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Mothers' Perspectives on Language And Literacy Development in Children With Disabilities Adopted From China

Jessica B. Hovland

UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

MOTHERS' PERSPECTIVES ON LANGUAGE AND LITERACY DEVELOPMENT IN CHILDREN WITH DISABILITIES ADOPTED FROM CHINA

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Jessica B. Hovland

College of Education and Behavioral Sciences
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Accepted by the Doctoral Committee

Jennifer Urbach, Ph.D., Co-Research Advisor

Lori Y. Peterson, Ph.D., Co-Research Advisor

Sandra K. Bowen, Ph.D., Committee Member

Brian Rose, Ph.D., Faculty Representative

Date of Dissertation Defense____

Accepted by the Graduate School

Jeri-Anne Lyons, Ph.D.
Dean of the Graduate School
Associate Vice President for Research

ABSTRACT

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Children with disabilities and special needs make up the vast majority of those currently being adopted internationally into the United States (U.S.). China has been a leading sending country for international adoption since the 1990s and remains one of the few nations with thousands of orphaned or abandoned children, many with congenital disabilities or significant medical needs, in government welfare institutions. While most children adopted internationally (CAI), whether from China or other nations, experience developmental catch-up after adoption, children with disabilities and those who spent time in institutional settings exhibit persistent language deficits that impact literacy and academic skills as they progress through school. Many children adopted internationally also experience an abrupt language shift from their birth language to the language of their adoptive family, making them *second first language learners* (Scott et al., 2008). The unique combination of being a second first language learner with a disability, along with the trauma experience of spending critical developmental years in an institutional setting without a primary caregiver, makes CAI with disabilities an important group for teachers and other service providers to understand.

Parental practices that support early literacy development and parental beliefs about language and literacy influence children's later reading achievement (Pelatti et al., 2014; Snow et al., 1998; Weigel et al., 2007). The limited research with parents who have adopted internationally indicates that parents play a key role in educating teachers about adoption and their child’s needs, but very few studies focus on CAI with disabilities or special education, especially related to language development and reading disabilities. Therefore, the purpose of the study was to examine the perspectives of parents who had adopted a child with a disability internationally related to their views on language and literacy development as well as their experiences with special education.

This exploratory, qualitative study utilized a grounded theory approach to analyze data, generate conceptual categories, and develop a theoretical model to explain participant perceptions of language and literacy development, and related special education services, for CAI with disabilities. Participants included 12 mothers of children with disabilities who had been adopted from China. While purposeful sampling was used to recruit a diverse sample of participants, including fathers and parents who had adopted from different countries, only mothers who had adopted from China were ultimately able and willing to participate. Data collection took place in the form of written questionnaires, three focus groups, and 12 individual interviews. All focus groups and individual interviews took place via Zoom. Data were analyzed using a constant comparative method and included three cycles of coding. A peer reviewer assisted with data collection and analysis to guard against research bias and establish trustworthiness and credibility. Additionally, a member check was used to help validate emerging findings.

Results of the data analysis revealed one overarching theme, that of mothers needing to navigate trauma, unique needs, and special education systems to meet the language and literacy needs of each child. This overall theme was developed from four major categories: (a) seeing the whole child, (b) providing supports and opportunities, (c) guiding language and literacy development, and (d) advocating in education. The grounded theory framework that emerged from the data analysis centralizes the category of "seeing the whole child," as mothers' perspectives within the other three categories were connected with and informed by their child's trauma experiences, unique personality, disability, and language development. Findings from this study reveal the central role mothers play in their child's language and literacy development as well as the complexities and challenges associated with the intersecting issues of international adoption, trauma, language learning, disability, and special education.

Results of this study may assist special education teams and teachers related to understanding the importance of listening to parents, creating trauma-informed classrooms, and seeing the whole child in order to support unique strengths, interests, and needs. Given the specific population in this study, results are not representative of all parents of CAI with disabilities. However, educators and post-adoption support providers may benefit from reading this study to gain greater understanding of the unique needs of CAI with disabilities from China and their families. Families with CAI with disabilities, especially those with children from China, may benefit from the approaches, strategies, and resources discussed in this study to help in supporting the language and literacy development of their children and assist them in advocating for their children in schools.

Keywords: international adoption, internationally adopted youth with disabilities, language development, literacy, special education, parent perspectives

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DEDICATION

This dissertation is dedicated to my children, Paxton, and Levi Hovland, who were the inspiration behind this work. Being their mother is the greatest privilege and joy in my life, and I continue to learn so much from each of them.

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INTRODUCTION

Language is the primary means through which we interact with our world. Through language, we form thoughts, build relationships, connect with our culture, and communicate with others. Language, in its oral and written forms, plays a significant role in how we make meaning and create meaning; language helps define what it means to be human (Hulit et al., 2011). Written language skills develop from oral language processing, a foundation that begins in infancy, years before formal literacy instruction (O’Connor, 2014; Snowling, 2005). In fact, research shows a strong relationship between early language skills in preschool and future reading achievement (National Institute of Child Health and Human Development [NICHD] et al., 2010; Snow et al., 1998; Snowling, 2005). Through interactions with adults and other children, infants and toddlers learn the speech sounds of their native language and develop, over several years, knowledge about the meaning of words, word parts, rules for word order, and how to use language in context (O’Connor, 2014). These language skills build the foundation for important components of reading comprehension, including vocabulary development, conceptual knowledge, and understanding narrative structures (Pelatti et al., 2014). However, children who experience language impairments or differential language skill development may have deficits in oral language that put them at risk for reading and writing difficulties (Snowling, 2005).

Most of us take our native language for granted; we have heard its sounds since birth. In the United States of America, for many people, our native English language has surrounded us. First, in the voice of our mothers, fathers, and immediate family members as they cared for us as babies, then in the words of our relatives, teachers, and friends as our worlds expanded beyond the cradle. Oral language processing began immediately and continued, uninterrupted, into our school years where we learned to read and write in the same, primary language. While this natural exposure to one's native language occurs for most children, for the thousands of those adopted internationally, language exposure, learning, and development can look quite different.

Children adopted internationally (CAI) have an accumulation of risk factors, often related to a number of negative pre-adoption experiences including, but not limited to, neglect, limited stimulation, and poor nutrition in institutional orphanage settings (Van Ijzendoorn et al., 2005). The negative effects of institutionalization on cognition, academic success, attention, language development, and activity level are well documented (e.g., Beverly et al., 2008; Eigsti et al., 2011; Genesee & Delcenserie, 2016; Helder et al., 2016). Moreover, children adopted into families who speak a different language than that of the child's birth country experience an abrupt language shift, often during the formative years of language development (Hough & Kaczmarek, 2011). Children adopted into a new country during their toddler years find their first language suddenly dropped and replaced with different gestures, sounds, and stress patterns; these children are neither bilingual nor monolingual but instead become *second first language learners* (Rakhlin et al., 2015; Scott et al., 2011). While some CAI catch-up in their cognitive and language skills and perform similarly to their non-adopted peers (Finet et al., 2019), children with disabilities and those with the most extreme pre-adoptive backgrounds demonstrate persistent language deficits that continue to affect literacy and academic skills as they progress through school (Beverly et al., 2008; Delcenserie & Genesee, 2014a).

The unique combination of being a second first language learner with a disability, along with the trauma experience of spending critical developmental years in an institutional setting without a primary caregiver, makes CAI with disabilities an important group for teachers and other service providers to understand. Reading is one of the most important skills learned in the elementary years of childhood (O'Connor, 2014; Turkeltaub et al., 2005), yet we know very little about how the language disruptions experienced by most CAI effect reading development or how language impairments or gaps in oral language skills in CAI influence their literacy learning.

As a core influence in their child's life, parents often play an integral role in the language learning of their adopted children and offer an important perspective for educators (Finet et al., 2019; Hamilton & Forgacs-Pritchard, 2020). The connection between the home literacy environment and parent-child engagement in literacy activities and a child's later reading and writing skills has been well established in the research (e.g., Hoff, 2005; Landry & Smith, 2005; Pelatti et al., 2014; Weigel et al., 2007). Thus, the primary purpose of this research study was to examine the perspectives of parents of CAI with disabilities in order to gain a better understanding of how they support language and literacy development at home and how they view the needs of their children in school. As a parent of two children who were adopted internationally, I explain next a personal experience that inspired the focus of this research.

A Personal Reflection

Five years ago, my husband and I made a decision that would forever transform our hearts, our lives, and our family. We started the process of adopting from China. Now, we are a family of four with two precious, adventurous, loving little boys! My journey into motherhood through adoption and my efforts to support the development of my two children inspired this research study. Both of my boys were abandoned as newborns due to significant birth defects. They were placed in the care of a State Welfare Institution in China and provided life-saving medical care through a Western non-governmental organization working in the orphanage. When we adopted each child, we knew that, due to their birth defects, there was a possibility of learning disabilities and even intellectual disability. We adopted our oldest son, who is now six, at the age of 18 months. Our second son was adopted two years later, at the age of 22 months; he is now five years old. Neither of my children exhibit evidence of an intellectual disability, but both have struggled with language development and are at risk for later learning disabilities. At the time of adoption, neither of my children could speak any Mandarin and they were barely babbling. Amazingly, both children quickly developed receptive language skills in English, but they struggled with expressive language skills. As an experienced special education teacher, I felt I knew a lot about how to help my children once they were in school, but early childhood and speech and language were not my areas of expertise. When my first son was two years old and struggling to pronounce basic words, I contacted our local school district for an evaluation in hopes of receiving speech and language services.

My confidence and hopes in the special education system were quickly dashed when I observed and received the results of the district evaluation. The “comprehensive evaluation” consisted of a speech language pathologist and occupational therapist completing the minimal number of assessments needed to justify an evaluation in the same way they would administer an assessment to an American-born child with no history of institutional living. Additionally, the toys and materials used to evaluate my son’s cognitive skills consisted of a baby girl doll (which to this day, he will not touch) and a play kitchen (which, at the time, he had never seen). I was told my son was cognitively delayed, but due to his status as an English Language Learner (ELL), he could not receive speech and language services. Instead, the school district offered me the services of an early childhood special education teacher who would work with him on pretend play, not speech or language. My attempts to advocate for a more thorough, unbiased evaluation and speech and language goals were unsuccessful, so I did not accept the special education services. Instead, we bought a play kitchen, and my son was able to complete the district's cognitive goals in two weeks – it seems it was a matter of exposure rather than delay! My husband and I were fortunate to be able to pay for private speech and language services, which both my sons continued to need throughout preschool due to delays in articulation and expressive language.

The lack of knowledge from professionals related to my son's developmental needs made me determined to do all I could as his mother to help him develop language and literacy skills at home. My work as a special education professional in schools and higher education made me aware of the connection between language and literacy and allowed me access to information and resources that would help me support both of my young children. However, while there are many resources for attachment and behavior in adopted children, I had difficulty finding language and literacy-based supports specifically for children adopted internationally. If I struggled to find resources that specifically help children adopted internationally with language and literacy, what difficulties are other adoptive parents encountering, especially those who may not share my professional knowledge? Have they also experienced challenges with the special education system due to lack of professional knowledge or biased assessments? What should I expect when my children start elementary school and how can I support continued language and literacy development for my children? These questions and my experience as a mother were the catalysts for this research.

My personal experience as a professional in special education and mother of two CAI is a small extension of a much greater history of advocacy and adoption for orphaned and abandoned children across the globe. To place this research in context, it is necessary to consider the history of international adoption, with specific attention to the interaction between disability and adoption, especially in the current era. The next section provides an overview of international adoption with a focus on United States history, the adoption of children with special needs, and international adoption in the 21st century.

The History and Current Status of International Adoption

Orphaned and abandoned children have been adopted, formally and informally, across cultures and throughout human history. Adoption as a practice of providing homes for children in need is evident in some of the earliest recorded laws, most notably, the Code of Hammurabi (Conn, 2008). In Western Europe, adoption of orphaned and abandoned children into families, with the full rights and positions as birth children, ensured survival for these children in a world that would otherwise subject them to lifelong servitude, slavery, or prostitution (D.E. Johnson, 2002). However, for most of human history, adoption was a largely unregulated practice. It was not until 1851, in Massachusetts, that the first laws were established to recognize adoption as a legal option for children, especially those in orphanages (Conn, 2008; D.E. Johnson, 2002). While other developed nations, such as Great Britain, also began to regulate domestic adoptions in the 20th century, international adoption was rare until after World War II, when Americans began adopting children orphaned due to the devastating effects of war (Herman, 2012a).

Beginnings: International Adoption as a Humanitarian Cause

International adoption became most visible after the Korean War, largely due to the pioneering efforts of Bertha and Harry Holt, an evangelical couple from Oregon, and Pearl Buck, and novelist and adoptive parent in Pennsylvania (Graff, 2008; Herman, 2012a, 2012c; Selman, 2009). The Holts' advocated for the adoption of Korean "war orphans," primarily children who were abandoned or stigmatized because of their mixed race (i.e., children of Korean women and American GIs) and birth out of wedlock (Schuster Institute for Investigative Journalism, 2011). The Holts adopted eight Korean children themselves and founded an adoption agency (now, Holt International Children's Services) to help other American families join them in what they saw as a humanitarian mission to provide families for orphaned and abandoned children (Herman, 2012a; Schuster Institute for Investigative Journalism, 2011).

Similar to the Holts, Pearl Buck believed all children deserved loving families, regardless of race, culture, or religion (Herman, 2012c). Buck initially focused her efforts on domestic adoption in the mid-1900's, forming her own adoption agency, Welcome House, in 1949 after a 15-month-old was refused placement by other agencies because of his brown skin. Buck advocated for a new philosophy, one based on universal human love and understanding, arguing that any child without a family could be adopted by any family who could meet his/her needs, which was in stark contrast to the common practice of matching children with adoptive families of the same race or religion (Buck, 1955; Herman, 2012b). She was a pioneering advocate of special needs, transracial, and international adoptions, a "multiculturalist" who saw humanity as universal and criticized practices that denied non-White children adoption opportunities and left them in orphanages without families (Conn, 2008; Herman, 2012c). Buck's work coincided with increasing openness to special needs adoptions (Herman, 2012b). At a time when many Americans feared communism and civil rights were coming to the forefront of politics, Buck framed domestic and international adoption as a civil rights issue; families formed by choice and love regardless of race were a testament to democracy and freedom (Herman, 2012c). International adoption was not only a humanitarian effort, but also could be viewed as rescuing children from communism (Schuster Institute for Investigative Journalism, 2011). Buck's legacy, and that of the Holts and others like them, may be summed up in this quotation:

> Special needs pioneers changed adoption culture dramatically. Their vision of family defied the claim that adoptive kinship had to be invisible in order to be authentic, insisting instead on the purposeful and open inclusion of difference. This value, in turn, reflected an even broader shift in conceptions of national belonging and citizenship in the United States after World War II. Special needs adoptions symbolized the civil rights revolution within the adoption world. Their accomplishment was not only to offer more different kinds of families to more different kinds of children, but to openly welcome multiculturalism and multiracialism within the family as well as within the history, demography, and politics of the country at large. (Herman, 2012b, para. 4).

The Growth of International Adoption

The values and ideology espoused by international adoption advocates in the mid-20th century, in combination with a growing awareness of orphaned and abandoned children around the world, led to significant increases in international adoptions by Americans into the 21st century (Conn, 2008; Selman, 2009). In the 1970's and into the 1980's, over 50% of international adoptions to the United States were from Korea, with adoptions from the Philippines, India, Vietnam, and Columbia making up most of the remaining children (Selman, 2009). International adoptions to Australia, Canada, and European countries followed similar patterns (Graff, 2008). Adoptions from China began in the 1990s, in response to the effects of a one-child policy and a cultural preference for boys, leading to a large number of abandoned girls in Chinese orphanages (Conn, 2008; K. Johnson, 2002; Selman, 2009). International adoption from Russia opened in 1992, and over 60,000 children were adopted into the United States over a 22-year period (Adoptive Families Magazine, 2017; Jones, 2019). As adoptions from Korea and India began to decrease into the 21st century, those from China, Russia, and Guatemala significantly increased. By 2004, the peak year for international adoptions, there were 22,884 children adopted internationally into the United States and 45,288 globally (primarily to

European countries, Canada, and Australia), with China, Russia, Guatemala, and Ethiopia as the top four sending countries (Baker, 2013; Selman, 2009). However, a steady decline in numbers of international adoptions has occurred over the past decade; in 2019, there were only 2,971 children adopted internationally into the United States (United States Department of State [DOS], 2021). This decline can be attributed to multiple factors, including concerns of corruption and abuse both pre and post adoption, global politics, strict requirements for adoptive families, increasing domestic adoptions, better child welfare systems in countries like Korea and China, and the characteristics of children available for international adoption, that is, older children and children with special needs (Graff, 2008; Jacobs & Flatley, 2019; Selman, 2009; Wang, 2016).

Now: International Adoption in the 21st Century

With a growing Western interest in international adoption in the late 20th century combined with a lack of regulation in many countries, concerns of corruption led to criticisms of some international adoption practices (Graff, 2008; Schuster Institute for Investigative Journalism, 2011). In response to both the number of international adoptions and concerns about corruption, in 1993, the Hague Convention, an international conference established for the purpose of negotiating treaties, addressed protections for children and families related to international adoption (Hague Conference on Private International Law, 2018). In order to protect the interests and welfare of children, birth families, and adoptive families, The 1993 Hague Convention set international procedures and rules around intercountry adoption to establish security, predictability, and transparency, prevent harmful and illegal practices of child abduction, sale, and trafficking, and support intercountry adoption into a permanent family for children for whom domestic adoption is not an option (Hague Conference on Private International Law, 2018). The United States signed this Convention document in 1994, but the full standards did not go into effect until 2008 (DOS; Graff, 2008). Currently, almost 100 nations participate in the Hague Convention (for a complete list, see https://travel.state.gov/content/travel/en/Intercountry-Adoption/Adoption-Process/understanding-the-hague-convention/convention-countries.html). The Hague Convention regulations led to the shut-down of adoption from some countries (e.g., Guatemala, Cambodia, Ethiopia, and Nepal) due to lack of compliance and allegations of corruption (Graff, 2008; Jacobs & Flatley, 2019; Schuster Institute for Investigative Journalism, 2011). Declines in international adoption into the 21st century can also be attributed to reports about corruption and kidnapping scandals, especially in Latin America and Romania (National Council for Adoption [NCFA], 2009; Schuster Institute for Investigative Journalism, 2011; Selman, 2009). However, political, social, and economic changes in major sending countries, most notably, Russia and China, were most significant in influencing the nature of international adoption, especially special needs adoption in the United States in the 21st century. International adoption of Russian children by United States citizens quickly declined after 2012, largely for political reasons (Adoptive Families Magazine, 2017; Jacobs & Flatley, 2019; Wang, 2016), leaving China as the top sending country to the United States through 2019 (DOS, 2021).

The History of China and International Adoption

China has been a leading sending country for international adoption since the 1990s and remains one of the few nations with thousands of orphaned or abandoned children in government welfare institutions (Graff, 2008; K. Johnson, 2002; Raffety, 2019). As noted above, the Chinese government opened to international adoption in the 1990s, while at the same time establishing strict rules for domestic adoption – only married, childless couples over the age of 35 could adopt (K. Johnson, 2002). At that time, and through the beginning of the 21st century, the majority of infants and children available for international adoption were girls, many of them healthy, but abandoned due to their gender and the strict enforcement of birth planning regulations that restricted many Chinese families to either one healthy son, or a first-born daughter or son with a disability and a second-born son (Conn, 2008; History.com Editors, 2019; K. Johnson, 2002; Wang, 2016). Legislation by the Chinese government in 1999, which lowered the age for Chinese couples to adopt to 30, and slightly loosened birth planning policies, led to positive trends in the domestic adoptions of healthy infants and fewer healthy children available for international adoption (K. Johnson, 2002; Selman, 2009). The rise of domestic adoption and less restrictive family planning policies in China in the first decades of the 21st century led to fewer healthy girls languishing in Chinese government welfare centers; however, negative government messaging about birth defects and disabilities, along with continued enforcement of birth planning policies, contributed to a significant number of abandoned children with special needs (Raffety, 2019; Wang, 2016).

China and Special Needs Adoption

To fully understand the seeming increase in the number of children with special needs abandoned in China, it’s helpful to examine the power of both government legislation and messaging in influencing the ideology of the Chinese people related to disability. In the 1980’s, as China sought to gain economic and political power within a socialist regime, government authorities promoted the idea that people with disabilities who are unable to work or productively contribute are “useless,” and it would be better if they were not born (Wang, 2016, p. 44). Between 1995-2003, married couples were required to undergo genetic testing prior to attempting reproduction; if disorders were found, the couple had to agree to be sterilized or never have children. Although this law was lifted in the 21st century, the stigma around birth defects and disability remained as social and cultural norms continued to define a person as one who is able to productively contribute to society and fulfill the familial obligation of caring for parents in old age (Raffety, 2019; Wang, 2016). Government leaders and official publications frequently reinforced this view by framing individuals with disabilities as a threat to China's international competitiveness and emphasizing that children with birth defects would bring unhappiness and significant financial burden to their families (Wang, 2016).

This ableist ideology not only contributes to the ongoing abandonment of thousands of children with birth defects and disabilities (Raffety, 2019), but also makes it significantly unlikely that any of these children will be adopted domestically in China (K. Johnson, 2002). The reality for many of these children is life in a government welfare institution (i.e., orphanage), and eventually, on the street, unless they are adopted internationally (Conn, 2008; NCFA, 2009). Western nations have responded to this need by adopting thousands of children with disabilities internationally from China. Yet, there is little to no research specific to this population that informs parents and teachers how to support the special needs of children with disabilities adopted internationally, especially regarding their language, literacy, and academic development.

Rationale and Significance of the Study

Children adopted internationally (CAI) with disabilities is an understudied group, and children with special needs make up the vast majority of those currently being adopted internationally (Good, 2016). The unique combination of being a second first language learner with a disability, along with the trauma experience of spending critical developmental years in an institutional setting without a primary caregiver, makes it an important group for teachers and other service providers to understand. However, much of the research (reviewed in the next section) with CAI focuses on oral language development and early literacy skills primarily in CAI without disabilities, providing some implications for speech-language pathologists, but virtually no recommendations for special education teachers or parents (Baker, 2013; McAndrew & Malley-Keighran, 2017). Current and past research studies with CAI analyze language and literacy development primarily in the context of associated or predictive factors, such as age at adoption, time spent in an orphanage, the socio-economic status (SES) of the adoptive family, and country of birth. There is an underlying assumption that the more prosperous environment of a family with higher SES contributes to developmental catch-up (Finet et al., 2019), but no research was found that examines individual variations in how adoptive family environments or parental influences mitigate the effects of institutionalization, especially in CAI with disabilities (Rakhlin et al., 2015). The remainder of this section will build the rationale for this study by describing characteristics of CAI with special needs and disabilities and summarizing how the deprivation of institutional settings and subsequent protective factors of adoption may influence development. The significance of the adoptive parents' role in their child's language and literacy development will then be discussed in the context of the focus of this study.

Children Adopted Internationally with Special Needs

Importantly, the term "special needs" is not synonymous with disability in adoption terminology, although the two terms are often used interchangeably in adoption history literature. *Special needs*, as a phrase, is a more inclusive term that incorporates a variety of conditions and characteristics. A special needs adoption not only refers to any child with an actual physical, emotional, and/or cognitive disability, but also, children who need additional support (or are more difficult to place with families) due to neglect, abuse, race, ethnicity, age, medical conditions, or family status (e.g., part of a sibling group) (Jones & Placek, 2017). Clearly, the issues Pearl Buck fought to remedy in the mid-20th century are still facing many children in orphanages and foster care both around the world and within the United States. Adoption agencies often confirm this fact to prospective adoptive families. For example, Chinese Children Adoption International (CCAI) Adoption Services describes children available for adoption from Bulgaria as those living in orphanages who are older than 2 years old, with the greatest need for older children (age seven or above) and those with "special needs ages 3 and older" (Chinese Children Adoption International [CCAI], 2021a). Similarly, children available for international adoption in China are most often in government welfare institutions and have a diagnosed medical condition and/or developmental delay or disability (e.g., Down syndrome) and range in age from 1-15 (Chinese Children Adoption International [CCAI], 2021b). While this research will focus only on children adopted from countries outside of the United States, it is interesting to note that adoptions of children with special needs have increased domestically as well; in 2014, 61,341 children with special needs were adopted (either domestically or internationally) in America, nearly doubling the number from 2007 (Jones & Placek, 2017).

Multiple researchers have found that children available for international adoption are more likely to have disabilities due to the following reasons: a) prenatal malnutrition and/or exposure to alcohol in the womb; b) deprivation experienced in institutional settings and/or preadoption abuse and neglect; and c) the intentional selection of children with disabilities for international adoption (Kreider & Cohen, 2009; Rice et al., 2106). Most children adopted internationally (CAI) are born to women from lower socioeconomic backgrounds and/or those who engage in high-risk behaviors like prostitution; these women are less likely to seek prenatal care because they may not want their pregnancy or are trying to hide it (Ladage, 2009). Exposure to disease and malnutrition in state-run institutions is also common, with many children effected by diseases related to iron deficiency, vitamin deficiencies (e.g., rickets), parasites, hepatitis B and C, tuberculosis, and infections that affect hearing and vision (Ladage, 2009). Researchers in Italy, which has the highest number of international adoptions in the world after the United States, found that most CAI had cognitive, motor, and social-emotional delays at the time of adoption and over half had a diagnosed disease, but the most significant delays were observed in children from orphanages in Eastern Europe and China (Canzi et al., 2018). With children from institutions in China, Ukraine, and Bulgaria currently making up over one-third of CAI into the United States, it is critical that educators and special education service providers understand how best to serve the diverse population of children adopted internationally, especially those with experiences of early trauma (Hwa-Froelich, 2012).

The Effects of Institutional Deprivation and Early Trauma

Institutional care in an orphanage or government welfare institution has been causally linked to poor developmental outcomes caused by lack of individualized care, limited learning opportunities, high levels of stress, and inadequate medical care (see reviews by D.E. Johnson, 2002; Hwa-Froelich, 2012; Rice et al., 2016; Tan, 2014). In fact, brain scans of children in Romanian orphanages, which were notorious for neglect and deprivation, found brain differences in institutionalized children that were like children with a history of abuse and neglect and those with learning disorders (Hwa-Froelich, 2012). Other researchers have noted that severe and prolonged neglect and deprivation in institutional settings can cause neurological impairment associated with attachment disorders, difficulties with emotional regulation, behavior challenges, cognitive delays in learning and memory, and learning disabilities (e.g., Eigsti et al., 2011; Rice et al., 2016). Of CAI who spent more than 12 months in an orphanage, 90% had a developmental delay in at least one area, according to clinical research (Johnson & Dole, 1999). The physical, social, and emotional conditions of institutional living place children at a high risk for delayed language development and can have enduring, negative effects on a child's social and cognitive development as well (Helder et al., 2016; Hwa-Froelich & Matsuo, 2019;; Scott et al., 2011; Snedeker et al., 2012).

While variability in the quality of institutional care exists both across and within countries, institutional care is typified by a lack of stimulation, limited social and language opportunities, homogeneous grouping by age and disability status, and inconsistent or rotating caregivers (Rice et al., 2016; Van Ijzendoorn et al., 2011). First-hand accounts published from volunteers working in Chinese orphanages reveal that it is common for children to be confined to their cribs for hours without stimulation, forced to eat quickly, forced to relieve their bowels only at certain times, and experience a general lack of human interaction and individual attention (Bratt, 2011; Wang, 2016). It is common for infants and toddlers to feed themselves from bottles propped up in their cribs; if they cannot access the food themselves, they go without (Ladage, 2009). These conditions, combined with inadequate medical care and poor nutrition in many institutional settings, contribute to chronic stress and global delays, including slowed physical growth as measured by weight, height, and head circumference, in addition to cognitive, social, and motor developmental delays (Hwa-Froelich, 2012; D.E. Johnson, 2002; Tan, 2014; Van Ijzendoorn et al., 2011).

Persistent delays related to cognitive development and school performance may be evident through adolescence in CAI, especially when institutionalization is longer than six months (Finet et al., 2016). Even when physical needs are met in an institutional setting, the vast majority (almost three-fourths) of children develop difficulties with attachment relationships due to neglect and the lack of a consistent, attentive caregiver (Van Ijzendoorn et al., 2011). Research on trauma and its effect on a child’s brain confirms that chronic exposure to high stress environments and repeated or ongoing traumatic experiences make it harder for children to think, learn, and process language (Call et al., 2014; Flannery, 2016). The term ‘trauma’ generally refers to adverse childhood experiences such as abuse, neglect, and severe illness or hospitalization, which can change the brain in ways that have cumulative and enduring negative effects on development (Hays-Grudo & Morris, 2020). Major traumas like prenatal stress or exposure to drugs, early hospitalization, neglect, and abuse are associated with below-average scores in reading and math, difficulty paying attention, and higher rates of aggression in kindergarteners (Call et al., 2014; Flannery, 2016). When children experience significant trauma prenatally and/or in early childhood, brain chemistry and activity are fundamentally altered, manifesting in the elementary years through difficulty with language, word retrieval, writing, behavioral regulation, and memory (Call et al., 2014; Flannery, 2016). Medical diseases that contribute to hearing loss (e.g., chronic ear infections, congenital syphilis) or effect the central nervous system (e.g., HIV, Fetal Alcohol Syndrome [FAS]) also negatively influence language development (Ladage, 2009). Thus, early traumatic experiences and time in institutional care affect all aspects of a child’s development throughout most of their childhood; however, adoption offers a significant protective factor as it removes children from the traumatic environment and, ideally, places them in a loving family. Adoptive parents tend to be highly concerned with their child’s well-being and typically have the financial resources necessary to provide for a child’s physical and medical needs (Goldberg et al., 2021). Many parents who adopt children internationally are also well-educated and engaged in their child’s language and academic development (Rygvold & Theie, 2016).

Adoption as a Protective Factor

A cross-disciplinary body of research reveals that adoption is a protective factor for children who have been abandoned/orphaned and placed in institutional settings; in fact, most children adopted internationally (CAI) show remarkable improvement in all aspects of development after adoption (D.E. Johnson, 2002; Rice et al., 2016). Multiple longitudinal studies show a significant degree of "catch-up" in cognitive development after adoption, with the majority of CAI without disabilities displaying average to above average scores on measures of intelligence and cognition (Canzi et al., 2018; Finet et al., 2016, 2019; Van Ijzendoorn et al., 2005). Reviews of the literature on school performance among CAI reveal that many international adoptees performed similarly to a normative sample on language and academic outcomes; however, they were also more likely to qualify for special education services and struggle with written language (Scott, 2009; Van Ijzendoorn et al., 2005).

Adoption into a stimulating, loving home can make up for much of the neglect experienced in institutional settings (Scott et al., 2008), but results in the research related to language development and academic outcomes are highly dependent on the population of CAI examined. Children who are adopted internationally are a diverse group and multiple factors, including age at adoption, pre-adoption adversity and trauma (e.g., prenatal drug exposure, institutionalization), and the presence of a disability, influence findings and conclusions in the research. In fact, most studies that have examined language development and academic outcomes in CAI deliberately exclude children with certain types of disabilities, including language disorders and attention difficulties, which may impede or impact standardized testing on norm-referenced measures (e.g., Desmarais et al., 2012; Helder et al., 2016; Hough & Kaczmarek, 2011; Rygvold & Theie, 2016; Snedeker et al., 2012). The majority of existing research with

CAI examines isolated variables such as standardized test scores, age, time in an institution, and adoptive family socioeconomic status (SES), downplaying the complex interplay between genetic and environmental influences and ignoring individual developmental trajectories (Rogers et al., 2015). The effect of parental influence and home environment on language and literacy development is primarily accounted for by controlling for SES in research studies, with little to no analysis of differences within groups related to a child's disability or parent approaches to consciously supporting the development of their CAI (Rakhlin et al., 2015).

Parental Influence on Language and Early Literacy Skill Development

There is a significant correlation between early language and literacy skills in preschool and future reading achievement (NICHD et al., 2010; Snow et al., 1998). Children with extensive literacy experiences prior to formal schooling and those with parents who support literacy development have significant learning advantages over their peers in early elementary school (Pelatti et al., 2014; Snow et al., 1998). Literacy practices in the home that are positively associated with reading skill development include shared book reading, storytelling, singing songs, drawing pictures, playing games, and reciting nursery rhymes (Kim et al., 2015; Landry & Smith, 2005; Weigel et al., 2007). Parental beliefs about literacy are also very important to reading and writing development; parents who believe in taking an active role in their child's early literacy development, as opposed to thinking it is the school's responsibility, are more likely to promote literacy-based activities in the home and encourage their child's reading and writing development (Pelatti et al., 2014; Weigel et al., 2007). For both adopted and non-adopted children, parent beliefs regarding important skills needed for school success influence educational activities in the home and are significant predictors of a child’s later reading achievement (Tan et al., 2017).

Most adoptive parents are very engaged and invested in their child’s development (Goldberg et al., 2021). Many families who adopt children internationally are also in middle to high-income SES categories, a factor associated with better language and literacy development in children (Hoff, 2005; Hwa-Froelich, 2012; Jacobs et al., 2010; Kim et al., 2015; Kreider & Cohen, 2009). Differences based on SES are typically attributed to the language and vocabulary used in the home, for example, higher SES families typically use five times more vocabulary words than families of lower SES (Hart & Risley, 1995), and larger vocabularies are associated with higher academic achievement (Landry & Smith, 2005). Specifically, SES is highly correlated with educational levels of the parents, and college educated mothers tend to use more words, more varied word types, and longer phrases, which is significantly related to a child’s vocabulary development (Gauthier et al., 2013; Hoff, 2005; Hwa-Froelich, 2009). Gaps between children from low SES versus high SES homes begin to appear in toddlerhood (Kim et al., 2015); however, it is important to note that most CAI were adopted after the age of two (DOS, 2021), thus, they miss the benefits associated with a language rich, high SES home during the first years of language development. Moreover, the benefits of living in a high SES home may be mitigated by differences in parents’ approaches to literacy in children with disabilities. Researchers have found that parents of children with speech and language impairments have lower literacy expectations and tend to provide fewer opportunities for their children with disabilities to actively engage in reading and writing activities (Pelatti et al., 2014), but this has not been studied in families with CAI with disabilities.

Language Development and Children Adopted Internationally

Language learning depends on social interaction, and literacy emerges within social contexts (Brinton & Fujiki, 2014; Hwa-Froelich, 2009). Language input from a parent or consistent adult caregiver is crucial for a child’s early language and literacy development (Pelatti et al., 2014). Infants are typically able to distinguish sounds in their native language by four months, and early conversations with parents help develop communication skills and language processing (Landry & Smith, 2005). However, most children in orphanages receive minimal language exposure and little direct interaction with an adult (Hwa-Froelich, 2009). For example, early studies of children in Russian orphanages found that 60% of children had no expressive language at all at the age of 2.5 years (Hough & Kaczmarek, 2011), and up to 68% of children adopted internationally after 12 months of age had speech and language disorders (Rakhlin et al., 2015). Thus, institutional living places children at high risk for delayed language development and persistent language and literacy challenges (Scott et al., 2011). While some research has found that children adopted internationally (CAI) quickly become monolingual in their *second first language* and develop age-appropriate social language skills, findings have been mixed regarding the degree of catch-up and relationship to later academic language abilities, including literacy skills (Rakhlin et al., 2015; Scott et al., 2008). Gaps in early language skills due to institutionalization and neglect can cause delays that take years to overcome in order to be successful in the classroom setting, especially for children with disabilities (Johnson & Dole, 1999).

Statement of the Problem

In the year 2000, the United States government passed the Child Citizenship Act, which gave American citizenship to any foreign adoptee at the time of adoption and included adopted children in the national census; at that time adopted children made up about 2% of the population and approximately one in 300 children were adopted internationally (Conn, 2008). In the past fifteen years, from 2005-2020, over 158,500 children were adopted from over 80 different foreign nations into the United States (DOS, 2021). The majority of these children were over 2 years old at the time of adoption; in 2019, 27% of CAI were between the ages of 5-12 years old and only 15% were 2 years old or younger (DOS, 2021). Since 2010, most CAI have congenital disabilities, birth defects, and/or significant medical conditions (Scott, 2009). Many of these children are currently school-age and have special needs related to disabilities (CCAI, 2021b; Hwa-Froelich, 2012; Raffety, 2019). Yet, this diverse group is understudied or ignored in the special education research and professional literature for teachers (Baker, 2013; Stother et al., 2019).

CAI are more at risk for language impairments and later reading disabilities than their environmental non-adopted peers (Scott et al., 2013; Scott & Roberts, 2016). While some adopted children do better academically than their peers who remained in institutions, they have much higher rates of referral for special education services compared to the general population (Van Ijzendoorn et al., 2005). Certain medical conditions and disabilities that are common in CAI are also associated with reading, writing, and learning challenges, including intellectual disabilities, cognitive deficits related to low birthweight or FAS, hearing impairments, chronic ear infections, attention deficit/hyperactivity disorder (ADHD), and early language impairments (Miller et al., 2021; Scott, 2009; Snow et al., 1998). Several researchers have found high percentages of CAI with ADHD across ethnicities, suggesting a higher-than-average rate of attention difficulties in CAI (Beverly et al., 2008; Delcenserie et al., 2103; Zill & Bradford Wilcox, 2018).

Adoption for the vast majority of CAI becomes a protective factor that can make up for early neglect and lead to positive academic outcomes, partially due to inclusion in families with moderate to high SES and highly educated parents (Hwa-Froelich, 2012; Kreider & Cohen, 2009). However, some CAI take years to develop language skills comparable to their environmental peers, and many struggle with academic language and literacy later in elementary and secondary school (Scott et al., 2008). Notably, children with early mild to moderate language delays in the general population continue to be at risk for later reading difficulties despite gaining typical language skills by kindergarten (Snow et al., 1998). CAI may be at further risk for social and academic failure because many are in middle to high SES communities, where a high percentage of other children are performing above average (Desmarais et al., 2012). Many adoptive parents tend to seek support for their CAI with delays or disabilities, but the limited research suggests a significant gap in professional knowledge relating to how best to support CAI in schools and virtually nothing related to educational best practices for families and CAI with disabilities (Miller et al., 2021; O'Dell et al., 2015).

The abilities to read, write, and comprehend text, often referred to collectively as literacy skills, are critical for meaningful participation in elementary and secondary school, college, the workplace, and, increasingly, social interactions. Adolescents and young adults with disabilities must be able to comprehend literally and inferentially to meet the demands of the general education curriculum and navigate the complex political, social, and economic environment of the twenty-first century (King-Sears & Bowman-Kruhm, 2010). Over the last several decades, jobs demanding complex literacy skills have increased, while jobs requiring only basic literacy skills have decreased (Barton, 2000). A lack of strong literacy skills places young people at a disadvantage both in civic participation and in the workplace; they are more likely to drop out of high school and become unemployed in adulthood (Biancarosa & Snow, 2006). Yet, most American middle and high school students with disabilities are not meeting basic academic standards in reading and writing. Approximately 62% of twelfth grade students with disabilities read and write below the basic level (National Center for Education Statistics, 2012). Moreover, research has indicated a persistent gap in literacy achievement between students with disabilities and their typically developing peers (Schulte et al., 2016). These statistics suggest that individuals with disabilities, including CAI, are unlikely to develop the literacy skills needed for success in higher education and adulthood, especially without research-based practices, interventions, and supports that account for the unique language development in second first language learners.

Gaps in language and literacy skills in early elementary school seldom close over the course of childhood and adolescence, and a significant body of research points to the importance of early intervention and home environments for literacy development (Landry & Smith, 2005; Pelatti et al., 2014; Snow et al., 1998). Yet, there is a lack of literature on academic interventions and parental involvement related to language, literacy, and academic outcomes for children who have been adopted (Tan et al., 2017). Despite a large body of literature that establishes the importance of parental engagement in early language and literacy development (Hoff, 2005; Landry & Smith, 2005; Snow et al., 1998), no studies have been conducted to analyze how parents of CAI support language and literacy development in their children. The majority of research on language and literacy skills in CAI has focused on issues in the fields of developmental psychology, psycholinguistics, and more recently, communication disorders (McAndrew & Malley-Keighran, 2017). Studies focused on attachment and behavior related to parenting style are also popular in the adoption literature, but little to nothing exists on parent perspectives and approaches related to language and literacy development (Helder et al., 2016).

Purpose of the Study

This qualitative study was designed to examine the perceptions of parents related to the language and literacy development of their children with disabilities who were adopted internationally. Parents play a significant role in making up for the developmental delays, trauma, and neglect experienced by the majority of children adopted internationally (CAI), yet there is little to no research on family-related and child-related factors that contribute to development (Finet et al., 2019). Parent knowledge and experience related to the needs of their CAI is critical for teachers and special education service providers to best support children who have been adopted (Hamilton & Forgacs-Pritchard, 2020). Thus, the perspective of parents related to language and literacy development in their CAI who have disabilities is a much needed area of research.

The purpose of this study was three-fold. First, this research study aimed to gain an understanding of parents' views on the language and literacy development and related educational needs of their child with a disability who was adopted internationally. Second, this study explored and analyzed how parents of children with disabilities who were adopted internationally provided language and literacy experiences and supports for their children. Finally, the study included an examination of the perceptions of parents of children with disabilities who were adopted internationally related to school experiences and special education services targeted toward language and literacy development. This was an exploratory study given that CAI with disabilities are missing from most research and the perceptions of parents related to the language and literacy development of their adopted children are also absent. Moreover, teachers generally, and special education teachers specifically, are not typically trained to work with the unique population of CAI with disabilities (Baker, 2013). Results from this study will contribute to teacher education and knowledge related to language and literacy development in CAI with disabilities.

Research Questions

CAI with disabilities is an understudied group, and children with special needs make up the vast majority of those currently being adopted internationally (Good, 2016). The unique combination of being a second first language learner with a disability, along with the trauma experience of spending critical developmental years in an institutional setting without a primary caregiver, makes it an important group for teachers and special education service providers to understand. However, the majority of the research with CAI focuses on oral language development and early literacy skills primarily in CAI without disabilities, providing some implications for speech-language pathologists, but virtually no recommendations for special education teachers or parents (Baker, 2013; McAndrew & Malley-Keighran, 2017). Current and past research studies with CAI analyze language and literacy development primarily in the context of associated or predictive factors, such as age at adoption, time spent in an orphanage, socioeconomic status (SES) of the adoptive family, and country of birth. There is an underlying assumption that the more prosperous environment of a family with higher SES contributes to developmental catch-up (Finet et al., 2019), but no research exists that examines individual variations in how adoptive family environments or parental influences mitigate the effects of institutionalization, especially in CAI with disabilities (Rakhlin et al., 2015). Therefore, the following research questions were developed to guide this study:

Q1 How do parents perceive the language and literacy development and related educational needs of their children with disabilities who were adopted internationally?

Q2 How do parents provide literacy experiences and opportunities for their children with disabilities who were adopted internationally?

Q3 How do parents perceive language and literacy special education services and school supports for their children with disabilities who were adopted internationally?

Definitions of Terms

The following terms were defined for use in this study.

Children Adopted Internationally - Children adopted internationally (CAI) are children who were adopted across national borders. Instead of using the phrase Internationally Adopted (IA) children, which is common in much of the research (e.g., Genesee & Delcenserie, 2016), I chose to use people first language in this research and place the word ‘children’ before the descriptor of adoption. Words matter and language influences perception; just as person first language can serve to de-stigmatize disability, word choice can affirm the worth and dignity of a child and their family when speaking about adoption (Show Hope, 2015).

Special Needs vs. Child with a Disability - The term *special needs* is often used to refer to people with disabilities, but the phrase has been criticized for reinforcing negative stereotypes and generating pity (Snow, 2002). However, special needs in adoption refers to a much broader category of children and, therefore, needs to be differentiated from a ‘child with a disability’ as defined by special education law.

Special Needs - In adoption terms, legally, special needs not only refers to children with disabilities, but also, children who may be difficult to place with families for a variety of reasons (e.g., race, age, disability) or have any type of need related to a child's wellbeing (Herman, 2012b; Jones & Placek, 2017). Children with medical conditions and disabilities are included in this definition, but this group also includes children who are older, come from certain racial/ethnic backgrounds, or are part of a sibling group. In 2014, 88.5% of domestic adoptions in the United States were special needs adoptions, which is a large increase from prior years (Jones & Placek, 2017). Outside of the United States, the term "special needs" is used in a similar manner. For example, in China, special needs refers to both children with significant medical and/or developmental needs, as well as children in the orphanage system who are older than 8 years old; notably, there is a significant overlap between these two populations (Raffety, 2019).

Child with a Disability - In a public school setting, children and adolescents with disabilities receive special education services under the federal Individuals with Disabilities Education Act (IDEA). Part B of IDEA defines fourteen disability categories under which an eligible child may qualify for special education services: autism, deaf-blindness, deafness, developmental delay, emotional disturbance, hearing impairment, intellectual disability, multiples disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment, including blindness (Center for Parent Information & Resources, 2021). In this research, the phrases 'child with a disability' or 'student with a disability' will be used in place of the phrase 'special needs' to distinctly refer to children who qualify for special education services under IDEA.

Language - Language refers to a broad, complex set of abilities that includes listening, speaking, reading, and writing (Peregoy & Boyle, 2017). Language skills emerge slowly over time through interaction with caregivers and socialization, and in tandem with cognitive, motor, and linguistic development (Dickinson et al., 2010). The primary function of language is communication. In its oral and written forms, language facilitates complex ways of interacting with others and plays a significant role in establishing social norms and group identity (Hulit et al., 2011; Peregoy & Boyle, 2017). Components of language that impact proficiency include phonology (sound system), morphology (basic units of meaning, such as prefixes, suffixes, and roots), syntax (word order), semantics (meaning), and pragmatics (knowing how and when to apply language rules). Two types of language are relevant for this proposed research study, social language, and academic language.

Social Language - Social language is language used in everyday conversation and includes contextual clues such as gestures, facial expressions, and object references. Social language encompasses basic, interpersonal communication skills and typically takes several years to develop for individuals learning English as a second language (Peregoy & Boyle, 2017).

Academic Language - Academic language is the language of school; it is language used for teaching and learning in subject areas like math, science, history, and language arts. Unlike social language, academic language is decontextualized and often includes abstract concepts and complex language that require higher order thinking processes to comprehend (Peregoy & Boyle, 2017). Proficiency in using and understanding academic language can take five to seven years for non-native English speakers.

Second First Language Learners - Children adopted internationally are often referred to as *second first language learners* because of the abrupt shift from a first language to a second language and the subsequent abandonment of the first language (Scott et al., 2008). Due to this shift, CAI are neither bilingual nor monolingual (Scott et al., 2011). Additionally, many CAI may not have fully developed their birth language at the time of adoption - they are adopted in the middle of their language development (Hough & Kaczmarek, 2011; Rygvold & Theie, 2016). Loss of birth language typically occurs within the first few months after adoption for CAI, especially for those adopted under 3 years old and those not yet speaking in their birth language (Pierce et al., 2016; Scott & Roberts, 2016). By 16-22 weeks after adoption, most children adopted under the age of five become monolingual in the language of their adoptive families, communicating solely in their second first language (Rakhlin et al., 2015). As second first language learners, CAI are a special subpopulation of English Language Learners because of the disrupted language acquisition in addition to, in many cases, lack of language input from a consistent caregiver (Hwa-Froelich, 2009).

Literacy - Literacy, for the purposes of this study, was defined as the ability to read, write, understand, and interpret texts and symbols in order to access information and communicate ideas (International Reading Association, 2012; Wakeman et al., 2020). Reading, a key component of literacy, is a complex system of deriving meaning from print that requires (Long & Selden, 2011): a) The ability to decode unfamiliar words; b) The ability to read fluently; c) Sufficient background information and vocabulary to foster reading comprehension; d) The development of appropriate active strategies to construct meaning from print; and e) The development and maintenance of a motivation to read. Writing is similar to reading in that it requires background knowledge, motivation, and active strategies to express ideas in print. Writing requires the development and organization of one's own thoughts and the translation of these ideas into print using correct spelling and grammar (Graham & Perin, 2007). In English, being able to make sense of printed, alphabetic symbols and use them to communicate is the essence of being literate.

The terms defined in this section include key words and phrases used extensively in this study. Additional definitions of specialized terms related to adoption, language, and literacy, will be defined, and discussed in the context of a review of the existing academic research and literature related to CAI, language, and literacy development.

Conclusion

Children adopted internationally (CAI) often join families who speak a different language than that of the child's birth country, thus experience an abrupt language shift, often during the formative years of language development (Hough & Kaczmarek, 2011). These children are neither bilingual nor monolingual but instead become second first language learners with unique linguistic developmental trajectories (Rakhlin et al., 2015; Scott et al., 2011). CAI with disabilities and those with the most traumatic pre-adoptive backgrounds demonstrate persistent language deficits that continue to affect literacy and academic skills as they progress through school (Beverly et al., 2008; Delcenserie & Genesee, 2014a). The unique combination of being a second first language learner with a disability, along with the trauma experience of spending critical developmental years in an institutional setting without a primary caregiver, makes CAI with disabilities an important group for teachers and other service providers to understand. Parents who have adopted typically play an integral role in the language learning of their CAI and offer an important perspective for educators (Finet et al., 2019; Hamilton & Forgacs-Pritchard, 2020). The goal of this research study was to add to the existing literature by examining the perspectives of parents of CAI with disabilities in order to gain a better understanding of how they support language and literacy development at home and how they view the needs of their children in school.

CHAPTER II

REVIEW OF THE LITERATURE

The purpose of this study was to analyze the perspectives of parents of children adopted internationally (CAI) with disabilities related to language, literacy, and special education in schools in order to understand both how parents support their children in developing language and literacy skills and how they view special education supports and services for their children who were adopted. Families formed through international adoption have existed in the United States for over 70 years, with the demographic of adopted children changing from relatively healthy infants to toddlers and older children with special needs (Scott, 2009). Now, almost all children adopted through international adoption have special needs, ranging from mild, correctable medical conditions (e.g., anemia, heart murmur), to more moderate and significant needs that require ongoing care and intervention, such as cerebral palsy, Down syndrome, spina bifida, and cleft palate (O'Dell et al., 2015). Children adopted with medical problems and/or disabilities are at a higher risk for incomplete developmental recovery and persistent deficits in language and literacy (Beverly et al., 2008; Canzi et al., 2018). Across nations, parents of CAI report concerns about developmental problems that adversely affect their child's learning and school performance over time (Diamond et al., 2015; Miller et al., 2021).

Over 200,000 CAI have entered the United States in the last 20 years, yet families formed through international adoption are rarely mentioned in textbooks or teacher preparation programs (Baker, 2013; Ertel, 2018). Similarly, families with CAI report difficulties finding professionals who are knowledgeable about adoption and can provide early intervention services and special education supports (Good, 2016; Hamilton & Forgacs-Pritchard, 2020; O'Dell et al., 2015). Given the importance of parental influence and involvement in supporting the development of CAI with disabilities (Finet et al., 2019), many of whom have experienced trauma and neglect in institutions, the purpose of this study was to examine the perspectives of parents of CAI with disabilities to gain a better understanding of how they support language and literacy development at home and how they view the related educational needs of their children.

In this section, the current literature on language and literacy development in CAI, special education eligibility and needs, teacher knowledge, and parent perspectives is reviewed. The review of literature includes CAI from a multitude of nations because some studies purposely include participants adopted from different countries (or their parents) and because there is limited literature focused exclusively on CAI from one nation (e.g., China). Additionally, due to the limited nature of research literature directly related to the focus of this study, this literature review begins with an analysis of studies on language development in CAI, a topic which has been well studied compared to other academic areas. Literacy development and reading and writing skills are addressed in some of the language research as well as in separate studies, which will also be reviewed. This first section of the review includes studies of CAI without disabilities because little to no research was found specific to the language and literacy development of CAI with disabilities. Then, research literature related to CAI and special education, teacher knowledge and CAI, and parent perspectives is reviewed to provide a comprehensive view of the existing studies on CAI with disabilities related to language, literacy, and related special education needs. Gaps in the literature and implications for future research will be discussed in the context of CAI with disabilities.

Language and Literacy Development in Children Adopted Internationally

Literacy skills provide access to written language, so it is not surprising that oral language skills impact reading and writing development (Dickinson et al., 2010; Hoff, 2005; NICHD et al., 2010; Snow et al., 1998). Oral language skills influence the development of multiple areas important for reading and writing, including vocabulary, grammatical development, phonological awareness, and knowledge of written language (Hoff, 2005; Pelatti et al., 2014). To understand vocabulary and sentence structure in writing, children must have proficiency in their spoken language in addition to knowledge of the world around them (Dickinson et al., 2010). Children adopted internationally (CAI) represent a unique group of language learners who are at-risk for long-term literacy and academic difficulties; in fact, many CAI with early speech and language impairments have been identified with a special education label in fourth grade (Beverly et al., 2008). The language development of CAI has been studied extensively, primarily in the fields of developmental psychology, psycholinguistics, and communication disorders (McAndrew & Malley-Keighran, 2017), in order to identify patterns, risk factors, and outcomes for this population. Because of the intersection of language and literacy skills, most research on reading and writing abilities in CAI is in the context of language development.

Language Development in Children Adopted Internationally

As second first-language learners, CAI are neither bilingual nor monolingual because of the abrupt switch in language rendering their first language unavailable or unusable; moreover, many CAI are not fluent or are delayed in their birth language due to lack of language input from a consistent caregiver (Hwa-Froelich, 2009; Rakhlin et al., 2015; Scott et al., 2011). Most CAI, even older children, lose their birth language within a few months after adoption and quickly rely exclusively on the adopted language for communication (Rakhlin et al., 2015; Scott & Roberts, 2016). In a recent case study, Fiorentino (2020) noted that CAI may go through a receptive stage for the adoptive language and continue using their birth language if they can be understood by their adoptive parents. However, the language of the adoptive family was acquired much faster if the child's birth language was not understood by the parents (Fiorentino, 2020).

In a meta-analysis of 22 studies, ranging in date from 1982-2009, Scott et al. (2011) analyzed the language skills of CAI who had been in their adoptive family for at least 12 months, after the rapid developmental catch up typical in the first-year post-adoption. Overall, Scott et al. (2011) found great variability in language development outcomes for CAI, and while there is no unified profile, there was a higher likelihood of language difficulties with better outcomes for children adopted prior to their first year of life. Notably, language skills in CAI were significantly below comparison groups of non-adopted children, a difference that was not evident in the toddler/preschool years but more pronounced in older, school-age adoptees. Scott et al. (2011) could not find an explanation for later language difficulties in CAI, other than considering the composition of the control/comparison group may affect the interpretation of research results and that CAI preschoolers in the low average range on language assessments may require additional support to maintain average language skills in the school years.

In a subsequent review of the literature on language development in CAI during the preschool years, Scott, and Roberts (2016) analyzed 30 studies (many of which were also included in the meta-analysis above), published between 2002-2015, that focused on speech and language development in the first years after adoption. Overall, the research on language development in young CAI focused on general language outcomes as well as the following specific areas of language development: speech sound production, vocabulary, and morphosyntactic development. Researchers have typically utilized norm-referenced assessments, parent report measures and questionnaires, and language samples to analyze language development in CAI (Scott & Roberts, 2016). To determine developmental level, language performance in CAI was either compared to the normative data for a standardized assessment or compared to a group matched by age, gender, and SES. General findings from the Scott and Roberts (2016) review revealed that the majority of young CAI exhibit rapid acquisition of the language of their adoptive family within the first-year post-adoption and most demonstrate average to above average language skills after two years in their family. A similar review by Delcenserie (2016) extends the results of Scott and Roberts (2016) review to school-age CAI. Insight and findings from both the Scott and Roberts review and Delcenserie review are described below in the context of specific elements of language and literacy, with additional references to related and recent research.

Pragmatic Language Development

Pragmatics refers to the use of language for communicative purposes as well as an understanding of how to use language in social contexts (Noonan, 2014). Of the 30 studies reviewed by Scott and Roberts (2016), only seven measured elements of pragmatic language. Difficulties in pragmatic language development in children adopted internationally (CAI) have been linked to later language delays (Glennen, 2007); however, the majority of children across studies made significant progress in early pragmatic skills despite delays at the time of adoption (Scott & Roberts, 2016). Two studies highlighted the importance of parent-child interactions in pragmatic language development, with specific focus on joint attention strategies because it is positively linked to language growth (Gauthier et al., 2013; Pierce et al., 2016). Both Gauthier et al. and Pierce et al. found that adoptive parents interact with their children in developmentally supportive ways, similar to how mothers of children with special needs interact with their children but different from typical birth parents in mainstream American families. These results suggest that catch-up in the area of pragmatics may be influenced by parent communication style, especially the mothers' talk and interaction with the child (Gauthier et al., 2013; Scott & Roberts, 2016).

In a more recent study of pragmatic language development in CAI, Hwa-Froelich & Matsuo (2019) administered standardized measures of pragmatic language (e.g., Clinical Evaluation of Language Fundamentals) to a sample of 35 CAI from Asian countries who were 4 years old, without medical or learning problems, and had lived with their adoptive families for two and a half to three years. An age-matched group of non-adopted children in the United States was utilized as a comparison group for this study. Hwa-Froelich & Matsuo found that the CAI, as a group, scored within the average range on measures of pragmatic language, with scores ranging from minus one standard deviation to two standard deviations around the mean, which is consistent with the findings of other studies reviewed by Scott and Roberts (2016). However, scores for the comparison group were, on average, much higher in both pragmatic and expressive language. So, while impairments in pragmatic language were not found by Hwa-Froelich & Matsuo, the CAI were performing, on average, lower than their age-matched peers.

Phonological Development

Phonological development refers to the acquisition of speech sound knowledge and includes articulation and phonological awareness (Scott & Roberts, 2016). Phonological awareness (PA), or the ability to distinguish and manipulate the sounds in words, such as syllables and phonemes, is an important early literacy skill and associated with later literacy development (NICHD et al., 2010). In fact, PA skills are one of the best predictors of reading abilities for children who struggle with reading (Hoff, 2005). Despite the importance of PA for literacy development, Scott and Roberts (2016) found no studies that examined these skills in toddler/preschool-age CAI. The scant research on phonological development focuses on articulation, with results suggesting that the majority of CAI develop age-appropriate articulation skills within two to three years post adoption, and many develop these skills in a way similar to monolingual English speakers (Scott & Roberts, 2016). Similarly, in a review of research with school-age CAI, Delcenserie (2016) found only one study that analyzed phonological development. In this study, Scott et al. (2008) analyzed the phonological processing skills of 24 elementary-aged children adopted before 2 years old from China using the Comprehensive Test of Phonological Processing (CTOPP). The results for all but two participants fell within or above the normative range, suggesting the vast majority of CAI from China had age-appropriate skills (Delcenserie, 2016; Scott et al., 2008). Comparable results were found in two additional studies on phonological processing in children adopted internationally.

Using norm-referenced, standardized measures (e.g., CTOPP, Woodcock Diagnostic Reading Battery), Scott et al. (2013) analyzed phonological awareness and memory in 45 children who had been adopted from China before age two. All but one child in this study were girls, four children received special education for articulation difficulties, four children received special education for language impairments, and four children were in gifted programs; most parents were highly educated with a college degree or higher. Scott et al. (2013) found that, overall, phonological awareness scores for the CAI from China were not significantly different from the normative population. All eight children with speech and language impairments fell within the average range on measures of general language, reading comprehension, and phonological awareness, but four children were below average in phonological memory skills (Scott et al., 2013). Phonological memory refers to the ability to remember spoken information for a short period of time and is important for literacy development (NICHD et al., 2010). The findings of the Scott et al. study are unique in identifying the inclusion of children in special education but given the focus was primarily on girls adopted from China, these results cannot be generalized to other CAI, including boys adopted from China.

Though limited, the research on phonological development suggests that most children adopted internationally (CAI) eventually gain average skills in components of phonological processing, especially the area of articulation. However, individual variation is common and the scant research on phonological awareness, an important early literacy skill, makes it difficult to draw conclusions, especially for CAI with disabilities. The lower scores on phonological memory for children with disabilities in the Scott et al. (2013) study is consistent with Delcenserie et al.'s (2013) findings that CAI from China without disabilities scored significantly lower on phonological short-term memory tasks when compared to a matched, non-adopted control group. These results suggest that more research is needed to determine how delays in early literacy skills, especially phonological memory, and PA, may impact later literacy development in this population. The acquisition of vocabulary in CAI is an area that has been examined by researchers in greater depth with both preschool and school-age children (Delcenserie, 2016; Scott & Roberts, 2016).

Vocabulary Development

Vocabulary refers to words used both to communicate with others and understand what we hear and read. Vocabulary knowledge not only plays an important role in a child's ability to engage in conversation, but also is a predictor of success in learning to read (Hoff, 2005; Pelatti et al., 2014). By impairing areas involved in explicit learning and memory and cognitive control, stress from institutionalization can impact language acquisition, especially vocabulary development (Eigsti et al., 2011). In the first months after adoption, CAI may initially learn some words quickly but may take longer to develop larger vocabularies due to lack of early exposure to language (Gauthier et al., 2013). Interestingly, in their study on young children adopted from China into France, Gauthier et al. (2013) found that the more a mother talked with her child, the greater the receptive vocabulary growth for the child; additionally, redirection from a mother to her child to pay attention to words was positively correlated with expressive vocabulary development at 20 months of age. This is consistent with other research on vocabulary development in young children; vocabulary growth is greatest for children with mothers who talk more, use richer vocabulary, and have longer utterances (Hoff, 2005). Vocabulary acquisition and development in CAI has been more widely studied than other aspects of language and multiple studies have contributed to the knowledge base in this area.

Scott and Roberts (2016) completed a review of 24 studies that analyzed vocabulary skills and development in young children who were adopted internationally (e.g., Gauthier et al., 2013; Glennen, 2007; Snedeker et al., 2012). Generally, research studies that used parent reports and/or norm-referenced measures found that CAI are able to quickly learn age-appropriate vocabulary, with younger children acquiring new words at a slower rate than older children likely due to more developed cognitive abilities (Scott & Roberts, 2016). For example, Snedeker et al. (2012) noted that age predicted vocabulary development for infants, but the amount of time in the United States predicted vocabulary for preschoolers. While several studies showed great variability in language and vocabulary development in CAI (see Scott & Roberts, 2016; Scott et al., 2011) both infants and preschoolers in the Snedeker et al. (2012) study demonstrated shifts in vocabulary development similar to first-language acquisition, but preschoolers developed abstract words quicker and earlier in the language learning process.

Studies on vocabulary development in school-age children adopted internationally (CAI) reveal that vocabulary acquisition continues into adolescence, and many CAI score in the average to above average range on standardized measures of vocabulary (Delcenserie, 2016). However, this research fails to paint a complete picture of receptive and expressive vocabulary development for all CAI as most studies did not include children with moderate to severe disabilities or significant health problems (e.g., Delcenserie & Genesee, 2014a; Delcenserie et al., 2013). Additionally, studies that interpreted data considering a comparison group of non-adopted peers matched by age, gender, and socioeconomic status (SES) find lower language and vocabulary abilities in CAI. Children from higher SES families tend to be a high performing group and above average language and achievement scores are consistently associated with this population (Delcenserie, 2016; Eigsti et al., 2011). When compared to non-adopted, environmental peer groups, CAI scored significantly lower on measures related to vocabulary development, such as expressive vocabulary, word definitions, verbal short-term memory, and explicit memory (Delcenserie et al., 2013; Eigsti et al., 2011). This research suggests that, while CAI may initially demonstrate rapid vocabulary growth and score within the average range on some standardized assessments, as a group, they continue to lag behind their environmental peers in areas of language that impact academic performance.

Grammar and Morphology

Grammar and morphosyntactic development have been studied primarily in English and French with a focus on the acquisition of grammatical morphemes, mean length of utterance, and correct use of pronouns (Delcenserie, 2016; Scott & Roberts, 2016). Scott and Roberts (2016) found 12 studies that measured at least one aspect of morphosyntax development in young CAI and concluded that, compared to other components of language, CAI acquire grammatical morphemes at a slower rate and tend to make more grammatical errors when speaking than SES-matched non-adopted comparison groups. Far fewer studies of grammatical development have been conducted with school-age CAI; in fact, of the two studies found and reviewed by Delcenserie (2016), both are in French and authored by the same researchers (Delcenserie & Genesee, 2014b; Delcenserie et al., 2013). In their study with 27, 7-year-olds from China, Delcenserie et al. (2013) found that CAI scored significantly lower on receptive grammar than the comparison group, which was matched by age, gender, and SES. Using the same participants, Delcenserie and Genesee (2014b) conducted a study on accusative object clitics, a category of personal pronouns in French, and found that CAI made significantly more omissions and errors in their use of clitics than the comparison children. Interestingly, the error patterns made by CAI in the Delcenserie and Genesee (2014b) study were similar to difficulties experienced by children who are deaf with cochlear implants and those with speech and language impairments (Delcenserie, 2016). Thus, while the limited research on grammar and morphology development in CAI makes general conclusions difficult, certain morpho-syntactic structures may be especially challenging to learn for children with a variety of developmental differences.

Reading and Comprehension

Reading has a variety of purposes; people read to gather information, to learn, and for pleasure and entertainment. Ultimately, the purpose of reading is to understand – comprehension is the goal of reading. Reading skills in children adopted internationally (CAI), including comprehension, have primarily been studied in research analyzing a combination of language skills with surprisingly few studies dedicated to specifically examining comprehension skills. Of the few studies that have analyzed reading skills in CAI, the results have been mixed depending on the population in the study, with more recent studies and studies with older CAI finding higher rates of significant reading difficulties (e.g., Beverly et al., 2008; Helder et al., 2016; Hough & Kaczmarek, 2011).

One of the first studies to examine multiple aspects of reading abilities in CAI was conducted by Scott et al. (2008) with 24 children, ages 7-8.8 years old, who had been adopted from China before 2 years of age. Of these participants, 12.5% received special education services for articulation but did not receive services for literacy. Scott et al. (2008) assessed the children's phonological development, word reading skills, and reading comprehension through a battery of norm-referenced, standardized tests (e.g., Woodcock Diagnostic Reading Battery, Test of Word Reading Efficiency). Results of the Scott et al. analysis showed that the CAI from China performed in the average to above average range in all areas of reading, except for two participants (both of whom were receiving additional support and private tutoring). While this research reinforces other findings that many CAI do well in school and are able to master reading skills (Delcenserie, 2016), researchers that have examined reading abilities with more diverse groups of CAI suggest the outcomes for literacy development in CAI are inconclusive (Rygvold & Theie, 2016).

In a study with 44 children, ages 5-11 years old, adopted from Eastern European countries, Hough and Kaczmarek (2011) administered a battery of norm-referenced, standardized tests in language and reading (e.g., Test of Language Development-Primary, Third Edition, Woodcock Reading Mastery). While all participants had lived in institutions prior to adoption, all children in this study had IQs in the average range and 55% received speech and language therapy at the time of testing in this study. None of the participants had vision, hearing, or physical disabilities, and children were excluded if attention difficulties impeded their ability to complete tests (Hough & Kaczmarek, 2011). Hough and Kaczmarek found that one-third of the CAI in their study had language impairments and reading deficits, with 14% noted as significant deficits, which is much higher than the 5-7% of the American school-age population with similar characteristics. Lower language scores correlated with lower reading scores and provided evidence of a relationship between language impairments and reading disability. There was also a correlation between the time a child spent in an institution and reading ability with longer institutionalization associated with lower reading ability; conversely, a child’s time in the United States, with their adoptive family, positively correlated with better reading skills. Hough and Kaczmarek (2011) concluded that a significant number of CAI appear not to "catch-up" on their own, as some other research suggests, especially in areas related to syntax, morphology, and semantics. The findings by Hough and Kaczmarek (2011) are important both in identifying the relationship between institutionalization and reading skills and in noting the high percentage of CAI who struggle with language and literacy skills compared to the general population. Considering that Hough and Kaczmarek excluded populations of students (e.g., those with attention difficulties) who may also struggle with reading, the actual percentage of CAI with significant reading difficulties may be much higher.

Similar to the findings of Hough and Kaczmarek (2011), Desmarais et al. (2012) discovered that many CAI have difficulty with comprehension of decontextualized language. In a study with 59, 8-year-old children, including 23 CAI who had been institutionalized prior to adoption and a comparison group of 36 age-matched children, Desmarais et al. (2012) investigated working memory and sentence comprehension through analysis of a standardized battery of assessments (e.g., Comprehensive Assessment of Spoken Language, Paragraph

Comprehension subtest). Notably, all participants had IQs in the normal range (>78) and children were not included if they met the following criteria: facial phenotype of fetal alcohol exposure, diagnosis of neurologic disease, significant developmental challenge (e.g., autism), or a history of abuse or neglect in state or county registries (Desmarais et al., 2012). Results showed significantly lower scores in both sentence comprehension and working memory for the CAI compared to their non-adopted peers. More than 25% of the CAI also scored at least one standard deviation below the mean on measures of comprehension of decontextualized language, suggesting these children may have difficulty following complex oral directions in school and in understanding academic language (Desmarais et al., 2012). Again, given that this study excluded students with disabilities or diseases that may impact language and literacy, the results suggest that many CAI are at greater risk for academic challenges, and even failure, especially if they live in communities with a high percentage of children performing above average.

Only one other study was found that explicitly measured reading skills in children who were adopted internationally. Rygvold and Theie (2016) compared the language and literacy performance of 37 CAI in Norway (who had been adopted from seven different countries) to a comparison group of 71 non-adopted peers. Children with diagnosed language disorders or hearing problems were excluded. Standardized formal assessments in cognition, oral language, and written language were administered at age four and again when the children were in second grade. Consistent with other research that documents language catch-up, Rygvold and Theie found that the CAI had cognitive and oral language comprehension skills similar to their peers by second grade. However, in second grade, the CAI had significantly lower scores in reading comprehension despite being skilled word readers, and 37.8% of adoptees exhibited mild to moderate language problems on language impairment scale compared to 16.9% of the control group. Rygvold and Theie suggested that language problems may become more visible as language and literacy demands increase and may be related to types of questions on tests that require extensive vocabulary knowledge and higher proficiency in oral expressive language. Although the results of the Rygvold and Theie study cannot be generalized to all CAI in the United States, given the research was conducted in Norway and children with disabilities were excluded, their findings suggest that language challenges for CAI become more obvious with age, impacting advanced literacy development necessary for academic achievement. More research in this area is needed to understand literacy outcomes in CAI across languages and disability types.

Challenges and Gaps in the Language and Literacy Research

Challenges in interpreting the research on language and literacy development in children adopted internationally (CAI) include the number of different assessments used across studies and languages (e.g., Norway vs. the United States), the use different norms (e.g., national vs. local), and variation in questions in survey instruments (Scott et al., 2011). Furthermore, there is no ideal comparison group for CAI. Given that children from high socioeconomic status (SES) families are typically more high achieving than the general population, comparing CAI children to peers matched by age and SES may make them appear to be lower performing or struggling even though they test within the average range (Hwa-Froelich & Matsuo, 2019; Scott & Roberts, 2016). No studies were found that directly compare the language development of CAI to children adopted domestically in high SES families. Since some studies have shown that children adopted domestically out of foster care have lower language and cognitive scores than typical children raised in their biological families (Hwa-Froelich & Matsuo, 2019), future research that compares language development in CAI to children adopted domestically may be helpful in informing clinical and education practice for adopted children generally (Rakhlin et al., 2015).

Compared to the research on language development, significantly fewer studies focused on literacy development or literacy skills in CAI. Of these studies, the primary research purpose was to measure reading abilities in CAI compared to matched control groups or normative standards (Beverly et al., 2008; Helder et al., 2016; Hough & Kaczmarek, 2011; Rygvold & Theie, 2016; Scott et al., 2008). All studies excluded CAI with intellectual disabilities and other disabilities or conditions (e.g., attention difficulties, language disabilities, Fetal Alcohol Syndrome) that influence test taking and, therefore, results of the current research underestimate the degree of reading difficulties experienced by the larger population of children who were adopted internationally. Moreover, all studies reviewed used group averages to draw conclusions, with little to no attention to individual differences or developmental trajectories (Rogers et al., 2015). Causal influences examined were typically restricted to age at adoption, length of institutionalization, SES, and country of origin, all factors that are unchangeable once a child is adopted (e.g., Desmarais et al., 2012). Research that incorporates how a variety of contexts and factors, such as disability, parental influence, and learning experiences in schools, impact language and literacy development may provide more relevant and specific information to inform interventions and support for CAI in schools. Although limited, there are studies that suggest many CAI need special education services beginning in early childhood and persisting through adolescence; this literature is reviewed next.

Special Education Needs and Children Adopted Internationally

The negative effects of institutionalization on cognition, academic success, attention, and activity level are documented in a variety of research, but there is wide variation depending on the quality of institutional care, individual child characteristics, and the length of time spent in an orphanage (Beverly et al., 2008). A review of several large-scale longitudinal studies on children's cognitive development after international adoption drew the following conclusions: (a) there is significant cognitive catch-up after adoption; (b) the younger the age at adoption, the better the cognitive development; and (c) the time spent in an institution and degree of early deprivation matters, with greater deprivation associated with more developmental and learning difficulties (Finet et al., 2016). While many adopted children without disabilities have average to above average intelligence and do well in school, learning problems and special education referrals are significantly higher for adopted children compared to their environmental peers (Van Ijzendoorn et al., 2005). The persistent occurrences of learning difficulties and referrals for special education services in the population of CAI suggests it is necessary to examine the specific needs of this diverse population. With this in mind, the scant existing research on CAI related to special education services and needs is reviewed in this section.

Early Intervention and Development in Children Adopted Internationally

Given that many children adopted internationally (CAI) exhibit global delays when first adopted, early intervention services, especially those related to speech and language, are often sought by the majority of families with children who spent time in orphanage settings (Glennen, 2007; Johnson & Dole, 1999). Early intervention services for infants and toddlers with developmental delays, ages birth to age two, are provided under Part C of the Individuals with Disabilities Education Act (IDEA) through family-centered assistance from a variety of professionals (Meese, 2002). Children can continue to receive early intervention in preschool, from ages three to five, under Part B of IDEA, if they have an identifiable disability or a developmental delay that affects cognitive, physical, language, socioemotional, or adaptive behavior (Meese, 2002). Although adoptive parents are typically very involved in their children’s education (Baker, 2013) and more likely to seek intervention services than biological parents (Van Ijzendoorn et al., 2005), only two studies were found that specifically examined the effects of early intervention for CAI, with mixed results.

In a longitudinal study, Jacobs et al. (2010) completed comprehensive health and developmental assessments with 37 children, ages 46-61 months, who were less than 24 months at the time of adoption. These children were assessed one month after arrival to the United States and again three years after adoption; the children had been adopted from China, Russian, Guatemala, Kazakhstan, and other countries. Consistent with prior research, Jacobs et al. found that children adopted at younger ages had better outcomes; language skills increased significantly in first 3 years post-adoption and other skills, such as fine motor and visual reception abilities, were also age appropriate. Higher than average incidences of oppositional traits, inattention and hyperactivity, and difficulty regulating behavior, all characteristics that increase the risk of later school problems, were noted, and children in daycare for more than 500 hours the first year had more difficulty with emotional control and more sensory issues (Jacobs et al., 2010). Interestingly, children who had received early intervention tended to be lower in areas of executive function and sensory processing and have lower language scores, but this may also be the reason these children were enrolled in early intervention in the first place.

In a similar study focused on 180 girls adopted from China, Tan (2014), collected developmental data when the participants were first adopted and again six years later. Although these children were abandoned due to gender and not disability, 55% had delays when they first arrived home. Tan’s (2014) results are consistent with Jacobs et al. (2010): children who received early intervention services had lower academic performance then those who did not qualify for services; however, only 37.4% of the 99 children with delays utilized early intervention. Motor delays were correlated with long-term difficulties in learning and behavior. One possibility for this is that malnutrition and lack of movement opportunities (which is common in orphanages, see Ladage, 2009) contributed to motor delays and more general effects of lack of stimulation and poor nutrition. More research is needed to determine why only a percentage of families with CAI with delays took advantage of early intervention services (Tan, 2014).

The results of the Jacobs et al. (2010) and Tan (2014) studies suggest that children placed in orphanages benefit from adoption at earlier ages, as institutional environments have long-term developmental impacts. Interestingly, CAI who received early intervention did not show marked improvement compared to those who did not utilize services. Further, these studies are unique in comparing the post-adoption environment, including the use of early intervention services and enrollment in daycare, and its influence on the development of CAI, suggesting a need to explore factors in the post-adoption environment that assist in positive language and literacy outcomes. Given the low utilization of early intervention services despite high rates of developmental delays in CAI, more research with parents is needed to determine why this is the case and, moreover, how early intervention services may be more effective in addressing significant developmental delays in CAI. Two research studies on special education eligibility and disability in older, school-age children who were adopted reveal that many of these children continue to need special education services into adolescence.

Special Education Needs and Children Adopted Internationally

Beverly et al. (2008) conducted a survey with questions focused on the adopted child's speech and language, behavior, and eligibility for special education. Participants included 55 parents of young adolescents who had been adopted from the former Soviet Union after the age of 3 years old and excluded parents of children who had developmental disorders (e.g., cerebral palsy), Fetal Alcohol Syndrome, and/or chronic medical problems (e.g., diabetes). Data were analyzed to compare boys vs. girls, age at adoption (1-3 years old vs. older than 3 years); the influence of birth weight, and the nature of impairment and special education services (Beverly et al.). In contrast to research on younger children and those adopted before 2 years old, 82% of the children adopted internationally (CAI) in this study had at least one special education label and 33% of parents reported their children were not meeting grade-level expectations. Of those receiving special education services, 62% had a communication disorder, 45% had a learning disability, 42% had attention deficit hyperactivity disorder (ADHD), 22% had an emotional/behavioral disorder, and much smaller percentages reported physical disabilities, hearing impairment, or intellectual disability (Beverly et al.). Notably, 31 of the CAI had a communication disorder plus another label, suggesting language difficulties did not occur in isolation, and 56% of parents report that their child had trouble with reading. In their analysis, Beverly et al. found that the rate of communication disorders was significantly higher for boys than for girls, and children with low birth weight were significantly more likely to have learning disabilities. Thus, Beverly et al. concluded that the accumulation of risk factors from institutionalization, low birth weight, and delayed first language acquisition (or switching languages in childhood) contributes to deficits that impact learning into adolescence. A survey completed by the United States Department of Education confirms that the findings of Beverly et al. are similar for other CAI in the United States (Zill & Bradford Wilcox, 2018).

In an analysis of a 2016 survey completed by the United States Department of Education, Zill and Bradford Wilcox (2018), found that adopted students had significantly higher rates of repeating a grade and having a parent contacted for behavioral issues (four times higher than that of students living with married birth parents). The odds were also much higher for schoolwork problems and being suspended or expelled, although this statistic was similar to students with single or stepparents. Critical for special education, the survey revealed that 54% of parents of adopted children reported that their child had a condition that "affected their ability to learn, get along with other children, or engage in physical activities," a number much higher than the 23% reported by parents of non-adopted children (Zill & Bradford Wilcox, 2018). Among these conditions, ADHD represented the highest percentage (36%), then specific learning disabilities, speech impairments, and developmental delays (15%). Also higher in percentage than the non-adopted population were those with serious emotional disturbances (12%) compared to 3% of non-adopted students, and 7% with severe intellectual disability compared to 2% of non-adopted children. These statistics reveal problems that can be attributed to the trauma of early life circumstances and related to the reason the child was put up for adoption in the first place (e.g., disability or a toxic family environment). While the Zill and Bradford Wilcox (2018) analysis points out the challenges adopted children face in schools, the data does not differentiate between CAI and children adopted domestically. It also does not factor in age at adoption, time in foster care or institutional care, or disability as a reason for birth parent abandonment.

Gaps in the Special Education Research

Although the research on special education and children adopted internationally (CAI) is quite sparse, in combination with other research on development the results suggest that CAI with multiple risk factors, including a history of institutionalization, will demonstrate persistent language deficits, changing in nature as literacy and academic expectations change (Beverly et al., 2008). The research reviewed in this section focused primarily on early intervention and the prevalence of disabilities that typically require special education services. No studies were found that examined instructional practices or interventions for CAI with disabilities despite the high proportion of CAI in need of special education services. Similarly, literature focused on working with adopted children in schools are primarily narrative accounts based on personal experience (Katch, 2011) or general guidelines related to CAI in the late 20th century (Meese, 2002). The next section will review the research that specifically addresses the lack of teacher knowledge related to adopted children, noting the lack of information on CAI with disabilities specifically.

Children Adopted Internationally and Teacher Knowledge

Adopted children are "one of the most vulnerable groups in society" and an increased incidence of abuse, neglect, or trauma place them at risk of needing special education services (Stother et al., 2019, p. 430). As documented in several research studies, adopted children do have higher rates of special education referrals and a large percentage qualify for special education services compared to their non-adopted environmental peers (Beverly et al., 2008; Van Ijzendoorn et al., 2005; Zill & Bradford Wilcox, 2018). Yet, families formed through adoption, especially international adoption, are rarely mentioned in textbooks and teachers often need to rely on their own life experiences to know how to support these children and families in the school setting (Baker, 2013). Uninformed, even negative messages about adoption can affect a child’s self-worth in school and lead to misunderstandings about an adopted child’s needs and development (Ertel, 2018). Still, very little research and information exists for teachers regarding how to best support children adopted internationally (CAI) in schools.

Stother et al. (2019) conducted a literature review of 11 studies published between 1997-2017, in the United Kingdom, the United States, and Canada. Results of Stother et al.’s review revealed four themes in the research that were effective in working with children who were adopted: (a) strategies for support; (b) shared understanding between teachers and parents; (c) communication; and (d) monitoring a child’s progress. Strategies for support referred to ongoing or in-depth professional development on attachment and the effects of early trauma - one session of professional development on attachment or diversity may not be enough. Stother et al. also found that, across studies, few teachers used supports for adopted children, often viewing them as unnecessary. Yet, five of the studies reviewed showed that training for school staff was effective in helping to support adopted children, but a combination of preservice and continuing professional development was needed. Secondly, developing a shared understanding through trust and open communication was critical for teachers and parents. As Stother et al. notes, some parents did not want to reveal the adoptive status of their children out of fear of stigma, but each adoptive family is different, and schools need to work to co-construct an understanding of a child's individual needs with families. The third theme in Stother et al.’s review was communication related to issues of power in schools and research; both the voices of parents and those of adopted children, who are notably left out of most research, should have a space and place in school buildings. Finally, Stother et al. found that monitoring the progress of adopted in children in schools, through various types of education plans, was helpful in supporting their educational growth.

Stother et al.'s review reveals the limited nature of research related to supporting adopted children in schools. Of the 11 studies found to address educational supports and interventions for adopted children, most focused on parents and professionals, with attention to adjustment and communication rather than specific academic interventions. Furthermore, none of the studies differentiated children based on the nature of their adoption (i.e., domestic, or international) or disability status, making it difficult to draw conclusions about the best supports and educational approaches in this diverse population. Children adopted internationally (CAI) with medical problems or special needs are at a higher risk for educational difficulties and incomplete developmental recovery (e.g., Canzi et al., 2018), so it is critical that teachers know how to support this population. As Baker (2013) notes, educational disparities and challenges for adopted children generally, and CAI specifically, are well documented (e.g., Genesee & Delcenserie, 2016; Zill & Bradford Wilcox, 2018), but gaps in teacher knowledge exist regarding how to meet needs of these children.

The scant research related to teacher knowledge and CAI reveals a glaring gap in both teacher preparation and research related to the complexities international adoption can bring to learning. Given that the studies reviewed in this section focused on adopted children generally, research-based professional literature on how best to support CAI with disabilities in schools is virtually non-existent for special education teachers. However, the limited research on teacher knowledge also revealed that parents of adopted children play a significant role in educating teachers about their children's needs and parent perspectives provide important insight into the educational experiences and needs of CAI and adopted families generally. The final section of this literature review examines the literature on adoptive parent perspectives related to disability and education.

Parent Perspectives: Adoption, Disability, and Educational Support

Adoptive families, as a group, tend to have higher levels of education, be financially stable, and put more effort into caring for their children than other families with only biological children (Zill & Bradford Wilcox, 2018). Adoptive parents also tend to be more active in their children’s education and cognitive development compared to biological parents (Rygvold & Theie, 2016; Tan et al., 2017). Though the research is limited, several researchers have found that stimulating home environments and parental sensitivity in responses and communications with children were associated with higher cognitive scores in children adopted internationally (Hwa-Froelich, 2012). As previously noted, adoption serves as a protective factor for children, as many children show remarkable catch-up in cognitive and language development as well as improvement in physical and social-emotional development after adoption (Canzi et al., 2018; D.E. Johnson, 2002; Finet et al., 2016; Finet et al., 2019; Rice et al., 2016; Van Ijzendoorn et al., 2005). Despite the important role of parents and the home environment in an adopted child’s development trajectory, there is surprisingly little research that includes parent perspectives on this topic and even less that includes parents of children adopted internationally (CAI) with disabilities. Of the existing literature, studies focus on parent perspectives related to disability and special needs and/or views on pre- and post-adoption supports.

Parent Perspectives on Disability and Special Needs

Given the increase in the number of children adopted with disabilities, both domestically and internationally, the lack of research on adoptive parent perspectives and disability is surprising (Good, 2016). Only two studies were found that specifically sought parent perspectives related to adopting a child with disabilities/special needs and educational support. In a survey study with foster and adoptive parents in the Cleveland area, Nowak-Fabrykowski et al. (2009) found that about half of the parents worried about labels for their children, who already had special needs labels in the adoption process. Although most parents wanted to see more discussion of adoption generally in their child's school and were willing to talk about their experiences, many were also hesitant to divulge their child's adopted status (Nowak-Fabrykowski et al., 2009). The Nowak-Fabrykowski et al. study did not directly address feelings about disability or special needs labels, but the fact that half of the parents avoided telling teachers that their child was adopted suggests the concern that others view adoption as negative and also makes it much harder for these families to receive support related to adoption. One other study with parents who adopted children with disabilities or other special needs found similar views among some parents.

Challenges with stigma and feelings of difference due to disability may be even more pronounced for parents with a child adopted internationally (Miller et al., 2021). In a survey study with 301 French parents with children adopted internationally (CAI) with special needs and disabilities (e.g., ADHD, learning disabilities, and emotional-behavioral disorders), Miller et al. (2021) found that parents of children with learning disabilities and emotional-behavioral disorders reported more feelings of difference, exclusion, and prejudice than other parents with CAI. Notably, the existence of a disability was significantly associated with parental feelings of difference, and many felt their child had experienced exclusion due to their disability rather than their adoptive status. Parents with children with disabilities also reported challenges in developing attachment with their child and seeing similarities between themselves and their child

(Miller et al., 2021). As an exploratory study in France, Miller et al.'s findings cannot be generalized to parents of CAI with disabilities in other countries and more research is needed to control for mediating factors such as marriage stability, social supports, parental expectations, and knowledge of a child's needs at the time of adoption.

Though limited, the existing, international research on the perspectives of parents who have adopted children with disabilities suggests that these families experience stigma, microagressions, exclusion, and feelings of difference related to both adoption and disability. Prejudices due to ethnic differences may add an extra layer to experiences of difference and stigmatization for families with CAI with disabilities (Miller et al., 2021). While many parents may view their child's disability as just one characteristic of a child they love, fear that their child will be stigmatized in school and feelings of difference as a parent are both factors influencing how parents with adopted children engage with teachers and seek support. The next section will look specifically at research focused on how parents of CAI seek educational services and supports for their children's needs.

Parent Perspectives on Educational Services and Supports

As part of a large, comprehensive study of intercountry adoption in Ireland, Greene et al. (2007) examined parents' perspectives of speech and language services and educational services for children adopted internationally (CAI). Participants included 180 families with CAI ranging in age from 2-years-old to 17-years-old (Greene et al., 2007). While the majority of parents did not feel that their adopted children needed services, and therefore did not seek them, many of the parents who did seek public services felt they were inadequate. Greene et al. (2007) reported that parents wanted exercises and activities to do at home with their children in order to assist the child’s speech and language development, and providers who helped parents help their children were perceived as the most useful. The majority of parents mentioned that public speech and language services were unhelpful due to long wait times, short therapy sessions, and high staff turnover; instead, most parents used private sector speech and language services and recognized that this was an expense they were lucky to be able to afford for their children. Some parents reported positively on the educational services received in private schools, but feelings were mixed related to public school experiences with some parents stating that the school could not identify their child’s problems and many having difficulty accessing educational services (Greene et al., 2007).

Overall, many Irish parents reported a lack of knowledge among professionals related to international adoption and sought private sector services to address language and learning challenges (Greene et al., 2007), a finding confirmed by a more recent qualitative study with Irish adoptive parents (McAndrew & Malley-Keighran, 2017). Parents in the McAndrew and Malley-Keighran (2017) research reported a lack of information and professional knowledge on language development and strategies for their CAI; pre-adoption courses focused primarily on attachment and behavior issues, and parents did not feel well-prepared for language, speech, and communication development. A common theme in parent interviews was the need for support. Parents wanted help in developing their child’s English skills but had difficulty finding information, and many turned to private speech and language services and sought advice from other families with CAI (McAndrew & Malley-Keighran, 2017).

Since the Greene et al. (2007) and McAndrew and Malley-Keighran (2017) studies took place in Ireland, results cannot be generalized to the United States, especially given differences in laws and educational systems. The public schools in the United States have a legal responsibility to serve all students with disabilities, so it is important to know if the public education system is meeting the needs of families and CAI with disabilities. Emery et al. (2020) conducted a qualitative study with 41 families of CAI with disabilities and analyzed parents' perspectives on access, resources, and special education services for their children. Results of the Emery et al. (2020) study suggest that most parents sought resources both in and out of school to support their child's needs. Positive and negative experiences with teachers were reported, with more negative perceptions associated with general education settings. Notably, parents expressed a desire for teachers to understand trauma and 20% reported struggles with obtaining an Individual Education Program (IEP) or implementing an IEP correctly. Parents in the Emery et al. study also wanted ways to navigate racism and cultural diversity in the school setting. As this was only one study, more research is needed to address this area and understand how American parents of CAI with disabilities access and perceive educational services for their children. At this point, current literature suggests that the limited knowledge of professionals related to international adoption is not unique to Ireland and educational professionals in the United States may not be prepared to meet the unique needs of CAI with disabilities.

O'Dell et al. (2015) conducted a review of the literature to analyze how parents in the United States seek support after adopting a child, especially related to children with special needs. Overall, the existing research focuses on support in the area of medical interventions and behavioral/socio-emotional interventions that address challenges with attachment and emotional regulation common in children with prior institutionalization (O'Dell et al., 2015). Parents may also seek support for helping their child develop a positive identity as they get older and support for sensory processing issues and language development. However, parents identified a need for more information and monitoring of language development after adoption and felt they had little information about navigating special education or school support services for their adopted child (O’Dell et al., 2015). This finding was echoed in a literature review by Good (2016) focused on identifying gaps in the research related to the needs of families and adopted children with disabilities.

Adoptive parents’ preference for support from other adoptive families is a consistent theme across the research, but school professionals are often an important resource for families, especially those with older children (Good, 2016). In a review of 17 studies, Good (2016) found that adoptive families need disability specific information, and many parents felt they either did not receive or needed more information and support from professionals related to their child’s disability. Overall, there is very little research on CAI and disability, despite the thousands of adopted children with disabilities (Good, 2016).

Conclusion

The existing literature involving CAI is heavily focused on language development, which is not surprising given the unique characteristics of CAI as second first language learners. While the research on language development in CAI includes children adopted from many different countries into the United States, almost every study excluded CAI with disabilities. In general, the research suggests that language impairments and reading deficits are more prevalent in CAI when compared to socioeconomic status-matched and age-matched control groups despite initial catch-up in language development. This finding is concerning given that most of the CAI participating in these studies did not have disabilities, so, the percentage of CAI who struggle with reading and writing in school may be much higher. Additionally, the research specifically on literacy with school-age CAI is limited, with no research on instructional practices or interventions. Current research reveals that special education referral rates of higher for CAI, but there is a lack of research on the needs of CAI once they are in special education. This limited research extends to general education, where studies have shown a lack of teacher knowledge about the unique needs of CAI in schools. The few studies that examine teacher knowledge and CAI reveals a narrow sense of awareness among education professionals about the needs of CAI and suggests a need for professional development and training. Research with parents who have adopted indicates that parents play a key role in educating teachers about adoption and their child’s needs, but an open, respectful relationship is necessary for an effective working relationship. Although there are few studies focused on the perspectives of adoptive parents in the United States, the existing research suggests that many families feel they need more information and professional support related to their child’s disability and special education. Therefore, this study prioritized the voices of parents of children who were adopted internationally with disabilities in order to explore and analyze their views on language and literacy development, and the special education needs of their children.

CHAPTER III

METHODOLOGY

The purpose of this research was to analyze the perspectives of parents of CAI with disabilities related to language, literacy, and special education in schools in order to understand both how parents support their children in developing language and literacy skills and how they view special education supports and services for their children who were adopted. Originally, I sought to include both mothers and fathers who had adopted internationally from several different countries; however, due to recruitment challenges described later in this chapter, the participants were all mothers who had adopted a child with special needs from China. The purpose of the study remained the same but with a narrower focus on one, specific population of mothers and CAI with disabilities.

As an understudied area of research, the issues described above were best analyzed through a qualitative approach that facilitated a complex and detailed understanding of the perspectives of those most closely involved (Creswell, 2013). Qualitative research is designed to develop an understanding of how people interpret their experiences and construct their views through an inductive process of data collection and analysis (Merriam & Tisdell, 2016). Voices of participants are integral to qualitative research and informed the emergent design of this study which was based on examining the perceptions and experiences of language and literacy development in CAI with disabilities (Creswell, 2013). Literacy skills grow and improve through a process of learning and experiences over time; the perceptions of parents, therefore, do not occur in one space in time, but rather, develop over the course of a child’s education. Grounded theory study is a qualitative approach to research that examines a process based on the perspectives of participants with the goal of developing a theoretical explanation for an area of study (Creswell, 2013; Glaser & Strauss, 1967/1999; Merriam & Tisdell, 2016).

Grounded Theory

This study used a grounded theory approach to generate conceptual categories from the data and develop a theoretical model for explaining participant perceptions of language and literacy development, and related special education services, for CAI with disabilities. By grounding the evidence for a theoretical model in the data, a primary goal of this study was to create a substantive theory (Glaser & Strauss, 1967/1999) or construction of a conceptual framework (Timonen et al., 2018) that assists in explaining the ways in which mothers view and experience the language and literacy development of their CAI with disabilities. Grounded theory methods provide systematic strategies for data collection and original analysis while recognizing that humans are active agents in their own lives (Charmaz, 2014). Based on the original writings of Glaser and Strauss, Charmaz (2014) calls for a constructivist approach to grounded theory that recognizes researcher assumptions and perceptions can influence data analysis. A constructivist approach to grounded theory methods stresses that social contexts, interaction, and time contribute to interpretations of data; acknowledging research processes and results as constructed facilitates researcher reflexivity and allows for reflection of how a researcher’s “privileges and preconceptions” may shape the analysis (Charmaz, 2014, p. 13). As a mother of a CAI adopted from China with speech and language delays, it was important for me to reflect on my own perceptions and acknowledge how my experiences and values influenced interpretation (Creswell, 2103). Grounded theory methods with a constructivist approach allow for flexibility through an emerging research design, making it possible for participants to shape the research as they take part in it. Furthermore, a constructivist approach to grounded theory includes attention to the relationships, power dynamics, and complexities that exist among participants (Creswell, 2013). Families of CAI with disabilities represent an understudied, often overlooked, group of diverse families in special education research, so a research method that acknowledges the complex identities and relationships among participants, and within the researcher, was important. With this in mind, the following questions were posed.

Research Questions

The following research questions guided this study design and implementation:

Q1 How do parents perceive the language and literacy development and related educational needs of their children with disabilities who were adopted internationally?

Q2 How do parents provide literacy experiences and opportunities for their children with disabilities who were adopted internationally?

Q3 How do parents perceive language and literacy special education services and school supports for their children with disabilities who were adopted internationally?

Sampling and Recruitment

After seeking and obtaining Institutional Review Board (IRB) approval through the University of Northern Colorado (see Appendix H), recruitment took place through local and national adoption agencies, adoption focused organizations, and through Facebook groups for parents who have adopted internationally. Purposeful sampling was used to select parents for the study who could directly speak to the focus of the research (Merriam & Tisdell, 2016), that is, language and literacy development in CAI with disabilities. Because of my insider role as a parent of CAI and immediate access to adoption organizations and social media groups, convenience sampling and snowball sampling were utilized as a part of the purposeful sampling process, with the goal of recruiting up to 15 participants. Snowball sampling can be especially effective for research with populations that may be difficult to recruit due to small numbers and widespread location, as in the case with parents of CAI (Morgan, 2019). The goal of purposeful sampling was to recruit a diverse group of participants who would provide different perspectives in the findings and inform data needed for theoretical sampling (Charmaz, 2014; Creswell, 2013; Merriam & Tisdell, 2016).

Recruitment in this study began with purposeful sampling driven by participant characteristics, relationships, and availability (Miles et al., 2020). I posted notices that identified myself as a parent of children adopted internationally and a researcher on Facebook group pages of which I am a member (see Appendix E for the recruitment post) and encouraged parents and adoption professionals to share the recruitment letter with other potential participants. The recruitment letter was posted on the CCAI Families page, which had 2,900 members from across the country, on the New Hope Foundation page (an organization devoted to caring for orphans with medical needs in China), and on a page for an adoption group of which I am not a part but connected families who adopted internationally from a variety of countries. Importantly, all Facebook groups were private, meaning each group member was identified as having a legitimate connection to the adoption community (Salmons, 2017). In addition to posts on Facebook pages, I contacted four local and national adoption agencies/organizations via email (see Appendix F) to recruit parent participants. These organizations included the following: (a) CCAI Adoption Services (ccaifamily.org), an adoption agency that facilitates adoption of children from seven countries and has locations in five states; (b) Hope’s Promise (hopespromise.com), a Colorado agency that facilitates domestic and international adoptions; (c) Show Hope (showhope.org), a national organization that provides pre and post adoption support to families who have adopted domestically or internationally; and (d) Heritage Camps for

Adoptive Families (heritagecamps.org), a group that supports diverse families and provides post-adoption support. Of these organizations, both CCAI and Show Hope contacted me to let me know they had forwarded my recruitment letter to potential families. By utilizing existing administrative lists and directly contacting parents of CAI, these organizations helped to verify the identity of potential participants, an important factor when recruiting online (Salmons, 2017).

Participants were asked to contact me via phone, email, or social media, if they were interested in participating. Over 40 parents contacted me via Facebook Messenger or email within the first two weeks of recruitment. All interested parents had adopted at least one child from China, but one mother also had a child adopted from Bulgaria. I responded to each parent with additional information about this study and participant requirements. Participants were initially given the consent form and demographic questionnaire if they were the parent and legal guardian of a child with a disability who was adopted internationally, and the child was in preschool or elementary school. As the researcher, I ensured that participants met the criteria for the study through questions in a demographic questionnaire (see Appendix A) that included information about the child's adoption, disability, and special education services. Parents of children with 504 Plans and those with CAI with disabilities in middle and high school were excluded as literacy development is a primary focus in elementary school.

An emerging research design required flexibility in participant selection, both before and during the research as data is analyzed for theoretical saturation (Charmaz, 2014). Purposeful sampling in grounded theory studies is designed to maximize differences for theoretical saturation, so participants of different genders, race/ethnicities, and geographical location (e.g., across the United States) were selected to the extent that these dissimilarities existed among willing participants (Glaser & Strauss, 1967/1999; Miles et al., 2020). Only one parent per family was asked to participate to avoid overlapping data, and none of the fathers who initially expressed interest in the study responded to follow-up emails for consent and participation. Nineteen mothers returned the consent and demographic questionnaire, 15 mothers were scheduled for focus group sessions, and 12 mothers ended up attending a focus group and committed to individual interviews. One parent, a single mother of two boys adopted from China, shared that she wanted to participate but didn’t have the time. The mother with a child adopted from Bulgaria was unable to commit to a focus group time as well. Each of the 12, consenting participants took part in a four-person focus group. Smaller focus groups, with four participants each, facilitated high levels of engagement and allowed each participant time to talk and make meaningful contributions to the discussion (Morgan, 2019). Data analysis, which will be described in depth in a separate section, began with the focus group transcripts as a start to theoretical sampling.

Participants

Twelve mothers of children with disabilities who were adopted from China participated in this study. Participants in this study were the legal parent of a child or children who were adopted internationally from China. Although recruitment letters were sent to families involved with agencies and social media groups that included children adopted from other countries, my personal connection to groups with parents who have adopted from China may have resulted in the higher response from families with children adopted from China. As discussed in the introduction to this study, for the past decade, more children have been adopted from China into the United States than from any other country, which likely also factored into the demographics of interested participants. While recruitment included both fathers and mothers, all participants were mothers. Each mother in this study was married to the child’s adoptive father. Participants lived in 12 different states, representing locations in the East, Midwest, and Western United States, which provided geographic diversity to this study (see Table 1). Nine of the participants identified as Caucasian, two identified as Asian, and one identified as bi-racial/half Asian. According to the most recent national survey on adoption, completed between 2007-2008, 84% of CAI are a different race or ethnicity from their parents, whereas 75% of the families in this study had adopted children that were a different race or ethnicity from both parents (Vandivere & McKlindon, 2010). All parent participants had college degrees and had held careers outside of the home, primarily in the fields of education, health care, and business. This is consistent with other literature on adoptive families; parents who adopt internationally tend to be highly educated (Brabender & Fallon, 2013; Vandivere & McKlindon, 2010). For the purposes of this study, participants were asked to report information about their CAI with disabilities. Participants were selected based on the reported characteristics of their children.

Eleven of the twelve participants had more than one child; three mothers had only adopted children, six mothers had biological children and only one CAI, and three mothers had two CAI and other biological children (see Table 2). The presence of other children in the family, both adopted and those born to the parents, is consistent with other studies with parents who have adopted internationally (Vandivere & McKlindon, 2010). Six of the mothers in the study had more than one child who was adopted from China and three of these mothers had two children with disabilities who had been adopted from China. Therefore, the total number of CAI with disabilities represented in this study was fifteen. Demographic characteristics of both the mothers and the CAI with disabilities are summarized in Table 1. Each participant had at least one child who fit the following criteria for inclusion in this study:

1. The child was born in a foreign, non-English speaking country. In this study, all participants had children who had been adopted from China.
2. The child was adopted after 12 months of age. Children adopted after 12 months of age have had exposure to their birth language and are at an increased risk for language and literacy difficulties (Johnson & Dole, 1999; Rakhlin et al., 2015). In this study, the youngest age at which a child was adopted was 16 months old and the oldest age at the time of adoption was four and a half.
3. The child had been with the adoptive family and in the United States for at least one year and was adopted within the last 12 years in order to best represent the most recent demographic of CAI. In the first-year post-adoption, parents and children are adjusting to the major transition that is adoption and developing relationships with each other while the child learns a new language. The rationale for only including parents with CAI who had been home for at least a year is consistent with prior developmental research in international adoption (e.g., Greene et al., 2007). Participants in this study had children who were adopted between 3-8 years ago.
4. The child received special education services under IDEA Part B (ages 3-21) and had a diagnosed disability, based on parent reporting. Parents were included for participation if their child was homeschooled or in private school and had a diagnosed disability, and currently or previously had received special education services from a public school district. This ensured that parents who may have removed their child from public schools for reasons due to the COVID-19 pandemic or dissatisfaction with special education services were included in the study. At the time of this study, nine parents had children enrolled in public schools, and 3 parents had children in

private schools who received public special education services or had previously attended public schools.

Table 1

Participant Demographics

Participant	Child & Gender	Child's age at adoption	Years in the U.S.	Grade	Disability	Parent's Career Field	State
Amber	1 Male	4.5 years	5	3rd	LD	Education	OK
Carrie	1 Male	2 years	6	2nd	SLI	Business	GA
Dana	1 Female 1 Male	2 (both)	7 2	3rd Pre-K	OI OI	Education	CA
Erika	1 Female	16 months	4	K	VI	Health Care	MI
Heather	1 Female 1 Male	3.5 years 2.5 years	5 6	2nd 2nd	MD MD	Education	PA
Kristen	1 Male	4.5 years	5.5	3rd	LD	Business	NE
Leah	2 Females	21 months 2.5 years	6 3	2nd Pre-K	SLI SLI	Health Care	WA
Leslie	1 Female	18 months	7	2nd	SLI	Business	VA
Melissa	1 Female	2 years	7	3rd	VI	Health Care	IN
Tiffany	1 Male	2.5 years	8	4th	LD	Health Care	MD
Victoria	1 Female	22 months	5	K	SLI	Health Care	TX
Whitney	1 Male	20 months	4.5	K	SLI	Business	CO
Total	15 CAI: 8 females & 7 males						

Note: K = Kindergarten; Pre-K = Pre-Kindergarten; LD = Learning Disability; MD = Multiple Disabilities; OI = Orthopedic Impairment; SLI = Speech and Language Impairment; VI = Visual Impairment

Table 2

Participants and Number of Children

Mother	# of children total	# of CAI with a disability	CAI has siblings adopted, born to parents, none, or both
Amber	2	1	born to parent
Carrie	2	1	adopted
Dana	3	2	both
Erika	2	1	born to parent
Heather	2	2	adopted
Kristen	2	1	born to parent
Leah	3	2	both
Leslie	2	1	adopted
Melissa	4	1	both
Tiffany	1	1	none
Victoria	3	1	born to parent
Whitney	3	1	born to parent

Setting

This study took place during the year 2021, in the United States of America, a time and place experiencing the effects of the global pandemic known as COVID-19. Due to federal and state mandated social distancing requirements, qualitative research necessarily took place digitally and not physically, in person (Howlett, 2021). At the time this study was proposed, State law required social distancing, with a distance of six feet recommended between people, and the use of face masks in all public, indoor spaces (KUSA Staff, 2020). Conducting focus groups and interviews in person, over a distance of six feet while wearing face masks would have made it difficult to establish rapport with participants and hard for participants to connect in conversation. The use of face masks would have removed the ability of both the researcher and participants to read non-verbal cues and facial expressions that often provide important insight into the participants’ perspectives and comfort level with continued research participation. Videoconferencing was an alternative to in-person focus groups and interviews, allowing for face-to-face interaction in real time (Howlett, 2021). Using videoconferencing also allowed for the participation of parents across the nation, rather than in one location. Therefore, for both the health and safety of all individuals involved in this study and to allow for non-verbal facial communication (i.e., participation without face masks), focus groups and individual interviews were conducted in an online meeting format using Zoom.

Zoom uses a cloud-based platform to facilitate virtual meetings that can be accessed through mobile devices, desktop computers, and telephones (Zoom Video Communications, Inc., 2021a). The flexibility of the Zoom platform allowed for a wider group of participants, given that access to a computer was not required. Both video and audio functions were enabled during Zoom sessions to allow all participants to see each other and converse in real time. Zoom is an especially helpful tool for research compared to other online meeting forums because meetings can be securely recorded and stored directly by the researcher, allowing for multiple rounds of analysis that are not possible in a real time, in-person focus group or interviews (Archibald et al., 2019). There are several other advantages and disadvantages to using Zoom for research.

In addition to the health and safety benefits of using Zoom for research during a global pandemic, Zoom is relatively simple to use and allows for access to geographically distant participants. Security features such as a “waiting room” function, meeting password, and locking a meeting enable a meeting host to control who enters the virtual meeting (Zoom Video Communications, Inc., 2021a). Recorded meetings can be saved and encrypted, or password protected, and the meeting host can control who is able to record meetings or share screens. An audio transcription feature also provides an automatic transcript text of recorded Zoom meetings (Zoom Video Communications, Inc., 2021b). Additionally, Zoom Video Communications, Inc. (2021a) complies with federal requirements and laws that protect the privacy of children and K-12 students (for example, the Federal Education Rights and Privacy Act), which is important to note as this study involved participants who discussed information about their children. The safety and security options of Zoom made it a preferred choice as a qualitative research collection tool; however, it is not without some disadvantages.

The use of Zoom, or any online meeting platform, for qualitative research may not be preferred by participants, especially those who like to converse in a face-to-face setting (Archibald et al., 2019). Access to internet, internet speed, webcam access, and poor audio or video quality can negatively impact virtual meetings. However, recent research with nurses conducted by Archibald et al. (2019) suggests that the disadvantages to meeting and interviewing research participants via Zoom are outweighed by the advantages. Many of the participants in the Archibald et al. study found Zoom preferable to in-person meetings because of the convenience, flexibility, and efficiency of meeting online. Given the number of advantages in using Zoom for qualitative research, synchronous focus group meetings and individual interviews took place on Zoom.

Prior to the focus groups and interviews used for research purposes, instructions for accessing Zoom were emailed to all participants with an option of a practice session with the researcher to both build rapport and help participants feel comfortable using Zoom (Archibald et al., 2019). All the participants were familiar with Zoom and did not need support prior to the focus group sessions. Participants were given the option to choose a pseudonym to use for all recorded Zoom sessions groups to protect confidentiality (Archibald et al., 2019); however, all participants chose to use their real names. Pseudonyms were assigned for the data analysis phase of this study. At the start of all focus groups and interviews, participants were notified by an automated Zoom message that the meeting was being recorded. Then, I asked for consent to proceed with the recording – all participants consented verbally or with a nod of the head. This was in addition to the formal written consent participants provided before taking part in the study. All recordings were saved on a password protected computer to ensure confidentiality of participants' identity and personal information.

Data Collection

Data were collected in phases, consistent with grounded theory methods, in order to gather rich data that facilitated substantive theory development (Charmaz, 2014; Creswell, 2013). Several forms of qualitative data were collected to enhance the trustworthiness and inclusivity of the study and address the challenges of qualitative research: a demographic questionnaire, focus groups, and one-on-one interviews. The first phase of data collection involved a written questionnaire about the child who was adopted internationally and the potential parent participant (see Appendix A). Phase II of data collection was focus groups. Three focus groups consisting of four mothers each were conducted. Participants were assigned to focus groups based on their availability for each scheduled date, so assignment was random. Data analysis and coding using the constant comparative method occurred with transcribed focus group data and information from the questionnaires prior to individual interviews to begin developing categories within the data and begin theoretical sampling (Charmaz, 2014; Creswell, 2013; Glaser & Strauss, 1967/1999). One-on-one interviews made up the third phase of data collection in combination with ongoing data analysis to monitor for theoretical saturation of the emerging theory. Each phase of data collection is explained in more detail below.

Phase I: Demographic Questionnaire

The written questionnaire provided information regarding participants' demographics, the nature of the child's disability, time at adoption and length of time in an institution (if applicable), and any other thoughts, feelings, and concerns about the research topic and questions (Charmaz, 2014). The questionnaire provided information about the adoptive family and ensured the participant met the eligibility requirements for the study. Information from the questionnaire also informed the protocol for the one-on-one interviews to maximize the inclusion of diverse views.

Phase II: Focus Groups

Focus groups allow production of unique data based on interaction and discussion among people with similar characteristics or experiences (Morgan, 2019). One advantage of focus groups for this study was in the potential for group discussions to highlight similarities and differences among participants in the same role. An interactive discussion in a focus group can elicit a concentrated set of data for initial coding and theory development that provides multiple perspectives in a social context (Morgan, 2019). Additionally, focus groups provide a method to include populations that are traditionally excluded from quantitative research and give voice to marginalized or understudied groups (Kroll et al., 2007; Rodriguez et al., 2011). By including individuals with similar backgrounds or experiences in a small group, in this case, mothers with children with disabilities who were adopted from China, focus groups can be very effective in obtaining the perception and experiences of diverse families and lead to rich insights (Hamilton & Forgacs-Pritchard, 2020; Rodriguez et al., 2011). In sharing their perceptions and experiences in a focus group situation, participants were encouraged to connect, and each mother shared freely (Hamilton & Forgacs-Pritchard, 2020; Asbury, 1995).

Focus group sessions took place in a synchronous meeting format via Zoom using a semi-structured protocol (see Appendix B). The meeting used video and audio to capture participants' facial expressions, body language, and voice, and simulate an in-person meeting as much as possible. Although each participant chose to use her real name in the focus group session, the audio recording of the transcript was transcribed using pseudonyms. Focus group sessions lasted between 60-90 minutes and involved four participants each, which allowed for high levels of engagement and the opportunity for each participant to fully share her thoughts on each question (Morgan, 2019). Each participant provided an answer to each focus group question, but some mothers spoke more than others. To accommodate for the schedules of participants, several times for focus group sessions were offered and participants chose their desired time.

In general, one common criticism of focus groups is that participants may avoid saying things they believe, or agree to certain ideas, because of the influence of the group (Morgan, 2019). Some participants may feel judged if they voice disagreement or feel silenced by more outspoken group members (Hamilton & Forgacs-Pritchard, 2020). Responsive questioning and prompts were used to help alleviate this concern, and the majority of participants shared when they disagreed with someone or had different experiences than others in the group. This was consistent with recent research suggesting that many people feel more comfortable in online settings and are less likely to give only socially desirable responses (Howlett, 2021).

Phase III: Individual Interviews

One-on-one, semi-structured interviews were conducted with all participants to follow up on ideas and themes that emerged from the focus group data (Morgan, 2019). All participants were interviewed to achieve theoretical saturation and increase the applicability of the findings (Merriam & Tisdell, 2016). Semi-structured interviews, in which some questions were established ahead of time (see Appendix C), allowed for flexibility in follow-up questions and re-phrasing questions based on the needs and comments of each participant (Sigstad, 2014). Questions for the interview were derived from emerging data from the focus group discussions, questions that align with grounded theory development (Charmaz, 2014), and questions aligned with research on aspects of the home literacy environment that impact reading and writing development (e.g., shared book reading, parent literacy practices). The interview protocol was adjusted based on emerging findings from the focus group transcripts to both address new ideas that came up in the focus group discussions and encourage participants to provide more detail about their individual children. For example, a question about pre-adoption experiences was added in response to numerous comments by multiple mothers in the focus groups about issues related to trauma (see Appendix C). A question related to the mother's past experiences, especially in the areas of education, career, and parenting was also added because several participants had specifically mentioned their career knowledge as influential in in supporting their CAI with a disability. Since only a few mothers initiated this idea in the focus groups, adding these questions in the interview allowed all participants to address this topic and ensured data saturation. Specific questions about social versus academic language and advocacy were also unique to the interview protocol to allow all participants to fully address these topics. If a participant repeated information previously shared in the focus groups, I asked the mother to provide more detail or add anything she had not mentioned instead of stating the same thing. Interviews lasted between 30-60 minutes and were audiotaped using pseudonyms and then transcribed for analysis.

Theoretical Sampling

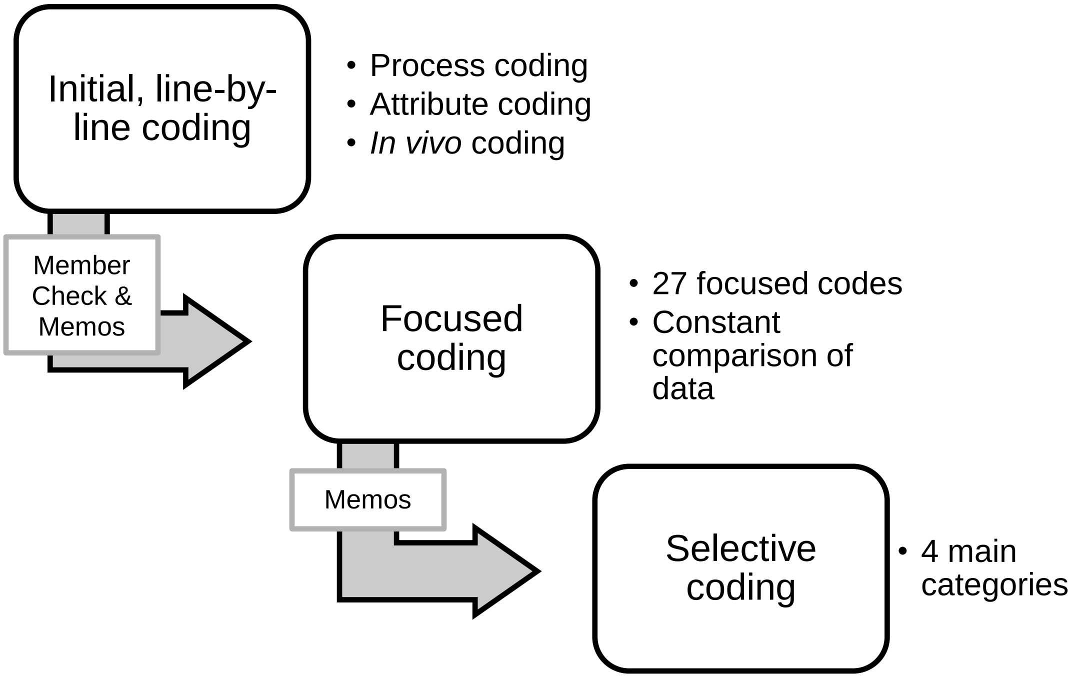
Charmaz (2014) refers to theoretical sampling as “seeking pertinent data to develop your emerging theory” (p.193). Thus, theoretical sampling is a process of moving between data collection and data analysis with the goal of refining categories, identifying variations, and focusing on a specific population (Timonen et al., 2018), which in the case of this study, was mothers of children with disabilities who were adopted from China. As previously noted, topics and ideas that participants raised in the focus groups informed development and revision of the interview protocol. Given the smaller number of participants in this qualitative study, individual interviews were completed with all participants after initial analysis of the focus group transcripts in order to increase the likelihood of establishing theoretical saturation within the data and increase confidence in the findings (Charmaz, 2014; Glaser & Strauss, 1967/1999; Miles et al., 2020). The selection of all individuals for one-on-one interviews after focus group discussions assisted with theoretical saturation, allowed for member checking with all participants, and facilitated a reflexive research process that combined data collection with emerging data analysis (Charmaz, 2014; Morgan, 2019).

Data Analysis

Focus group transcriptions, interview transcriptions, and questionnaires were coded to identify categories and emerging themes using constant comparative analysis (Charmaz, 2014; Glaser & Strauss, 1967/1999; Merriam & Tisdell, 2016). Constant comparative analysis involves joint data collection and analysis to find similarities and differences and establish analytic distinctions (Charmaz, 2014; Glaser & Strauss) in what Creswell (2013) illustrates as a zig zag approach to data collection, analysis, and theory development. To establish intracoder reliability, the same text was coded on two different occasions (Miles et al., 2020). Intracoder agreement was calculated at 99% [(115-114)/115). Data analysis consisted of several cycles of coding and memoing (see Figure 1) with the purpose of developing categories and conceptualizing the patterns and connections that explained mothers' perceptions of language and literacy development and special education services for their CAI with disabilities. Data collection and analysis ended when theoretical saturation was achieved, that is, when the data could be explained by existing categories and new data no longer added to theoretical concepts or categories (Charmaz, 2014; Glaser & Strauss, 1967/1999).

Figure 1

Coding Process



Cycle One: Initial, Line-by-Line Coding

Initial coding began by hand, using a word processor, with the focus group transcripts prior to the individual interviews. Each focus group transcript was coded using line-by-line open coding to establish descriptions of the data and discover ideas for focused codes, selective codes, and emerging categories (Charmaz, 2014; Morgan, 2019). According to Charmaz (2014), line-by-line coding helps a researcher look at the data analytically and critically; it guards the researcher from adopting participant's world views and assumptions that may be similar to her own and allows for insights into different perspectives. Initial coding of the focus group transcripts prior to the individual interviews informed the emerging data analysis and allowed for discovery of gaps in the data that were addressed through interview questions. For example, two coding ideas that came out of the focus group transcripts were "processing and healing trauma" and "needing to advocate." These ideas were written into questions in the interviews to ensure that all participants could share their perspectives related to pre-adoption experiences and advocacy (see question six in Appendix C). I chose to use the phrase "pre-adoption experience" instead of directly using the word "trauma" so as not to bias a participant's response or assume a child had experienced trauma. Similarly, the interview question on advocacy was open-ended without a presumption of positive or negative experiences (see question 15 in Appendix C).

During line-by-line coding, two types of coding were initially utilized to identify participants' thoughts, feelings, and actions: process coding and attribute coding. Process coding, which focuses on verbs that signal participant actions, interactions, and consequences, is especially relevant for grounded theory because it illuminates dynamics over time and highlights incidents that can turn into categories (Glaser & Strauss, 1967/1999; Miles et al., 2020). A focus on action language also assists the researcher in sticking closely to the data and avoiding assumptions that may occur when coding by a label or type of person (Charmaz, 2014). Process coding was the primary type of coding used for initial, line-by-line coding. Examples of these codes include "noticing delays for age," "wanting to know how to help child," and "discussing stories together." Attribute coding was also applied to examine descriptive information about participants, given that this study included mothers and their children, who differed in demographic characteristics (Miles et al., 2020). The use of attribute coding helped identify similarities and differences among participants and contributed to emerging theory development. For example, participants shared different perspectives based on the age and disability type of their child. Initial, line-by-line codes essentially condensed and paraphrased each participant's comments (Charmaz, 2014). Focus group transcripts with line-by-line, process and attribute coding were then sent to each participant for a member check.

A member check was completed for the focus group transcripts for all participants prior to the individual interviews to validate the initial interpretations of the data and inform the interview questions (Merriam & Tisdell, 2016). Each participant was emailed only a copy of the focus group transcript in which they participated and asked to look at their own comments with the initial, line-by-line codes. Three participants responded and agreed with the initial analysis. After all interviews were conducted, the focus group transcripts were re-coded using the emerging initial codes. *In vivo* coding was added to the initial, line-by-line coding at this point to capture participants' own language and words and assist in illustrating emerging categories and discovering patterns; *in vivo* codes in grounded theory are unpacked and integrated into the emerging theory (Charmaz, 2014; Miles et al., 2020). Throughout the line-by-line coding process, initial codes were reworded and condensed to better fit the data and capture meaning and actions (Charmaz, 2014). For example, the initial, line-by-line codes of "noticing delays for age," "feeling like child needs fixing," and "holding child back a year in school," were eventually combined into the focused code of "needing to catch up." Over half of the interview transcripts were coded line-by-line until the data were sufficiently opened to develop a list of focused codes and no new information appeared (Timonen et al., 2018). All focus group and interview transcripts were then coded using the focused codes.

Cycle Two: Focused Coding

As an emergent process, focused coding in this study involved comparing codes with each other and consolidating codes to best represent the data (Charmaz, 2014). In this study, focused coding of data involved integrating thoughts and ideas from line-by-line coding into a list of 27 focused codes. For example, the related ideas of “recognizing child’s strengths,” “recognizing a child’s needs,” and “recognizing child’s progress” from line-by-line coding were combined into the focused code of “understanding unique, individual development.” Similarly, the process codes of “implementing strategies” and “using technology to promote literacy” were combined with the *in vivo* code of “narrating the day” to form the focused code labeled “working with child to develop language and literacy.” Each focus group and interview transcript was coded using the focused codes. These focused codes were then refined and developed into selective codes based on constant comparison of data from focus group and interview transcripts and researcher memos.

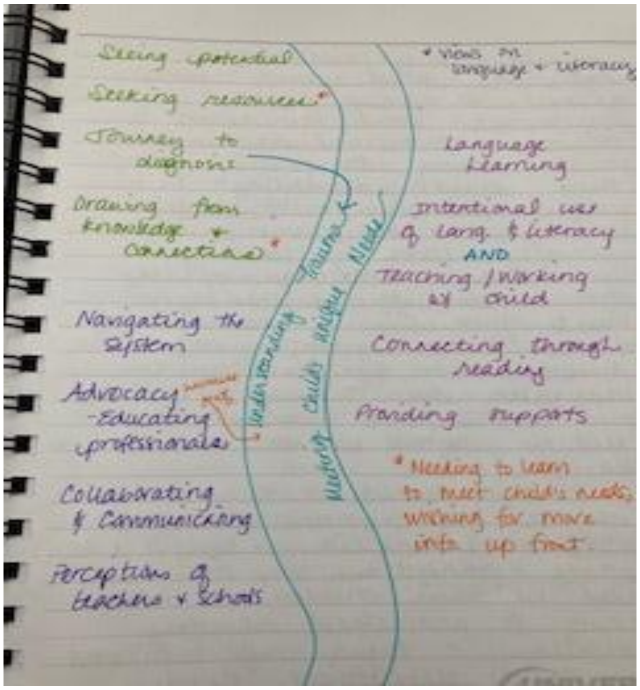
During focused coding, I consistently compared participant responses between the focus group and individual interview. I also compared information across interviews to ensure that I was coding consistently. Researcher memos contributed to the coding process by adding analytic depth to the data and creating meaning from patterns and categories (Creswell, 2013; Miles et al., 2020). For example, one of my memos during the coding process noted the reoccurring idea that mothers felt their children had a complexity of needs related to trauma, global delays, monolingualism versus bilingualism, medical and surgical needs, attachment, and social-emotional challenges. These multiple levels of need were related to mothers’ attempts to fully understand their child and their child’s disability. The ideas in these memos contributed to the development of the focused code “navigating complex needs.”

Memoing

Memos are researcher writings that document thoughts about data and analytical ideas with the intention of informing higher level data analysis and later written results of the research (Miles et al., 2020). In grounded theory methods, memo writing is grounded in the data and occurs throughout data analysis to allow the researcher to focus on emerging codes, compare data, and find both links and gaps in the data (Charmaz, 2014; Glaser & Strauss, 1967/1999). Memo writing also encourages researcher reflexivity and allows researchers to work through their own perceptions or preconceived notions of the topic or participants in the study. In this study, memoing was completed in a methodological journal (Charmaz, 2014) in order to capture ideas and analyses that developed throughout the course of the study. Memos were written after each focus group and throughout the interviewing process. As an example, a portion of my memo written after the first focus group centered around the idea of learning from others - participants had mentioned learning from others during the focus group and seeking support and knowledge from other parents. This initial idea, combined with additional data analysis, contributed to the focused codes of “seeking new knowledge” and “seeking resources.” Memos also added to the development of the grounded theory that integrated selective codes (described in the next section) by identifying relationships between and among ideas from the data analysis (see Figure 2).

Figure 2

Memoing Relationships among Focused Codes



Cycle Three: Selective Coding and Theory Development

Theory development in grounded theory methods is an inductive process that integrates categories and properties of the data that emerge from the initial coding, focused coding and memoing processes (Glaser & Strauss, 1967/1999). The final stage of coding, selective coding, involved the creation of main categories and a visual model that portrayed hierarchies, relationships, and contextual factors connecting the local data with larger, more abstract ideas (Charmaz, 2014; Creswell, 2013; Glaser & Strauss, 1967/1999; Miles et al., 2020). Four main selective codes, or categories, were developed out of the iterative, focused coding process. For example, the main theme of “Seeing the Whole Child” emerged from the relationships among the codes “journey to a diagnosis,” “navigating complex needs,” “understanding trauma,” “learning language,” and “understanding unique, individual development.” During selective coding, participant's thoughts and experiences were compared between the focus group and interview transcripts so as to note possible discrepancies in responses (none were found for any participant), compare variations across the data, and confirm the relevance and applicability of the codes in relation to the emerging categories.

By coding for units of meaning and identifying relationships among the focused codes, I was able to conduct theoretical sampling to construct properties of larger categories and clarify relationships between codes and categories (Charmaz, 2014). For example, after comparing participant responses across interviews and focus groups, I realized that the code for "educating professionals," which referred to parent's need to educate teachers about their child's past trauma, unique needs, and misperceptions about adoption, was a key piece of the larger emerging category labeled "Advocating in Education." These selected codes and concepts are explained in more detail in the Results section. Theoretical sampling of the data also revealed variations in mothers' perceptions and experiences and set boundaries around the range of different experiences expressed by participants (Charmaz, 2014). While some topics revealed a high level of similarity across participants, such as understanding their child's unique needs, other areas suggested a broader set of experiences. For example, mothers' experiences navigating the public school special education system differed based on the nature of their child's disability, the age and grade of their child, and the degree of collaboration felt with school personnel. Through the iterative process of several rounds of comparing and combining codes along with theoretical sampling, the data were synthesized into four major selective codes, or categories, to generate a conceptual model based on the data (Miles et al., 2020; Timonen et al., 2018). Given my role as the primary researcher in this study, my interpretations and analysis of the data were influenced by my insider role as a parent of CAI and my past professional experiences.

Researcher as an Instrument

In qualitative research, the skills of the researcher are critical for data collection and trustworthiness of the data (Miles et al., 2020). As a researcher, I have conducted qualitative interviews, completed constant comparative analysis, and facilitated a focus group. Prior to entering higher education, I was a special education teacher for seven years. In that time, I utilized several research-based literacy programs to teach reading and writing to students with learning disabilities and intellectual disabilities, so I have a strong understanding of what children and young adults experience when they struggle with literacy. My perspectives as a researcher developed from my own experiences observing, supporting, and participating in the language and literacy development of my own children and the conversations and experiences I have had working with youth with disabilities. Based on my strong familiarity with the topics addressed in this study, I designed focus group and interviews questions that could objectively gather data (Creswell, 2013). My insider status as a mother of two CAI from China helped me to quickly establish trust with participants and facilitate very open discussions about the study topics. Our shared experience as mothers of CAI from China allowed for in-depth, personal conversations in both the focus groups and interviews. However, my negative experiences as a parent with special education services in my local school district could have biased my interpretations and results.

Due to my dissatisfaction with the public schools’ evaluation and proposed services, as previously described in my personal reflection, both of my children have received private speech and language therapy to address their needs and neither received special education services in public schools. So, while my role as a mother of CAI with language delays gives me an insider view into the research topics in this study (Charmaz, 2014), my experience on the parent side of special education is limited. Therefore, I viewed my primary role in this study as that of researcher and used my identity as a mother of CAI from China to assist in gaining familiarity and trust with participants (Charmaz, 2014). To guard against my personal biases, focus group and interview questions were open-ended and allowed for participants to tell their story and share views without judgement. During focus groups and interviews, I identified my role as a parent of CAI, but did not share information about my children or personal experiences. If participants asked me about my personal experiences, I shared with them after the data collection portion of the study was completed. In a constructivist approach to grounded theory, the researcher's role is central, as decisions about categories and themes inevitably flow, in part, from the researcher's priorities, values, and experiences (Creswell, 2013). However, to ensure that the views of participants were prioritized, and analysis emphasized participant perspectives over mine, several measures were taken to reduce research bias. A peer reviewer who is also an experienced qualitative researcher assisted me throughout the data collection and analysis to minimize researcher bias. The peer reviewer attended all focus group sessions and listened, took notes, and confidentially alerted me through a private chat if I showed any type of bias in my questions or facial expressions. The peer reviewer also helped ensure that all participants were speaking and sharing their thoughts. As explained in more detail in the next section, the peer reviewer participated in coding and data analysis to provide a further guard against potential bias. Memo writing and keeping a methodological journal helped me to be reflexive in my analysis and identify areas where my bias and experiences may have influenced my interpretive lens. As an additional check for bias, a member check process was used to give each participant the opportunity to clarify the meaning of her statements in the focus group and interview considering the emerging interpretation. The peer review and member check were also utilized to establish trustworthiness and credibility.

Trustworthiness and Credibility

Qualitative research, by design, is based on understanding the perspectives of people. For qualitative research results to be meaningful and influential for parents, practitioners, and other researchers, a study must be conducted with rigor and attention to the trustworthiness of the data and credibility of the analysis. Trustworthiness is the degree to which the research process, methods, and instruments are viewed as valid ways to authentically and accurately portray the findings (Creswell, 2013). Credibility in qualitative research refers to how well the data interpretation aligns with reality, that is, is the interpretation a credible representation of the phenomenon being studied (Merriam & Tisdell, 2016)? To establish trustworthiness in this study, I used memo writing in a methodological journal as one way to practice researcher reflexivity and address my own biases related to the topic and findings (Charmaz, 2014). Additional strategies to establish trustworthiness and credibility, and address and mitigate the possibility of researcher bias, establish the researcher as a credible instrument for data collection, and ensure enough data has been collected for theoretical saturation, were triangulation, peer review, and member checks.

Triangulation

Triangulation is a process of corroborating evidence from multiple data sources to increase the credibility and trustworthiness of the data and analysis (Merriam & Tisdell, 2016; Miles et al., 2020). In this study, I combined multiple sources of data from questionnaires, focus groups, and interviews to provide multiple forms of evidence for the themes and conceptual framework discovered in the data analysis (Creswell & Plano Clark, 2018). Triangulating multiple sources of data and identifying common patterns and themes across sources helped enhance the trustworthiness of the findings (Creswell, 2013; Miles et al., 2020). The strategy of triangulating analysts or having two people analyze the same data and compare findings (Merriam & Tisdell, 2016), was used in form of a peer reviewer for this study.

Peer Review

Peer review and peer debriefing was an external check on the research process and my evolving data analysis (Creswell, 2013). The peer reviewer had experience in qualitative research, specifically in research with parents and research as an insider. The peer reviewer also had extensive knowledge related to parent perspectives and special education and working with low incidence populations; she was a parent of a child with a disability herself. In order to determine the accuracy of my coding process from the start, the peer reviewer and I independently coded a focus group transcript to initially identify descriptions of the data and ideas that would inform interview questions (Merriam & Tisdell, 2016). After data collection was completed, we participated in peer debriefing to discuss preliminary constructions of the data and establish intercoder agreement (Mertens, 2015). Intercoder agreement was calculated for two of the transcribed interviews with 100% agreement on one interview and 90% agreement on the other interview. To enhance the credibility of the study, we went through each of the two interviews transcripts line by line and discussed disagreements and ideas related to the evolving codes and emerging categories (Creswell, 2013). The peer reviewer and I agreed on emerging codes and themes during focused coding and I then coded and analyzed the remaining transcripts. For example, during our discussions to establish intercoder agreement, the peer reviewer suggested a new focused code, that of "journey to a diagnosis," based on her interpretation of the data. We discussed how this was different from the similar code, "navigating complex needs," because of the focus on a disability label and agreed to add it as a separate code. Final themes and categories developed through the iterative coding process and memos were reviewed with the peer reviewer to ensure credibility and trustworthiness. The peer reviewer offered suggestions for the wording of the selective codes and overall theme, and we collaboratively created the resulting four main categories and grounded theory theme.

Member Check

Member checks help to validate the emerging findings of qualitative data analysis by seeking the input of participants (Merriam & Tisdell, 2016). In this study, a member check was completed with each focus group participant and each interview participant. A copy of the focus group transcript (with pseudonyms only) was provided via email to each participant in that group, with a request to provide feedback on the initial interpretations. Similarly, all participants received a copy of their own interview transcript with preliminary interpretations and were asked for feedback. A total of five participants responded to the member check requests, and all indicated agreement with the initial interpretations of their data. The member check process helped to avoid misunderstandings in the interpretation and analysis of data and was an additional way to identify and address researcher bias (Merriam & Tisdell, 2016). Furthermore, the member check process acknowledged the participant's important role in grounded theory research by sharing interpretive power and valuing their thoughts.

Ethical Considerations

The purpose of this research was to contribute to the literature on language and literacy development in children adopted internationally (CAI) with disabilities by privileging the voices of parents, which in this study was limited to mothers who had adopted children from China. The significance of this study lies in the potential for results to provide insight into how mothers with

CAI with disabilities can support language and literacy development in their children and to inform special education teachers and service providers about the needs of CAI with disabilities related to language and literacy, especially in relation to CAI with disabilities from China. Therefore, participants received the benefits of not only having their voices heard, but also learning from other mothers and contributing to educational knowledge related to helping their children. Participation in this research study took time away from mothers' many other responsibilities, so a $15.00 gift card to an online bookstore was given to each participant as a token of thanks for participation. In addition to the cost of time, this research involved minimal harm or risk, but there was the possibility of the loss of confidentiality. However, perhaps due to a desire to connect with others, all of the participants chose to use their real name in the focus group despite the option to use a pseudonym. Several steps were taken to ensure participants were fully informed of the benefits, costs, and risks of this research as well as measures that were put in place to protect confidentiality.

Consent

Prior to participation in any aspect of this study, all participants received a letter of informed consent (see Appendix D) and were asked to sign and return the form to me. The letter of informed consent emphasized that participation was voluntary, and participants could withdraw from the study at any time (Miles et al., 2020). The risks of this study were minimal, with the primary risk being loss of confidentiality, which was explained clearly in the informed consent. Benefits of participation were explained, including the fact that one of the purposes of utilizing focus groups in this study was to empower and stimulate participants by providing a space to talk with others who have similar experiences (Kroll et al., 2007). All participants were given a copy of the consent form and received information on how their confidentiality would be protected as much as possible.

Confidentiality

All the identifying information collected for participants was kept confidential and dissemination of this research will ensure anonymity (Teddlie & Tashakkori, 2009). However, the face-to-face nature of focus groups meant that participants did risk having their name and their child’s disability label (if they choose to reveal it) identified by other participants. Participants had the option of using a pseudonym to help protect their privacy (Morgan, 2019), but none chose this option. All information and data containing participant identifying information was stored in a locked file cabinet in the researcher’s office, on a password protected computer, and in a password protected file on a jump drive not connected to the internet, in order to enhance data security. Entrance into Zoom meetings required a password and manual admittance by me, the researcher, to secure each online meeting. Recordings of Zoom focus group meetings and recordings of interviews were downloaded to my computer immediately after the meeting, saved, and stored in a password protected file not connected to a website. Once transcribed, downloaded, and saved, Zoom recordings for this study were deleted from the online system. Transcriptions of all Zoom meetings were also downloaded, saved, and stored on a password protected file not connected to the internet. Only a peer reviewer and I had access to written transcriptions of the audio of both the focus group and interview Zoom meetings, all of which used pseudonyms. All identifiable data, including recordings and consent forms, will be destroyed 3 years after the study is complete. Risks to confidentiality based on participation in online focus groups and research were clearly explained during the consent gathering process.

Conclusion

Thousands of children have been adopted into the United States in the 21st century, many of whom are from China and have disabilities and delays due to genetic differences and/or spending significant time in institutional care. Children adopted internationally make up a unique group of language learners, second first language learners, and delays in learning a first language often impacts their language and literacy development through childhood and adolescence. A high proportion of CAI qualify for special education services and struggle with reading, yet very little literature exists on how best to support these students in schools. Parents play a critical role in helping their children develop language and literacy skills, and parents of CAI with disabilities often have the added challenge of helping their child learn a first language in toddlerhood. While research points to adoption as a protective factor and many CAI demonstrate significant developmental catch-up, no studies to date have analyzed how parents support this catch-up related to language and literacy. Therefore, the purpose of this study was to analyze the perspectives of parents of CAI with disabilities to understand how they support the literacy and language development of their children and gain insight into how schools may best address the language and literacy needs of CAI with disabilities. Due to the demographics of participants in this study, however, the results will be discussed through the lens of mothers who have CAI with disabilities from China rather than in the context of the larger population of parents with CAI who have disabilities. Thus, this grounded theory study provides an understanding of how mothers can support language and literacy development in CAI with disabilities from China and informs future research in the areas of language and literacy development in CAI with disabilities from China, especially in the context of the home environment, special education, and post-adoption support.

CHAPTER IV

RESULTS

The purpose of this grounded theory study was to explore and analyze the perspectives of parents of children adopted internationally (CAI) with disabilities related to how they understand their child's language and literacy development, how language and literacy development are supported at home, and how parents view the needs of their children in school. Since one of the primary goals of elementary schooling is learning to read and write (O'Connor, 2014; Turkeltaub et al., 2005), family experiences with schools and special education were important in developing a comprehensive understanding of language and literacy development in CAI with disabilities. Despite efforts to recruit a diverse group of parent participants, the results of this study were limited to participants who were willing and able to engage in all aspects of the study; twelve mothers of CAI with disabilities who had been adopted from China participated in focus groups and interviews and shared their views and experiences. Semi-structured, open-ended questions were used to stimulate both breadth and depth in the focus group and interview conversations, with the goal of collecting comprehensive data around the research topics and saturating the data. To develop an understanding of participant perspectives of language and literacy development in their CAI with disabilities in combination with school experiences related to language and literacy, the following research questions were posed:

Q1 How do parents perceive the language and literacy development and related educational needs of their children with disabilities who were adopted internationally?

Q2 How do parents provide literacy experiences and opportunities for their children with disabilities who were adopted internationally?

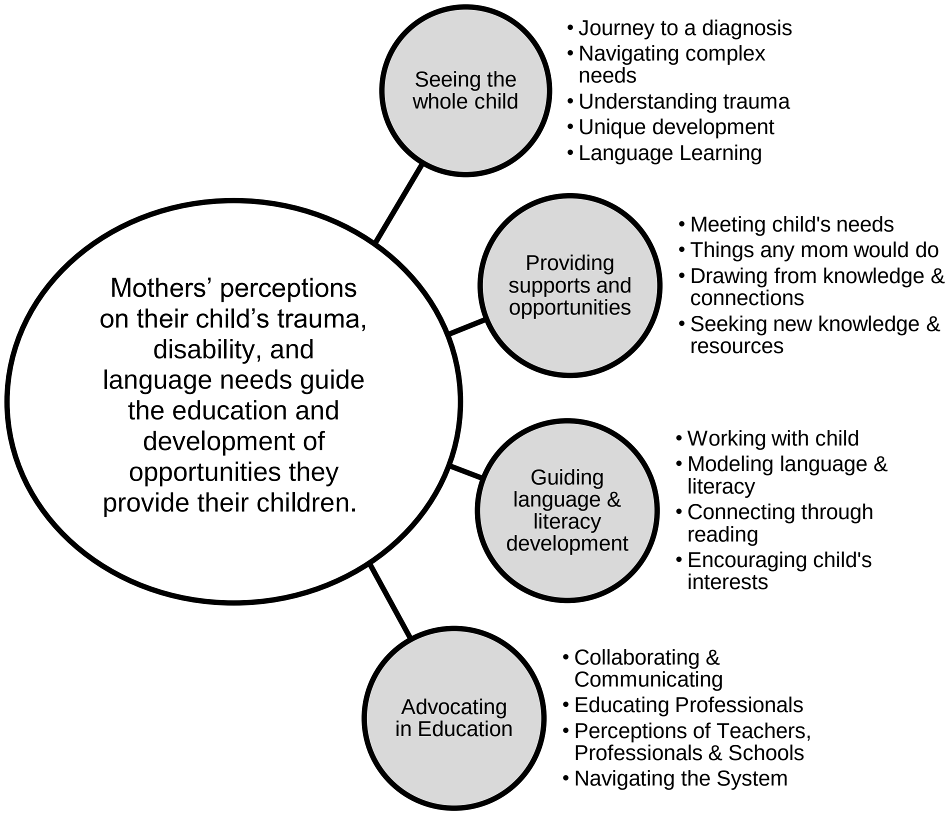
Q3 How do parents perceive language and literacy special education services and school supports for their children with disabilities who were adopted internationally?

Introduction to the Results

This chapter presents the key findings obtained through a demographic questionnaire, focus groups, and individual interviews conducted with each participant. Due to the specific demographic of all participants, that is, mothers of CAI with disabilities from China, the results do not reflect parents generally nor do the results include CAI from countries other than China. With that in mind, the overarching theme that emerged from the data is the idea of needing to navigate trauma, unique needs, and special education systems to meet the language and literacy needs of each child. This overall theme was developed from four major categories: (a) seeing the whole child, (b) providing supports and opportunities, (c) guiding language and literacy development, and (d) advocating in education. Each category, or selective code, was constructed through the iterative coding process used in grounded theory (Charmaz, 2014) and developed from identifying relationships among focused codes. Figure 3 provides a visual outlining the major theme, four selective codes, and the focused codes related to each main category. The major theme is described in the large, white circle, the four selective codes, which became the four main categories for the results of this study, are labeled in the gray circles, and the focused codes informing each selective code are listed as bullet points.

Figure 3

Construction of Codes, Categories, and Major Theme



Overall, the mothers in this study saw themselves as needing to see their whole child and wanting to understand them in order to provide their child with opportunities and support, guide their child in learning and life, and advocate for their child in educational settings. A constructivist interpretation of grounded theory data seeks to discern how and why participants constructed their views (Charmaz, 2014). Therefore, the following discussion of each category not only seeks to explain the perspectives of participants but also attempts to illustrate the *how*, and, at times, the *why*, of participants' views in a way that leads to the resulting grounded theory explained at the end of this chapter. Using thick description (Miles et al., 2020), explanatory details, and quotations from participants, the remainder of this section discusses each main category and builds to the overall theme and grounded theory.

Seeing the Whole Child

Each mother in this study had a very strong understanding of her child's personality, strengths, needs, and interests. Mothers sought to see the whole child and piece together the many facets that made their child unique, including past trauma, disability, interests, experiences, and needs. In both the focus group and interview discussions, parents consistently expressed their desire to understand their children and support their child's unique needs. Seeing the whole child often involved understanding a child's pre-adoption experiences, especially the trauma related to institutional living and lack of parents, the abrupt change in language and living environment at the time of adoption, and how medical and disability related issues played into a child's development. Participants described their journey as one of navigating a complexity of needs and trying to figure out the causes of their child's struggles with language, literacy, and/or learning in general. Each sub-category related to "Seeing the Whole Child" is described in detail next.

Journey to a Diagnosis

Almost every mother discussed challenges in figuring out why their child was struggling to learn language and/or reading. Many of the participants shared that their children had a complexity of needs, ranging from medical and physical needs to emotional, speech, and learning needs. Navigating the possible labels and issues related to disability, adoption, language learning, and trauma was challenging for the majority of mothers in this study. One mother, who adopted her son at age two and a half, shared that her child couldn't speak until kindergarten. A combination of visual problems (strabismus) that required surgery, extensive ear wax build up that impaired hearing, and speech articulation difficulties all contributed to the child having difficulty in reading in early elementary school. A later diagnosis of language processing disorder and attention deficit hyperactivity disorder (ADHD) provided answers to the child's struggles as well as the realization that there was more going on than the parents first thought. This journey to a diagnosis to explain the child's difficulties was shared by most participants. For example, another mother shared that her daughter had a heart condition, history of head trauma, and anal atresia, but it took a lot of testing and back and forth with professionals to discover she also had an expressive language disorder that impacted her literacy skills. Two mothers, both of whom had adopted children at the age of four and a half, struggled to determine whether language and literacy delays were related to learning English or a disability. For example, Amber shared that her son did not qualify for English as a Second Language (ESL) services, but she felt he didn't have the ability to fully comprehend language in a fast-paced kindergarten classroom. She said, "He still wasn't understanding everything that was going on. And I recognize that immersion is a great way to learn language…but I think it was frustrating and confusing for him." She later requested testing for a diagnosis of reading disability. Similarly, Kristen stated:

> We just thought for years that it was just - he's kind of a quirky kid - he can't remember the name for spoon, so he calls it, a food shovel…that's just…one of his weird things that he does; ... I think over time we less and less thought it was a Chinese to English thing, and more of a learning disability type of thing.

Mothers expressed relief when a diagnosis was finally received; now they felt they knew how to help their child. For example, one mother stated:

> So, when he came home with us, there was no diagnosis as to why he had severely delayed gross motor, and it wasn't actually commented on that he wasn't very verbal…then when I voiced the concern of a lack of progress with his original (speech and language) therapist from when he was tiny and she brought up apraxia, and then once he got diagnosed with the right thing and started getting apraxia directed treatment...I think a bunch of things came together.

Another mother shared that getting a diagnosis of ADHD and subsequent medical treatment helped her child with academic abilities. At the time of this study, some participants were still in the journey to a diagnosis to explain language difficulties they observed in their child. For example, one mother suspected a receptive language disability in her child and shared that the family was pursuing testing for autism spectrum disorder and ADHD:

> We're trying to figure out her listening comprehension. That popped out to us last year, especially with virtual (schooling due to the COVID-19 pandemic restrictions). They'd be assigned these audio books, it's an audio-visual book actually, and they would watch it and after watching *Jack and the Beanstalk*, I'd ask her a question and she, no clue. Like, who were the characters in the story? And she couldn't tell me. And that's kind of what teed it off for us and said, does she have a receptive disorder?

The journey to a diagnosis often coincided with navigating complex needs. Eight of the mothers in this study talked about the multiple issues affecting their child, including all the mothers with children who had physical and medical needs.

Navigating Complex Needs

Navigating complex needs refers to trying to figure out if a child's challenges are related to medical needs, manifestations of a physical disability, past trauma, adoption, language learning, and/or a learning disability. While data in this sub-category related to, and sometimes informed, discussions around the journey to a diagnosis, navigating complex needs captured mothers' perspectives as they were in formation. In other words, this is a category of questions rather than finding answers. One mother articulated this in her comment:

> He's, you know, pretty far behind other kids (in school). So, knowing those kids don't have some of the same adoption related issues, you know, it kind of makes me wonder sometimes, what was really the adoption, what was the special needs, what was the trauma, what was the language… which part here is really what we were looking at?

Several other mothers shared similar experiences. Melissa questioned which part of her child's past contributed to current learning difficulties, including a heart condition, physical and emotional trauma, and visual difficulties. Leslie wondered how global developmental delays and behavioral challenges impacted literacy and language learning. Similarly, Dana commented, “When you first bring them home there's so much going on, especially bringing them home with medical needs.” Another mother explained her daughter’s difficulties this way:

> She has really poor articulation, but that's related to her cerebral palsy; she's got a lot of decoding issues and other things. So now it's sort of making me wonder, do we also, on top of everything else, possibly have a learning disability hiding underneath the surface that we haven't quite teased out yet? I don't know if it really truly is a learning disability, dyslexia, something like that or if it's just all part and parcel of everything else that's going on.

Figuring out the cause of their child’s academic needs was important to each mother because of a strong desire to help their children learn and grow, an idea that is discussed further in other categories. However, sorting out the many reasons why a child struggled to learn language and literacy was difficult given the complex needs of many of the children discussed in this study. One issue that consistently came up in focus group discussions and interviews was the impact of trauma related to institutional living and adoption.

Understanding Trauma

As previously stated, the term ‘trauma’ in this study refers to adverse childhood experiences such as abuse, neglect, and severe illness or hospitalization, which can change the brain in ways that have cumulative and enduring negative effects on development (Hays-Grudo & Morris, 2020). Every child discussed in this study experienced separation from their birth parents very early in life due to abandonment and then lived as a ward of the State in an institutional setting or multiple foster homes in China. In addition to a disability requiring special education services, several children also had significant medical conditions that necessitated surgery. The majority of participants (nine of the 12) directly discussed aspects of trauma experienced by their child prior to adoption. This is significant given that there was not a focus group or interview question directly about trauma; rather, this topic emerged from the focus group data and participants expanded on their views in the interviews when asked about their child’s pre-adoption experience. The emphasis most mothers placed on understanding their child’s past trauma, and their own knowledge about childhood trauma, is suggestive of the continuous impact early trauma plays in the lives of their families. As Amber said:

> I think we all had trauma at some point when we were going through the process to bring our children home. But I really don't think that you can understand or appreciate how prevalent that is going to be in your daily life.

Mothers’ perspectives on trauma emphasized the central role trauma played in their child’s life and served as a lens through which other unique characteristics and needs were explained. Specifically, difficulty trusting authority figures, needing to feel safe to learn, and feeling the need to be perfect were mentioned as manifestations of earlier trauma. Two mothers provided detailed examples of how they understood their child’s trauma and how it impacted educational experiences, integrating their own knowledge as they shared. One mother stated:

> Never forget about trauma that's number one...because when you're six-months-old to two and a half moving to a new family every six months it's horrible for your attachment and for your security. And the other piece that I feel like I've had to do a lot of educating with everybody is that piece about trauma and how these early experiences have forever changed- and there is science to show this - has forever changed the biology of my children's brains. Their brains are not the same as your typical child who's born into their family biologically and gets that access to all of those important things… A lot of adult adoptees talk about how when they were young there was a part of them that felt like “I need to please the people in my life because if I don't there is this very real fear in the very sort of primal part of my brain that if I don't do what I'm supposed to, if I disappoint them, they won't love me, they won't keep me, they'll give me back,” something like that. So, I think part of (my daughter’s) being fixated on perfectionism and being particular about things like that is because there's a part of her brain that still has that very raw and primal fear that this seems lovely five years in, it seems like it's good, but you never know.

Here, this mother’s understanding of her daughter’s thought processes because of trauma is supported by her own knowledge of trauma and brain development as well as her familiarity with the perspectives of adult adoptees. She also mentions needing to educate others about the impact of trauma on attachment and development. While these ideas of parent knowledge and educating professionals are separated into different categories and subcategories in this study, which are explained in detail later in this section, it is important to note the overarching relationship between trauma and other aspects of parenting a child adopted internationally with a disability. Similarly, another mother shared her sense that trauma influenced all aspects of her son's educational experiences, describing learning language, reading, and spelling as "triggering for him because it was so frustrating." She explained further:

> He's expressed a significant amount of trauma that he remembers from his time in China and most of that was caused by female authority figures. In fact, …when he first came home, he didn't want anything to do with me. He was very much attached to his father and brother. He didn't like me being too close to him. And so, I think, to a certain degree, he distrusts female authority figures and all of the teachers that he's had through school have been female. So, I think that while it might not be a conscious challenge for him, I think especially initially, it probably was it that it led him to act out a lot.

Both of these mothers provided explicit examples of trauma and its manifestations in their child's daily life. Other mothers in the study were less specific, but talked about negative experiences, neglect, and lack of stimulation in an institutional setting. For example, Dana attributed her daughter's ADHD diagnosis to early childhood trauma, based on what she had learned in her own research. Leah, Erika, and Victoria felt that lack of stimulation and little to no language exposure in large, institutional settings contributed to their daughters' difficulties in language development. Notably, several participants spoke positively about their child's care prior to adoption, pointing out differences between large, institutional settings and more personalized foster home situations, but still mentioned evidence of trauma. For example, one mother shared:

> My older one, he fidgets…he got so frustrated reading the book tonight, his leg was... tapping his foot, tapping. All these little quirks that we've learned that that type of fidgeting probably is a coping mechanism from his early years. Meanwhile our other one, the younger one is very shy at first and is extremely introverted. Fight or flight, he's flight. Whereas I think both the boys got a lot of love, I'm very blessed and impressed and

> amazed at how much love they got, I think that they definitely had deficiencies because they didn't have parents.

In this quotation, the mother reveals the connection between the long, ongoing process of healing trauma and difficult learning experiences, like learning to read. Like other participants, she identifies that learning to read and write is challenging for her son and seems to trigger trauma-related responses. This mother also demonstrates insight into her children’s unique needs and ways of coping with stress (both of her children were adopted from China, but only her older son had a diagnosed disability at the time of this study). Understanding the unique, individual strengths and needs of each child was a common theme across all participants.

Unique Development

The category of unique development encompassed the ways in which mothers recognized and understood their child’s strengths, needs, progress, and perspectives. Understanding a child’s unique developmental trajectory was important for parents because it informed how they would provide supports and opportunities, how they would guide learning, and how they would advocate for their children in schools. Each mother seemed to have a very strong understanding of her child's strengths and weaknesses. Participants sought to "see the whole child" and piece together the many facets that made their child unique, including past trauma, disability, interests, experiences, relationships, and needs. Two specific sub-categories emerged within the category of unique development, that of needing to catch-up and adjusting expectations to the child. Each sub-category will be discussed in the context of the data following examination of the larger category of unique development.

Every mother in this study could describe what made her child unique; they were aware of their child’s strengths and weaknesses and openly discussed their child’s challenges and needs. That each mother sought to see the uniqueness of her child and see her child as a whole person was especially evident in the mothers who had two children adopted internationally (CAI) with disabilities included in the study. For example, when discussing how she supported her children's reading development and learning, Leah shared, "(F)or our daughters, we've tried a multitude of things to kind of see because they're so different. It's some combination of figuring out how they learn and then trying to tailor that reading to each of them." Heather also noted the differences between her two children when sharing about their language development:

> [My daughter] is very inquisitive, asks lots of questions, very age-appropriate questions, and is always trying to understand and process everything that's going on and asking about what does that mean, what word is that, how do you spell it, how do you say it. She has all of that, and she's trying to absorb it and make it part of her own vocabulary. [My son] does not really see language for the social value, and that's related to probably … the autism spectrum piece. He sees language as a way to get things out of people when he wants something, like blue cup water, French fries, chicken nuggets, things like that, but the majority of his language is actually scripted, it's echolalic. So, he has entire portions of cartoons and TV shows memorized and will just start scripting.

By directly describing their child's individual language and literacy development, several mothers revealed their own process in learning about their child's unique characteristics as well as language and learning generally. For example, Leslie shared her realization that her daughter's significant speech articulation difficulties made it hard for her daughter to learn to read and sound out words. She then went on to describe how writing and reading activities could be positive or negative for her daughter depending on the context:

> She's written some beautiful stuff for school and in kindergarten and first grade…she has a lot to say... Asking her to read books that are boring, I mean, she has a wide range of interests, but she just has this meltdown when we have to read something that is uninteresting to her.

Here, Leslie identifies her daughter's need to feel heard, her strengths in writing and her preferences related to motivation and reading. Other mothers in this study shared similar descriptions, noting tasks, situations, and topics that either motivated or frustrated their child. Several mothers felt that their child was good at keeping their lack of understanding "well hidden," and, as a result, teachers were not able to fully understand their child's unique needs. For example, one mother suspected her daughter had a receptive language disorder, but felt if did not come out in school because her daughter compensated with her strengths:

> She's strong in math, and she's strong in her handwriting and … even with reading. She's strong in all of that, and so when you listen to her, whether it's on virtual or whether she's in person, she talks so much. She volunteers all of those answers when she knows it. And so, I think when she doesn't know it and she doesn't speak up, I don't think the teachers pick up on it because they're like, "oh, well she's already talked enough because she's already answered all of these other questions." And so, it just doesn't come out.

Another mother shared a similar perspective about her son:

> He's pretty good at just kind of piecing things together even if he doesn't really understand what's kind of happening. When you get into school and it has to be very specific, and there's a right answer a wrong answer, he tends to not know exactly what to do. The comprehension just isn't there. It's not as easy for him. When he's just chatting with somebody though, he can kind of just BS his way through most of that. That's just kind of his personality too. I think that's his defense mechanism, is he's just able to literally talk to anyone. When you put that to the ground and I'm trying to get him to do something really specific, that that's where it kind of starts to trail off into pure confusion for him.

Participants' discussions of aspects of their child's language and literacy development reveal that the mothers in the study had a strong sense of their child's unique developmental and educational strengths and needs. They recognized when their child was not understanding and how their children used their strengths to do their best in school. In addition to discussing strengths and needs related to skills and interests, several mothers also mentioned the importance of confidence, further demonstrating the desire and ability to "see the whole child." For example, Melissa shared:

> I think their confidence, just having the courage to try is like, I think that's probably maybe more key than the speech for … my (girl) - if they're afraid, if they're nervous, if they feel like they're behind, they don't want to try. They shut down; they don't want to try.

Here, Melissa acknowledges and understands her daughter’s emotions and how they impact school performance. Amber also mentioned thinking that her son felt “pressured” when he compared himself to his peers in the classroom. During the pandemic, Amber enrolled her children in an online public school and felt that “taking him out of the classroom environment” allowed him to “catch up” and build his confidence. Kristen expressed similar insight into her son’s sense of self-confidence, adding in the issue of racial differences in school and the community:

> (My son) is one of literally four Asian kids at his school. I think that there comes this moment where they look around and they're like, "These people are not like me."
> I would definitely say that I think [that] has a lot more to do with their confidence and their abilities in school than we really think. It's probably our bias based upon... we're the white majority. So, for us to think, "Oh this kid's got it made. He's going to a great school in a great area," and all these things and I think we're really missing the piece of yeah, but he still realizes that he's not the same, and that he's under-represented here. Just watching out for that piece that kind of manifests itself a little bit in low self-esteem and low confidence, and not feeling like everyone else, or can do things as good as everyone else. I feel like I've seen that especially as he's gotten older and been able to verbalize some of those things little bit more.

Several other mothers mentioned that their child was one of only a few Asian children in their school, but only Kristen articulated this fact in connection with her child’s confidence and learning. Other mentions of racial and cultural differences occurred during discussions focused on advocacy and educating professionals. Notably, Kristen had one of the older children in this study, having just finished third grade, so it is possible that issues of race and disability had not yet surfaced for the younger children. As suggested in some of the quotations above, most of the mothers in this study expressed the view that their child needed to catch up with his or her peers.

Needing to Catch Up

A common challenge for many of the mothers when describing their child’s development was feeling like their child was delayed and needed to catch up. Ten of the 12 participants discussed feeling like their CAI with a disability was behind in some way. While it is common for children with disabilities to perform below grade level (in fact, this is a consideration for special education services), many of the mothers in this study shared concern over their child's delays, especially when delays were related to academics or emotional/behavioral functioning and not a physical disability (e.g., low vision). Needing to catch up was an idea that related to a child's needs generally, as discussed in the larger theme of unique development, but was differentiated in the coding due to the perception of a delay rather than a personality trait or need for an accommodation related to a physical disability.

When discussing their perspectives related to needing to catch up, mothers frequently talked about the length of time it took their child to learn English, delays in learning to read, and a general sense of immaturity. Interestingly, language delays and immaturity were noted across disability types and did not seem to relate to age or the length of time children had been in the United States. For example, one mother shared: "After (being) home for almost five years, (he) still struggles with pronouns, he will use 'he' exclusively unless we stop and correct him that some 'he's' actually 'she's.' Whitney, who had a strong understanding of her son's verbal apraxia diagnosis, felt that her child was "significantly behind" in language and literacy for his age. Similarly, Victoria, whose daughter had been home for five years, stated that "going on seven, she still is very much a toddler." Four of the mothers in this study reported that they chose to have their child wait a year to start kindergarten or insisted on their child repeating a grade due to significant delays. Speaking of her younger daughter, Leah explained:

> She's starting kindergarten, but we held her out for an extra year to try and give her some of this before we put her in. She's older than most people, but I think she's probably still about a year behind, because she's five and a half, and it's more like four-ish.

Carrie shared a similar perspective:

> When I look at his peers in school, he's behind, you know, as far as in a number of areas, I would say, reading…writing, maturity, you know there's a number of things; we decided to have him repeat second grade because he's just not…where he needs to be.

The sense that a child needed to catch up in order to be successful in school and with peer groups connected with discussions related to expectations. As just discussed, several of the mothers in this study felt their children were not able to meet age and grade level expectations in school. However, this did not mean mothers were disappointed in their children. At the same time mothers recognized delays in their children, most were also able to adjust their expectations to experience a sense of pride and acknowledge their child's capabilities and accomplishments.

Adjusting Expectations

Every mother in the study described the expectations she held for her child related to language and literacy. However, how expectations were perceived differed across participants. Some mothers, acknowledging their child's unique development, adjusted their expectations willingly and explained how they aligned their expectations with their child's strengths and needs. For example, Tiffany shared:

> I think every year (my expectations) change …in kindergarten it was, I love for him to say a sentence. Now it's, I'd love for him to be able to read this fourth-grade book all on his own and be able to answer the questions about it. So, I think it just depends on his grade level and how he progresses individually.

Similarly, Heather referred to her two children as "very different" and therefore had different expectations for each. Erika advised, "do not have … expectations in terms of milestones and progress because they are special, and they do develop on their own timelines." These mothers framed their expectations in the context of each individual child, adjusting their expectations in the context of their child's unique life experiences, strengths, and challenges. While they were aware of their child's needs and delays, they did not express disappointment or feel like the child was not living up to their expectations for success. Kristen explained her changing perspective related to success this way:

> I think that whole process of him needing all of those things that I had not already experienced helped to change our heart into, at least for me, more of a place where success now is measured in a whole bunch of different ways, not just the things I used to think…It's more like, you know, you're going to do the best you can, and that's going to be the success.

Several other mothers expressed similar perspectives, sharing that their expectations had changed over time and adjusted based on their child's progress and development. However, four mothers discussed expectations more statically, describing whether their child exceeded or fell below their expectations. For example, one mother said her son "blew my expectations away" while another stated her daughter was "much further behind than I would have expected." "We weren't expecting speech to be a process that was going to be years," is a statement that captures the sense that what these mothers had originally anticipated related to their child's strengths and needs was different from reality. Whether mothers adjusted their expectations to match their child's unique development or not, many of the mothers shared their expectations in the context of their child's process of learning language.

Language Learning

Language learning was the fifth category within the theme of "Seeing the Whole Child." In describing their child's language learning from the time of adoption, mothers revealed their own knowledge of language development, their views on language, and their desire and ability to fully understand their "whole child." Only four of the mothers in this study reported that their child was speaking Mandarin words at the time of adoption, two of whom had adopted their children when they were four years old. The other participants remembered their child babbling or trying to say one to two words, but not talking beyond that. Four of the children discussed in the study also had cleft lip and palate, which effected the ability to physically produce sounds until surgical correction occurred. The majority of mothers felt their child “just absorbed and learned” English very quickly after adoption. Melissa shared, “I don't even remember her learning English, honestly, really. It was very quick. I think probably within six months, she wasn't speaking Chinese at all.” Amber noted, “Once we got home his language really exploded.” Parents attributed rapid English acquisition and language growth to being around other children and being developmentally “primed” or “ready” to use language. While most of the children in this study were able to fluently speak English relatively soon after their adoption, several parents noticed gaps in language learning. Gaps in language was an idea that emerged from the focus group discussion and then directly addressed based on that data in the interviews. Two participants specifically noted gaps in vocabulary learning. Victoria shared that her daughter “has these vocabulary lapses which I guess we take for granted that our kids who grew up here picked up a little bit quicker along the way.” Some mothers also felt that their child spoke well, but like a much younger child. Mothers classified their child’s use of language as “simple” or “very superficial.” During the focus group and interview discussions, mothers tried to discern the cause for the gaps and language delays they noticed in their children.

Three of the mothers in this study either spoke Mandarin themselves or had access to a relative or family friend who spoke fluent Mandarin. Several other mothers enrolled their child in Mandarin classes. However, none of the children were fluently using Mandarin, despite these mothers attempts to preserve their child’s birth language. Given their child’s difficulty understanding Mandarin at the time of adoption, several of these mothers questioned whether their child had been exposed to much language at all. Erika, who was fluent in Mandarin and English and described her home as bilingual, stated, “I feel like (my daughter) was probably not getting any language exposure or very little language exposure” in the orphanage. Erika went on to describe how her daughter had difficulty learning two languages and compared her adopted daughter to her older, biological daughter:

> I've always felt like it was sort of an unfair start for our younger daughter, because she had no language you know, to begin and she was all of a sudden thrown into this really crazy environment with different, with completely different languages spoken at home, and we did try to stick with one more often. But I think that was also part of her challenges, and I still feel like, for my other daughter - she was born biologically -her two different languages were developed equally... but for my younger daughter she's six now and she's really good with English but her Chinese is very limited.

Another mother made similar observations when describing what she saw as a correlation between language and reading skills, sharing:

> This is not a bilingual issue. If she was bilingual, my daughter, she’d have words and understand in her home language of Chinese. I am half Chinese. My mother's family all speak many dialects of Chinese. Everybody would talk to her in Chinese, and she would just look at them like this [look of confusion] and would not respond.

Four other mothers also used Mandarin with their children or enrolled them in Chinese language courses soon after adoption with mixed results. One mother shared that her daughter was exposed to Chinese at home and at summer camps but is “really just English speaking.” Another mother wanted to try to keep her daughters exposed to Mandarin but wondered if continuing to try to develop two different languages contributed to speech delays. Interestingly, Amber’s son, who was fluent in Mandarin, asked to stop taking Mandarin lessons and chose to only use English. Whitney was positive about her son’s continued interest in Mandarin, but was unsure about how much he understood, saying: “I don't know that he has that same depth of fluency in this mind comprehension that he had back then, but he does respond when asked questions and things in Chinese.” Thus, despite some mothers’ attempts to preserve their child’s birth language, all of the children in this study were second first language learners and spoke English.

The ways in which parents understood their child’s language learning revealed gaps in development and questions about the degree of language use and exposure in institutional environments. Mothers’ experiences in trying to continue their child’s language development in Mandarin also suggests that language learning for children adopted internationally (CAI) is different from children who are born into bilingual homes or those learning English as a second language. While initial acquisition of conversational English seemed to happen quickly, language challenges persisted and often connected with difficulties learning literacy skills. For example, one mother shared:

> What I didn't realize was how much the speech affects the reading. Her reading is really bad, not bad she's doing much better, but she's had a lot of intervention, mostly from home.

This quotation highlights the complex, often overlapping challenges children discussed in this study experienced related to language and literacy development. Moreover, this mother’s mention of intervention from home introduces the next major category that emerged from the data, that of providing supports and opportunities. In seeing the whole child, mothers sought a variety of ways to meet their child’s needs.

Providing Supports and Opportunities

For the mothers in this study, the journey of parenting a CAI with a disability centered around “seeing the whole child” and trying to understand their child’s unique strengths and needs in the context of past trauma, disability, and language learning. Simultaneously, mothers tried to meet their child’s needs by providing supports and opportunities for growth, development, and learning. The mothers in this study drew from their own knowledge, utilized personal and professional connections, and sought out resources and new knowledge to support their child’s development. Mothers also mentioned providing for their children just like any other mother would. The major category of “Providing Supports and Opportunities” is centered around data that revealed how participants met their child’s needs, the resources they utilized, and their perspectives related to supporting their child’s language and literacy development. The following sub-categories emerged from the data and support this larger categorical theme: (a) meeting child's needs; (b) drawing from knowledge & connections; (c) seeking new knowledge and resources; and (d) things any mom would do.

Meeting the Child’s Needs

Every mother in this study talked about ways in which they tried to help their child and meet his or her needs. Major ideas in this sub-category included prioritizing needs, providing supports both inside and outside the home, and making accommodations. All the mothers in this study wanted to know how to best help their child, and some doubted their own past decisions, feeling like they should have done more. However, discussions in the focus groups and interviews revealed that these mothers were attempting to “see the whole child” and provide supports and opportunities that would promote a wide range of developmental skills while still meeting the child’s unique needs. Melissa explained her approach this way:

> In first grade I only did them part-time for specials at school... They have heart issues, so they get really tired. So, we couldn't do all this after school. But we homeschooled some stuff and then we did ballet, we did swimming, we did gymnastics.

Similarly, Dana described trying to promote her child’s development through violin lessons, ninja class, skateboarding, and a summer reading program in addition to the therapies her daughter received at school. Whitney also mentioned enrolling her son in summer tutoring for language and literacy, in karate to supplement his occupational therapy needs, and in Chinese language classes; she said, “I'm going to make sure that he gets therapy, and he gets whatever he needs to maximize his language ability… (and) get him to be the best that he can be.” At least seven of the 12 participants mentioned that their child received private therapy or tutoring in addition to services provided through the public school. Several mothers also mentioned using the public library resources and providing a lot of books in the home. While participants described wanting to help their children develop in all areas, several explained they had to prioritize because of the nature and complexity of their child's specific needs.

Prioritizing needs was most relevant when participants referred to the first months and years with their child after adoption and for mothers who felt their child had multiple, complex needs. Generally, mothers who talked about prioritizing needs mentioned it in the context of focusing on other developmental areas before language and literacy skills. For example, some mothers mentioned seeking therapy for speech and oral language before focusing on literacy skills and/or prioritizing emotional/behavioral concerns, including attachment, before academics. Whitney talked about an "order of progression" related to development and based on this perception, described her initial focus on gross motor development and basic language before reading and other literacy skills. Three other mothers shared that their initial focus with their child adopted from China was attachment and social-emotional well-being. Carrie described her experience this way:

> I mean reading is important on my radar as a mom, but to me, there were so many other things that were more important when I got home with my two; I was just really so focused on his social, emotional, and physical needs that language just wasn't as top of mind.

Leah expressed a similar sentiment, saying, "There was no way (literacy) was the focal point - it was more attachment kind of emotional social well-being like right out of the gates." Victoria shared, "I think we were so focused on her speech when she first came home, we didn't even about the other aspects of not just articulation, but comprehension and reading we hadn't really thought about either." It is important to note that not all mothers prioritized other needs at first. Depending on how they saw literacy in relation to development and language, some mothers integrated reading activities as soon as they became parents. For example, Erika described herself as a “firm believer of reading” and noted that she started reading to her child, who had severe vision deficits, right away. Erika felt that the initial exposure to books and stories contributed to her child’s language development. She shared:

> I quickly realized that she really liked to listen to music and like story like audio books, so we try to find some you know, like a baby level podcasts and audiobooks for her and let her listen and I felt like that was sort of a turning point for me is to see how, you know, literacy doesn't have to start from having a book in front of her and those somehow does the auditory information with just words, was just as useful to her, because after she listened to a lot of music, she was started to recite those words you know that's after she started talking.

Heather’s approach was similar to Erika in that she described multiple ways she was constantly providing opportunities for her children to engage with language and literacy, even if she was primarily focused on functional communication with her son. Regardless of how parents prioritized needs in the first few years with their child after adopting him or her from China, at the time of this study, each mother expressed their desire to provide supports for their child’s literacy development. For example, Tiffany described her decision to start focusing more on literacy and hire a reading tutor this way:

> We discontinued (speech therapy) in second grade, because we wanted to focus on the language, the reading, because he was so far behind in reading and grammar. And I kind of had to pick, because he was doing okay with the speech, except for just like R's and S's and things. And there's only so many hours in the day.

As participants talked more about language and literacy in the focus groups and then the interviews, some mothers expressed doubts about their past decisions, saying they wished they had integrated a focus on reading earlier into their child’s life. For example, Kristen shared:

> My background is like psychology, and so I was way more worried about like his mental health and mental well-being and all that type of thing that I feel like I almost sort of missed this literacy piece a little bit.

As Kristen alludes to in this quotation, all of the mothers in this study relied on their own knowledge and connections, both personal and professional, to help them make decisions and provide supports and opportunities for their child.

Drawing from Knowledge and Connections

In seeking to provide supports and opportunities for their child, mothers turned to their own skills and knowledge as well as supports in the community and through school districts. The sub-category of “Drawing from Knowledge and Connections” refers to how mothers felt their career path and/or prior experience parenting helped them in supporting their child’s language and literacy development. This sub-category also includes how participants utilized resources at their place of work or personal connections to better support or provide opportunities for their children. The majority of mothers (10 out of 12) felt that their professional knowledge and/or connections had helped them in some way as a parent of a child adopted from China with a disability. Mothers who worked in health care mentioned feeling confident about navigating the health care system and meeting their child’s medical needs. For example, Leah said:

> For me, personally, it wasn't very intimidating to have a child with a disability. I knew how to navigate the system probably, better than most, how to get resources for them, the surgical procedure that we had coming.

Another mother talked about her experience as a physical therapist and the ability to provide therapy to her daughter directly. Comparably, mothers who had worked in the field of education described the ability to directly support their child’s learning at home. Heather talked about helping her son develop language, saying, “Right from the start, because I'm a special ed teacher myself, I started using (sign language) with him because I wanted to make sure that he had some kind of a way to express language.” Amber mentioned her ability to do research and how it helped her in figuring out her child’s needs and dyslexia diagnosis. As a librarian and former nanny, Dana shared how her professional experiences helped her approach supporting her children’s language and literacy development:

> Literacy is not just reading all the time, it's finding patterns and stuff, like there's other elements that go into it; I know from when I did story times at the library how important music is and beats and all that and how all that goes hand in hand with prereading skills, them learning beats and everything. (Being a librarian and nanny) helped make me more laid back with the issues we were having, just knowing they'll catch up.

Mothers who worked in business referred more to the nature of their work or connections at their work rather than specific skills or expertise. For example, Carrie described her place of work as an “amazing support” and shared that, although she worked on the business side, her work provided access to high quality pediatric health care. Kristen thought her professional experience “taught me a lot of how to talk to people that are grieving and how to communicate with people that are upset,” while Whitney felt that the nature of her work provided her with a global perspective and an ability to understand cultural issues. Whitney also mentioned her experience parenting two biological children as helping her parent a child adopted internationally with a disability.

Each of the two mothers who did not see any connection between their professional work and parenting a child adopted internationally with a disability did mention their prior experience as parents. Leslie, who had an older daughter adopted from China, shared that her experience with her first daughter “helped me just understand, kind of developmental, where she was at. And then, you don't want to compare, but it was kind of my yardstick for things.” Victoria, who had two older, biological sons, also mentioned the tendency to compare. However, Victoria felt this could be negative, sharing this about her parenting experience:

> I think maybe it's actually hurt more that helped, because we try not to do a lot of comparing but there is. Cause we're like, "well, the boys didn't do this. The boys were asking deeper questions by this age.

The majority of mothers viewed their past professional and parenting experiences as positively influencing how they approached parenting a child adopted internationally with a disability and how they supported language and literacy development. However, two mothers questioned their tendency to compare their children, whether biological or adopted, because their child adopted internationally with a disability was developing so much different than their other children. These concerns again reveal that the mothers in this study noticed their child's unique developmental needs and sought to understand them, and while they were all well-educated and drew from their past experiences, they still felt they needed to know more or do more to meet their child's needs.

Seeking New Knowledge and Resources

The idea of seeking new knowledge and resources came through as mothers shared the need to do a lot of research on their own and learn from other families. Within the focus groups, participants shared their knowledge gaps and what they wished they had known, especially in the first year with their child. In interviews, mothers expanded on this, mentioning things they felt should have been explained by adoption agencies or schools. Participants also talked about attending trainings and seeking out connections with other families who had adopted children. While several mothers mentioned attending trainings to help them parent a child adopted internationally with a disability, others talked about doing their own research and gaining expertise on ways to help their child in school. For example, two mothers attended special education advocacy trainings, two other mothers learned about reading programs to directly teach their daughters literacy skills, and another mother attended training on understanding trauma and behavior. Generally, mothers sought out new knowledge, connections, and skills in order to provide their child access to the supports and opportunities they felt their child needed at home and at school.

One participant expressed it succinctly when she described meeting her child’s needs as “a big research project.” Several mothers talked about “doing their homework” related to what it meant to adopt a child with a disability, participating in Facebook groups to learn about their child’s disability, and using social media or researching ways to connect with other parents or community members with similar experiences. Seven of the 12 mothers mentioned some aspect of needing to do “a lot of work on your own” to learn how to meet their child’s needs. While a few participants specifically talked about pre-adoption courses, training, and personal research as helpful, others emphasized needing to learn a lot after adopting their child.

Carrie and Whitney both found the adoption-specific training they attended to be “eye opening” and felt it helped them be the parents their children needed. Whitney explained how her new learning led her to adjust her parenting approach to provide her son with the social-emotional support he needed:

> I had to learn to be a little bit more of a helicopter parent through the adoption training process of 'they won't cry, you need to kind of teach them more about that,' where I was always more of the 'they fall down and I clap, yay,' and that sort of thing; So I did actually have to train myself to treat him a little bit differently to make him a little bit more accustomed to the whole family unit thing and the being together.

Here, Whitney is referring to the effects of institutional living and trauma. Through required adoption courses, parents learn that babies who start life in an orphanage setting often cry without anyone responding. Whitney referenced this, describing how she felt the need to change her style of parenting to accommodate and support her young son after he was adopted. Similarly, Carrie felt that a course about trauma and behavior support helped her and her husband better understand their children. Other mothers in this study, however, talked less about needing to learn about trauma and behavior and more about the knowledge they wish they had related to learning and special education.

Kristen spoke specifically about wishing the adoption agency had provided more support after the adoption. At the end of the focus group, she said:

> Having this one-hour phone call ... maybe like six months after you come home from China would have made worlds of difference, I mean my kid … may be in a completely different place, you know, based upon his needs, and the Adoption Agency kind of just, you know, you get home and things kind of stopped there.

Kristen was expressing her desire to learn from other parents who had children adopted from China and were struggling with similar things in school. She felt that having certain knowledge years ago would have helped her in providing her child with the supports he needed to learn to read at an earlier age. Erika and Leslie also talked about needing to learn how to navigate the school and special education system to meet their child’s needs, but these women found parent advocacy organizations to support them in that endeavor. Both Erika and Leslie attended training to prepare them for Individual Education Program (IEP) meetings. Despite this, Erika felt she still needed to do more to work effectively with the school district and ensure her child’s needs were met. She shared:

> I learned by talking to other parents and that my mentor; even though we felt like we were prepared, you know we feel like we have done so much homework and lined up the things to do, but still, you know it was just so much; I feel like even though I was in higher education, I don't speak the same language as they do. And I feel like that is something I probably need to attend more webinars, be more involved, maybe reading more of some simple IEP. I feel like that way, I may be able to communicate with them more effectively if I speak their language.

The idea of navigating the special education system will be explored more completely in the “Advocating in Education” section, but it appears here in Erika’s quotation because it was an area where even the most highly educated participants discussed needing to learn more about.

Another example is Heather, a special educator herself, who mentioned needing to learn more in relation to her child's need for an assisted communication device:

> Nobody sat down with us and said, "All right, this is how you integrate it into your family. This is how you use it at home." I mean, I have a special ed background, but I'm not a (Speech Language Pathologist). I still need that parent coaching and training piece; I didn't get it.

The mothers in this study were all highly educated, but they had different professional backgrounds and parenting experiences. Each mother talked at some point about learning things related to their child's disability and the majority shared that they wish they had known more to best support their child. In essence, these mothers wanted to provide for their children just like most parents.

Things Any Mom Would Do

The final sub-category under "Providing Supports and Opportunities" is a focused code that emerged from one participant's comment: "I try to do the things that any mom would do." Six of the participants mentioned feelings or situations in which their views and experiences were like most mothers. In many ways, these mothers saw themselves like any other mother. They loved their children, wanted the best for their children, and were highly invested in their child's development. Some participants "had to go to work" to help provide for their children, others could homeschool and directly teach or provide therapy to their child. Some mothers did a combination of both. While these mothers viewed themselves like any other parent in many ways, several participants pointed out ways in which parenting and providing for a CAI with a disability might be different.

In describing how they meet their child's needs through providing supports and opportunities, mothers shared openly and revealed a little bit about their views of themselves as parents, including their doubts. The comments of three participants provide insight into mothers' perspectives in this area. Leah suggested a heightened sense of awareness of her child’s challenges as an adoptive parent, saying, “I think parents, generally speaking, especially parents who've adopted internationally, they're aware of some of those deficits and shortcomings that they're trying to work on.” Erika questioned whether “it’s good for me to be a physical therapist and her mother at the same time.” Carrie felt that, like most parents, it was about “doing the best you can,” but acknowledged, “we can only do so much … we're dealing with just a lot.” As these quotations suggest, these mothers were aware of their child’s needs and did their best to provide supports and opportunities for their children, but it did not come without doubts and challenges. The mothers in this study viewed providing their children with supports and opportunities as one of their key roles, a role they saw as similar to any other mother. Related to this role of provider was the role of a parent as a “guiding force,” a role that implies active engagement in a child’s development.

Guiding Language and Literacy Development

As mothers of children adopted internationally (CAI) with disabilities, the participants in this study did not stop at providing therapy, activities, books, and resources for their children. Each mother described ways in which she guided her child’s language and literacy development by directly working with the child. The majority of mothers also talked about modeling language and literacy, connecting with their child through shared reading, and encouraging their child's interests related to literacy. While mothers saw their role in developing their reading and writing skills differently, each mother took an active role in guiding their child’s education and literacy development. One participant’s perspective of her role as a mother formed the essence of the main category of “Guiding Language and Literacy Development;” she shared, “I just want to be the guiding banks of the river, I don't want to like be the current or anything like that. That just lets them be the best that they can be in whatever their passions are.” The following sub-categories will be discussed in the remainder of this section: (a) modeling language and literacy; (b) working with the child to develop language and literacy; (c) encouraging the child’s interests; and (d) connecting through reading.

Modeling Language and Literacy

Modeling language and literacy refers to the ways in which language and literacy was used in the home environment. Every participant in this study talked about their own reading habits and several mothers mentioned having “books everywhere” in the home. Mothers commented that their children saw them reading books, newspapers, magazines, online articles, and/or listening to audio books. Fathers and siblings also read frequently, so the CAI with disabilities in this study had multiple, ongoing opportunities to see reading modeled in their homes. Several mothers shared that their child saw them writing on the computer, and quickly learned to associate the computer with writing. In addition to modeling reading and writing, participants talked about ways in which they modeled language to their children.

Emphasizing the importance of language for communication and understanding each other, half of the mothers shared that they “work(ed) very hard to communicate with each other,” had purposeful conversations at dinner, such as, “How was your day and what did you learn?” and frequently talked through experiences with their children. Three mothers stressed the importance of using correct grammar and exposing their children to advanced vocabulary. One mother shared, “We don't use smaller words because they're kids, so there will be lots of conversations about, What is that word? What does it mean?” Another mother added, “I think that the level of language they hear is probably a little more sophisticated than in other homes.” Several parents also mentioned modeling a love for language and learning in Chinese as well as

English. For example, one mother shared, “I'm learning Chinese…I think that's good for them to see, first of all that I value that language, but also that you're not too old to learn.” The value participants placed on language and literacy learning connected to how they worked with their CAI with disabilities to develop skills in these areas. However, while all the mothers in this study modeled language and literacy in their home, the ways they worked with their children was influenced by how they perceived their role and their own skills in teaching reading and writing to their child.

Working with the Child to Develop Language and Literacy

Participants described a variety of ways in which they worked with their child to develop language and literacy skills. The extent to which each mother intentionally worked with her child differed based on the mother’s perspective and the confidence she had in teaching reading and writing skills. While some mothers expressed extensive knowledge of reading and writing development based on their professional background and/or personal research, others felt literacy skills should be “learn(ed) at school” or revealed feeling like helping their child with language and literacy was “really out of our wheelhouse.” Nonetheless, each participant worked with their child in some capacity to develop language and literacy skills.

Implementing strategies (e.g., taking turns reading, studying strategies, questioning to check comprehension), using technology to promote literacy (e.g., audio books, learning apps), directly teaching specific skills (e.g., vocabulary words, teaching letters), and purposefully and explicitly using language to teach children new words were all mentioned by mothers as ways in which they worked with their child. In describing how they worked with their children to develop language and literacy, most mothers again emphasized the need to individualize their approach for their child with a disability. They shared how they learned what worked for their child, or children, by trial and error accompanied with their own knowledge and research and, sometimes, support from professionals. All the participants expressed that they felt it was their responsibility to help guide their child's literacy and language learning. Mothers put this sense of responsibility into action by integrating literacy into daily life and setting aside time to work on specific skills with their child.

Integrating Literacy in Daily Life

Several quotations from participants highlight both how mothers worked with their children based on their unique needs and their sense of responsibility for guiding their children's language and literacy development. Leah shared:

> We really feel like it's our responsibility to make sure they're articulate and they can be understood by other people, so we've put a lot of effort into it, lots of time focused on helping with mechanics, but also, "You need to learn how to read. You need to learn how to read well to understand what you're reading. These are important life skills." So, for us, we really try hard to be that support system.

Like Leah, four other mothers specifically explained how they individualized their approach to working with their child based on their child's needs and interests. One mother described feeling like she was "constantly narrating the day all the time" and went on to share how she used different approaches for each of her children:

> (My son) really responds to music and songs. So, I have from the very start sung everything to him. I remember when (my daughter) had a birthday party a couple years ago, I made her sit down and write thank you notes because I think that's important from a social practice, but also as a good literacy exercise for her. We do shopping lists in the house, and (my daughter) loves to help write the shopping lists. I used it as a way for her to learn about what a list is but also to help her with her spelling and her writing, sound out. We need eggs, how do you think you spell eggs? Sound it out, eggs.

Here, this mother not only describes her different approaches based on her child's needs, but also reveals how she integrates working with her children on literacy skills in daily life. Another mother used an Orton-Gillingham reading program with her daughter in combination with "a lot of repetition and that sort of thing and different ways to try to make that connection with words in her mind," saying she, "(kept) it easy not stressing her out and then doing all these other things and she really, really grew." Drawing on her experience as a librarian, Dana used pattern games, felt boards, and created family books in the form of social stories to help her children develop literacy skills and address her children's social and emotional needs at the same time. Another mother integrated literacy skills into language activities that helped her child talk about experiences and process her feelings. She shared:

> I have always felt the need of just helping her, whatever area she needs. We read her books. We read her Chinese and English books. And we sing songs together, we cite rhymes. I feel like it's my role to talk to her and point out the things that I want her to understand, and for her to be comfortable asking me verbal questions. And so, something that I've been encouraging (my daughter) to do this summer is to every day, we learn to write about dates and just document the dates and draw one thing and write one or two sentences about that thing, about what happened that day. She really loves it.

Two other mothers mentioned encouraging children to journal about vacations, reading words on cereal boxes, cooking using recipes, and playing family games as ways they incorporated literacy skills into daily life. These examples suggest that at least half the mothers in this study purposefully integrated language and literacy activities into their child's home life, sometimes in addition to directly teaching language and literacy skills with published programs or other materials (e.g., letter magnets, felt boards, flashcards). The other mothers in this study also felt a responsibility to guide their children's language and literacy development but emphasized working with their child during a set aside time rather than integrating language and literacy throughout the day.

Working on Specific Skills

Five mothers talked specifically about working with their child on direct literacy skills using materials like published workbooks and strategies learned from their child's speech language therapist or reading tutor. For example, both Tiffany and Kristen discussed using questioning strategies, taking turns reading pages of a book with their child, and developing their child’s vocabulary during set times at home each week. While the majority of mothers in this study mentioned ways in which her child struggled with some aspect of literacy learning, several of these mothers talked specifically about their child’s frustration with reading and writing in the context of working with their child. For example, one mother described her son’s experience with a preschool workbook this way:

> He hated it, he absolutely detested writing. It was like, I had to kind of like give them rewards for getting through that first of the four-page packet because the rest were circle things to start with that sound and things like that.

Carrie’s son also experienced frustration. She shared her commitment to helping him while acknowledging her son’s difficulties with reading:

> Now we are reading 30 minutes a day. Now I see how important it is, I'm doing it, I don't care what it takes we're going to do it so; Even just today…we sat down to read and then he just was having a fit. An absolute frustration. It was when he would come across a word that he didn't know.

Amber explained feeling like her son, who was entering fourth grade at the time of this study, was finally getting to a point where he could enjoy reading. Prior to switching to an online school, she described the challenges experienced when working with her son on literacy skills:

> There were so many fights and so much bawling and so much, just, loss of confidence that my husband and I were at our wit's end, he was at his wit's end. We all just wanted to cry and burn all the books… And when spelling tests started in first grade, we would study for an hour every night of the week for him to maybe get four out of 10 on a good week right on his spelling.

In working with their children to develop language and literacy skills, the mothers in this study demonstrated their commitment to understanding their child’s unique development and their child’s perspective related to literacy. Half of the mothers also emphasized ways in which they promoted independence for their child while directly working on literacy skills. When helping her child, one mother shared:

> I will let him fail. I won't sit there and be the overactive mom where it's like, "Oh no, we need you to do this, this, this." He needs to figure out that he needs to get to the point where he's independent and can do this.

These mothers saw independent reading as a primary goal for their child's literacy development, but felt they often needed to "push" their child toward independence because reading was so "hard" and frustrating for them. They saw their child's frustration but also recognized when their child found something they enjoyed. In fact, encouraging their child's interests was a primary way parents were able to engage their children in literacy learning.

Encouraging a Child's Interests

Eight of the 12 mothers in this study talked about encouraging their child's interest in literacy by allowing their child to choose books to read and supporting their child's choice of topics and genres in reading and writing. Tiffany expressed the importance of this by saying:

> We would go to the library and get tons and tons of books at the library, go read, read, read, read, read. He loved that. He would pick the books because you have to make something that they're interested in.

Four other mothers also specifically talked about encouraging their children to choose books to read at home and from the library. The majority of mothers made a point to say they did not have a preference for what their child read, as long as they were reading. For example, Dana shared her perspective this way, "I just want to continue to stress to my children that it's okay if you want to read comics. It's okay if you want to read cookbooks. It's okay... Just keep reading." Similarly, Leah shared how she tried to engage her oldest daughter's interests to guide both literacy and language development: "We found out what she liked to read; "What is it you want to read? What can we get you interested in so we can get this language going?" Amber and Heather expressed similar views and emphasized the role of audio books in encouraging their child to read. For example, Amber said this about audio books:

> I love those and I think it's a wonderful way for him to access books more frequently without the stress. So, we've encouraged him to listen to audio books as much as he reads physical books. It's great and it's really started to develop, I think, a passion for him for reading.

Again, mothers revealed their focus on trying to understand the whole child, including the child’s interests, to best guide development in language and literacy. They were open and willing to expand their ideas of what counted as reading and writing if it meant their child was engaged in some form of literacy. One thing most of the parents noticed in this study was their child’s interest, and even love for, reading with a family member.

Connecting Through Reading

The sub-category of connecting through reading refers primarily to time spent reading aloud and the relational closeness that often comes with a parent and child reading together. This category also includes ways in which language was used to connect family members and discuss stories as well as the desire on the part of the child to connect with a parent through reading. Seven of the mothers in this study specifically mentioned reading together as an activity that their child “loved” and an experience that fostered relational closeness. For example, Dana used reading aloud to her children as her primary one-on-one time with each of her children. Leah described their family reading time as “nice and snuggly.” Three other mothers saw reading together as way for other family members to play a role in developing their child’s literacy and language skills, explaining that siblings and fathers were often the main participants in reading aloud with their child with a disability. Amber emphasized the idea of shared literacy experiences bringing family members together, saying she felt her son was, “really developing a love of reading because it's something that he feels like he can connect to other people in the family on.” Mothers viewed talking about stories in the car or during down time at home as an avenue through which to continue working with their children on language and comprehension in an engaging, relational way. In addition to reading aloud together and talking about reading, some mothers mentioned other literacy activities that contributed to building family connections. For example, one mother encouraged her daughter to become pen pals with her grandmother which not only gave her daughter a meaningful reason to write but encouraged a relational connection that inspired “joy.” She described her daughter’s response to receiving a letter in the mail: “You'd think that Santa Clause had showed up at our house personally. She loved it. She soaked it up.”

While the majority of mothers talked about connecting through reading with their child in some way, this was not true of all participants. Mothers who did not mention reading aloud to their child or building literacy skills in the context of connection felt their child “wasn’t really interested in books or reading,” “doesn’t enjoy reading,” or saw reading as an independent activity. They also talked about teaching reading and writing as being the job of schools, not parents. Interestingly, two of these mothers said little to nothing about encouraging their child’s interests related to literacy, although they were “open for any suggestions.” These differences suggest that there is a range of viewpoints among mothers of children adopted from China with disabilities related to their role in guiding language and literacy development. Some mothers saw their role as “guide” in their child’s language and literacy development as very active and integrated into their relationship and interaction with their child, while others saw it as separate and more connected with school and academic success. Regardless of how participants viewed their role in guiding language and literacy, every mother in this study felt that advocating for their child in educational settings was a critical part of their responsibility as a parent.

Advocating in Education

Advocacy was the overarching theme that emerged from focus group and interview data related to special education and school supports. As one mother put it, “Part of...the parent’s job is to…advocate for what your child needs.” Another mother stated, “Definitely be their advocate.” The term ‘advocacy’ and the idea of being an ‘advocate’ were initiated by participants in the focus group discussions involving experiences with special education programs and services. Advocacy was added as a topic in the interview protocol based on the extent to which advocacy was talked about in the focus groups.

Discussions about advocacy most often referred to advocacy in schools, but some mothers also mentioned advocating within their extended family and in medical settings. Participants reported multiple reasons for needing to advocate for their child in school, including advocating for an initial special education evaluation, advocating for services, advocating for correct IEP implementation, and advocating to address cultural awareness issues and protect their child from bullying. Educating professionals about their child’s unique needs and addressing misperceptions or lack of awareness about adoption, trauma, and racial differences was a main area of advocacy for the mothers in this study. Frustration with navigating the special education system was expressed by nine of the 12 participants, with comments like “I just have to keep pushing and pushing,” “it was a struggle,” “there were so many steps,” and “it’s a lot of fighting.” Perceptions of specifically feeling “like you’re fighting the school district” were shared by at least four participants, highlighting the view that working with schools to meet their child’s needs often felt adversarial rather than collaborative.

When working with schools and navigating the special education system, mothers emphasized the need for open communication and collaboration between parents, teachers, administrators, and other support providers. Perceptions of teachers, administrators, and schools were both positive and negative, but connected with how mothers viewed their relationship with school professionals, the quality of the schools' reading program, and whether or not mothers felt "heard" related to their child's needs. All the participants in this study were intentional about communicating with teachers, attended their child's IEP meetings, and were concerned about their child's needs being met in school. While some mothers felt they had to "fight" and advocate more than others, each participant was involved in their child's education. In fact, the only mother who said she had not needed to advocate for her children in school described herself as "all up in the district's business" because of her participation on various parent committees. The following sub-categories in this section will be discussed in more detail: (a) educating professionals; (b) navigating the system; (c) collaborating and communicating; and (b) perceptions of teachers, professionals, and schools.

Educating Professionals

Educating professionals originally emerged as an *in vivo* code and refers to the perceptions and experiences of participants in communicating their child's needs to teachers and other school personnel. Mothers specifically talked about needing to educate their child's teachers and IEP teams about the realities of institutional living, trauma, and international adoption. As one mother stated, "I had to do a lot of *educating of professiona*ls about what it means to grow up in an orphanage in China and what that looks like, how there is no access to books, there's no access to toys…" As previously mentioned, these ideas were brought up by several parents in the focus group discussions and added to the interview protocol to understand how participants perceived pre-adoption experiences in the context of language and literacy development.

As previously discussed, the mothers in this study really sought to “see the whole child” in order to understand their child’s strengths and needs – this was a main focus for participants when they were “educating professionals.” One mother said, “I definitely think in a lot of classrooms, the teachers don't have time … to think about each child differently. It's like a one size fits all. These kids tend to obviously have more unique needs.” In expressing her frustration in trying to advocate for her daughter in school, another mother felt “no one understands” what her child needs and she had to do a lot of explaining to teachers and IEP teams. While this sentiment was true related to a child’s disability, it was also emphasized in the context of trauma. Several mothers mentioned the need for professional development in “trauma training” and “managing trauma behavior.” One mother described bringing in journal articles and a CAT scan of her child’s brain to an IEP meeting to help the professional team members understand why the family was “so desperate to get him the service that he needs.” The following quotation summarizes many of the challenges mothers faced when educating professionals:

> There was a lot of misinformation, lack of awareness and education, about early trauma, what it means to live in institutional settings, how that affects children, what is truly bilingual and what is not bilingual, what warrants ESL and what is actually speech issues. I still would love for teachers to really understand on a much deeper level the impact that trauma has on everything… trauma is not only in certain zip codes in this country, it's everywhere and it comes from all different family backgrounds.

This mother articulated what she saw as gaps in teacher knowledge not only related to her own children, but also in connection with the larger issues of second first language learning and trauma. In addition to educating teachers and school personnel about trauma and their child’s unique needs, participants experienced needing to explain cultural differences.

Several mothers shared about times they had to advocate due to a lack of cultural awareness. For example, one participant described the following experience with her son’s kindergarten teacher:

> She calls me in, and she says, "We have big problems." And I was like, "Well, what's the problem?" And she goes, "Well, at lunch time he's eating, and he's got the food all over. He's got it everywhere. And it's like he doesn't listen to me." I said, "Well, he doesn't understand you, first of all. You're talking too fast. And do you realize that this is the first year he's ever had a sandwich before? Because he didn't like sandwiches …He didn't want peanut butter and jelly, but I have to send him something to school." So, and I said, "Well, this is something totally new for him. He's never had this peanut butter and jelly sandwich … and then he goes and squishes it in his hands. He doesn't understand.

Another mother shared a similar experience with the added element of peers, recalling needing to tell her sons' teacher:

> Hey, my kid loves bringing dumplings every single day for lunch. It's his favorite lunch. He won't bring them anymore because a couple of kids in class said that they smelled nasty, because that's not the food that normal people eat here." That moment just broke me, I mean literally just... He's basically like, "The kids think that my Asian food smells, so I can't be Asian at school."

For these two mothers, their children's food preferences in combination with their cultural and linguistic differences required advocacy due to professionals' limited understanding or lack of awareness. Peer interactions were not a topic directly addressed in this study but came up as reasons mothers needed to advocate for their children in schools on top of advocating for supports and services. Educating professionals on matters of institutional living, trauma, international adoption, cultural awareness, and their child's unique needs was ongoing for mothers as they navigated the special education system.

Navigating the System

Navigating the system refers to mothers' advocacy journey through their child's education, including the special education eligibility process, choosing schools, and involvement in annual IEP meetings. How participants experienced navigating the special education system varied based on the participant's prior experiences, knowledge, and the school district. For example, one mother had an older, biological child in special education, so she knew how to navigate the system in her district and what to ask for to get her children's needs met. The experience was different for mothers new to the school system, especially related to navigating the special education process, and those who felt they needed to fight to obtain an initial evaluation or continuously fight for services. Participant perspectives on navigating the system also related to their child's unique needs and how they viewed their child's potential success within a specific school, classroom, or curriculum.

Navigating the Eligibility Process

The initial evaluation and eligibility phase of the special education process was mentioned by several participants as a time of navigating a lot of "red tape" and feeling "frustrated" at the delays they encountered. One mother expressed, "I should have done more earlier, but I just I didn't understand it all." Several other mothers expressed aggravation and anger at the fact that the evaluation process did not consider the unique situation and experiences of their children, therefore delaying services. One mother shared, "It'll probably make me angry for 20 years that we had to wait as long as we did to have him tested." Similarly, another mother said, "It isn't, wait and see...as an internationally adopted child, you can't do that because their base starting point is so different from a typically developing child." While these mothers were trying to educate school professionals about their child's needs, they simultaneously felt "put off" by school districts that delayed or denied special education evaluations. One mother expressed her sense of unfairness related to this situation saying, "(The school district) want(ed) him to be home another year before he's actually tested. But if he was a biological child and he was having those same issues … he would be tested." These mothers believed that schools were using a "wait to fail" approach with their children and could not understand why "you do that to a child," especially when it was clear to these mothers that their children were struggling. Given that all the children discussed in this study were eventually found eligible for special education services, the mothers quoted above felt a strong sense of frustration when recounting their experiences navigating the special education eligibility process. However, all participants did not share this negative experience.

Two mothers experienced relatively easy access to special education services, especially compared to other participants. One participant stated, “We didn't have to fight for anything because they knew the kids were coming, but also because their physical disabilities are obvious…they qualified on orthopedic disability.” Another mother attributed an “easy” eligibility process to her son’s “severe speech delay from the cleft palate.” Having an IEP in place for one disability made it easier for mothers to access resources for their child’s other needs but did not guarantee additional services. Although her child received special education services for a visual impairment, one mother felt she had to “fight pretty hard” to get speech therapy as well. When mothers felt their child’s needs were not being met in their public school district and/or current school, they looked elsewhere, seeking an education that would best fit their child’s needs.

Choosing the Right School

For the majority of participants in this study, navigating the special education system went hand in hand with navigating the school system as a whole. Four of the mothers in this study sent their child to the local public school, feeling that the district was “good to my kids” or out of a desire to keep the child with their siblings and neighborhood friends. The other mothers, however, had changed school districts or schools at least once, seeking understanding teachers and a classroom setting that would meet their child’s needs. One mother shared that her family purposefully moved to a district in a neighboring state because it believed “so much in the inclusion piece,” while another enrolled her child in a public online school and felt “taking him out of the classroom environment” allowed him to “catch up” and not “feel pressured” by his peers’ abilities. At the time of this study, three of the mothers sent their children to private schools and one was considering switching her daughter from a public to a private school. Some of the main reasons parents cited for choosing a private school were smaller class sizes and more individual attention. One mother shared, “I have her at a very small Christian school where they love her and are very nurturing... there's 11 kids in her class. She's not drowning in a big classroom.” Another mother said that a public school Speech Language Pathologist (SLP) recommended a private school for her son, stating:

> (The SLP) said, "He won't do well in the school, you should look elsewhere." So, we honestly did look for another school and it worked out much better. We picked the school. It's a smaller school. He only has 14 kids in the class. The teacher can give great attention to him.

In explaining a similar decision, a different mother shared:

> Well, we could continue in … our public school district where she's going to be in a class of 25 and there's no guarantee on how many kids can have accommodations in a class… or we can put her back in the private school, where she would be in a class of 10, 15 at most, and where we also know the teachers because the boys have had those teachers before, too.

Again, the idea of smaller classes and a relationship with teachers appealed to these mothers because they saw it as an environment in which their child would get the attention and support they needed. This last quotation also reveals the importance of working relationships between parents and teachers. Part of choosing the right school, at least for these mothers, was finding a school with teachers who not only held similar values and beliefs (e.g., inclusion, religious beliefs), but also, were willing to communicate and collaborate with parents to understand their child and meet his or her needs.

Collaboration and Communication

Collaboration and communication, as a category, refers to the ways in which participants perceived their working relationships with teachers and other professionals. This category also includes mothers' experiences and perceptions related to direct communication with school professionals, among school professionals, and about their child. In connection with the larger theme of "Advocating in Education," several mothers described initiating discussions with teachers prior to the school year as a "pre-advocacy" strategy. These initial meetings often coincided with needing to educate professionals about their child's unique past and needs, especially related to understanding trauma. Participants also discussed their desire for frequent and consistent communication with teachers, particularly if they had a child who was unable to reliably communicate about their day due to the nature of his or her disability.

Nine of the 12 mothers in this study emphasized the importance of communication and collaboration in ensuring their child's needs were met and in promoting their child's success in school. One mother expressed it this way, "You have to work together as a group…otherwise you're never going to achieve anything…I'm a partner with the teachers." Mothers were willing and able to be problem-solvers with teachers. As one participant shared, she "spent a lot of time emailing back and forth on things that work, things that don't work, how to go about it." Another mother agreed that a parent-teacher partnership was best, saying, "I think… communication with parents is huge, because then you can be on the same page with the teacher, and if they're having issues, you can potentially help address it, or vice versa." Despite the desire of mothers to be partners with teachers in their child's education, several mothers felt the school was not adequately communicating, or worse, ignoring their concerns and efforts at collaboration entirely. In describing her attempts to communicate her concerns with her daughter’s teachers, one mother shared:

> I felt like we never really got much feedback from her teacher last year to really know what was going on at school…We did bring up concerns at the teacher conferences about her listening comprehension and things like that and her teacher really didn't pick up on any of the things we were concerned about… I didn't feel like it was much of a partnership with her public school teacher last year.

Another mother shared her difficulty in establishing any sense of communication and collaboration with her son’s reading specialist. She described efforts to communicate with her son’s reading specialist as “fruitless” and referred to an “incredible lack of communication amongst the faculty” at her son’s elementary school. The idea that professionals should be communicating and collaborating with each other was a view shared by several participants. Two different mothers specifically mentioned the benefits of collaboration among all of the teachers and therapists working with their children as well as their willingness to connect professionals to make collaboration happen. One mother suggested special conferences with teachers and related service providers to “really understand, let the parents articulate concerns they have that are beyond academics, which are the social, emotional needs, the physical needs. Whatever types of things that the parents have learned over the years that would help the child succeed.” As this last quotation suggests, the mothers in this study were willing to put in the time to establish relationships with the teachers and other professionals who worked with their child; their goal was to help their child succeed, but they did not always feel heard or understood in this endeavor. How mothers perceived their relationship with teachers and school professionals was related to how well they felt educators communicated, collaborated, and listened to their concerns.

Perceptions of Teachers, Professionals, and Schools

Acting as the main advocate for their children was a role heavily influenced by the attitudes, actions, and policies of the local school district. Participants described their perceptions of teachers, professionals, and schools in the context of how school personnel responded to mothers' communication and advocacy efforts, how their children were treated, and how they viewed a school's policies and curriculum. Views on the evaluation process also elicited strong feelings, as described in the earlier section on Navigating the Eligibility Process. Perceptions were either positive or negative depending on how well a mother felt supported by teachers, administrators, and related service providers. Participants specifically stated when they felt that a teacher "got it" and wanted to help and understand their child. Similarly, mothers did not mince words when talking about teachers or professionals who were unhelpful or resistant to learning about their child's needs. There seemed to be a clear distinction between mothers feeling heard or unheard by school professionals. There were also clear discrepancies between teachers who "got it" and those who misunderstood or brushed off a mother's concerns about her child's needs.

Positive Perceptions

Overwhelmingly, mothers' positive perceptions of teachers and administrators were associated with feeling like their child was understood. Several mothers emphasized the importance of having a collaborative relationship with teachers and knowing that the teachers cared about their child. One mother said, "(The teachers) have this relationship and they know her, and they know her background...They love her. They're like how can we best help her?" In reference to her child's speech and occupational therapists, another mother commented, "(They) just really understand what they're dealing with and how best to approach it and being in partnership with me and his dad have really been the difference makers." Similar ideas were expressed by other participants who described their children's teachers as "very supportive and very caring" and aware of each child's needs. Mothers recognized when educators were genuinely trying to teach and support their child and understand their needs. Positive perceptions were consistently noted when educators tried to collaborate and listen to mother's perspectives and concerns. As one mother shared upon a move to a new school district, "I was just amazed at how they looked at what's the best thing for (my daughter); I feel like this school district is looking at her as a whole child." In contrast, negative perceptions were associated with feeling unheard and a lack of collaboration.

Negative Perceptions

Negative perceptions of teachers, administrators, and related service providers were most frequently expressed when participants felt unheard or that their children were misunderstood. Disappointment and anger related to what mothers perceived as delays in the special education eligibility process were also shared. Saying that her son had "always been very happy to go to school," one mother shared her frustration with feeling unheard for several years as the school district delayed supporting her child's reading development and denied a special education evaluation:

> Now it's like he's struggling and hates it - that's the worst part about it is (that he) hates school, he hates reading, he hates math, he hates doing homework…it kills me because I feel like he struggled for so long and he's going to … lose the love of learning.

Notably, this mother's negative perception is connected to the impact she feels the school district's inaction had on her son's learning and motivation. The negative perceptions of other mothers similarly centered around the impact on their child. While some mothers were concerned about teachers erroneously holding low expectations for their child, others felt teachers did not understand their child’s accommodations and needs. Participants had negative views of teachers and related services providers whom they felt “(didn’t) try to understand what he need(ed) and customize the service for it” or “really didn’t care much.”

Negative views about a school’s approach to reading instruction were also mentioned, especially if parents perceived harm to their child. One participant had this to say:

> I will say the first two and a half years of school were a living hell for my son and I; the reading intervention that they put him in was contextual guessing which was a flipping nightmare…he was getting more confused by the words and more confused by what his reading tutor was telling him to do. And he would see M-O-T-H-E-R and say mom, and she would say good and it's not good when you're having trouble learning to read.

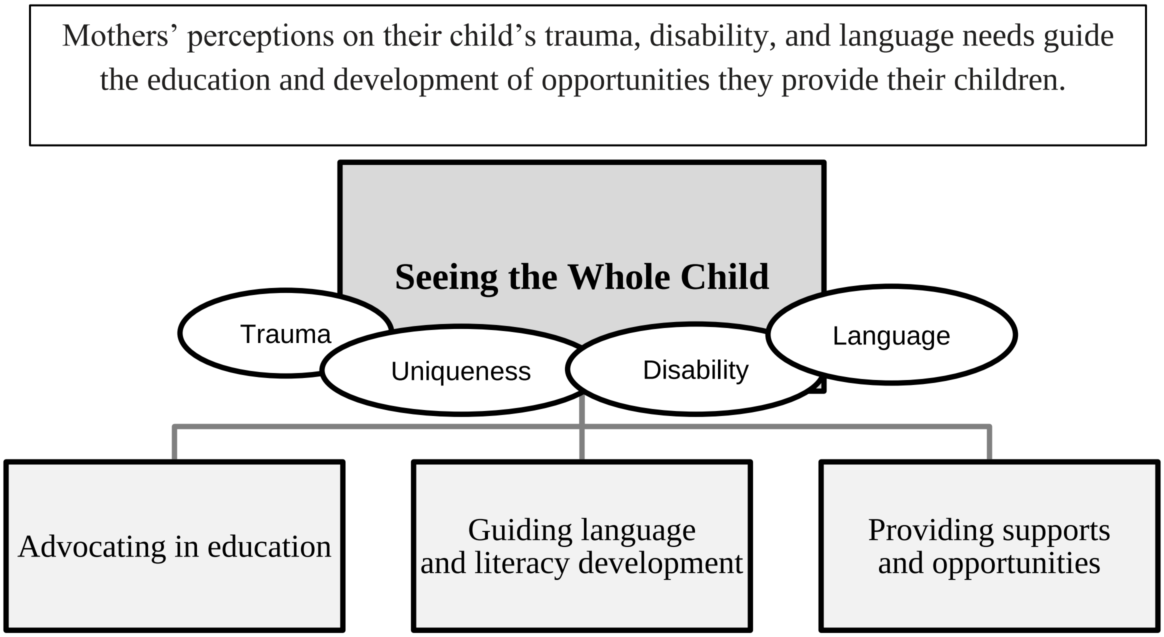
Another mother suggested she would need to “fight (her) school district” about a sight-word based reading program the school had implemented in her son’s classroom because she worried it might “cut my kid short and not give the opportunity” to learn to read independently. These particular mothers had professional experience in education and expressed stronger opinions about reading instruction than the other mothers in this study; however, their sense of needing to fight and concern for their child’s success was echoed by the majority of participants. As mentioned throughout this section on Advocating in Education, most of the mothers in this study felt some level of needing to “fight,” or “push,” or “keep the pressure” on teachers and school districts in an effort to ensure their child was both understood and given access to the resources and opportunities they felt their child needed for successful language and literacy development.

Grounded Theory of Mothers’ Perceptions on Language and Literacy Development

The results from this study provided valuable information and insights into how mothers of children with disabilities who were adopted from China view their child’s language and literacy development, provide literacy experiences and opportunities, and perceive language and literacy related special education services and school supports. The children discussed in this study represented a unique combination of characteristics and experiences related to language development, early trauma, and disability. Mothers' perceptions on their child's trauma, disability, and language needs guide the education and development of opportunities they provide their children. Analysis of the data in this grounded theory study points to a dominant category of "seeing the whole child," a theme that influences and informs the three other major categories that emerged from these data: (a) providing supports and opportunities; (b) guiding language and literacy development; and (c) advocating in education. As noted throughout this chapter, the topics of trauma, language learning, disability, and a child's unique needs ran throughout conversations about how mothers perceived a child's language and literacy development, how and why mothers provided literacy experiences and opportunities, and how they viewed special education and school supports and services. Therefore, the grounded theory synthesized from the data emphasizes that mothers' perceptions related to seeing the whole child influenced how they provided supports and opportunities, guided their child's language and literacy learning, and viewed their role as an advocate in educational settings. Figure 4 provides a visual model for this framework.

Figure 4

Grounded Theory Framework



Throughout the data, mother's comments continually circled back to their child's unique development, including language, trauma, and disability. How parents perceived their child as a whole person influenced what they felt their child needed, how they guided their child's learning, and their experiences with the special education system. The mothers in this study viewed their roles as providers, guiders, and advocates as connected to and informed by their child's experiences, feelings, strengths, needs, and interests. In navigating the complexities of international adoption, trauma, and disability with their child, mothers sought to see and understand all aspects of their children in order to provide them with the best supports and opportunities possible to promote their confidence, growth, and eventual independence.

Conclusion

The goal of this study was to examine the perceptions of parents related to the language and literacy development of their children with disabilities who were adopted internationally. Given the demographic of the participants in this study, the results were focused on mothers who had adopted children with disabilities from China. Overall, the results reveal that participants not only shared their perceptions of language and literacy development for their children with disabilities adopted from China, but also provided insight into the expectations, hopes, and challenges mothers of children adopted internationally (CAI) with disabilities may face when simultaneously navigating a child's various needs and a complex special education system. Mothers emphasized their journey to fully understand their child as a whole person, their ongoing desire to provide for and guide their child's language and literacy learning, and their perceived need to advocate in school settings and educate professionals about adoption, trauma, and disability.

CHAPTER V

DISCUSSION

Children with special needs due to birth defects, developmental delays, medical conditions and/or developmental disabilities now make up the vast majority of children adopted from other countries into the United States (CCAI, 2021b; Good, 2016). Additionally, many of these children spent time in government welfare institutions (i.e., orphanages) after their abandonment, a setting associated with poor developmental outcomes related to lack of individualized care, limited language and learning opportunities, high levels of stress, and inadequate medical care (D.E. Johnson, 2002; Hwa-Froelich, 2012; Rice et al., 2016; Tan, 2014). The combination of early traumatic experiences, institutional living, and disability places children adopted internationally (CAI) at high risk for persistent developmental delays, social-emotional challenges, and learning difficulties in school (Finet et al., 2016; Stother et al., 2019; Van Ijzendoorn et al., 2011). Although researchers have found remarkable improvement for some CAI in all aspects of development after adoption (D.E. Johnson, 2002; Rice et al., 2016), these children are still more likely to qualify for special education services and struggle with language and literacy (Scott, 2009; Van Ijzendoorn et al., 2005; Zill & Bradford Wilcox, 2018). Despite the need for special education services in CAI, these children and their families are largely missing from teacher education and professional development, leaving educators often uninformed on how best to support this population (Baker, 2013; Ertel, 2018). Thus, the primary purpose of this grounded theory study was to examine the perspectives of parents of CAI with disabilities in order to gain an understanding of how they perceive and support language and literacy development at home and how they view the needs of their children in school.

While this study set out to include both fathers and mothers of children adopted internationally with disabilities from a variety of countries, the only voluntary participants I was able to recruit were mothers of children with disabilities who had been adopted from China. The demographics of the participants in light of the larger purpose of the study will be discussed further in the limitations section of this chapter. Notably, China has been a leading sending country for international adoption into the United States since the 1990s and remains one of the few nations with thousands of orphaned or abandoned children in government welfare institutions available for adoption, many with congenital disabilities or significant medical needs (Raffety, 2019; Wang, 2016). The results of this study provided valuable insights into the perspectives of mothers who had adopted children with disabilities from China related to language and literacy development and experiences with the special education system in the United States.

My own role as a mother of two boys adopted from China, both of whom had birth defects and developmental delays, was the inspiration for this study. As shared in the Personal Reflection section, the lack of cultural awareness on the part of the early childhood special education team in our school district and my difficulty finding support and resources for my oldest son’s language delays motivated me to search the research and professional literature. Existing research with CAI related to language and literacy development tends to focus on measuring achievement in specific components of language, reading, or writing in relation to isolated variables such as standardized test scores, age, time in an institution, and adoptive family socioeconomic status (SES), with little attention to the role of parents or individual developmental trajectories (Rogers et al., 2015). The effect of parental influence and home environment on language and literacy development is well established in the research (Pelatti et al., 2014; Snow et al., 1998), as is the fact that most CAI show remarkable improvement in all aspects of development after adoption (D.E. Johnson, 2002; Rice et al., 2016). However, no research to date examines how parents who have adopted CAI with disabilities perceive, support, and influence their child's language and literacy development over time. Given that most adoptive parents are typically very engaged and invested in their child's development and education (Goldberg et al., 2021), the goal of this grounded theory study was to analyze parent perceptions in three areas: (a) their child's language and literacy development; (b) providing literacy experiences and opportunities; and (c) language and literacy special education services and school supports.

As previously stated, participants in this study were limited to mothers who had children with disabilities adopted from China. The results discussed in this chapter are therefore aligned with that population and neither inclusive of all parents who have CAI with disabilities nor representative of CAI with disabilities from countries other than China. However, the similarities among the 12 participants in this study as mothers of children with disabilities adopted from China were complimented by differences in geographic location, number of children, characteristics of children, and distinctions in both professional and cultural backgrounds. Findings from this study reveal the central role mothers play in their child's language and literacy development as well as the complexities and challenges associated with the intersecting issues of international adoption, trauma, language learning, disability, and special education. The results suggest mothers of CAI with disabilities from China seek to understand their children, provide for their children, and guide their children's development much like other parents, but do this in a way that recognizes and advocates for the unique characteristics and past experiences of each individual child, especially in relation to early trauma and disability. Results of this study provided guidance for special education teams and teachers, pointing to the importance of listening to parents, trauma-informed classrooms, and seeing the whole child in order to understand and support unique strengths, interests, and needs. The results are discussed in relation to the grounded theory framework described at the end of Chapter IV.

Restatement of the Research Problem

Children adopted into families who speak a different language than that of the child's birth country experience an abrupt language shift, as is the case with many CAI with disabilities (Hough & Kaczmarek, 2011). These children become second first language learners, typically dropping their native language, and solely using the language of their adoptive family (Rakhlin et al., 2015; Scott et al., 2011). While adoption often becomes a protective factor for CAI with disabilities and they experience significant catch-up in their cognitive and language skills (Finet et al., 2109), those with the most extreme pre-adoptive backgrounds demonstrate persistent language deficits that continue to affect literacy and academic skills as they progress through school (Beverly et al., 2008; Delcenserie & Genesee, 2014a).

The unique combination of being a second first language learner with a disability, along with the trauma experience of spending critical developmental years in an institutional setting without a primary caregiver, makes children adopted internationally (CAI) with disabilities an important group for teachers and other service providers to understand. Reading is one of the most important skills learned in the elementary years of childhood (O'Connor, 2014; Turkeltaub et al., 2005), yet we know very little about how the language disruptions experienced by most CAI effect reading development or how language impairments or gaps in oral language skills in

CAI influence their literacy learning. As a core influence in their child’s life, parents often play an integral role in the language learning of their adopted children and offer an important perspective for educators (Finet et al., 2019; Hamilton & Forgacs-Pritchard, 2020). The connection between the home literacy environment along with parent-child engagement in literacy activities and a child’s later reading and writing skills has been well established in the research (e.g., Hoff, 2005; Landry & Smith, 2005; Pelatti et al., 2014; Weigel et al., 2007). Furthermore, gaps in language and literacy skills in early elementary school seldom close over the course of childhood and adolescence, and a significant body of research points to the importance of home environments for literacy development (Landry & Smith, 2005; Pelatti et al., 2014; Snow et al., 1998). Yet, there is limited to no literature on parental involvement in language and literacy development for CAI with disabilities (Tan et al., 2017).

The primary purpose of this grounded theory study was to examine the perspectives of parents of CAI with disabilities in order to gain an understanding of how they perceive and support language and literacy development at home and how they view the needs of their children in school. The results were limited to the demographics of voluntary participants. Twelve mothers of children with disabilities who were adopted from China participated in this study through a questionnaire, focus groups, and individual interviews. Through constant comparative analysis of data both during and after data collection, the major themes and categories were synthesized into a grounded theory framework (see Figure 4). To inform the development of this conceptual framework and guide this study, the following research questions were posed:

Q1 How do parents perceive the language and literacy development and related educational needs of their children with disabilities who were adopted internationally?

Q2 How do parents provide literacy experiences and opportunities for their children with disabilities who were adopted internationally?

Q3 How do parents perceive language and literacy special education services and school supports for their children with disabilities who were adopted internationally?

An analysis of the data resulted in four main categories or themes that explain the overarching topic: mothers' perceptions on their child's trauma, disability, and language needs guide the education and development of opportunities they provide their children. The four main categories, or selective codes, emerging from the data were: (a) seeing the whole child; (b) providing supports and opportunities; (c) guiding language and literacy development; and (d) advocating in education. In this chapter, the four categories, with their relevant subcategories and related themes, are discussed in connection with each research question and compared to the current literature. This discussion is in the context of the grounded theory framework depicted in Figure 4, which shows the perspective of "seeing the whole child" as influencing and informing mothers' views in the other three categories. Themes and ideas under "seeing the whole child" are most applicable to research question one but woven throughout the discussion of each subsequent research question due to the way in which mothers' perspectives in this area influenced their views on other topics. Research question two is primarily supported by the two categories of "providing supports and opportunities" and "guiding language and literacy development," and research question three aligns with the category "advocating in education." Throughout this discussion, the grounded theory framework is revisited in order to depict the relationships among ideas and describe the emerging interconnectedness of "seeing the whole child" with other categories.

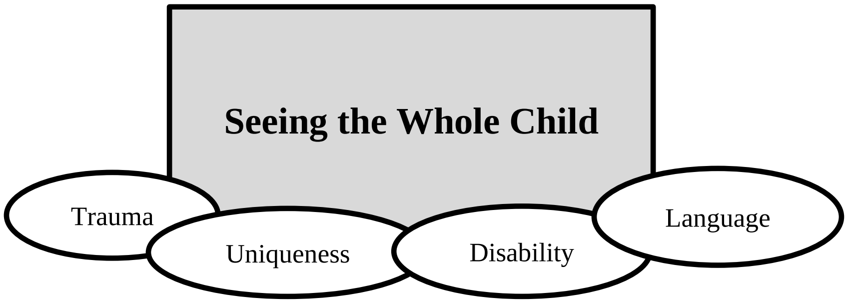
Research Question One

Q1 How do parents perceive the language and literacy development and related educational needs of their children with disabilities who were adopted internationally?

The findings of this study show that participants perceived the language and literacy development and related educational needs of their children adopted internationally (CAI) with disabilities through the lens of their child as a whole person, inclusive of the child's pre-adoption experience, physical and medical needs, social-emotional needs, relational needs, cognitive and linguistic needs, and personality. The main selective code of "seeing the whole child" combined four subcategories created from the focused codes to describe the multiple factors that influenced mothers' perceptions of the language and literacy development and educational needs of their CAI with a disability. The four subcategories were identified as (a) trauma; (b) uniqueness; (c) disability; and (d) language. The relevant section of the grounded theory framework is depicted in Figure 5, showing the overlapping nature of how mothers perceived their child's development and needs in an effort to see the whole child. For the mothers in this study*, seeing the whole child,* meant understanding *trauma*, understanding *uniqueness* in development, navigating complex needs related to *disability,* and understanding *language* learning.

Figure 5

Q1 and Grounded Theory Framework



Trauma and Seeing the Whole Child

Early, pre-adoption trauma was perceived by most participants as effecting their child’s language and literacy development and influencing their educational needs. Research shows that significant trauma prenatally and/or in early childhood fundamentally alters brain chemistry and activity, often showing up in the elementary years through difficulty with language, word retrieval, writing, behavioral regulation, and memory (Call et al., 2014; Flannery, 2016). Every participant in this study reported at least one of these difficulties in their children. The effects of early trauma due to neglect or deprivation in institutional settings also played in role in the developmental and educational needs of many children discussed in this study. Most participants described difficulties their children had with emotional regulation, meeting behavioral expectations, physical or social immaturity, and learning delays. This is consistent with research focused on the effects of institutional deprivation in children (Eigsti et al., 2011; Hwa-Froelich, 2012; D.E. Johnson, 2002; Rice et al., 2016; Tan, 2014; Van Ijzendoorn et al., 2011). Some mothers shared specific examples of how they felt early trauma impacted their child’s educational needs; needing to feel safe with teachers, needing to fidget, and needing physical space from authority figures were all mentioned as trauma-related needs in school. Notably, the participants who spoke the most about trauma in the context of their child’s development also had the oldest children, supporting the fact that the effects of early trauma due to institutional deprivation may be evident through adolescence in CAI (Finet et al., 2016). The topic of trauma pervaded discussions in several areas of this study and served as way mothers sought to make sense their child’s development and disability.

Uniqueness, Disability, and Seeing the Whole Child

Participants' discussions of aspects of their child's language and literacy development often brought up a child's unique developmental and educational strengths and needs. Understanding a child's unique developmental trajectory was important for mothers in this study because it informed how they viewed the interaction between language and literacy. The ways in which mothers perceived their child's needs and development, especially related to disability, influenced how they provided supports and opportunities, guided language, and literacy learning, and how they advocated for their children's educational needs in schools. Due to the interconnectedness of a child's unique development and disability-related needs, these subcategories will be discussed together. The results of this study reveal that mothers' expectations for development and mothers' perspectives of their child's disability influenced how they viewed language, literacy, and educational needs for their child.

Expectations and Development. Most of the mothers in this study adjusted their expectations in the context of their child's unique life experiences, strengths, and challenges. For example, Leah and Heather, who both had two children with disabilities adopted from China, shared differences in language and literacy development between each of their children. They explained how these differences influenced their expectations and ways in which they provided supports and opportunities, which will be further discussed in the context of research question two. While mothers varied in how they described their expectations for language and literacy, all of the participants in this study expected their children to eventually learn to read independently and develop effective social communication skills. Mothers also talked about emotional and motivational needs for their children in school, such as the need to feel confident, the need to feel able to do things like peers, and the need to be interested in learning topics, further demonstrating mothers' ability to see the whole child.

High parental expectations combined with parent involvement in education is associated with better academic outcomes for adopted youth (Goldberg et al., 2021). However, research suggests that educated parents have high expectations for their children which, if not met, can lead to stress and dissatisfaction with a child's performance or abilities (Miller et al., 2021). While this may be true for adoptive parents generally, the mothers in this study intentionally adopted a child with special needs, and many adjusted their expectations accordingly. Like findings in other research, mothers who conveyed positive, realistic expectations for their child were less stressed about their child's progress (Miller et al., 2021) than mother's who felt their children were further behind than expected. The mothers in this study most commonly expressed a pragmatic perspective of developmental expectations that accounted for a child's potential, strengths, and weaknesses (Goldberg et al., 2021). This observation suggests that mothers who have adopted children with known medical needs or disabilities may have different expectations than other mothers with similar educational levels and experiences.

Disability-Related Needs. The nature of each child's disability, and how mothers understood their child's disability and educational needs, revealed challenges with navigating the complexity of needs presented in many of the children discussed in this study. Mothers' perceptions of their child's language and literacy development and educational needs were complicated by issues related to the interconnectedness of trauma and language learning with disability and overall development. For example, ADHD symptoms in adopted children are often indicative of underlying, unprocessed trauma (Greenwood, 2020). Research also points to higher incidences of sensory issues, inattention, hyperactivity, oppositional traits, and difficulty regulating behavior in CAI (Jacobs et al., 2010), characteristics that made finding a diagnosis to help explain a child's language and literacy challenges difficult for some mothers in this study. In describing the long process of trying to find answers that explained their child's challenges, especially related to disabilities like autism and specific learning disability, mothers in this study emphasized the challenges of navigating complex developmental trajectories for their children, a finding supported by other research with parents of CAI (Emery et al., 2020). Additionally, because 11 of the 12 mothers in this study adopted a child from China into a primarily English-speaking home, the issue of language learning informed and influenced participant perspectives on their child's language and literacy development.

Language Learning and Seeing the Whole Child

Mothers' views on language and literacy development and the educational needs of their CAI with disabilities was not only complicated by influences of early trauma and the nature of a child's disability, but also impacted by the child's experience as a second first language learner. Language learning for the children in this study varied based on their age at adoption, medical needs, and disability. Only four mothers described their child as speaking at the time of adoption, two of whom adopted their child at four years old. The majority of mothers described their child as babbling or not speaking at all, a significant observation given that all but one child was over the age of two at the time of adoption. Mothers who spoke Mandarin also noted their child had a limited understanding of their birth language, suggesting little language exposure in an institutional setting. This observation is consistent with research that reveals most CAI may not have developed their first language enough to use (Rygvold & Theie, 2016) and represents a major difference from other English Language Learners. This difference helps describe why most mothers in this study perceived their children's language development as unique and dependent on the type of language used.

Similar to findings in other research, mothers in this study described significant catch-up in language learning after adoption (Finet et al., 2019; Gauthier et al., 2013), saying their children learned English very quickly. However, several mothers had concerns about their child's lower vocabulary knowledge and difficulty with academic language in school. While the ability to acquire social communication and easy words is not significantly delayed in most CAI without disabilities, CAI may take longer to develop larger vocabulary and develop proficiency in semantics, morphology, and syntax due to lack of early exposure (Gauthier et al., 2013; Hough & Kaczmarek, 2011). As previously noted in the review of the literature, much of the research on language and literacy skills in CAI exclude those with health conditions and/or disabilities. Given that each CAI discussed in this study had a disability, it is not surprising that mothers noticed language and vocabulary gaps in their children, difficulty with grammar, and low comprehension. Research with CAI without disabilities indicates that approximately 20-30% struggle with language comprehension and/or reading (Desmarais et al., 2012; Helder et al., 2016; Hough & Kaczmarek, 2011), but 100% of mothers in this study described seeing some degree of these difficulties in their children. Although all mothers described their children as able to communicate effectively in social settings, several had concerns about more advanced use of language, especially in relation to academics and comprehension. This concern is important given that the limited research on reading comprehension in CAI suggests that, while oral language skills may catch up, written language and literacy difficulties may become more visible as children progress through elementary school (Rygvold & Theie, 2016). Overall, how mothers viewed their child’s progress with language and literacy was connected to their beliefs about the importance of literacy and their role in their child’s development.

Views on Language, Literacy, and Educational Needs

Parental beliefs about literacy are important to reading and writing development; parents who believe in taking an active role in their child’s early literacy development, as opposed to thinking it is the school’s responsibility, are more likely to promote literacy-based activities in the home and encourage their child’s reading and writing development (Pelatti et al., 2014; Weigel et al., 2007). This finding was supported by the results of this research. Mothers who felt primarily responsible for their child’s language and literacy development talked about engaging their children in a multitude of literacy activities at home, including reading aloud and establishing structured time each week to directly build literacy skills. These mothers were also more likely to mention integrating reading activities as soon as they became parents. In contrast, those who viewed literacy development as the job of teachers and schools talked less about working with their child at home and focused more on providing therapists and tutors. Related to this was how confident mothers felt in teaching their children language and literary skills. Similar to the findings of other research, several adoptive parents in this study felt they lacked post-adoption support related to their child’s disability and language needs (Good, 2016; O’Dell et al., 2015). While all mothers in this study revealed a sense of responsibility for their child’s language and literacy development, how they provided supports and opportunities differed based on their perspectives of language and literacy development and their views on their role in meeting their child’s educational needs.

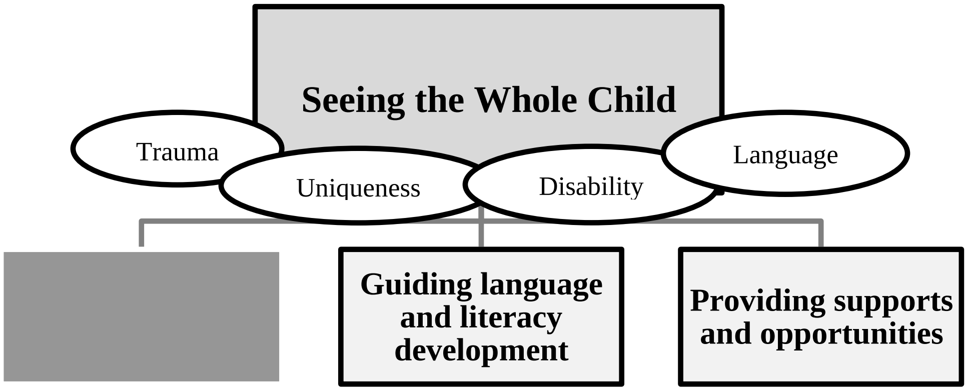
Research Question Two

Q2 How do parents provide literacy experiences and opportunities for their children with disabilities who were adopted internationally?

The results of this study showed that participants provided literacy experiences and opportunities for their children adopted internationally (CAI) with disabilities in a variety of ways. Findings suggest that participants not only provided supports, resources, and opportunities for their children, but also guided their child's development, often working closely with the child to develop language and literacy skills. The two selective codes of "providing supports and opportunities" and "guiding language and literacy development" combine to address research question two and explain how mothers in this study provided literacy experiences and opportunities for their children with disabilities who were adopted from China. Both selective codes, or categories, discussed in this section are connected to, and stem from, the ways in which mothers sought to see the whole child and subsequently meet the unique needs of that child. As shown in Figure 6, an excerpt from the grounded theory framework in Figure 4, the ideas related to "seeing the whole child" flowed into how participants perceived and explained the ways in which they provide for and guided their child's literacy development. Thus, the two ways in which mothers provided literacy opportunities and experiences for their child with disabilities adopted from China were by providing supports and opportunities and guiding language and literacy development.

Figure 6

Q2 and Grounded Theory Framework



Providing Supports and Opportunities

Many parents who adopt children internationally are well-educated and engaged in their child’s language and academic development (Rygvold & Theie, 2016), and the mothers in this study were no exception. As highly educated women, it is not surprising that the mothers in this study provided their children with stimulating home literacy environments (Meng, 2021). Several mothers talked about having books everywhere, reading together, and frequently visiting the public library. Generally, mothers in this study supported their child’s language and literacy development through the lens of “seeing the whole child” and making decisions by prioritizing the child’s needs. For example, every child in this study had received speech and language therapy at some point, many from both private and public therapists, and sometimes in addition to occupational therapy, play therapy, and/or reading tutoring. How and when therapies were provided depended on the ways in which mothers viewed their child’s needs as well as mothers’ beliefs about their role in their child’s literacy development.

How mothers provided supports and opportunities was not only related to their beliefs and the child’s needs, but also connected to their own knowledge and resources. Most of the mothers in this study had other children and several had professional experiences and knowledge that informed the ways in which they provided for the language and literacy development of their CAI with a disability. Although participants drew from prior experience and knowledge to help their child, every mother mentioned doing research on her own or attending trainings to learn how to support their child’s unique needs. Some participants also expressed the desire for more post-adoption support, related to language and literacy development. This is consistent in other research; parents of CAI report needing to find assistance on their own and often seek post-adoption support through social media and from other adoptive families (Miller et al., 2021; O’Dell et al., 2015). Specifically, a lack of information and professional knowledge on language development and strategies for CAI with disabilities can leave parents feeling ill-prepared to support their child’s language, speech, and communication development (Good, 2016; McAndrew & Malley-Keighran, 2017). Adoptive parents may be more likely to seek help and services than other parents (Van Ijzendoorn et al., 2005), but the mothers in this study described also needing to figure a lot out on their own in addition to obtaining professional speech and language therapy for their child. Drawing from their own knowledge, professional and parenting resources, and new learning, participants in this study approached guiding their child’s language and literacy development in relation to their child’s unique needs.

Guiding Language and Literacy Development

Guiding language and literacy development refers to the ways in which participants in this study worked directly with their children with disabilities who were adopted from China to engage the children in literacy experiences and opportunities. At home, mothers reported trying to supplement outside therapy and academic learning in school through a variety of ways, depending on their child's unique needs, disability, and language development. While some mothers reported reading books and singing songs with their children as soon as they were adopted, others prioritized basic communication skills. Several mothers mentioned using sign language and deliberately naming objects around the house to teach vocabulary. Others focused on integrating music, songs, and books into daily life. Every mother mentioned doing at least one of the following literacy practices that are positively associated with reading skill development: reading books together, storytelling, singing songs, drawing pictures, playing games, and reciting nursery rhymes (Kim et al., 2015; Landry & Smith, 2005; Weigel et al., 2007; Wolf, 2007). Although research with CAI notes the importance of parents in literacy development in the early years (e.g., Hough & Kaczmarek, 2011), there is little to no research on parenting approaches and outcomes, especially for CAI with disabilities (Helder et al., 2016). Thus, although limited to CAI from China, the results of this study offer insight into how mothers of CAI with disabilities provide for and guide their children's literacy development. Mothers in this study consistently and purposefully guided their child's literacy skills in three ways: (a) working on language and literacy skills; (b) utilizing literacy to build relational connections; and (c) encouraging their child's interests.

Working on Language and Literacy Skills. All the mothers in this study directly worked with their child to develop language and literacy. As noted in the results section, mothers reported implementing strategies (e.g., taking turns reading, studying strategies, questioning to check comprehension), using technology to promote literacy (e.g., audio books, learning apps), directly teaching specific skills (e.g., vocabulary words, teaching letters), and purposefully and explicitly using language to teach children new words, all actions that are consistent with proven ideas from research on children’s reading development (Ambruster et al., 2006). Three mothers also implemented specific reading programs with their children at home, emphasizing the need to find what worked for their individual child and supplement learning in school. Additionally, parents incorporated literacy activities into daily life, using environmental print like cereal boxes, shopping lists, and household items to teach letter sounds, words, and spelling, all activities encouraged for early reading development (Winn, 2018). The majority of the mothers also reported that they, or another family member (e.g., father, sibling) spent time reading aloud to their CAI with a disability. During reading time, open-ended questions were asked to build and assess their child’s comprehension and vocabulary or encourage the child to think about how the story connected to their lives. Research shows that questions and discussions about stories and books at home can help build vocabulary and comprehension in children in kindergarten through third grade (Ambruster et al., 2006). However, mothers differed in how they viewed their time reading with their children. Mothers with children in second grade or above talked more about working with their child to read independently rather than reading storybooks aloud for pleasure.

Future research is needed to examine how parent’s approach to supporting their child’s literacy development changes throughout elementary school (Meng, 2021), especially in relation to children adopted after infancy or toddlerhood. Researchers have found that mothers of CAI in toddlerhood (under the age of two) tend to communicate like mothers of children with special needs, using a lot of repetition due to the lack of attention of the child (Gauthier et al., 2013). However, there is no research on this for older CAI with disabilities. Interestingly, several mothers shared that her husband, the child’s father, did most of the storybook reading. Research suggests that shared book reading allows both mothers and fathers to help their children develop important literacy skills (Green & Cooper, 2008), and the quality of parental assistance and encouragement in this endeavor is related to parent-child attachment and academic outcomes (Meng, 2021). Given the importance of developing a secure parent-child attachment relationship after adoption (Hwa-Froelich, 2012), the potential for shared book reading time to contribute to positive parent-child bonding is worth exploring.

Building Relational Connections. Connecting through reading was an idea that emerged from how mothers described their child's reading and writing interactions. The benefits of reading aloud to children are well-established, but perhaps less realized is how parent-child attachment can develop through the combination of hearing written language and feeling loved (Winn, 2018). Language and stories can also help children process early trauma by providing the words and contexts that help them explain their experiences, especially when trauma was experienced before language development (Greenwood, 2020) as was the case for many of the children discussed in this study. Storybook reading characterized by warm, supportive, and responsive parents stimulates positive parent-child interactions and can help expand a child's linguistic knowledge (Meng, 2021). Moreover, responsive, and interactive shared reading time can enhance the emotional bond between parents and a child (Green & Cooper, 2008; Meng, 2021; Winn, 2018). Whether mothers in this study explicitly realized this connection or not cannot be determined based on the data, but the results show that most participants recognized their child connecting with family members through reading, especially when reading with their children was described as warm, supportive, and a time for physical and emotional closeness.

It is important to note that the few mothers who described limited reading time with their children also commented on their child's difficulty paying attention or challenges with attachment. These experiences are suggestive of the interconnectedness among the influences of early trauma and disability (e.g., ADHD). A child's lack of attention and/or negativity toward a parent, in combination with a parent's degree of positive/negative regard, support, and engagement influences the effects of shared literacy experiences (Meng, 2021). When mothers sought to see the whole child, this included the child's needs, some of which were complex and challenging, and related to how well mothers felt they could work with the child on literacy skills. Interestingly, mothers who talked the most about reading and positive connection were also well attuned to their child's interests and used that knowledge to encourage reading and writing.

Encouraging Child's Interests. How mothers encouraged their child's interests in reading and writing connected with their child's motivation and confidence. Participants continued to pay attention to multiple aspects of their child's development (i.e., seeing the whole child) when discussing how they guided language and literacy development specifically. As noted by multiple participants, engagement in language and literacy tasks along with developing a love of reading and writing in their children was a primary goal. Mothers engaged their children in reading and writing by giving choices of what and how to read (e.g., library books, comics, audiobooks), and encouraging writing through activities like writing letters to family members, journaling, and storytelling. Most mothers reported positive results when their child was engaged in an interesting literacy activity. However, several participants talked about their children having negative experiences in school and with literacy skills. Engaging a child's interest in reading and writing was harder for these mothers. This observation is important given that research suggests school motivation significantly decreases from first to third grade for adopted children, especially in those with hyperactive behavior and lower language skills (Dalen et al., 2020). Other studies suggest that low motivation despite adequate skills may affect children adopted internationally (CAI) in secondary science and math classes, attributing this to possible beliefs about gender and ethnicity related to school subjects (Anderman et al., 2018).

While identity and school motivation were not specifically addressed in the data collection, discussions about a child feeling under-represented or different did emerge for participants living in less diverse communities. Noticing the intersection of race, disability, and adoption reveals the focus on the whole child. It is also an issue that has not been explored in the limited research related to CAI with disabilities. Given that CAI with and without disabilities may meet greater academic challenges in middle and high school due to persistent language and literacy difficulties and a higher likelihood of hyperactive behavior (Dalen et al., 2020), research that examines the intersection of race, disability, and adoption may provide insight in how to best promote confidence and motivation in CAI with disabilities in schools.

By providing supports and opportunities for literacy development both inside and outside the home and guiding their child's literacy development through directly working with each child, connecting relationally through reading, and engaging each child's interests, the mothers in this study provided many examples of literacy experiences and opportunities. How and why mothers provided experiences and opportunities depended on their views on literacy, their own confidence in working on reading and writing with their child, and the child's unique needs in the context of trauma, disability, and language development. The theme of seeing the whole child and the desire of mothers to meet their child's needs was extended through the discussion on school experiences and special education services.

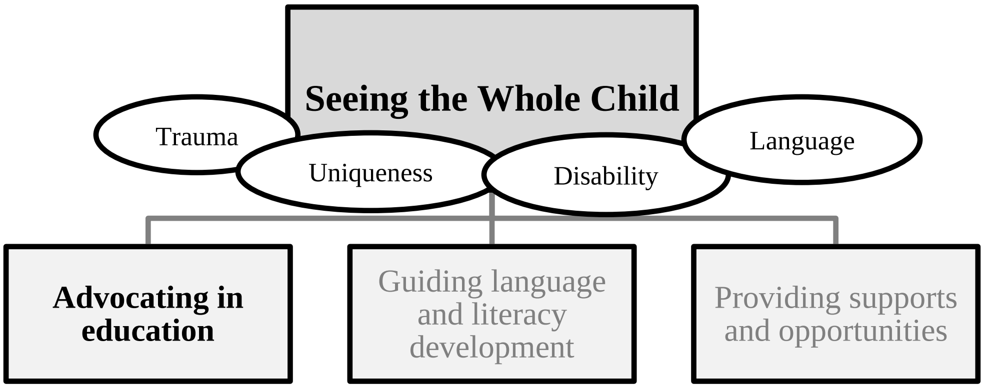
Research Question Three

> Q3 How do parents perceive language and literacy special education services and school supports for their children with disabilities who were adopted internationally?

A review of the results for research question three show that mothers overwhelmingly perceived their role in their child's education as that of advocate. Being an advocate was discussed by almost all participants in this study, especially in relation to times they felt their voices were not heard or their children were not receiving needed services. These sentiments are similar to those reported in research with parents of children with disabilities who were not adopted (Rossetti et al., 2021), suggesting that the experiences of the mothers in this study are not limited to those who have adopted internationally from China. Perceptions of language and literacy special education services and school supports for their child with a disability adopted from China were most similar to the larger population of parents of children with disabilities in the research in two areas: communication and collaboration and navigating the special education system (Emery et al., 2020). However, the majority of mothers in this study also emphasized concerns over the special education evaluation process given their child's unique language needs as second first language learners in combination with the impact of institutional deprivation on language development. This concern is specific to mothers who have adopted internationally and played a large role in how mothers described advocating for their child in school settings. In addition to advocating for their individual child, several mothers in this study spoke directly about their need to educate professionals regarding institutional deprivation and the unique development of children with disabilities adopted from China into the United States. Thus, the final element of the grounded theory framework, "advocating in education," stems from mothers' abilities to see their whole child in the context of early trauma, unique development, disability-related needs, and being a second first language learner (see Figure 7). To fully address research question three, the following topics will be discussed in the context of advocating in education and in connection with the existing research: (a) communication and collaboration; (b) navigating the system; (c) the evaluation process; and (d) educating professionals.

Figure 7

Q3 and Grounded Theory Framework



Communication and Collaboration

Every mother in this study expressed a desire for communication and collaboration with teachers and school districts. Communication is vital for positive parent-teacher partnerships across demographics (Blue-Banning et al., 2004) and mothers in this study emphasized the need for continual communication with the professionals working with their child. Similar to suggestions in other literature, mothers in this study viewed collaborative relationships with special education professionals as those characterized by a willingness to get to know the family, understanding cultural and linguistic differences and needs, and establishing a positive relationship (Rossetti et al., 2017). Participants described this collaboration as a sense of connection with teachers along with constant communication.

Perhaps unique to mothers in this study, several participants mentioned using a pre-advocacy strategy of initiating discussions with teachers prior to the school year to explain their child’s experiences related to trauma and institutional living as well as share information about their child’s disability, strengths, and needs. No research was found to show whether this pre-advocacy strategy is employed by other parents, but one mother’s suggestion for “special conferences” reveals that many of these mothers felt the need for communication beyond what was needed for a typical child in school. Given this sense, mothers who felt unheard or experienced barriers to communication with school professionals were also those who intentionally changed schools and expressed significant frustration with navigating the special education system.

Navigating the System

Mothers in this study brought different knowledge and skills to their role as advocates for their children. As highly educated, middle to upper class mothers, participants in this study enjoyed economic capital, cultural capital (i.e., knowledge of educational system, access to research, professional communication skills), and, in some cases, social capital (i.e., parent support groups and advocacy groups) that influenced their advocacy abilities (Trainor, 2010). However, these forms of capital did not always result in a mother’s desired outcomes. Acknowledging their economic capital, several participants in this study discussed decisions to place their children in private schools, citing better collaboration with teachers, smaller classes, and feeling their child would have his or her needs met. Positive parent perceptions of private school settings are reported by other researchers (Rossetti et al., 2021). Similarly, when mothers felt the need to pay for private services because the public school was not meeting the child’s needs, negative perceptions of the public schools were expressed (Spann et al., 2003). Choosing private over public schools was a strategy used by at least four parents in this study. They expressed seeing this choice as necessary given difficulties with advocating in their public school district.

Difficulties experienced with advocating for special education evaluations, research-based reading interventions, and school supports led mothers to take a variety of approaches to navigating the system. In addition to the pre-advocacy strategy noted above, mothers reported multiple instances of sharing information about their child’s unique strengths and needs with teachers and IEP teams. Some mothers became disability experts and incorporated their knowledge of their child’s disability into advocacy efforts. Others attended advocacy classes and used their learned knowledge of IDEA in combination with their understanding of their child’s strengths, needs, and disabilities, to obtain special education supports and services for their daughters. Preparation and self-education prior to IEP meetings are common in parents of children with disabilities, as documented in other research, so mothers in this study were not unique in that aspect (Fish, 2008; Rossetti et al., 2021). Some participants in this study had extensive knowledge of the special education system based on their professional and personal backgrounds as well as their own research. These mothers were strategic in their approach to advocacy (Trainor, 2010), using their knowledge of special education processes and research-based reading programs to specify how and why they were requesting certain supports and services for their children. While the mothers in this study utilized advocacy approaches and strategies similar to other parents of children with disabilities, one of the main differences in advocacy for mothers in this study was the added burden of needing to explain the impact of institutional deprivation to teachers and IEP teams. This was particularly relevant when participants discussed their frustration with the special education eligibility process and their desire to meet their child’s needs in school.

The Evaluation Process

Mothers in this study discussed advocacy in relation to a range of issues, including accommodations, curriculum, and cultural awareness, but the area mentioned most frequently was the special education eligibility process. Of particular concern is the report by several mothers that their children were denied special education services by matters of points on educational assessments. Given that all educational assessments have some measure of error, the fact that an exact score on one test, instead of a confidence interval, was used to deny services (according to mothers in this study) brings into question how these tests are used and interpreted to determine eligibility for children who have been adopted internationally. Prioritizing the role of educational assessments in IEP decision making is common (Fish, 2008), but the evaluation and interpretation must account for all areas of need, especially given the unique background and language experiences of many children adopted internationally (CAI) with disabilities. As noted in the limited research on this topic, "watch-and-see approaches and ELL-only services" will likely not be enough for CAI from institutional backgrounds as they have multiple risk factors (Beverly et al., 2008, p.312). This is important given that other research with parents of CAI with disabilities reported struggles to obtain an IEP (Emery et al., 2020), suggesting the mothers in this study are not alone in their experiences. Furthermore, research suggests that CAI without disabilities exhibit language and reading difficulties years after adoption, especially if they were adopted at an older age and spent a longer time in an institution (Helder et al., 2016; Rygvold & Theie, 2016). Therefore, continual assessment and follow-up for CAI with disabilities related to language and literacy skills is warranted throughout childhood and adolescence (Dalen et al., 2020).

The limited evaluation knowledge related to language and literacy in CAI, with and without disabilities, was a concern for many mothers in this study. Some participants even feared losing access to the special education services they had fought so hard for. Mothers who reported that their school district used a “wait and see” approach or felt the school was trying to take their child off of an IEP described perceptions of the special education process through feelings of frustration, anger, and fear. In contrast, mothers who experienced relatively easy access to public special education services talked less about needing to advocate and expressed more positive statements in connection with teachers and the school district. Regardless of their experience with the special education eligibility process, all the participants in this study felt the need to do some level of educating professionals on their child’s unique language and learning strengths, preferences, and needs.

Educating Professionals

Mothers in this study were similar to other parents of children with disabilities, whether adopted or not, in their desire and felt need to educate teachers, administrators, and special service providers about their child’s disability (Emery et al., 2020; Trainor, 2010). Participants expressed positive regard for teachers and service providers who understood their child’s needs. As other researchers have found, when parents felt that teachers were concerned, compassionate, willing to listen, and open to suggestions, perceptions were positive (Spann et al., 2003). Notably, mothers held positive perceptions of schools and educators when they felt their child was fully understood and all aspects of the child’s development, strengths, and needs were addressed. Again, the idea of seeing the whole child is woven through mothers’ perceptions of their child’s development and connected to views about teachers and schools.

In their role as advocate, mothers talked specifically about the need to educate school professionals about their unique child in the context of the intersection between trauma, disability, and language learning. Participants' focus on seeing the whole child translated into advocacy positions that emphasized the role of trauma in their child's development in addition to their child's unique language needs, diagnosed disability, and personal preferences and strengths. When professionals focused only on one of these areas, mothers felt these teachers didn't "get it" and needed more training. Mothers reported feeling "overwhelmed" and "frustrated" when teachers didn't "get it" or "didn't care," sentiments similar to those reported by other parents of children with disabilities regarding adversarial or difficult advocacy experiences (Rossetti et al., 2021). Trauma and cultural differences were specifically mentioned as a common area of misunderstanding and an area with much less research.

The characterization of families with CAI as culturally and linguistically diverse (CLD) is not mentioned in the research with CLD families but may deserve more attention given the intersection between trauma, disability, and race expressed by some participants in this study. Educating professionals about these overlapping issues in CAI with disabilities from China may be especially important in predominantly White, affluent school districts as this is where many CAI tend to live (Desmarais et al., 2012), but teachers often have less training in creating inclusive, trauma-informed classrooms. In other words, knowledge of trauma, disability, and adoption are necessary for all teachers in order to meet the needs of diverse learners and especially CAI with disabilities from non-White countries.

Advocating in Education

Mothers in this study perceived language and literacy special education services and school supports for their children primarily through their roles as advocates. Participants sought to collaborate and communicate with teachers and special education professionals, but often found themselves frustrated with difficulties navigating the system, delays in the evaluation process, and limited knowledge among education professionals related to trauma, disability, and international adoption. Language and literacy development were a focus of this study and of particular concern to participants due to their child's delays and challenges in these areas. As depicted in the grounded theory framework, the overarching perspective of needing to "see the whole child" connected with and influenced how mothers provided literacy supports and opportunities for their children and viewed special education supports and services related to language and literacy. Results of this study provide insight into the ways in which mothers of children with disabilities adopted from China view language and literacy and how the interconnected nature of trauma, unique development, disability, and language learning influence the ways mothers support and advocate for their children.

Meaning and Significance of the Study

This study contributes to the research on children adopted internationally (CAI) with disabilities by focusing on the adoptive parents' role in language and literacy development in the elementary school years. Specifically, the results reveal the perspectives and experiences of mothers of children with disabilities adopted from China. CAI with disabilities have a unique combination of experiences, strengths, and needs, that often require special education supports and services. As second first language learners, many of whom have language delays due to deprivation, language and literacy development in CAI with disabilities requires a long-term perspective. The views and knowledge of adoptive parents are especially important in the school setting, given the misunderstandings and lack of knowledge that exist related to international adoption, language learning, and institutional deprivation. While the participants in this study were all mothers of children with disabilities adopted from China, it is critical to note that over 60,000 children with some type of special need have been adopted domestically or internationally in the United States since 2014 (Jones & Placek, 2017). This number speaks to the importance of understanding how these children and their families are supported in the education system. By looking at language and literacy from mothers' perspectives over time, this study highlights the similarities, differences, and educational needs among CAI with disabilities from China.

As an educator and mother of two children who were adopted from China with special needs, I have been asked by other adoptive parents about navigating the special education system. While I relied on my professional knowledge, I found it wasn't enough, especially when it came to advocating for speech and language services in the public school district. Knowing language delays put my children at risk of later reading difficulty, I did a lot of my own research and tried to utilize all my professional and personal knowledge to provide my children with resources like private speech therapy and work with them at home to develop language and literacy skills. This study developed from my own experience because I wondered if other parents had similar concerns or experiences and wanted to know how they supported their children. My hope was that the results would provide insight and guidance for other parents, educators, and researchers related to language and literacy development in the understudied group of CAI with disabilities.

The characteristics of CAI has changed over the last decade, with significantly more children with developmental delays and disabilities adopted into the United States. Yet, the vast majority of research on language and literacy development includes CAI without disabilities; for CAI from China the research is further biased because of the disproportionate number of girls adopted in the late 20th and early 21st century. This study includes mothers' perspectives on both girls and boys adopted from China, all of whom have disabilities that require special education services. Mothers in this study had a wide range of parenting and professional experiences and openly shared their views on their child's language and literacy development, how they provided literacy experiences, and their perspective on special education services and supports.

The findings from this study have implications for both future research and practice. The theme of "Seeing the Whole Child" suggests the importance of looking at a range of factors, including development over time, when assessing the language and literacy skills of a CAI with a disability. Participants in this study offered insights into the way early trauma and institutional deprivation influences language, literacy, and learning in individual children with disabilities who were adopted from China. They also provided many ideas and suggestions for supporting language and literacy development in the home, and in school, which may help other adoptive families and teachers. The advocacy experiences of the mothers in this study speaks directly to the need for collaboration and communication with school districts and professional development related to working with CAI with disabilities, especially those who spent time in institutions.

Implications for Practice

Results from this study have implications for practice in general education, special education, and for post-adoption support providers. In general and special education, there is a need for professional education and teacher development, ongoing intervention and monitoring, and improvement in collaboration and communication between educators and parents. Mothers also expressed a need for post-adoption support in understanding the nature and implications of a child's disability, navigating the special education system, and supporting a child's language and literacy development.

Professional Education and Teacher Development

Current research suggests that teachers may not view children adopted internationally (CAI) with disabilities as having unique needs and may not recognize the impact of trauma (Emery et al., 2020). Furthermore, there is no evidence that teacher preparation programs prepare teachers for working with children who are adopted or in foster care and their unique needs (Ertel, 2018). Like the participants in this study, parents often find themselves in the role of educating professionals about their child's unique past and needs in addition to explaining the effects or early trauma and adoption. Teacher preparation programs could integrate content about adoption and foster care into courses focused on culturally and linguistic diversity, especially in relation to CAI as second first language learners. Courses on language and literacy development and assessment may also be relevant areas through which to incorporate the unique needs of CAI. Similarly, professional development in school districts may add to or expand on current offerings in the areas of trauma-informed classrooms and cultural and linguistic diversity to include the unique needs and experiences of CAI. This is especially important in predominantly White districts where CAI with disabilities may be navigating multiple layers of difference (Emery et al., 2020) and teachers may be less familiar with the impact of trauma on learning.

Professional development should include information about adoption-friendly language, ensure that adoption is not referred to as inferior to birth families, and provide suggestions for a classroom environment that displays positive messages about adoption, such as books or posters that include families formed through international adoption (Ertel, 2018). Teachers should be encouraged to communicate directly with parents regarding the language the family uses around adoption and what the child is comfortable sharing in class. Importantly, teachers should also be aware of developmental delays and disabilities that may be due to early deprivation or hurtful beginnings so that interventions can be provided as early as possible (Ertel, 2018).

Intervention and Monitoring

Early intervention and comprehensive, appropriate assessment are critical for CAI with disabilities (Roberts & Scott, 2009). Comparing children by adoption age (length of time since adoption) and chronological age, may help practitioner's compare the child's performance with that of CAI who have received a similar length of exposure to the adopted language, at a similar chronological age, and therefore develop a more accurate measure of the child's language development (Scott et al., 2011). Given that non-adopted children with early mild to moderate language delays continue to be at risk for later reading difficulties despite gaining typical language skills by kindergarten (Snow et al., 1998), CAI with delays or disabilities should be regularly monitored for speech and language needs as they progress through elementary school as CAI may qualify for services at older ages (Scott et al., 2011). If a CAI does not qualify for special education services to receive intervention, the child may benefit from elective speech-language services or other support services such as English as a second language instruction or tutoring that may facilitate continued development of communication skills (Hwa-Froelich & Matsuo, 2019). Additionally, multidisciplinary teams may consider providing early access to response to intervention supports for CAI, as many appear not to catch-up on their own (Hough & Kaczmarek, 2011). Essentially, providing intervention in language and literacy earlier, rather than later, may help CAI develop language skills more completely, possibly preventing later literacy difficulties.

As mothers of older elementary children noted in this study, CAI may meet greater challenges with academic language and literacy as they progress through school due to a combination of language difficulties and other needs (Dalen et al., 2020; Scott et al., 2008). Learning disabilities, ADHD, and emotional behavioral disorders are often impossible to diagnose at young ages and parents may not have knowledge of these needs at the time of adoption. Consistent monitoring of CAI, especially those already labeled with delays or disabilities, will help identify language and literacy challenges as they arise, rather than waiting until a child is frustrated and loses motivation in school (Dalen et al., 2020). Intervention and monitoring in school should be combined with consistent communication and collaboration with parents.

Communication and Collaboration

Parents in this study expressed a need for positive, respectful relationships with teachers, and a desire to feel heard by school administrators and IEP teams. Research suggests that there is a general lack of awareness on the part of teachers of the impact of early trauma on development and a lack of sensitivity toward diverse family structures, which can make school difficult for many adopted children and their families (Hamilton & Forgacs-Pritchard, 2020). Because of misunderstandings and/or negative messages about adoption (Ertel, 20918), it is important for teachers and professionals working with a CAI to understand the child's unique experiences and need. Parents are best positioned to educate professionals about their child, and as this study suggests, mothers are very willing to do so when educators are open and interested in listening. Open, regular collaboration with families of CAI may facilitate positive working relationships and help mothers feel less frustrated when they advocate for their child. It may be helpful for IEP teams and teachers to develop an action plan for collaboration with families of CAI, such as the one described by Rossetti et al. (2017). Specifically, teachers can ask themselves three guiding questions: (a) How culturally responsive am I? (b) Who is this family? and, (c) Have we developed a collaborative partnership? (Rossetti et al., 2017). In working through these questions, educators self-reflect on their own cultural beliefs and experiences related to the family/child’s ethnicity and adoption. The second question is critical for adoptive families – teachers need to convey to parents that they want to understand their unique child and gain knowledge about the family, including their concerns, expectations, and experiences. Finally, mothers in this study expressed a desire to see teachers committed to their child’s best interests and wanted to feel confident that special educators were meeting their child’s unique needs. As Rossetti et al. (2017) states, effective collaboration requires communication, competence, and trust in the context of a respectful, equal relationship. The unique, ongoing needs of CAI with disabilities requires that professionals establish collaborative relationships and open communication with parents.

Post-Adoption Support

As found in other research, participants in this study identified a need for more information and monitoring of language development after adoption and felt they had little information about navigating special education or school support services for their adopted child (Good, 2016; O’Dell et al., 2015). Information sessions or workshops for parents that focus on navigating the special education system in elementary school, obtaining an IEP, and understanding special education eligibility would be beneficial for parents. These workshops may also include practice sessions or helpful tips for talking about the effects of early trauma and institutional deprivation with educators, as parents will continue to play a pivotal role in educating professionals about international adoption. Support groups consisting of parents of

CAI with specific disabilities may also be helpful in gaining and sharing information about the needs of certain disabilities. Finally, informational material on language and literacy development should be provided to parents of CAI with suggestions and ideas for developing language and literacy skills in the home. The relationship between attachment and shared reading is especially relevant, given that many adoptive parents, including the mothers in the study, are primarily concerned about attachment in the early months after adoption. Suggestions for books based on age and attention span, as well as ideas for encouraging time spent reading together, should also be provided to parents. While these educational opportunities may be helpful through an adoption agency, who already has contact with the family, early intervention programs and elementary schools could provide this information as well.

Limitations and Implications for Future Research

The original intent of this study was to explore and analyze the perspectives of parents of children adopted internationally (CAI) with disabilities in elementary school related to language and literacy development and educational needs, providing literacy supports and opportunities, and language and literacy special education and school supports. However, this study was limited by the resulting focus on the perspectives of mothers of children with disabilities who were adopted from China. Time constraints and the requirement of participation in both a focus group and individual interview limited the number of parents who were willing and able to participate in this study, despite recruiting efforts to include a diverse population of parents of CAI with disabilities. While the results provide a focused analysis of mothers' perspectives on language and literacy development and related special education supports in the context of a specific population, children with disabilities adopted from China, there are several limitations to discuss in light of the original purpose of the study.

Limitations to the Study

Since all participants were mothers, this study does not include the perceptions of fathers, who may have different views on the topics discussed throughout the research. Single mothers and couples who had divorced in the years after adopting also did not participate in this study. While most parents who adopt internationally are heterosexual, married couples, this does not represent all families who have adopted internationally (Vandivere & McKlindon, 2010). Moreover, the perspectives of fathers or mothers parenting as single parents may be different from the participants in this study, who were all married to their child's adoptive father. The demographics of the children discussed in this study also present a limitation.

All of the children discussed in this study were adopted from China. While many CAI in the United States were adopted from China, focusing solely on this demographic excludes the thousands of children adopted into the United States from other nations. Additionally, according to the mothers in this study, all the children had been exposed to Mandarin prior to adoption. Parent perspectives about language and literacy development may be different depending on their CAI's birth language and how closely it relates to English. All the children in this study had also spent time in government welfare institutions, although some had bounced between foster homes as well. Time spent in an institution is consistently correlated with expressive language delays, speech and language disorders, and persistent literacy challenges (Hough & Kaczmarek, 2011; Rakhlin et al., 2015; Scott et al., 2011). Thus, parents of CAI with disabilities who did not spend time in orphanage settings may have different perspectives on language and literacy development and their child's educational needs. Finally, the children discussed in this study had a variety of needs and disabilities, but most of the children were functioning within the normal range of cognitive ability, according to participant reports. Future research could address many of the limitations in this study.

Implications for Future Research

Future research on language and literacy development in CAI with disabilities should include both mothers and fathers, possibly replicating this study on a larger scale to include a wider range of ages and disability types. Future research should also expand this study to include children adopted from other countries, especially those in Eastern Europe, an area from which United States citizens are still adopting hundreds of children each year and where institutional deprivation is common. Inclusion of a more a diverse population of participants would provide greater insight into how different disabilities, different pre-adoption experiences, and different birth languages impact language and literacy development in CAI into the United States.

This study limited participation to parents with children in pre-kindergarten and elementary school in order to focus on the years most critical for literacy development in school. However, given that CAI may have greater difficulties as academic challenges increase, research that focuses on older populations of CAI would be beneficial. For example, how do the increased literacy demands of middle and high school impact CAI with disabilities or those with early language delays? Similarly, does parent advocacy change as CAI with disabilities progress into adolescence? Parents of older elementary children in this study alluded to the intersection between race, adoption, and disability, but research specifically focused on how these identities influence learning has not yet been done. Given the limited knowledge of teachers and special education professionals related to CAI, research that focuses on teacher preparation and professional development, including teacher perspectives, would also be beneficial.

Conclusion

Children adopted internationally (CAI) with disabilities represent a unique group of learners, especially in the context of language and literacy development. Many of these children experienced the trauma of spending critical developmental years in an institutional setting without a primary caregiver and have complex medical, emotional, and cognitive needs. However, the majority of the research with CAI focuses on oral language development and early literacy skills primarily in CAI without disabilities (Baker, 2013; McAndrew & Malley-Keighran, 2017) with little to no research on the language and literacy needs of CAI with developmental delays and/or disabilities in elementary school and beyond, despite learning difficulties and higher rates of referrals to special education (Dalen et al., 2020; Van Ijzendoorn et al., 2005; Zill & Bradford Wilcox, 2018). Recent research has examined parent perspectives of special education for their CAI with disabilities (Emery et al., 2020) and other researchers have noted the lack of knowledge and awareness on the part of teachers related to CAI (Baker, 2013; Ertel, 2018). This study contributes to the existing research by focusing specifically on language and literacy development in CAI with disabilities from China with attention to how mothers support their children, work with their children, and navigate the special education system.

Four categories emerged from the data underlying the theme of mothers' perceptions on navigating trauma, disability, and unique language needs to provide educational and developmental opportunities for their children adopted from China. The four categories were: (a) seeing the whole child, a theme that influences and informs the three other major categories that emerged; (b) providing supports and opportunities; (c) guiding language and literacy development; and (d) advocating in education. Mothers shared the importance of seeing each child as a unique individual and emphasized the role of trauma, disability, and language learning in their child’s development. The unique needs of their children along with the long-term influence of early trauma and second first language learning influenced how mothers viewed their child’s language and literacy development and subsequently, how they provided for and guided their child’s learning. Mothers shared many ideas and experiences related to building their children’s language and literacy skills and navigating the special education system. Like other parents of children with disabilities, these mothers were positive about professionals who collaborated with them, communicated, and respected their knowledge, but felt significant frustration when their advocacy efforts were met with resistance and lack of understanding. Unique to the mothers in this study was the focus on the impact of trauma and language learning in combination with disability, along with the added need to educate professionals about their child and international adoption.

Mothers of CAI with disabilities in this study intentionally chose to parent a child with special needs. Participants were able and willing to educate themselves, seek resources, and do whatever they needed to do to support their child’s development. The results provide meaningful insight into how mothers support language and literacy development in their CAI with disabilities but also reveal the struggles and challenges that go along with parenting a child with complex needs, especially when educators lack understanding and knowledge. Educators and post-adoption support providers may benefit from reading this study to gain greater understanding of the unique needs of CAI with disabilities and their families. As a mother and educator, it is my hope that this study helps other parents gain ideas and knowledge for supporting their child at home and at school. It is also my hope that this study inspires future research and education devoted to supporting the language and literacy development of children who were adopted or are in foster care.

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APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

Thank you for your interest in my study on the language and literacy development of children with disabilities who were adopted internationally. Please take a few minutes to answer the following questions to determine your eligibility to participate in this study. All responses will remain confidential.

1. Tell me about your child who was adopted internationally.
    a. From which country was your child adopted?
    b. At what age was your child adopted?
    c. Was your child speaking at the time of adoption?
    d. How long has your child been in the United States?
    e. Gender of child
    f. Current age of child
    g. Grade of child in the Fall of 2021

2. Tell me about your family.
    a. In which state do you live?
    b. Would you describe your location as rural, suburban, or urban?
    c. Are there other siblings in the home? If so, how many? Please describe whether siblings are adopted.
    d. Is there a co-parent in the home? If so, please list this person's relationship to your child who was adopted.

3. Tell me about your child's educational experiences.
    a. Is your child currently enrolled in school and/or planning to attend school in the Fall? If so, please describe the type of school (public, charter, private, homeschool).
    b. Did your child attend preschool? If so, please describe the type of school and for how long.
    c. Did your child receive early intervention services through the public school system? If so, please describe the nature of services.
    d. Has your child ever received speech and language services? If so, please describe the nature of services and how long your child participated.
    e. Does your child currently have a disability or developmental delay? If so, please describe the disability or nature of the delay.
    f. Does your child currently receive Special Education Services? If so, what is your child's disability label? If you are unsure, please describe your child's disability.
    g. Does your child have a medical condition or other condition that impacts learning? If so, please briefly describe that here:

APPENDIX B

FOCUS GROUP PROTOCOL

Warm-up/Ice Breaker

- The first thing I'd like everyone to do is make a list of all the ways your child with a disability experiences language learning and development.
    - How is it similar to or different from your other children's development?
    - How is it similar to or different from the child's peers without disabilities?
    - Who would like to start? (Provide some wait time before asking the last question).

Group Questions

- From your perspective, in what ways do language skills impact your child's school success?
- From your perspective, how do you see the relationship between language development and literacy (reading and writing) skills?
    - Do you feel language delays have affected your child's literacy skills? In what way(s)?
- From your perspective, describe your child's experience learning English.
    - If you feel comfortable, please share what you see as your child's greatest needs related to learning language (oral or written).
    - Please share similarities and differences as you hear other stories in the group.
- How do you access resources to help your child develop reading and writing skills?
    - Are there supports or resources you wish you had access to or have had difficulty finding?
    - Tell us about activities or experiences that you feel are helpful in development your child's literacy skills.
- What are your experiences with special education services?
    - What supports have been most helpful for language and literacy development?
    - Please share some strategies or supports that you feel have been helpful for your child in school.
    - What, if anything, do you feel should have been done differently?
    - Is there anything you wish you knew about your child's language or literacy development before adopting/starting school?

Wrap-up:

- Imagine you meet a parent who has just adopted a child with a disability through international adoption. What advice would you give this parent related to their child's language and literacy development? What might you tell them about special education?

APPENDIX C

INTERVIEW QUESTION PROTOCOL

NOTE: Numbered questions are the main questions and were asked to all participants. Lettered questions were follow-up questions to prompt participant to expand or elaborate on her response.

Language Development

1. How did/does your child's language development compare to your expectations? Do you feel your child is where they should be in terms of language development?
2. Tell me about how your child talks and understands language in daily conversation.
3. Tell me about how your child reads and understands academic language in school. For example:
    a. Do you notice differences in your child's speaking abilities versus their reading abilities?
    b. Does your child struggle with one more than the other or with both?
    c. What needs did/does your child have related to language development?

4. How do you perceive your role in developing your child's language skills in English?
5. What are some activities, supports, or experiences that helped your child develop language skills in English?

Child & Family Experiences

6. Tell me about how you think your child's pre-adoption experience may affect his/her language and literacy learning
7. How have past experiences… What is your educational level and current or past career area? Do you think this has helped you as a parent of a CAI with a disability?

Literacy Development

8. How do you think of your child related to being a reader or a writer?
    a. What are your expectations for your child in the area of literacy?
    b. What strengths and needs did/does your child have related to learning to read?
    c. What strengths and needs did/does your child have related to learning to write?
    d. Have your expectations changed over time?
9. Tell me about how you use literacy skills in your home.
    a. How does your child see you reading, writing, and using language throughout the day?
    b. How does your child see other family members reading, writing, and using language?
    c. How do people in the home engage in literacy and language activities with your child?
10. Tell me about your child's experiences with reading or using books/stories.
    a. Do you read aloud with your child? (shared reading)
    b. If I were to watch you read to your child, what would I see and hear?
        i. Follow-up: What types of conversations do you have with your child while reading with him/her?

    c. How well do you think your child is developing reading skills?
    d. Tell me about activities or experiences that you feel are helpful in development your child’s reading skills.

11. Tell me about your child’s experience with writing.
    a. How well do you think your child is developing writing skills?
    b. Tell me about activities or experiences that you feel are helpful in development your child’s writing skills.

Educational Experiences & Supports

12. Tell me about your thoughts and experiences with your child’s teachers.
    a. How do teachers support your child’s language development?
    b. How do teachers support your child’s literacy development?
    c. How do the special education teacher/service provider, support your child’s language and literacy development?
13. Please share some strategies or supports that you feel have been helpful for your child in school. Is there anything that has not been helpful?
14. What advice would you give to teachers about working with children with disabilities who were adopted internationally? What specific things would you say about language and literacy?
15. Tell me about ways you have felt you needed to advocate for your child in school.

16. Is there anything else you would like to share or ask me?

APPENDIX D

CONSENT FORM

Consent Form for Human Participants in Research – University of Northern Colorado

Project Title:	Parent Perspectives on Language and Literacy Development in Children with Disabilities Adopted Internationally
Researcher:	Jessica Hovland, Doctoral Student
Research Advisor:	Dr. Jennifer Urbach and Dr. Lori Peterson
Email:	hovl7422@bears.unco.edu/ jennifer.urbach@unco.edu/lori.peterson@unco.edu

I am a doctoral student at the University of Northern Colorado and I am researching the perceptions and experiences of parents of children with disabilities who have been adopted internationally. I am a fellow parent of two children adopted internationally with special needs. The primary purpose of this study is to examine the perspectives of parents of children with disabilities adopted internationally in order to gain a better understanding of how they support language and literacy development at home and how they view the needs of their children in school, with specific attention to special education services. You are invited to participate in this study to share your thoughts and experiences.

The first component of this study is a demographic questionnaire that includes questions about your child's adoption history, your family, and your child's educational experiences. All participants will be asked to complete and submit this prior to further participation in the study. The second part of this study is a focus group, which will include a small group of parents of children with disabilities who were adopted internationally. Focus groups will take place via Zoom and last for 60-90 minutes. Finally, you may be asked to participate in a one-on-one interview with me following the focus group and scheduled at a later date. Interviews will also occur through Zoom and will take between 30 minutes to 1 hour.

There are minimal risks to this study. The most significant risk is the possible loss of confidentiality. You may use a pseudonym during the focus groups and your real name will not be used when sharing information obtained through any part of this research; a pseudonym will be created instead. Focus groups and interviews will be video and audio recorded for the purpose of correctly reporting information and all recordings and transcripts will be confidential. All questionnaires, recordings, and transcripts will be kept in a locked file on a locked computer and hard copies will be kept in a locked cabinet. All identifiable data, including recordings and consent forms, will be destroyed three years after the completion of this study. Participation in this research may also take time away from other responsibilities. As a token of thanks, upon completion of participation in a focus group/interview, each participant will receive a $15.00 gift card to an online bookstore. Other benefits of participating in this study include an opportunity to have your voice heard and learn from other parents who may have similar experiences. An indirect benefit of participation in this study is the knowledge that your perspectives and experiences will contribute to the education of other parents and teachers who work with children with disabilities who were adopted internationally. This research will be used to inform parents and educators about ways to develop language and literacy skills in children with disabilities who were adopted internationally.

Please feel free to contact Jessica Hovland, Dr. Jennifer Urbach, or Dr. Lori Peterson via phone or email if you have any questions or concerns about this study. Participation is voluntary. You may decide not to participate in this study and if you begin participation, you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Nicole Morse, Office of Research & Sponsored Programs, University of Northern Colorado, Greeley, CO; 970-351-1910 or nicole.morse@unco.edu.

____

Subject’s Signature Date

____

Researcher’s Signature Date

APPENDIX E

RECRUITMENT LETTER FOR SOCIAL MEDIA

Hello Parents,

My name is Jessica Hovland and I am a doctoral student in Special Education at the University of Northern Colorado and a fellow parent of two children who were adopted internationally. I am conducting research on language and literacy development in children with disabilities who were adopted internationally. Does your adopted child have an Individual Education Program (IEP) and receive special education services? If so, I am inviting you to participate in this research and share your thoughts and expertise as a parent. I am specifically looking for parents with children in Pre-K and elementary school!

Participation in this research includes completion of a demographic questionnaire, which will take about 15 minutes. If you agree, further participation will include a focus group with other parents of children with disabilities who were adopted internationally, and a follow-up individual interview at a separate time. Focus groups will last from 60-90 minutes and interviews should be approximately 30 minutes long. All focus groups and interviews will take place via Zoom. A $15 gift card will be given to all participants upon conclusion of the interview as a thank you for your time.

Participation in this research is voluntary. If you would like to participate in this research or have questions, please contact me through email at hovl7422@bears.unco.edu. You may also message me directly through Facebook Messenger.

Thank you for your time and consideration,

Jessica Hovland, M.S.

APPENDIX F

RECRUITMENT LETTER FOR ADOPTION AGENCIES AND ORGANIZATIONS

Dear (Adoption Agency/Organization Name),

My name is Jessica Hovland, and I am a doctoral student at University of Northern Colorado in Special Education. I am conducting research on language and literacy development in children with disabilities who were adopted internationally. For this research, I am recruiting parents of children who receive special education services and are in preschool or elementary school. I am wondering if you would be willing to share the letter below with parents connected to your agency? If you have questions or would like to talk further, please feel free to contact me via email at hovl7422@bears.unco.edu.

Thank you,
Jessica Hovland

Email Letter to Parents

Dear Parents,

My name is Jessica Hovland, and I am a doctoral student in Special Education at the University of Northern Colorado and a fellow parent of two children who were adopted internationally. I am conducting research on language and literacy development in children with disabilities who were adopted internationally. Does your adopted child have an Individual Education Program (IEP) and receive special education services? If so, I am inviting you to participate in this research and share your thoughts and expertise as a parent.

Participation in this research includes completion of a demographic questionnaire, which will take about 15 minutes. If you agree, further participation will include a focus group with other parents of children with disabilities who were adopted internationally, and a follow-up individual interview at a separate time. Focus groups will last from 60-90 minutes and interviews should be approximately 30 minutes long. All focus groups and interviews will take place via Zoom. A $15 gift card will be given to all participants upon conclusion of the interview as a thank you for your time.

Participation in this research is voluntary. If you would like to participate in this research or have questions, please contact me through email at hovl7422@bears.unco.edu.

Thank you for your time and consideration,
Jessica Hovland, M.S.

APPENDIX G

EMAIL TO INTERESTED PARENTS

Dear Parents,

Thank you so much for your interest in my research on language and literacy development in children with disabilities who were adopted internationally! I'm looking forward to learning more about you and thank you in advance for taking the time to share your important perspectives and experiences. Attached to this email are two important documents that will help us get started on this research. Please read each carefully and let me know if you have any questions! Here is a brief description of what this research project includes:

Consent Document – Participation in this research requires your signed consent. If you would still like to participate, please read, and sign the attached consent document and return it to me via email prior to July 6, 2021.

Demographic Questionnaire – This is the first part of the research study! This questionnaire is in Word format, so you can download it, type into it, save it, and send it back to me via email prior to July 6, 2021. Please save the questionnaire with your name either in the file name or on the document itself. These will remain confidential! If you have any questions, please do not hesitate to email me, Message me through Facebook, or call me! My contact information is in the Consent document.

Focus Groups – These small groups will meet via Zoom and questions for discussion will be sent a few days prior to your scheduled group. Current dates and times for the focus groups are:

Wednesday, July 7, 2021

Tuesday, July 13, 2021

Wednesday, July 14, 2021

To accommodate people in different time zones, focus groups will take place at 8:30pm Eastern/7:30pm Central/6:30pm Mountain/5:30pm Pacific. We may be able to adjust this time by 30 minutes earlier or later depending on the availability of the group. Please let me know which date you prefer! If you cannot make any of the dates, you can still participate in the study as other dates may be added as needed.

Individual interviews will be scheduled on a one-on-one basis after the Focus Groups!
Thank you again for your interest in this research! I look forward to meeting you all!

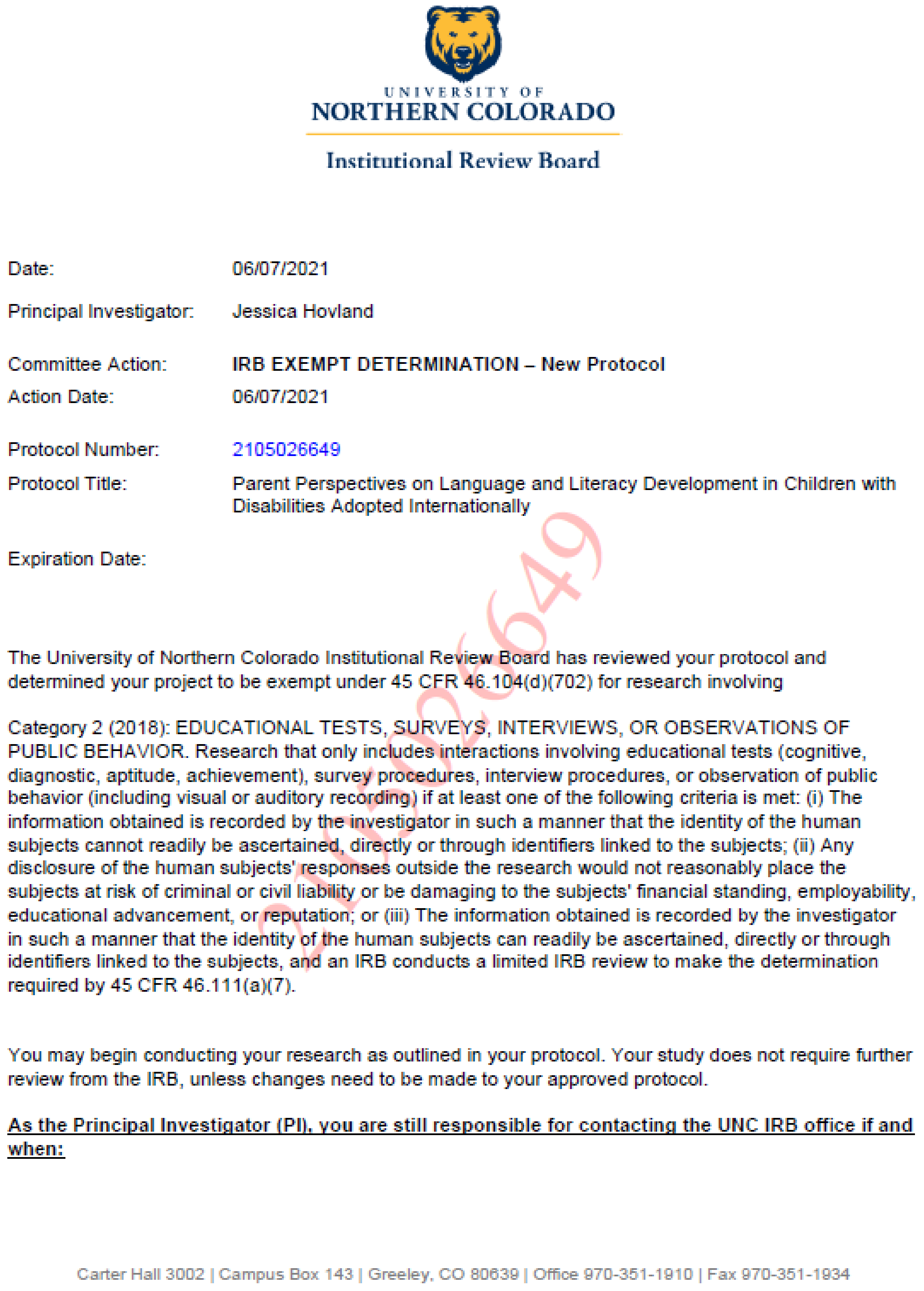
Sincerely,

Jessica Hovland

Email: hovl7422@bears.unco.edu

APPENDIX H

INSTITUTIONAL REVIEW BOARD APPROVAL



UNIVERSITY OF
NORTHERN COLORADO
Institutional Review Board

Date: 06/07/2021

Principal Investigator: Jessica Hovland

Committee Action: **IRB EXEMPT DETERMINATION – New Protocol**

Action Date: 06/07/2021

Protocol Number: 2105026649

Protocol Title: Parent Perspectives on Language and Literacy Development in Children with Disabilities Adopted Internationally

Expiration Date:

The University of Northern Colorado Institutional Review Board has reviewed your protocol and determined your project to be exempt under 45 CFR 46.104(d)(702) for research involving

Category 2 (2018): EDUCATIONAL TESTS, SURVEYS, INTERVIEWS, OR OBSERVATIONS OF PUBLIC BEHAVIOR. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by 45 CFR 46.111(a)(7).

You may begin conducting your research as outlined in your protocol. Your study does not require further review from the IRB, unless changes need to be made to your approved protocol.

As the Principal Investigator (PI), you are still responsible for contacting the UNC IRB office if and when:

- You wish to deviate from the described protocol and would like to formally submit a modification request. Prior IRB approval must be obtained before any changes can be implemented (except to eliminate an immediate hazard to research participants).
- You make changes to the research personnel working on this study (add or drop research staff on this protocol).
- At the end of the study or before you leave The University of Northern Colorado and are no longer a student or employee, to request your protocol be closed. *You cannot continue to reference UNC on any documents (including the informed consent form) or conduct the study under the auspices of UNC if you are no longer a student/employee of this university.
- You have received or have been made aware of any complaints, problems, or adverse events that are related or possibly related to participation in the research.

If you have any questions, please contact the Research Compliance Manager, Nicole Morse, at 970-351-1910 or via e-mail at nicole.morse@unco.edu. Additional information concerning the requirements for the protection of human subjects may be found at the Office of Human Research Protection website - http://hhs.gov/ohrp/ and https://www.unco.edu/research/research-integrity-and-compliance/institutional-review-board/.

Sincerely,

Nicole Morse
Research Compliance Manager

University of Northern Colorado: FWA00000784