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# Needs of Families Post-International Adoption

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Needs of Families Post-International Adoption

by

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MSW Clinical Research Paper

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## Abstract

Adoption is becoming a more normal way of life in the United States, totaling more than 7,000 children in 2013; as a result, more attention is being drawn to the services and experiences of those who have adoption as part of their lives (Bureau of Consular Affairs, 2014). The needs of families adopting internationally are areas that require further research, specifically focusing on the pre- and post-adoption services provided and what additional services are needed. The goal of this study was to examine the needs of families post-international adoption. Qualitative interviews were conducted with eight women who had adopted from either China or Russia. Interviews focused on participants' experience adopting with an emphasis primarily on their post-adoption challenges and needs. Several themes were identified: (a) support, (b) educational needs, (c) community services, and (d) material needs. This study suggests that families post-international adoption have needs that can be fulfilled through services provided by relationships, the adoption agency, or other community services. While this research study is exploratory in nature, it holds implications for social work practice and identifies areas for future post-adoption research.

*Keywords:* adoption, experiences, post-adoption needs, qualitative, international

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**Needs of families post-international adoption**

Adoption has become the norm for many in expanding or creating a family. In the U. S., during the year of 2013, a total of 7,094 children were adopted from different countries, with more than 230,000 children being adopted since 1989 (Bureau of Consular Affairs, 2014; Miller, 2005). With the number of adoptions taking place today, there has been an increase in the pre- and post-adoption services being provided. Some of those post-adoption needs are being newly discovered.

Previous studies have found that adoptive families face additional challenges around attachment, adjustment, education, and family formation (Atkinson & Gonet, 2007; Miller, 2005; and Payne, Fields, Meuchel, Jaffe, Jha, 2010). These challenges result in an increased need in post-adoption supports, as well as the importance of post-adoption services (Merritt & Festinger, 2013).

Recent studies have found the challenges facing adoptive families to be an area of need, which could use further research especially in implementing post-adoption services. Building on past research helped determine the research question within this study (Atkinson & Gonet, 2007; Merritt & Festinger, 2013; Miller, 2005; and Payne et al., 2010). The purpose of this study is to learn about adoptive experiences from families who have adopted internationally to see what areas are lacking in the post-adoption supports or services. The research specifically looks at adoptions taking place from China and Russia at different periods of time in the post-adoption transition, including 0-11 months, 1-4 years, 5-10 years, and 11+ years. In addition, the research will focus on some of the challenges adoptive families are facing such as identity formation or the integration of culture. The identification of a people group lacking services increases the urgency in

social service agencies to continue implementing and providing services that help support families post-adoption and to help make the process positive.

The purpose of this study is to examine the needs of families' post-international adoption and examine how adoptive parents manage or contribute to identity formation within the critical periods of child and adolescent development. Furthermore, this research project will address these findings in a way applicable to social service agencies and professionals who work with adoption. To focus more, the research will interview participants who have adopted from (a) China or (b) Russia, as these are the leading countries in international adoption. The researcher is interested in completing this study because of close family members having adopted and the researcher joining alongside them in the adoption process. The researcher is aware of the controversy of focusing on adopter's perspective over adoptees, but for the timeline of this study and the access of interviewees, the researcher is interviewing adopters, but with the awareness of the present controversy.

## Adoption

Adoption has become a common strategy for family planning; there are between 1.5 and 2 million adopted children in the U.S. (Meritt & Festinger, 2013). Adoption is two-fold: the action of being adopted or being the adopter. The Department of Social Services (2014) defines adoption as a legal process that gives parental rights to individuals becoming the adoptive parents creating a legal parent/child relationship. This process is supposed to be permanent and assumes that the adoptive parents will be responsible for all parental duties and caring for, guiding, and supporting the child being adopted. Research has found that adoption is not only similar to childbirth in that the

event is filled with joy, but there is also an extreme amount of stress throughout the

process (Payne et al., 2010). It appears that there are very few emotional differences

between adoptive families and other families when comparing the two processes (Barth

& Miller, 2000). Both processes include joys, challenges, and transitions for each family.

This literature review will examine literature on adoption history and background,

adoption types, adoptees and adopters, adoption challenges, pre-adoption risk factors,

pre- and post-adoption family services, the role of social workers in adoption, and lastly,

the unique elements of international adoption.

**History and Background**

The formalized practice of adoption has been institutionalized since the mid-

nineteenth century (Ishizawa & Kubo, 2014); multiple Acts and legal regulations have

been passed to change the adoptive processes, issues, and creating new formalizations. In

the late 1900s, there was a shift to colorblindness, meaning that society placed less

importance on racial matching. This led to the Multiethnic Placement Act (MEPA) of

1994 and Interethnic Adoption Provision (IEP) of 1996 (Ishizawa & Kubo, 2014; Lee,

Crolley, Simic & Vonk, 2013). MEPA and IEP prohibit denying or delaying the

placement of a child for adoption or foster care from states or other entities receiving

federal assistance on the factor of race or national origin of either the adoptive family or

child. Due to the controversy regarding similar racial adoption and interracial adoption,

legal processes must now be followed. Though the MEPA and IEP were put in place,

there are visible shifts within society's views. For example, Ishizawa and Kubo (2014)

found that there is still a higher price on white infants than black infants. Lee et al. (2013)

also found that in the U.S., domestic transracial adoptions increased from approximately

1,000 in 1995 to 8,000 in 2001. One could hypothesize that the higher price placed on

white infants is due to the fact that adoptive families are primarily white, therefore they

are interested in adopting within their own racial identities. However, the study by Lee et

al. (2013) found there was an increase in overall interracial adoptions.

    During the time of the passage of the Multiethnic Placement Act and IEP,

international adoption was being shaped by the Hague Convention of 1994, which will be

addressed later on in a detailed discussion of international adoption (Brown, 2009;

Gebhardt, 2012).  Meritt and Festinger (2013) found that with the passage of the

Adoption and Safe Family Act of 1997, adoptions have greatly increased. This Act

promoted the adoption of children within foster homes. This Act puts more of a focus on

terminating parental rights more quickly when abuse and neglect have occurred, rather

than prioritizing family preservation. The aim was to speed up permanency for children

who have entered foster care, and has resulted in an increase in the number of children

adopted from foster care. The many adaptations made throughout the past century have

attempted to provide structure, safety, ethical considerations, and adjustments as society

changes and has further shaped adoption today.

**Types of Adoption**

    Adoption can be either domestic or international and categorized as closed or

open. Choosing between domestic and international adoption might be overwhelming for

parents in the beginning stages of the adoption process. In a study conducted by Ishizawa

and Kubo (2014), the authors analyzed the characteristics of adoptees and families

associated with different types of adoption as well as important factors adoptive parents

take into consideration when choosing domestic or international adoption. Ishizawa and

Kubo (2014) used the 2007 National Survey of Adoptive Parents and found that attributes of children and families differ by the type of adoption they choose and that adoptive parents' preferences were different by adoption type.

**Domestic.** Domestic adoption is done within the U.S. and is typically completed through public agencies (Gebhardt, 2012; Lee et al., 2013). The children adopted through domestic adoption are commonly coming from foster homes, state custody, private agencies, or through independent arrangements made between the birth parents and adoptive parents. Studies found that children adopted through domestic adoption are more likely considered to be special needs children (Favor & Alanis, 2011; Wind, Brooks, & Barth, 2007). Special needs children may be characterized by having one or more of these factors: (a) history of abuse and neglect, (b) older age, (c) sibling group separation, (d) unstable or multiple placements, and (e) emotional, physical or behavioral disabilities. These factors might place the adoption at risk and might cause poor outcomes or pose significant difficulties for adoptive families (Favor & Alanis, 2011; Gebhardt, 2012; Wind et al., 2007). Special needs children are considered a particularly vulnerable group because of the likelihood that they will have more demanding needs, which may negatively impact the process for the adoptees and parents (Faver & Alanis, 2011).

**International.** International adoption is uniquely different than domestic adoption. The process involves another country and is usually transracial with enormous implications including loss of language, loss of birth country, loss of citizenship, and an increased distance from birth country, culture, and parents. The adoption process is typically conducted through private agencies, though some adoptions occur through public agencies in the U.S. (Gebhardt, 2012). Adoptive parents must first complete a

home study, followed by the matching of the adoptee and adopter(s), and ending with a

legal finalization. International adoption requires more paperwork and documentation

from the adoptee's country of origin. Adoptive parents have to submit information and

the process can take a long time. Furthermore, it is common for parents to have two

adoption proceedings, one in the adoptee's country of origin, and another in the U.S.

(Gebhardt, 2012).

From 2004 to 2013, the annual rate of international adoptions in the U.S.

decreased by over 15,000 (Bureau of Consular Affairs, 2014; Ishizawa & Kubo, 2014).

Ishizawa and Kubo (2014) found that this decline was due to the tightening of regulations

within other countries and the implementation of the Hague Convention on Protection of

Children and Cooperation in Respect of Inter-Country Adoption in 2008. In addition, to

countries feeling compelled to limit criticism. For example, in 2013, Russia implemented

this law, which may further decrease the number of adoptions. One reason why Russia

implemented this law was because of the woman who decided to return her adopted child

to Russia. Similarly, China has narrowed their eligibility criteria, in the hopes of

increasing domestic adoption within China. All of these changes abroad may increase

prospective adoptive parents to look more seriously at domestic adoption within the U.S.

(Gebhardt, 2012; Ishizawa & Kubo, 2014).

**Closed.** There are two types of adoption (a) closed and (b) open. Closed adoption

does not allow any information to be shared among the parties involved, including the

birth parents, adoptive parents, and adoptee. Two perspectives in closed adoption are by

having no information disclosed, the adopted child may integrate better and more fully

into the adoptive family and that adoptive parents do not want the threat of birth parents

handing over their family (Farr, Grant-Marsney, & Grotevant, 2014; Ishizawa & Kubo, 2014).

    **Open.**  Open adoption allows contact between birth parents and adoptive parents (Ishizawa & Kubo, 2014; Modell, 1994; Ryan, 2011). This contact is on a continuum, which is determined by the parties involved. Communication and contact is made primarily post-adoption and is ideally maintained at an agreeable level though, communication and contact also may happen pre-adoption. For example, birth parents may be involved in selecting the adoptive parents, especially in domestic adoption.

    Open adoption was a widely practiced type of adoption before 1940. In the years following, society began to favor closed adoptions because of the perspective that adoptees would connect more positively with their adoptive families and reduce the alleged shame of the birth mothers. However, in recent years, preferences and beliefs have shifted back to favoring open adoption (Ishizawa and Kubo, 2014; Ryan, 2011). Ishizawa and Kubo (2014) found through their study that there is a large consensus to end closed adoptions completely, but this is still an area of controversy. Despite the growing agreement that open adoptions are the best form of adoption for all parties involved, Ryan (2011) found that child welfare workers hold positive views about adoption openness, while many foster parents disagree. They believe that ongoing contact during open adoption disables the children's ability to integrate into the family. An important factor is that the adoptee should be a part of the family process; his or her wishes may have a large impact on how this contact is practiced or handled (Grotevant, Reuter, Korff, & Gonzalez, 2011).

**Adoptees, Adopters, and Birth Parents**

**Adoptees.** Persons being adopted are considered the adoptees. The adoptees have to meet certain criteria to be considered eligible for adoption. Potential adoptees must be considered an orphan, defined as a minor bereft through death or disappearance of, abandonment or desertion by, or separation or loss from, both parents (Gebhardt, 2012; Niemann & Weiss, 2011; Pronchenko-Jain & Fernando, 2013). Children who are internationally adopted typically have been institutionalized with several placements prior to adoption (Gebhardt, 2012; Halk & McCall, 2011; Niemann & Weiss, 2011; Pronchenko-Jain & Fernando, 2013). They wanted to help familiarize family therapists with children's unique experiences in institutionalized care, specifically in Russia, and how this care impacts children's social-emotional development, behavior, and attachment patterns. Pronchenko-Jain and Fernando (2013) explain that children's experience in institutionalized care prior to adoption has a combination of risk factors that may include low stimulation and caregiver availability, malnutrition, and stress. These risk factors have the potential to affect adoptees in their postnatal growth, cognitive, and language development (Fernando, 2013). In addition, Gebhardt (2012) found, orphaned children are at a higher risk of having been abused emotionally, mentally, or sexually. These scenarios and risk factors are more common for adoptees and adoptive families than biological families and are impacting the lives of adoptees.

**Adopters.** Adopters are the individuals who adopt the adoptees. There are two themes that emerged in the review of literature. The first theme was the characteristics of those who adopt, and the second was why adopters choose to adopt. In examining these characteristics, the adopters seemed to share several distinct similarities. Demographically, adoptive parents have been found to be mostly white, older, highly

educated, of a higher socio-economic status, and infertile (Foli & Gibson, 2011; Payne et al., 2010).

The reasons to adopt can be quite broad. For example, Ishizawa and Kubo (2014) discovered that parents may consider adoption in order to improve the life of a child, or because they may want to increase their family size. Infertility, religion, and humanitarianism were also found as motivating factors in the reasons to adopt. Other outside factors include: a decreased waiting period, preference for domestic or international adoption systems, desire for a younger or older child, etc. (Choy, 2013; Ishizawa & Kubo, 2014; Payne, Fields, Meuchel, Jaffe, & Jha, 2010; Suter, 2008).

Ishizawa and Kubo (2014) stated that most children adopted internationally compared to domestic adoption are adopted by white parents. Non-white international adopters were found to adopt children of the same race or ethnicity as themselves; for example, Asian American adopters tended to adopt from China or Korea. This research also found that American families are the largest groups to adopt internationally.

Choy (2013) and Suter (2008) discoverd what they call the "rescue myth" within their studies of the U.S. American adoptions. This myth states that birth and some adoptive families believe that adoptive parents are saviors. The birth parents see their children as charity cases that need saving, which serves as a justification to birth mothers. This is a consideration that may lead adoptive parents to adopt.

**Birth Parents.** Birth parents have an irreplaceable role and impact on the adoption process. Many adoptees struggles may originate from the care they received or did not receive from birth parents prior to adoption. Open adoption, specifically in domestic adoptions, increase the role and involvement of birth parents (Farr, et al., 2014).

**Adoption Challenges**

Research has found challenges that may arise from the impact of the adoption process, challenges that are distinct from those experienced by biologically constituted families (Barth & Miler, 2000; Favor & Alanis, 2011; Foli & Gibson, 2011; Monck & Rushton, 2009; Payne et al., 2010). The legal process was the first challenge that was found for adopters. Part of the legal process is navigation of the laws to which adoptive parents must comply. Constantly changing laws in internal governance and relationships between nations create unique challenges in the adoptive process. For example, in an international adoption there are three sets of laws that adoptive parents need to understand: (a) U.S. Federal law, (b) laws of the child's home country, and (c) laws of the state where the adoptive family resides (Brown, 2009). The lack of transparency in the adoption process is another challenge. Often times, limited information is provided about the children prior to the adoption; for example, an "orphan's" alleged eligibility for adoption or the child's prenatal environment or postnatal environment (Barth & Miller, 2000). The lack of transparency among professionals and other individuals are not mindful of the intense emotional effect the process has on prospective adopters (Brown, 2009). Building on prior stress (infertility, financial issues, the evaluation for parental fitness, etc.), the lack of transparency makes the adoption process all the more challenging (Payne et al, 2010).

Pre-adoption challenges may carry over into post-adoption, however, depression is unique to the latter. Post-adoption depression impacts approximately 32% of parents in both domestic and international adoption (Foli & Gibson, 2011).  Depression is caused by a combination of pre-adoption challenges, the adoption process itself, and post-adoption

experiences. Foli and Gibson (2011) found that contributors to post-adoption depression include daily stress, lingering grief over infertility or child loss, lack of bonding, prior depression, and challenging adoptee temperament. Bielawska-Batorowicz and Kossakowska-Petrycka (2006) also found that the discrepancy between expectations, the reality of the family, and marital satisfaction impacts post-adoption depression (Foli & Gibson, 2011).

One final challenge of adoption pertains to the adoptee's adjustment. The early months of placement or post-adoption have been found to be extremely challenging. Some children, most commonly seen in older children, will show significant behavior problems because they are having a hard time expressing their feelings (Monck & Rushton, 2009). This is categorized as a primary cause of the problems faced after returning home. Favor and Alanis (2011) discuss empathy deficits in adoptees, which can be caused from exposure to violence, with the result that the development of empathy becomes disrupted, creating callousness, aggression toward animals or people, and other externalizing behaviors. Parents who lack responsiveness to their children contribute to this empathy deficit; can be attributed to a lack of warmth, emotional involvement, or sensitivity to the child in the critical years. Adoptees without this condition were able to form and develop their empathy skills throughout childhood, when empathy becomes a protective factor against engaging in aggressive behavior. This allows these individuals to take on the perspective of another and to feel compassion towards other individuals (Foli & Alanis, 2011). Each of these challenges are unique to the adoptive process and are critical to understanding the transitions and family dynamics.

**Pre-Adoption Risk Factors**

For the adoptee there are numerous influences outside the child that may create challenges within the adoption process. Goldman & Ryan (2010) and Wind et al. (2007) discussed three factors that influenced pre-adoption. The first one is the possibility of exposure to prenatal alcohol, tobacco and/or other drugs (ATOD). This type of exposure may have a behavioral, medical, or emotional effect in later stages of life. However, Goldman and Ryan (2010) found that adoption could provide a protective effect that allows healing for adoptees.  Secondly, childhood trauma, previous abuse, and maltreatment are considered pre-adoption risk factors. The last major factor is the number of out-of-home placements (Niemann & Weiss, 2011). Goldman and Ryan (2014) also found that younger children with fewer placements prior to adoption exhibited fewer adjustment problems, reinforcing the risk of multiple out-of-home placements. Other risk factors include gender and age at time of adoption. Research suggests that several risk factors working together appear to have the greatest impact on adoption challenges (Goldman & Ryan, 2010; Niemann & Weiss, 2011; Wind et al., 2007).

**Family Services**

**Pre-Adoption Services and Needs.** Through research on services offered in pre-adoption programs, two themes emerged; pre-adoption services should offer both preparation and support to adoptive families (Barth & Miller, 2000; Brown, 2009; Goldman & Ryan, 2010; Meritt & Festinger, 2013; Payne et al., 2010; Wind et al., 2007; Winship, 2011). The pre-adoption services should focus on emotional, physical, and mental preparation. Brown (2009) suggests that individuals prepare themselves for a process that is time consuming and emotionally draining as the process involves a significant amount of research, paperwork, personal scrutiny, and may be filled with

uncertainty, disappointments, and fear (Payne et al., 2010). Goldman & Ryan (2010) suggest that adequate preparation is essential for a successful adoption, as everyone involved should have a clear understanding of the influential factors contributing to the process. This preparation could take place through pre-adoption counseling, reading materials, information about the child's psychosocial history, psychological testing, and interaction with other adoptive parents (Wind et al., 2007; Winship, 2011). Ishizawa and Kubo (2014) offer that prior to adoption, parents should consider what differences they are willing to accept, including: traits of children (i.e. race, ethnicity, age at adoption) and how this fits into their view of family in society.

Pre-adoption support leads to optimal adjustment, successful family functioning, and other positive outcomes (Meritt and Festinger, 2013). Support can go hand-in-hand with preparation and includes the support of families and friends of the adoptive parents, as well as the support from the agency. These-studies were found to be helpful because of the support, sense of security and understanding from others in the pre-adoption process (Barth & Miller, 2000). Group home-studies are not a common practice, but were mentioned as one way that support could be integrated into the process. Pre-adoption services are quite different than the needed post-adoption services, but both types of services include the importance of support throughout the whole adoption experience.

**Post-Adoption Services and Needs.** In 1977, the development of post-adoption services was established with the allocation of federal funding to post-adoption services from the reauthorization of the Adoption and Safe Family Act (Meritt & Festinger, 2013). There are different ways to categorize post-adoption services. For the purpose of this study three categories will be examined: (a) educational/informational, (b) clinical

services, and (c) material services (Barth & Miller, 2000). Prior to 2000,

educational/informational was the most used and desired type of post-adoption support.

This type of service provides pamphlets, books, articles, workshops, classes, seminars,

support groups, mentors, ongoing meetings with caseworkers, and/or educational

supports to adoptive families (Barth & Miller, 2000; Merritt & Festinger, 2013; Wind et

al., 2007).

Clinical services include individual: marital, and family counseling, respite care,

and intensive crisis intervention or counseling (Barth & Miller, 2000; Meritt & Festinger,

2013; Wind et al., 2007). These services are based primarily on therapeutic techniques or

approaches. Barth and Miller (2000) found that clinical services conducted in the

family's home allowed the focus to be on helping the parents relate to their adoptive child

and their unique needs. Meritt and Festinger (2013) collected data showing that adoptive

families use clinical supports three times more than birth families, confirming the

importance of this post-adoption service. The last type of service is material services,

which include adoption subsidies, health benefits, respite care, and support for temporary

placement of the children in residential care (Barth & Miller, 2000; Merritt & Festinger,

2013).

Another example of post adoption services is the use of humane education. This

approach, which was studied by Favor and Alanis (2011), is a unique combination of

education, informational, and clinical services. This study looked at incorporating the

form of character education by using animal-related lessons and stories to foster empathy,

respect, and responsibility among the children. This strategy is used to disrupt a

developmental pattern that may lead to aggression or other negative behaviors, by

fostering empathy. The children who benefit most from this type of service are those who have been maltreated, as they can use the vulnerable animals in the stories to associate their own emotions from previous experiences Parents also participate in humane education, so that the professionals can aid the parents in their efforts to be warm and emotionally involved with their child, even if they are unresponsive. This program also hopes to foster communication and build trust of a fearful child (Favor & Alanis, 2011).

Studies have found other needs related to post-adoption services that are not yet available. For example, one issue is the lack of knowledge from agencies offering post-adoption services. This knowledge is the adoptive experience and what the needs are of the children and parents post-adoption. Merritt and Festinger (2013) found only a few studies that assessed post-adoption services programs. Other studies reflected that there is a lack of information regarding the access and cost of services. They can be inconsistent and available for limited periods of times. They can also be poorly advertised and inconvenient (Barth & Miller, 2000; Meritt & Festinger, 2013; Wind et al., 2007). One of the biggest concerns of post-adoption services was reported in Barth and Miller's (2000) study of the labeling bias among the mental health settings. Seemingly, there are potential needs within the settings of adoption agencies and mental health agencies.

Post-adoption services are not only used by adoptive parents, but also those looking for their biological parents (Barth & Miller, 2000). Adoption is a lifelong process. The importance of post-adoption services in supporting adoptive family development cannot be understated (Barth & Miller, 2000; Wind et al., 2007). Providing effective aid is beneficial to successful family functioning, will ensure that the challenges

of the adoptive process are supported, and will help families in the post-adoption adjustment.

**Role of Social Workers**

Social workers can be an incredibly valuable asset in the adoptive process. Their role is to complete home studies required by both domestic and international adoption (Barth & Miller, 2000; Genhardt, 2012; Ishizawa & Kubo, 2014; Lee et al., 2013; Suter, 2008; Winship, 2011). Home studies evaluate the adoptive family and their parental readiness, as well as the readiness of the home environment for the adoptee. During this process, the social worker will provide information and training to enhance the adoptive family's readiness, and their parental skills (Gebhardt, 2012; Suter, 2008). Social workers also participate in the matching phase of adoption; they choose which parents are the best fit for each child. Within the Hague Convention for international adoption, a licensed social worker must complete the post-placement reports and have them notarized, thus expanding social workers role within adoption. This emphasizes the important role social workers have in the adoption process.

Social workers ought to communicate realistic expectations for prospective adoptive parents and adoptive parents (Barth & Miller, 2000). It is critical for adoptive parents to have reasonable expectations; knowing the risk of a difficult adjustment post-adoption is a first step towards (Barth & Miller, 2000; Winship, 2011).

**International Adoption**

This clinical research study is focusing more specifically on international adoption. Recently, the landscape of international adoption has been shaped and regulated by the Hague Adoption (Gebhardt, 2012). The Hague Adoption Convention

was created to protect children and both birth and adoptive parents while ensuring

cooperation in international adoptions (Ishizawa & Kubo, 2014). The U.S. signed the

document on March 31st, 1994, though not required by law. Through the Convention, the

U.S. was appointed the central authority. Under the Convention, private and public

agencies are now mandated to become accredited (Brown, 2009; Gebhardt, 2012).

Agencies that engage in adoptions between the U.S. and countries that also signed The

Hague Adoption Convention are required to be accredited, follow ethical guidelines, and

ensure that adoption is in the best interest of the child. Every country that has signed the

Convention has to follow its basic required guidelines, but they are able to shape and

mold them to the country's desires. The Hague Convention has proven itself to be an

effective tool; international adoptions are done in the safest and most efficient way

possible, encouraging agencies to educate parents on the culture and language of the

adoptive parent and provide post-adoption services (Brown, 2009, Gebhardt, 2012). This

Convention created a more safe and ethical process for international adoptions, though

some countries under this Convention now maintain a longer wait period before

finalizing adoption (Brown, 2009, Gebhardt, 2012). The Convention requires post-

placement reports to be conducted and notarized by a social worker post-adoption. For

the countries who are not affiliated with the Hague Convention, there are no post-

adoption requirements. This creates a recommendation for future research on ethical

considerations. In the end, adoptive parents must abide by the laws of the country from

which they wish to adopt, no matter if they are under the Convention or not (Brown,

2009; Gebhardt, 2012).

**China.** China is among the most popular countries for adoptions due to their stable and reliable adoption system (Brown, 2009; Phillips, 2014; Suter, 2008; Tan & Jordan, 2012). Like the U.S., China is part of the Hague Convention, but they also have a unique set of guidelines. Adoptive parents cannot be (a) single, (b) married for less than two years, (c) mentally disabled, or (d) divorced more than two times (Brown, 2009; Suter, 2008; Tan & Jordan, 2012). Concerning the adoptee, China requires that they must be under the age of fourteen. This age requirement is different among other countries. Adoptees must also meet the rest of the guidelines required by the Chinese adoption system (Brown, 2009; Phillips, 2014; Suter, 2008; Tan & Jordan, 2012).

**Russia.** In the past decade, Russia has been among the top three countries where international adoptions have taken place (Brown, 2009; Bureau of Consular Affairs, 2014; Crook, 2011; Crook, 2013). Unlike China, Russia has not signed the Hague Convention, allowing them to create their own guidelines to the adoption process without any requirements or recommendations from other authorities/countries. There are a few unique guidelines for adopters: (a) if single, must be sixteen years older than child looking to adopt; (b) if married, no age requirement; or (c) cannot have certain medical and/or psychological conditions (Brown, 2009; Crook, 2011). The largest issue facing those adopting from Russia is the possibility of last minute cancellation. This is because the adoptee's birth parents have the right to withdraw their consent (Brown, 2009; Crook, 2011; Crook, 2013). This issue is common among other countries, or even within domestic adoptions, but Russia this is a top concern. This situation exists without the protection of The Hague Convention requirements.

**Pre-Adoption Challenges and Needs**

**Parents.** There are a unique set of challenges and needs for those who choose to adopt internationally. Meritt & Festinger (2013) suggest services can help prepare parents for a positive cultural transition with their adoptees. Also prior to adoption, they suggest services for creating awareness and positive parenting; awareness of differences culturally, racially, and how those may impact the child's well-being and adjustment. Due to the increase in transracial adoptions within international adoption, challenges of understanding the vast racial and cultural development needs of the child arise (Lee et al., 2013). Lastly, Goldman and Ryan (2010) recommend creating healthy expectations for the adoptive parents, including (a) traveling to another country and (b) potential adjustment challenges of the adoptee.

## Post-Adoption Challenges and Needs

For families adopting internationally, bigger challenges may arise immediately post-adoption. Some of those challenges stem from the adjustment process back home after experiencing culture shock and possible stressful events. Triggers may be from: (a) communication in another language (b) navigation of unfamiliar legal procedures, and (c) responsibility for their new child (Merritt & Festinger, 2012).

**Parents.** International post-adoption challenges and needs are found to be greater than some domestic adoptions, as many of the adoptees experienced early deprivation, institutional care, and previous maltreatment (Meritt & Festinger, 2012). Therefore one of the first challenges faced by families is health care services. The children coming from institutional settings have a higher risk for medical needs than others (Smit, 2013). This is a two-fold problem. First, there can be limited information about a child's biological family, which causes stress (Niemann & Weiss, 2011; Smit, 2010). The second challenge

is identity formation of the family. This challenge typically comes up in the later post-adoption period, but is one faced by many, especially when language used by outsiders can disconfirm identity. For example, an individual asking about the different ethnicities within the family, and assuming they are adopted, may hurt identity formation (Suter, 2008). Tan and Jordan-Arthur (2012) found that parents who positively affirm adoption, ethnic identity and ethnic marginality, and academic functioning, promote a positive and healthy identity formation within the family. Suter (2008) adds that family identity is built through communication and a process of construction, maintenance, and repair. Underlying all other challenges, there is increased stress for first-time adoptive parents (Smit, 2010).

**Adoptees.** Adoptees experience their own unique set of challenges post-adoption that are often overlooked. International adoptions may take adoptees into an unknown routine, different language, new surroundings, and potentially the grieving process of losing familiar people they know (Smit, 2010). Niemann and Weiss (2011) stated that developmental delays are common among international adoptions, as many adoptees came from institutionalized care. This lowers the attachment security and also may create difficulties for the adoptee in functionality at home, school, or the community (Barth & Miller, 2000). Another unique challenge faced by adoptees is the placement in a transracial family, creating a challenge in forming an identity (Choy, 2013; Lee et al., 2013). The influence of public media and the memories of birth families were found as the largest challenges to adoptees as they began developing their identity (Choy, 2013).

**Important Factors**

Based on the challenges that were discussed for both the adoptive parents and adoptees, there were three main factors that were important to international adoption: doctors who specialized in international adoption, attachment, and inability to self-disclose an adoptive status (Barth & Miller, 2000; Favor & Analis, 2011; Niemann & Weiss, 2011; Smit, 2010; Suter, 2008). It is important to have doctors who specialize in international adoption. This is due to the large amount of stress created around limited information known to adoptive parents and adoptees of the adoptee's biological family medical history. The presence of doctors who are knowledgeable in required screenings for infections found in internationally adopted children has been helpful to ease families in their post-adoption transitions (Smit, 2010). In the past, parents have felt like they needed to be advocates for their child with health care providers, as there was a lack of understanding of the unique needs of these children.

Attachment is crucial to everyone involved within the adoption process. The adoptive parents' response to possible problems adoptees have post-adoption can be shaped through education training in the post-adoption adjustment period (Barth & Miller, 2000; Faver & Alanis, 2011; Smit, 2010). Niemann & Weiss (2011) found beneficial information in their study in regards to attachment. In international adoption, most adoptees stay within institutional care rather than moving into a family setting in foster care, where attachment is affected. The two ideas that are pinpointed are that infants are not typically adopted until they are about two years old, creating attachment at a later age of life, and secondly, adoptees may have a developmental age discrepancy to consider in their attachment style. Though international adoption does not put a child at

risk for attachment insecurity, the process is just one possible factor influencing the post-adoption adjustment.

The last important factor is the inability to control self-disclosure of the family's adoptive status when done interracially (Suter, 2008). In the study completed by Suter (2008), this factor gave parents a sense that they were out of control, as the comments made by individuals pulled out the physical differences among the family. Both negative and positive comments alike would pull attention to the visible difference of the parent and child. They documented empowering ways to handle these situations, by using education. This could be taking the opportunity to pass along resources or to redress misinformation when language fails, correct the offensive languages or even reaffirm the authenticity of adoptive families as a construct. This important factor is one that parents and professionals find is often forgotten or overlooked, but one that is often present throughout all seasons of post-adoption (Suter, 2008).

**Conclusion**

Since there is a high rate of adoption to the U.S, it is important to understand the history and background, types, challenges pre- and post-adoption, and to take a specific look at international adoption. International adoption is a unique and difficult process to engage in, as birth parent, adoptive parent and adoptee. The important thing to remember is that adoptive parents carry much of the responsibility in shaping the culture of their adoptive family. This is not to blame them alone for difficult adoptive family dynamics, but to acknowledge that, for example, how race is talked about in the home is influenced by the adoptive parents' racial beliefs (Barth & Miller, 2000). With the awareness of pre- and post-adoption challenges there seems to be a gap in what families need post-adoption

and how to best provide the needed services. There is a growing body of evidence that

parents and adoptees have significant post-adoption needs, with less certainty that

agencies are meeting those needs (Barth & Miller, 2000). This study addresses the needs

of families post international adoption to help close the gap in services offered by

adoption agencies while partnering with adoptive families when they return from

adopting.

## Conceptual Framework

Studies have discussed various theories, models, and frameworks that were used

in the basis of adoption and through adoption services. The leading theory found in past

research, and that was used for this paper, is attachment theory (Barth & Miller, 2000;

Faver & Alanis, 2011; Niemann & Weiss, 2011). Attachment theory, otherwise known as

the theory of human connection, was formulated by Bowlby (Snyder, Shapiro, &

Treleaven, 2011; Zastrow & Kirst-Ashman, 2013). Attachment theory suggests that

humans were created to connect emotionally through intimate relationships with others,

emphasizing the interaction between the caregiver and child that forms an emotional

bond. Within Bowlby's theory, there are four different stages of attachment: (a)

preattachement, (b) attachment in the making, (c) true attachment, and (d) reciprocal

relationships. What happens in the four stages will create a child's pattern of attachment.

The created patterns will furthermore affect social relationships throughout the

individual's lifetime. The four possible patterns created in a child are secure attachment,

anxious-avoidant attachment, anxious-resistant attachment, and disorganized attachment.

From the beginning, parents influence children's development in the way they interact

with their child, which is why attachment theory focuses on the developmental pathways.

This helps explain tendencies in relationships later in life based on the early experiences developmentally. These patterns create an internal working model that allows children to learn innately how relationships should be, and how to act within them through early experiences with their mother (Snyder, Shapiro, & Treleaven, 2011). Niemann and Weiss (2011) explain that the attachment bond is determined by the everyday experiences with a caregiver; by twelve months, a child has formed a cognitive model of what to expect from caregivers in times of need.

The second theory used as a framework for this study was the family systems theory, (Barth & Miller, 2000; Kolbert, Crothers, & Field, 2013; Wind et al., 2007).  This theory was created by Bowen, whom looks at the system of a family separate from systems theory and looks at the systems within a family. Specifically, this theory looks at two things: how an identity is formed within the context of family through togetherness, and how an individual identifies self individually within one's family (Kolbert et al., 2013).  In a clinical practice setting, this theory works with the client while intentionally incorporating the family and the systems with the family throughout the process.

The final framework that was emphasized in relation to needs of families post international adoption was the person-in-environment focus. This is defined by Zastrow and Kirst-Ashman (2013) as seeing people as always interacting with various systems, including: family, friends, work, social services, politics, religion, educational systems, and others. The focus would be to improve the interactions and fit between the many systems and the individual.

These three theories or frameworks are a few of the many possible ways of approaching the needs of families post international adoption. Attachment theory was

important to the study of needs of families post international adoption because of the ages

of children being adopted. Many of the children being adopted internationally are below

the age of five, emphasizing the belief about attachment and implying that most of these

children being adopted have already formed their attachment pattern. With pre-set

attachment patterns, focusing on this area with a family could provide insight to the

family's needs. Some adoptees that were institutionalized prior to adoption may have

never had the opportunity to form an appropriate attachment, promoting the importance

of bonding to take place with parents immediately once parents and adoptee are united.

Secondly, the family systems theory focuses on the emotional and behavioral

subsystems among the adoption triad (Wind et al., 2007) of a family, supporting the

framework of looking at the two aspects of identity formation among the adoptee. This

study specifically looks at identity formation needs of families, which will include the

family systems theory. Lastly, the person-in-environment focus is the basis to social work

practice, causing this to be an important theory to include within the study. Additionally,

the focus looks at the various systems surrounding a family or individual, which many

adoption families have an increase in systems influencing their interactions.

Combined, this study will use these three frameworks as a lens and provide

practice implications. Adoptees and their adoptive families face unique challenges that

can be supported by these three frameworks separately and together.

## Methodology

### Study Design

This study was done through a qualitative design (i.e. the discovery of the quality

of something and essential character) and a grounded theory approach (Dudley, 2011).

Grounded theory is primarily used to discover social and psychological processes and theory (Hilary, 2013). This approach looks for patterns in the data found specifically in life that society may or may not be aware of. Grounded theory was used for this study because of the direct focus on a certain group. This study examined families who have adopted internationally from China or Russia and looked for patterns of needs after the adoption took place, in hope to bring more awareness to adoption agencies, social workers, and other professionals. As a whole, this study was done through an explanatory approach and explains the needs of family's post-international adoption in more specific ways, which will allow professionals to better address and serve this population.

**Sample and Procedure**

   **Sample.** The sample for this study were parents whom have adopted internationally from either China or Russia. Eight participants were recruited for this study. Sampling was done through the purposive and snowball sampling technique. Purposive sample was chosen because of the individual's knowledge of a population and the content of the study. Snowball sampling was done through those identified through purposive sampling identifying individuals who met the study's criteria. Once the participants were identified, the participants were given the referral and information sheet (See Appendix A) to then contact the researcher if interested in the study (Dudley, 2011).

   **Procedure.** The researcher identified four individuals who are connected to other families who have adopted from China or Russia, through purposive sampling, who then identified potential participants who met the studies criteria. Those participants were given an information sheet (See Appendix A) that discussed the study and provided contact information of the researcher if they were interested in participating. The

information sheet gave a brief overview of the purpose of the study, what the commitment entailed, and how to contact the researcher. Once the interested individuals called the researcher, the researcher explained the study to potential participants and further assessed potential participants through reviewing and discussing the consent form prior to the participants signing. During the phone call the researcher and participant scheduled the interview by deciding on a time and place that worked for the participant where they felt comfortable (See Appendix B for phone script).

During the scheduled interview, the researcher began the interview by discussing informed consent (See Appendix C) and had them sign the form agreeing to the interview and that the interview would be audio recorded. The researcher reminded the participants that at any time they had the right to remain silent, quit the interview, as well as withdraw from the process, and that the audio recording would be destroyed at that moment. The researcher also had a handout of mental health resources to offer participants if they became emotionally distressed during the interview (See Appendix D). The interview took approximately sixty minutes. Once  completed, the researcher had no further contact with participants besides the knowledge of the population.

**Protection of Human Subjects**

In order to maintain protection of the human subjects, interviews were held in a private room. Before conducting the interview, the informed consent form was reviewed with the respondents (See Appendix C). The respondents were informed that the interview should approximately take sixty minutes and that the interview would be audio recorded. The respondents were also informed that the interview was transcribed and coded with a partner (See Appendix E for Transcriber Confidentiality Agreement). All

data collected was kept in a locked file cabinet in the researcher's home. Only the

researcher, researcher's advisor and the transcriber have access to the data. The data will

be destroyed by June 1st, 2015. Participants were given a pseudonym, to remove any

identifying information. Confidentiality was confirmed and the only people with access

to the transcript was the researcher, partner, and chair. An oral presentation and written

report of the findings were presented. The informed consent form was developed from a

template approved by the St. Catherine University Institutional Review Board (IRB) for

exempt-level review. The research questions did not cause emotional distress, but if

emotional distress did occur, the participant was able to stop the interview and remove

themselves from participating. The researcher did not need to provide a handout of

mental health resources due to no participants stating they were experiencing distress

(See Appendix D).

**Data Collection**

The data was collected through a face to face, semi-structured interview, in a

flexible format, where most questions were already formulated (Dudley, 2011). The

interview lasted approximately sixty minutes and was audio-recorded to ensure accurate

content analysis. The interview was guided by a set of six demographic questions (See

Appendix F) and eleven open-ended questions (See Appendix G). These questions were

open ended and had an unrestricted response (Dudley, 2011). The respondent received

the questions prior to the interview and adhered to the SCU IRB and Protection of

Human Subjects guidelines (e.g. not personal in nature, related to research questions). To

maintain an investigative research process, the questions were neutral and open ended in

nature (i.e., versus closed-ended, double barreled, or phrased using the word 'why'),

guided by the overall research question and supported by literature related to adoption. At the end of the interview, each participant had the opportunity to express other comments to provide feedback about the study.

The researcher asked a total of seventeen questions to each participant during the interview. The first set of questions were related to demographics of the participants (See Appendix F) and the second set were in-depth semi-structured interview questions (See Appendix G) The questions were: (1) *How old were you at the time of the adoption of your child,* (2) *what was your relationship status at the time of adoption,* (3) *where was your child adopted from,* (4) *how old was your child when adopted* (5) *when did the adoption take place,* (5a) *first received child,* (5b) *when was adoption complete,* (6) *do you have any other children, ages,* (7) *tell me your adoption story,* (8) *how has your family identity formed,* (9) *what were things that you did not expect or were not ready for at any point in the adoption process, including both before and after the adoption,* (10) *what were or are some of the most positive aspects of the journey thus far,* (11) *what are some of the challenges,* (12) *Do you know if there is anything your adoptee worries about that they are hesitant to talk to you about,* (13) *what services did you use post-adoption,* (14) *what services would be beneficial for families post-adoption,* (15) *what services would have been useful pre-adoption that you did not receive,* (16) *anything else you would like to add about your experience,* (17) *any feedback about the process of the study?*

**Data Analysis**

Grounded theory (i.e., theory which emerges from the data or is "grounded" in the data) was used to analyze the data that was obtained through the interview (Monette,

Sullivan, Dejong, & Hilton, 2014). The data was re-read several times by the researcher. The codes, or concepts, that emerged were written down next to the corresponding respondent quotes. Intercoder reliability was achieved through consistently coding themes into the same categories (Monette et al., 2014). As these themes emerged, the researcher noted them on the transcript next to the identified codes.

**Validity and Reliability of Data**

The accuracy of the coding process was strengthened by a partner reliability check. This exercise was performed with a classmate whom voluntarily agreed to code the transcript of the interviews. Before beginning this exercise, the researcher explained to the other their main research question, and the type of participants interviewed. Then, a printed list of questions that were asked during each interview was provided to the classmate. Afterwards, the codes identified by the researcher and partner were compared with one. Themes were determined after a concept emerged a minimum of three times throughout the transcript.

**Strengths and Limitations of Study**

**Strengths.** This study has three primary strengths. The first strength is that the findings will contribute to the overall body of knowledge of adoption. This study is unique in the qualitative design and the in-depth look at the needs of post- international adoption families. There is room for more feedback to be provided through face to face interviews. Secondly, with the recent studies about adoption and post-adoption needs, this study will be providing a greater analysis of two different countries, China and Russia. China and Russia were two of the top countries in the recent decades of international adoption to the U.S., emphasizing the importance of this study. Hopefully, with the focus

being on the two primary countries, this study will be able to support past studies and findings of new information.  With the focus on the needs of families post international adoption, findings will likely be able to contribute to the social work profession as social workers are a key component to the adoption process. This study will be able to enhance and shape the services social workers provide to this population.

**Limitations.** The primary limitation of this study was the lack of information on the adoptees themselves. Adoptees were not interviewed due to the time restriction of this study and the accessibility of adoptees. This poses a limitation, as the focus was on the parents and their needs, as well as parents speaking for the needs of the adoptees. The researcher was fully aware of the controversy around interviewing only adopters and agreed that this was a limitation to the study. It would be important to examine the experiences of adoptees in future studies. Lastly, by only looking at Chinese and Russian populations, a gap forms in the literature for those adopting from differing countries. With this limitation, future research is recommended to gain a better understanding of the needs of family's post-international adoption.

### Findings

The goal of this study was to examine the needs of families post-international adoption. Qualitative interviews were conducted with eight women who had adopted from either China or Russia. Interviews focused on participants experience adopting with a focus primarily on their post-adoption challenges and needs. Originally, six themes were identified by the researcher: (a) support, (b) educational needs, (c) material needs, (d) community services, (e) identity formation, and (f) pre-adoption needs with multiple subthemes. Through further analyzing of the themes and subthemes, the four themes

identified through discussion are: (a) support, (b) education needs, (c) community services, and (d) material needs. Identified under each theme were between two to five subthemes.

**Participants**

Eight individuals participated in this study. Seven of the eight participants were living in the Midwest at the time of the adoption, with the last one living in Pennsylvania. All participants were female. Five of the participant's adoptee were from China and the other three's adoptees were from Russia. As earlier stated, the researcher wanted participants from a variety of stages post-adoption: (a) 0-11 months, (b) 1-4 years, (c) 5-10 years, and (d) 11+ years. Between the eight participants we had two fall into (a) 0-11 months, one in (b) 1-4 years, four in (c) 5-10 years, and one for (d) 11+ years. Of the eight participants identified with pseudonyms, four had biological children (50%) and one participant adopted a child from Ethiopia (12%).

**Sarah.** Sarah and her husband adopted four girls from China; they traveled there three times. When Sarah was thirty-two, it took eighteen months after they began the adoption process, for them to receive their first adoptee, who was ten months old. Their second adoption took approximately nine months; the two little girls were adopted at the ages of twenty-five and twenty-three months. At the time of their last adoption, Sarah was thirty-nine years old. Their last child adopted was thirteen years old, and the adoption process was about fifteen months long. Sarah is also the legal guardian of another child that used to be a Chinese exchange student.

**Julia**. When Julia was thirty-six, she and her husband adopted a girl from China. Their two biological children, were five (girl) and four (boy) years old when their

adoptee was brought home. The process to receive their adoptee took thirty-six months. The adoptee was nine and a half months old when brought to the U.S.

**Holly.**  Recently, at age thirty-five, Holly and her husband brought home their most recent boy adoptee from China. After thirteen months, they received their twenty-seven months old son. Holly and her husband also have adopted another son from Ethiopia who was five at the time of the addition of their latest adoptee.

**Carrie**. Carrie and her husband adopted a ten month old girl from China after having four biological children. Their ages were twelve (boy), nine (girl), seven (boy), and five (boy) at the time of the adoption of their sister. Carrie was forty-two when they brought home their daughter. The adoption process took a total of twelve months.

**Theresa.** Theresa and her husband recently adopted a second child from China, a two-year-old boy. Their first adoptee is a girl. Theresa received their second child at age forty-six. Their daughter was six years old when their newest adoptee was brought home. With their daughter, the adoption process took four years, but with their son, it took a total of twenty-one months.

**Katie**. Katie and her husband adopted two children from Russia. At the age of thirty-nine, Katie brought home their son who was fourteen months old. Four years later, Katie brought home their twenty-two month old daughter. The length of the two adoptions were drastically different. The adoption process took ten months for their son, and three years for their daughter. Katie also has a biological son who was eight years old when their son was brought home.

**Laura**. Laura and her husband had a total of four biological kids from prior marriages before the adoption of their two boys from Russia. Laura was forty years old.

The two adoptees were half-brothers; they were five and a half years old and seven and a half months old. Within a year the two boys were brought back to the U.S. by Laura and her husband.

**Gabby.** As a single woman, Gabby adopted two sons from Russia. At age forty-eight, Gabby brought home her first son who was five months old, and at age fifty-two, she brought home another twelve month old son. The first adoption process for Gabby took around six months in comparison to her second son's process of nine months.

Next, the four identified themes found in the findings: (a) support, (b) educational needs, (c) community services, and (d) material needs will be explained through the found data from the participants.

## Support

The first theme identified through partner feedback and coding was support. The eight participants discussed the importance of support during pre/post-adoption. Within the theme of support, three subthemes were identified: (a) unknowns, (b) parent support, and (c) adoptee support.

**Unknowns.** Unknowns was an important subtheme because of the frequency of the unknowns that were discussed amidst the participants. Unknowns were defined by participants as not having a medical history for the adoptee, not knowing their previous living experiences, and being uncertain of how the adoptee would adjust in the future. The unknowns were one of the largest reasons participants agreed on for needing support. Within the subtheme unknowns, three ideas were repeated: (a) unknown medical history, (b) unknown adoptee experience pre-adoption, and (c) unknown future.

*Unknown medical history.* The unknown medical history that the majority of adoptees have was a challenge for the adoptive families. The adoptees do not have the ability to track their biological family history, which creates an unknown for their medical needs or potential risks. Three participants captured the essence of the challenge of not knowing or knowing very little of the adoptee's medical history from varying adoptive experiences.

One participant described how natural it becomes to forget that the adoptee has a different medical history and the challenges with not having enough information.  Carrie described her experience:

> We went to her physical last week and when they asked about her [adoptee]
>
> history and the family history, I caught myself thinking, okay now, my husband
>
> has this and I caught myself, oh my gosh, there is no family history for her.

In addition, medical doctors at times may be unaware of the patient as being an adoptee. Clarification or a reminder for both doctors and the adoptive families may be important.

Sarah discussed how the unknown medical history was a factor that needs to be awareness and acceptance. Sarah explained in the interview how a family friend adopted from China, and their child tested positive for Hepatitis B. This family ended up deciding that they could not take on the challenges of this child. This experience really emphasized the importance of being aware of the unknown factors and consciously understand the possibilities in the adoptee's medical history. Sarah discusses the experience of the unknown factor:

> You know they get tested, but it doesn't always show up. You don't always know
>
> that it is true that they get tested. You need to really think it through. There is an

unknown factor there. There is always going to be that unknown factor and you

need to realize and accept it.

Finally, Katie reported on the challenges of not knowing the genes of the adoptee.

She reported thoughts and worries related to not knowing the adoptee's medical history:

Are they going to be a lot like their parents, their biological parents? Even though

my husband and I raised them? I don't know, if sometimes when parent's birth

parents are around their own kids, there is maybe a chance that they are going to

be like their parents. They are not always, but there is a chance.

Shown through Katie's statement was the impact of the unknown and the care they

received at the doctor's office and elsewhere. Katie discussed how the care impacted the

thoughts of the adoptive parents through how to best raise and influence the adoptee.

*Unknown adoptee experience pre-adoption.* Sarah described the adoptee's

experience pre-adoption and the challenges with adjustment in the U.S. Sarah's

experience was with her last adoption of an adoptee who was ten years old. Prior to the

adoption, she did not know that her adoptee had been emotionally, physically, and

sexually abused. This experience made the adjustment for the family extremely

challenging. Sarah described:

You always don't know it until you walk into it. When our Adoptee came, she

was very difficult. She was ten when she was adopted. Unfortunately she was told

a lot of misinformation about here [U.S.], and unfortunately she has been sexually

and emotionally abused over there and physically. So when she first arrived, it

was pretty difficult. She will admit that she was pretty horrible. She hated men.

This unknown aspect of the adoptee's life significantly impacted the whole family's adjustment.

*Unknown future.* The last section of the unknown subtheme was the overarching unknown future that adoptive families face. Katie, who adopted two children from Russia, described her experiences:

> We got her [adoptee] home and then we continued with life and she's had much, much more problems than her brother … turned out to be almost like having a totally special needs child. Two adoptions, completely different than each other, we adopted them from the same orphanage, same town, same agency, but a lot different than each other.

Further into Katie's interview, she discussed how five year's post-adoption she and her husband were still experiencing challenges with the unknowns:

> We see a therapist for our youngest adoptee and I mean we probably had her at our house for three or four years before we started with therapy. She is still so mysterious. I think it is tricky for physicians, whoever they are you know, whether health care or therapists. She kind of has a mysterious path and they don't know and nobody really says anything. I've been to all sort of specialists and all over town and they tell me different things. It's frustrating. You get opinions if you go to a bunch of doctors and I don't know what to tell people.

Katie expressed that she was not expecting that the future would look like what it does. She even stated that the first couple years post-adoption, she had no concerns. Katie has been going through the unknown future for years.

Along with Katie, Holly described the challenges with unknown medical needs. Holly knew her adoptee from China was a special needs adoption, but now the unknown future has brought other potential medical needs. Holly described her experience:

We knew our adoptee was in the special needs category. He was put there because his thumbs did not form correctly so his hands have a permanent disability and we knew that going into it. Now [Post-Adoption] the doctors are pretty concerned cause he's not gaining weight even though he is here and eating proper nutrition and things like that, so we are thinking there is something else going on.

Julie described her experience with her adopted child from China, "I think you could read all the books you want and you have people talk to you and there are still things that catch you by surprise". In addition, Holly looks at the unknown as an adventure, "Things are just unknown; you kind of look at it like an adventure". Holly seems to have a positive outlook.

**Parent support.** The unknowns of adoption was an aspect that was faced years post-adoption. The participants discussed how important support was and how it took some of the challenge away from the unknowns. This parent support came in various shapes and forms. Within the subtheme parent support, four ideas were repeated among participants: (a) support groups, (b) travel group, (c) friendship with other adoptive parents, and (d) others.

*Support groups.* Support groups can be a local support group to a national adoption organization. Overall, they suggest that a support group offers a unique type of support as adoptive families can connect, support, and understand each other. Four participants described their experiences with support groups post-adoption.

Sarah:

> We have a support group outside the extended group and I strongly recommend
> people to contact other people to be a part of some group. If not for their children,
> but for yourself because like I said, every adoption is different, so even if you're a
> parent of a biological child, or even if you're a parent of another adopted child, it
> is totally different.

Holly:

> There are adoption support groups, just last year when we went to the event,
> usually there were all families form Ethiopia, but there were all kids from China,
> all new families came and that was really fun, we look forward to that, there is a
> friendship being built up and lots of them.

Theresa:

> We are members of our city's Families with Children from China organization
> and we celebrate different holidays and things. They have get-togethers and not
> necessarily all the China holiday things, but they just get together for the kids to
> play. Like kite flying event at a park and just a get together for the kids to play
> and we have gotten together for Chinese New Year, so that's a nice celebration to
> be together. I would recommend that. You can bond with everyone that is a
> member and has children from China. You can talk to other families and other
> adults and stuff with what they are going through and see the kids that they have
> in their families.

Julia:

Sitting down with other families and hearing how they processed an experience

and what works and what didn't work, I feel like that would be helpful. A support

group type of thing. I think that would have helped us realize this is normal and

here are some things we could do even to do that earlier, same thing with the

behavioral stuff.

Sarah, Holly, and Theresa all explained the importance of support groups and how

support groups were different from than their neighbors and families. Julia agreed with

Sarah, Holly, and Theresa, while wishing a support group was a part of their post-

adoption story. Support groups were a more official way of receiving support and

spending time with adoptive families.

*Travel group.* In addition, another type of support for the participants was found

in their travel group. The participants described how sharing a common experience of

adopting their children provided lifelong support and friendships for themselves and their

family.  Three participants described their experience with their travel group

pre/during/post-adoption.

Carrie:

Getting to know our travel group was so great. We were able to cling to the

families that we were fortunate to adopt with and go through the process with and

now talk about what was different for each family's experience post-adoption.

Julia:

Our agency is in Virginia, so the families that were in the travel group are all

over, so we all get together on our anniversary during the summer. It's so good,

cause the girls are from the same orphanage, so when you look at the pictures we

have you can pick each of them out, which I just think for our adoptee, it's so

good when she is with her China sisters and the friendships we have developed

and these families that you go through this extremely emotional experience with

them and we were all in a foreign country meeting our children. That has been a

huge support system too. When something comes up, even though we don't live

in the same area, just having that similar experience has been really positive.

Katie:

I have this group of friends that we met in Russia. Like once a year we get

together and I look forward to it so much. I remember the day we got them and

we left the orphanage and we hear what is going on and we hear the troubles and

what is going good. I wish I had more of that. Just the talking. I don't think

anyone can do anything for me, but just the talking really helps.

Carrie, Julia, and Katie described the importance of their travel group beyond traveling

together and their experience of feeling most supported and understood by their travel

group.

*Friendship with other adoptive parents.* Friendship with other adoptive parents

arose from the interviews and was discussed as a less formal and public way of receiving

support. Julia reported, "I also think we have this network of friends that has really

helped". In addition, Carrie expressed that parental friendships with other adoptive

parents was good for their adoptee too.

Just to want to have somebody that you are close to. A family adopted a daughter

from China, not the same time we did, but their daughter is the same age as our

adoptee and they are best friends, so you know, it's a wonderful message for her.

A social thing.

The need for friendships was beyond just a distinct support group or travel group, but also people within the adoptee's school, religious group, or simply a neighbor. Laura explained the need for friendships was unique and different than what for example a biological family experiences. Laura stated:

It helped to know other adopted families. It was so nice to have that kind of

support group and thankful for that the kids had each other. So to be able to

commiserate because one of their sons had legal issues and again, we were able to

talk each other down from the ledge sometimes.

The participants believed that a unique and unknown experience takes a unique set of supports that understand and can provide empathy for one another.

*Other.* Support comes in various forms to an individual and the participants described other types of support. For example, (a) family involvement, (b) church, and (c) culture camps were types of support. Carrie stated, "We are part of a church that a lot of families has adoption as a part of their world, I think that is unique and the biggest piece for us was our faith". Throughout the interview, Carrie stated how important her church and faith have been both pre-adoption and post-adoption. Gabby also has agreed with Carrie in the importance of her church group as support. Gabby stated, "I think that the church needs to always come along side adoptive parents both before and after adoption.  My church was very supportive pre adoption and somewhat less so, after adoption". Sarah made a comment about how a culture camp can be another access point

for support. Sarah stated, "Culture camps were a good support because we were able to talk to the parents". All ways of support were important for the parents.

**Adoptee support**. Like parents, adoptees need support. This support can come in similar forms as they do for parents, but also in a couple different ways. The participants discussed how friendships, play groups, and culture camps provided a lot of support for adoptees.

*Friendship with other adoptees.* Friendship with other adoptees was all inclusive to family friends, classmates, playmates, China sisters, and others. Carrie, Julia, and Laura discussed how friendships with this shared experience of adoption impacted their adoptees. Carrie stated, "A family adopted a daughter from China, not the same time we did, but their daughter was the same age as our adoptee and they are best friends, it's a wonderful message". In agreement, Julia shared how positive the experience was for her adoptee to be reunited with her China sisters was:

> Our agency is in Virginia, so the families that were in the travel group are all
> over, so we all get together on our anniversary during the summer. It's so good,
> cause the girls are from the same orphanage, so when you look at the pictures we
> have you can pick each of them out, which I just think for our adoptee, it's so
> good when she is with her China sisters.

Finally, Laura shared how thankful she was to have family friends who had also adopted, "It helped to know other adopted families. It was so nice to have that kind of support group and thankful for that the kids had each other". Overall, the participants reported that these connections were extremely important for the adoptee, post-adoption.

*Other*. Sarah described how play groups and culture camps offered a connection and support for her adoptees. The other women did not mention these two types of support, but she valued what they offered to her daughters. Sarah stated:

> I had a Friday's play group, which were children who were adopted at Families
> with Children from China at that time. I was a big part of that group. We went to
> culture camps and we did that kind of stuff. So they were a good support too
> because we were able to talk to the parents who had them. There was a huge
> amount of people coming.

Sarah sought out other ways of finding support for her adoptees that would provide new experiences that brought in culture and allowed her adoptees to meet others with similarities to them.

**Educational Needs**

The second theme identified through the partner feedback and coding was educational needs post-adoption. The subthemes within educational needs include: (a) family adjustment, (b) medical and mental health challenges, and (d) impact of adoptee's previous living arrangement.

**Family adjustment.**

*Older child adjustment.* Sarah shared about her experience adopting an older child, who was ten years old when she was brought home. Sarah learned that her adoptee had irrational expectations of the U.S. causing difficulties in the adjustment once brought home.

> You always don't know it until you walk into it. She [adoptee] came and was very
> difficult. She was ten when she was adopted. Unfortunately she was told a lot of

misinformation about here [U.S.], and unfortunately she has been sexually and

emotionally abused over there and physically. So when she first arrived, it was

pretty difficult. She will admit that she was pretty horrible. She hated men.

Holly's second adoptee was two and a half years old. She spoke to the difficulties of

bringing home an older child. Holly stated, "He is a little bit older and it's just been a

harder adjustment for him. Lot of self-injuring behaviors and pretty quick tempered". She

has seen the impact of being older through the adoptees behaviors. Like Sarah and Holly,

Laura adopted a five and a half year old. She expressed what she believed was an

important aspect in helping the adjustment of an older child. The important thing for

Laura was not changing the adoptee's name. Changing the name of the adoptee is a

common practice, but one Laura feels may negatively influence the adoptee's. Laura

stated:

I mean he [adoptee] was five and a half and you can't just take him home and

change his name and change everything else, you know, we eat funny, we look

funny, and we talk funny. Friends in the orphanage are calling him one name and

now we are calling him by a different name. We read in the paper about the

problems people have with adopting Russian children and almost every time the

children are older and they change their names and they try to strip the Russian

away from them and that is just sad.

Laura strongly suggested keeping the name of the adoptee, especially with older

adoptees, to help them feel security and familiarity. This suggestion was minimally

discussed by the other participants, but may be an area for future research.

*Sibling adjustment.* Five of the participants mentioned the transition and adjustment of the adoptee's siblings when the adoptee was brought home. Theresa and Holly expressed their challenging experience with the sibling adjustment.

Theresa:

> Our first adoptee who is six years old is adjusting to having a younger brother now. She's not the only one getting attention around here now, even though my husband and I were talking about this before he [adoptee] came to live with us. We need to keep in mind that she has been the only one for five years and now we have a new little one. So we need to be well aware of that and not make it feel like she is being ignored. Sometimes that's rough on her.

Holly reported, "with our oldest adoptee when we started talking about another kid coming to live here, it was a different type of communication and he was really nervous".

*Open communication with adoptee.* Overwhelmingly, each participant mentioned the difficulty in discerning how to communicate with the adoptee about their adoption. In addition, how to keep the door open for the adoptee to ask questions around their adoption. These responses came up primarily under the question regarding the adoptee's fears or worries. Julia feared that her adoptee would worry about hurting her and her husband's feelings. Julia stated:

> We are hitting a different set of challenges, like how do we help her [adoptee] own her story? Especially because she has bio siblings. At school every day it is clear that she looks different than her siblings and I feel like that is our challenge right now. Helping her be able to navigate that. We just want her to be able to, if she wants to, answer a question or say something, and if she doesn't that she

doesn't have to. She doesn't owe an obligation to anyone. It's hard to figure out

how to help her be able to do that. I am sure at six, seven, eight, or nine years old,

she is going to worry that she is going to hurt our feelings, so I don't know how to

figure out how you can say that to her, but I think it's good to know it and be

aware of it.

Gabby expressed that she would like to find that balance of allowing her adoptee space,

yet keeping the door open to communication. Gabby explained:

I am unaware of anything that they may worry about but are hesitant to talk about.

I suspect that as each one matures, they will perhaps not chat with me about

certain things because I am their mom.  I continue to foster the balance between

open conversation and privacy.

Katie experienced what Gabby was anticipating with her adoptee, as he was unresponsive

to the open communication. Katie described, "He knows he's adopted, but he doesn't

really want to talk about it, which kind of worries me". Laura has left communication

open since the day they returned to the U.S.:

When we brought the boys home, people were saying to the boys, you are so

lucky to have them and we would always redirect it to no, we are the lucky ones.

They're [adoptees] learning everything new, all of their classmates and friends.

Laura's approach to keeping open communication began from the first day they arrived,

through the simplicity of correcting people's phrases or words used around their family

design.

**Medical and mental health challenges.** Each participant mentioned an

unexpected challenge related to medical, mental health, or even the concept of food. The

three most prevalent ideas were prevalent were (a) distinguishing behavior, (b) attachment, and (c) other problems, such as night terrors.

    *Distinguishing behavior.* Participants described their experiences with distinguishing behaviors. For example, Julia and her husband reported on the challenges of discerning whether behaviors were adopted associated behavior or normal kid behavior. They had to adjust their discipline due to the behaviors stemming from the adoption experience. Theresa also mentioned how they have learned to constantly affirm as they discipline. This is to assure their adoptee of their love and safety. Both participants learned about distinguishing behavior post-adoption through the experience and mentioned that this was an unexpected part of the post-adoption adventure. The participants described their experiences. Theresa stated, "Her [adoptee] dad and I remind her, we say all the time, you know, loving her and stuff even if she gets in trouble or we scold her, we still love her kind of thing". Julia stated:

> In recent years, how to determine what is normal kid behavior and what stems from adoption in abandonment, cause there's things that we especially from having biological kids too, that we have a tendency to treat something in one way or deal with it in one way and sometimes we get a little ways down the road and it's like wait a second. The behaviors extended and then it just would be a couple days every other month and about a year a half after we got home, she got them a lot right around her gotcha day. I didn't think much of it at the time and all of a sudden my husband and I are like this is weird. We began realizing that this is something different and we realized that when she would be sort of out of control, we just started treating it not as a behavior thing, but that she just needs to be

held. We weren't exactly prepared for that and it took us awhile to realize it. It's

so weird, you just think, how could she possibly know, she was only nine months

old, but it's amazing.

This is a good depiction of the battle of responding appropriately to the adoptees'

behaviors. At times the behaviors were difficult to distinguish.

*Attachment.* Pre-adoption classes and conversations all discuss the potential

difficulties around attachment for families post-adoption, but adoptive parents may still

not be prepared well enough. Julia and Laura expressed the challenge of attachment and

that learning about it pre-adoption may not prepare adoptive parents sufficiently. Laura

reported on her experience with reactive attachment:

Reactive Attachment is no joke. I was being emotionally abused for the entire five

years he was with us. His father gave up on him, mother passed away, grandma is

who put him in the orphanage and then you factor in all of those broken

relationships, and it all makes sense. It just wasn't fun.

Julia stated:

I think you could read all the books you want and you have people talk to you and

there are still things that catch you by surprise. At the start, she [adoptee] was

very, very clearly had a preference for me and didn't want my husband to hold

her. That is hard, like you can read that in a book, but then it's hard when you are

in the midst of it and you have two other little kids.

Attachment was discussed quite a bit pre-adoption, but the situation can be very difficult

in the midst of attachment.

*Other.*  Participants described other mental health and medical needs that developed. Katie reported:

> I kind of thought you could just walk into any problem. They emphasized that
> attachment disorder was going to be the main problem with adopted kids, and that
> hasn't really been part of our life, actually I feel like they were driving home the
> point that, that was going to be the main problem and that hasn't been.

In addition, participants reported about other challenges the adoptee experienced with night terrors and self-injurious behaviors.

**Adoptee's previous living arrangements.** Lastly, the adoptee's previous living arrangements impacted the adjustment post-adoption. This father was minimally stressed pre-adoption. The three parts of an adoptee's previous living arrangements that were mentioned were: (a) the primarily female caregivers, (b) living in an orphanage or foster home placement, and (c) the culture and food of the adoptee's country.

*Primarily female caregivers.*  The literature is congruent with what the participants discussed, in that the primary caregivers in international orphanages were mostly female. The effects of this living arrangement was discussed by the participants. Julia reported about their experience of her adoptee's experience attaching to her husband in the beginning. Julia stated, "She [adoptee] probably didn't have male figures. I mean, she was in an orphanage so she probably had nannies and not in a foster home, so I think that makes a difference". Sarah also experienced this, but through her daughter's [adoptee's] reaction towards men when they received her. Sarah stated:

> The hatred towards males I did not expect. The uncomfortableness, I was
> expecting she may be a little awkward around a male because the orphanage has

mostly female caregivers, so she was not exposed to a lot of males. I accepted that

part. I did not expect the pure hatred that she had.

The notion of the adoptee's previous living arrangements has impacted the participants

experience with their adoptee.

*Other.* Other aspects of an adoptee's previous living arrangements, such as (a)

living in an orphanage or foster home, (b) the culture, and (c) the food all impacted the

adoptee's adjustment to the U.S.  Julie discussed the impact that only female caregivers

had on the adoptee, and the distinction of an orphanage verses a foster home. Holly

shared that the food and its function impacted her family's adjustment. Holly and her

husband have had to be intentional in teaching their adoptee about having a healthy

relationship with food. Holly stated:

> When you are an American we eat food, we see the function of food differently
>
> than the majority of the world and trying to maintain that with the boys is tricky.
>
> They've came from places that there was not enough food and the food they got
>
> was very low of nutrients, just filled them up. My sister in law actually talked to a
>
> nutritional biologist about the effects of that long term on kids. We work really
>
> hard to emphasize that we need to be full, but it needs to be full of especially good
>
> for you. I don't just want you to fill up on carbs, but that's what we do here. We
>
> just pull out a box of macaroni and cheese and oh we're full, great. That has been
>
> hard, teaching the boys, hey you're not hungry anymore, and stop eating. That is
>
> really hard.

Holly's experience with food and culture was commonly faced by international adoptive

families. This could be an added post-adoption educational need.

**Community Services**

Community services were a source of support to the participant's adoptive families. The various community services that were highlighted by the participants were: (a) therapy, (b) early childhood or language services, (c) medical accessibility, and (d) access to cultural experiences.

**Therapy.** Therapy was the largest outside services used by participants post-adoption. Sarah has had two of her four adoptees use therapy; she recommends that adoptees older than three when adopted should use therapy. Sarah expressed how therapy impacted her family's life:

> I definitely would say that if you're adopting an older child, like older than three, I think that therapy is good. My youngest goes now. She started two years ago because some of her thoughts about the whole adoption thing. I know that we wouldn't have made it without therapy for our last adoptee. She had to work through a lot. She had to work through all the emotional and physical scars when she went through therapy.

Similarly, Katie's adoptee has accessed therapy for many years. Katie requested that there would be access to therapists which specialized in international adoption that would understand the challenges adoptees encounter. She stated:

> We see a therapist for our youngest adoptee and I mean we probably had her at our house for three or four years before we started with therapy. She is still so mysterious. I think it is tricky for physicians, whoever they are you know, whether health care or therapists. She kind of has a mysterious path and they don't know and nobody really says anything. I've been to all sort of specialists

and all over town and they tell me different things. It's frustrating. You get

opinions if you go to a bunch of doctors and I don't know what to tell people. If

our adoptee didn't have a mom going crazy in taking her to therapy and trying to

get her good health insurance, so we can get all the therapy and stuff, I can't even

imagine where she would be.

Katie expressed the challenge and need for therapy post-adoption. Two other participants

agreed with Sarah and Katie and reported that they may need to access therapy services

in the future due to their adoptees self-injury behaviors and attachment. In agreement,

Gabby has not yet used therapy, but she reported, "Specialized services should be more

readily available to address questions that some may have regarding RAD or ODD for

example".

      **Early Childhood Education or Language Services.** Early childhood education

and language services helped meet the need of adoptees as many came to the U.S. with a

developmental delay. Holly's adoptee had access to early childhood education services

because of a need that he had. Katie tried accessing early childhood education services

for her youngest adoptee, but was unable to receive the services. Katie reported:

I tried to get help from early childhood education of our school district when I felt

like my gut feeling was that our kid was developmentally behind. They came out

and they told me that she was fine, so anyways, so now what do I do?

Katie felt that the services would have been valuable for her adoptee. Similarly,

Theresa's son used language services to learn sign language to improve communication.

Gabby's son, like Theresa, utilized services for language as well. She stated, "My

youngest son had speech therapy for six months from the age of two to two and a half.  I

believed that he needed a "kickstart" in his expressive language since his receptive language was very good". These were all similar services that were needed in the participants' communities.

**Medical Accessibility.** Medical accessibility was an important community service for adoptees with special needs adoptions, or for those who had unknown medical needs that became evident post-adoption. Five participants reported the use of medical services post-adoption for the adoptees. Sarah accessed medical services because of her adoptee's hearing loss. Holly's adoptee has self-injury behaviors and she reported:

> I think if our adoptee continues to have the self-injury behaviors, we are involving a doctor here, but I think we may have to tap into their services if that continues, just to see if they have any thoughts, cause it's different. The doctor talks about kids help and things and yeah that's fine, but the kids who are adopted are a little different. Even the suggestions I am like, um, nope, I'm not going to do that because that doesn't work for adopted kids. It's tricky.

Holly stated that they may access services in the future. With the adoptee's individualized need, she suggested a specialized professional would be the most beneficial. Katie also agreed with Holly and stated, "We have been to all sort of specialists and all over town and they tell me different things. You get options if you go to a bunch of doctors and I don't know what to tell people". Medical needs varied by each participant but cohesively were a needed community service.

**Access to Cultural Experiences.** Other services recommended by participants were (a) access to Chinese and Russian food, (b) celebrations of country of origin's holidays, (c) language lessons, (d) dance or other hobbies, and (e) culture camps within

the community. Holly reported that her family attended community picnics to access cultural experiences. Holly states, "I guess the cultural things are important, but I think that is something that is really family specific and language specific because their cultures are important". Theresa discussed her involvement with an organization that celebrates different holidays and pieces of history.

> They have get-togethers and not necessarily all the China holiday things, but they just get together for the kids to play. Like kite flying event at a park and just a get together for the kids to play and we have gotten together for Chinese New Year, so that's a nice celebration to be together. I would recommend that. You can bond with everyone that is a member and has children from China. You can talk to other families and other adults and stuff with what they are going through and see the kids that they have in their families.

Participants believed that it was important for the community to provide cultural experiences for adoptive families to attend with other adoptive families.

## Material Needs

The final theme identified by the researcher and research colleague was material needs. The two subthemes identified under material needs were (a) specialized medical teams in international adoption and (b) financial support.

**Specialized Medical Teams in International Adoption.** Participants reported that specialized medical teams should have knowledge of the challenges and unknowns associated with adoptees. International adoptees have different challenges than those who were born and raised in the U.S. Katie and Carrie talked about receiving pre-adoption advice and suggestions from a specialized adoption program at a state university. Katie

stated, "We went to the University of Minnesota. You give them the referral and a team gave us advice". Carrie stated, "The U of M has a big adoption program and they provided numbers or people to call". This was the only service mentioned that specialized in adoption. Holly and Katie added that they got many suggestions from medical services that did not work with their adoptive children. Holly reported:

> The doctor talks about kids help and things and yeah that's fine, but the kids who are adopted are a little different. Even the suggestions I am like, um, nope, I'm not going to do that because that doesn't work for adopted kids.

Katie stated:

> I think it is tricky for physicians, whoever they are you know, whether health care or therapists. She kind of has a mysterious path and they don't know and nobody really says anything. I've been to all sort of specialists and all over town and they tell me different things. It's frustrating. You get opinions if you go to a bunch of doctors.

International adoptees need specialized medical teams, especially in aiding the transition and adjustment to the unknowns of post-adoption.

**Financial Need and Support.** The final material needs identified by participants post-adoption were financial: (a) the debt adoptive families accrued post-adoption, (b) hope to bring the adoptee back to their home country and costs associated with this, (c) good health insurance, and (d) more immediate time off of work.

Two participants discussed their debt occurrence. Sarah shared about her experience when adopting their fourth adoptee:

Financially we were in no position with them because we were still paying off the

other three. Because the middle two's adoption we didn't plan theirs. So, to come

up with the thirty-some-thousand dollars in nine-months, when you're still paying

for the other adoption. So we fundraised and brought her home.

Holly stated:

Adoption is super expensive. With our first one when we were adopting, I had

gotten in a car accident, so we used the money from that and paid for the

adoption, but now with our second one, we didn't have in fact, we had no savings

because of emergency medical surgery and that took over. So we had to do a lot

of fundraising, which was good, but really hard, because I don't like asking for

help. It is hard to ask your friends or family for help like that.

Fundraising was a tool used by Sarah and Holly to cover their pre-adoption expenses and

costs to bring the adoptee back to the U.S., but not post-adoption expenses. Many

participants mentioned their personal and adoptee's desire to travel to the adoptee's home

country in the future.

Katie stated that she needed good health insurance because of her adoptee's

numerous medical needs. Katie reported, "If our adoptee didn't have a mom going crazy

in taking her to therapy and trying to get her good health insurance, so we can get all the

therapy and stuff, I can't even imagine where she would be". Good health insurance was

an important material need for Katie.

Finally, Holly discussed the difficult experience of going back to work post-

adoption. She stated:

> Going back to work was a lot harder this time because we both are teachers and so travelling for the school year, we got time, but not enough. For both of us, since we are in the same district we only got a combined total of twelve weeks and so we both took off three weeks for travel and  a week back when we got home. Time off is always like five weeks. It's hard because he [adoptee] does so much better on the weekends. It's like night and day. I think going back to work is really a big struggle when I want to be pouring into him.

Going back to work was not just a financial burden, but another post-adoption adjustment and challenge.

Concluding, the eight participants reported a variety of post-adoption needs. All participants had different, but similar parts of their experience. Four themes were identified through analysis and discussed, along with their subthemes. The themes were: (a) support, (b) educational needs, (c) community services, and (d) material needs. Each theme had between two to five subthemes.

## Discussion

The themes discovered in this study complement the key themes found in international adoption literature, such as needed support, educational needs, community services, and material needs. Other themes that were similar in the present literature were with the pre-adoption challenges and needs. However, the data also yielded some new findings that were found in literature. These new findings include more specific post-adoption supports for parents and adoptees, and the use of specific services post-international adoption. More research will need to be done on themes identified to support policy or social work change.

**Themes and Current Literature**

     **Support.** The theme support, reinforced sections of research of post-international adoption. The first part of findings that supported research was the unknowns of adoption. Previous studies in the review of the literature discussed the limited information that is provided about the children pre-adoption, and how the emotional process is impacted. More than likely, unknowns will be added on top of prior stress, such as infertility and financial issues (Barth & Miller, 2000; Brown, 2009, Payne et al., 2010). In addition, this unknown is amplified in international adoptions, because the adoptees are at higher risk for medical needs post-adoption. This causes a problem in that most families lack medical records, therefore limiting information about the adoptee's biological families. This unknown was evident in the data and in previous studies (Niemann & Weiss, 2011; Smit, 2013). The data correlated these unknowns with needed support. This was not heavily represented in previous research: but could use further research.

     In addition, two themes were well represented in the data, but lack representation in previous research are the needed support for parents and adoptees post-adoption through relationships. Barth and Miller (2000) and Wind et al (2007) briefly suggested that supported adoptive families and adoptees have a more positive adjustment post-adoption with effective aids and helps. All eight participants discussed how important relationships, for the parents and adoptees, made the largest impact on their needs post-adoption. These bonding relationships through a shared experience was the most common theme by all participants. Since very little other research supports this theme, further research needs to be completed in this area.

**Educational Needs.** The theme of educational needs was found in previous literature in various ways. The ideas that were derived from collected data of this study indicate a need for post-international adoption education, focusing on family adjustment. Previous research supports that adoptee's adjustment in the early months of placement post-adoption can be a very challenging time for adoptive families. Five of the eight participants stated that family adjustment was difficult for their first few months, to a couple years. Participants agreed that their adoptees had a hard time expressing their feelings during this adjustment period. These experiences mirror the results of a study done by Monck and Rushton (2009) on the difficulty of the adjustment process.

Previous studies discussed how the adoptive family's identity formation was a challenge, specifically later post-adoption. For example, the language used by acquaintances or others around the family could impact or delay the identity formation of the family (Suter, 2008). One participant, Laura, spoke to the challenge of other's language. They addressed it as soon as they returned to the U.S. so that it would have no further impact Because Laura dealt with it right away, she felt that it did not inhibit their formation of family identity. Participants reported that the formation of their family identity was a challenge for through the adjustment of older-child adoptees, sibling adjustment, and communication with their adoptees of the experience.

The data also revealed that there is a need for additional education in medical and mental health issues post-adoption. Previous research presents a need to educate adoptive parents on the possibilities of medical and mental health problems they may face post-adoption, but little research encourages post-adoption education. Six participants reported that pre-adoption education on possible medical or mental health problems was solely

focused on attachment. Attachment awareness is important for adoptive parents as it can shape their response to potential problems they face post-adoption (Barth & Miller, 2000; Faver & Alanis, 2011; and Smit, 2010). Research suggests that most international adoptees stay within institutional care rather than a family setting, impacting the attachment process (Niemann & Weiss, 2011). Six participants' adoptees were about one year or older once adopted, reflecting Niemann and Weiss (2011) who suggest that infants who are not typically adopted until the end of their first year, or after, may later in life experience attachment issues. The later attachment experience may be a factor influencing the post-adoption adjustment. Though attachment problems are plausible, the data showed that there are other challenges in the medical arena that the participants were not ready for, or in the mental health field that they did not expect. The unknowns of the adoptee greatly impact this theme. Other post-adoption education on possible was found in the data, but represented less in previous research.

The adoptees' previous living arrangements were also revealed in the data as the impact it had on the families. Previous living arrangements were minimally discussed in other research. Participants found that the adoptees' living arrangements had a greater impact on their post-adoption experience than they were ready for. Take Sarah for example: her ten year old adoptee had been lied to about the U.S., and had been emotionally, physically, and sexually abused at her previous living arrangements in China. This theme agrees with Meritt and Festinger (2012), in that they also found that the post-international adoption experiences are more difficult due to early deprivation, institutional care, and maltreatment.

**Community Services.** Another theme supported by research is the need for community services post-international adoption. Clinical services such as individual, marital, and family counseling, respite care, and intensive crisis intervention or counseling were significantly found in previous research (Barth & Miller, 2000; Meritt & Festinger, 2013; Wind et al., 2007).  Three participants have used clinical services for therapy, and two other participants said that they may need to eventually use therapy for their adoptee and family. The data from previous research does not suggest that adoptive families use clinical supports more than birth families (Barth & Miller, 2000). Community services were found to be beneficial for the participants, but previous research did not indicate them. These other community services were early childhood education or language services, medical accessibility, and access to cultural experiences. Participants stated that they believed in the importance of cultural experiences such as availability to cultural foods, celebrations of the adoptees' home country's holidays, language, dance, and other lessons. These services all shaped the participants' post-adoption experiences and were important to the support of their family formation. These services should be an area of future research. They could look at how these services are best received, and if they should be provided by adoption agencies or other community services.

**Material Needs.** Material needs were discovered as a theme within the data received from the eight participants. Previous research affirmed this theme in that there is a need for specialized professionals, specifically medical teams that are specialized in working with international adoptees (Barth & Miller, 2000; Favor & Analis, 2011; Niemann & Weiss, 2011; Smit, 2010; Suter, 2008). Smit (2010) asserts having doctors

who are knowledgeable in needed screenings or other medical pieces has been proven helpful in easing families in the post-adoption transition. This is an important factor for adoptive families due to the large amount of stress created around limited information of the adoptee's background. The participants of this study agreed that it would be very beneficial to have doctors or therapists who are educated in the international adoption experience, and can provide more accurate suggestions for the adoptive families. The participants felt like that they feel like they needed to be advocates for their child with health care providers, as there is a lack of understanding of the unique needs of these children. These experiences agree with previous research.

One more aspect of material needs is an overall financial need and support. Barth and Miller (2000) and Merritt and Festinger (2013) found that adoption subsidies, health benefits, respite care, and other supports are needed for families post-international adoption. Five of the eight participants mentioned financial difficulties and needs. The participants did not suggest they receive financial benefits, but rather that the cost of adoption is extreme and causes both pre- and post-adoption burdens. Additional research would affirm whether or not the specific supports of adoption subsidies, health benefits, respite care or others would be the exact financial need and support that adoptive families would benefit from.

**Other.** Beyond the needs of families post-international adoption, other themes in the data arose that were found in previous research. The data suggests that the reasons for adoption were similar to what Ishizawa and Kubo (2014) discovered parents were motivated by infertility, religion, and humanitarianism. Participants also mentioned some of the outside factors such as decreased waiting period, preference for international

adoption system, and desire for a younger child, complimenting the results of the other

studies (Choy, 2013; Ishizawa & Kubo, 2014; Payne, Fields, Meuchel, Jaffe, & Jha,

2010; Suter, 2008).

Lastly, some of the pre-adoption challenges found in related studies, such as the legal

system challenges and needed support, were discussed in the data as well (Barth & Miler,

2000; Favor & Alanis, 2011; Foli & Gibson, 2011; Monck & Rushton, 2009; Payne et al.,

2010). All eight participants mentioned that navigating the laws to which they had to

comply and the changing of laws in the internal governance created challenges to

overcome. With the need of post-adoption support/aid found in the data, participants also

mentioned the usefulness of relationships with other adoptive parents pre-adoption.

Meritt and Festinger (2013) found in their study that the interaction with other adoptive

parents pre-adoption lead to optimal adjustment post-adoption.

The findings suggested four primary themes of post-international adoption needs

that compliment previous research and promote new research ideas. These four themes

were: (a) support, (b) educational needs, (c) community services, and (d) material needs

with the addition of other pre-adoption factors that were represented in the previous

research.

**Strengths and Limitations of Study**

**Strengths.** This study explored the needs of families post-international adoption

and contributed to the overall body of knowledge on adoption. This study has three

primary strengths. First, it was unique in the qualitative design and the in-depth look at

the needs of families post-international adoption. Personal feedback and additional

information offered by participants in completing face to face interviews was a strength

in the study. Secondly, with the recent studies about adoption and post-adoption needs, this study provided a greater analysis of two specific countries, China and Russia. China and Russia are two of the top countries in the recent decades of international adoption to the U.S., emphasizing the importance of this study. By focusing on two primary countries, this study supports previous research and promotes findings of new information.  The findings contribute to the social work profession as social workers are a key component to the adoption process. This study provides new findings to enhance and shape the services social workers provide by having those receiving the services suggest change. This study encourages more questions to be asked about what is going well at adoption agencies, and what could change to better serve the adoptive families and adoptees.

**Limitations.** The primary limitation to this study was the lack of information on the adoptees themselves. Adoptees were not interviewed due to a time restriction and their accessibility. Therefor the study was completed by the adoptive parents, reporting on their needs and on the needs of the adoptive families. The researcher was aware of the controversy around interviewing only adopters and agreed that not interviewing adoptees was a limitation to the study. It is important to examine the experiences of adoptees in future studies. Another limitation was that by only looking at two distinct populations, China and Russia, results could not be directly compared to literature on other countries; there were limited literature resources specific to China and Russia. The last limitation was that the participants were all Caucasian women; this study lacked diversity among its participants.

**Implications for Social Work Practice**

The findings of this study hold several implications for change, specifically for social work practice. The first implication for social work practice is that one of the participants lives in a rural town and has little access to local services. The nearest services are about an hour away.  Social workers are held to advocating for equal accessibility to services. For many adoptive families in urban cities, post-adoption services are very accessible. With there being no or few services near rural cities, it causes a challenge for those who need them. As an adoptive agency, it is important to find the closest services to those who adopt from rural areas.

Previous research indicates that for social work practice, social workers should try to be as realistic as possible about the adoption process to prospective adoptive parents (Barth & Miller, 2010; Winship, 2011). This helps parents have reasonable expectations of what the adjustment post-adoption may be like. Barth and Miller (2000) clearly state the importance of having successful adoption.

Another implication for social work practice is being competent and professional. Two of the participants who adopted from Russia had poor experiences with their social workers in the adoption process. They had poor communication; adoption workers quit, then dropped their case, and made inaccurate assumptions of the characteristics or level of need that adoptive parents requested for their adoptee. It is extremely important that social work practice adheres to the NASW Code of Ethics (2008) and provides services in a competent, professional, and positive way.

**Implications for Policy**

Policy implications raised by this study are focused on the adoption process. It seems that much of what participants reported had to do with the process of adoption.

More services are needed, including support groups, education, therapy, early childhood services, medical accessibility, cultural experiences, specialized professionals, and financial aid. An additional implication for policy change would be providing services in rural areas, so that all adoptive families have equal access to services. Changing the adoption process itself is another suggested implication for policy. Participants reported that the process of international adoption is extreme. There is a lot of paperwork and money involved. Seven of the participants reported a long wait to receive their adoptee. In addition, in Katie's experience adopting from Russia, they required two visits to the country. The first trip consists of paperwork and a visit to the adoptee, The second trip consisted of more paperwork, court, and then received the adoptee. Katie had one successful adoption of a boys and a second unsuccessful adoption of a girl. Katie and her husband received a referral, visited the child, and returned to find out that they were not allowed to adopt. This happened twice for Katie; she experienced two failed adoptions where she met the adoptee and then found out they were unable to complete the adoption. This is an area that should be analyzed and possibly changed for international adoptions. Not only was it a difficult experience for Katie and her husband, but also for the adoptees themselves as they meet potential adoptive parents.

**Implications for Research**

Lastly, the implications for research include more qualitative research to further address not only post-adoption needs of international adoptions, but also pre-adoption. This study focused on the post-adoption needs, but participants also had areas pre-adoption that they felt need attention. Another area that needs extra research are the educational needs post-adoption and how to best implement those educational services.

While this study suggests that the post-international adoption needs are: (a) support, (b) educational needs, (c) community services, and (d) material needs, due to the small sample size and lack of diversity among participants, more participants need to be interviewed to determine if the themes are universal, as well a future study should consider whether or not the themes can be a representation of the greater U.S. population. Future research to gain a better understanding of the needs of families post-international adoption is recommended.

## Conclusion

Adoption is more common among American families today than in the past. In 2013, 7,000 children were adopted, thus drawing more attention to the services and experiences of the adoptive parents and adoptees (Bureau of Consular Affairs, 2014). The needs of families adopting internationally is an area that requires further research, specifically pre- and post-adoption, focusing on the services provided and what additional services are needed. This study contributed to the existing knowledge base regarding international adoption and also identified areas that have not been greatly researched. Many experiences of adoption are shared, even though they are subjective experiences. International adoptive families need support, education, and services from their agency or other outside resources. The post-adoption needs of families adopting internationally are ones that can be addressed and have provided supports and services in place to at least provide commonality, support, and a community.

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APPENDIX A

**INFORMATION SHEET**

My name is Courtney Coulter and I am a graduate student under the direction of Catherine Marrs Fuchsel, PhD, in the School of Social Work, St. Catherine University and University of St. Thomas. I am conducting a research study to gain a better understanding of the needs of families post international adoption. I hope what I learn from this study can help close the gap in services offered by adoption agencies while partnering with adoptive families. I would like to interview parents who have adopted internationally from China or Russia who are in different seasons of post-adoption (i.e. 1 month, 6 months, 1 year, 5 years, etc.).

I am inviting the participation of parents, which will involve one interview for approximately 60 minutes. I will be conducting the interview wherever is comfortable for the participant. We will set up the time and day for the interview depending on what is best for you. If you agree to participate, I will ask you to sign a consent form, as well as before we begin the interview discuss any questions or concerns you may have. This study is voluntary and you may choose to stop participating at any time. You may choose not to answer any question during any point in the interview.

In the interview, I will ask you about your adoption story and experience. I will ask you about the needs your family had post-adoption, especially in correlation to your experience parenting.

If you become upset during the interview, I will provide you with a list of mental health resources for support.

This study may help other people understand the needs of families post international adoption. The information from this study will be published in the St. Catherine University and University of St. Thomas database.  Your name will not be used to identify you and information will be recorded anonymously. I will ask you to select a different name that will be used in the reports and in the data collection.

The interviews will be audio-recorded and they will not be recorded without your permission. You will have the right to ask for the recording to be stopped. The audiotapes will be locked in a filing cabinet and only I, Dr. Catherine Marrs Fuchsel and a transcriptionist will have access to the confidential information. Any data collected will be destroyed by June 1$^{st}$, 2015.

**Contact information:**

**Courtney Coulter**
**Phone Number: XXXXXXXXX**
**E-mail: XXXXXXXXX**

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through St. Catherine University at XXXXXXXXX.

APPENDIX B

**PHONE SCRIPT**

"Thank you for contacting me about my study. I have a couple questions for you to start, to confirm your eligibility to participate. Have you adopted? If yes, did you adopt from China or Russia? Do you have any questions about the information sheet or anything else about the study? If you are still interested, the next step would be to set up an in person interview. The interview will last around 60 minutes and will be audio recorded. In the interview I will ask you six demographic types of questions and nine other questions including your adoption story. You have the right to back out of the study at any time. Are there particular days and times that tend to work better for you? For confidentiality, the interview will need to take place in a private location. I would like to find a location that is convenient for both of us. Please let me know if there is a location you prefer, otherwise I will contact you again within two days with potential meeting locations and times. Thank you."

APPENDIX C

**RESEARCH INFORMATION AND CONSENT FORM**

**The Needs of Families Post International Adoption**

**Introduction:**

You are invited to participate in a research study investigating the needs of families post international adoption. This study is being conducted by Courtney Coulter, student in the School of Social Work Program at St. Catherine University and the University of St. Thomas, under the supervision of Dr. Catherine Marrs Fuchsel. You were selected as a possible participant in this research because you have adopted internationally from China or Russia. Please read this form and ask questions before you decide whether to participate in the study.

**Background Information:**

The purpose of this study is to gain a better understanding of the needs of families post international adoption and, in turn, close the gap in services offered by adoption agencies while partnering with adoptive families. Approximately 8-10 people are expected to participate in this research, who have adopted internationally from China or Russia who are in different seasons of post-adoption (i.e. 1 month, 6 months, 1 year, 5 years, etc.).

**Procedures:**

If you decide to participate, you will be asked to answer approximately 17 questions related to your adoption experiences in an approximately 60 minute interview, agree to an audio-taping of the interview that will be used for this research only, agree to allow the information to be presented to the public in a non-identifying way, and agree to allow a transcriber identified by the researcher and researcher advisor, who has consented to confidentiality in reviewing the data and transcript of the interview for a reliability check. The interview will take place in a private place of your choice or via telephone on speaker phone with no one else present but the researcher, if preferred arrangements can be made at the university library in a private room. This study will take approximately one hour of your time.

**Risks and Benefits:**

The study has minimal risk. Due to adoption being personal, you may experience deep emotion. If your feelings become too overwhelming, you may ask to terminate the interview early. There are no direct benefits to you for participating in this research, but for participating you are helping in broadening the knowledge of the greater society. In addition, staff persons who work in social service agencies can be better equipped by having this information in helping parents with their adoption needs, and by interviewing participants, parents may gain a getter insight into what they most need or needed during the adoption phase.

**Compensation:**

There is no compensation for participating in this study.

**Confidentiality:**

Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified or identifiable. De-identified quotes from the interview will be used in written reports and publications and group data will also be presented.

The researcher will keep the research results in a password protected computer and a locked file cabinet in their home and only the researcher, researcher advisor, and transcriptionist will have access to the records while working on this project. The researcher will finish analyzing the data by June 1st, 2015. Once completed, the researcher will destroy all original reports and identifying information that can be linked back to you.

**Voluntary nature of the study:**

Participation in this research study is voluntary. You are also free to pass on some of the interview questions. However, you must answer the majority of the interview questions in order for you to participate.

**New Information:**

If during course of this research study the researcher learns about new findings that might influence your willingness to continue participating in the study, the researcher will inform you of these findings.

**Contacts and questions:**

If you have any questions, please feel free to contact me, Courtney Coulter, at XXXXXXXXX or XXXXXXXXX. You may ask questions now, or if you have any additional questions later, the faculty advisor, Dr. Catherine Marrs Fuchsel can be reached at XXXXXXXXX. She will be happy to answer any questions you may have. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact John Schmitt, Chair of the IRB, at XXXXXXXXX.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected.

I consent to participate in the study and I agree to an audio-taping of my interview.

_____

Signature of Participant                                             Date

_____

Signature of Researcher                              Date

APPENDIX D

**MENTAL HEALTH RESOURCES**

Below is a list of possible mental health resources in case emotional distress occurs

during the interview. These mental health resources will provide further support and

conversations if needed.

Anu Family Services
      901 4th St., Suite 180, Hudson, WI 54016
      (877) 287-2441
Hudson Counseling Services
      901 Dominion Dr., Hudson, WI 54016
      (715) 531-6760
Family Innovations, Inc.
      (715) 808-0607
      info@familyinnovations.com
Midwest Psychological Services
      2501 Hanley Rd, Hudson, WI 54016
      (715) 381-1980

APPENDIX E

## TRANSCRIBER CONFIDENTIALITY FORM

### Needs of Families Post International Adoption

I am conducting a study about the needs of families post international adoption to gain a better understanding of the services needed by families post-adoption.

This study is being conducted by: Courtney Coulter under the advisement of my chair, Catherine L. Marrs Fuchsel, Ph.D., St. Catherine University and University of St. Thomas.

**Confidentiality:**

Confidential information includes all data, materials, products, technology, audiotapes, computer programs and electronic versions of files saved to portable storage devices. One-time audio taped interviews lasting no longer than 60 minutes will be conducted by the researcher. The completed audio tapes will be hand delivered to you by the researcher for transcription. No personally identifying information will be attached to the audio tape recordings. Any transcriptions or electronic files produced by you will not include information that will make it possible to personally identify participants in any way. All audio tapes and transcriptions are to be kept in a locked file. No one else will have access to the records. No one else will have access to the computer on which transcriptions and electronic files will be prepared. All tape recordings, transcripts and electronically formatted transcripts will be returned in their entirety to the researcher. Once transcriptions have been completed and an electronic file compiled, you will contact the researcher who will then personally pick them up. Any and all electronic versions of transcripts will be deleted from your files upon delivery of records to the researcher.

**Contacts and Questions**

My name is Courtney Coulter. If you have questions, you may contact me at XXXXXXXXX or my research chair Catherine Marrs Fuchsel, PhD, XXXXXXXXX. You may also contact the St. Catherine's University Institutional Review Board XXXXXXXXX with any questions or concerns.

**You will be given a copy of this form to keep for your records.**

**Statement of Agreement of Confidentiality:**

I, _____, have read the above information and agree to confidentiality as stipulated above. I further agree not to disclose, publish or otherwise reveal any of the confidential information received from the researcher or interview participants.

_____           _____
**Signature of Transcriber**                                                        **Date**


_____           _____
**Signature of Researcher**                                                        **Date**

APPENDIX F

**DEMOGRAPHIC QUESTIONS GUIDE FOR FACE TO FACCE INTERVIEW**

1. How old were you at the time of the adoption of your child?

2. What was your relationship status at the time of adoption?

3. Where was your child adopted from?

4. How old was your child when adopted?

5. When did the adoption take place?

    a. First received child?

    b. When was adoption complete?

6. Do you have any other children? Ages?

APPENDIX G

**IN-DEPTH SEMI-STRUCTURED INTERVIEW GUIDE**

1. Tell me your adoption story.

2. How has your family identity formed?

3. What were things that you did not expect or were not ready for at any point in the adoption process, including both before and after the adoption?

4. What were or are some of the most positive aspects of the journey thus far?

5. What are some of the challenges?

6. Do you know if there is anything your adoptee worries about that they are hesitant to talk to you about?

7. What services did you use post-adoption?

8. What services would be beneficial for families post-adoption?

9. What services would have been useful pre-adoption that you did not receive?

10. Anything else you would like to add about your experience?

11. Any feedback about the process of the study?