, one family adopted from the United States as well but that adoption is not included in the study.

Families adopted their children over a wide range of years ranging from 1987 to 2011.

Reasons for Adopting

Participants were asked, “What were your reasons for adopting?” Half of the sixteen participants (50.00%) articulated a desire to have children. Seven participants (43.75%) identified infertility as a reason for adopting. Of the eight participants desiring to have children, there were only three participants (18.75%) who did not report infertility issues. Marital status was another common response among participants. Five participants (31.25%) disclosed that they were single; and none of these participants identified whether they experienced infertility issues. Only one participant stated, “Carrying a child biologically didn’t seem to be an option, for a number of reasons.” The same number of participants (31.25%) reported they had always had an interest in adoption. Other common reasons included: religious/spiritual (12.50%), age (12.50%), other adoption processes failed (specifically, adoption from the foster care system) (12.50%), previous experience with fostering a child (6.25%), and an addition to the family (6.25%).
Table 4
What were your reasons for adopting?

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire to have children</td>
<td>8</td>
<td>50.00</td>
</tr>
<tr>
<td>Infertility</td>
<td>7</td>
<td>43.75</td>
</tr>
<tr>
<td>Marital status</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Always had an interest in adopting</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Religious/Spiritual</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Other adoption processes failed</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Previous experience as foster parent</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Addition to the family</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>193.75</td>
</tr>
</tbody>
</table>

**Expectations about adoption.** In addition to their reasons for adopting, participants were asked to describe their expectations about adoption. Four of the sixteen participants (25.00%) reported that they felt apprehensive and fearful about adoption and the adoption process. A similar number of participants (25.00%) did not expect the adoption process to be extensive and long. One participant stated, “I expected it to be quicker. I knew the adoption from the Philippines would be longer than China, but I didn’t expect it to be as long as it was. It took three years for our child to be placed in our home.” There was also an expectation that the adoption agency would assist and guide the prospective adoptive family through the adoption process. One participant
(6.25%) articulated this expectation; and another five participants (31.25%) disclosed that they did not feel like they were prepared for the post-adoption issues they faced.

Table 5  
*Expectations about adoption.*

<table>
<thead>
<tr>
<th>Expectations</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apprehensive</td>
<td>4</td>
<td>25.00</td>
</tr>
<tr>
<td>Did not expect process to be extensive and long</td>
<td>4</td>
<td>25.00</td>
</tr>
<tr>
<td>Adoption agency would assist and provide guidance</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Did not feel prepared for the post-adoption issues they faced</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>87.50</td>
</tr>
</tbody>
</table>

One participant stated, "I was not told anything from the adoption agency." This participant expected few emotional problems because the child was being cared for in a foster family setting. Her agency told her, "Children from foster care settings were not exhibiting the emotional problems that children from institutions were exhibiting."

Another participant stated that their expectations were "unrealistic". Two participants (12.50 %) asserted they had positive expectations, and two participants denied having any expectations. Besides the expectations already noted, there were expectations that the child would be healthy (12.50%); the child would be an infant (6.25%); the prospective family would have a child at the end of the process (6.25%); the prospective family would adopt more than one child (6.25%); and the child would want to find his/her biological parents when he/she grew older (6.25%).
Adoption

**Adoption the right decision.** Participants were asked their thoughts about their adoptions and the impact on their families. They were asked to respond to the following statement: “Adopting was the right decision for my family.” The majority responded positively to that question with fourteen (87.50%) responding “strongly agree”, and two (12.50%) responding “agree.” No participant responded with “undecided,” “disagree,” or “strongly disagree.”

Table 6

*Adoption the right decision*

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>14</td>
<td>87.50</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Undecided</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disagree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

**Life better because of adoption.** Participants were asked to respond to the following statement: “My life is better because of adopting.” The majority of responses were positive with thirteen (81.25%) responding “strongly agree,” two (12.50%) responding “agree” and one participant (6.25%) responding “undecided.” No participant responded with “disagree” or “strongly disagree.”
Table 7

Life better because of adoption

<table>
<thead>
<tr>
<th>Life better</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>13</td>
<td>81.25</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Undecided</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Disagree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

Plan to adopt again. Participants were also asked if they intended to adopt again or would like to adopt again. Five participants (31.25%) responded "strongly agree," five participants responded "disagree," five participants responded "strongly disagree," and one participant (6.25%) responded "undecided. Participants gave different reasons for wanting to adopt again: wanting their single child to have a sibling, wanting children of the opposite gender, wanting the adopted child to have a sibling from the same culture, and a belief that it is a "God thing."
Table 8
Plan to adopt again

<table>
<thead>
<tr>
<th>Adopt again</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>5</td>
<td>31.25%</td>
</tr>
<tr>
<td>Agree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Undecided</td>
<td>1</td>
<td>6.25%</td>
</tr>
<tr>
<td>Disagree</td>
<td>5</td>
<td>31.25%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>5</td>
<td>31.25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Of the ten participants who answered "disagree" or "strongly disagree," five reported that their age was a factor for not pursuing further adoptions. Only one of those five participants had one child, the other four had multiple children. Additional reasons given for not adopting again were: having "enough" children, that their family was "complete", economic reasons, adjustment problems, and the paperwork and bureaucracy involved in adopting. One participant reported being "completely overwhelmed by my life" and that it would not "be fair to the child" to adopt again.

**Pre Adoption Services**

**Pre-adoption training.** The researchers inquired as to whether participants attended adoption related recreational, cultural, and other similar activities prior to the adoption. Eleven participants (68.75 %) stated “yes” for this question and five participants (31.25%) stated “no”.
Table 9
Did you attend adoption related activities prior to the adoption?

<table>
<thead>
<tr>
<th>Attended</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
<td>68.75</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Several participants (37.50 %) noted they had participated in support groups; and almost the same number of participants (31.25%) attended agency workshops and classes. Other activities included: informational seminars (18.75%), expectant parent gatherings (12.50 %), agency events (not including workshops/classes) (12.50%), parties (6.25%), and personal research (6.25%).

Table 10
Types of activities attended prior to adoption

<table>
<thead>
<tr>
<th>Activities</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Groups</td>
<td>7</td>
<td>37.50</td>
</tr>
<tr>
<td>Agency workshops and classes</td>
<td>7</td>
<td>37.50</td>
</tr>
<tr>
<td>Informational seminars</td>
<td>3</td>
<td>31.25</td>
</tr>
<tr>
<td>Expectant parent gatherings</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Other agency events</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Parties</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Personal research</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>143.75</td>
</tr>
</tbody>
</table>
**Pre-adoption training required.** Participants were asked to indicate “yes” or “no” as to whether pre-adoptive training was required by their agency. Twelve participants (75.00%) indicated “yes” and four participants (25.00%) indicated “no”.

<table>
<thead>
<tr>
<th>Training</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>12</td>
<td>75.00</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>25.00</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100.00</td>
</tr>
</tbody>
</table>

The twelve participants who indicated their agency required pre-adoption training also noted that they attended pre-adoptive training classes; ninety-two percent of the twelve participants reported they attended pre-adoptive training because it was required by their agency. Another reason participants (31.25%) attended pre-adoptive training was to prepare their families for adoption. There were two participants who reported they attended pre-adoptive training classes that were not facilitated by their adoption agencies. Another participant reported the adoption agency did not require pre-adoptive training, but she attended pre-adoptive training classes to prepare herself for the adoption. Two participants (12.50 %) completed online pre-adoptive training courses. Thirteen of the sixteen participants (81.25%) reported they would have attended pre-adoptive training even if it were not a requirement. Participants were asked to respond to the question: "Did you like the pre-adoptive training provided by your agency?" The majority of participants (62.50 %) indicated "agree" or "strongly agree" to this question. Two
participants (12.50 %) indicated "disagree" or "strongly disagree". The statement was not applicable for four participants (25.00 %).

Table 12

<table>
<thead>
<tr>
<th>Training</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Undecided</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Not applicable</td>
<td>4</td>
<td>25.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

Three participants indicated their agency did not require pre-adoptive training and they did not attend training. In response to the question, "Why did you not attend training?" two of the three participants stated their agency did not offer pre-adoptive training. The other participant stated she had completed ten weeks of county training. The same two participants who reported their agency did not provide pre-adoptive training did not attend training although they indicated they would have if it were not a requirement of their agency. One participant reported her agency required pre-adoptive training but she did not attend training, rather she read books and completed one-on-one meetings with her adoption coordinator.
**Suggested changes for pre-adoptive trainings.** Participants were asked by the researchers, “What would you change about the pre-adoptive training and education provided by your agency?” There appeared to be a variety of responses as a considerable number of participants suggested changes in training for prospective adoptive parents (56.25%). Participants commented on the training needs for agency staff (12.50%), the provision of pre-adoption services by the agency (12.50%), and the overall availability of staff (6.25%). There were four participants (25.00%) who felt satisfied with the pre-adoptive training they received from their agency.

<table>
<thead>
<tr>
<th>Suggested</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training needs for agency staff</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Provision of pre-adoption services by the agency</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Overall availability of staff</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>31.25</strong></td>
</tr>
</tbody>
</table>

**Experience with Pre-adoptive Counseling**

**Pre-adoPTION COUNSELING REQUIRED.** The researchers inquired about the experiences participants had with pre-adoptive counseling. Participants were asked to indicate “yes” or “no” as to whether pre-adoptive counseling was required by their agency. Five of the participants (31.25%) indicated “yes” and eleven (68.75%) of the participants indicated “no”. The five participants who indicated “yes” all attended the required counseling. Four of these participants noted that the services were provided by
their agency. Three of the five participants stated they would have attended counseling had it not been required, one participant stated they would not have attended counseling, and one participant did not answer the question.

Table 14  
*Pre-adoption counseling required*

<table>
<thead>
<tr>
<th>Counseling</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
<td>31.25%</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>68.75%</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

The reasons for attending counseling varied. One participant listed the reason for the counseling was to “gain knowledge of what to expect in the future”; one reported a requirement to get a psychological profile; two reported having to meet with a social worker; and the final participant reported being required to meet with both a psychologist and a social worker.

One participant who was not required to attend counseling reported that she had participated in counseling previously due to infertility issues and that her agency encouraged counseling but did not require it. Another participant stated that she had been attending counseling for “personal reasons” and chose to focus the counseling on adoption as the time grew closer. Three of the participants (18.75%) stated that there had been no mention of pre-adoption counseling by their agencies.

**Hours of pre-adoptive training and services.** The number of hours of pre-adoptive training that participants engaged in ranged from six to thirty hours with a mean
of 11.4 hours. Participants who participated in pre-adoption counseling attended between three and twelve hours with a mean of 7.2 hours.

The researchers asked participants how many hours of total pre-adoptive services they had received. This total was to include training, counseling and any other services the participants had received. The total number of pre-adoptive services ranged from 0 to 100 hours with a mean of 33.8 hours.

**Hague Convention**

The researchers inquired as to the participants’ awareness of the Hague Convention on Children’s Welfare requirement of ten hours of pre-adoptive training for prospective adoptive parents. Half of the sixteen participants indicated they were aware of the Hague Convention requirement. All participants (100.00%) believed the requirement was very important or important. One participant who indicated the Hague Convention requirement was important stated, "Some families don't seek training and they are unprepared." Another participant, who indicated "very important", stated "It depends on the quality of the training; otherwise people just go through the motions." A third participant, who indicated "important", stated, "It's truly important for the first adoption, but I got nothing out of the training for my other adoptions."

**Post Adoption Services**

**Post-adoption services.** Participants were asked by the researchers to describe and reflect on the post-adoption services they had received. Participants were asked how frequently they met with their social worker after their child moved into their home. The results are summarized here:
• 10 participants stated they met with their social worker once in the first 30 days after their child moved into their home

• 8 participants met with their social worker once in the second 30 days and one participant met with their social worker twice in the second 30 days (31 - 60 days after placement)

• 9 participants met with their social worker once in the third 30 days and one participant met with their social worker twice during the third 30 days (61-90 days after placement)

• 10 participants met with their social worker once after their child had been home more than 91 days and three participants met with their social worker three times after their child had been home more than 91 days

The number of times each participant met with their social worker after their child was placed in their home varied from one visit with a social worker to six visits. One participant (6.25%) met with their social worker a total of 1 time. Four participants (25.00%) met with their social worker a total of 2 times. Five participants (31.25%) met with their social worker a total of 3 times. Five participants (31.25%) met with their social worker a total of 4 times, and one participant (6.25%) met with their social worker a total of 6 times.

Participants were asked “Did you receive post-placement services from your agency?” Twelve (75.00%) participants answered “yes” and four (25.00%) participants answered “no”. Of the four participants who answered “no”, three detailed some services they received but they did not self-identify those services as “post-placement services.”
In one case, a social worker came to the home to complete an interview with the family and the family provided photos for the social worker. This participant does not believe that meeting constituted a post-placement service. Two other participants listed visits by the social worker in order to complete post-placement reports.

Of the services provided to the twelve participants who confirmed that post-placement services were required by their agency, six listed post-placement visits with a social worker. Of those six participants, two stated the visits were necessary for completing the required post-placement reports, one stated the visits were to complete the post-placement report and for the social worker to provide information; one stated a post-placement report was completed as “a courtesy” to the child’s native country, one stated that the visits were to assess how well the child was doing; and the sixth participant stated the social worker visits were “required.”

Additional post-placement services were defined as: attending brown-bag lunch seminars, agency sponsored dinners for adoptive families, an evening program about brain trauma and emailed invitations to events; receiving a complimentary magazine subscription, attending an annual picnic for adoptive families and participating in a Yahoo internet group; receiving help with adoption proceedings and naturalization; attending agency meetings and seeking advice on various issues; the agency ‘checking up’ on the child to see how s/he was adjusting; and the final participant did not identify specific services but described them as “very professional.”

**Satisfaction with post-placement services.** Participants were asked if they liked the post-placement services provided by their agency. Four (25.00%) participants
answered “strongly agree”, five (31.25%) answered “agree”, four (25.00%) answered “undecided”, one (6.25%) answered “strongly disagree” and two (12.50%) answered “not applicable”.

Figure 2 Did you like the post-placement services provided by your agency?

Suggested changes for post-placement services. The researchers asked participants to describe what they would change about the post-placements services provided by their agency. Five of the participants (31.25%) stated there was nothing they would change. One participant (6.25%) who did not receive any post-placement services provided no answer to the question. Another participant (6.25%) stated they did not have an opinion about changes to post-placement services.

Nine participants (56.25%) provided suggestions as to what changes they would make regarding post-placement services. One participant stated they wanted the services available more frequently and “available anytime”. One stated there was “nothing” they
would change but also stated that the placement agency should adhere to a visit at one month after placement as did the homestudy agency. This participant also suggested that there should be "follow up with social workers within two-three weeks of arrival to provide more help." A participant who did not receive post-placement services stated that waiting six months to provide any services was “too long” to wait and that she luckily had other support and an “easy” baby. Another participant (6.25%) who did not receive post-placement services stated that "parents should at least have been given resources at the very least if post-placement services were not offered."

One participant, who adopted a child over the age of five years, reported that the social worker did not have enough experience with older child adoption and neither did the agency. This participant stated that the agency had knowledge about foster care and older adoption in that context, but not enough knowledge about international adoption. One participant reported that the agency did not have any specific assistance for dealing with a child who had "challenging" behavior. Another participant wished that the agency had come to the home to provide post-placement services instead of requiring that the child be brought to the agency. For this participant, the logistics of working and having to pick up the child from day care presented an issue. One participant stated that the agency was “only there for getting money,” was not there to help create families, threatened to remove the child, and “asked for money at every turn”. This person had reported that the agency did not provide post-placement services. Another participant felt the services were “not for providing support or input”, but instead had a “sense of checking up on us.”
Experience with additional professionals. Participants were asked to consider their experiences with other professionals (such as speech therapists, pediatricians, educational specialists, psychologists, physical therapists, counselors, etc.). There were six participants (37.50%) who reported they frequently or very frequently met with other professionals. Seven participants (43.75%) reported they occasionally met with other professionals. Only one participant reported she met with other professionals rarely. The number of professionals that participants received services from averaged 2.75 professionals. The number of times participants received services from professionals averaged 132.4 times. One participant reported she met with professionals two thousand times. The participants’ accounts of the type of professionals they received services from resulted in a list: pediatric plastic surgeon (6.25%), pediatric dermatologist (6.25%), child psychologist (12.50%), pediatrician (75.00%), ophthalmologist (6.25%), speech therapist (31.25%), cardiologist (6.25%), international adoption clinic (12.50%), early intervention specialist (6.25%), nutrition specialist (6.25%), occupation therapist (6.25%), eyes, ears, nose, throat specialist (6.25%), chest doctor (6.25%), pediatric gastrologist (6.25%), and pediatrician orthopedist (12.50%).

Use of informal adoption support services. Besides meeting with other professionals, participants (87.50 %) indicated they used other types of adoption resources. The most common resources used included online/yahoo groups (50.00%), support/adoption groups (50.00%), agency seminars/conferences/events (31.25%), and adoption play groups (25.00%). Other resources consisted of participation in online websites (not including online groups) (12.50%), family camps (12.50%), adoption
support network (6.25%), church choir (6.25%), play therapy (6.25%), culture camps (6.25%), international adoption clinic (6.25%), religion (6.25%), and country gatherings (6.25%).

Table 15

<table>
<thead>
<tr>
<th>Informal services</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online/Yahoo groups</td>
<td>8</td>
<td>50.00</td>
</tr>
<tr>
<td>Support/Adoption groups</td>
<td>8</td>
<td>50.00</td>
</tr>
<tr>
<td>Agency seminars/conferences/events</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Adoption play groups</td>
<td>4</td>
<td>25.00</td>
</tr>
<tr>
<td>Online websites</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Family Camps</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Adoption Support Network</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Church Choir</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Play Therapy</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Culture Camps</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>International Adoption Clinic</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Religion</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Country Gatherings</td>
<td>1</td>
<td>6.25</td>
</tr>
</tbody>
</table>

Total                                     36   225.00
Cultural Practices

The researchers asked participants about their participation in cultural events and the incorporation of their adopted child’s culture into their home.

Attend cultural events with children. Participants were asked if they attend cultural events with their adopted children. Eleven (68.75%) answered “yes” and five (31.25%) answered “no”. Three of the five who answered “no” share the same culture with their adopted child.

<table>
<thead>
<tr>
<th>Cultural Events</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
<td>68.75</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Attend cultural events prior to adoption. Participants were asked if they had attended cultural events prior to their child coming home. Six answered “yes” and ten answered “no”. Three of the ten who answered “no” share the same culture with their adopted child.
Table 17

<table>
<thead>
<tr>
<th>Cultural prior</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6</td>
<td>37.50</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>62.50</td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Incorporate child’s birth culture. Participants were asked how frequently they incorporate their child’s birth culture in their home and lifestyle. Four (25.00%) answered ‘very frequently,’ three (18.75%) answered “frequently,” and nine (56.25%) answered “occasionally.” No participant answered “rarely” or “very rarely.”

Table 18

<table>
<thead>
<tr>
<th>Incorporate</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very frequently</td>
<td>4</td>
<td>25.0</td>
</tr>
<tr>
<td>Frequently</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>Occasionally</td>
<td>9</td>
<td>56.25</td>
</tr>
<tr>
<td>Rarely</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Very Rarely</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Integrate child’s birth culture. The researchers asked participants “How do you integrate your child’s birth culture into your home and lifestyle? Four (25.00%) families share the same racial, ethnic and cultural background as their adopted children. For those
families, integration of culture was not as necessary. One participant stated “it is natural for our daughter to become familiar with cultural things; it’s natural.” One of the other participants stated that her grandmother shared the same culture as her adopted child. That participant also listed specific steps taken to incorporate the culture such as reading books about the culture and celebrating holidays.

The twelve participants who did not say they shared the same culture with their child gave the following examples of incorporating their child’s birth culture into their home and lifestyle. Many participants gave more than one example:

**Family practices.** Food was a common response with eight participants giving this answer. Six participants listed having items, including clothing, from the culture and six listed participating in language classes. Five participants listed socializing with people who shared the same culture as the adopted child. Five participants listed having books from, and about, the child’s birth culture. Celebrating holidays was also listed by five of the participants. Three of the participants listed talking about the child’s culture and three listed television, movies and music. Two participants listed the use of cultural and adoption groups.

**Other activities.** One participant noted that her neighbors hosted an exchange student from the same country that some of her adopted children were from and the families did activities together. Involvement in sports, children’s activities, culture camps, dance groups, and agency events were all mentioned by participants. Having a daycare provider of the same culture, shopping at retailers from the same culture, reading newspapers from the same culture, attending agency events and W.I.S.E. UP, a program
that educates children about being adopted, were all mentioned by participants (CRC Health Group, n.d.).

Social and Community Support

**Extended family.** The researchers asked the participants to indicate whether they lived with extended family such as grandparents or other relatives. A great number of participants (87.50%) indicated they did not live with extended family, however, seventy-five percent reported their relatives lived nearby. Participants described the distance between their house and the relatives’ house. The responses varied: less than thirty minutes away (68.75.00%), within the state (18.75%), and in another state (12.50%). Two participants were excluded as the question was not applicable.

Table 19
*Extended family live nearby*

<table>
<thead>
<tr>
<th>Distance</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 minutes away</td>
<td>11</td>
<td>68.75</td>
</tr>
<tr>
<td>Within the state</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>In another state</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**Role of extended family.** The researchers asked participants to comment on the role of the extended family since they first adopted. Eight of the sixteen participants (50.00%) reported their extended family was loving and supportive. Participants (31.25%) reported extended family members frequently visited the child or spent holidays or school breaks with the child. Other responses included: babysitting
(25.00%), go on trips/weekend outings with the children (12.50%), respite/emergency care (6.25%), attend recreational/school events (6.25%), or is a male role model for the children (6.25%). One participant reported their relationship with the extended family was negative initially. Another participant reported the extended family was not supportive at all. The participant stated, “My sister took care of my daughter when I had a medical emergency, but I constantly had to defend my daughter’s behavior. I don’t call that support.” Thirteen participants (81.25%) strongly agreed or agreed that their extended family was supportive of their adoption plans prior to adoption; and three participants (18.75%) disagreed or strongly disagreed.

Table 20

<table>
<thead>
<tr>
<th>Supportive</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>13</td>
<td>81.25</td>
</tr>
<tr>
<td>Agree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Undecided</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disagree</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

**Role of close personal friends.** The researchers asked the participants to indicate “yes” or “no” as to whether they had close personal friends living nearby. Ninety-four percent of the participants indicated that they lived near their close personal friends. These participants reported their friends lived five to forty minutes away (25.00%), two
to twenty miles away (18.75%), one to a few blocks away (12.50%), on the other side of
town (6.25%), five kilometers (6.25%), within a mile (6.25%), one and a half hours away
(6.25%), in the immediate neighborhood (6.25%), or within fifty miles (6.25%). One
participant indicated she did not live near her friends, and that her friends lived in another
state. The participant also commented, “They’re more supportive than my family. One
friend drives down to visit twice a year. She’s not judgmental and she spends time with
my daughter. She listens to me.” Other participants also commented on the role of their
friends since they first adopted. Ten participants (62.50%) reported their friends were
supportive. Participants mentioned their friends visited the child (12.50%), took the child
places (12.50%), connected with the child (6.25%), helped with nurturing (6.25%), and
attended the child’s activities (6.25%). Participants also shared that their child would get
together with their friends’ children (6.25%); their friends were like family (6.25%); their
friends adopted also (12.50%); and their friends were designated guardians for
emergencies (6.25%). One participant reported her relationship with her friends did not
change. Two participants reported their friends were not supportive through adoption.
Only one participant indicated she was undecided as to whether her close personal friends
supported her adoption plans. The rest of the participants strongly agreed that their
friends supported their plans.

**Support network.** Participants were asked to describe their overall support
network. Again, there were many different responses that included: very good, strong,
loving, and supportive (43.75 %), dependable (18.75%), small network (12.50 %),
relationship changed (12.50 %), extensive (6.25%), and keep in contact (6.25%). Some
participants identified the people in their network when responding to the question, and they reported church family (25.00%), good neighbors, coworkers, friends (25.00%), friends with other adoptive families (12.50%), parents/family (12.50%), school/recreational groups or clubs (12.50%), or adoption support network (6.25%). There was one participant who reported her support network was “pretty thin.” One participant reported their adoption agency was part of their support network. Another reported their adoption agency was not supportive.
Table 21
*Overall support network*

<table>
<thead>
<tr>
<th>Network</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good, strong, loving, supportive</td>
<td>7</td>
<td>43.75</td>
</tr>
<tr>
<td>Dependable</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>Small network</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Relationship changed</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Extensive support network</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Keep in contact</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Church family</td>
<td>4</td>
<td>25.00</td>
</tr>
<tr>
<td>Good neighbors, co-workers, friends</td>
<td>4</td>
<td>25.00</td>
</tr>
<tr>
<td>Friends with other adoptive families</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Parents/family</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>School/recreational groups or clubs</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Adoption support network</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td><strong>193.75</strong></td>
</tr>
</tbody>
</table>

**Religious Orientation**

Participants were asked if they considered themselves to be religious. Thirteen (81.25%) of the participants stated “yes” and three (18.75%) stated “no.” Participants were asked what religion they were. The most common response was six (37.50%) participants responding that they were Catholic. The other seven participants responded that they were Christian—Seventh Day Adventist, Hindu, Christian, Baptist, Jewish,
Nondenominational, and Mormon. Two of the three participants who said they were not religious did not list a religion. The third person stated that they were “spiritual but not religious.”

The sixteen participants were asked how frequently they attended church. Six (37.50%) answered “0-1” times per month; three (18.75%) said “2-3 times” per month; and seven (43.75%) said they attend church “4 or more” times per month.

**Satisfaction in Parenting**

The researchers asked participants to indicate how they felt about particular statements the researchers presented.

**Better parent.** The researchers stated, “I feel like I could be a better parent with my child.” Eleven of the sixteen participants (68.75%) indicated they strongly agreed or agreed with the statement. Four participants (25.00%) indicated they were undecided, and one participant (6.25%) disagreed.

Table 22
*I feel like I could be a better parent with my child*

<table>
<thead>
<tr>
<th>Better parent</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>Agree</td>
<td>8</td>
<td>50.00</td>
</tr>
<tr>
<td>Undecided</td>
<td>4</td>
<td>25.00</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>
More confident. The researchers stated, “My child makes me feel more confident as a parent.” Fourteen participants (87.50%) strongly agreed or agreed with the statement, and two participants (12.50%) disagreed.

Table 23
*My child makes me feel more confident as a parent.*

<table>
<thead>
<tr>
<th>Confident</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>7</td>
<td>43.75%</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>43.75%</td>
</tr>
<tr>
<td>Undecided</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>12.50%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Deal with child’s behavior. The researchers stated, “I feel like I know how to deal with my child’s behavior most of the time. Fifteen participants (93.75%) indicated they “strongly agree” or “agree” with the statement, and one participant (6.25%) disagreed.
Table 24
*I feel like I know how to deal with my child’s behavior most of the time.*

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>9</td>
<td>56.25%</td>
</tr>
<tr>
<td>Agree</td>
<td>6</td>
<td>37.50%</td>
</tr>
<tr>
<td>Undecided</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>6.25%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**More control over behavior.** The researchers stated, “I feel like I should have better control over his/her behavior. Nine participants (56.25%) disagreed that they should have control over their child’s behavior. Five participants (31.25%) strongly agreed or agreed with the statement, and two participants (12.50%) indicated they were undecided.

Table 25
*I feel like I should have better control over his/her behavior.*

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>2</td>
<td>12.50%</td>
</tr>
<tr>
<td>Agree</td>
<td>3</td>
<td>18.75%</td>
</tr>
<tr>
<td>Undecided</td>
<td>2</td>
<td>12.50%</td>
</tr>
<tr>
<td>Disagree</td>
<td>5</td>
<td>31.25%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>4</td>
<td>25.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
Final Comments about Personal Adoption Experiences

In response to an open-ended question, asking participants what else they had to share about adoption, the participants offered input on a variety of issues. International adoption was an extraordinary experience for some participants (37.50%). A participant remarked, “Adoption has enriched my life and hopefully, the life of my children.” Participants (18.75%) felt “extremely lucky” to have adopted children who did not present many difficulties in rearing. Participants (18.75%) also found their agency pre-adoption services to be valuable.

Table 26
What else would you like to share?

<table>
<thead>
<tr>
<th>Share</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraordinary experience</td>
<td>6</td>
<td>37.50</td>
</tr>
<tr>
<td>Extremely Lucky to have adopted child who did not present many difficulties in rearing</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>Found agency pre-adoption services to be valuable</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>Need for changes in pre-adoption training</td>
<td>6</td>
<td>37.50</td>
</tr>
<tr>
<td>Highlight importance of establishing a support network</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Line up help ahead of time</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Find out who you need to talk to ahead of time.</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Agency did not provide adequate support.</td>
<td>8</td>
<td>50.00</td>
</tr>
<tr>
<td>Concerns about relationship with social worker.</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>218.75</td>
</tr>
</tbody>
</table>
**Suggestions for pre-adoptive practices.** Six participants (37.50%) identified a need for changes in pre-adoption training. One participant stated, “It’s important to get training, but it really needs to give you a real idea about the issues you would face. I hate rubber stamp training. There are important issues to discuss and the environment must be safe.” Five participants (31.25%) highlighted advantages in establishing a support network. A participant suggested prospective adoptive parents, “Line up help ahead of time- more than you need. It was easier to deal with stuff knowing I had someone to help.” Another participant stated, “Before adoption, find out who you need to talk to for evaluations.”

<table>
<thead>
<tr>
<th>Suggestions</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change agency pre-adoption training</td>
<td>6</td>
<td>37.50%</td>
</tr>
<tr>
<td>Establish a support network</td>
<td>5</td>
<td>31.25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
<td><strong>68.75%</strong></td>
</tr>
</tbody>
</table>

**Suggestions for post-adoptive practices.** There were a number of participants (25.00%) who reported their agencies did not provide the support they needed with regards to navigation through the adoption process and post-adoption support. According to one participant, “I reached out for help from the adoption social worker and the pediatrician. The pediatrician laughed at me when I brought my concerns, and the social worker told me I was doing fine. It wasn’t until I attended a community event that someone acknowledged my need for additional support.” There were other participants
(12.50%) who also had concerns about their relationships with their adoption social workers in particular. One participant reported, “The social worker can be perceived as someone who could take my child. I did not feel like I could ask for help.”

Table 28

<table>
<thead>
<tr>
<th>Suggestions</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>More agency support for adoption process</td>
<td>4</td>
<td>25.0</td>
</tr>
<tr>
<td>Need better relationships with adoption social workers</td>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6</strong></td>
<td><strong>37.50</strong></td>
</tr>
</tbody>
</table>

**Important Findings**

All of the sixteen participants “strongly agree” or “agree” that adoption was the right decision for their family; and almost ninety-four percent of the participants “strongly agree” or “agree” their life was better because of adopting. With regards to adoption services, eleven participants (68.75%) reported they participated in pre-adoption training provided by their agencies. The same number of participants (68.75%) reported they participated in post-placement services. There were two participants (12.50%) who reported they participated in only part of the services, pre-adoption training or post-placement services. Three participants (18.75%) indicated that they did not receive any pre-adoption training or post-placement services. The majority of participants (68.75%) who received and attended pre-adoption training liked the adoption services. Only five participants (31.25%) reported they took part in pre-adoption counseling. Of those who participated in post-placement services, twelve participants (75.00%) reported they were
provided post-placement services by their agency. Nine participants indicated that they “strongly agree” or “agree” that they liked the services provided by their agency. Another four participants (25.00%) indicated that they were “undecided” about the services. Finally, one participant indicated “strongly disagree” as she did not like the post-placement services provided by her agency. These findings were significant in that they present some facts about the participants’ adoption experiences and their participation in and satisfaction with adoption services. These findings will be discussed in further detail in the next chapter.
Chapter 5
DISCUSSION

Conclusions

Adoption support services maintain a specific role in the preparation and follow-up supervision of adoptive parents. These services can either strengthen or weaken adoptive parents’ skills to nurture a child who presents with unique needs in relation to biological, psychological, sociological, and cultural development. In some circumstances, support services can contribute to the stress of the adoptive family life, resulting in negative outcomes (Groza & Ileana, 1996). The researchers sought to ascertain this relationship between services and adoptive family life, and asked the question “Do adoption services increase satisfaction in families who adopt internationally?” The exploratory research design generated quantitative and qualitative data that the researchers analyzed using descriptive statistics and thematic analysis. This section will describe whether the findings answered the researchers’ question, and will review how the findings complement the literature review.

Satisfaction with adoption. The researchers interviewed sixteen participants about their adoption experiences and their participation in adoption services. The researchers observed that all sixteen participants "strongly agree" or "agree" that adoption was the right choice for them. Also, the majority of participants (93.75%) "strongly agree" or "agree" their life was better because of adopting. However, when the researchers asked participants to identify the adoption services they took part in and
respond to whether they liked the services they received from their agencies, the participants’ answers varied to some extent.

**Participation in adoption services.** Eleven participants (68.75%) identified pre-adoptive training and post-placement services provided by their agencies, and in most cases reported they liked the services they received. Two participants (12.50%) described the services provided by their agencies that included either pre-adoptive training or post-placement services. One of the two participants received pre-adoptive training only; she stated that she strongly disliked the training. The other participant received post-placement services only, and she stated that she was undecided about the services she received. There were three participants (18.75%) who indicated they did not receive any adoption support services. One of these participants was not provided pre-adoptive training by her agency, however she attended training that was facilitated by another resource. Interestingly, the three participants, who indicated they did not receive adoption services from their agencies, identified services they received post-placement. These services included post-placement reports that were completed with their adoption social workers. The three participants did not consider these services to be post-placement services. Whereas, there was a significant number of participants (43.75%) who identified similar services, meetings with their adoption social workers and completion of post-placement reports, as part of the post-placement services they received from their agencies. The researchers concluded that participants’ perceptions of adoption support services influence their experiences.
**Relationship between services and satisfaction with adoption.** In spite of the varied experiences and perceptions of the adoption support services, the researchers found there was a relationship between adoption services and the participants’ satisfaction with adoption. All of the participants affirmed they were satisfied with their adoptions when they agreed that adoption was the right decision for their families. Additionally, 93.75% of all of the participants agreed their life was better because of adopting. Most participants (68.75%) took part in pre-adoptive training and post-placement services provided by their agencies signifying a relationship exists between adoption services and satisfaction. Be that as it may, the researchers could not confirm that adoption services actually increased satisfaction with international adoptions because all of the participants reported they were satisfied with their adoptions despite their experiences with adoption services. Consequently, new questions surfaced involving other factors that were presented by participants that may have contributed to their satisfaction with international adoptions.

**Other factors.** The researchers examined more closely the responses given by the participants who reported they received pre-adoptive training or post-placement services from their agency. One particular participant, who received pre-adoptive training but no post-placement services, acknowledged she strongly did not like the pre-adoptive training provided by her agency. Yet, the participant agreed strongly that adopting was the right decision for her family and that her life was better because of adopting. The participant revealed she had a social support network that included extended family and friends, who were very supportive of her adoption plans. The
participant described herself as a “Pollyanna” indicating she was a positive thinker. The participant reported that she shared the same ethnic and cultural background as her two children adopted in 2008, and she had lived in their birth country for a period of time. The participant was married and she and her husband had bachelors’ degrees. When questioned about her reasons for adopting, the participant reported, “I couldn’t have kids. I tried IVF, and there was no success.” In addition, the researchers noted the participant appeared to be proactive concerning the care of her adoptive children, in that she took her children to adoption specialists to be sure that her children’s health was well. The participant also appeared to be attentive to her children’s needs as she accessed therapy for one of her children who was having difficulty coping with their grandmother’s illness and death. Lastly, the participant disclosed that she considered herself to be religious, and identified her religion to be “Catholic”.

Additional questions. The participant that was just described indicated she received substantial support from her extended family and friends for her adoptions. The researchers ask the question, “Does social support networks have a greater influence on parental satisfaction with international adoptions than adoption services?” One other participant stated, “I lived in a village full of family and friends. We all took care of each other’s children. The community support was far more important than the adoption services.” However, there was another participant who stated, “My friendships changed. Some of the people who were supportive of me prior to my adoption were not supportive through the adoption. The people I met through the adoption process became very important.”
Additional questions, which arose from the description of the participant in the previous section, included inquiries about other factors such as personal characteristics, reasons for adopting, culture/ethnicity, parental initiative, and religious/spiritual practices. All of these factors may have had an influence on parental satisfaction.

**Previous research.** The consideration of additional factors, like a parent’s marital status, income, and fertility condition, in understanding parental satisfaction with international adoptions complement the research presented in the literature review. An association between a willingness to adopt and infertility status was established by Malm and Welti (2010). The researchers noted seven out of the sixteen participants in the study (43.75%) identified infertility problems as a reason for adopting. Malm and Welti (2010) did not conclude that infertility status brought about a willingness to adopt, but they believed infertility status made parents more resilient. However, Bartolet (1993) put forth the idea that adoption was a last resort for many infertile couples. The idea suggests there may be desperation on the part of the adoptive parents that impacts their satisfaction in caring for a child adopted internationally. This did not appear to be the case for one of the participants in the study, for she stated, “We weren’t able to have children biologically, and I was not comfortable with the fertility options. We went straight to adoption.” The participant also indicated she strongly felt adoption was the right decision for her family and that her life was better because of adopting.

Besides the motivations for adoption, the researchers found similarities in the literature review and the study with regards to special needs. There are a significant number of children adopted from foreign countries who are considered to have special
needs because of physical and emotional complications associated with malnutrition, extreme poverty, abuse, neglect and poor access to medical treatment (Miller, 2005). Fourteen children of the thirty-two children identified in our study were considered to have special needs. Adoptive parents identified medical conditions, such as Hepatitis B, Hemihypertropy, Mitral valve prolapsed, Asthma, Premature birth, Dysplastic Nevi (hairy mole), Strabismus (crossed eyes), Fetal Alcohol Syndrome, and missing limbs. Other special needs included: speech disorder, attachment disorder, Attention Deficit Disorder, emotional problems, and sensory integration problems.

With regards to adoption services, Farber et al. (2003) reasoned that pre-adoption services were offered to prospective adoptive parents to help them prepare for the challenges they might face. On the contrary, participants in our study commented on how unprepared they felt even though they completed pre-adoptive training. One participant reported, “I wish I knew more about trauma and neurologic development before the adoption.” Another participant stated, “The online training was not adequate to prepare me.” Lastly, one participant reported, “There’s so much involved in the process of adoption. The agency is not focused on preparing families.” In addition to finding a relationship between adoption services and parental satisfaction with international adoptions, the researchers also generated new questions about other factors, such as personal characteristics, religious/spiritual practices, fertility conditions, and marital status that may also play a significant role in parental satisfaction. The following section provides suggestions for future studies that addresses the need for further research.
Recommendations for Future Research

The researchers were unable to conduct significant inferential statistics due to the small sample size. Additionally, the background of the families widely varied with adoptions ranging from the 1987 to 2009; families with single parents or married parents; parents of the same, or different, culture, as the children; parents who were, and were not, religious; families who had varying degrees of social and family support; and children who were adopted at different ages from eight different geographic areas. Finally, the pre-adoption and post placement services identified by the participants in this study varied widely. Due to the lack of uniformity in the study population, the researchers had difficulties identifying how much of an impact, the adoption agency services had on the parental satisfaction and the outcome of adoptions.

The researchers believe that a project using 5 to 6 intensive case studies would allow researchers to delve more deeply into the families’ adoption experiences. As adoption services vary widely across agencies, the researchers recognized that the parent’s perception of the services may have a larger impact on the outcome of the adoption than the actual services. As experts in the field of adoption, these adoptive parents would provide valuable information and insight into the adoption experience.

In an effort to reduce the risk of the study, the researchers excluded families who either disrupted their adoptions or had temporary out-of-home placements. However, the researchers recognize the limitations of this study due to the absence of those families. The families in our study were more likely to respond more positively to questions regarding parental satisfaction, decision to adopt and their relative happiness regarding
the adoption experiences. Studying families who did disrupt or temporarily place their children in alternative care could provide valuable information and insight into factors that impact the outcomes for families. Comparing these families with families whose adoptions were intact could identify significant factors that contribute to the success, or failure, of international adoptions.

The researchers noted that the interview questionnaire did not make an accommodation for parents who adopted children from the same cultural and ethnic background. Therefore, questions pertaining to the parents’ participation in cultural events and the incorporation of the child’s culture into the home were perceived as invalid or irrelevant by the families who shared the same cultural and ethnic background as their children. Future researchers need to be cognizant of this issue. Changes in the study could benefit future services. The next section proposes how social work practice and adoption services could benefit from the data gathered from this study.

**Implications for Social Work Practice**

The researchers believe an initial step to be taken by adoption agencies is to clarify with their clients, the prospective adoptive parents, what the role of the agency is. There needs to be a clear understanding as to what services the agency will, or will not, provide. Prospective adoptive families may assume that they can turn to their adoption agencies for therapy and counseling when those services are frequently not available. It is incumbent on the agencies to define the parameters of the business relationship with the client. The agency must take an active role in encouraging their clients to build an outside support system and to seek out additional educational and cultural avenues.
Parents with no previous adoption experience may not recognize the need for such supports and information; therefore, the agency must take the lead in guiding their clients.

**Role of social workers.** The responses from the participants in this study provide clear direction for social workers working in the field of adoptions.

The role of social workers needs to be more clearly defined. Are social workers there to provide support, education and information for prospective and post-adoptive parents, or are they there merely to “check up” on people? As one participant stated in response to our open-ended question, “The social worker is the person to judge if you are worthy. [One] might not explore difficult questions or issues in that environment.” Another participant reported that the “social worker can be perceived as someone who could take my child. [I] did not feel like I could ask for help.”

If the expectation is that services provided by adoption agencies are to strengthen adoptive families and improve outcomes for their children, how can the agencies operate from a position of fear, intimidation and judgment? The social worker, if trusted by, and engaged with the client, may provide necessary support and information for a client in crisis. Without that support and information, children can be placed in serious jeopardy.

**Training provided.** The training provided by agencies, or subcontractors, must be thorough and relevant to the particular needs of the families. In many of the responses to open-ended questions, participants highlighted how their main sources of education and support were not from their agencies. One participant, in discussing the adoption of a child who had a “very difficult transition” stated that “nobody at the agency reached
out. Thank goodness I had FCC (Families with Children from China), thank God I knew to get her evaluated.” Another participant, whose adopted child was older than anticipated, struggled with needing to be educated on the specific needs of an older child. “The lack of services was not good. […] Agency did not press for more education.”

While many parents were able to benefit from their other connections, their struggles to get adequate services from the agencies highlight the need to improve services.

**Counseling.** Considering that less than one-third of the participants received counseling through their agency, it is difficult to determine the role counseling could, or should, play in the adoption process. The researchers do make the assumption that counseling, if provided, should follow the same general policies as the training and be thorough and relevant to the particular needs of the families.

There are a number of factors that make the argument in support of counseling for pre-adoptive parents. Some of these factors include:

- the process of adoption can be quite lengthy leading to emotional distress for parents;
- the cost of adoption is quite high which could lead to increased stress and anxiety for parents;
- the children available for adoption are more likely to be older and have special needs, both of which could lead to more difficult transitions;
- infertility, if present in the situation and unresolved can undermine the parent’s ability to bond with an adopted child; and
• the realities of parenting a child who will likely struggle with questions of culture and identity can place a significant amount of stress on parents.

**Special needs.** The literature review detailed how a significant portion of children who are adopted have special needs including being an older child or being a part of a sibling group (Tan, 2007) as well as having physical and developmental disabilities such as cleft palate, spina bifida, deaf or hard of hearing, global developmental delay and autism (Asbury, 2003; Tan, 2007; Welsh, 2007). In light of these special needs, it is critical that social workers and agencies are properly informed about this population and that they are better able to prepare prospective parents. Specialized training should be made available to parents planning on adopting older children and/or those children with special needs.

Information provided by parents of children with special needs highlighted the need for additional training for prospective parents. One area of focus should be in training parents on how to advocate for their children’s education, psychosocial, physical and emotional needs. Some of the areas that parents should be provided information on include: accessing networks of services, planning for individualized education plans (IEP), understanding the needs of school age English language learners, vaccination needs for children arriving from developing countries, and attachment issues in post-institutionalized children.

**Testing for knowledge.** The use of some type of uniform assessment of pre-adoptive parent’s knowledge base would help adoption agencies determine if their clients are benefitting from the training they receive. Assessments that address basic issues
related to international adoption could be given to prospective parents to gauge their level of knowledge. The assessments could be provided prior to training by the agency in order to identify weaknesses in the parent’s knowledge base. Agencies then could tailor the trainings, or supplement existing trainings with the necessary information, in order to address the weaknesses identified in the assessment. A follow up assessment could be given to evaluate if the parent’s knowledge base was impacted.

Alternatively, the assessment could be used as a pre and post-test analysis allowing the agency to determine the effectiveness of their training. Prospective parents would be assessed prior to their training and at the end of the training to evaluate what growth, if any, in knowledge occurs due to the training provided. Agencies would then be able to make adjustments and improvements to their training based on the results of the pre and post-test.

**Online.** Providing online trainings can be beneficial, especially for those families living in more geographically isolated areas, but it will be important to not only ensure that the training is relevant, but that parents are actually partaking in the training. One participant stated that the training was online but “nobody really checked to see if I had done it.” Another participant suggested that “even if online is available there should still be in person classes – to make contact and also engage more deeply in the process.” This same participant stated that the “online was not adequate to prepare me.”

**Post placement services.** The post-placement services that are provided for adoptive families must provide support and education for families. Waiting until families have been home for over 30 days prevents agencies from being able to intervene in
situations where a family might be in crisis. Knowing that the social worker will be visiting soon after the child comes into the new family may provide some hope and encouragement for families who are struggling with a difficult transition. While recognizing that some sending countries may have requirements that would preclude their recommendations, the researchers recommend that each family receive a visit from the social worker within 10 days of arriving home. This visit should be followed up in 30 days followed by another visit between 60-90 days.

Keeping the lines of communication open between the family and social worker is important for the safety and well being of the child and the stability of the family. Open communication will encourage parents to seek out support and help them navigate any systems they are unfamiliar with. In this cooperative environment, the social worker plays a supportive, informing and encouraging role for the family.

Additional recommendations for the agencies include the provision of supportive services for families including access to families who have already adopted, adoptee mentors, cultural events and resources and information regarding outside resources.

**Availability.** The majority of the participants in our study did receive some post-placement visits by a social worker. However, those visits were reportedly focused on completing the required post-placement adoption reports, not on providing adoption education, support services or any assistance with the child transitioning into the new family. If these types of services are not to be provided, that needs to be made clear to prospective parents so that they may endeavor to create an alternative support system.
Participants in the study were clear that they wanted their agencies to be more available. The researchers recommend that agencies consider adding a ‘warm line’ to provide support to families after their children come home. The warm line could provide not only an empathic and understanding person to talk to, but could also serve as a linkage to other services. Persons staffing warm lines would be able to provide information about local support groups, cultural activities, therapists specializing in adoption and a host of other relevant services.

The researchers understand that the expense for an agency to maintain a full-time therapist is likely to be cost-prohibitive and out of the scope of many agencies. However, that does not preclude the agencies from providing alternative support systems for the clients, including services such as the warm line.

Summary

The researchers concluded there was a relationship between adoption support services and parental satisfaction with international adoptions, but the researchers were unable to determine the magnitude of that relationship. All of the sixteen participants in our study indicated they were satisfied with their adoptions; however participants reported different experiences with adoption services. The researchers questioned how other factors, for instance education levels, personal characteristics, marital status, fertility condition, and culture/ethnicity, influenced parental satisfaction as well. The findings and questions have implications for social work practice that includes a need for improved communication between the agency and the adoptive parents. Agencies need to communicate specifically and clearly about the services they will or will not provide.
This also included clear communication about the role of the adoption social worker in the adoption process. The researchers also called for a need for improved pre-adoptive training and counseling services that would address the specific needs of the adoptive parents. The specific needs for adoptive parents might include information about behavior interventions, specific medical problems, and cultural issues. Lastly, the researchers asserted that adoptive parents need timely post-placement visits and increased availability of agency staff to better support the well being of adoptive families.
APPENDIX A

HUMAN SUBJECTS APPLICATION

Request for Review by the Sacramento State
Committee for the Protection of Human Subjects (Revised 09/2010)

Submit 11 copies of this form and any attachments to the Office of Research Administration,
Hornet Bookstore, Suite 3400, mail code 6111. Please type your responses or use a word processor.
Handwritten forms will be returned without review.

Project Title: Do adoption services increase satisfaction in families who adopt internationally?

Funding Agency (if any): __________________________________________________

Name(s) and affiliation(s) of Researchers: ___Jennifer Mashburn and Kandyce Seely

Mailing address (or Department and campus mail code): _________________________

Protocol Number 10-11-____
(Assigned by Office of Research)

Tejahsha Bankhead, Ph.D., LCSW
Name of faculty sponsor (for student research)
bankhead@csus.edu
E-mail address of sponsor

October 31, 2011
Anticipated starting date
1. Who will participate in this research as subjects (e.g., how many people, from what source, using what criteria for inclusion or exclusion)? How will you recruit their participation (e.g., what inducements, if any, will be offered)? How will you avoid any conflict of interest as a researcher?

Fifty parents who have finalized international adoptions as of November 1, 2009, and have participated in some type of adoption service (i.e. pre-adoption education or post-adoption case management) as part of the adoption process will be recruited to participate in this research. Subjects that will be excluded from the study are parents that completed domestic or private adoptions and/or did not participate in adoption services.

The researchers plan to use inducements for parents’ participation in the study. For parents who participate in interviews, the researchers will donate $1 to the participant’s preferred adoption organization for his/her participation in the study.

To avoid conflict of interests the researchers will not interview participants with whom they have personal relationships. For example, one of the researchers is involved in an online adoption support group. The researcher that does not have a relationship with the group will interview any and all participants that are involved with that group.

2. How will informed consent be obtained from the subjects? Attach a copy of the consent form you will use. If a signed written consent will not be obtained, explain what you will do instead and why. (See Appendix C in Policies and Procedures for examples of consent forms, an example of an assent form for children, and a list of consent form requirements. Also see the section on Informed Consent in Policies and Procedures.)

Once contacted by the researchers, potential participants will be informed of the purpose and intent of the research study. They will be informed that their participation is voluntary. There will be no negative implications if they choose not to participate and they have the right to withdraw from the study at any time without any negative implications. Participants will be informed that their answers will be kept confidential. An explanation of the process to protect their privacy will also be included.

Once participants have decided they wish to participate in the study, a consent form will be mailed to them. Those who choose to participate and be interviewed over the telephone will be asked to mail in or fax their consent form to the researchers. Those who choose to participate and be interviewed in person will be asked to present their signed consent form at the time of the interview. No one will be interviewed in person, or on the telephone, without a signed consent form.

Please see attached Consent Form.
3. How will the subjects’ rights to privacy and safety be protected? (See the section on Level of Risk in Policies and Procedures. For online surveys, also answer the checklist questions at the end of Appendix B in Policies and Procedures.)

Subjects' rights to privacy and safety will be protected through a numerical process that will de-identify the subjects. De-identification will begin when the subject is contacted by the researchers. All data and identifying information (including consent forms and surveys) collected during the interviews will be kept separate, and stored in a locked file cabinet. Subjects have the right to withdraw from the study at any time without penalty. All data will be destroyed at the end of the study once the project has been accepted by the Office of Graduate Studies.

4. Summarize the study’s purpose, design, and procedures. (Do not attach lengthy grant proposals, etc.)

Purpose: The purpose of the study is to describe and explore the correlation between the intensity of adoption services and the level of satisfaction in families who adopt internationally. The sample size is expected to be 50.

Design: This exploratory design will use both quantitative and qualitative data.

Procedure: The researchers will use personal contacts to recruit subjects for the study. Adoptive parents will be interviewed in person or on the telephone and asked a series of closed and open-ended questions that will explore their experiences and gain insight from them. The study seeks to explore the identified issues and gain new information about those issues. Data will be analyzed using descriptive statistics, content analysis, thematic analysis, and correlation analysis for quantitative data.

5. Describe the content of any tests, questionnaires, interviews, etc. in the research. Attach copies of the questions. What risk of discomfort or harm, if any, is involved in their use?

An interview will be used to collect information in telephone and in-person interviews. The interview is designed to collect quantitative data pertaining to the adoptive parent’s experiences with adoption services and protective factors that the adoptive parent experiences. The interview is written at a sixth grade level and is specifically structured to illicit responses directly associated with the research question. It includes four questions adapted from the Family Impact Questionnaire by Geri Donenberg and Bruce L. Baker (1993). These questions are used to measure the satisfaction of parents. Open-
ended questions are also used to allow respondents to give specific details in their own voice about the adoption experience and allow their responses to not be constrained by a limited set of answers. The researchers expect minimal discomfort or harm as result of the questionnaire due to adoptive parents’ possible emotional connection to the issue.

6. Describe any physical procedures in the research. What risk of discomfort or harm, if any, is involved in their use? (The committee will seek review and recommendation from a qualified on-campus medical professional for any medical procedures.)

Not applicable to the study.

7. Describe any equipment or instruments and any drugs or pharmaceuticals that will be used in the research. What risk of discomfort or harm, if any, is involved in their use? (The committee will seek review and recommendation from a qualified on-campus medical professional for the use of any drugs or pharmaceuticals.)

Not applicable to the study.

8. Taking all aspects of this research into consideration, do you consider the study to be “exempt,” “no risk,” “minimal risk,” or “at risk?” Explain why. (See the section on Level of Risk in Policies and Procedures.)

The researchers consider this study to be minimal risk due the participant’s emotional connection to a potentially charged issue.

No individual under the age of 18 will be interviewed and no physical procedures, drugs or pharmaceuticals will be utilized in the study. Participation is voluntary and participants will be well informed of their right to not participate or withdraw at any time during the study without retribution or other negative impacts. Participants will be provided referral information for the Sacramento State Center for Counseling and Diagnostic Services and California Youth Crisis Line. The referral information will be on the consent form and any other documents given to the participant.
For protocols approved as “at risk”, the researcher is required to file semiannual reports with the committee that describe the recruiting of subjects, progress on the research, interactions with the sponsor, and any adverse occurrences or changes in approved procedures. In addition, the committee reserves the right to monitor “at risk” research as it deems appropriate. Failure to file the required progress reports may result in suspension of approval for the research.

________________________________ ____________________
Signature of Researcher Date

________________________________ ____________________
Signature of Faculty Sponsor Date
(for student research)

Signature of your department or division chair confirms that he or she has had an opportunity to see your human subjects application.

________________________________ ____________________
Signature of Department/Division Chair Date

Questions about the application procedures for human subjects approval may be directed to the Office of Research Administration, (916) 278-7565, or to any member of the committee. Questions about how to minimize risks should be directed to a committee member. Applicants are encouraged to contact a committee member whose professional field most closely corresponds to that of the researcher. See www.csus.edu/research/humansubjects/ for a list of committee members and the current year’s due dates for submitting an application.
TO: Kandyce Seely & Jennifer Mashburn

FROM: Committee for the Protection of Human Subjects

RE: YOUR RECENT HUMAN SUBJECTS APPLICATION

We are writing on behalf of the Committee for the Protection of Human Subjects from the Division of Social Work. Your proposed study, "Do adoption services increase satisfaction in families who adopt internationally?" is

X approved as EXEMPT

_ NO RISK

X MINIMAL RISK.

Your human subjects approval number is: 11-12-021. Please use this number in all official correspondence and written materials relative to your study. Your approval expires one year from this date. Approval carries with it that you will inform the Committee promptly should an adverse reaction occur, and that you will make no modification in the protocol without prior approval of the Committee.

The committee wishes you the best in your research.

Professors: Jude Antonyappan, Teiahsha Bankhead, Maria Dinis, Serge Lee, Kisun Nam, Francis Yuen.

Cc: Dr. Teiahsha Bankhead
CONSENT TO PARTICIPATE IN A STUDENT RESEARCH STUDY

Exploring adoption services and satisfaction in families who adopt internationally.

I, ____________________________ (participant’s name) have been asked to participate in a student research study conducted by Master of Social Work students Jennifer Mashburn and Kandyce Seely under the supervision of Teiahsha Bankhead, PhD., LCSW, Associate Professor of Social Work at California State University, Sacramento. If I choose to, I can contact Jennifer Mashburn at (916) XXX-XXXX or jm3682@saclink.csus.edu or Kandyce Seely at (916) XXX-XXXX or cwa25@saclink.csus.edu. Dr. Bankhead’s contact email is bankhead@csus.edu.

Purpose: I understand the purpose of this study is to explore the correlation between the intensity of adoption support services and the number of protective factors of parents who adopt internationally.

Duration and Location: I understand the questionnaire will be conducted in person or over the telephone at my convenience. Interviews will take approximately 30-45 minutes; and they can be conducted in person at my home or in a secure public location, such as a coffee shop or library.

Procedures: I understand I will be asked questions about my adoption experience, family demographics, and my thoughts about adoption related issues.

Risks & Discomforts: I understand some of the questions may be perceived as very personal and may cause some feelings of discomfort for me. I understand I have contact information for the following resources: The Effort Counseling Center (916) 737-5555 and the 24-Hour Parent Support Line 1-888-281-3000.

Benefits: I understand data collected by this research study will provide new information regarding adoption support services and their correlation to protective factors of adoptive parents. This information may benefit future adoptive families and improve adoption practices.

Incentives: For parents who participate in interviews, the researchers will donate $1 to the participant’s preferred adoption organization for his/her participation in the study.

Confidentiality: I understand my rights to privacy and safety are protected. All identifying information and data will be de-identified through the use of a unique numerical identifiers. My consent form will be kept separate from the survey, and it will be stored in a locked file cabinet. All data will be destroyed at the end of the study once
the project has been accepted by the California State University, Sacramento, Office of Graduate Studies.

**Right to Withdraw:** I understand that my participation in this research study is completely voluntary and I may withdraw at any point with no penalties.

I have read the entire consent form and understand my rights as a potential research study participant. In addition, I voluntarily commit to participating in this study.

Signature of research participant __________________________   Date: ____________

Signature of researcher: _________________________________   Date: ____________
APPENDIX D

INTERNATIONAL ADOPTION INTERVIEW

When answering the questions, please answer in relation to your internationally adopted child.

**Family Structure**

1) Are you an adoptive parent?  □ Y  □ N
2) How many adopted children do you have? __________
3) Do you have biological children?  □ Y  □ N  If yes how many? ______
4) Do you have children adopted internationally?  □ Y  □ N
5) Please list your children in the following chart:

<table>
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<tr>
<th>Year child was adopted</th>
<th>Gender</th>
<th>Current Age</th>
<th>Age at Adoption</th>
<th>What country was the child adopted from? For biological children, please write N/A</th>
<th>Any Special Needs? If yes, please identify.</th>
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**Reasons for Adopting**

6) What were your reasons for adopting? ___________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

7) How would you describe your expectations about adoption? _________________________
_______________________________________________________________________________
_______________________________________________________________________________

**Adoption**

8) Adopting was the right decision for my family.
   □ Strongly Agree  □ Agree  □ Indecided  □ Disagree  □ Strongly Disagree
9) My life is better because of adopting.
   □ Strongly Agree  □ Agree  □ Indecided  □ Disagree  □ Strongly Disagree
10) I plan on adopting again. Or I would like to adopt again.
    □ Strongly Agree  □ Agree  □ Indecided  □ Disagree  □ Strongly Disagree
Adoption Services – Pre Adoption

11) Did you attend any adoption related recreational, cultural or other similar activities prior to your adoption? □ Y □ N

12) If yes, please describe the activities: ____________________________________________

13) Was pre-adoptive training required by your agency? □ Y □ N

14) Did you attend pre-adoptive training classes? □ Y □ N For either Y/N, why? ________

15) Was the training conducted by your adoption agency? □ Y □ N

16) How many hours of training did you participate in? ________

17) If you attended required pre-adoptive training, would you have done so if it were not a requirement for adoption? □ Y □ N

18) Did you like the pre-adoptive training provided by your agency?

□ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

19) What would you change about the pre-adoptive training and education provided by your agency? _____________________________________________________________________

20) Did you take any online pre-adoptive training courses? □ Y □ N

21) Was pre-adoptive counseling required by your agency? □ Y □ N

22) Did you attend pre-adoptive counseling? □ Y □ N For either Y/N, why? ________________

23) Was this counseling performed by your adoption agency? □ Y □ N

24) How many hours of counseling did you participate in? ________

25) If you attended required pre-adoptive counseling, would you have done so if it were not a requirement for adoption? □ Y □ N

26) Combining all pre-adoptive services that you received, how many hours of pre-adoptive support services did you receive? __________

27) Are you aware of the Hague Convention on Children’s Welfare requirement of 10 hours of pre-adoptive training for pre-adoptive parents? □ Y □ N

28) What are your thoughts on this requirement?

□ Very Important □ Important □ Moderately Important
□ Of Little Importance □ Unimportant

Adoption Services – Post Adoption

29) After your adopted child moved into your home, how many times did you meet with your social worker during the:

   a. _____ First 30 days  
   b. _____ 31-60 days  
   c. _____ 61-90 days  
   d. _____ 91 and over days
30) Did you receive post-placement services from your agency? □ Y □ N

31) Can you describe the post-placement services provided by your agency?

______________________________________________________________________________

32) Did you like the post-placement services by your agency?
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

33) What would you change about the post-placement services provided by your agency?

______________________________________________________________________________

34) Did you meet with any other professionals (speech therapists, pediatricians, educational specialists, psychologists, physical therapists, learning specialists, counselors, etc) after the adoption of your child?
   □ Very Frequently □ Frequently □ Occasionally □ Rarely □ Very Rarely □ Never

35) If you did meet with other professionals, how many? __________

36) Please describe what type of professional(s) and reason(s) for seeking out additional professionals:

______________________________________________________________________________

37) Please describe how many times you met with these additional professionals? __________

38) Are there any other types of adoption specific resources that you and your family use? Examples: support groups, play groups, mentoring by older adoptees, etc. □ Y □ N

39) If yes, please explain what those resources are:

______________________________________________________________________________

______________________________________________________________________________

Cultural

40) Do you and your adopted children attend cultural events? □ Y □ N

41) Did you attend cultural events prior to the child coming home? □ Y □ N

42) Do you integrate your child’s birth culture into your home and lifestyle?
   □ Very Frequently □ Frequently □ Occasionally □ Rarely □ Very Rarely □ Never

43) How do you integrate your child’s birth culture into your home and lifestyle?

______________________________________________________________________________

______________________________________________________________________________

Social and Community Support

44) Do you live with extended family such as grandparents or other relatives? □ Y □ N

45) Do you have extended family such as grandparents or other relatives nearby? □ Y □ N

46) If yes, how close do they live? ______________________________________

47) How would you describe the role of your extended family since you first adopted?

______________________________________________________________________________

______________________________________________________________________________

48) Prior to your adoption, was your extended family supportive of your adoption plans?
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree
49) Do you have close personal friends nearby? □ Y □ N
50) If yes, how close do they live? ____________________
51) How would you describe the role of your friends since you first adopted? ____________________________________________________________
52) Prior to your adoption, did your close personal friends support your adoption plans?
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree
53) How would you describe your support network? ____________________________________________________________
54) Do you consider yourself to be religious? □ Y □ N
55) What religion? ______________________________________________________
56) How often do you attend church? □ 0-1 times/month □ 2-3 times/month □ 4 or more

Satisfaction

57) I feel like I could be a better parent with my child.
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree
58) My child makes me feel more confident as a parent.
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree
59) I feel like I know how to deal with my child's behavior most of the time.
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree
60) I feel like I should have better control over his/her behavior.
   □ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

Demographics

61) Parent 1: Age: ___ Married/Single/Relationship ___ Educational Level ___ Income ___
62) Parent 2: Age: ___ Married/Single/Relationship ___ Educational Level ___ Income ___

Closing Comments from Adoptive Parents

63) Do you have any final comments you would like to share?
REFERENCES

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