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Adoptive Parents' Experience with International Adoption: Children with Attachment or Behavioral Challenges

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Adoptive Parents' Experience with International Adoption: Children with Attachment or
Behavioral Challenges

Submitted by Heather Deveny-Leggitt
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MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement
for MSW students at St. Catherine University/University of
St. Thomas School of Social Work in St. Paul, Minnesota
and is conducted within a nine-month time frame to
demonstrate facility with basic social research methods.
Students must independently conceptualize a research
problem, formulate a research design that is approved by a
research committee and the university Institutional Review
Board, implement the project, and publicly present their
findings. This project is neither a Master's thesis nor a
dissertation.

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Abstract

The research project is a qualitative study that explored parents' experience of international adoption of children who had emotional, behavioral, and/or attachment challenges, as well as parents' corresponding emotions with such experiences. The data was analyzed using content analysis, or grounded theory, approach as described by Berg (2009). The conceptual framework used to construct and interpret meaning of participants interviews included both ecosystems and psychodynamic theories. Two semi-structured interviews were conducted with participants from different mid-west cities who had adopted children internationally and identified their children as having emotional, behavioral, and/or attachment challenges. The following themes were found: a) primary care arrangement before adoption, b) children's challenges identified by parents, c) parents' emotional experiences, d) differences in siblings' experiences, and e) support/ resources, f) issues with the adoption process, g) becoming a family, h) adoption expectations and i) similarities and differences compared to biological families. The findings from this research have implication for professionals in the adoption field, as well as clinicians.

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ADOPTIVE PARENTS' PERCEPTION OF INTERNATIONAL ADOPTION

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Adoptive Parents' Experience with International Adoption: Children with

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The process by which a couple becomes a family through international adoption is

often more complicated and emotionally polarized than expected. The rate of

international adoption more than doubled between 1991 and 2001 (Evan B. Donaldson

Adoption Institute, 2007), although that trend has reversed somewhat between 2001 and

2009 (Legal Language Services, 2011). The increase in international adoption between

1991 and 2001 has been attributed to factors such as the decrease of American born

infants being placed for adoption (Evan B. Donaldson Adoption Institute) and parents'

fears surrounding open adoption (Berry, 1993). There has also been an increase in infants

placed for adoption internationally due to: war, the aftermath of war, poverty, social

upheaval, and government population control policies. This, in turn, has increased the

overcrowding of international orphanages (Evan B. Donaldson Adoption Institute).

While perspective parents have opted for international adoption because by

outward appearance it seems, to some, a favorable alternative to domestic adoption, this

has turned out to not necessarily be the case. These parents typically enter into adoption

with the hope that the love and better living conditions they can offer the child will allow

them to begin a new, happy family (Shapiro, Shapiro, & Paret, 2001). Often, however,

the children were left malnourished from orphanages that may have been unclean and

cramped, neglected to change the infants, interact with them, or give them toys and room

to play (Castle et al., 1999). Due to their experiences thus far in life, the children are

often not ready to join their new family in the same way their parents desire to receive

them (Shapiro et al., 2001). In addition, parents are often not prepared because

information about their adoptive child is minimal, filled with holes, or because the parents lack sufficient pre-adoption education (Gunnar, Bruce, & Grotevant, 2000). As parents experience the challenges of raising an internationally adopted child "often the parent is feeling a great sense of inadequacy or failure in their ability to parent" (Golding, 2007, p. 77). In the most extreme cases, when a child is too challenging (i.e. presenting too many behaviors and demonstrating little to no attachment) and a parent can no longer cope with the situation, the adoption ends in dissolution. Dissolution is when an adoption is terminated after it has been finalized (U.S. Department of Health and Human Services). It is difficult to give a definite statistic for adoptions that end in dissolution because centralized statistics only recently began being collected; however, it is estimated that 10-25% of adoptions end in dissolution (Festinger, 2002; U.S. Department of Health and Human Services). While there are parent support networks and groups for adoptive parents, many parents still do not feel they have enough post-adoption support (Gunnar et al., 2000).

Parents' feelings of inadequacy, the lack of post-adoption support, and the rates of adoption dissolution should be a call out to social service professionals that more needs to be done to assist these families. Shapiro, Shapiro, and Paret (2011) issue a call to agencies to better help with the international adoption transition and to better prepare the parent and child. This should be a call out to any individual who works with children, parents, and families of international adoption, including social workers. Social workers have the opportunity to meet these families at a number of junctures, whether it is during the initial adoption process, at support groups, at the children's school, or at other services. A first step in creating a smoother transition and better supporting parents is to

understand parents' personal emotions, well being, and experience throughout this process so that they can guide professionals in how to best help them. The purpose of this paper is to gain a better understanding of parents' experience with international adoption and their corresponding emotions. Furthermore, this paper will explore how a child's life experience pre-adoption affects the experiences of the parents. This will begin with an exploration of the literature related to international adoption and parents' experience of adoption.

Literature Review

Adoption is something that involves an entire family; however, until recently research has predominately focused on the experience of the infant/child and the support they need. The review of the literature will begin by summarizing some key points of attachment theory. Attachment affects all children, and is particularly important for children who have not been cared for by consistent attachment figures. The review of the literature will then discuss the research on how attachment theory fits specifically into the adoption process and, then, how this is further complicated by international adoption of children adopted from institutions. The conditions of orphanages, particularly in Romania during the early 1990s, have led to a large body of research on their effects on infants/children. This includes how affected children may have difficulties transitioning into a family setting in a new country. Following this will be a review of literature of parents' experience of adoption issues. This will include open adoption, reunions with biological parents, adoption of children with special needs, adoption services, adoption in general, and finally international adoption. The previous research done around adoption

issues will act as a template, as well as shed light, as to why it is necessary to research parents' experience with international adoption.

Attachment Theory

Any research topic that broaches the subject of children and child development needs to examine attachment theory, as it is integral to a child's development. John Bowlby and Mary Ainsworth worked together, whether on the same project or sharing their independent research with each other, evolving the theory of attachment (Ainsworth & Bowlby, 1991). Bowlby's (1983) observations of infants did not fit with the predominant theory of that time, that feeding is what attaches infants to mothers. Through his observations and his exploration of the research conducted with imprinting, the way in which baby animals attach to their mothers, Bowlby (1983) began to develop his theory of attachment by noticing attachment behaviors. Furthermore, he observed that attachment behaviors were most apparent when an infant experiences fear, fatigue, or illness and is comforted by a caregiver (Bowlby, 1983).

Through her observations of infants in Uganda and research with the strange situation, Mary Ainsworth supported and strengthened Bowlby's development of attachment theory (Ainsworth, 1964; Ainsworth, 1979; Ainsworth & Bell, 1970). During her observation of 28 African infants, Ainsworth (1964) viewed a variety of attachment behaviors, such as differential crying and smiling, exploration from a secure base, lifting arms in greeting, among others. Moreover, she noted that these behaviors built the attachment between mother and infant (Ainsworth). From this study she also found that maternal deprivation was not just a lack of stimulation, but rather a lack of interaction between mother and infant. Ainsworth defined the attachment she observed as "an

affectional tie that one person or animal forms between himself and another specific one-

a tie that binds them together in space and endures over time" (Ainsworth & Bell, 1970,

p. 50). Furthermore, she stated that "the behavioral hallmark of attachment is seeking to

gain and maintain a certain degree of proximity to the object of attachment" (Ainsworth

& Bell, 1970, p. 50).

Ainsworth and Bell (1970), wanting to explore the infant-mother relationship

further, designed the strange situation. The strange situation was a way to observe infant-

mother reactions in certain situations (Ainsworth & Bell). In the strange situation mother

and infant entered a room with toys and researchers observed the extent to which the

infant explored the toys (Ainsworth & Bell). A little while later a stranger would enter,

and shortly after the mother left, meanwhile researchers observed the infant's response to

the stranger's presence and the mother's absence (Ainsworth & Bell). After a few

minutes the mother would return and the researcher observed the interaction upon

reunion of infant and mother (Ainsworth and Bell). There was also a scenario in which

the mother left and there was no stranger present (Ainsworth & Bell). These scenarios

lasted no more than three minutes and were ended if the child became too distressed

(Ainsworth & Bell).

While conducting the strange situation experiments, Ainsworth and Bell (1970)

found that attachment is related to exploration. In general, infants would use their

mothers as a secure base from which to explore; when the mothers left the infants'

exploration decreased and the infants utilized proximity-promoting behaviors, such as

crying (Ainsworth & Bell, 1970). This was similar to the previously mentioned

observations of Bowlby (1983), where fear and distress brought forth attachment

behaviors. The previously mentioned behaviors explain a secure attachment. There were also two other types of attachments observed during the strange situation studies. Infants who did not cry when their mother left, or seek her when she returned, were considered to have an avoidant attachment (Ainsworth, 1979). On the other hand, infants who presented as anxious even in the mother's presence, and were more distressed when the mother left than the securely attached children, were considered anxiously attached (Ainsworth). Mary Main, who has conducted subsequent research involving the strange situation, refers to the previous groups as secure, avoidant, and resistant/ambivalent (Main, 2000). In addition she and Hesse (2000) have added a fourth attachment: disorganized. A child whose attachment is disorganized performs contradictory behaviors, such as crying while reaching for a parent or crawling towards a parent only to stop short and gaze off to the side (Hesse & Main, 2000).

Ainsworth (1979) also emphasized that these interactions between the infant and mother create a way of organizing behavior for the infant, which will be played out with other people and objects throughout the infant's life. This is supported by the research of Main (2000) who concluded that an infants' attachment style is carried through into childhood. This research on attachment creates a foundation from which to explore a current understanding of attachment theory in relation to adoption. While attachment theory applies to all children, there are special considerations for children who are adopted.

Attachment Theory and Adoption

Shapiro, Shapiro, and Paret (2001) and Gunnar, Bruce, and Grotevant (2000) conducted literature reviews which summarized the unexpected difficulties adoptive

parents face and have to overcome. Parents who choose international adoption are

hopeful that they will be able to provide their adoptive child with everything needed to

create a happy, loving family (Shapiro et al., 2001). Though, as will be discussed in the

following section, the realities of adoption typically fall short of parents' expectations.

Parents are ready to accept the child into the family (Shapiro et al.). However, the child

has just been taken out of the only home they have ever known, may have a history of

maltreatment, and is often not ready to accept a new family (Shapiro et al.). This leaves

many parents trying to find ways to cope with unexpected rejection by their recently

adopted children (Shapiro et al.). Gunnar et al. (2000) explain that this is due to the

misinformation agencies receive about the adopted child. This information is often

minimal, confusing, and based on each country's own way of classifying conditions

(Gunnar et al.). In addition, adoption workers are aware that if they share too much

information with perspective parents they may hurt a child's chances of being adopted

(Gunnar et al.). Therefore, adoption workers have to carefully weigh how they present

information to a perspective parent (Gunnar et al.). These previously mentioned

circumstances leave adoptive parents unprepared (Gunnar et al.). Adoptive parents do not

always know what conditions the child had been living in, or what impact that has had on

the child (Gunnar et al.). Consequently, parents are also unaware of what services their

adopted child might need to overcome those circumstances and be successful (Gunnar et

al.).

The literature reviews by Shapiro, Shapiro, and Paret (2001) and Gunnar, Bruce,

and Grotevant (2000) illustrate the extreme and varied emotions parents experience

through the adoption process. In the beginning, parents are hopeful and then they have to

accept the challenges of adoption. Parents' emotions, as well as the child's, can be intense and fluctuating. Which lends itself to the question, how does a parent's state of mind affect what transpires in the family post-adoption?

Pace & Zavattini (2010) and Steele, Hodges, Kaniuk, Hilman, & Henderson (2001) found that the state of mind, or attachment, of an adoptive mother affects their adopted child. More specifically, an adoptive mother's own style of attachment is related to whether an adopted child with an insecure attachment style will improve to a more secure style of attachment (Pace & Zavattini; Steele et al., 2001). Pace and Zavattini observed 20 recently adopted children and 12 biological children, between the ages of seven and 12 years old, during two periods of separation and reunion with their parents. Findings demonstrated that children who were adopted were more insecurely attached shortly after the adoption than the biological children (Pace & Zavattini). However, after several months, many of the insecurely attached adopted children were more securely attached (Pace & Zavattini). Furthermore, whether the adopted child's attachment became more secure was related to whether the adoptive mother's attachment was secure (Pace & Zavattini). Adoptive mothers who were securely attached had adopted children who became more securely attached (Pace & Zavattini). On the other hand, adoptive mothers who were insecurely attached had adopted children whose attachment styles remained insecure (Pace & Zavattini).

Steele, Hodges, Kaniuk, Hilman, & Henderson (2001) similarly found that the state of mind of the adoptive mother affects the attachment of their adopted child. Findings indicated an association between the mothers' Adult Attachment Interview and the doll play of four to eight-year-old adopted children who had experienced

maltreatment (Steel et al., 2001). Mothers who scored insecurely in the Adult Attachment

Interview had adopted children who had more aggressive play narratives. Pace and

Zavattini (2010) and Steel et al. both found that the attachment style of the adoptive

mother was related to whether the attachment style of an insecurely attached child will

improve and become more secure. This demonstrates that it is not only vital to study what

happens to adopted children, but that it is also necessary to understand parents' states of

mind, as well as their experiences and how that may affect the adopted child. It would be

helpful to practitioners, as well as adoptive professionals, to be aware of parents' sense of

themselves, their expectations, their ability to meet their child where they are at, and how

this affects their perception of themselves as parents. It is important to examine the

family dynamic, child and parent alike. The consideration of attachment is important for

all children. Furthermore, it has significance for children who are adopted, particularly

children who have experienced deprivation pre-adoption.

Effects of Institutionalization

The international adoption of Romanian children from institutionalized care gave

researchers a rare opportunity to examine the effects of early deprivation (Talbot, 1998).

It would be unethical to conduct experiments that deprived children of basic needs;

however, the conditions of Romanian orphanages allowed researchers to understand the

effects of that type of deprivation on children (Talbot). The overthrow of the Russian

president and the split of the Soviet Bloc created upheaval in Romania in 1991, which led

to a dramatic increase in the number of orphaned infants and children who experienced

institutional care (Evan B. Donaldson Adoption Institute, 2007). However, in 1992 and

1993 adoptions of Romanian infants and children by United States Parents stopped

because the Romanian government suspended such adoptions (Evan B. Donaldson Adoption Institute, 2007). This allowed researchers to study the effects of early deprivation of children who were then placed in homes with caring parents. It should be noted that the conditions of Romanian orphanages were the conditions in 1991 and do not reflect current conditions. Additionally, it is necessary to keep in mind that other countries have had less than optimal conditions for children placed for adoption.

Early deprivation not only leaves lasting psychological effects, but also physical and cognitive effects (Talbot, 1998). Moreover, PET scans of children who spent time in orphanages differs from those who have not (Talbot). To understand these effects of institutions on children, it is necessary to understand the typical conditions of such places. The following description of institutions in the early 1990s is provided by Castle et al. (1999) and Rutter and the English and Romanian Adoptees study team (1998). The institutions were cramped, crowded, and unclean. Children were often confined to cots or cribs and given little room to move and few toys with which to play. Often times, they were not changed or cleaned; when cleaning happened it typically consisted of being sprayed down by a cold hose. Furthermore, children were not engaged, interacted with, or given individual care. Their meals, which left the children malnourished, were often given to them in bottles that were propped up. These conditions paint a disturbing picture of the deprivation that many Romanian adoptees experienced (Castle et al.; Rutter and The English and Romanian Adoptees study team).

Unfortunately, these conditions at such a young age had lasting repercussions even after the children left the institutions. As mentioned earlier, children need a secure base to explore their world. The previously described Romanian institutions did not

provide that secure base. Furthermore, the interaction between infant and primary attachment figure create a way for the infant to organize behavior and respond to others. Therefore, not only did institutions fail to provide a secure base for children to explore and learn, but the lack of attachment figure did not allow them to understand healthy ways of responding to others.

Castle et al. (1999), O'Connor et al. (1999), and Hoksbergen, Rijk, Dijkum, and Laak (2004) conducted research with those children adopted from institutions in Romania during the early 1990s and found that the deprivation of those institutions affected children's IQ, attachment, and behaviors, respectively. Castle et al. studied the effects of institutional care on the IQ of 129 Romanian adoptees who were adopted by English families before the age of four-years-old. Findings indicated that at six years of age children who had not been institutionalized had typical IQs, whereas with the children who experienced institutionalization, cognitive deficits were related to the amount of time spent in an institution (Castle et al.). Furthermore, it was concluded that the quality of institutional care, which was gathered from semi-structured interviews with adoptive parents, was significantly related to the children's IQ (Castle et al.). It is evident from this study that institutional care was related to a child's IQ. Impairment, or deficiencies, in cognitive ability are an example of something that a parent may be unaware of and need to come to terms with.

O'Connor et al. (1999) studied a similar population of 111 severely deprived Romanian children adopted before the age of two-years-old by families from the United Kingdom, as well as a control population of 52 domestically adopted children who did not experience deprivation. Findings indicated that while many children did not have

symptoms of attachment disturbances, there was a positive association between duration

of deprivation and attachment disorder behaviors (O'Connor et al.). It was suggested that

the determining factor of attachment disturbances is not malnourishment, but rather the

"lack of a consistent and responsive caregiver (or small number of caregivers), or the

opportunity of the child to form selective attachments" (O'Connor et al., 1999, p. 24).

This is another example of information that a parent may not have or a complication they

may not have anticipated in the adoption process.

While children are deprived in several ways, the absence of an attuned caregiver

is what creates challenges in attachment for these children. Hoksbergen, Rijk, Dijkum,

and Laak (2004), using a population similar to Castle et al. (1999) and O'Connor et al.

(1999), studied behavior problems and burden of upbringing in adoptive parents of 80

Romanian adoptees, who were adopted after age two, in the Netherlands. Burden of

upbringing was defined as "the (excessive) amount of effort parents have to invest in

order to educate and to control the problematic behaviors of their children" (Hoksbergen

et al., 2004, p. 175). Adoptive parents rated burden of parenting higher than the control

group (Hoksbergen et al.). Findings indicated that 25% of the children, most of whom

had been living in their adoptive homes for less than four years, were categorized as

clinically problematic (Hoksbergen et al.). Interestingly, children who had been living in

their adoptive homes for more than five years had fewer behavioral problems.

Hoksbergen et al. also explained that each child responds differently to the deprivation

they experienced. In addition to reacting differently to deprivation, all adoptive children

adjust to their new family life in their own way (Hoksbergen et al.). Furthermore,

Hoksbergen et al. proposed that the variety and unpredictability of adoptive children's

reactions to these events make it challenging for parents to prepare for their transition into the home. As it is difficult to prepare, parents will have to continue to learn how to cope with these experiences and integrate their family. It may be years, as it was noted behaviors did not decrease until after five years with the family (Hoksbergen et al.).

The research focusing on children who have been internationally adopted from institutions emphasizes the detrimental effects institutionalization has on children. It also draws further attention to the challenges that arise for the parents of these adopted children. It is important to learn about and understand not only the children, but the parents. Adoptive parents often enter adoption with an idealistic expectation that can be overcome by the reality of a deprived child who is not ready to accept them (Shapiro, Shapiro, & Paret, 2001). Moreover, parents may have to come to terms with cognitive, emotional, and/or behavioral problems their adopted child has for years to come. For some parents, this reality becomes too much and they are left with unsettling alternatives. There have been adoption cases in which parents feel that they are not an appropriate fit for the child and the adoption ends in dissolution, a term referring to the termination of an adoption after it has been finalized (U.S. Department of Health and Human Services). As mentioned earlier, it is estimated that between 10 and 25% of adoptions end in dissolution (Festinger, 2002; U.S. Department of Health and Human Services). This statistic is another reason that further research is needed so that clinicians can better prepare and support parents through the adoption process.

Previous Research Involving Adoptive Parents

Adoptive parents and open adoption. There is limited research involving parents' experiences of adoption. One area that has received attention is open adoption (Berry,

1993; Petta & Steed, 2005; Silverman, Campbell, & Patti, 1994). As previously

mentioned, one reason some parents choose international adoption is because there is

little possibility of open adoption (Berry), which is far more common in domestic

adoptions. Researchers who have studied open adoption have not reached a consensus

about parents' experiences of open adoption; however, they have found patterns of

thought and emotion, as well as major themes. Berry defines open adoption as referring

"to both the practice of preplacement sharing of information and contact between

biological and adoptive parents of a specific child, and continued sharing and contact

over the child's life" (1993, p. 231). One thousand two hundred and sixty seven families

completed questionnaires (Berry). Findings indicated that adoptive parents were more

comfortable with interactions between their adoptive family and their adopted child's

biological parents if they had previous interaction or if the interactions were planned

ahead of time (Berry). Moreover, adoptive parents felt more prepared if they had met the

biological parents before the adoption was finalized. Additionally, comfort level of

adoptive parents was cautiously comfortable in regard to their feelings toward their

child's biological parents (Berry). Furthermore, the adoptive parents comfort level

increased if the contact was planned (Berry). On the other hand, families did report

concern about the effect of contact with the biological parent on their child (Berry).

　　　　While Berry (1993) found that parents were generally comfortable about contact

with biological parents, Silverman, Campbell, and Patti (1994) discovered different

patterns of relationships between adoptive parents and biological parents, although these

adoptions were not necessarily open from the beginning. In a study by Silverman et al.

(1994) 24 families completed questionnaires, including: the adoptive parents, the

biological parents, and the adoptees. Three categories of responses were uncovered. These categories were: accepting of reunions (i.e., between adoptees and their biological parents), disapproving of reunions, and mixed (i.e., where one parents supported the reunion and one did not) (Silverman et al.). Families who were supportive of reunions experienced less stress, while families who disapproved of reunions faced more stress (Silverman et al.) Families who were mixed dealt with some amount of conflict in their family. Adoptees seemed to be aware of these views. Some adoptees who thought their adoptive parents would disapprove of a reunion with their biological parents kept the reunion a secret from their adoptive parents (Silverman et al.). Furthermore, families who were disapproving viewed the reunion as a betrayal or as a sign that they had failed as parents (Silverman et al.).

Whereas the previous studies were quantitative, Petta and Steed (2005) conducted a qualitative study to explore parents' experience of their adopted children's reunions with their biological parents. Through semi-structured interviews with 21 adoptive parents, Petta and Steed uncovered several main themes. The most prominent theme was "fear of losing their child" (Petta & Steed, 2005, p. 233). This theme was intertwined with many of the remaining themes, which included: "entitlement and role definition," "revisiting infertility," "responses to the birth mother," "lack of recognition of needs," and "awareness raising of adoption issue" (Petta & Steed, 2005, p. 233). Similar to Berry's (1993) findings, parents were generally supportive of their adoptees search for, and reunion with, their biological parents (Petta & Steed). However, parents became unsure of their parent-child relationship and began questioning their roles.

Petta and Steed suggested that these findings are useful for clinicians. Moreover, they stated that clinicians should view the parent as a client who needs support to deal with the challenging emotions when their adopted child reconnects with their biological parents (Petta & Steed). This type of research can be applied to, and act as a template for, research of parents' experience with international adoption. It is evident that parents have an array of emotions about open adoption, adopted children's reunion with their biological parents, and adoption in general. As Petta and Steed propose, it is important to explore parents' feelings around adoption issues because they are also the client. Another area of research that has received attention, in regards to adoption, is adoptive parents' experience with adoption of children who have special needs.

Adoptive parents and children with special needs. Many researchers have explored the effects of adopting a child with special needs on parents' stress levels and satisfaction of adoption (McGlone, Santos, Kazama, Fong, & Mueller, 2002; Nalavany, Glidden, & Ryan, 2009; Perry & Henry, 2009). McGlone et al. (2002) conducted a longitudinal study of parents and their adopted children. Findings indicated that new adoptive parents had higher levels of stress when compared to the normative sample (McGlone et al.). Furthermore, it was found that there was little change in the level of stress over a period of a year. The stress of adoptive parents was attributed to: parent-child interaction, child behavior, family cohesion, adjustment to the adoption, and adoption service issues (McGlone et al.). It seems that stress levels should decrease after the initial stress of the adoption and transition. The fact that adoptive parents' stress level remains the same, even after a year, suggests that there is a need for services to help parents through the process of adopting a child with special needs. Additionally, the

factors that stress levels were attributed to are similar to behaviors of children adopted from institutions. It is important to examine and improve services for parents of children with special needs and further discuss the experience of parents who have adopted children with attachment and behavior challenges.

The need for research of parents who have adopted children with attachment and behavioral issues is further supported by Nalavany, Glidden, and Ryan (2009). Findings supported Nalavany et al.'s (2009) hypothesis that behavior problems are the mediating factor in parents' satisfaction with adoption of children with special needs. More specifically, Nalavany et al. established that once external (i.e., running away, fighting, and threatening) and internal (i.e., anxious/depressed, withdrawn/depressed, and somatic complaint) behavior problems were accounted for, the fact that their adopted child had special needs no longer affected their adoption satisfaction. Nalavany et al. noted that learning disorders increase the likelihood of behavioral problems. Furthermore, it was concluded that externalizing behaviors were a stronger mediator for parents' level of stress (Nalavany et al.). Children adopted from institutions exhibit similar external and internalizing behaviors (Hoksbergen, Rijk, Dijkum, & Laak, 2004) and, therefore, it is necessary to also examine the experience of their adoptive parents. This will then allow professionals to better assist families who experience stress or other possible emotions during the adoption process.

Similar to the work of McGlone, Santos, Kazama, Fong, and Mueller (2002) and Nalavany, Glidden, & Ryan (2009), Perry and Henry (2009) conducted a literature review and drew related conclusions. The authors summarized that the adoption of children with special needs can be stressful (Perry & Henry). However, Perry and Henry

also noted that these parents were able to make the choice to adopt a child with special

needs, whereas biological parents do not have that choice. Additionally, Perry and

Henry's literature review offered possible steps to temper the stress of these adoptive

parents. For example, it was suggested that knowing as much as possible about the

child's needs, creating an informal support network, and finding support for marital stress

would mediate the stress of parents who have adopted a child with special needs (Perry &

Henry).

Perry and Henry's (2009) findings, along with McGlone, Santos, Kazama, Fong,

and Mueller (2002) and Nalavany, Glidden, & Ryan, (2009) demonstrated that adoptive

parents of children with special needs experience stress. Furthermore, parents can receive

tools that will assist them with their stress and how to cope (Perry & Henry; McGlone et

al., 2002; Glidden & Ryan). These studies mainly focused on parents experience in terms

of stress. However, it seems likely that there are other emotions present in parents who

have adopted a child with special needs. These other feelings need to be uncovered so

professionals can begin examining what supports or coping mechanisms can help parents

work through these feelings. It is also noteworthy that Perry and Henry emphasized the

element of choice for adoptive parents of children with special needs. Parents who adopt

children with attachment or behavioral challenges are often unaware of the potential

issues that could arise. It was found that knowing as much as possible about the child's

needs mediates parent's stress level. Yet, parents who adopt internationally may not be

able to obtain that information. If parents who have a choice about adopting a child with

needs struggle, what do parents who adopt children with unknown attachment or

behavioral problems experience? As previously mentioned, the state of mind of a parent

can affect the state of mind of the child. Supporting parents not only improves their well being, but also the well being of the child and the family as a whole. In order to have an idea of what support or post-adoption services may be useful, it is helpful to understand what supports and services have already been used.

Adoptive parents and post adoption services. Many researchers have discussed post-adoption services; however, it is often not the main focus of their research but rather a smaller subset of their main research topic (Bird, Peterson, & Miller, 2002; Golding, 2007; Gunnar, Bruce, & Grotevant, 2000; Talbot, 1998; Tollemache, 1998). Rushton (1989) examined challenges for adoptive parents, as well as resources and services, although it was done in the context of a review. The challenges adoptive parents face included: behavioral and emotional problems, attachment issues, cognitive challenges, history of sexual abuse, issues surrounding personal and racial identity, changes in the family dynamic, and reunion with biological parents. This is consistent with the research of the current literature review. In addition to summarizing adoptive parent challenges, Rushton proposes ways to assist adoptive parents: teaching parenting skills, post-adoption support groups, and utilizing the family systems approach.

Talbot (1998) and Gunnar, Bruce, & Grotevant, (2000) support this, mentioning network support groups and smaller support groups for parents of adopted children who were institutionalized. Gunnar et al. (2000) noted, however, that many parents felt there were not sufficient post-adoption supports or services. Furthermore, Gunnar et al. concluded that services for children with attachment issues are often expensive and are not scientifically researched, in addition to the fact that there is minimal funding for those types of services for children who have been institutionalized. Similarly, Tollemache

(1998) stated that professionals have come to better understand attachment disorder and how to respond to children who have it, but parents do not have the same understanding. Parents are instructed to interact with their newly adopted children in a way to support the child, but also in a way that does not consider the parents' state of mind (Tollemache). While the children are given safe spaces in which to heal, parents are left without somewhere to explore and express their feelings such as anger and disappointment. Bird, Peterson, & Miller (2002) also established that emotion focused coping was associated with increased distress. Emotion focused coping is "consistently defined as effort to control or minimize emotional reactions to stressful situations" (Bird, Peterson, & Miller, 2002, p. 218). Wishful thinking and distancing are examples of emotion focused coping strategies (Bird et al., 2002). Moreover, Golding (2007) stated that when challenges arise and the adoptive parents seek consultation with a mental health specialist "often the parent is feeling a great sense of inadequacy or failure in their ability to parent" (p. 77).

In five of the six previously mentioned studies, post-adoption services were not the main emphasis. It is important to examine parents who did not feel supported during the adoption process because of the implications it may have on providing more services. Golding's (2007) findings about parents' feelings of inadequacy and failure also demonstrate a need to better understand parents' emotional state. Parents of adopted children with attachment and behavioral problems are experiencing other feelings in addition to stress. Research needs to examine what other emotions parents are experiencing; inadequacy and failure are heavy feelings that need to be addressed and there may be other feelings that should be examined.

Parents' experience with adoption. Adoption, as a topic on its own, has received relatively little attention in terms of parent perceptions and experience. In *The Perspective of Adoptive Parents* Tollemache (1998) discusses a few of the challenges adoptive parents struggle to work through. Tollemache illustrates that adoption is often chosen because of infertility. Furthermore, parents grieve the loss of the child that they cannot have and this can lead to a focus on blaming their partner (Tollemache). Another challenge that is mentioned is fear that the adoption will not be finalized. These are only a few of the stressors that parents have to manage (Tollemache). Parents experience emotions surrounding infertility, such as fear that the adoption will not occur. These feelings are experienced before the adoption is completed.

McKay and Ross (2010) conducted a qualitative study to explore parents' experience after the child has been placed. Eight parents in Ontario participated in semi-structured interviews. The three main themes that McKay and Ross extrapolated related to challenges of adoption were: "isolation and fear," "parenting related obstacles," and "a lack of support" (2010, p. 606). More specifically, parents reported that they felt increased responsibility because they were raising another person's child (McKay & Ross). Parents also held unrealistic expectations and feared their child would be taken away if they made any mistakes (McKay & Ross). Additionally, parents reported that they felt they were less prepared, and had less experience, as the order of events in having a child via adoption is different than the order of even of having a child biologically (McKay & Ross). Furthermore, because parents who adopt were often older, they had difficulty relating to younger biological parents and had difficulty finding support groups.

Worthy of noting, it was easier for parents who adopted internationally to find support

groups than it was for parents who adopted domestically (McKay & Ross).

While parents reported some serious challenges, they also reported positive

experiences that made the adoption process worthwhile (McKay & Ross, 2010). The

main themes related to "facilitators accompanying the transition to adoptive parenthood"

were: "achieving their goal of becoming a parent," "seeing their children achieve

important milestones," and "accessing supports, and particularly from individuals with

personal experience with the adoption system" (McKay & Ross, 2010, p. 608). As

adoptive parents have difficulty conceiving, a point mentioned earlier by Tollemache

(1998), they often feel a sense of pride and accomplishment around adoption. While there

was a general consensus that there is a lack of formal support post-adoption, many

parents were able to find forms of informal support, such as friends who had adopted

(McKay & Ross). This seems to suggest a gap in services; parents are not feeling as

though they have enough formal support. McKay and Ross propose using their research

to better help adoptive parents prepare for the challenges they will have to deal with. It

has been put forward that clinicians need to explore parents' experience related to various

adoption topics so they can better prepare parents before hand and better support parents

post-adoption (Gunnar, Bruce, & Grotevant, 2000; McKay & Ross; Petta & Steed, 2005;

Shapiro, Shapiro, Paret, 2001; Tollemache). Researchers have noted the importance of

this research for adoption in general, for adoptive parents of children with special needs,

and for parents in open adoption situations or reunion situations. Parents' experience with

international adoption of children who have attachment or behavioral issues is also

important to examine, as indicated by previous research. This will allow clinicians to better aid those parents with the transition to parenthood and eventual difficulties.

Parents' experience with international adoption. Research is also limited with regard to parents' experience with children who are internationally adopted and who also have issues with attachment and/or behavior. More common are studies that address open adoption, adoption services, and adoption of children with special needs. In one study, Lancaster and Nelson (2009) used a narrative phenomenological approach to understand the experience of three mothers with eight adoptees from China. Seven main themes were extrapolated from two semi-structured interviews with the parents (Lancaster and Nelson). The first theme focused on survival after the initial adoption, which referred to helping the child survive as parents did not expect the transition from institutional care in another country to be so difficult for their children who exhibited extreme behaviors (Lancaster and Nelson). This, therefore, created an immediate need to take care of the child's physical and mental health needs (Lancaster and Nelson). Within this theme were subthemes of being unprepared and experiencing feelings of fear and grief (Lancaster and Nelson). The second main theme was attachment (Lancaster and Nelson). In relation to this theme mothers commented that "the absence of a nurturing caregiver and a stimulating environment had a profound impact on the children's development" (Lancaster & Nelson, 2009, p. 306). These parent statements are very similar to the findings of research on institutionalized children (Castle et al., 1999; O'Connor et al., 1999; and Hoksbergen, Rijk, Dijkum, and Laak, 2004). A third theme found by Lancaster and Nelson was barriers in the schools. Moreover, schools attributed the children's delays to language barriers and, to ensure their children received appropriate services, adoptive

parents had to convince schools that their children's delays were caused by cognitive impairment and lack of schooling in their country of origin (Lancaster and Nelson). A fourth theme was burnout (Lancaster and Nelson). The mothers experienced such extreme burnout that, at times, the adoptive mothers contemplated terminating the adoption (Lancaster and Nelson.) The remaining themes found by Lancaster and Nelson were: children receiving counseling services, strategies of building community and validating ethnic identity and acculturation, and becoming a family takes time. These themes illustrate the complex dynamic of a family that has chosen to adopt children who have been institutionalized. Furthermore, it demonstrates the emotional extremes that adoptive parents can face.

A second study by Borders, Black, and Pasley (1998) found opposing results. Borders et al. (1998) compared adoptive parents and their children with biological parents and their children using data from the National Survey of Families and Households. Findings indicated there was no difference between the two groups (Borders et al.). Neither the adopted children, nor the adoptive parents were more at risk than the biological parents and children (Borders et al.). Furthermore, both biological and adoptive parents scored similarly, as well as within a healthy range, on self reports of depression, self-esteem, and overall well-being (Borders et al.). While in contrast with the research of the current literature review, Borders et al. stated that their results were similar to those which included nonclinical adopted children and their parents. It is important to note the nonclinical aspect, as a high percentage of children from the previous studies of international adoption met criteria for a clinical group. Borders et al. also acknowledged that variables such as referrals for counseling or behaviors at school

were not included and were a limitation of the study. This suggests that although well-being of adoptive parents of well adjusted children are similar to biological parents, more research is needed on the well-being of adopted parents whose children have clinical issues. The limited research on the well-being of parents who adopt internationally, as well as the conflicted findings of the previous two articles, suggest that more research is needed in this area.

Conclusion

There is a substantial amount of research on attachment theory, attachment and adoption, and the effects of Romanian institutions on the development of children who have been adopted internationally. While research has been conducted in regard to parents' experience of adoption, research remains limited in the area of parents' experience of international adoption. Attachment in the first year and a half of life creates an organizational template that children will enact throughout their lives. Healthy, well-adjusted children, have secure attachments. However, there are circumstances and issues with attachment figures which can adversely affect the attachment of a child.

Children who were adopted from Romanian institutions shortly after the country experienced turmoil developed poor attachment with caregivers. Children in Romanian institutions received poor care and little to no personal attention from a caregiver. As a result, some children were affected cognitively, physically, and mentally. The duration of stay in an institution, as well as the quality of care in an institution, impacted the severity of such affects. In addition, many of these children had no consistent care that would allow them the opportunity to build a secure attachment style. Therefore, the children adopted from poorly run institutions had poor attachment and difficulty transitioning into

their adoptive home. Few studies have demonstrated that parents are ill prepared for these events. Moreover, parents have reported numerous emotions surrounding this, including fear and failure. On the other hand, some research has shown that it is possible for these children to, over time, heal and form more secure styles of attachment. More research is needed to understand parents' experience so that clinicians have a better understanding of what resources and services will help adoptive parents through the unpredictable challenges that arise. Supporting adoptive parents will create a healthy, more supportive environment for the children who may struggle to adapt to their new home.

Research Question

There is limited research on parent's experience of international adoption. There are many factors that parents have to cope with. It is important for clinicians to remember that the parent is also the client. The research question addressed by this study is: what are parents' experiences, and more importantly what are their corresponding emotions, with international adoption of children who have attachment, behavioral, and/or emotional challenges? In the following section, the conceptual framework that guides this research project will be described.

Conceptual Framework

This section will describe the conceptual framework for the current research on parents' perspectives on international adoption of children with behavioral, emotional, and attachment challenges. There are two main concepts the researcher views as framing the current research: ecosystems and psychodynamic. First, there will be a description of how ecological and systems theories come together to form ecosystems theory, and further how this frames the current research. Second, there will be a description of

psychodynamic theory, focusing on attachment theory, and how this also frames the current research.

Forte (2007) frequently notes, when explaining ecological theory and systems theory, that they are often applied together and work as complimentary theories. Ecological theory posits that humans and the environment are connected and act reciprocally upon each other (Forte). It also states that human behaviors happen in the context of adapting to a specific environment (Forte). Systems theory, on the other hand, notes that systems are made up of parts, that the parts as well as systems can interact, and that all systems have basic similarities (Forte). Miley, O'Melia, and DuBois (2011) describe how ecology theory and systems theory work together to form an ecosystems perspective which "describe[s] the functioning and adaption of human systems in their social and physical environments" (p. 27). Furthermore, humans and the environment are connected and continually interacting with each other (Forte; Miley et al., 2011). Ecosystems theory views people as complex, and includes aspects such as their biology, religion, and culture (Miley et al.). Again the emphasis is on mutual interaction between human and environment, meaning physical and social (Miley et al.). In the context of ecosystems theory change takes place in terms of humans adapting to fit their environment (Miley et al.).

The ecosystems theory, with its components of ecological and systems theory, creates a helpful framework for the topic of international adoption. There are many different systems and environments interacting in order to allow the process of adoption to occur. Some of those systems include: the adoptive family, the adoptive family's informal support network, the adoption agency, the adoptive family's community, the

country of the adoptive family, the country of the adoptee, the biological parents, and the

institution or adoption agency in the adoptee resided in. This list illustrates the

complexity of interacting systems that facilitate the process of international adoption. The

purpose of the current study is to understand parents' experience with international

adoption of children who have challenges. The process of bringing such a child into a

new home involves the interaction of a human (i.e. the child) and the environment (i.e.

the adoptive family). The current study is exploring the reciprocal adaption between

human and the environment, or the child and their adoptive family. Ecosystems theory

creates a succinct way of framing the current study.

The main theory framing the current research is ecosystems; however,

psychodynamic theory is also integral to understanding the framework of the current

study. There are many facets of psychodynamic theory. The framework of this study will

focus on object relations, as this is the umbrella theory that attachment theory fits under

(Forte, 2007). Object relations is a unique facet of psychodynamic theory because it

focuses on the effects of relationships on development (Forte). Furthermore, key factors

in object relations are an individual's representation of their self and others (Forte). John

Bowlby developed attachment theory within the framework of object relations theory

(Forte). A more in depth account of attachment theory can be found at the beginning of

the literature review.

Object relations, and more specifically attachment theory, provide a useful

conceptual framework for exploring international adoption with children who have

attachment issues. The adopted child comes from their birth country with an internal

representation of themselves as well as others, such as caregivers. The adopted child then

enters a new home, in a foreign country, with these internal representations. There is

often a period of time where the child still holds onto their original internal

representations of caregivers. It can take years for that child to build new internal

representations of their current caregivers. Similarly, parents have their own internal

representations of what a child is and acts like. They also have to make adjustments as

they come to understand that their internal representations do not fit their reality. This can

also be understood as a child or parent adapting their internal models to fit their new

environment, a framework utilizing both ecosystems and object relations theory. This

section has established ecosystems and object relations theories as the conceptual

framework for the current research study. The following section will explain the

methodology of the current study.

Methods

Research Design

This study used a qualitative, semi-structured interview design. According to Berg

(2009), "qualitative refers to the what, how, when, and where of a thing-its essence and

ambience." Monette, Sullivan, & DeJong (2011) state that qualitative research "involves

data in the form of words, pictures, descriptions, or narrative rather than numbers and

counts (p. 39). A qualitative design was chosen because there is a need, as stated in the

literature review, to explore and better understand parents' experiences with international

adoption. A semi-structured interview was chosen because there is a minimal amount of

information about parents' experiences with international adoption. There was enough

information to allow the researcher to generate open-ended questions. However, there

was not enough information available that the researcher could have a completely structured interview. In such a case valuable information may have been missed.

Sample

There were two participants who adopted children internationally. Limitations were not placed on country of origin, so that it would be easier to recruit participants. The children of these parents have had or currently have emotional, behavioral, and/or attachment challenges at some point in their lives related to being adopted. Emotional, behavioral, and/or attachment challenges were defined by the participants. The researcher chose the parents' definition because young children are not always diagnosed but may still qualify as having these challenges. The parents adopted their children before four years of age and had them in their home for over a year. In addition, only one parent from each family was interviewed in attempt to gain a wider range of data from more families. The researcher's goal was to obtain eight to ten participants from different families, rather than eight to ten participants from four to five families, in hopes of exploring different experiences of different families. Participants were recruited using nonprobability sampling. Moreover, a combination of availability sampling and snowball sampling was used. Availability, or convenience sampling, "involves the researcher's taking whichever elements are readily available" (Monette, Sullivan, & DeJong, 2011, p. 150). In snowball sampling, "we start with a few cases of the type we want to study, and we let them lead us to more cases, which in turn lead us to still more cases, and so on" (Monette et al., 2011, p. 151).

The researcher discussed this research project with family, friends, and acquaintances who expressed that they knew a family, or families, who had adopted

children internationally. This explanation was done in person, over the phone, or via email, depending on each individual. These individuals were told about the study (see Appendix C) and given information sheets (see Appendices A and B) to give to families they knew who had adopted internationally. The people the interviewer knew were not asked to determine if the families they knew met criteria. They were simply asked to give information sheets to families they knew who had adopted internationally (see Appendix C). The families who had adopted internationally were to read the information sheet and determine for themselves whether or not they met criteria. Families who agreed to participate in the study were also given extra information sheets to give to anyone they knew who had adopted internationally. The information sheets contained the researcher's name and phone number for interested families to call.

The researcher attempted to recruit participants from a number of states via information sheets (see Appendices A and B) which were given to them by someone the researcher knew. The researcher personally knew individuals from a few different states across the country who passed on information sheets to families they knew who had adopted internationally. Other people that the researcher knew passed on information sheets to families they knew who had adopted internationally and lived in other states. Therefore, ultimately the states that the researcher attempted to recruit from were based on convenience and snowball sampling.

Participants who lived within a reasonable proximity to the researcher were interviewed face to face at a location of their convenience. The two participants the researcher interviewed were able to be interviewed face to face. Participants were given a consent form (see Appendix D) and asked to explain it to assure understanding. Next,

participants took part in the semi-structured interview (see Appendix G), which was audio-taped and took between 30-60 minutes. After the interview was completed there was a short debriefing, in which the researcher asked about how the participants were feeling and drew attention to mental health resources in the consent form (See Appendix D) and gave them the mental health resources form (see Appendix H).

There were potential participants who lived too far for a face to face interview to be feasible. Specifically, there were potential participants who lived further away who expressed a willingness to participate in the study, but did not ultimately participate. This will be explored further in the discussion section. Participants who lived too far away for a face to face interview to be feasible had a somewhat varied procedure for participation. Potential participants who lived further away were given an information sheet (see Appendix B) by someone the researcher knew, which again contained the contact information of the researcher. When interested participants contacted the researcher, she emailed participants (see Appendix E) a consent form (see Appendix F). An interview questionnaire (See Appendix G), with the same questions as the face-to-face interview, was also emailed to the participants who were to answer them through email. Answering and returning the questionnaire would have implied consent. Participants would have been asked (in the information sheet, see Appendix B, and the consent form, see Appendix F) to call the researcher before they began the questionnaire. This would have allowed the researcher to assure the participant met criteria, schedule a follow-up call once the questionnaire was completed, and answer any questions about participation in the study. The participant would have completed the questionnaire, if they agreed to participate in the study, and returned it before the follow-up call. The follow-up call

would have allowed the researcher to clarify any responses. The researcher would have

also conducted a short debriefing during this follow-up to ask how the participant was

feeling and remind them of the mental health resources (see Appendix H). The researcher

had experience doing crisis counseling over the phone and would have utilized those

skills (asking questions, actively listening, normalizing, etc.) to help assess the

participant's emotional state in regard to participating in the study.

Protection of Human Subjects

The only risk was any emotional discomfort participants may have had from

openly discussing their experience with international adoption. The researcher provided

the participants with a list of resources, such as counseling lines (See Appendix G).

Participants were reminded that participation was voluntary and that they could refuse to

answer any questions or withdraw from the interview at anytime. If the participants

became noticeably distressed the researcher discussed whether it was appropriate to

continue the interview and could have chosen to end the interview. The consent form also

included resources to help parents cope with any emotions that arose during the

interview. In addition, the researcher debriefed with the participant for a few minutes

after the interview to see how they were feeling. There were no direct benefits to

participants for participating in this study.

As previously mentioned, participation was voluntary and participants were able

to refuse questions or withdraw from the interview at anytime. Confidentiality was

discussed with participants. Participants were informed that only the researcher, a

research assistant (who helped transcribe the audio-taped interviews) and the supervising

faculty member had access to the audio-taped interviews or the actual transcripts, which

contained no identifying information. The consent forms, audio-taped interviews, and transcripts were locked in file cabinet and password protected computer, respectively, in the researcher's home. All data was destroyed upon completion of this research project in May 2012. The audio-taped interviews were deleted. Transcripts were deleted and hard copies were shredded, as were the consent forms.

Data Collection and Data Analysis

The semi-structured interviews (see Appendix F) contained ten questions and took approximately 30-60 minutes and were audio-taped. The first five questions were demographic. They allowed the researcher to gather data that was useful in comparing the current study to past research. The sixth question asked participants to define what emotional, behavioral, and/or attachment challenges were in terms of their child. Question seven asked about pre-adoption experiences compared to post-adoption realities. Questions eight and nine asked about the parents early and current relationships with their adopted children. Lastly, question ten asked participants to share anything they felt may have been left out of the interview.

The data was analyzed using content analysis, or grounded theory, approach. According to Berg and Latin, Leedy and Ormrod, and Neurendorf, "content analysis is a careful, detailed, systematic examination and interpretation of a particular body of material in an effort to identify patterns, themes, biases, and meanings" (Berg, 2009. P. 338). Data was inductively drawn from the interviews and was, therefore, grounded in the interviews themselves (Berg). Furthermore, open coding was used. Berg suggested basic guidelines for conducing open coding. These guidelines included keeping the research question in mind, going through the data in small segments, writing theoretical ideas

down as they come, and not assuming categories until proven (Berg). These guidelines were followed during the coding of the interviews.

The audio-recorded interviews were transcribed. The transcribed interviews were coded in units to form small, meaningful words and sentences. From the words and sentences the research elicited codes, which were categorized as patterns that formed the themes. Codes and categories became themes when they had been repeated throughout an interview. The researcher examined themes independently for each interview and noted the similarities between the themes in the two separate interviews.

Strengths and Limitations

The primary strength of this research paper was that there is limited research available on parent's perception of international adoption with children who have emotional, behavioral or attachment challenges. Information about parents' experiences and emotions surrounding this topic has implication for clinicians, including social workers. This research can potentially inform ways of improving adoption services to better meet the needs of the parents. This will help parents, as well as their families.

This study was also exploratory and, therefore, has limitations. The use of availability and snowball sampling limited the generalizability of this research. There were many parents who have adopted internationally who were left out of this study. The small sample size also contributed to this limitation; however, this is a starting point for better understanding what parents of internationally adopted children who have challenges have to cope with.

Findings

The findings are limited to two interviews. Challenges with recruitment will be explored further in the discussion section. The interviews took place with the mothers of the families, who each adopted two children. One family adopted their two children from Guatemala and the other family adopted their two children from Columbia. Neither set of adopted siblings were biological siblings. The findings will be described for each family, who are referred to by pseudonyms. The findings will first be described for the Anderson family and then the Johnson family. Many of the themes found were present in the interview of both mothers; however, there were a few themes that were unique to each family. The overlapping themes were as follows: a) primary care arrangements before adoption, b) children's challenges identified by parents, c) adoption expectations d) parents emotional experience, e) support/resources, and f) differences in siblings' experience reported by parents. Themes that were unique to each family were as follows: a) issues with the adoption process and b) similarities and differences compared to biological parents.

Themes in the case of the Anderson Family

The Anderson family included Lisa and Dave who were in their forties when they adopted their two boys, Emilio and Esteban, from Guatemala. Again, Emilio and Esteban were not biological siblings. Their youngest son, Emilio, came home at eight-months-old and is currently six years old. The Andersons gained physical custody of Emilio several months before their older son, Esteban, whom they gained physical custody of at 32 months old and is currently eight-years-old. There were eight primary themes that the researcher found in the interview with Lisa about her experience with international adoption. The themes were as follows: a) primary care arrangement before adoption,

b) children's challenges identified by parents, and c) adoption expectations, d) parents' emotional experience were specifically sought out by the researcher through the interview questions (see Appendix F). The following themes: a) challenges with the adoption process, b) becoming a family, c) differences in siblings' experience and d) support/resources were themes that the researcher found that were not directly asked about. These themes predominately revolve around the Anderson family's experiences with their second child, Esteban, who was 32 months old when they gained physical custody of him.

   Primary care arrangement before adoption. During the interview, families were asked about the primary care arrangements of their adopted children before they arrived in the family's home. Esteban spent time with his birth mother before coming to the orphanage that he and Emilio were both adopted from. Lisa stated, "So [Esteban] had actually . . . lived with his mother for almost two years when she decided that she couldn't take care of him so then he went to the orphanage." Lisa continued, and described the orphanage the Andersons adopted Esteban and Emilio from. She described it as a nice private orphanage. Lisa explained, ". . . the orphanage was a private one . . . so it was a little bit nicer than the other ones . . ." and "the orphanage we went to, and actually they had just moved to a new building, and it was very nice . . . they were in a gated community . . . and it was very clean and very nice." While the orphanage was described in positive ways, Lisa reported that there were no other children who were the same age as Esteban, her older son. Lisa continued to explain that the people who ran the orphanage did the best they could to help Esteban. Lisa stated:

Esteban was kind of stuck in an age group where there's either younger [children] or older [children] so he . . . didn't fit in with some of the playing and teaching they were doing and that. So they did their best and toward the end . . . they actually started bringing him home with them . . . the owner and . . . his wife.

While Lisa described a positive experience with the orphanage Emilio and Esteban were adopted from, she expressed other issues with the adoption process, which is the next theme.

Issues with the adoption process. Lisa described how her family experienced a difficult adoption process. The difficulties the Andersons faced during the adoption process included the state of the adoption in countries they were trying to adopt from, length of the adoption process, and general problems with the adoption process.

The Anderson family began the adoption process in two other countries: Russia and the Ukraine. However, due to the state of adoption in those countries, the Anderson's had to go through a third country before they were able to successfully adopt their children. Lisa recounted, "We originally started with Russia and then Russia shut down right in the middle. So then we switched and we were trying for the Ukraine and the same thing happened there; they shut down . . ." Lisa also explained, ". . . the adoption agency really couldn't tell us much because there was a lot of stuff going on in Russia at that time and they weren't really sharing with us." Once the Anderson's moved on from Russia and the Ukraine and continued their adoption process in Guatemala, they continued to experience delays in the adoption process due to political issues. Lisa reported:

Then we got a notice saying . . . the case got thrown out again because they

couldn't read the birth certificate . . . we didn't believe it because we had a copy

of the birth certificate and we could read it . . . during that time there was some

political stuff going on with I don't know what they call it, their kind of president

of the United States, like the first lady. She was putting a hold on some of the

adoptions because she was in fear that some of the girls were selling the babies,

they were getting pregnant just for the money. So that kind of upset everything.

As a result of politics shutting down adoption in different countries, the adoption process

took much longer for the Anderson family.

As mentioned above, the political climate affected the state of adoptions in the

countries the Anderson family was attempting to adopt from. This, combined with

mistakes that were made during the adoption process, lengthened the adoption process for

the Anderson Family. Lisa shared, ". . . it took us a good two and a half years to get them

home since we started." In the previous quote the two and a half year period began when

Lisa and Dave began the adoption process in Russia. Lisa also stated:

Well the real tough one . . . it was just timing. . . Then we were getting upset,

because it's like this should be a nine month process pretty much from when you

accept a child to when you actually come home. And we were already passed that

and we hadn't even accepted a child yet.

As Lisa explained, the Anderson family had quite a long timeline from when they began

their adoption process to when their adoption process was completed. Rather than the

nine month timeline they had been told to expect, the Anderson family waited for two

and a half years, more than double the waiting time they had been prepared for.

During the interview Lisa explained that there were two separate incidents that caused the case with Esteban to be delayed. These incidents further delayed the adoption process for the Anderson family. Lisa reported:

Once we were able to switch to Guatemala things went a little bit quicker, but like I said Esteban's case got thrown back two times meaning that we had a delay . . . at that point they told us to get ready because he'll probably be ready in less than a month, so we were all excited . . . and we got ready for that and then we were told that his case got thrown back. The reason his case got thrown back, they said, was because . . . the social worker didn't complete the paper work thoroughly. So instead of just going back . . . when they filled out the paper work and bringing it back to where it should have been it had to go right to the bottom of the pile.

There were many emotions Lisa experienced bringing Emilio home first and having to wait several more months before she and Dave could bring Esteban home too. These emotions will be explored in a later theme. Regardless of emotions, there were many problems that the Anderson's came across that lengthened their adoption process.

Children's challenges identified by parents. One of the questions asked during the interview was as follows: "The criteria for participation in this study stated: a parent who has internationally adopted a child with emotional, behavioral, and/or attachment challenges? How did/do you define this in terms of your child? Or, in other words, what did (or do) the emotional, behavioral, and/or attachment challenges look like in your child?" This question elicited the theme children's challenges identified by parents. Lisa's answer to this question was focused on her older son, Esteban. The challenges Lisa

described Esteban having included issues with discipline, attention deficit hyperactivity disorder (ADHD), and being behind in school due to language barriers.

Lisa described how the Anderson family had to deal with issues of discipline when Esteban was first brought home that were not present for Emilio. Furthermore, Lisa explained that she thought this was because Esteban was older when he was adopted. Emilio was younger and grew up with the Anderson family's rules and so there were not the same discipline issues with him. Lisa explained:

> . . . Esteban . . . he had a potty mouth. He would swear . . . he didn't have any
> respect for me. And I think that is what he saw down there, you know. Not a lot of
> respect for the females.

Lisa also recounted what it was like trying to correct these disrespectful behaviors. After Lisa and Dave gained physical custody of Esteban they took the subsequent four weeks off from work to spend time as a family. In regard to this time, she stated:

> So we kind of had to put our foot down. But that's not how I expected those four
> weeks to be. But we had to do it . . . that's where it's tough too. Because you
> didn't know . . . I mean more or less becoming a new parent, but we had a three
> year old right away.

In these quotes Lisa describes how she and her husband Dave had to spend a lot of time working on discipline issues with Esteban.

Lisa also touched on the topic of working through ADHD with Esteban. It did not seem to have the same impact on their family or their emotions as Esteban's discipline issues or difficulties in school. Lisa stated, ". . . that's when we were going through the ADHD, trying to figure out his medicine and that kind of thing . . ." ADHD was an issue

Lisa briefly described having to deal with and figure out. However, Lisa did not spend much time elaborating on this challenge for Esteban.

Lisa also described the difficulties Esteban experienced in school. Esteban was behind in school, something Lisa often linked this to the fact that Esteban was older and spoke Spanish when he came to live with the family. Lisa reported, "And then not coming home till almost three . . . he's behind in school so I think that had an effect on him there too." Lisa attributed Esteban's difficulties in school to the fact that he was older when he was adopted. As she states in the quote, coming home at three years old had an effect on him in regard to school Lisa explained:

> . . . . When [Esteban] came home at almost three all he had heard was Spanish . . . we did have him checked out on that . . . we had someone from the school district come over that could speak Spanish and she said that his speech was just as far along as an American boy, it was just in Spanish. So we had to work on that versus, you know, working on his ABCs and that kind of stuff to get him ready. So . . . he had a bit of a rough start.

Lisa both described the struggles Esteban has in school, as well as the progress he has made. She said, "But I think [Esteban] is doing very well. Like I said he is a little behind in school but he is working really hard to get there. He's getting some special help on his reading." Lisa explained that Esteban does better in math and science, but struggles with reading. As previously mentioned, Lisa speculated that Esteban struggles with reading because he only spoke Spanish until almost age three. The Anderson family continues to help Esteban catch up to where his typical peers are. Esteban's difficulties in school were hard not only for him, but for his parents too.

Adoption expectations. The theme adoption expectations was less prevalent in the interview with Lisa than it was in the interview with Julia, the mother from the Johnson family. However, Lisa did allude to adoption expectations during the interview. Generally, the experiences she expected were more positive, whereas the experiences she did not expect tended to be more challenging. Lisa shared how she had not expected to have to deal with behavioral issues with Esteban when he first came to live in the Anderson home. She recounted:

> . . . I've never grown up with that . . . I've always been treated as equal to men . . . but it isn't that way down there. And then to be called some of those names, it's like oh man. So we kind of had to put our foot down. But that's not how I expected those four weeks to be. But we had to do it.

In addition to describing the behaviors that she did not expect Lisa stated, "It's kind of like the things I worried about when he came home I shouldn't have and other things that I didn't worry about, it's like I should have saw that." The previous quotes illustrate that there were many experiences Lisa did not expect. However, there were other experiences Lisa did anticipate. Lisa reported:

> I remember sitting down-stairs too. And we had a kitchen set for them. We were sitting at this little table and they were making stuff. And those were what I had expected. Those were the times that . . . were missing out of my life, that he brought to us.

Although, there were many challenges Lisa did not foresee, there were also many happy times she recounted. It was the happy parenting moments that Lisa had expected and been waiting for.

Parents' emotional experience. Throughout the interview Lisa appeared to struggle to name emotions she was feeling throughout her experience of adopting Emilio and Esteban. She often described situations as "tough" or "hard." She did share that the family experienced extreme highs and lows through their experiences with Emilio and Esteban. The majority of the emotional lows appeared to surround the Anderson's difficulties with Esteban's adoption process. Lisa reported:

> The whole time . . . my husband and I have both said that we are glad that we did two because we would not have gone through it again. The emotional highs and lows were very . . . they were tough.

While describing the emotional lows, Lisa's emotions became visible as she began tearing up while speaking. Lisa shared:

> And then the other tough part was . . . we went to visit in February and then Esteban was supposed to be home in a month and then when they called and said it's not going to happen because of . . . paperwork . . . that was tough. That was probably the toughest one because we were already two years into the whole process . . . [Lisa began tearing up] when you get that news you don't want to do anything.

As illustrated in the previous quote, Lisa expressed that the most difficult times, and emotions, came from having to leave Esteban in Guatemala when they gained physical custody of Emilio and the subsequent delays in bringing Esteban home. Lisa does not name an emotion in the previous quote above; however, emotion can be found in the quote and when she began to tear up. Lisa later stated, ". . . We were an uneven family. We were afraid that they were going to shut down and then we wouldn't get him. He

wouldn't come home." Lisa also expressed difficult emotions around some of the

challenges she identified with Esteban. The challenges the Anderson's faced with

Esteban were emotional for Lisa and Dave, as well as tough on Esteban. In the following

quote Lisa describes the difficulties she and Dave experienced when they dealt with

discipline issues with Esteban. Lisa reported:

> I mean more or less becoming a new parent but we had a three year old right
>
> away . . . so that was tough. That was very tough . . . I know my husband and I
>
> had some disagreements those couple of weeks too. Where he was a little more
>
> insistent upon it and I was kind of like whoa we need to give him a break.

Along with the more difficult emotions, Lisa also shared some of the family's more

positive emotions. Lisa reflected, "But it all worked out. I mean I am glad we did it. You

got to go through that . . . go through the bad to get to the good." Lisa described one

emotional high was when she and Dave visited Guatemala to meet the boys and prepare

to take them home. Lisa stated:

> The high points were when we got to go visit [Esteban] . . . we got to visit him the
>
> first time . . . was his second birthday, so we got to celebrate that with him. So
>
> that was fun and interesting . . . we were sitting on the floor and playing . . . that
>
> was a very happy time. Just being able to go around, we brought the stroller, and
>
> go for walks with them and kind of felt like a family. The family we always
>
> wanted.

In addition to the joy the Andersons felt when they visited the boys, the Andersons were

excited when they were told they were finally gaining physical custody of their adopted

children. Lisa recounted, ". . . at that point they told us to get ready because he'll

probably be ready in less than a month, so we were all excited." Once Emilio and Esteban

were at the Anderson's home there were mixtures of emotions from worry, to surprise, to

love. Lisa described her feelings upon bringing them home and spending time with them

as a family. She reported, "Once they came home . . . it was great. I mean I loved having

them. I loved doing things with them and bringing them places and showing them things

for the first time." Along with feelings of love, Lisa also experienced worried as a new

adoptive mother. Lisa reflected, "It's kind of like the things I worried about when he

came home I shouldn't have and the other things that I didn't worry about it's like I

should have saw that." The Anderson family experienced a wide range of emotions

through their adoption process and raising their children. They struggled through a long

and difficult adoption process. Esteban's age at adoption further contributed to tough

emotional experiences. Although there were challenges and struggles, Lisa expressed

how glad they were to have adopted their children.

Becoming a family. During the interview Lisa described the process of the

Anderson's becoming a family with Emilio and Esteban, which referred both to

becoming a family and to establishing rules and routines. Lisa described how she and

Dave began to feel like a family from when they first went to Guatemala to meet Emilio

and Esteban. However, Lisa also described how the family began to grow closer as time

went on and Dave and Lisa settled into a family with Emilio and Esteban. Lisa shared

what it was like for her when they gained physical custody of Emilio home, but had to

leave Esteban in Guatemala. Lisa recounted, "I mean we were an uneven family. We

were afraid they were going to shut down and then we wouldn't get him. He wouldn't

come home." Lisa stated that the boys felt like family even before they came to live in the

Anderson's home. However, the family felt incomplete when they had to leave Esteban

in Guatemala due to problems with paperwork. Lisa continued on and explained that

Esteban wanted to be a part of the family and how they grew closer. Lisa shared:

> I think [Esteban's] very loving. I mean we did a lot of nurturing and that stuff . . .
>
> he seemed to like to cuddle. And I like to cuddle too. So it's like we had a lot of
>
> good times. It was in the . . . fall of the year so the weather was nice. I can
>
> remember . . . Dave was doing some gardening . . . And I can remember we got a
>
> picture of [Esteban] out there shoveling and helping Dave. So he wanted to be a
>
> part of the family.

Lisa also shared:

> . . . Those are the feelings . . . like this is what I wanted. You know, I wanted to
>
> see a relationship between Dave and Esteban and with me. It's just like being able
>
> to do that stuff . . . those were the things that were missing out of my life that he
>
> brought to us.

Lisa explained that the challenges they faced have gotten better and that now the family

is even closer. She said, "I think it's gotten better and I think we've gotten closer and I

think it's . . . like a family now." The sense of family that the Anderson family

experienced grew as the family grew.

Throughout the interview Lisa also explained the importance for the Anderson

family of establishing family rules and routines. She described how they were advised to

establish a normal routine for their adopted children. Lisa described the first several

weeks after gaining physical custody of Esteban; she stated:

> We had at least four or five weeks where he knew this was home and this was family. Because we didn't do any traveling, you know, like go and show him off or have people come. We told the family . . . the first month no, because they need to understand . . . they told us too you don't want them to think that every night is a party or every weekend is a party. We had to get the home life established.

Similar to the subtheme of issues with discipline under the theme "children's challenges identified by parents," Lisa spoke to the need to establish rules and boundaries with Esteban. She expressed the difficulty of having to focus on setting rules when she wanted to spend her time playing and having fun with them. Lisa explained:

> When I went back to work, you know, you work all day long, you want to come home, you want to have fun with them. And then you know you have to give them a time out or you have to explain stuff to them.

Lisa further explained how things have since changed in the Anderson home when she stated:

> . . . I mean everybody, we know the rules of the house. We know what other people want, what other people expect out of us. They have their chores to do, not a lot, but there into a routine in the morning . . .

While it was difficult in the beginning to have to be firm on rules and routines, Lisa portrayed how the family established rules and routines and how the family does not have to spend as much time on that anymore. As the Anderson's have worked on establishing rules and routines they have become closer and like the family Lisa had wanted in her life.

Differences in siblings' experience. Throughout the interview Lisa made it apparent that Emilio and Esteban's experiences were different. As previously discussed, much of this was attributed to the fact that Esteban came to the Anderson's home at almost three years old, whereas Emilio came home at eight months old. Another factor that Lisa attributed to this age differences in coming home was that Esteban had more questions about his adoption and where he came from than Emilio did. Lisa recounted:

He was in kindergarten at that time . . . we were making his bed together he said, "Mom, how much did you pay for me?" And we were like, "Well we didn't pay for you, I mean it's just we had to pay money for your food and clothing and stuff like that." And he said, "Oh, okay." And then a couple of days later he said, "Mom what country am I from?" Because we were told by the pediatrician and the . . . school psychiatrist . . . don't tell them more information than they need about the adoption. Just give it to them as they ask.

Lisa also recounted:

. . . He was asking all these questions in the morning. I said . . . I think tonight we should just sit down with you and dad and me, and Emilio can sit down too. So he was five and Emilio would have been three. I said you can ask whatever you want.

Lisa went on to explain the result of their conversations; she reported:

We were sitting there talking and all of the sudden he says, "How long do I get to stay here?" And we were very surprised at that question. "We're family, you're here till you get older and you want to have a family of your own." And then it was just like, "Okay, want to play a game now?" We could notice over the next

few days how he kind of changed . . . so I think it's more like he finally understood he was staying. And Emilio was sitting there listening and he could have cared less.

In addition to Esteban's questions about adoption and how long he would be in the Anderson home, Lisa alluded to more general differences in the experience of Esteban and Emilio. Lisa stated, "Emilio, because he was younger . . . didn't realize what was going on. It was easier." Lisa went on to share some of the boys emotional differences when she said, "we went and got Emilio and Esteban had to stay behind . . . and we were already told that he was jealous of the other one, so that was very hard." Lisa reiterated this sentiment, stating, "I think more of the emotional for Esteban is the trying to fit in and trying to understand how he should act." Esteban faced more challenges and had more questions about his adoption. According to Lisa, this was at least in part because Esteban came home at an older age than Emilio.

Support/resources. This theme was not as prevalent as other themes, but still seemed important to address due to the topic of the research. There were a few resources the Anderson's capitalized on from the school district. The other forms of support that Lisa referred to in the interview were seminars the adoption agency held and reading, online, where other parents were at in the adoption process. In regard to school resources Lisa stated, "We did have [Esteban] checked out on that . . . we had someone from the school district come over that could speak Spanish . . ." Lisa also described her experience with the adoption seminar, recounting:

There was a one day seminar where . . . people came in who had already adopted and explained what worked for them. But they did have some guidelines on what .

> . . you should do and not do . . . we had a one day seminar we went to. So that was
>
> an eye opener too. You don't think things should be that difficult, but it's helpful
>
> to know those things in advance.

The researcher asked, as a follow-up question, if there was anything that was helpful in

getting the Anderson family through the difficult waiting process and Lisa stated the

following:

> I guess just being able to hear what other people were going through on that
>
> website. Listening to what they were going through and it was very similar to
>
> what we were going through. And then actually, you know, other parents would
>
> say yep we finally got a notice . . . So it's like ok there is something, there is
>
> something happening. Cause when you don't hear anything from your agency,
>
> and of course they aren't going to call you everyday to give you no news, so when
>
> you do see on the website where people are all of the sudden towards the end of
>
> summer it starts pickup.

Lisa described almost a kind of hope she received from the website when she saw that

other parents' adoptions were going through. This allowed her hope that things were

moving forward and that their family's adoption would go forward too.

Themes in the Case of the Johnson Family

The interview with the Johnson family was conducted with the mother, Julia. Julia

is currently divorced from her husband with whom she adopted her children and has a

new husband. Julia and her first husband adopted two children from Bogota, Colombia

when they were only months old. They first adopted their daughter Emily when she was

13 weeks old and then their son Chris when he was eight weeks old. Emily and Chris are

two years apart. They are not biological siblings. Both children are currently in their mid-twenties and married. There were seven main themes that the researcher found in the interview with Julia. Four of these themes were specifically sought by the researcher and are as follows: a) primary care arrangement before adoption, b) children's challenges identified by parents, c) adoption expectations, and d) parents' emotional experiences. The three remaining themes were prevalent throughout the interview: a) differences in siblings' experiences, b) similarities and differences compared to biological families, and c) support/resources and coping. Many of these themes were consistent with the themes found in the interview with the Anderson family. One theme unique to the Johnson family is: similarities and differences compared to birth families. Whereas one child was the primary focus of the interview with the Anderson family, both children were discussed fairly equally in the Johnson family interview.

Primary care arrangement before adoption. As mentioned during the findings of the Anderson family interview, families were specifically asked about the primary care arrangements before they gained physical custody of their adopted children. Emily and Chris were both adopted from the same orphanage in Bogota, Colombia at months old. Whereas the Anderson family brought their children home within months of each other, the Johnson family had closer to two years between adopting their children. Julia described the orphanage as a place that had a system for feeding and rocking the newborn babies. She also noted that the weight of the babies seemed to be a primary goal in determining the babies' health. Julia reported:

> [The babies] were mostly born in the clinic there, and generally that's what it was,
>
> or in a hospital. And then if they were all healthy and everything they went right
>
> to the orphanage . . . so they were in an orphanage during that first 24 hours.

Julia went on to explain the orphanage, stating,

> I did see the orphanage . . . there were a lot of babies there . . . but there was a
>
> system of them being fed, picked up, and rocked. Taken care of in terms of illness
>
> and weight gain. They considered . . . the decision to say the babies are healthy
>
> and can be adopted now was the way they gained weight.

Julia also recounted their personal experience with the care the orphanage took in regard

to the infants' weight, as Emily became sick before they brought her home. The

Johnson's had to wait for Emily to get better in order to gain physical custody of her.

Compared to the Anderson family this wait was shorter, but involved health concerns.

Julia explained:

> Emily was sick. She got sick into her, maybe her sixth week or so, and then she
>
> had to go to the hospital and she had an intestinal flu, which is not unusual there .
>
> . . she has some care in the hospital and once she got healthy enough to be back in
>
> the orphanage she went back and that's what took us a little longer, to be able to
>
> get that taken care of.

The way in which Julia described the orphanage suggested that the babies were well

cared for, rocked, and fed regularly. The infants' health, particularly in terms of weight

gain, was something the orphanage took seriously.

Children's challenges identified by parents. During the interview Julia chose to

talk about each of her children separately. She first described her experiences with Emily

and then described her experiences with Chris. Each child had challenges that Julia identified, although she stated that she did not necessarily attribute these challenges to the fact that Emily and Chris were adopted. In regard to Emily Julia spoke about her learning disability, weight problems, and anger issues. In regard to Chris, Julia spoke about dealing with his Attention Deficit Hyperactivity Disorder (ADHD). Julia also discussed how the issue of race impacted Chris; however that finding is explored within the theme of differences in siblings' experiences.

Julia mentioned challenges with Emily's weight a few separate times. She explained that Emily was underweight as an infant. Julia brought Emily to the pediatrician who told Julia to feed Emily whenever Emily was hungry. Julia seemed to attribute Emily's obesity, at least in part, to feeding her so much as an infant. Julia stated, "[Emily's] obese and . . . doesn't really handle money well." Julia went on to say:

> When [Emily] came home . . . she'd gone way down under five pounds [was eight
> pounds]. And so I got her to the pediatrician and he say, "she's hungry, let her eat
> whenever." . . . the fact that she is way over weight and not acknowledged how
> much that's hurting her . . . I'm just not going to take responsibility for that.
> Because I fed her up between three months and ten. The doctor told me and she
> had to get it . . .

Julia explained her experience with Emily, in regard to Emily's learning disability, as follows:

> Emily is a very bright and articulate woman. She has a learning disability . . . she
> has a hard time processing . . . data on a cognitive level to problem solve . . . she
> has become very good at disguising that because she has incredible verbal skills

and very good social skills. So people would not know that she really cannot do

basic math . . . I keep hoping that as she gets older she will give herself the chance

to kind of learn about that. Right now the way she deals with it is to put her head

in the sand and ignoring it.

In terms of emotional challenges Julia primarily described anger issues that she

experienced with Emily both in childhood and currently. Julia also shared that it seemed

Emily would become angry most quickly with her, particularly if Julia gave Emily

feedback about anything. Julia reported, "[Emily] has a very . . . quick and nasty temper."

Julia went on to explain that Emily's angry temperament persisted into adulthood, stating,

"[Emily's] anger issue is present today. It is mostly focused on if you give her any

feedback that she doesn't want to hear." Julia explained how their relationship has

changed and stated, "I've accepted that she's now an adult . . . I try not to give her any

feedback, none." Julia described her relationship with Emily as more positive, as Emily

grew up.

Julia next spoke about her son Chris and struggling with his ADHD. She also

spoke to the difficulty of coping with ADHD medication and how it had to be adjusted as

Chris grew. Julia explained, "[Chris] had a real challenge. So his deal was that he was

ADHD and it was very difficult raising him . . . he can't sit down and so forth . . ." Julia

went on to share the most challenging times in regard to Chris' ADHD. Julia reported:

. . . one week in middle school every single day something went crazy and ended .

. . the week by him starting a fire to the backyard . . . his medication broke

through is what the doctor finally said.

Julia spoke about how these were the challenges her children were born with and she dealt with them as they came. She did not connect these challenges to the fact that her children were adopted.

At one point Julia compared her experiences with Emily's anger to Chris' challenges with ADHD and said that the emotional challenges were more difficult to deal with, because she felt Chris' ADHD was more of a medical problem. Julia stated, ". . . so while that was hard [working with Chris on his ADHD] it was easier because the emotional things wasn't so, it was more medical." Julia also briefly mentioned some emotional pieces to Chris's childhood. Compared to Emily, Chris' emotional challenges did not extend into adulthood. In regard to Chris' emotional challenges in childhood, Julia stated:

> . . . I mean if he didn't want to do something there was never too much time to spend being unhappy about it . . . for over an hour he cried about not doing something . . . but this was over an hour. There was never too much time to spend on . . .

The theme in the above quote was less prevalent than the emotional issues Julia described for Emily. In regard to Chris, ADHD was a bigger challenge for Julia.

In addition to speaking of the challenges the children faced, Julia spoke of her own challenges in wanting to help her children and protect her children through those challenges. Julia wanted to be able to set up opportunities for success for Emily. Julia stated, "So what can I do to make it better for [Emily]? Or what kind of a situation can I set up so she can be successful in making her own decisions?" Julia shared the worry she experienced around wanting Emily to succeed, recounting, ". . . I, so much as she grew

up, wanted her to have success and happiness that I just worried about things a lot more. I tried to make them so they'd turn out to her benefit." Julia shared that she was not always able to create the success she wanted for Emily. Julia also spoke to how she feels that she needs to let Emily find her own success and learn to do things for herself. Julia explained, ". . . that's how it's different now. And it's positive. And I just acknowledge that I cannot fix things for her because she will not learn if I do that."

In response to some of the challenges Julia faced with her children she tried to help them and protect them along the way. Julia would say these could be the challenges of any parent, biological or adoptive, and that her children did not experience these challenges because they were adopted.

Adoption expectations. During the interview parents were asked about their pre-adoption expectations compared to their post-adoption realities (see Appendix F). Julia had conflicting statements about her adoption expectations; at times she would say she did not have expectations and at other times that some realities were different than she thought they would be. Julia reported:

> . . . My expectation was that [Emily and I] would have discussions about [her adoption]. So I started talking to Emily when I put her in bed at now, how happy I was that she, we adopted you in our family. We are so lucky. And so on and so forth. And during that part of her life growing up she didn't really have too many questions.

Julia compared her experience as a first born to Emily's experience as the oldest child. Julia stated:

> . . . Because I would see other people with their first born kind of sail along . . . [I am a first born] I just wanted to achieve and please. I'm a pleaser and I wanted to achieve and I did. So that's what I expected from the first born and the second born was going to be more difficult.

On the other hand, Julia shared that she did not necessarily have expectations. Julia stated:

> . . . I don't know if I would have, at that moment, been open to understanding what happens when you adopt a child and all of the sudden something is either physically or emotionally challenging. . . I would have had no context. If I would have had other children then I would have had a context and an expectation . . . with Chris I began to understand that with the adoption process it's not only filling out papers and going and getting him, it's just a whole bunch of other issues too.

Julia also said, ". . . I didn't have a lot of preconceived ideas and expectations because I am very task oriented . . . if you would have talked to his dad you would have gotten a different set of views . . ." Julia was aware that her personality type was what kept her from having a lot of preconceived notions about adoption. Furthermore, while Julia may not have had preconceived ideas about adoption it did appear that she had expectations for what her first and second born child would be like based on her own experiences.

Parents' emotional experience. Throughout the interview parents were asked about their emotional responses to the experiences they were discussing. As with the Anderson family, the Johnson family had a wide variety of emotional responses to their experiences. Julia spoke of the love she felt when she brought Emily home and also the

desire for Emily to be happy and successful and the worry that went a long with that.

Julia stated, ". . . I just couldn't imagine loving anybody like that. [Emily] was . . . an easy baby." Julia shared that in addition to love she felt worry and said, "I . . . wanted her to have successes and happiness that I just worried about things a lot more. I tried to make them so they'd turn out to her benefit." Julia also felt other difficult emotions such as anger and stress. Julia recounted, "So how I felt was angry and not because she was adopted, angry because she was misbehaving as a teenager. Because I would see other people with their first born kind of sail along." Julia also explained, "So I felt stressed because it was not easy."

Julia also spoke to how difficult it is to be a parent and how unqualified she felt in the role. Julia explained:

> I just loved the kids. It's the hardest job I've ever had. I have worked in corporate
>
> America my entire life . . . that was . . . hard . . . raising kids, parenting . . .
>
> because I didn't feel very qualified. I felt qualified to do some of the other stuff.
>
> But as a parent you don't feel very qualified . . .

Julia was able to identify some of the emotions she felt throughout her adoption experiences; however, there were times when she struggled to name a feeling. At one point Julia stated, ". . . So as far as the emotional piece for my part . . . that part I think was satisfactory. . ."

Julia recounted the difficulties she and Chris went through together and expressed how those challenges brought them closer. Julia explained:

> . . . With all of these misbehaviors, that fire thing ended up he had to go to court
>
> and we had to go to classes at the fire station . . . so he and I had to spend a lot

more time getting through those things of which he had me all to himself . . . it
was great . . . I realized each one of these episodes meant that I had to stop what I
was doing working and be there . . .

Julia also shared how her relationship with Chris has changed over times, stating, ". . .
[Chris] is a lot more fun to hang with now because I don't have to worry about it
(laughs)."

Quotes about emotional experiences at times expressed more direct emotions and
at other times alluded to an emotional experience. The discussion section will further
explore the apparent difficulty parents had in identifying or naming specific emotions to
describe their experiences.

Differences in siblings' experience. The researcher did not directly seek
differences in adopted siblings experience; however, this was a prevalent theme in both
interviews. Julia discussed how race was an issue for Chris, yet not for Emily. She also
shared Emily and Chris' different perspectives about their birth parents.

During the interview Julia described how Emily had a more European appearance,
whereas Chris had a more Latino appearance. Furthermore, Julia felt because of their
differences in appearance children asked Chris about his race, whereas Emily did not deal
with this issue. Julia explained the differences in Emily and Chris' appearance, stating:

. . . [Emily] . . . had . . . a lot of European heritage . . . And Chris . . . he's very
much the other way. He looks like he is Latin, dark black hair, curly . . . very,
very tan. When [Chris] got to be a middle schooler and so forth than that race
thing became, are you black? And that sort of thing. So he was concerned about
that. So I dealt with that with him.

Julia went on to say, ". . . the fact that he had dark hair, perfectly straight teeth, darker skin . . . turned out to be a win for him, rather than what it was for him in middle school." As Julia described, Chris' appearance is now to his advantage and no longer a challenge that he has to deal with.

In addition to having different experiences in regard to race, Emily and Chris have different views about their birth parents. Emily uses the word abandonment around her adoption story, whereas Chris does not. Julia also stated that if one child were to seek out their birth parents it would be Chris. Julia described the difference in how Chris and Emily view their birth parents by stating, "I didn't think about how that might have related back to [Emily's] abandonment or how she may have felt. Now she uses the word abandonment and Chris doesn't . . . about her birth mother."

Julia shared that as a young child Emily did not have questions about her adoption. Julia explained:

So I started talking to Emily when I put her in bed at night, how happy I was that she, we adopted you in our family. We are so lucky and so on and so forth. And during that part of her life growing up she didn't really have too many questions.

Chris experienced adoption differently from his sister. Julia reported, "Now he is the one that thinks all of the time and if we ever find a birth parent I think it would be his because he is interested in that . . . and I don't find that problematic." Julia related her sister's experience with giving a child up to her experience with her adoptive children possibly wanting to find their birth parents. Julia also strongly expressed that Emily and Chris were unequivocally her children.

Similarities and differences compared to biological families. Julia shared both how her experiences were similar to that of birth parents and how her experiences were different from that of birth parents. In addition to speaking of similarities and differences when compared to biological families, Julia expressed how her adopted children were her children.

Throughout the interview Julia made remarks about how her experience was not necessarily different from any other parent. Julia questioned, ". . . but I am not sure that's different than any parent." Julia also stated:

. . . My thinking is that when you make a decision to adopt that . . . there isn't ever a question that this isn't your child . . . very quickly it doesn't have too much to do with how you got them. It's just now you got them, how do you take care of them?

Julia compared herself to other mothers and found similarities. Julia reflected, ". . . like every other first time mother who is 40 years old, I couldn't wait to get home from work." Julia also compared her experience of adoption to her mother's experience, in which her mother gave birth to her children. Julia reported:

. . . the idea of adopting a second child, and I can remember my mother said it was the same when she gave birth to her second daughter, I was so in love with [Emily] I hated the idea that there would be another child because I couldn't do everything with her like I had. And my mom said she felt the same way.

Julia also question whether or not the challenges she identified her children as having were related to adoption, or whether those challenges would have been present

regardless. Throughout the interview Julia stated that she did not associate the challenges she faced with her children with the fact that they were adopted. Julia reported:

> [Emily] has a very . . . quick and nasty temper. . . . If she were biological . . .
> would I have said the same thing? And if she had all the same behavioral things . .
> . what would I say about that? . . . When you're raising a child and you're in the
> middle of it . . . I didn't think about how that might have related back to her
> abandonment.

Julia viewed the challenges she identified with her children as innate to her children and not as an outcome of being adopted. There was a clear theme that there are many similarities between adoptive parents and biological parents. However, there was also a clear theme that there are differences between adoptive parents and biological parents.

During the interview there were times when Julia would discuss how her experiences were different from those of biological parents. Julia found differences in her experiences compared to her mother's experiences. Julia also shared that she felt there were challenges she faced that other parents did not. Julia reported, "[my mother] said you know when you carry a baby around a long time it becomes, during that processes, so you going down and picking him up is a different deal." Julia also expressed:

> I think I dealt with some of these emotional issues more than my colleagues, my
> friends (laughs) who had their kids. Not that everybody wasn't doing stuff and
> getting themselves in binds and so on and so forth. But it just seemed like when I
> was growing up it was a bigger challenge for me with Emily.

Julia acknowledged the biological difference between herself and her children, reporting:

. . . I acknowledged early on that had I given birth to this child he probably would

not have been ADHD because so strong they felt, at that point, that . . . it had to

do with perhaps something during the pregnancy . . . that wasn't a part of me and

that wasn't part of [my first husband]. . . I didn't feel like because he was adopted

there was this problem. I mean he has a problem and we had to take care of that.

Julia's ambivalence about whether her experiences were similar to or different from

biological parents demonstrates that parents who adopt children have similarities with

biological parents, as well as differences that are unique to them because they adopted.

Throughout the interview Julia stated several times that these were her children.

Julia stated, "The way I feel now is that [Emily's] always been my daughter." Julia

expanded on the previous thought, adding, "I love her. She's my daughter. You know,

there's no question about that. She is my daughter. You know, there is no question about

that. She is my daughter, meant to be in the world." Julia had similar sentiments toward

Chris and shared:

So if [Chris] decides to [find his birth parents] and if I can help him I'll do that.

You know, I'm happy with that. I know he's my son. There is no doubt about that

. . . he is my son. That's my son (laughs). So I've always been really proud of

him.

Julia appeared comfortable with the idea of her children looking for their birth parents

because of her sense that they are, without a doubt, her children.

Support/resources and coping. During the interview Julia briefly discussed

supports and/or resources, which the researcher felt was important to the purpose of the

research. While Julia alluded to utilizing supports, she more frequently used the phrase "deal with it" which became another theme.

There were a few times throughout the interview where Julia referenced using resources to help with some of the challenges she experienced with Chris. Julia stated:

When [Chris] got to be a middle schooler and so forth than that race thing became, are you black? And that sort of thing. So He was concerned about that. So I dealt with that with him. By that time I had my resources lined up in the school . . . My colleagues . . . were having similar situations and questions. . . . I had resources. I had places to go. I felt if we kept working on it, it would be mitigated. And it did.

In addition to utilizing resources when dealing with issues of race, Julia explained that she utilized resources when dealing with Chris' ADHD. Julia explained:

. . . So we worked on [Chris' ADHD] all through . . . that was a physiological thing that came with him and the way his brain was wired. . . I moved my resources in and worked them . . . we had better success sometimes and not so good success in others.

On the other hand, Julia also commented that she did not seek many resources so she felt she could not speak to whether there were adequate supports for adoptive parents. Julia stated, "I did never feel there was a place to go. But then I never did look very hard either. There may have been . . ." During the interview with Julia there seemed to have some ambiguity about certain themes, such as this theme. She used various resources; however, perhaps she did not feel as though she sought adoption specific resources.

The phrases or concepts "deal with it" and "figure it out" were also very prevalent and seemed to fit with the theme of support/resources. This phrase was used by Julia in terms of working through challenges that came up while raising her children. During the interview Julia commented, "You just deal with it. You just figure it out the best you can." Similarly Julia said, ". . . but we kept trudging forward . . ." Throughout the interview Julia shared her experience of dealing with challenges as they came up and working through them, as the previous quotes above illustrate.

Similar themes developed in the interviews with Lisa and Julia. The following themes were found: a) primary care arrangement before adoption, b) children's challenges identified by parents, c) adoption expectations, d) parents' emotional experiences, e) differences in siblings' experiences, and f) support/resources. All except two of these themes were in the questionnaire: differences in siblings' experiences and support/resources. The researcher did not specifically ask Julia about support or resources. However, the research did ask the following question of Lisa, which may have led to this theme: "Was there anything particularly helpful that you heard in getting through that waiting process?" The researcher did not ask questions that addressed the differences in siblings' experiences; that theme came organically from the two interviews. Both families gave such different accounts for their children's adoption experience that it became a theme. The differences from one siblings' experience to the next in both families was so striking that it was its own theme. The themes of becoming a family and issues with the adoption process were unique to the Anderson Family, while the theme similarities and differences compared to biological parents was unique to the Johnson family.

Discussion

The recruitment process for this study proved to be a challenge. The researcher had a goal of obtaining eight to ten participants. However, within the time constraints of the research the researcher was only able to recruit and interview two participants. Although there were only two participants (the Andersons and the Johnsons), the two interviews with those participants generated a number of themes. Each interview was independently coded. The interviews for the Anderson family and the Johnson family had the following six themes in common: a) primary care arrangement before adoption, b) children's challenges identified by parents, c) adoption expectations, d) parents' emotional experiences, e) differences in siblings' experience, and f) support/resources. The following two themes were unique to the Anderson family: a) issues with the adoption process and b) becoming a family. The following theme was unique to the Johnson family were: similarities and differences compared to biological families. Many of these themes echo similar studies on adoption and parents' experience with adoption.

Challenges in the Recruitment Process

The researcher's intent was to obtain eight to ten participants for this research study; however, the researcher was only able to successfully recruit two families. There are a number of reasons this may have occurred, including but not limited to: time constraints, the use of availability sampling and snowball sampling, the sensitive nature of the subject matter, and the time required to participate. The researcher had approximately two months to recruit and conduct interviews. During that time the researcher closely followed the procedure outlined in the methods section. The researcher originally planned to work with an agency to recruit participants. However, that process

became lengthy and some agencies reported that they no longer allow researchers to recruit. Therefore, as previously mentioned, the researcher used a combination of availability sampling and snowball sampling. The researcher asked individuals she knew to pass on information sheets about the study to families they knew who had adopted children internationally. The information sheets explained the study and the criteria required for participation. It also included the contact information for the researcher.

Several individuals contacted the researcher directly via email, although both the researcher's phone number and email address were on the information sheets. Of the individuals who directly emailed the researcher, many replied that they did not feel they met criteria and wished the researcher luck with the study. There were a few individuals who explained their situation and stated that they would be willing to participate if the researcher felt they met criteria. In almost all cases where the participant asked if they met criteria for participation, they did in fact meet criteria. The researcher then emailed the potential participant either a) reviewing what would be required if they participated, informing them of potential interview times, and asking the potential participant to contact the researcher to schedule the interview or b) if it was not feasible to conduct a face to face interview the potential participant was emailed a consent form, a questionnaire, and a mental health resources page along with an email explaining what to do. If an individual expressed an interest in participating and did not reply to the email giving further instructions, the researcher followed-up a week later with the same information. A few potential participants did not respond in any way to the follow up emails. Another potential participant asked the researcher questions about participation out of concern because they had read other studies whose conclusions were anti-adoption.

The researcher responded to these concerns, explaining that the purpose of this study was to write what participants shared in the hope of providing insight to professionals in the field of adoption. In response the potential participant stated that they did not have time to complete the interview within the time frame of the research project and wished the researcher luck. The only other concern that the researcher was made aware of was when an acquaintance of the researcher expressed that a family she had given the information sheet to seemed offended that the acquaintance thought her family may have met criteria for participation. The acquaintance understood that it was not her role to define whether a family met criteria and relayed this message to the family she had given the information sheet to.

In addition to individuals who contacted the researcher directly, there were individuals who contacted the person who gave them the information sheet. This was done through email. When the individual who was assisting the researcher in recruiting received an email back stating interest in participating the individual either: a) emailed the researcher with the contact information of the potential participant or b) forwarded the email stating interest in participating to the researcher and carbon copied the potential participant in on the email. There was also one instance in which an individual assisting the researcher carbon copied the researcher into the initial email to a family, who had adopted internationally, which included an attached information sheet.

The researcher asked many individuals to pass on information sheets. Of the individuals who assisted the researcher in recruiting many volunteered to pass on information sheets before they were asked to do so. When the researcher asked individuals who did not volunteer on their own to help with the recruiting process she

told them they did not have to pass out the information sheets if they did not feel

comfortable and that she would not know whether or not they had passed them out (see

Appendix C). This may have contributed to some individuals choosing not to pass on the

information sheets. However, the researcher did not want individuals to feel pressured to

pass on information sheets if they did not feel comfortable doing so.

The overall method of recruitment may have been what resulted in the low

number of participants. Potential participants may not have read the information sheets.

Using individuals that the researcher knew may not have been the most effective way to

reach families who identified challenges that their internationally adopted children faced.

It became apparent to the researcher how sensitive the subject of adoption is for parents

and how many adoptive parents have come across those who may twist their words or

have a negative bias about adoption. The cautiousness that some adoptive parents

expressed towards adoption research may have also added to the low number of

participation. There are a number of reasons why there were ultimately only two

participants. While only two families chose to participate in this research study, they had

valuable experiences to share which may potentially be useful for adoption professionals.

The following section will explore the themes found in the current study with themes

found in similar studies.

Themes in the Current Study Compared to Similar Studies

The main themes found in the current study were as follows: a) primary care

arrangement before adoption, b) children's challenges identified by parents, c) parents'

emotional experiences, d) differences in siblings' experiences, e) support/resources,

f) issues with the adoption process, g) becoming a family, h) adoption expectations and

i) similarities and differences compared to biological families. These themes will be individually explored in this section in terms of research with similar topics and findings.

Primary care arrangement before adoption. The primary care arrangements of adopted children prior to adoption differed greatly from the description of Romanian institutions in the early 1990s as provided by Castle et al. (1999) and Rutter and the English and Romanian Adoptees study team (1998). The institutions in Romania in the early 1990s were described as being cramped, crowded, and unclean (Castel et al. & Rutter and the English and Romanian Adoptees study team). Furthermore, they found that children received little interaction and were often malnourished (Castel et al. & Rutter and the English and Romanian Adoptees study team). In contrast, both the Anderson and Johnson family described the orphanages they adopted their children from as nice, clean orphanages. Furthermore, Julia, the mother of the Johnson family, explained that the orphanage her children were adopted from had a system of feeding and rocking the children. At that particular orphanage weight was a major determinant of the health of the infant and whether they were ready to be adopted. Lisa, the mother of the Anderson family, described how the owners of the orphanage took particular care of her older son as he did not have others his age at the orphanage. The Anderson's children were adopted more recently than the Johnson's family. One family adopted before the time period describing the poor condition of the Romanian orphanages in 1990 and one family adopted after that time period. It could have been the particular orphanages, the state of the countries, or other factors that contributed to the differences in the Romanian orphanages of the early 1990's and the orphanages the Andersons and Johnsons adopted

from. Comparing orphanages and institutions across different countries is a possible area for future research.

Children's challenges identified by parents. The two families described different challenges they faced with their children, although some overlapped. Lisa described Esteban as struggling with behavioral issues early on, ADHD, and being behind in school due to the language difference. Julia, on the other hand, described Emily as having an issue with anger and a learning disability and Chris as dealing with ADHD and issues of race. Some of the challenges discussed by Lisa and Julia have been explored by previous researchers, including: O'Connor et al. (1999) Castle et al. (1999), O'Connor et al. (1999), and Hoksbergen, Rijk, Dijkum, and Laak (2004). Castle et al., O'Connor et al., and Hoksbergen, Rijk, Dijkum, and Laak conducted research with those children adopted from institutions in Romania during the early 1990s and found that the deprivation of those institutions affected children's IQ, attachment, and behaviors respectively. The challenges of ADHD, learning disability, and behavioral issues could be seen as similar to IQ, attachment, and behaviors. While these challenges could be attributed to adoption, this was not a causal study and the situations for the children in the current study compared to the children in the studies that came out of Romania greatly differed.

The children in the current study experienced a more responsive environment than adoptees of Romania in the early 1990s. In addition, three out of four of the children in the current study were adopted before the age of one, and two were adopted when just a few months old. The children who experienced the greatest discrepancies in IQ, attachment, and behaviors in the Romanian studies were adopted at older ages, after age

four or six. Therefore, it is difficult to compare these studies in a conclusive way. As

Julia stated several times in her interview, "If she were biological . . . would I have said

the same thing?" In other words, did the children discussed in the current study have

challenges because they were adopted or were they challenges they would have faced

regardless?

Another challenge, which was not discussed earlier in this paper but was

discussed in one interview, was the issue of race. Julia described how Chris had to deal

with questions from peers about the way he looked. The experience that Chris and Julia

had, in regard to race, is echoed in research conducted by Tigervall and Hubinette (2010).

In their study, conducted in Sweden, Tigervall and Hubinette found that individuals who

were adopted and were non-white did struggle with issues of race; "this study clearly

shows that the non-white bodies of the adoptees are constantly made significant in their

everyday lives in interactions with the white . . . majority population" (2010, p. 505).

This included a variety of actions, from others asking questions about adoptees race to

acts of racism (Tigervall & Hubinette). Julia currently described Chris' Latino

appearance as a strength, but that it was still something they had to deal with, particularly

in middle school. Lancaster and Nelson (2009), in their qualitative research conducted

with parents who had adopted children internationally, similarly found validating ethnic

identity and acculturation as a theme in their qualitative research with parents who had

adopted children internationally.

In the same study previously mentioned, Lancaster and Nelson (2009) also found

the theme barriers in the school. Lancaster and Nelson explained that schools often

attributed the adopted children's delays to language barriers. Therefore, parents had to

convince schools that their children's delays were due to cognitive impairments or lack of

school in their country of origin (Lancaster & Nelson). Lisa discussed the language

barriers Esteban had when he came to live with the Anderson's at almost three years old.

However, in their situation a person from the school tested Esteban and discovered that

he was where typical peers were except that it was in Spanish instead of English. Lisa's

experience differed from the findings of Lancaster and Nelson.

Parents' emotional experiences. The research question addressed by this study

was: what are parents' experiences, and more importantly what are their corresponding

emotions, with international adoption of children who have attachment, behavioral,

and/or emotional challenges? While the main purpose was to discover international

adoptive parents' emotions are in regard to the challenges they face, the researcher found

that it was difficult to elicit specific emotions from parents. Many experiences were

described as "tough" without any identified feeling. When the researcher specifically

asked about participants' feelings about their experience, participants would often

describe a situation rather than name an emotion. This may be due to American culture,

which often discourages openly sharing emotions. Discussing experiences, rather than

emotions, may also be a protective factor. For example, when Lisa was sharing how they

had to leave Esteban in Guatemala when they brought Emilio home she began tearing up.

It's possible that choosing not to share feelings felt safer to participants. As Julia stated,

she did not begin to think about how the fact that her children were adopted may have

been a factor in some of the challenges she identified with them until she began thinking

about this study. In the interviews Lisa expressed more emotion than Julia. This may

have been because the adoption process was more recent for Lisa, whereas it was longer

ago for Julia. Or, again, the differences in their emotional responses may have been due to personal differences in regard to their willingness to share emotions openly. Some of these experiences may be processed at more of an unconscious level or individuals may simply not be comfortable sharing their most vulnerable feelings with a stranger. Future research may consider having a feelings chart available during the interview to help participants identify the specific emotions they were experiencing.

While very few actual emotions were identified, the current study found some common themes between the feelings of the participants in this study compared to participants in studies by Golding (2007), Tollemache (1998), McKay and Ross (2010), and Lancaster and Nelson (2009). In addition, research conducted by Shapiro, Shapiro, and Paret (2001) and Gunnar, Bruce, and Grotevant (2000) illustrated the extreme and varied emotions parents experience through the adoption process. The extreme and varied emotions of parents are mirrored in the current study. Lisa used the term emotional highs and lows to describe her adoption experiences. Both families described positive and negative emotions surrounding their experiences. While feelings often went unnamed, there was clearly emotion behind what was being said. For example, when Lisa stated that she cried and did not want to do anything after realizing Esteban would not be coming home, she was likely feeling sad or possibly even depressed. While she did not name these feelings, strong feelings were clearly present in what she was saying.

The more difficult emotions described by Lisa and Julia are reflected in the research by Golding (2007) and Tollemache (1998). Golding reported that adoptive parents often feel a sense of inadequacy around raising their adoptive children. This was reflected in statements Julia made, when she expressed that she felt unqualified as a

parent. Tollemache, on the other hand, discussed stresses of being an adoptive parent, including a fear that the adoption will not be finalized. This was certainly experienced by Lisa and the Anderson family in the case of Esteban. The tough situations that were described by Lisa and Julia are reflected in these previously mentioned studies. However, there are also studies that reported more severe emotions in adoption experiences that Lisa and Julia did not report. In one such study, Lancaster and Nelson (2009) found the theme of burnout in their qualitative study of internationally adoptive parents. Furthermore, parents reported experiencing such extreme burnout that they had given thought to terminating the adoption (Lancaster & Nelson). While emotional highs and lows were discussed, the emotional lows did not reach the level found by Lancaster and Nelson. Neither Lisa nor Julia referred to the concept of burnout.

While international adoption experiences are accompanied by difficult emotions, they are also accompanied by more positive emotions. McKay and Ross (2010) found that parents also reported positive emotions, in addition to the challenges they reported. Furthermore, parents in that study reported that the positive experiences made the adoption process worthwhile (McKay & Ross). Similarly, both Lisa and Julia reported feeling happy throughout their experience with adoption. Adopting their children seemed to provide both Lisa and Julia with aspects of their lives that had been previously missing. This is similar to the theme McKay and Ross found, that one of the positive experiences of adoption was "achieving their goal of becoming a parent" (McKay & Ross, 2010, p. 608). While becoming an adoptive parent was difficult and challenging, it was also a rewarding experience for these parents.

Differences in siblings' experiences. One theme that was not explicitly explored in the review of the literature section was the differences in siblings' experiences with adoption. This theme was present for both families. While it was not explicitly discussed prior to the findings section, findings from a study by (Hoksbergen, Rijk, Dijkum, and Laak (2004) are applicable. Hoksbergen et al. (2004) found that just as children respond differently to deprivation, children also adjust to their new family life differently. The siblings in the Anderson and Johnson families both had different experiences. Esteban lived with his birth mother before going to the orphanage and was there until almost three years old, whereas Emilio was able to come home to his adoptive family at eight months old. As a result the family struggled with discipline issues with Esteban, as well as working to help him catch up in school due to the language barrier. Similarly, the Johnson siblings had different experiences. Chris had to deal with the issue of his race and ethnicity, whereas Emily did not. In addition, Chris did not view his birth mother as abandoning him. However, Emily did see it as abandonment and is not likely to search for her birth parents. In the case of Emilio and Esteban there were a few years between when the boys came to live with the Anderson's, which was perhaps the cause of their different experience. Emily and Chris were both adopted at months old and yet still have unique adoption experiences and perspectives. The adopted siblings in this study had different experiences, just as biological siblings who are not adopted do. However, the siblings' differences in this study were directly related to their adoption. For example, Chris and Emily would not have had different experiences of race had they been the Johnsons biological children. Similarly, Esteban would not have necessarily had the

behavior challenges or school difficulties, which were due to language barriers, if he had

been the Andersons biological child.

Support/resources. The researcher originally wanted to include questions in the

questionnaire about adoptive parents' experiences with resources; however, the extra

questions would have made the time requirement of participants even longer. For that

reason questions about resources were excluded from the questionnaire. While there were

no questions specific to support and resources in the questionnaire it was still a theme

present in both interviews. Lisa expressed the helpfulness of hearing about other families

who were at a similar place in the process; she explained that it was reassuring knowing

the Andersons were not alone in their experience. It also seemed to give the Andersons

hope when they began hearing other families adoptions were finally going through. Other

than this support and using resources at the school, Lisa did not mention resources that

they used. Julia also utilized resources at the school and had colleagues that she talked to.

However, Julia said that she did not feel there were necessarily resources nor that she

specifically sought them out. Perhaps the reason these families did not utilize more post-

adoption support services was because they are not well known or unavailable. The

families in this study, particularly the Johnson family, may not have sought adoption

services because they did not view their children's challenges as resulting from adoption.

This would fit with the findings of McKay and Ross (2010) and Gunnar, Bruce,

and Grotevant (2000). McKay and Ross reported that often parents are older when they

adopt than parents who have biological children and as a result older adoptive parents

struggle to relate to younger biological parents. While McKay and Ross found that it was

easier for parents who adopted internationally to find support groups compared to parents

who had adopted domestically, it was noted that in general adoptive parents had a hard time finding support groups. Similarly, Gunnar et al. (2000) reported that many parents felt that there were not adequate post-adoption support services. More research would need to be done to determine whether these were the reasons that the families in this study did not seek out or utilize more resources.

Issues with the adoption process. The theme "issues with the adoption process" was very prevalent for the Anderson family whose adoption process took more than double the expected timeline. The Anderson's were originally going to adopt through Russia and then Ukraine before their adoption process was finally successful in Guatemala. This extended the Andersons' timeline from nine months to two and a half years. Throughout Lisa's interview the frustration and loss of hope became evident. Lisa briefly expressed that their adoption process was delayed due to political issues in these countries. This fits with information from the Evan B. Donaldson Adoption Institute, which stated that the reason international adoption increased was because of war, the aftermath of war, poverty, social upheaval, and government population control policies. While this increased the rate of international adoption, it also seemed to have delayed the adoption process in the case of the Anderson Family. In addition, the Anderson family grew very worried that their adoptions would not go through at all, especially with Esteban. This is very similar to challenges adoptive parents experience as discussed by Tollemache (1998), who stated that some parents experience fear over the possibility that the adoption will not be finalized.

Becoming a family. Becoming a family was a theme that was found in the interview with Lisa. Lisa referred to both becoming closer as a family and establishing

rules and routines for their newly adopted sons. This theme was very similar to a theme found in a study by Lancaster and Nelson (2009). In their qualitative study Lancaster and Nelson reported one theme in particular that fits with what Lisa reported: becoming a family takes time. While Lisa stated that her boys felt like family before they even came home, she did report that the family had grown closer and now has established rules and routines, which took time to build.

In particular, it took more time to build a sense of family with Esteban, who was almost three when he joined the family compared to his adopted brother who came home at eight-months-old. These findings are similar to the research conducted by Ainsworth (1979) and Main (2000). Ainsworth and Main both discussed the concept of attachment. Ainsworth found that interactions between infants and their mothers creates a way of organizing behavior for the infant that will be played out with others throughout the infants' life. Main's findings concurred with Ainsworth's findings; infants' attachment styles are carried through into childhood. Furthermore, Pace & Zavattini (2010) and Steele, Hodges, Kaniuk, Hilman, & Henderson found that attachment styles of children who were adopted can change to become more secure. Establishing the attachment styles of the children was outside of the scope of the current research. However, it is possible that it took Esteban longer to establish rules and routines because he first lived with his birth mother who eventually placed him for adoption and then lived in an orphanage that he ultimately left when he was adopted. While it took Esteban longer to fall into the rules and the routines of the Anderson home, he eventually did. As Lisa mentioned, Esteban appeared to relax after the Anderson's explained to Esteban explicitly that he would be staying with them until he was grown up and had a family of his own.

Adoption expectations. The researcher asked participants of the current study about their pre-adoption expectations compared to their post-adoption realities. Julia reported conflicting statements about adoption expectations. While at time Julia stated that she had minimal expectations, there were other times when she described situations as being different than she had expected. One example of this was when she expected Emily to have a lot of questions about her adoption, but Emily did not have questions or an interest in her biological family. Similarly, Lisa described experiences that she expected, as well as experiences she did not expect. The experiences that she did not expected were more challenging experiences, whereas the experiences she expected were more positive. Shapiro, Shapiro, and Paret (2001) explored parents' expectations with adoption. Some of these findings parallel the findings of the current study. Shapiro et al. (2001) found that parents are hopeful they will be able to provide everything their child needs to be happy and to create a loving family. It was found that this is not always the case and that adoption expectations can fall short of adoption realities (Shapiro et al.). In addition, while parents are ready to accept their child into their home some children are not ready to accept the new family in the same way and parents have to find ways of coping with this (Shapiro). Julia did not express that her post-adoption reality fell short of her pre-adoption expectations. However, Julia did mention within the theme of children's challenges identified by parents that she wanted to set up success for Emily and help situations work to her advantage, which did not always work out as planned. Similarly, Lisa did not state that her post-adoption reality fell short of her pre-adoption expectations. However, there were unexpected challenges that arose while raising Esteban.

Similarities and differences compared to biological families. Similarities and differences compared to biological families was a theme found in the interview with Julia. There were statements that suggested that there were similarities between adoptive families and biological families and there were also statements that suggested that there were differences between adoptive families and biological families. This finding is supported when compared to findings of McKay and Ross (2010) and Borders, Black, and Pasley (1998). McKay and Ross found that parents felt less prepared and had less experience, as the order of events was different with an adopted child when compared to a biological child. Julia expressed that she felt unqualified to be a parent, whereas she felt qualified in the corporate world. Julia also referred to a statement her mother made about how it is different when picking up your child compared to carrying a biological child.

On the other hand, a study by Borders, Black, and Pasley (1998) found that families who adopted were similar to biological families. Borders et al. (1998) reported that there were no difference, in terms of being more at risk for things such as depression or health, when comparing adoptive parents and their children with biological parents and their children. The children who were apart of the Borders et al. study were nonclinical; whereas the children in studies conducted during the early 1990s in Romania were clinical (Castle et al., 1999 ; O'Connor et al., 1999; and Hoksbergen, Rijk, Dijkum, and Laak, 2004). While Borders et al. found that adoptive families are at no more risk than biological families, it should be kept in mind that the children in that study did not meet criteria for a clinical group. This is similar to statement Julia made during the interview, particularly when she questioned if her experiences would have been any different if her children had been biologically hers.

Strengths and Limitations

A strength of this paper was that it examined a topic that has had minimal attention or research: parents' emotions surrounding their adoption experiences with children who have emotional, behavioral, and/or attachment issues. While many of the findings were similar to previous studies on the topics of attachment and adoption, a few findings contradicted similar studies or were new. This was true for the theme children's challenges identified by parents in the area of behind in school due to language barriers and differences in siblings' experiences. This study has implications for clinicians, which will be discussed in the following section.

This study also had a number of limitations. There was a very limited sample, including only two participants. This may have been due to the use of availability and snowball sampling. Future research may benefit from working with adoption agencies to recruit more participants. While the two participants provided a better understanding of their experiences, the generalizability of the findings is extremely limited. The findings of the current study can be used as a starting point for future research. In the future it would be important to examine fathers' perceptions and emotions surrounding international adoption. As Julia stated, if her first husband had answered the same questions he would have given different answers. In addition, as noted earlier, participants had difficulty identifying specific emotions. Researchers in the future may benefit from having a feelings chart available to help participants identify specific emotions. Another area for future research would be to compare the experiences of internationally adopted children from different countries. The two families in this study adopted from different countries; however, those countries were in the same general region of the world. The Anderson

family had a longer adoption process because they began in countries that shut down their adoption process. It would be useful to examine adoption, adoption policies, and parents' experiences across different countries to determine how different the experiences are and which countries have the most effective and efficient adoption policies.

Implications

The findings from this study have implications for researchers, professionals in the field of adoption, and clinicians. The purpose of the current research was to better understand the adoption experiences of parents who adopted a child internationally who had emotional, behavioral, and/or attachment challenges. The researcher focused specifically on parents' emotions surrounding these experiences. This research can potentially inform ways of improving adoption services to better meet the needs of the parents. As other researchers have suggested, it is important for clinicians to explore parents' experience related to various adoption topics so they can better prepare parents before hand and better support parents post-adoption (Gunnar, Bruce, & Grotevant, 2000; McKay & Ross; Petta & Steed, 2005; Shapiro, Shapiro, Paret, 2001;Tollemache). Understanding what adoptive parents experience allows adoption workers and clinicians to create services that best match their needs. The same services may not necessarily be appropriate for all adoptive parents. The Anderson family may have benefited from support around issues during the adoption process, which the Johnson family did not experience. While it is important to have a general understanding of what adoptive parents' experiences are, it is still important to remember that each family has experiences that are unique to them. It should be the responsibility of professionals in the adoption field and clinicians to understand those experiences and help families connect to

appropriate services and supports. Helping parents adjust and cope with challenges around international adoption also helps their adoptive children and, therefore, the whole family.

The findings from this research indicate that practitioners should be aware of challenges adoptive children may have, differences in siblings' experiences, and parents' emotions when working with families who have adopted children internationally who have emotional, behavioral, and or attachment issues. Whether or not adoptive parents attribute their children's behavior to being adopted, it is clear that there are a number of challenges that may arise which parents may or may not be prepared for. The parents who participated in this study dealt with a range of challenges from anger issues, to educational issues, to issues of race and disrespect for women. These parents had to cope both with these challenges and with the emotions that came with them. Emotions were an area in which both mothers expressed highs and lows. They had positive experience, yet also really difficult situations. Parents should be prepared before hand of such possible challenges and emotions as well as supported post-adoption. As Lisa stated, "It's kind of like the things I worried about when he came home I shouldn't have and the other things that I didn't worry about it's like I should have saw that." It is not realistic to prepare parents for all possibilities. However, it may be helpful to prepare parents about possible challenges with identity, race, and cultural differences when children are adopted at an older age. In addition, it may be beneficial to prepare parents for the differences that may occur in siblings' experience; for example, that some children will be more interested in their adoption and some may view it as abandonment. Lisa mentioned that it was helpful

to know other families were going through the same thing. Therefore, support and psycho-educational groups may be helpful to such families.

This study also has implications for policy and research. It was understandably very difficult for the Anderson family to have to wait so long to adopt and leave a child behind. Esteban's case was thrown back twice. This should be a call to examine adoption policies. Policies need to address such concerns, as it is in the best interest of the family and especially the child to have these cases go through more smoothly. Further research is needed on the topic of adoptive parents' experience.

This study was limited in its sample. Future studies should be conducted with adoptees from more diverse countries. In addition, it may be helpful to compare parents' and children's experience who are adopted from different countries. This research study began to understand international adoptive parents' experiences. The researcher wanted to ask further questions about parents' experience with pre and post-adoption services. However, to assure the interview would be conducted in a reasonable time frame questions about adoption services were excluded from the interview. Studies focusing on parents' experiences with adoption services would further guide practice.

Conclusion

The current study explored parents' experience with international adoption whose children had emotional, behavioral, and/or attachment issues. Furthermore, the researcher sought to uncover parents' emotions associated with such experiences. There were five themes present in both interviews: a) primary care arrangement before adoption, b) children's challenges identified by parents, c) parents' emotional experiences,

d) differences in siblings' experiences, and e) support/resources. There were four more themes that were unique to either of the families: a) issues with the adoption process, b) becoming a family, c) adoption expectations and d) similarities and differences compared to biological families. The findings from this research have implication for professionals in the adoption field, as well as clinicians. This is a call to those who provide services to families who have adopted internationally to really understand their experiences so that the most appropriate services can be either created or offered to such families. By supporting parents who adopt internationally, the family as a whole is supported.

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Appendix A: Information Sheet for Participants Interviewed Face to Face

My name is Heather Deveny-Leggitt and I am a graduate student, under the supervision of assistant professor Catherine Marrs Fuchsel, PhD, LICSW, in the Social Work Masters program at St Catherine University and the University of St. Thomas. I am conducting a research study to explore the experiences of parents who adopt children internationally, where the children have had emotional, behavioral, or attachment challenges. I hope that what I learn will help social workers and professionals in the field of adoption better understand and serve adoptive parents. I would like to interview parents who have internationally adopted children before the age of four and who have been living in their adoptive home for a year or more. I am interested in parents' experience with such children who had emotional, behavioral, or attachment challenges at some point during their lives. If you feel that you and your family meet these criteria please continue reading to see if you would be interested in participating in this study.

Only one parent per family will be asked to participate. Participation will involve one interview, which will last for approximately one hour. I will be conducting the interview at a day, time, and place of your convenience. If you agree to participate, I will audio-tape our conversation, ask if you understand the consent form, and ask you questions about your experiences of adoption and your feelings surrounding this experience. I will ask about your experience with challenges you faced, rewarding experiences you had, and your feelings about these experiences. This study is voluntary and you may choose to stop participating at any time. If you choose not to participate in this study, it will not affect your relationship with St. Catherine University or the University of St. Thomas. You will be able to refuse any questions you do not want to answer and stop the interview at any time.

Only myself and a research assistant (John Deveny-Leggitt) will have access to the interview and subsequent transcripts, which will be locked on a password protected computer and file cabinet in my home. These files will be destroyed by June, 2012. 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.

If you become upset during the interview, I will provide you with a list of resources to help you with any emotions or reactions the interview might bring up. There is no direct benefit to you for participating in this study.

If you are interested in participating or have any questions you would like answered you can contact me (Heather Deveny-Leggitt) at:

<div align="center">

Phone: XXX-XXX-XXXX
Email: XXXXX

</div>

If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

Appendix B: Information Sheet for Participants Interviewed via Email

My name is Heather Deveny-Leggitt and I am a graduate student, under the supervision of assistant professor Catherine Marrs Fuchsel, PhD, LICSW, in the Social Work Masters program at St Catherine University and the University of St. Thomas. I am conducting a research study to explore the experiences of parents who adopt children internationally, where the children have had emotional, behavioral, or attachment challenges. I hope that what I learn will help social workers and professionals in the field of adoption better understand and serve adoptive parents. I would like to interview parents who have internationally adopted children before the age of four and who have been living in their adoptive home for a year or more. I am interested in parents' experience with such children who had emotional, behavioral, or attachment challenges at some point during their lives. If you feel that you and your family meet these criteria please continue reading to see if you would be interested in participating in this study.

Only one parent per family will be asked to participate. Participation will involve reading a consent form, answering a questionnaire about your adoption experience via email, and a follow-up call. The follow-up call will allow me to clarify your responses. The phone call will be scheduled at a day and time that is convenient for you. The emailed questions will ask about your experience with challenges you faced, rewarding experiences you had, and your feelings about these experiences. This study is voluntary and you may choose to stop participating at any time. If you choose not to participate in this study, it will not affect your relationship with St. Catherine University or the University of St. Thomas. You will be able to refuse any questions you do not want to answer and stop the interview at any time. Please call me after you have read the consent form and before you begin answering the questionnaire. This will allow me to assure that you meet criteria, answer any questions you may have about participation, and schedule the follow-up call.

Only myself and a research assistant (John Deveny-Leggitt) will have access to the interview, which will be locked on a password protected computer in my home. These files will be destroyed by June, 2012. 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.

I will provide you with a list of resources to help you with any emotions or reactions the interview might bring up. There is no direct benefit to you for participating in this study.

If you are interested in participating or have any questions you would like answered you can contact me at:

<div align="center">

Phone: XXX-XXX-XXXX
Email: XXXXX

</div>

If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

Appendix C: Verbal/Email Script for Recruiters

"I am in my last year of graduate school earning my masters in social work. As a part of this program I am conducting a research project. The purpose of my research is to better understand the feelings and emotions of parents who have adopted a child internationally who had, or still has, emotional, behavioral, and/or attachment challenges. I am recruiting parents, one parent per family, who have had this experience in order to interview them over approximately an hour about their experiences and feelings. I am sharing this with you because you have expressed that you know a family who has adopted internationally or because you have adopted internationally and may know other families who have as well.

I have an information sheet for you to give families you know who have adopted internationally. You do not have to give out information sheets if you do not feel comfortable with it or do not want to. I will not know if you choose not to give them out. If you would like additional sheets for other families you have thought of, I can get you additional copies. The families you give the sheets to can read the information and decide for themselves whether they meet the criteria for participation in this study. You do not have to decide whether they meet criteria. You can simply say that I have asked you to give the information sheet to people you know who have adopted internationally to decide for themselves whether they meet the criteria for participation and are interested.

Thank you for your willingness to talk with me about my research project and consider giving information sheets to people you know who have adopted internationally. Feel free to ask any questions you may have about my research study or about giving families the information sheet."

Appendix D: Consent Form

Face to Face Interviews of Adoptive Parents' Experience with International Adoption: Children with Attachment or Behavioral Challenges
RESEARCH INFORMATION AND CONSENT FORM

Introduction:
You are invited to participate in a research study investigating parents' experience with international adoption with children who have had emotional, behavioral, and/or attachment challenges. This study is being conducted by Heather Deveny-Leggitt, MSW graduate student, under the supervision of Catherine Marrs Fuchsel, PhD, LICSW, assistant professor at St. Catherine University and the University of St. Thomas. You were selected as a possible participant in this research because you have adopted a child internationally who has had some degree of challenges emotionally, behaviorally, or with attachment. 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 better understand the feelings and emotions of parents who have adopted a child internationally who had/has emotional, behavioral, or attachment challenges. Research has been conducted on the experiences of children who have been adopted. However, there is less research conducted on parents' experiences. This study seeks to explore the experiences of such parents. Such information will be helpful for professionals who work with adoptive families in better supporting them. Approximately eight to ten people are expected to participate in this research.

Procedures:
If you decide to participate, you will first be asked to read a consent form, ask any questions you may have, and state that you understand what the consent form means. You will then answer open ended questions about your experience with international adoption during a single 45-60 minute audio taped interview. The interview will occur at the place most convenient for the participant. I, with the help of a research assistant (John Deveny-Leggitt), will transcribe the interview. Catherine Marrs Fuchsel, PhD, LICSW, may see the interview as a reliability check. In addition, the findings (which will not include any identifying information) will be publically presented in May.

Risks and Benefits:
The study has minimal risks.

The only foreseeable risk is any emotional discomfort you may have from openly discussing what your international adoption experience has been like for you. Participation is voluntary and you may end the interview at any time. If you become noticeably distressed the researcher will discuss with you whether it is appropriate to continue the interview and may choose to end the interview. Below are a few resources if you feel emotional discomfort or distress and would like help:

- HELP MN ADOPT (A hotline for adoptive families in crisis) 612-746-5137
- MN ADOPT (A directory of local adoptive services) 612-861-7115
  website: www.mnadopt.org
- Children's Home Society and Family Services (An adoption agency that provides a variety of classes and services) 651-646-7771
- Adoption Support Network Minnesota (A way to connect to others who have had similar experiences) 651-646-5082
- Crisis Connection (A 24 hour crisis hotline) 612-379-6363

There are no direct benefits for participating in this research.

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 and only group data will be presented.

I will keep the research results in a password protected computer and/or a locked file cabinet in my home and only I, my advisor (Catherine Marrs Fuchsel), and a research assistant (John Deveny-Leggitt) who will help transcribe the interview will have access to the records while I work on this project. The participants will be fully informed and measures will be put in place to secure confidentiality. I will finish analyzing the data by the end of May, 2012. I will then destroy all audio taped interviews and transcripts that can be linked back to you.

Voluntary nature of the study:
Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University or the University of St. Thomas in any way. You may refuse to answer any questions during the interview. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

New Information:
If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings.

Contacts and questions:
If you have any questions, please feel free to contact me, Heather Deveny-Leggitt at XXX-XXX-XXXX. You may ask questions now, or if you have any additional questions later, the faculty advisor, Catherine Marrs Fuchsel, PhD, LICSW at XXX-XXX-XXXX, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

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. I also agree to be audio-taped.

_____
Signature of Participant   Date

_____
Signature of Researcher   Date

Appendix E: Email for Out of State Participants Explaining Questionnaire

Dear (Participant),

Thank you for taking the time to participate in this study and answer questions about your experience with international adoption and your feelings about those experiences. Before you begin answering the questions please carefully read the consent form I have attached. Feel free to call me (XXX-XXX-XXXX) or email me (XXXX) with any questions you have in regard to the consent form, participation in this study, or the questions themselves. Also, please call me before you begin answering the questionnaire. This will allow you to ask any questions you have about participation in the study, assure that you meet criteria for participation in this study, and allow us to schedule a follow-up call. The follow-up call will allow me to ensure that I accurately understand your experience and will be scheduled at a time that is convenient for you. Your consent is implied when you answer and send back the questionnaire. I would like to remind you that participation in this study is completely voluntary and you may withdraw at any time. You may also skip, and leave blank, any questions you do not want to answer. Please email me the questionnaire (leave your name off of your questionnaire) when you have completed it. Thank you for sharing your story.

Sincerely,
Heather Deveny-Leggitt

Appendix F: Consent Form
Interviews via Email of Parents' Experience with International Adoption: Children
with Attachment or Behavioral Challenges
RESEARCH INFORMATION AND CONSENT FORM

Introduction:
You are invited to participate in a research study investigating parents' experience with international adoption with children who have had emotional, behavioral, and/or attachment challenges. This study is being conducted by Heather Deveny-Leggitt, MSW graduate student, under the supervision of Catherine Marrs Fuchsel, PhD, LICSW, assistant professor at St. Catherine University and the University of St. Thomas. You were selected as a possible participant in this research because you have adopted a child internationally who has had some degree of challenges emotionally, behaviorally, or with attachment. 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 better understand the feelings and emotions of parents who have adopted a child internationally who had/has emotional, behavioral, or attachment challenges. Research has been conducted on the experiences of children who have been adopted. However, there is less research conducted on parents' experiences. This study seeks to explore the experiences of such parents. Such information will be helpful for professionals who work with adoptive families in better supporting them. Approximately eight to ten people are expected to participate in this research.

Procedures:
If you decide to participate, you will first be emailed and asked to read a consent form, ask any questions you may have, and state that you understand what the consent for means. You will then complete an emailed questionnaire about your about your experience with international adoption, which will take approximately 30-45 minutes to answer. You will then take part in a follow-up phone call so that I can clarify your answers and ask any further questions I may have. **Before you begin answering the questionnaire, you are asked to call the researcher (Heather Deveny-Leggitt) to confirm that you meet criteria for participation, to have an opportunity to ask any questions you may have about participating in this study, and to schedule the follow-up call.** Catherine Marrs Fuchsel, PhD, LICSW, may see the interview questions and your responses as a reliability check. In addition, the findings (which will not include any identifying information) will be publically presented in May.

Risks and Benefits:
The study has minimal risks.

The only foreseeable risk is any emotional discomfort you may have from openly reflecting on and discussing what your international adoption experience has been like for you. Participation is voluntary and you may stop answering the questionnaire at any time.

Along with this consent for you will receive a list of mental health resources to use if you feel emotional discomfort or distress and would like help.

There are no direct benefits for participating in this research.

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 and only group data will be presented.

I will keep the research results in a password protected computer and/or a locked file cabinet in my home and only myself and my advisor (Catherine Marrs Fuchsel) will have access to the records while I work on this project. I will finish analyzing the data by the end of May, 2012. I will then destroy the questionnaire you completed, and any notes I have taken during our follow-up call, that can be linked back to you.

Voluntary nature of the study:
Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University or the University of St. Thomas in any way. You may refuse to answer any questions on the questionnaire. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

New Information:
If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings.

Contacts and questions:
If you have any questions, please feel free to contact me, Heather Deveny-Leggitt at XXX-XXX-XXXX. Also, please call if you have decided to participate before you begin answering the questionnaire. You may ask questions now, or if you have any additional questions later, the faculty advisor, Catherine Marrs Fuchsel, PhD, LICSW at XXX-XXX-XXXX, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

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

Statement of Consent:
You are making a decision whether or not to participate. Returning the questionnaire indicates that you have read this information and your questions have been answered. Please know that you may withdraw from the study at any time and no further data will be collected.

Appendix G: Interview Questions

Questionnaire

1) How old is your child currently?

2) How old was your child when they began living in your home?

3) What is your child's gender?

4) What country did you adopt your child from?

5) What was the primary care arrangement of your child before they came to be with you?

6) The criteria for participation in this study stated: a parent who has internationally adopted a child with emotional, behavioral, and/or attachment challenges? How did/do you define this in terms of your child? Or, in other words, what did (or do) the emotional, behavioral, and/or attachment challenges look like in your child?

What feelings did these challenges bring up for you?

7) Tell me about your pre-adoption expectations compared to your post-adoption reality.

How was that for you, how did you feel about that?

8) How would you characterize your relationship with your child during the first several months of adoption?

What feelings did and does that bring up for you?

9) How has that relationship changed over time and how would you characterize your relationship with your child now?

What feelings does that bring up for you?

10) Please tell me about anything you feel is important to understanding your adoption experience that you feel has been left out of the previous questions.

Appendix H: Mental Health Resources for Participants

Mental Health Resources

- Crisis hotlines and 24/7 adoption lines are listed below, by state, and can help give you immediate emotional support.
- If you feel you need more ongoing support the crisis hotlines and adoption lines can often offer referrals specific to your need and location.
- If you would like to find a mental health provider, such as a counselor or therapist, calling your health insurance company is a good place to start. If you do not have insurance your local county may have services available to you.

Mental Health Resources for Arizona Participants

- American Adoptions (an adoption agency that offers many adoption services) 1-800-236-7846
- Crisis Line/National Suicide Prevention Line (a 24 hour crisis line that provides emotional support, information, and referrals) 1-800-273-8255
- Havasu Crisis Line (a 24 hour crisis line that provides emotional support, information, and referrals)

Mental Health Resources for Iowa Participants
- Johnson County Iowa Crisis Center (24 hour crisis line that provides emotional support, information, and referrals) 319-351-0140
- American Adoptions (an adoption agency that offers many adoption services) 1-800-236-7846
- Crisis Line/National Suicide Prevention Line (a 24 hour crisis line that provides emotional support, information, and referrals) 1-800-273-8255
- http://www.findcounseling.com/help/hotlines/iowa.html (a website to find nearby counselors for any mental health concerns).

Mental Health Resources for Michigan Participants

- American Adoptions (an adoption agency that offers many adoption services) 1-800-236-7846
- Crisis Line/National Suicide Prevention Line (a 24 hour crisis line that provides emotional support, information, and referrals) 1-800-273-8255
- Psychiatric Crisis Center (and DMC Sinai-Grace Emergency Department – after 6:00 pm and on weekends) walk-in counseling 313-966-2100 24 hour crisis line 313-966-4880
- Wayne County Crisis Hotline (a 24 hour crisis line that provides emotional support, information, and referrals) 313-396-0300

Mental Health Resources for Minnesota Participants
- HELP MN ADOPT (a hotline for adoptive families in crisis) 612-746-5137

- MN ADOPT (a directory of local adoptive services) 612-861-7115
  website: www.mnadopt.org
- Children's Home Society and Family Services (an adoption agency that provides
  a variety of classes and services) 651-646-7771
- Adoption Support Network Minnesota (a way to connect to others who have had
  similar experiences) 651-646-5082
- Crisis Connection (a 24 hour crisis line that provides emotional support,
  information, and referrals) 612-379-6363

Mental Health Resources for New York Participants
- American Adoptions (an adoption agency that offers many adoption services)
  1-800-236-7846
- Spence-Chapin (an adoption agency that offers many adoption services) 212-369-
  0300
- Crisis Intervention (provides a variety of crisis interventions to residents of New
  York City) 1-800-Lifenet
- Crisis Line/National Suicide Prevention Line (a 24 hour crisis line that provides
  emotional support, information, and referrals). 1-800-273-8255

Mental Health Resources for Wisconsin Participants

- American Adoptions (an adoption agency that offers many adoption services)
  1-800-236-7846
- Crisis Line/National Suicide Prevention Line (a 24 hour crisis line that provides
  emotional support, information, and referrals) 1-800-273-8255
- Hudson 24 Hour Mental Health Crisis 651-777-5222
- (Madison) Journey Mental Health Center (Emergency Services Unit/Intervention
  Services for 24 hour face to face counseling) 608-280-2600
- (Milwaukee) The Access Clinic 414-257-7665
- (Milwaukee) The Psychiatric Crisis Line 414-257-7222