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The Emotional Challenges for Parents Regarding Attachment to Their Internationally Adopted Child

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The Emotional Challenges for Parents Regarding Attachment to Their
Internationally Adopted Child

Submitted by Diana Wutke
May, 2012

MSW Clinical Research Paper

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

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Abstract

The United States ranks number one as the principal country that receives the most international adoptees (Bergquist, 2009). The agencies that organize the adoptions are the primary source of information for the prospective parents. Many internationally adopted children who are institutionalized experience abuse, neglect, malnutrition and poor medical care prior to adoption, which can lead to problematic transitions to new families (Mathias, Petrill, Viana & Welsh, 2007). These research questions examined the emotional challenges of parents regarding attachment to their internationally adopted child. Using a qualitative design, eight participants who are parents of internationally adopted children were interviewed by audiotape. The method used was grounded theory and content analysis. The research and the data suggest that the quality of care that an internationally adopted child received before being adopted has a major effect on the development that will take place later in his life. Social work interventions need to address the principles of social justice for the poor and vulnerable women and children who are affected by international adoptions and the institutions they are adopted from.

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Introduction

The notion of ‘rescuing’ children dates back to the mid-19th century when the orphan trains shipped up to 200,000 children of poor immigrants out west to give them a better life by being adopted (Bergquist, 2009). This idea was also used to “save” 10,000 Native American children from their own communities. These interventions were viewed as humanitarian. Rescuing children across country borders began during times of war and natural disasters making it global (Bergquist, 2009). The beginning of international adoptions dates back to post World War II times when children were displaced from countries such as Germany, Japan, Italy and Poland. They were sent to adoptive homes in Great Britain, the United States (US) and several Scandinavian countries (Bergquist, 2009). The US involvement in armed conflicts contributed and raised awareness of the need for adopting these children with the movement gaining momentum after the Korean Conflict and the Vietnam War (Ruggiero & Johnson, 2009).

The United States ranks number one as the country that receives the most international adoptees with Korea, Russia and China as the senders (Ruggiero & Johnson, 2009). The Immigration and Naturalization Service indicated that between 1970 and 1980 more than 412,000 immigrant orphans entered the United States for the purpose of being adopted. Numbers range from a high of 22,911 adoptees in 2002 to a low of 17,229 in 2008 (Ruggiero & Johnson, 2009). The majority of adoptees who have entered the United States have come directly from orphanages where these children have lived all their lives and are to be considered at risk (Ruggiero & Johnson, 2009).

It was found that the effects of institutionalization upon children to be potentially adopted were extremely severe. By age three, these children had physical delays such as smaller height, weight and head circumference, lags in intellectual and psychological

functioning including language, comprehension and cognitive skills along with decreased motor, living and social skills (Johnson, Edwards & Puwak, 1993). Human development and first relationships are critical to healthy development in infants as these lead to attachments (Mooney, 2010).

Attachment theory and the contributions made by many, including Bowlby (1969, 1973, 1988), looked at understanding attachment as a function to regulate infant safety in the environment. He shared how children develop a cognitive model of themselves and their caregivers which is transferred to other relationships that can become difficult if the caregiver is unresponsive or harmful in meeting their needs. In 1950, Mary Ainsworth became Bowlby's research assistant in London and worked with him. She believed like Bowlby, her research could be used to improve the human condition by looking at the relationship between parents and children and their feelings of security through the Strange Situation (Mooney, 2010).

Perry (2002) studied children in orphanages who lacked emotional contact. His research showed the need for these children to have stable emotional attachments with and touch from primary care caregivers. If they did not have these connections, the brain development of both their caring behavior and their cognitive capacities were damaged in a lasting fashion. These children will likely struggle to form an attachment with an adoptive family because of their experiences. The need for both pre-adoption and post-adoption counseling is crucial for successful adoptions for both the child and the family.

The research question posed in this study is to identify the emotional challenges for parents regarding attachment to their internationally adopted child.

Literature Review

This literature review will examine the history of international adoptions and the environment that these children have experienced prior to being adopted and brought to the United States. The attachment theories and the process of the child attaching to the adopting family will be examined in the literature. Finally, the review will focus on the neurodevelopment of the child and how this can affect the attachment process of the child to the family, which may lead to the emotional challenges of international adoptions.

History of International Adoption

Over 22,000 children entered the United States from other countries in 2004 (Mathias, et al., 2007). The agencies that organize the adoptions are the primary source of information for the parents. They educate, support and are a resource for the adoptive parents. Yet, the kinds of services that each agency provides differ greatly with some just doing the paperwork while others who pursue “best practice” in social work (Mathias, et al., 2007). Agencies can provide online information and courses for parents who are interested in international adoptions. Research has shown that pre-adoptive preparation and education is important for the successful transition of the adoptee, however few, if any, agencies appear to have services in place to help families post adoption (Ruggiero & Johnson, 2009).

Pre and post-adoption services and education are typically managed by agencies in the state of the adoptive parents. A home study is required and eligibility is determined. Would be adoptive parents are appropriately counseled to receive the child for entry and permanent residence (Bergquist, 2009). Placement agencies may not talk about the negatives of adoption in fear of scaring off prospective parents but it is an

important part of the process (Ruggiero & Johnson, 2009). Separation and loss were issues that all adopted children experience. All internationally adopted children face physical and emotional changes starting with the trauma of departure from everything familiar: their friends, their home, the people who took care of them and their country, accompanied by separation and loss especially if they are older (Wilkinson, 1995).

Internationally adopted children who have been institutionalized are at increased risk for health-related, developmental and behavioral difficulties (Mathias, et al., 2007). These difficulties also include cognitive development issues and problems with attachment to caregivers, which is challenging to the families and children as well. Reports have shown elevated rates of socio-emotional and behavioral difficulties in internationally adopted children including atypical attachment, quasi-autistic behaviors and high rates of inattentive/overactive behavior (Mathias, et al., 2007). Children who have been adopted have even suffered from complex post traumatic stress disorder which can have life-long implications (Mathis, et al., 2007). Researchers Ruggiero and Johnson (2009) have found that love alone is not enough to heal traumatized children. Additional services such as post-adoption individual and family counseling, school counseling with peer groups and support from the community for international adoptions are needed from the local and state government to deal with these children. Follow-up of at least four years after the child has come to the United States is necessary as it will help reduce the risk of dissolved adoptions where the family gives the child back to the agency (Ruggiero & Johnson, 2009). The onset of puberty seems to be another milestone where the family and adopted child may need extra support from the community as well. Building strong

relationships between the child and parent and feeling attached are critical for the success of the adoption.

Attachment

The attachment cycle begins in early life when a bond of trust, if formed, between an infant and primary caregiver, is the foundation on which we base all other relationships (Johnson, 2002). Attachment is manifested through specific patterns of behavior, but the patterns themselves do not constitute the attachment. Attachment is internal (Ainsworth, 1967, p. 429). A child's behavioral problems and developmental delays can lead to elevated levels of parental stress and lower levels of parental satisfaction, which may in turn affect the quality of attachment (Mathias, et al., 2007). Bowlby defined attachment as an emotional tie that an infant constructs and elaborates with his principal care-giver(s) in the context of everyday interactions; an emotional bond and strong disposition to seek proximity to and contact with (Posada, 2008). First attachments are ordinarily formed by seven months and it is understood that the infant selects its primary attachment figure on the basis of contingent social interactions (Main, 1999). Attachment difficulties are among the most widely discussed problems regarding internationally adopted children.

Bowlby (1969, 1973, 1988) is often referred to as the father of the attachment theory. He offers an ethological approach to understanding attachment with the proximity-seeking and proximity-maintaining behavior focused upon specific figures as it served the adaptive function of protecting the infant from predation (Mooney, 2010; Bowlby, 1969). He reports that children develop a cognitive affective model of themselves and their caregivers that is transferred to other relationships that can become

difficult if the caregiver is unresponsive or hurtful in meeting their needs. He also stated that the first relationship, usually with the mother, is an important indicator of the future well-being of the relationships and emotional bonds that are critical to a healthy development in infants. Bowlby advanced our understanding of human development by focusing on the relationships and emotional bonds that are critical to healthy development in infants (Mooney, 2010). He also believed that unsatisfactory attachment bonds could doom a child's opportunities for a fulfilling life. Bowlby presented the idea that two environmental factors early in life can introduce lifetime challenges: separation from or the death of a mother and two, the emotional attitude of a parent toward a child has life – shaping effects (Mooney, 2010). Bowlby also stressed the close relationship between attachment and fear in his early writing (Hess & Main, 2000). Bowlby's work is to be acknowledged as the foundation for those who study children and families and who view emotional connections as critical to healthy human development and success in adult life (Mooney, 2010).

Mary Ainsworth worked with Bowlby for three years in London and she presented their findings in 1961 at the World Health Organization (Karen, 1998). Ainsworth stated that maternal deprivation was actually three different dimensions – the lack of maternal care (insufficiency), distortion of maternal care (neglect or mistreatment), and discontinuity in maternal care (separations, or the child's being given one mother figure and then another) (Karen, 1998). Ainsworth believed that attachment behavior in human infants was associated with the experience of feeding until she and her husband moved to Uganda and she studied mothers and their infants (Karen, 1998). She found that mothers who gave the most care to their young, had infants who were securely

attached while mothers who were not present for their infants, were less securely attached (Karen, 1998). She determined that the mother was the secure base for the baby and that the mother-baby relationship was universal. Using a laboratory procedure called the “Strange Situation”, Ainsworth identified three organized patterns of infant response to separation from and reunion with the parent, secure, avoidant and ambivalent (Main, 2000). The study was called the “Strange Situation,” where a baby and mom were engaged in a room filled with toys, and a stranger would come into the room, the mom would leave the baby and then return. Ainsworth’s original studies demonstrated how a sensitively responsive attachment figure is experienced as a source of comfort in times of fright or distress (Hesse & Main, 2000).

Secure organization or attachment was found to be predictable from the mother’s sensitivity to the infant’s signals and communication while the two insecure forms of attachment organization, detached avoidance and overtly anxious or ambivalent were related respectively to maternal rejection and unpredictability (Main, 2000). Children who were secure with their mothers tended to be coherent, clear and collaborative as they grew older (van Ijzendoorn, 1995). It seemed that it was not a matter of how much time the mother spent with the infant but the relationship that existed between them. Secure children would make a picture of a family that was centered and had arms stretched out as if to embrace a person (Main, 2000). The differences for the insecure infants were a result of the interaction between the infant and mother, but in a negative way.

Anxious-ambivalent insecure infants in the “Strange Situation” were too distressed to engage in exploration or play even when the mother was present. They seemed angry and distressed to take comfort in their mother (Main, 2000). It seemed

there was maternal insensitivity to infant signals specifically with unpredictable responsiveness, but not rejection. These moms also seemed to be inept in holding the infants and they seemed to discourage autonomy (Ainsworth, Blehar, Waters & Wall, 1978; Cassidy & Berlin, 1994). These children are “babied” by teachers, are not expected to play as independently as secure children and could be prey for avoidant children (Troy & Sroufe, 1987). Ambivalent attachment children have a hard time engaging with their environment (Main, 2000). These children drew features that were typically too large or much too small such as a very tiny family placed in a corner of the page which would show their ambivalence (Main, 2000).

Anxious-avoidant attachment showed infants who had little or no distress at being left alone in an unfamiliar environment and then avoided or ignored the mother upon her return in the “Strange Situation” study. This behavior was representative of older toddlers who had reached the stage of detachment but not at this age (Main, 2000). These infants were thought to be repressing expressions of both anxiety and anger. There was no dramatic rise and fall of emotion, no crisis. Infant avoidance is associated specifically with the mother’s rejection of attachment behavior, expressing annoyance about the infant and her aversion to tactual contact with the infant (Main, 2000). According to Spangler and Grossmann (1993, 1999), avoidant infants in the “Strange Situation,” undergo considerable distress at the physiological level. Youngsters rejected by their mothers in infancy tended to elicit rejection from new people and tended to harass and victimize their peers in nursery school (Sroufe & Fleeson, 1986, Troy & Sroufe, 1987). Avoidant children would draw figures floating in the air, widely separated and arms

would often be missing. These children come to believe that communication of their needs makes no difference at all (Mooney, 2010).

Mary Main identified another type of attachment that infants exhibited that could not be labeled as one of the three categories in Ainsworth's stranger situation which she named "disorganized" as these infants exhibited conflicting behaviors in a stressful setting (Hesse & Main, 2000). Infants and young children are expected to maintain reasonable proximity to the "attachment figure" in unthreatening circumstances but also greatly increase efforts to gain proximity or contact to that figure in times of alarm (Hesse & Main, 2006). Frightened or frightening parental behavior inevitably places the infant in a behaviorally irresolvable situation in which the attachment figure simultaneously becomes both the haven of safety and the source of alarm (Hesse & Main, 2006). When parents are insensitive but not directly frightening, the infant can develop "conditional strategies" for coping with the limitation or restrictions imposed by parental behavior. Infants may exhibit a diverse array of odd, disorganized, disoriented or overtly conflicted behaviors for their environment in the presence of the parent (Hesse & Main, 2000). Many investigations of early disorganized attachment have focused on the child's or adolescent's vulnerability to psychopathology in later life as a result of "fright without solution" (Hesse & Main, 2000).

So for all these post-institutionalized children, the real question is not whether they have normal attachment behavior but how serious are their deficits and whether they improve over time (Johnson, 2002). Zeanah (2000) reviewed attachment disturbances in post-institutionalized children and concluded that institutional care dramatically increases risk for social behavioral abnormalities, particularly attachment disturbances, and the risk

increases with the duration of institutionalization. Zeanah (2000) also concluded that indiscriminate attachment (friendliness) is linked to the lack of a discriminated attachment figure in children in institutions but it persists long after these children have developed attachment figures in their adoptive homes.

Effects of Pre-adoptive Environments on Children

Research suggests that the environment of the child is significant. Many internationally adopted children who are institutionalized experience abuse, neglect, malnutrition and poor medical care prior to adoption (Mathias, et al., 2007). Pre-adoptive factors that have emerged as significant predictors of post-adoptive adjustment include institutional rearing, exposure to neglect, deprivation, and abuse, as well as, poor pre-and post natal care and medical care (Mathias, et al., 2007). Children with major birth defects and other chronic medical conditions are likely overrepresented in the internationally adopted populations (Mathias, et al., 2007).

Children who have been adopted from orphanages typically demonstrate delays in all developmental domains, including gross and fine motor, language, cognition and social-emotional with the duration of being institutionalized directly proportional to the degree of developmental delay (Mathias, et al., 2007). Additional research results indicate that the adoptive parent-child relationship quality was related to duration of deprivation and that cognitive/developmental delay mediated this association (Croft, O'Connor, Keaveney, Groothues, Rutter: English and Romanian Adoption Study Team, 2001). Research done by Mathias (2007) showed that adoptees from several countries who had been institutionalized, displayed elevated rates of developmental delay which

varied systematically by birth country. These countries included South Korea, China, Russia, Romania, Ukraine and Guatemala.

In Guatemala, most of what is called foster care consists of “renegade” foster homes created to feed the international adoption market and are set up by attorneys to care for the children before they leave the country (Bergquist, 2009). It has been documented that children who are adopted to the US who were in these foster care homes before adoption did better, cognitively and transitioning, than those in institutions (Bergquist, 2009). The hope is that children will be easier to adopt if parents think their children have been cared for in a loving foster care home no matter the length of time.

Researchers have argued that people who adopt from orphanage settings need to receive different kinds of pre and post adoption services as well as more support. Children who have lived for years in an institutional setting may have special needs. International adoption can be big business for some countries, and if unregulated, can be a high potential for unethical practices (Ruggiero & Johnson, 2009).

The idea of ‘rescuing’ children across borders in the wake of armed conflict was intended to help children. Guatemala was one of the world’s top sending countries of children for international adoption in 2004 (Bergquist, 2009). The lack of regulation in Guatemala, along with the financial incentives, has resulted in cases of coercion and bribery of young, poor rural women giving up their children for adoption or being abducted and the children being sold (Bunkers, Groza, Lauer, 2009).

The Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption established rights and assurances for children for their protection (Bergquist, 2009). The Hague Convention is viewed by many as being

supportive of international adoptions even though it protects the interests of the child, the birth and adoptive parents; while the 1989 United Nations Convention on the Rights of the Child (CRC) supports adoption first in the child's country of origin (Bergquist, 2009). The Hague Convention calls for the child to remain with their biological parents or relatives first. The child would then go to non-relatives who were also in the country of origin. This helps protect the children from abduction, selling or trafficking. The last choice is international adoption (Hollingsworth, 2008). Numerous studies have supported the conclusion that the older the child for adoption, the more likely the risk of disruption (Smith & Howard, 1991). Families in which children display behavioral or emotional problems are more likely to disrupt (Barth & Berry, 1991).

The International Adoption Project was conducted with primarily Minnesota parents who adopted children internationally. The parents of these children who spent more than one year in an institution prior to adoption were less likely than others to say they would recommend international adoption and pointed to the importance of encouraging families to address and understand that adverse early experiences could contribute to health, behavior and development problems for their adoptive children (Hellerstedt, Madsen, Gunnar, Grotevant, Lee & Johnson, 2008). Internationally adopted children usually do not share the cultural heritage of their adoptive families which was proven in this study and 88% of the adoptions resulted in transracial families (Hellerstedt, et al., 2008). The study also advised that the country of adoption could be important to the child's health and well-being because the pre-adoption quality of care for children varies dramatically by country of birth (Hellerstedt, et al., 2008).

Cultural identity is relevant when adopted individuals differ in physical features from those around them. In the study, “Being adopted: Internationally Adopted Children’s Interest and Feelings” by Juffer and Tieman (2009), 27% of the children wished they had been born into the family rather than adopted. This implies stress and the pain of being different. In this same study, 46% of the adopted children expressed the wish to be white like their parents and peers (Juffer & Tieman, 2009). Both of these wishes may make it hard for the adopted child to feel connected with their family. Current research titled, “Does the Hague Convention on Intercountry Adoption Address the Protection of Adoptees’ Cultural Identity?” states that the child should be entitled to a caring family environment when placement in country is not possible for the best interest of the child (Hollingsworth, 2008). The research also brings up the question of whether cultural identity is important. Hollingsworth (2008) shares that young transracial adopted children were consistently found to be confronted with racism and discrimination, particularly around physical appearance differences.

Neurodevelopment of the Infant/Child

There has been a growing body of evidence from both human and animal studies that, in some circumstances, seriously adverse experiences in very early childhood can have enduring effects that may result from either a type of biological programming of the brain during a sensitive period of development or, alternatively, damage to neural structures (Bateson & Martin, 1999; Greenough & Black, 1992; Gunnar, Morison, Chisholm, & Schunder, 2001; Rutter et al., 2004). Studies of children in orphanages have shown the importance of stable emotional attachment with touch from primary adult caregivers and spontaneous interactions with peers (Perry, 2002). He goes on to say that

if these connections are lacking, brain development both of caring behavior and cognitive capacities is damaged in a lasting fashion. The infant brain requires stimulation in order to develop. The time in life when the brain is most sensitive to experience is in infancy and childhood. It is during this time that social, emotional, cognitive and physical experiences will shape the neural systems in the brain that will influence functioning for a lifetime (Perry, 2002).

During the first eight months of life, there is an eight-fold increase in synaptic density while the developing neurons are seeking their appropriate connections (Huttenlocher, 1979, 1994). During the next few years, the patterned repetitive experiences of the neural connections will be refined and sculpted. If there is little activity with the genome and environment, the synaptic connection will literally dissolve and abnormal neurodevelopment and profound dysfunction may occur (Perry, 2002). He further reports that the specific dysfunction will depend on the timing and the part of the brain that was developing whether due to a lack of sensory stimulation from neglect or abnormal activation of the stress response from trauma. The majority of the key stages of neurodevelopment take place in childhood while the majority of change takes place for the adolescence by experience. The brain develops in a sequential and hierarchical fashion- i.e., from less complex, which is the brainstem, to the most complex, which is the limbic, cortical areas (Perry, Pollard, Blakley, Baker, Vigilante, 1995). At birth, the brainstem areas, lower parts of the brain, are responsible for regulating heart and respiration for survival. As the brain develops and the sub-cortical and cortical areas organize, they begin to modulate and “control” the brainstem. With a sufficient set of motor, sensory, emotional, cognitive and social experiences during infancy and

childhood, the mature brain develops (Perry, 2002). If there is loss of cortical function through any process, it results in regression which is a loss of cortical modulation of arousal. According to Perry (2002), the brain's impulse-mediating capacity is related to the ratio between the excitatory activity of the lower brain and the modulating activity of the higher cortical areas. Any factors which increase the activity of the brainstem, such as chronic stress, or decrease the moderating capacity of the limbic or cortical areas, such as neglect, will increase an individual's aggressiveness and impulsivity.

Early life nurturing appears to be critical for socio-emotional functioning. If this nurturing is absent for the first three years of life, and a child is then adopted and begins to receive attention, love and nurturing, these positive experiences may not be sufficient to overcome the malorganization of the neural systems mediating this socio-emotional functioning (Perry, 2002). These disruptions of experience-dependent neurochemical signals during early life may lead to major abnormalities or deficits in neurodevelopment either from the lack of sensory experience, which is neglect, or atypical or abnormal patterns of extremes with traumatic stress. The brain is most plastic (receptive to environmental input) in early childhood and makes the child most vulnerable during this time (Perry, 2002).

Neglect is the absence of critical organizing experiences during development (Perry, 2002). Deprivation of critical experiences of touch during development may be the most destructive area of child maltreatment as it cannot be "seen" (Perry, 2002). The untouched newborn may literally die; in Spitz' landmark studies, the mortality rates in the institutionalized infants was near thirty percent (Spitz, 1945, 1946). He goes on to say that maldevelopment of neural systems mediating empathy resulting from emotional

neglect during infancy is not really observable. Neglect is hard to study. Children adopted from neglectful settings such as orphanages continue to demonstrate that the older the child was at the time of adoption, thus spending more time in the neglectful environment, the more pervasive and resistant to recovery were the deficits. A study of Romanian orphans showed that those adopted before six months showed greater improvement than those adopted from six months to 2 years showing that the longer a child remains in an emotionally and physically depriving institution, the greater risk for meeting diagnostic criterion for autism-spectrum disorder which shows the relationship between early life trauma, neglect and development of severe neuropsychiatric problems (Rutter, Andersen-Wood, Beckett, Bredenkamp, Castle, Groothues, Kreppner, Keaveney, Lord, O'Connor, 1999).

A research study on "Prolonged institutional rearing is associated with atypically large amygdale volume and difficulties in emotion regulation", reports that stressful experiences in life produce specific changes in the brain, particularly in limbic regions like the amygdale and hippocampus. Unstable care giving is sufficient to alter social and emotional behavior years after adoption (Hodges & Tizard, 1989). The study also found that longer stays in an orphanage would be associated with atypical limbic development and associated emotion regulation difficulties including anxiety (Tottenham, Hare, Quinn, McCarry, Nurse, Gilhooly, Milner, Galvan, Davidson, Eigsti, Thomas, Freed, Booma, Gunnar, Altemus, Aronson and Casey, 2010). Final data from this study states that the developmental outcome for children who experience orphanage rearing is impacted by the length of time a child is there with longer stays generally associated with psychiatric disturbances.

Future of International Adoptions

A clinical evaluation of developmental delays should be a first step in the pre-adoption assessment in international adoptions using the Denver Developmental Screening Test. A comprehensive physical examination should be mandated as standard international adoption protocol for the children to determine physical needs (Johnson, Edwards & Puwak, 1993). Barth and Miller (2000) identified three general areas of need for post-adoption services: education and informational services with workshops and literature so parents can better understand their adopted child; clinical services offered by trained professionals with either child, couple or family counseling would be beneficial and finally, providing material services including subsidies for medical care and respite care is needed (Barth & Miller, 2000). These post-adoption services will support and may improve the outcome of international adoptions. In a 2007 study by Dhimi, Mandel and Sothmann, "An evaluation of post-adoption services", services that were needed and not provided for were: financial assistance, special education, outpatient mental health services, parenting skills education, and help with disruption and dissolution.

Interventions could also be put into place by using holding therapies and corrective attachment therapy as two ways these children may learn to attach to their families in addition to psychotropic medications and behavioral interventions including play, family therapy, parent training and behavioral modification (Mathias, et al., 2007).

Establishing and supporting orphanages is still attractive to charitable persons and organizations (Gunnar, 2010). Nonetheless, whatever typically happens to infants in institutions does not appear to reliably support development of the neural systems supporting important aspects of higher cognition as Gunnar states in her article,

“Reversing the Effects of Early Deprivation after Infancy: Giving Children Families may not be Enough.”

The ultimate goal will be to improve the human condition for international adoptees and their families. The hope is that policies will be put in place to change the adoption procedures in the sending country so agencies will be more attentive to the children in institutions from birth to avert these situations. The government of the country where the children are from should provide more funding for the orphans before the adoption, especially in the early years of life when attachment is so critical. This funding could benefit these children physically, emotionally, and mentally both now and later in life.

Conceptual Framework

Attachment theory is the framework that is used to guide this research project on emotional challenges for parents regarding their internationally adopted child.

Attachment Theory

John Bowlby and Mary Ainsworth worked as partners in collaboration to conceptualize the attachment theory (Ainsworth & Bowlby, 1991). John Bowlby stated that attachment is conceptualized as an intense and enduring affectional bond that the infant develops with the mother figure, a bond that is biologically rooted in the function of protection from danger (Bowlby, 1982). He discovered that children need to be connected with significant caring adults in their lives; they need to attach to them, which in turn stimulate their emotional growth. Mary Ainsworth met Bowlby in London and partnered with his work. She then advanced the attachment theory by creating the “stranger situation” which tested the different kinds of attachments a child may have. Ainsworth contributed the concept of the attachment figure as a secure base from which an infant can explore the world (Bretherton, 1992). She went on to report that secure attachment was significantly correlated with maternal sensitivity. Babies of sensitive mothers tended to be securely attached, whereas, babies of less sensitive mothers were more likely to be classified as insecure.

Children, who are placed in an orphanage because of abandonment, or neglect from their parents, suffer from a loss of their protection figure, which affects the attachment in their lives. Internationally adopted children undergo even more loss as

they leave their country to start a new life with a family that already exists. Much work needs to be done with respect to studying attachment in the microsystem of family relationships (Bronfenbrenner, 1979). This work will be especially important in studying attachment in regard to internationally adopted children.

Methodology

The purpose of this research is to examine the emotional challenges of international adoptions and how both the family and the child are affected. It is important to look at these emotional challenges to determine if there are ways to improve the pre and post - adoption process in order to make the transition more successful for the child and their families. This will be an exploratory, qualitative study.

Sample

The sample for this study focused on parents of children who were adopted internationally. The sample size was eight participants who adopted children from Russia, Liberia, Kazakhstan and Romania. This was a non-probability, purposive sample. All participants had an internationally adopted child in the home for at least four years. By gathering data from various countries, the study gave a more global perspective on the nature of this research.

Participants

The participants interviewed for this study were parents of internationally adopted children. There were eight interviews conducted with seven females and one male participant. The countries where children were adopted from in this research include Russia, Liberia, Kazakhstan and Romania. Five of the participants represented in this study adopted children from Russia. The length of time since these children were adopted range from four to fifteen years. There are sixteen internationally adopted children represented in this study as three families adopted more than one child. Seven of the families already had biological children while one family did not have any children of their own. There were a total of twenty biological children represented in the families

that adopted the sixteen internationally adopted children. Participants were between the ages of 30 and 60 years of age.

Data Collection/Procedures

After receiving the IRB approval, leaders of parent support groups of internationally adopted children were contacted. A flyer was sent to the contact person of the group and there was a wait to receive responses from volunteers regarding the purposed research. These flyers were either dropped off in person or sent via email. The information packets contained the letter introducing the purpose of the study, the potential risks of the study, the consent form and the questions for the group members to review. If these individuals chose to volunteer for the study, they were contacted via phone or email. This researcher verified that the potential participants had the packet with the introduction letter, consent form and questions. The participants were asked if they understood or had any questions regarding the study. If they agreed to do the study, a time was appointed for the interview in a quiet, safe and confidential space which was convenient for the individual. The interview was audio-recorded. Before data was gathered, the participant was asked to review and sign the consent form (see Appendix A). This researcher asked questions to determine if the participants understood the purpose of the research and if any potential risks were involved. The participants were instructed they could end the interview at any time and they were also informed they could skip any question they did not want to answer.

Measurement

The measurement instrument used in this research study was a semi-structured interview consisting of 11 questions (Appendix B). The semi-structured interview

questions were created by this researcher after reviewing the literature on internationally adopted children. Some of the questions were modeled after the Adult Attachment Interview Protocol, a semi-structured interview developed by George, Kaplan and Main (1985). The semi-structured interview questions (Appendix B) guided each interview. Open-ended questions were utilized from the list. Themes of demographics and emotional challenges with attachment for the international adoptions were examined. The interviews lasted approximately one hour.

Data Analysis

A grounding theory coding process, which moved from the specific to the general, was used by the researcher to analyze the transcripts and look for themes and concepts that emerged from the interview data (Monette, 2011). The researcher reviewed each typed interview, using codes that clearly reflected what the participant reported. In most cases, the actual words or phrases of the participants were used as codes. Codes were organized within each topic or question by similarities in order to identify themes in the data. Once these themes were identified, this researcher identified similarities and differences between the participants' experiences of each theme, and whether or not there were any challenges involved in the themes.

Protection of Human Subjects

This research was reviewed by the University of St. Thomas Institutional Review Board to ensure the protection of human subjects. Confidentiality of all participants was of utmost importance and all of the participants were volunteers. Interviews were conducted in quiet, confidential places. Audio-tape recordings of the interviews, consent forms and all research data was kept in a locked area that only the researcher had access

to. Participants were informed of the risks involved in this study both verbally and in writing. Participants were asked if they understood the definition of informed consent and consent was obtained at this time. When it was clear that the participants understood the risks of this research and their rights, the consent form was reviewed and signed by each participant before beginning the interview. Participants were reminded that they could withdraw from the interview at any time and it was their right to skip any questions they did not feel comfortable answering. The information obtained by the researcher was kept confidential. The audio-taped recordings were labeled with numbers rather than names to maintain confidentiality and they were secured in a locked area along with the transcripts. The audio tapes will be destroyed by June 1, 2012.

Participants in this research, at times, had a personal reaction to the questions in the research, however, the interview ended on a positive note with a question to offer hope. There was a debriefing session to move away from their emotions and the participants were provided a list of resources they could contact if they needed further support.

Findings

This research project focused on the emotional challenges for parents regarding attachment to their internationally adopted child. Themes centered on the questions that were asked. The main themes focused on: what led parents to international adoption, the child's pre-adoption experiences, emotional challenges for parents, attachment themes, whether they were properly prepared by their agency, how the child was supported in the family, what was the adopting parents emotional connection to their child and whether it has changed, suggestions for future adoptive parents and positive experiences from this adoption.

What Led Parents to International Adoption

Participants were asked what led them to international adoption. Domestic adoptions were considered first by three (37.5%) of the participants. Two (25%) of the participants knew they only wanted to adopt internationally. The last three (37.5) of the participants pursued international adoptions because a friend was either going through the process or had already adopted a child from another country.

Three participants stated the following regarding their process in choosing international adoption:

We heard stories about domestic adoptions that even after the child was placed for up to two years, the biological parents could come and legally take the child back. We figured if they were from overseas, then it would not likely happen. We didn't want to be out that money or the disappointment.

We wanted a waiting child, one who is currently an orphan. They are already in the system and available for adoption. There are no parental legal attachments. In Minnesota, we found no children available that were not part of a sibling group. We already had children in our home and we didn't want to change our birth order. We looked to domestic adoptions next, but found there were a lot of special needs' children and I didn't feel equipped to be the mother of a child with special needs. I wasn't really interested in international at first because you are dealing with another culture and it is very expensive but that is how we got there.

Friends of ours had adopted and we were looking for an opportunity to help kids who didn't have any family. We thought we could help someone even more from another culture that might have less than we do in America. We also have other biological children and we were older. Some countries will not let you adopt based on age and number of children in the house already.

The Child's Pre-Adoption Experience

Participants were asked to share their adoption story, including length of stay in the orphanage, ages, whether there was a medical diagnosis, and any information about the parents. The pre-adoption stories varied from being in an orphanage for only nine months to ten years with institutionalization starting as early as birth. The length of time it took from the beginning to the end of the adoptions ranged from six months to four years. Only one family (12.5%) had no information regarding the biological parents. In Russia, most of the children in the orphanages had parents; however, their parental rights had been terminated due primarily to alcohol abuse, extreme neglect and even domestic abuse. If a child is put in the orphanage but has an extended family member in Russia,

they are allowed to visit on weekends and holidays, yet still carry the label of being an orphan. All of the children were given a medical diagnosis in their sending country, everything from intracranial hemorrhage and tuberculosis to rickets. Upon arrival in the United States, these diagnoses were false except for one of the sixteen children.

Participants shared their pre-adoption experience with the following statements:

My child had been abandoned at the hospital by the birth mom and was sent to the “baby house” four days after birth. There was no information about the parents as the mother usually gives false information if she abandons the child.

We thought we were adopting children who didn’t have any family. When we got to the orphanage, we were met by extended family who wanted us to adopt an older sister as well. We thought we were adopting orphans who had no one to love them.

The mom was in and out of prison for stealing so her parental rights were terminated. The child was neglected and put in the orphanage at six months and spent eight years there.

We adopted at two separate times with three years between the adoptions. The first group had two siblings and another child adopted at the same time. They were five, seven and eight and had been in the orphanage for four years. The last two had watched the dad beat the mom. All of the parents were alcoholics. The kids had been in an institution for six years and were in their teens. They also were given medical diagnoses and tested at the University of Minnesota International Clinic and found false.

Our child was older when we adopted and the caretakers at the orphanage were worried that our child might get beat up because the other orphans were jealous of the

adoption. Recently an older orphan had jumped out of a window and committed suicide because they hadn't gotten adopted.

We adopted four at the same time with ages ranging from 8 to 17. Their length of stay in an institution ranged from four years to ten years. We wanted to adopt one boy. It was an independent adoption so most agencies wouldn't help us as we were looking at older children and they wouldn't discuss the option of adopting out of birth order. We don't have any information about the birth parents and we are not even sure today if their birthdates are correct. One of the boys was not considered an orphan by the government standards because he had both parents but there were in a refugee camp. The country was in a Civil War and food was scarce, so the adoption was allowed. Two months later the country closed to adoptions because children being adopted did not have the consent of their real family members. We adopted two girls, who within a year if we had not adopted them, would have been put out on the street to live at the age of 16 possibly ending up in prostitution. My husband and I prayed about it and decided that we could give them an education and an opportunity that they wouldn't have there.

Emotional Challenges for Parents

The research asked the participants to speak to the emotional challenges of going through the actual adoption process?" The challenges ranged from being excited to frustration by learning they had not been told the truth regarding their children. Only one family spent the night with their child before the adoption papers were signed. Just the experience of traveling to a different country and not knowing the language was extremely emotional for 75% of the families, while the other two (25%) participants

adjusted well. Faith or feeling like they were called to adopt and help a child in need was a part of most of the participants.

As participant shared:

It was very emotional and exciting to be making our family larger and having more children to embrace. We were told there was no physical abuse and they were intelligent and healthy kids but that wasn't really true. My impression is with the institution, there is a lot of sexual abuse between the older and the younger residents. It is also common for the caretakers to watch pornography in front of the children. We didn't understand the language but we could tell right away that there were going to be behavioral challenges. Part of me was thinking, how are we going to make this all work and is it safe for our kids? They were told to call us mama and papa right away but it had no meaning for them.

My big thing was, "Will I be able to love this child like I love my biological kids?" I can say now, it is very different but we never felt it would be a bad thing for our family. The kids wondered if they would be liked. I guess you think they will be so thankful and grateful that they are not in the orphanage anymore that they will live happily ever after, but no. When I got to the orphanage, they put shot glasses out and poured vodka for everybody, even our adopted eight year old and we all drank. It was a culture thing. Our daughter was so funny and hugged me and we were able to communicate well without speaking the language right from the start... When we came home, we had an easy transition the first couple of years.

It was really scary for me. Everything was overwhelming and it was hot. My child actually stayed at the house with me. The orphanage was three hours away and the

roads were flooded. . When we went to the US embassy there was a sign that said, "You don't know the freedoms you have until you don't have them anymore." I felt that when I was there. I was carrying thousands of dollars on me to pay for the different fees and I was scared until I could get rid of it.

We were excited and it was cool that she fell in between the birth order of our children especially being a middle child already. Emotionally we were pretty set. We thought by God's grace we are doing an okay job with these kids and our marriage is strong. Emotions really came with not being able to understand the language and being at the mercy of people who were taking care of us. When we got to meet our child, she was pitiful. She looked a toughie yet she was shy and had some tics. She could have ended the adoption because she was older and it was her choice. Our child was making a big decision for the rest of her life, leaving her country, her extended family, and her culture. We worried that our child wouldn't choose us.

It was a two year process and there were a lot of emotional challenges. Because of corruption with the agency in the country, we thought we lost our children and we were grieving the loss of those four children before meeting them. The emotional ups and downs were brutal even up to the day of adoption as we didn't know if it would happen. Neither of us was prepared for what was seen or experienced at the orphanages and the way the children lived. I don't know if the parents really understood when they put their children in the orphanages what that meant. They were told the child would be fed and educated for free and since they barely had any money to feed themselves, they did it. When we went to finalize the adoption, these parents stood there and didn't realize their

children might be adopted and taken to another country. It was a heart wrenching decision for them and for us.

We adopted at two different times internationally. The day we left, I realized that life was never going to be the same again. There was a bonding and a knowing that whatever we had going for us with the first group was going to be forever altered in bringing home the other two; I felt sad that we were losing something in gaining the other two.

Attachment

Participants were asked to comment on their adopted child's attachment during the first year. Four (50%) of the participants did not feel that the children ever attached to them. One (12.5%) of the participants said their child attached to her husband and son but not to her and her daughter. Two (25%) participants shared that their child attached to everyone, it didn't matter who they were. This is called indiscriminate attachment. The last participant said not until the child got sick was there attachment.

Here are the participant responses about attachment:

They attached to the extent they knew we were the provider. We fed them, gave them a home and clothes to wear. It was probably to the extent of a caretaker. They were older so I think they attached to their biological parents even though it was an unhealthy, dysfunctional attachment. Then they went to the orphanage and had caregivers and we were actually the third caregiver in their lives. If you are a second or third mom and you are not their first mom, they can't attach like they did to their first mom.

He did have an attachment issues in the fact that he was attached and loving to everyone. I think they call it indiscriminate attachment. It didn't matter who they were. He loved everybody and almost immediately attached to anyone, everywhere we went.

Our youngest was in the orphanage as a toddler and it was very difficult to try to attach to him especially, that first year. He didn't want to be comforted if he was hurt like our biological children. I couldn't hug him or hold him on my lap to try and soothe him. It would seem that would be the easiest way to attach to a child and show them love, but our youngest wasn't comfortable sitting anywhere near anybody or touching, so attachment was non-existent.

Our child did go to the grandmother on weekends and I know they had been very attached so there was a lot of anger with that loss and grieving of the grandmother when we adopted. The first year we didn't attach. We thought it had to get better if we just kept plugging away but it didn't. There are no similarities at all with attachment to our internationally adopted child compared to our biological children.

We thought we were going to be a big happy family and that was what everybody's wish and desire was; but their cultural differences and the human heart hangs onto things for a long time. I think no matter how your biological parents treat you, one always wants to feel like they love you.

Prepared by the Agency

Participants were asked how they felt the adoption agency had prepared them for the physical and emotional process of adopting. The responses were split, five (50%) said they did not feel prepared by the agency and five (50%) stated they felt they did, with some reservations.

They prepared us and told us actually every single thing that happened to us. I just don't think we believed it on the magnitude that they did... I also think newly adopting parents hear what they want to hear. You've got this dream and you have decided to adopt and you get on board thinking you are going to help the orphans. Some people did try and warn us. How hard can it be, we thought? It will get better, but it never did.

No, I am not certain they understood attachment stuff or fetal alcohol or the implications of it. There were no requirements as far as classes for us to take. They only kept in contact the first month or two. I probably had more support from people who were dealing with some of the same issues that we were than from the agency.

No, the head of the agency was most worried about getting as many kids adopted as possible. There was no counseling available and no one talked about fetal alcohol or the emotional side of it. We just thought they will be so grateful to be adopted and in our house, that they are going to be compliant and say, "I can't believe you adopted me." It's almost the opposite.

Participants were also asked about how they felt the agency could better help them prepare for their adoptions. Two (25%) participants offered valuable insight:

They should have mandatory workshops. It should be worse case scenario. This is what could happen, this is what to expect, and this is where to go for help if you need to. Find a support group or start one. Recommend reading research or talking to other families who have been through it, just something, anything.

When we went back to our agency with our struggles and questions, the agency did nothing. That's why I'm glad you're doing this. Nobody realizes what the parents

are really going through, so the support system is not there for them. You are doing the best you know how. Then you get your neighbors, school teacher, people at church and parents of friends calling you on the carpet because of your child's behavior. With attachment disorder, your child looks like an angel to everybody else so nobody believes you and thinks it's your fault. So not only is there no support, you also get all sorts of accusations. So let's talk about which parents have caused this damage, could it be the biological parents? The adoptive parents are trying to help these children and the community is tearing the parents down. The agency needs to get support for these parents.

How the Child Was Supported

Participants were asked who the child turned to for support in the family. This question had a variety of answers. Five (50%) of the participants shared that when their child needed support, they turned to a parent: two participants choosing mom, one chose dad and the other turned to both parents. The other half (50%) of the participants was also split. Two stated that they would turn to anyone or no one which went along with the indiscriminate attachment. The other two participants turned to each other for support instead of to any of their new family members. Participants commented below:

Daddy was her support and she just adored him. He would bend over backwards for her which caused a little trouble between the two of us and stressed our marriage.

Oftentimes the kids are mad at their mothers for abandoning them and they can't talk to their biological mothers and that relationship is assumed with me. It can be a very love/hate relationship.

There was no mom or dad favoritism. It didn't matter; the child was fine with anyone. We did find him in strange places. He would sleep in the bathroom or in the closet. He took care of himself and did what he needed to do.

They turned to each other or to nobody. These kids stuck together like glue and we weren't able to have a parent/child relationship. Every night they would go downstairs to throw their clothes in the wash to go to bed. What we didn't know was they would grab a handful of dog food and carry it back upstairs and put it under their pillows. After we had done our goodnight routine and they were in bed with teeth brushed, they would eat the dog food together. They still had an orphanage mentality, in fact they still do. When they feel abandoned or neglected, their default is to turn to each other and take care of each other. They know how to survive.

Emotional Connection and Whether It Has Changed

Participants were asked to share the experience of connecting emotionally to their child in that first year and how it has changed over time. Two of the participants feel their emotional connection has been positive and continues to be a positive emotional connection even ten years after their adoptions. Another two participants went through major struggles when they hit puberty: the children ran away from home, did not graduate from high school and disconnected from the family, yet they are now starting to reconnect emotionally to the family. Four of the participants are not sure the emotional connection was there in that first year or even now and doubts that there will ever be a true attachment.

Participants share about the experience of emotionally connecting and whether it has changed:

For some of them, it hasn't changed at all. Some of the children, whatever damage was done, whether it's fetal alcohol or attachment, it's a neurological brain injury basically and some of it you just can't rebuild.

Interestingly, our youngest and our oldest are the most attached to us and they are both boys. They have all been through hours and hours of therapy to deal with sexual acting out. Most of them were heterosexual. All but one has been in jail. They have all dealt with alcohol and drugs which we did not have in our home while they were living there. Some of them are alcoholics. Our oldest finally did thank us for adopting him. All the kids know we love them and we know they love us in the way they can. They basically live in poverty, smoke and have foul mouths. I believe we had no influence on them.

The lying and stealing never stopped. We taught her about the Bible and about God and gave her spiritual background hoping that would help her. I think we thought it would get better but it didn't.

We felt that every time we got out of bed, it was a mission trip to get this little one to feel loved, to feel like she belonged, to feel like she wasn't an accident, to feel like it was okay to have loyalty to her family back in her home country, and to pray for them. It was positive but then she gravitated to the troubled kids. I never liked the phrase, it takes a village to raise a child but she made me realize that I needed a village to raise her.

We know that our children went through loss coming to America but we didn't recognize it. They never attached. There's no commitment to the family, to us.

It was the little things you don't think of. She brought up one time that I always kiss so and so on the head but you never do that to me. I didn't even realize it, so I started doing it to her too. I was glad we adopted her, but it was hard to connect on as

deep a level as my biological children. She was really outgoing and fun for the first three years and then it was like somebody flipped a switch and she was a different kid. Part of the rebelling was how could I love her since I didn't have her. And I said how can I love dad because I didn't give birth to him either. She left before she graduated from high school and didn't talk to us for many months.

I forget that he's adopted. I think one of my children is adopted and I can't remember who.

Suggestions for Future Adoptive Parents

Participants were asked what they would like to share with perspective adoptive parents about the emotional challenges of international adoptions. All eight participants had many suggestions for future adoptive parents in the hope that future adoptions will be more successful for both the child and the family. The participants were in agreement that there is a lot of work and support for families that needs to be done to help with international adoption. People in a community service arena: social services, schools, police departments, and churches need to trust the parents and become more educated regarding the struggles with adoptions and the circumstances surrounding these children. The consensus was to do your homework with the agency and the country to understand about the future adoption. The sending government and the agencies may not be telling the truth about the child. It is also important to read and learn everything one can about attachment and realize what is realistic and what is not realistic. The younger a child can be adopted and the less time in an institution can be directly proportional to the amount of layers a child has and the success of the adoption. These thoughts come from

over 15 years of international adoption experiences with 16 adopted children from four countries.

Read and learn everything you can about attachment, fetal alcohol and poverty. There is a book about poverty by Ruby Pain that teaches how to communicate using story telling with your children using adult to adult voice because most of these kids have either self-parented or parented siblings before they were adopted. You are really more of a 24/7 caretaker or a step parent than an actual parent. These kids have special needs as they have so much loss: their biological parents, extended family, their country so that's telling them that nobody wants them. These children are survivors and can adapt to life but they cannot figure out how to do the family thing. We really should have taken them to therapy for grief counseling, just the trauma they have been through, we thought it would just work out but it didn't. I heard on the radio about some therapy for attachment. It involves bouncing which stimulates parts of the brain where attachment happens just like bouncing an infant to get them to sleep.

Be prepared if you have other children in your home to protect them. If your heart's telling you that something is wrong, it's probably true. Take care of yourself. If you are a believer, you need to have your quiet time and find your "box" of people who understand you and what you are going through, a support group. Keep talking to your kids. After our adopted child ran away from home, we sat down and told our children that we didn't realize the full scope of what this could mean to the family and it was good for them to hear that. Let them identify with their own country as well as America.

Talk to people who have been there not just the agency. Every single one of us thought that we are going to help a child in need and we are all going to live happily ever

after. We thought we could make it right but the attachment and fetal alcohol is too strong. With all of these adoptive kids, you'll never be a parent to these kids. You'll only be a caregiver. This has helped so many of us and we can just do the best we can for them.

There is an attachment disorder and it doesn't matter how young you have the child, even an infant. I think that there's a wound that happens when a child is given up or abandoned and they feel it no matter what the situation. This abandonment wound can't be healed. I don't know if it will ever be healed and some feel it harder than others

Don't just go with your heart. Pre-marriage counseling is done for a reason. I think pre-adoptive counseling; strong counseling in a lot of different areas should be done because this is a life long commitment. They are taking your name and when they turn 18, you still have that commitment. Too many look at adoption as dreamy and romantic, but when you get to the day to day living, it's just not the same. You need to find respite ahead of time as you can't be with your child 24/7. And you don't share everything because nobody would want to take our kids if they knew they were stealing all the time. You want your child to have some dignity. So, if we had found someone they could trust and turn to when they were struggling, it might have helped. There is a lot of research done on younger children but not as much on those who are older when adopted.

Any family or person considering international adoption would need to realize there could be a problem and that you need to be willing to say, this is my child. We can nurture a child in our home but part of who they are is the genetic makeup from their parents and you have to be willing to accept that. I believe that God puts orphans in

families from His plan and that is your child even though they are half way across the world. They are part of your family.

If you want to help that child, donate money to their home country and don't displace them from their country. Who are we as Americans to say that adoption and leaving their country is necessarily better – you get used to what feels like home... It costs thousands of dollars to adopt. Go there and help the orphanages improve in learning how to take care of those orphans. It will help the community and teach generations how to take care of each other. There are too many orphans in the world that cannot be rescued and brought into the United States.

Positive Experiences from this Adoption

Participants were asked to tell some positive experiences from their adoption experience. All of the participants have had positive experiences with their international adoptions and have learned a great deal themselves, their child and the sending country. Participants stressed the importance of spending time together especially dinner time and vacations. They also talked about supporting other parents who adopt and encouraging them. Below are samplings of what the participants shared about their adoptions.

Even living on the streets here in America, is a better life than she would have had there over there. Our child has the opportunity to have tremendous potential but needs to take advantage of it. Other families have adopted from the same country as a result of our adoption.

My child and I have talked many times about all the junk that we went through and we realize that we all made a lot of mistakes but we always knew that we could count on each other. And she knows that if she calls, I'm there. She is still my daughter.

He is learning what a family is all about and he has strong sibling relationships. He's learning emotions and even though we don't see it coming toward us as parents, we see him displaying those to our pets and siblings.

It made me grow as a person and even though our marriage was a struggle, we grew closer to each other through it. She still calls us mom and dad even though she is off on her own. We always end our conversations with I love you.

I would do it all over again. I am a different person in a positive way after going through this process and can relate better to others. They bless us just as much as we bless them. It's a win, win situation.

Discussion

Summary

The findings indicated several reasons why parents chose international adoption over domestic. These were: their child would not be taken away due to the biological parents wanting the child back, the wait time to get a child was less, they were helping an orphan, and they did not want a child with special needs from the United States adoption system.

There was clear data indicating the pre-adoption experience of the child was a key factor in their physical and mental growth. In Russia, alcohol abuse, abandonment, trauma and neglect, were all indicators of stress and an unhealthy environment for these children put into the orphanages. Most of these parents had their rights terminated. Extended family home visits were encouraged for children on weekends and holidays but ultimately the family's lack of finances was the issue for why these children were in the orphanages and eventually adopted. Fetal alcohol syndrome seemed to have a significant affect in the lives of some of the adopted children. The study confirmed that as the length of stay in the orphanage increased, struggles for the child also increased.

Most of the children had a medical diagnosis given by the agency, orphanage or government of the sending country. The diagnoses ranged from intracranial hemorrhage, heart murmur, meningitis, hepatitis B, aortic stenosis, kidney disease, scoliosis, tuberculosis, and rickets. Once these children arrived in the United States and were tested in a clinic, the diagnoses proved false. There was speculation by the adoptive parents that a diagnosis was a way to justify the children being adopted. The government would state that they could not treat a child with these diagnoses. It is not clear why the

government or orphanage made the diagnosis on how these children were identified as needing to leave the country.

The findings also showed that these parents had a huge range of emotions with their adoptions. It was exciting yet a fearful and scary time for them, not knowing what the future was going to hold for them and their families. Many felt that their love and faith would be enough to make the situation work. Others saw challenging behaviors in their child before they ever left the country. Some discovered there were strong attachments to extended family members and biological parents which were frustrating for those families who thought they were adopting orphans. Expectations of their newly adopted child and all that would mean seemed to bring disappointment and doubt to others. Accurate information was not communicated on many of these children which also caused frustration to the parents.

Attachment is a very important element in the success of these parent/child international adoptions. At some time, in all of these adoptions, attachment to the parents and siblings with the internationally adopted child was a struggle. In the older adoptions, the lack of attachment to the new family seemed to have roots in the fact of the biological parents having that initial attachment. Several of these children did not seem to understand how to function in a family. They would revert back to what they knew and that was how to function in an institution with the other children there. Indiscriminate attachment affected two of the adopted children and continues to this day. They are no more attached to their parents than any other individuals they interact with. Many of the children also experienced incredible grief and loss with family, friends and country. Most of the families did not take their adopted child to grief counseling or therapy. Many

of the parents revealed they would have started therapy soon after arriving back in the states if they had realized the extent of the loss to their child.

The findings also showed that half of the participants felt the agencies did not prepare them at all for what they encountered with their adoption. There was no counseling available, when they asked for help, the agency did not know what to do and the ten hours of mandatory state training was not enforced. Others felt that the agency did try and prepare them but they were so excited about the adoption they did not really listen to the information that was being given to them and felt it was more their own fault for not being prepared.

The participants shared that finding a support group and having mandatory workshops would be in the best interest of the parents. There were also statements regarding how difficult it was to get support from the community. A participant stated that she was glad this research project was being done so people could understand how help is needed in the community and what to do for those who have adopted internationally.

These adopted children reacted differently to who they turned to for family support. It seems those who were older and spent longer times in the institution turned to each other rather than the parents. It was what they knew in the orphanage and that was to help each other. One participant said, "When they felt abandoned or neglected, their default is to turn to each other and take care of each other." Some of the children had a hard time turning to the moms as they may have been mad at their biological moms for abandoning them. This made it especially hard for the adopted moms to attach. Two of the participants who had indiscriminate attachment took care of themselves and did not

turn to anyone for support, again, making it difficult for the parents who desired to attach to their child.

The findings regarding the emotional connectedness and how it has changed is heart breaking for some of these participants. The vision these parents had about adding to their family, an orphan who needed someone to love them was not the happily ever after story they would have liked to write. For many of these families, there was alcohol and drugs, sex, lying, stealing, jail, running away and huge disappointments. Several felt their adopted child never attached even though they tried in so many ways. On the opposite side, there is a parent who says they do not know which of their children are adopted which shows a strong attachment. It shows that each child is different but there are some similarities perhaps from the country and environment the children are from.

In all the countries, it seems that when a child reaches the age of 16, they are considered an adult by the government and are released into the community. This is regardless of whether they have the means to provide for themselves or not. For the young girls, in particular, a common concern was that they would end up in prostitution as a way to provide for themselves. This seems to be true for all of the countries in this study and why some of the families chose to adopt older girls.

These participants had several suggestions for future adoptive parents. One of the most important areas was to research everything you can about your agency and do your homework. One needs to learn about the country and about the orphanages. Counseling for pre-adoption for parent and family members and post-adoption for both the child and the family would be extremely beneficial. It is paramount to look at the child as someone who is now a part of your family forever and not someone who you can abandon if they

do not meet your specifications. This is a life commitment, for better or worse. These families all had the best intentions of adopting for all the right reasons believing they were blessing a child. Their lives have been changed forever and some of the families continue to struggle. Can healing take place? Maybe, but the wound or the damage may be irreversible. Adoption can be an amazing experience but it can also be a very difficult life altering experience.

The findings did show that all the participants could identify positive outcomes from their international adoption experience. Families spending time together, whether on vacation or just eating dinner, makes positive connections. Flexibility and understanding are two key elements in working through struggles in the parent/child relationship. Finally, adopting internationally made individuals and families stronger and more aware of what was important to them and how to best support each other.

Comparison of Finding to Literature Review

This study found that much of the information derived from the research project was consistent with the information in the literature review. There was overwhelming agreement between the literature and the participants regarding pre-adoptive environment for the adopted child and its effects. These institutionalized children struggle with physical and mental changes starting with the trauma of departure from everything familiar: accompanied by separation and loss, especially if they are older (Wilkinson, 1995). This proved true in the experiences of several of my participants especially with the older children. Internationally adopted children face physical and emotional challenges. They have experienced the loss of their biological parents, their extended

family, their culture and their country. These losses include cognition and attachment which makes it hard for them to attach to their adopted families.

In the study by Ruggiero and Johnson (2009), it stated that love alone is not enough to heal traumatized children. This theme repeated itself many times. These parents wanted to adopt an orphan and bring them into their families to love and nurture and live happily ever after. With so many families, this expectation was not met. There was so much trauma suffered by these children which included: neglect, abandonment, alcoholic parents and the grief and loss of leaving their country. Post-adoption counseling could help these children in dealing with their grief and loss.

The literature supported what these parents experienced regarding attachment. Mathias (2007) reported that the child's behavioral problems and developmental delays can lead to elevated levels of parental stress and lower levels of parental satisfaction, which may in fact effect the quality of attachment. Every participant in this study experienced attachment issues. For some parents, it was wondering if they could love this adopted child like their biological child. Children who were secure with their mothers tended to be coherent, clear and collaborative as they grew older (van Ijzendoorn, 1995). Eighty-seven percent of the participants felt they had done a good job with their own children and they either wanted to add to their family as they felt it was going well or they could love and support another child. These parents felt they had a secure attachment to their own biological children. Others felt that they were just another 24/7 caregiver, similar to what the children had experienced in the orphanages.

Bowlby and Ainsworth's work on attachment and the importance of that first relationship usually with the mother, also showed how the literature supported what the

participants felt. For two of the parents, their children exhibited signs of indiscriminate attachment which meant they liked everyone the same. Zeanah (2000) supported the experience these parents had as he stated that indiscriminate attachment is linked to the lack of a discriminated attachment figure.

The literature also discussed how internationally adopted children usually do not share the cultural heritage of their adoptive families (Hellerstedt, 2007). This was true in all families that were interviewed. Many times, the families tried to embrace the culture and included food or customs that were part of the child's heritage but this did not guarantee an attachment between parent and child.

Another area that literature discussed regarded how early life nurturing appears to be critical for socio-emotional functioning and revealed that simply receiving love and nurturing may not be sufficient to overcome the malorganization of the neural systems mediating this socio-emotional function (Perry, 2002).

A final area of the literature review that was supported by the research involved caregivers. Hodges & Tizard (1989) shared that unstable care giving is sufficient to alter social and emotional behaviors years after adoption. The families in this research project experienced these behaviors. The length of time their children were in institutions ranged from nine months to ten years. Some of the children had been in at least one orphanage and several had been in two or more. Constant changes for these children seemed to alter how they attached to their newly adopted parents and how successful the adoptions were. Parents who adopt internationally may not fully realize the impact of the neurodevelopment of the child they are adopting. It may affect the attachment that the child may be capable of once the adoption is complete. This can affect the family system

and promote negative social issues for the family and the child if attachment does not take place in the family.

Limitations of Project

There are limitations in this research project regarding international adoption. One limitation of this project was that it relied on the memory of the parents. Some of the adoptions have been between four to fifteen years ago. The parents were asked to answer questions about their adoption story from their first thoughts upon seeing the child and how they felt connected in that first year of adoption. These answers would have been more valid if they could have been asked in that first year of adoption. After living life for the past four to 15 years, their responses may be tainted by what has happened in the later years of adoption.

Another limitation for this project is the literature and research is mostly focused on infants and younger children being adopted. There is not much literature on older adoptions, which 15 out of the 16 children in this study were between the ages of four and seventeen. More research needs to be done with older children to determine attachment and emotional connectedness.

Contributions to Social Work Knowledge

The purpose of this research study was to gather data on the emotional challenges for parents regarding attachment to the internationally adopted child. This information could educate and enhance these adoptions for both the children and the families who are adopting. This study may have implications for future social work if families can identify specific ideas or information that may help other families who are considering international adoption. It may be in the capacity of an advocate for international

adoptions or policy making to advance the health and well-being of those children being adopted internationally.

There should be an increase in social work educational settings so that those who work with international adoption can be better equipped to help the families and the child being adopted. Resources and educational materials, along with continued research projects, with not only the parents, but the adopted children and siblings as well will enhance the adoption experience. It is also important for clinical social workers to understand the attachment issues and the pre-environments' experiences these adopted children came from and use this information in therapy to make their lives more productive. These adoptive issues may include those who struggle with grief and loss, trauma, alcoholism, drugs, mental illness, attachment and parent/child relationships. A goal to enhance the attachment experience for these institutionalized children would be crucial in their therapy. The cost for the US government for some of these adoptive children has been high. If more information is known up front regarding the child and their pre-environment and attachment issues, would there be a way to identify or screen these children to allow for a healthier adoption?

Suggestions for Future Research

Future research is imperative to determine how to make international adoptions more successful for the children who are being adopted and for the families who are adopting. Expanding this research project to include a larger sampling would give more validity to the themes that have been explored in this paper. Using a global perspective and including more countries to determine if a country has a better success rate would be another avenue for future research.

Another research area that would be of support to internationally adopted children would be regarding culture. By increasing the knowledge base of their cultural identity, their individual identifies would be strengthened. Accurate and consistent medical documentation would be crucial information for perspective adopting parents to have from the perspective birth country. It would allow for interventions to be tailored for the child with correct medical information. Doctors should be educated and given training on pre and post-natal care for all children within an institution in foreign countries.

An educational certificate training program for these in country caregivers to standardize how to care for these children needs to be put in place and paid for by the government. Each of these adoptions cost thousands of dollars and it would seem logical that each time a child is adopted, a percentage of the money should be returned to the orphanage to allow for better care of those who are left behind. .

Society and the government may have to step in and help the family in order for the adopted child to be successful because of pre-adoption issues that the child may have. If adoption agencies and families could work closer together in the early stages of a child's life, attachment may be better accomplished, thus, allowing for a healthier and more productive life for the child, not only in the home, but also in the community and society as a whole. This could be done by changing the adoption policies so agencies are more attentive to children in the orphanages. By providing more funding from the sending government to help those children in the "baby houses" and orphanages, it would provide better care to the children which could allow their brain to sense an attachment to their care giver. The money from both the sending and receiving countries could benefit these adopted child both pre and post-adoption in their lives and their futures.

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Appendix A

CONSENT FORM
UNIVERSITY OF ST. THOMAS
GRSW682 RESEARCH PROJECT

What are the emotional challenges for parents regarding attachment to their internationally adopted child?

I am conducting a study about emotional challenges for parents regarding attachment to their internationally adopted child. I invite you to participate in this research. You were selected as a possible participant because you have an adopted child from another country. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Diana Wutke, a graduate student at the School of Social Work, College of St. Catherine/University of St. Thomas and supervised by Dr. Colin Hollidge.

Background Information:

The purpose of this study is look at the emotionally challenges and the demographics of where the child has come from in addition to how they have attached to their family.

Procedures:

If you agree to be in this study, I will ask you to do the following things: the interview will be audio-taped, consist of the questions that have been handed out previously, should be between 30 and 60 minutes procedures and can be ended at any point in the interview.

Risks and Benefits of Being in the Study:

The study does have risks regarding parenting an international child and the emotional challenges that have gone with it.

The study has no direct benefits other than an attempt to improve the human condition.

Confidentiality:

The records of this study will be kept confidential. As a classroom protocol, I will not publish any of this material. Research records will be kept in a locked file at home. I will also keep the electronic copy of the transcript in a password protected file on my computer. My research professor will have access to the transcript of the interview, but will not know who you are. I will delete any identifying information from the transcript. Findings from the transcript will be presented for my research paper day in May. The audiotape and transcript will be destroyed by June 1, 2012.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the

University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty.

Contacts and Questions

My name is Diana Wutke. You may ask any questions you have now. If you have questions later, you may contact me at 651-436-7710. My research chair is Colin Hollidge and his phone is 962-5818. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

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

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audio-taped.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix B

Research Questions:

1. After you made the decision to adopt, what led you to international adoption?
2. Tell me about your adoption story about your child?
(Age at adoption, country, where the child had been living and length of stay)
3. What were the emotional challenges of going through the actual adoption process?
(Spouse, travel, children at home)
4. Can you share three adjectives or words that reflect your emotions as you met your child for the first time?
5. How did your child connect or attach to you during the first year?
6. Did you feel the adoption agency had prepared you for the physical and emotional process of adopting this child? If not, how could it have been adapted?
7. Who did the child turn to for support in the family?
8. How long has it been since the adoption?
9. What was the experience of connecting emotionally to your child in that first year and how has it changed over time?
10. What would you want to share with perspective adoptive parents about emotional challenges of international adoptions? (Yourself, spouse, other children, relatives, friends, church)
11. Can you tell me some positive experiences that you have had from this adoption?