FAMILY RESILIENCE AS A PREDICTOR OF BETTER ADJUSTMENT AMONG INTERNATIONAL ADOPTEES

by

TOBY BUCHANAN

Presented to the Faculty of the Graduate School of
The University of Texas at Arlington in Partial Fulfillment
of the Requirements
for the Degree of

DOCTOR OF PHILOSOPHY

THE UNIVERSITY OF TEXAS AT ARLINGTON
August 2008

ACKNOWLEDGEMENTS

First and foremost I would like to thank all of the parents who took time to complete the survey. Without their participation, this study would not have been possible.

Second, I would like to express my deepest appreciation to all of those who have helped me in the pursuit of my PhD and ultimately the completion of my dissertation. I would like to first and foremost, thank Dr. Maria Scannapieco, my chairperson for her patience, knowledgeable contributions, encouragement and professionalism in guiding me down the path of successfully completing my dissertation. In addition to Dr. Scannapieco, I would also like to thank my dissertation committee members for their wonderful insights, suggestions, and words of affirmation. I feel honored and privileged to have learned from and worked with some of the greatest contributors to knowledge and practice in the field of social work. So, I want to thank Dr. Joan Rycraft, Dr. Maria Scannpieco, Dr. Vijayan Pillai, Dr. Catheleen Jordan, Dr. Rebecca Hegar, Dr. Doreen Elliot, Dr. Richard Hoeffer, Dr. Richard Schoech, Dr. Donald Granvold, and Dr. Debra Woody for all of their dedication to academia and their contribution to my education. I would also like to thank Dr. Beth Shelton in the Sociology department for her insights concerning the sociology of the family.

There were many others who helped me over the years to complete my dissertation and I want to thank each of them as well. I want to thank Nancy Rowe for her kind, and supportive help anytime that I had questions related to statistics. Her wisdom and guidance was truly an asset. I would also like to thank Molly Heintz for her help in constructing my online survey and for helping to contact various agencies and support networks. I want to thank Marilyn Edwards for her willingness to listen when I needed to vent frustrations and for her support during the dissertation process. I also want to thank Mary Becerril for her continued support over the last several years. The technical support offered by Sergiy Saydometov was

also much appreciated. I want to thank my best friend and co-laborer Eric Youn who began and completed the same PhD program. You are the definition of true friendship!

I also wish to thank all of my friends, coworkers and family who have contributed to my success. Most importantly, I want to thank my best friend, and wife Corrie Buchanan. With twins on the way, her patience, support and encouragement during the final stretch of the dissertation will never be forgotten. I want to thank my beautiful daughter Channing Buchanan whom I love very much and who serves as a motivation for my success. I also want to thank my father-in-law John Vittitow for all of his support during such a critical time of my life and for helping to raise the most wonderful daughter in the world.

I want to respect the memory of my deceased mother and thank her for the contributions that she made in making me who I am today. I want to thank my Aunt and Uncle Mary and Fred for their loving support over the years. My sister Tracy Burkhart has always been a source of strength and has helped me to press onward. I would like to give a special thanks to Buckner Children and Family Services for providing me with a home and for giving me a solid foundation for my future. I guess my letter of acknowledgement could go on forever, because there are so many people who have contributed to my life over the years, so to all of you, I express my most sincere gratitude.

July 1, 2008

ABSTRACT

FAMILY RESILIENCE AS A PREDICTOR OF
BETTER ADJUSTMENT AMONG
INTERNATIONAL
ADOPTEES

Toby Buchanan, PhD

The University of Texas at Arlington, 2008

Supervising Professor: Maria Scannapieco

The purpose of this study was to explore the role of family resilience theory in relation to the healthy adjustment of transnationally adopted children. The research was guided by two research questions: 1). What is the relationship between family resilience and the overall adjustment of children adopted from outside of the United States? 2). What family resilience variables are most highly predictive of better adjusted and not as well adjusted adoptees? The investigation also included two research hypotheses: 1). Significant differences exist between families of international adoptees that are better adjusted and those that are not as well adjusted. 2). Length of exposure to a more resilient family leads to better adjustment outcomes among adoptees.

An online web-based self-report survey was created in order to obtain important demographic information about each family and adoptee. In addition, the Family Resilience Assessment Scale (FRAS) was used to measure family resilience and the Child Behavior Checklist (CBCL 6-18) was used to measure child adjustment. In order to address these

questions, a sample of 254 families of international adoptees was obtained from various agencies, support networks and/or referrals from within the United States. The sample consisted of a convenience, snowball sampling technique.

Several statistical methods were used in order to examine the research questions, including linear regression, t-test, ANOVA, chi-square and descriptive statistics. The results of the study indicate that family resilience is predictive of better adjustment among transnationally adopted children. Family resilience variables found to predict better adjustment among international adoptees included; Family Communication and Problem Solving (FCPS), Maintaining a Positive Outlook (MPO) and Family Spirituality (FS).

Significant differences were found between families of better adjusted and not as well adjusted adoptees. In addition, results from the study indicate that time spent in a family scoring higher on family resilience predicted better adjustment among international adoptees.

TABLE OF CONTENTS

LIST OF ILLUSTRATIONS

LIST OF TABLES

CHAPTER 1

INTRODUCTION

1.1 International Adoption and Adjustment

When considering the origins of transnational adoptions, it is difficult to pinpoint the exact time in history when the first international adoption occurred. However, after World War II, Europe became a major contributor of infants to other western countries (Altsein & Simon, 1991; Lindblad, et al., 2003). Today Europe is home to as many foreign born infants as the United States (Altsein & Simon, 1991). As a result of war and conflict during the time between 1940 and 1950, many children were adopted by North Americans and Western Europeans as part of a philanthropic mission to provide homes to a large number of infants and/or children who were abandoned and/or left without parents (Altsein & Simon, 1991; Serbin, 1997). During this post-war era, children were adopted from South-East Asia, Western Europe and Korea (Lindblad, et al., 2003; Serbin, 1997). Adoptions from Korea continued for several decades after the Korean war. It is estimated that between 1950 and 1985, over 100,000 Korean orphans were adopted by foreigners (Altsein & Simon, 1991). More recently, in 1992 the world witnessed the break up of the Soviet Union and as a result has seen an influx in the number of infants and/or children adopted from this region to various receiving countries (Benoit, 1996; Fensbo, 2004). Several sending countries have contributed significantly to transnational adoptions, including; Korea, India, Columbia, Brazil, Sri Lanka, Chile, Philippines, Russia, China, Guatemala, Peru and El Salvador (Grob, 2003; Chicoine, 2001; Kane, 1993). The reasons for the upward trend are numerous and will be discussed briefly in the following section.

It is estimated that 75,000 international adoptions take place each year worldwide (Chicoine, 2001). It is well documented that infant domestic adoptions throughout the world continues to decline, while transnational infant adoptions experience consistent growth (Chicoine, 2001; Goldberg & Marcovitch, 1997; Hoksbergen, 1997; Kane, 1993; Pomerleau, et al., 2005). While it may be difficult to identify all of the reasons influencing the decline in domestic adoptions several possible factors include: improved birth control methods, abortions, acceptance of single parenthood, and sex education (Borczyskowski, et al., 2006; Fensbo, 2004; Galjaard, 1994; Goldberg & Marcovitch, 1997; Hoksbergen, 1997). These factors reduce the number of healthy infants available for adoption and in turn may indirectly encourage parents to seek intercountry adoption as an alternative.

Russia is a fairly recent contributor of adoptions to the United States, beginning in 1992 (U.S. Department of State, Consular Affairs). As a result, there has been a growing interest in Eastern European adoptions, and in 1997, Russia quickly became the leading contributor of adoptions to the United States. Many of these adoptions were centered on the regions of Romania and the Soviet Union. As a result of the growing trend, interest among researchers has steadily grown in relation to Eastern European adoptions. China began adoptions to the U.S. in 1985 (Tan, 2007). In the year 2000, China regained its status as the leading sending country of children to the United States (U.S. Department of State, Consular Affairs). As has been the case with studies focusing on Korean, and Chinese adoptions, most of the studies have focused on post-adoptive adjustment and have primarily taken a deficits approach. Thus, these studies are addressing concerns centering around age at placement, length of time spent in orphanages prior to placement, orphanage conditions (i.e. poor sanitation, worker to child ratios), the effects of child maltreatment, family structure, parental readiness, differences in intercountry adoption policies, and adoptive agency structure, attachment and psychosocial dimensions as they pertain to the adjustment of children placed through intercountry adoptions (Chisholm, 1998; Finzi and associates, 2000; Grob, 2003; Judge, 2003; Kramer, 1999;

McDonald and associates, 2001; McGuinness, 1998; Simmel, 2001; Yoon, 1997). Interestingly, Guatemala initiated adoptions to the United States in 1988 (U.S. Department of State, Bureau of Consular Affairs). In 2006, Guatemala surpassed Russia and is currently the second leading contributor of adoptions to the U.S. (U.S. Department of State, Consular Affairs). However, very little research or attention has been paid to Guatemala. As a matter of fact, to this researcher's knowledge no studies were found related to child adjustment outcomes for children adopted from Guatemala. With the growing number of adoptions coming from Guatemala, more studies need to include this country in relation to child adjustment.

Research on the adjustment of children placed through intercountry adoption will continue to be a very important part of research for years to come. This is due in part, to the large number of families and social service professionals investing their time, interests and skills in international adoptions each year. For this reason, a thorough review of child adjustment research will be discussed. While there are a great many factors influencing the adjustment of children adopted internationally, it is important to consider protective factors that may influence child adjustment, such as resilience. However, the number of studies on international adoption that address the role of resilience in child adjustment outcomes is sparse. In addition, based on the review of literature presented in this report, there are not any studies that explore the impact of family resilience on child adjustment outcomes for transnational adoptees.

The need to understand the role of family resilience as a causal mechanism for strengthening individual resilience and resolve is important. While family resilience theory has been applied to families experiencing crisis situations or transitions, including divorce, children with severe mental illnesses, disabilities and life threatening illnesses, there is a need to incorporate family resilience theory to families who have received a child through intercountry adoption (Sixbey, 2005; Ungar, 2004; Walsh, 2003,). International adoption can often be a transitory situation that involves cooperation by family members and good communication in order to resolve issues that may arise. Over the last several decades, research on family

resilience has grown and more recognition has been given to its role in helping individuals to recover from major illness, or bounce back after experiencing traumatic events or difficult situations (Hawley, 2000; Patterson, 2002; Ungar, 2004; Walsh, 2002; Walsh, 2003). More and more social service professionals are recognizing family resilience as a key in prevention and intervention strategies (Hawley, 2000; Ungar, 2004; Walsh, 2003). Families adopting internationally face many transitional issues immediately following the adoption. In addition, over the course of time, these families may face many issues related to the behavioral, developmental, or social adjustment of their children. As research has shown, transnationally adopted children may be exposed to a variety of risk factors that can lead to adjustment problems (Fisher, Ames, Chisholm and Savoie, 1997; Morison, & Ellwood, 2000). However, research has also concluded that most transnationally adopted children adjust fairly well overall (Benoit, et al., 1996; Grob, 2003; Ijzendoorn, et al., 2005; & Miller, 2000). While this may be so, there are some adoptees that adjust better than others. In trying to explain differences of adjustment, it is important to consider the role of family resilience theory.

1.1.1 Statement of the Problem

While many studies have explored risk factors associated with maladjustment among children placed through international adoption, there are no studies considering the impact of family resilience on child adjustment outcomes. The family is considered to be a vital institution and is responsible for influencing development in a variety of ways, thereby making it necessary for future consideration in research. In addition, there are no studies using a scale specifically designed to measure family resilience. Most studies have used multiple methods in order to operationalize the concept of family resilience. Only recently has an instrument been developed to measure family resilience. The FRAS (Family Resilience Assessment Scale) was established in 2005 by Meggen Sixbey to measure family resilience. Based on rigorous testing, the FRAS has proven to be both a valid and reliable instrument. The instrument does require further empirical testing so more studies are needed to ensure its reliability. This study will use

the FRAS and add to the body of research testing its reliability. In addition, this study will add to research being done on international adoption child adjustment outcomes by applying the theory of family resilience as a moderating variable.

1.1.2 Significance of the Study

The primary issue for this study is to determine the significance of the family as a protective mechanism in the development and overall adjustment of children placed through international adoption. This study is crucial to helping adoption professionals and/or advocates identify and strengthen key areas within the family structure leading to better adjustment outcomes for children adopted from other countries. In addition, agency professionals or adoption caseworkers can identify and strengthen through both pre and post adoptive services those areas determined to be positive factors influencing adoptee adjustment outcomes. This study will also contribute to existing literature on Russian adoptee adjustment outcomes, as more studies are needed on children adopted from Russia. The study will also include a group of children that have been ignored in the empirical literature and therefore will include children adopted from Guatemala. The family is regarded as a vital institution in socializing and nurturing children, so including children in this study from several countries (e.g. Russia, China, and Guatemala) provides insights into any differences that exist between these children in levels of adjustment, when considering the role of family resilience.

1.1.3 *Purpose of the Study*

Children adopted from some countries outside of the United States are exposed to many risk factors at the time of adoption. Many of these children have demonstrated a high level of resilience leading to fairly good adjustment overall. While this may be so, there are still gaps in adjustment among adoptees. This study will seek to explore a possible link between the structure and functionality of the family unit and the level of adjustment experienced by transnationally adopted children residing within these families. The family is a primary institution for socialization, cognitive and behavioral development, therefore, it is expected that

the family structure and/or functionality would be a significant protective factor leading to better adjustment outcomes among children adopted internationally.

1.2 Research Questions/Hypotheses

For the purpose of this study the following questions were addressed:

1. What is the relationship between family resilience and the overall adjustment of children adopted from outside of the United States?
2. What family resilience variables are most highly predictive of better adjusted and not as well adjusted adoptees?

As part of the study, investigation included two research hypotheses:

1. Significant differences exist between families of international adoptees that are better adjusted and those that are not as well adjusted.
2. Length of exposure to a more resilient family leads to better adjustment outcomes among adoptees.

Both the research questions and research hypotheses will be addressed through completion of the demographic questionnaire and a survey consisting of the following standardized scales: The Family Resilience Assessment Scale (FRAS), and the Child Behavior Checklist-6-18 (CBCL).

1.3 Definition of Terms

Adjustment: The status of a child/individual based on how well he/she is doing developmentally, behaviorally, and socially.

Domestic Adoption. One or two parents with citizenship within the Unites States adopt a child born of a parent(s) who also have citizenship and/or legal residency within the United States.

Family: Family is defined by whom the members of the family choose to include in their definition of family after considering the totality of relationships, dedication, caring, and self-sacrifice (Stacey, 1996).

Family Resilience: "Characteristics, dimensions, and properties of families which help families be resistant to disruption in the face of change and adaptive in the face of crisis situations" (McCubbin and McCubbin, 1988, p. 1).

International adoption/Intercountry adoption/Transnational adoption: Children born to a parent(s) who have citizenship in a country or province outside of the United States that are adopted by a parent(s) with citizenship in the United States. It can also be defined as one or two parents of similar national origin adopting a child of a different national origin (Grob, 2003).

CHAPTER 2

THEORETICAL FRAMEWORK

2.1 Family Resilience Theory

Family resilience theory is based on a systems theory approach, which considers the entire kin network, including; siblings, parental relationships, and extended family ties (Walsh, 2003). It also considers an ecological approach by considering multiple influences of the individual, family and larger systems (i.e. community, agency supports). The family structure is instrumental in establishing an environment that is conducive to healthy functioning. Historically and as a society, the major tenet of research has been to investigate problems or deficits influencing cognitive, and behavior adjustment outcomes (Patterson, 2002). This is a deficits approach that does not consider the protective factors that may be present within the individual, family, and/or community (Amatea, et al., 2006; Patterson, 2002). Theoretical frameworks that consider various external and intrinsic elements leading to adaptive and/or healthy responses to adversity or change are employing strengths-based approaches (Hawley, 2000). Family resilience approaches would then seek to find out what elements within the family foster resilient outcomes among its members when facing change or crisis. Further, it may provide explanation for why some children adjust better than other children with similar backgrounds when experiencing transition or adversity.

2.1.1 *Walsh's Theoretical Model*

Walsh (2003) developed a theoretical framework for family resilience that encapsulates the major elements necessary for optimal family functioning during transitory or crisis related events. Patterson's (2002) work supports the protective mechanisms at work in the model

developed by Walsh. Based on research, Walsh (2003) identified the following major domains; family belief systems, organization patterns and communication processes. Each of the primary domains contain several subcategories: making meaning of adversity, positive outlook, transcendence and spirituality, flexibility, connectedness, social and economic resources, communication/problem-solving processes, clarity, emotional expression and collaborative problem solving (see figure 2.1).

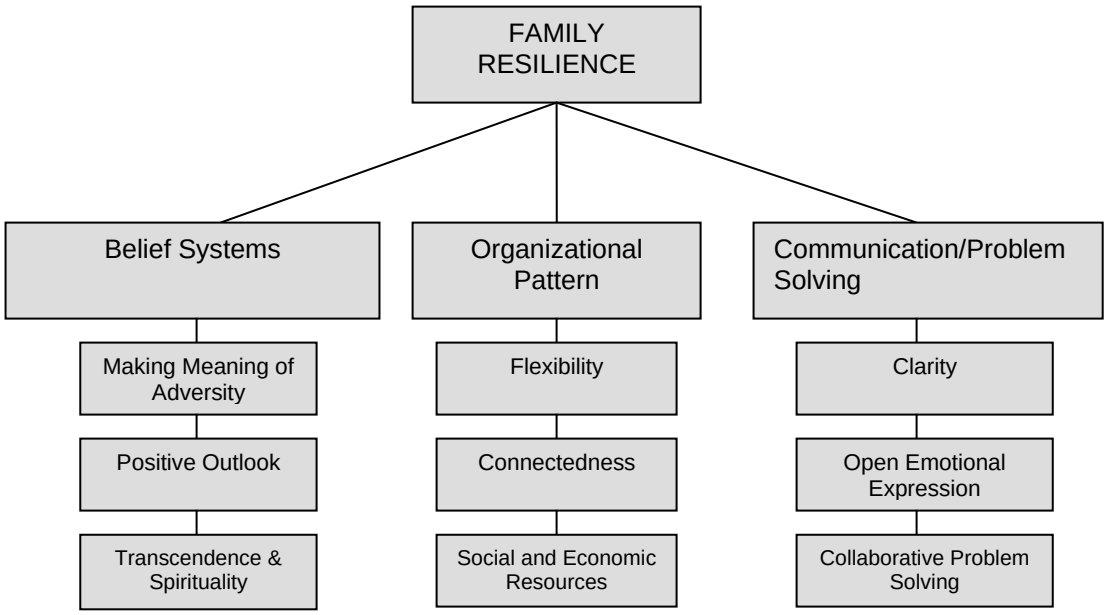

Figure 2.1 Walsh's Family Resilience Model

2.1.1.1 Belief Systems

The ability of the family to construct similar beliefs regarding adversity is paramount to adjustment during transitions, difficult situations and/or crisis. The family's ability to identify the actual problem and to then take steps to resolve the problem develops a sense of unity among family members and in turn strengthens the resilience of individual family members (Walsh, 2003). The family may also find strength through reliance upon faith or spirituality. According to Walsh (2003), religious rituals and ceremonies help the family cope and under-girds the family with community support.

2.1.1.2 Organizational Pattern

Flexibility involves being able to change or reorganize following a new challenge or a threat to the family's state of homeostasis (Walsh, 2002). In order to bring about positive change or to adapt to situations or crisis, the family must experience a sense of togetherness or coherence. This close kinship tie is also the result of families confronting and managing together changes to the family structure. Another important aspect of the family organization concerns the social and economic resources that are available. Research has shown that families with healthy kin/social networks and adequate economic resources are often able to absorb or resist the negative effects associated with major life transitions (Mussato, 2006; Preece, et al., 2005; Ram, et al., 2003; and Ungar, 2004). A study by Ram and Hou (2003) explored the impact of family resources on cognitive outcomes of children. The same study also found that family structure (ineffective parenting, parental depression and deficits in income) had a significant impact on the emotional-behavioral outcomes of children.

2.1.1.3 Communication/Problem Solving

Ineffective parenting may result when communication/problem solving processes are lacking. According to Walsh (2003), being able to clarify the problem, changes that may occur in anticipation of the problem, and open sharing may lead to more adaptive behaviors, thus leading to more resilient outcomes. This includes the family's ability to express emotions and recognize the emotional state of individual family members. In doing this, the conflict, or disequilibrium experienced within the family is reduced through recognition of feelings and through the use of a collaborative approach to problem solving that provides family members with a sense of ownership in the decision making process (Walsh, 2003). Family resilience theory calls upon practitioners and researchers alike to consider the influential nature of family structure, family demands and family coping mechanisms on the development and reinforcement of individual resolve when confronting challenges to health or wellbeing.

CHAPTER 3

LITERATURE REVIEW

3.1 Purpose

International adoptions have experienced rapid growth over the last several decades, not only within the United States but on a more global scale. Many of the children who are adopted experience a wide array of problems based on environmental or social conditions prior to placement. As more and more agencies and/or families experienced these problems, interest among researchers and agency professionals grew leading to enhancements in the quality of services offered and to alleviate the problems identified among children placed through intercountry adoption. Therefore, the purpose of this review is to locate studies both within the United States as well as those performed outside of the United States in order to identify those elements most highly correlated with successful adoption outcomes and to identify gaps for future research. The review is concerned with maintaining a systemic approach by considering the impact of pre-placement conditions, individual child characteristics, and familial influence on post-placement adjustment outcomes. Through this formalized review, studies will be critiqued in order do identify gaps in research and to provide a future research agenda. In order to present information in an organized and structured manner, studies completed within the United States will be discussed separately from those studies performed abroad.

3.2 Empirical Review of Studies within the United States

3.2.1 *Research Review Method*

A comprehensive review of the literature was conducted within the United States in order to locate empirical studies addressing international adoptions and factors leading to successful adjustment for both the child and the family (see table 3.1). An emphasis was placed on

variables that may impede successful adjustment among adoptees and in turn, identifies those factors most highly correlated with successful transnational adoption outcomes. The population was extended to cover adoptions from the following countries: China, Korea, Russia, and Romania. China and Russia were selected based on the fact that they contribute the largest number of adoptions to the U.S. In addition, more studies are needed on Eastern European adoptions. This is based on the fact that most adoptions from Eastern Europe did not begin until the mid 1990's, so fewer studies have been done on children from this region. Grob (2003) indicates that further studies should be done on children adopted from China to explore the influence of family characteristics on adoptee adjustment. Since 1950, Korea has contributed large numbers of adoptees to the U.S., so these studies would shed light on what had been done in the area of adoptee adjustment. Further, studies were located using Pysc Info (DeHaymes, et al., 2003; Glidden, 1991; Groze, 1996; Johnson, 2000; Rojewski, et al., 2000), Social Work Abstracts (Albers, 1997; Feigelman, 2000; McGlone, 2001; McGlone, et al., 2002) Academic Search Premier (Brodzinski & Brodzinski, 1992; Chisholm, 1998; Finzi, et al., 2000; Goldberg, 2001; Groze, et al., 1993; Judge, 2003; Kim, et al., 1999; McDonald, et al., 2001; McGuinness & Pallancsch, 2000; Philips, 2003; Rettig & Rettig, 2006; Saiman, et al., 2001; Zeanah, et al., 2005) and Digital Dissertations (Grob, 2003; McGuinness, 1998; Yoon, 1997) . Research was gathered from a variety of journal sources such as: Child Welfare, Child Development, Child Psychiatry and Human Development, Family Relations, Child and Family Social Work, Health and Social Work, Children and Youth Services Review, Pediatric Annals, Pediatrics, The International Society for the Study of Behavioural Development, and the Journal of International Social Work.

3.2.2 *Factors Contributing to the Adjustment of Transnationally Adopted Children*

3.2.2.1 Age at Time of Placement and Parental Education

Various studies have addressed the role that age of placement, age orphaned, months in care and level of parental education have on the adjustment of children placed in new adoptive

families. More specifically, studies have shown that the older a child is when placed, the more likely he or she is to experience disruption or problematic adjustment (Grob, 2003; Judge, 2003; McDonald, et al., 2001; McGuinness, 1998; Rojewski, et al., 2000; Yoon, 1997). For instance, Grob (2003) performed a study to identify those factors which lead to more successful adjustments among internationally adopted children. Grob (2003) included 82 parents of children adopted from China, Korea and Vietnam. When considering the results of the study, as age orphaned, months in care and placement age increased, so also did parental complaints of somatic problems in their adoptive children. Parents most often cited attention deficit disorder as a problem among those who were older in age or who had spent more time in institutional care. This was also coupled with hyperactivity in older adoptees or withdrawal in younger adoptees. In addition, there did not appear to be any differences based on the sex of the child. Within this study, parents tended to be Caucasian, middle to upper class, older and had higher levels of education. Other studies support this finding (Kim, et al., 1999; McGuinness, 1998).

3.2.2.2 Physical/Developmental Adjustment

The quality and structure of institutional care prior to placement has also been viewed as playing a critical role in post-adoptive adjustment, especially in the areas of behavioral/psychological issues, physical health, and developmental delays due to malnourishment. Several studies have found that children who live in poorly equipped orphanages are at greater risk of experiencing health issues, such as physical impairments, gross motor delays, emotional disorders, sensory integration disorders, infectious disease(s), intestinal parasitic disease, skin infections, fetal alcohol syndrome, hearing impairment, otitus media, visual impairment, craniofacial anomalies, weight or height below the 10^{th} percentile, rickets, cardiac disease, and feeding difficulties (Judge, 2003; Kim, et al., 1998; McDonald, et al., 2001; McGuiness, 1998; Saiman, et al., 2001; Simmel, 2001, & Yoon; 1997).

In a study by Rettig and Rettig (2006) several variables were explored in relation to children adopted from China and their overall adjustment. The study included a sample of 240 children and sought to determine to what extent children adopted from China experienced poor

health, sleep habits and developmental deficits. The study utilized a survey method and the sampling was completed through a snowball sampling method. In addition, the survey was a self report of information provided by the parents. The results of the study concluded that children adopted from China experienced a low to moderate level of sleep problems consisting of difficulty falling asleep, night terrors, or not wanting to sleep alone. In addition, 13% of the children were reported to have severe medical conditions. Most of the adoptees (62%) experienced developmental delays at the time of the adoption. This study focused on children who had been adopted prior to 18 months of age.

3.2.2.3 Length of Time Spent in Orphanage and Adjustment

A study by Judge (2003) utilized a sample of 124 children adopted from Eastern European orphanages as well as 106 two-parent families and 18 single-parent families to determine the physical and/or developmental effects of children spending more or less time in orphanages prior to placement. Each of the children had spent an average of 17.9 months in institutional care prior to placement. All of the children had been placed with their families prior to 2 years of age. Categorical variables were established to differentiate between months of deprivation among adoptees. Therefore, three groups were created, including 0-<10 months, 10-<24 months, and 24-<60 months. Most of the children had very poor physical and psychological states at the time of the adoption. All three groups, as mentioned above, were equally delayed at the time of placement (e.g. fine motor-adaptive, gross motor, and personal-social). The parents had completed the R-DPDQ (Revised Denver Prescreening Developmental Questionnaire) at the time of the adoption and again at six months. Accordingly, the results indicated that most of the children had made significant gains in development. However, those children who were placed later tended to lag behind the other two groups. Other studies have found similar results (Grob, 2003; Judge, 2003; McDonald, et al., 2001; McGuinness, 1998).

Another study by Zeanah, Smyke & Koga (2005) sought to find a relationship between poor attachments and institutionalization among Romanian children, compared to Romanian

children living within the community. The study included a sample of 136 children who had lived in an orphanage for most (90%) of their life. The comparison group consisted of 72 Romanian children who had never lived in an institution. Several measures were used to assess the level of attachment between the two groups (e.g. The Strange Situation, The Disturbances of Attachment Interview, and an observational record of the caregiving environment). Cognitive abilities were assessed using the Bayley Scales of Infant Development II (BSID-II) and the Mental Development Index (MDI). Child behavior problems were measured using the Infant Toddler Social Emotional Assessment (ITSEA). Institutionalized children experienced higher levels of emotionally, inhibited ratings than the comparison group. There was a very significant difference between institutionalized children and the comparison group on attachment, with the institutionalized group having major attachment problems. Cognitive impairments were much stronger (significant) for the institutionalized group. This study provides further support for the impact of the institution on the adjustment and development of the children in residence. Thus, the conditions of the orphanage may play a role in determining the extent of the problems experienced by children placed transnationally.

3.2.2.4 Special Needs Status of the Child

Other identified child characteristics that hinder positive outcomes include, the special needs status of a child, multiple placements, behavioral problems, emotional distress, and history of abuse or neglect. (McDonald, et al., 2001; McGuiness, 1998; & Rojewski, et al., 2000). Accordingly, McGlone and associates (2002) have identified psychological stress as a key factor in post-adoption satisfaction among parents. So, families that experienced high levels of frustration and/or anxiety as a result of the special needs status of their children tended to have higher levels of stress and expressed lower levels of parenting satisfaction than those parents who adopted children with no special needs status at the time of the study. Finzi and associates (2000), in a comparative study found that children experiencing maltreatment were more likely to experience insecure attachments, than a non-maltreatment group. Simmel (2001) concludes that children who had suffered from child maltreatment experience more anxiety,

depression and psychological trauma when compared with those children not suffering from such abuse.

3.2.2.5 Follow-up Study on Young Adult Adoptees

A study by Feigelman (2000) sought to find out whether there was a difference between transracially and inracially adopted young adults' adjustment. Adjustment was operationalized by a variety of behaviors such as running away from home, being expelled from school, experiencing problems with the law, use of drugs or alcohol, and receiving counseling for emotional problems. The study included a sample of adopted Caucasian adults (N=37), transracially adopted Asians (N=151), African Americans (N=33) and Lantinos (N=19). Within this study, it was found that the transracially adopted Asian group did not differ from the inracial white adoptees on any of the operationalized measures. Two significant findings were noted. First, Latinos, and African Americans were more likely to have seen doctors or counselors for emotional issues than the other subgroups. Asians were the least likely of all groups to report going to the doctor or counselors for emotional issues. Interestingly, the White inracial group experienced a higher rate of being expelled from school than the other subgroups included in the study. The Latino adoptees were least likely to report being expelled. There were significant differences found between male and female adoptees, with males experiencing twice as many adjustment problems as the females. Finally, the study found that the transracial parents' decision on where to live had an impact on the adjustment of the child.

3.2.2.6 Family Characteristics

Parent and/or family characteristics have been considered as being instrumental to the postadoptive outcomes for those children placed through intercountry adoption. Several of these parent characteristics include; high parental expectations of the child, lack of experience with adopted children with disabilities, having a strong religious belief, and negative parent attitudes about the child and the adoption process, parental attitudes toward their children and satisfaction with the adoption process (Barth & Berry, 1988; Glidden, 1991; Groze, 1996; Groze and Rosenthal, 1993; McDonald et al., 1991; Partridge et al., 1986).

In support of the research above, McGuinness (1998) found that several protective influences existed within adoptive families that seemed to differentiate them from other families. In addition to age (usually in 40's), education level (bachelors or higher), high income ($75,000 or more), many tended to have a motivation to be good parents. Parents tended to be more willing to seek out services for their children, sought to gain knowledge about the problems, and tended to view "specific characteristics of their children as 'survival strategies' from their earlier experiences" (McGuinness, 1998, p. 170).

Other family characteristics that have been explored include; ethnic /racial matching and socio-economic status (Groze, 1996; Rosenthal, et al, 1991; Rosenthal and Groze, 1990). Rosenthal and associates (1991) found that race/ethnic matching was more important for Caucasian parents than minority parents. Rosenthal and Groze (1990) found that families choosing to adopt and having a higher socioeconomic status and education level expressed lower satisfaction with the adoption than those in lower economic and education levels. While there is no definitive rationale for why this is so, it is speculated that the social expectations may be less in families with lower incomes and levels of education, while families with higher social expectations have better incomes and more education.

3.3 Empirical Review of Studies Outside of the United States

3.3.1 *Methods for Literature Review*

This section presents results of an extensive search to identify and summarize studies of international adoption undertaken outside of the United States, (see table 3.2). A search of social work abstracts from 1985 to 2006 used the following key words: international research, international studies, transnational adoption, transracial adoption, inter-country adoption, international adoption, adjustment, behavior problems, outcomes, psychological problems, developmental delays, and physical anomalies, as well as specific countries paired with orphans (i.e. Russian orphans, Chinese orphans, Romanian orphans, Korean orphans, Indian orphans). The search uncovered only one study on international adoption outside of the United States. A similar search of Psychology Sage Publication Press from 1985 to 2006 used the

same key words and identified ten studies (Dalen, 2001; Elmund, et al., 2004; Fisher, et al., 1997; Hoksbergen, et al., 2003; Levy-Shiff, et al., 1997; Marcovitch, et al., 1997; Morrison, 1995; Pomerleau, 2005; Rutter, 1993; Westhues & Cohen, 1997). A more general search utilizing Academic Search Premier yielded eight additional abstracts (Benoit, 1996; Feigelman, 2000; Ijzendoorn, et al., 2005; Stams, Juffer, & Ijzendoorn, 2002; Tieman, et al., 2006; Verhulst 2000; Verhulst, et al., 1992; Westhues, 1997). Finally, a search of PAIS International identified four unique studies that pertain to this empirical review of psychological, emotional, cognitive, physical, and developmental outcomes for children placed through international adoption (Borczyskowski, 2006; Fensbo, 2004; Gunnar, et al., 2000; Lindblad, et al., 2003;).

3.3.2 *Factors Contributing to the Adjustment of Transnationally Adopted Children*

3.3.2.1 Physical and Developmental Adjustment

A number of studies on adjustment of children placed internationally focus on the children's pre-adoption experiences. Some of these conclude that duration or extent of exposure to risk factors is critical to future recovery of sustained deficits. Several studies have found that children who live in poorly equipped orphanages are at greater risk of experiencing health issues, such as physical impairments, gross motor delays, sensory integration disorders, infectious disease, fetal alcohol syndrome, intestinal parasitic disease, skin infections, otitus media, hearing impairment, visual impairment, craniofacial anomalies, weight or height below the tenth percentile, cardiac disease, rickets, and feeding difficulties (Benoit, 1996; Fensbo, 2003; Fisher, et al., 1997; Gunnar, et al., 2000; Johnson, 2000; Judge, 2003; Kim, et al., 1998; McDonald, et al., 2001; McGuiness, 1998; Miller, 2000; Miller, et al., 1995; Proos, et al., 1992; Pomerleau, et al., 2005; Simmel, 2001, & Yoon; 1997). A study by Monica Dalen (2001) found that international adoptees, when compared with a non-adopted cohort, experienced lower cognitive functioning and had poorer school performance. Some of the variance was explained by poorer language skills, hyperactive behavior, and country of origin.

While these findings may seem somewhat ominous, it is important to point out some studies that provide support for the notion that children adopted transnationally can in fact

improve developmentally. Both of these studies utilized a large sample size and used other transnationally adopted children as a comparison group. Rutter and associates (1993) used a sample of 159 adoptees who were adopted from harsh Romanian orphanages; with 58 of them being adopted prior to 6 months of age, 53 adopted after 6 months of age but before 2 years of age, and 48 children who entered the UK between 24-42 months of age. These groups were then compared with a sample of 52 UK (domestically) adopted children who were placed before 6 months of age. This study indicated that by age 4, Romanian adoptees placed prior to 6 months had caught up to their domestically adopted peers. In addition, those adopted before age 2 but after 6 months also showed remarkable gains. This suggests the possibility that placement within nurturing homes may make a difference in developmental recovery.

Another study by Morrison, Ames, and Chisholm (1995) found that 24 children spending 5 months in an orphanage prior to placement and 44 others adopted at 8 months of age showed modest gains developmentally over a period of about 11 months post-adoption. These children were compared with Canadian adoptees who were adopted domestically. Thirty-six percent of Romanian children had no delays or only delays in one of the developmental areas under study (i.e. gross motor skills, fine motor, personal-social and language). Thirty-two percent were delayed in at least two to three areas and another 32% percent were delayed in all four areas. Considering that 78% of the older adoptees had experienced delays in all four areas, this study demonstrates remarkable catch-up in their development.

Other researchers, Levy-Shiff, Zoran and Shulman (1997) implemented a study in Israel using a sample of 50 children adopted internationally and 50 children adopted domestically. No significant developmental differences were found between the two groups in the areas of school adjustment, grades, IQ level, and psychosocial adjustment. However, some unexpected differences in parenting between the groups were found. Parents adopting internationally tended to use more problem-focused and support-seeking ways of coping, tended to view parenting as a challenge and were more involved with their children. The parents were more intrusive in their children's lives and reported better marital adjustment than the parents of the

domestically adopted comparison group. This study indicates little difference between domestic and international adoptees by way of adjustment.

In addition to these studies, several other studies indicate that most children who are adopted generally adapt fairly well to their new family and culture (Benoit, et al., 1996; Ijzendoorn, et al., 2005; Miller, 2000).

3.3.2.2 Age at Time of Adoption

Overwhelmingly, studies have found that children who are adopted at younger ages and who experience less trauma experience more rapid physical and developmental progress than those adopted when older (Fensbo, 2004; Le Mare, Vaughan, Warfard, & Fernyhough, 2001; Marcovitch, et al., 1997; Verhulst, Althaus & Vershluis-Den Bieman, 1992). In a study by Verhulst (2000), internationally adopted children (from Korea, Columbia, India, Indonesia, Bangladesh, Lebanon, Austria and other European countries) residing in the Netherlands participated in a longitudinal study to determine behavioral problems over time. Verhulst (2000) found that age at adoption was a factor in behavioral adjustment. Also, these children experienced a higher incidence of externalizing behaviors than their non-adopted comparison group. Accordingly, the study found that many of the parents reported that prior to placement the adopted children had experienced severe maltreatment, including neglect, abuse, frequent changes in caregivers, and poor living conditions. So, maltreatment may account for some of the differentials that were observed in the adopted group based on how long they were subjected to aversive environmental factors.

Other researchers have validated the idea that maltreatment prior to adoption and longevity of abuse or exposure to a negative environment is more important than age itself. For instance, a study by Verhulst, Althus and Versluis-den Bieman (1992) found that when controlling for neglect, abuse and number of placements, age at adoption was not a significant predictor of international adoptees' problems. Other research further supports the idea that what occurs within the pre-adoption environment, rather than time, is most significant in the

problems experienced by adopted children (Dalen, 2001; Fisher, Ames, Chisholm and Savoie, 1997).

In a study on the international adoption of siblings, Boer, Versluis-den Bieman & Verhulst (1994) found that the effect of age at placement disappeared. Boer found that joint sibling placements did very well as far as adjustment. It is speculated that such results could be due to the protective function of being placed with siblings or it could be due to policies concerning placement of siblings. Also Boer indicates that it is often childless parents that seek to adopt sibling groups more so than families that already have children. A recent review also found support for better outcomes regarding joint sibling placements (Hegar, 2005).

3.3.2.3 Length of Time Spent in Orphanage Prior to Placement

Four studies of children adopted from Romania reported a relationship between length of time spent in an orphanage and outcomes on physical, psychological and developmental measures. Marcovitch and associates (1997) studied 37 children who spent less than six months in orphanages or hospitals and 19 children who spent more than six months in institutional care prior to adoption. The children were adopted from Romania to Ontario, Canada. When formerly institutionalized children were compared with biological children within adoptive homes, they scored significantly lower on the Child Behavior Checklist than their non-adopted counterparts, indicating higher levels of internalizing and externalizing behavioral problems. In another study of Romanian children, those who were adopted prior to placement in an orphanage had better outcomes than the comparison group of children who lived in orphanages prior to adoption (Morison, & Ellwood, 2000). A third study concluded that those children who were adopted at six months of age directly from their homes experienced better outcomes than children adopted after spending time in an orphanage (Benoit, et al., 1996). A final study comparing Romanian children adopted in Canada found that Romanian children adopted from orphanages had higher reported rates of medical problems and sleep problems than Canadian-born children (Fisher, et al., 1997). While these studies were cross-sectional in

nature, it would have been interesting to assess the level of catch-up or decline in physical or developmental problems over time.

There is additional evidence to indicate that children from other regions also suffer developmentally and may have other physical problems depending upon the length of time they spend in orphanages or institutionalized care. Fisher and associates (1997) asked parents to rate their transnationally adopted children who had lived in orphanages for at least eight months prior to placement. When compared with similar parental assessments of Canadian-born, non-adopted children and Romanian children adopted prior to institutionalization, results indicated that children who spent time in orphanages prior to placement fared worse than the other two groups. They experienced more eating disorders, medical ailments, sleep problems, higher internalizing scores on the CBCL, and higher reports of behavioral problems (Fisher, et al, 1997). Fisher and associates (1997) found that this was due to the amount of abuse or neglect experienced prior to placement. Another study by Pomerleau and associates (2005), found that children adopted from China, East Asia and Eastern Europe (mostly Russia) prior to 6 months of age had better developmental scores both at time of arrival and after the adoption than children from the same regions adopted after six months of age.

3.3.2.4 Psychiatric Outcomes among Adoptees

According to this review, some international studies indicate that transnationally adopted children have an elevated risk for suicidal ideations and behaviors (Borczyskowski, 2006; Hjern, et al., 2002; Slap, et al, 2001; and Tureki, 2001). In addition, according to a recent longitudinal study by Lindblad and associates (2003), young adult adoptees had an increased risk for psychiatric problems related to substance abuse. There is some indication that age at time of placement may have significant implications for the mental health of the child (Fensbo, 2004).

3.3.2.5 Behavioral Outcomes among Adoptees

Several studies have indicated that children who are adopted internationally may have a higher incidence of behavioral problems (Benoit, et al., 1992; Hoksbergen, 2004; and

Marcovitch, et al., 1997). For instance, a study by Fisher & associates (1997) found that parents reported a higher incidence of behavioral problems for Romanian children adopted after spending more than eight months in orphanage care, when compared to non-adopted Canadian-born children and Romanian children adopted and who spent less than 4 months in institutional care. The Romanian children adopted after 8 months in orphanages scored significantly higher than the comparison groups on internalizing scores on the CBCL. There was no significant difference found between the Canadian born children and the Romanian children adopted prior to four months in institutional care on the CBCL or other problem areas identified in the study (e.g. difficulties related to sleeping, eating, health, behavior, siblings, and peers).

Stams, Juffer, and Ijzendoorn (2002) sought to explain level of adjustment among internationally adopted children as being due to maternal sensitivity, infant attachment, and temperament. The study consisted of 146 internationally adopted children who were placed prior to 6 months of age and who were followed until they were 7 years of age. Results of the study indicated that girls were better adjusted than boys, except in cognitive development. Boys demonstrated more behavioral problems than girls overall. Based on multivariate analysis, the variables with the highest predictability were; child background, concurrent maternal sensitive responsiveness, difficult temperament and early child-parent relationships. Children who had more difficult temperaments did not adjust as well by middle childhood. There is some indication that parents who were a good match with their children seemed to handle difficult temperaments and other issues better. Early difficult temperament was predictive of lower levels of social development, cognitive development, as well as a higher incidence of externalizing and internalizing behaviors.

3.3.2.6 Longitudinal Studies with Young Adult Adoptees

A study by Lindblad, Hjern and Vinnerljung (2003) followed up on adults who had been adopted as children between 1968 and 1975. There were 5,942 individuals included in the adoptee study group and an additional 5,942 subjects serving as a comparison group. The

primary regions from which these children came were South Korea, South Asia, Latin America, and Africa. Comparison groups included siblings, European immigrants, non-European immigrants, and the general populace of Sweden. Because background information related to previous environmental conditions and maltreatment were not included in the analysis, the results of this study should be interpreted with caution. Background differences may explain why the adoptee group outcomes differed from the comparison groups. The adoptee group differed from the comparison group in level of education obtained and in their employment status. A higher number of those adopted as well as the immigrant group had a higher unemployment group and had lower levels of educational attainment when compared with same SES peers. When considering this outcome, it is important to consider the role of discrimination toward adoptees and immigrant groups in their ability to obtain or retain employment. This was not accounted for within the study. In addition, a higher proportion of adopted children and immigrants were found to utilize the social welfare system for longer periods of time than the sibling groups and the general populace of Sweden. Within this study, the adoptees' country of origin had a greater predictive value on many outcomes than age at time of arrival in Sweden.

3.3.3 *Summary*

Over the last couple of decades, research on international adoption has continued to grow. Research that has been undertaken within the United States as well as those completed outside of the United States have uncovered several key variables that lead to better outcomes for transnationally adopted children. First, age at time of placement seems to be a variable that is consistent through the literature. Children who are placed at younger ages tend to fare better than those placed when older. Second, consideration of the length of time and environmental condition of the orphanage may play a role in more positive outcomes related to adjustment. It is difficult to tell whether age or institutional environment plays the most significant role in physical, developmental and attachment-related problems. Third, ethnic or cultural integration within the home appears to provide some comfort as the adoptee grows and matures. Fourth, obtaining proper care for the adoptee in order to address physical, cognitive or developmental

delays is crucial. Finally, some children adjust better than other children and it is possible that certain family characteristics or protective factors may serve as possible explanatory variables, including education level, income, motivation for parenting, maternal sensitivity, ability to seek necessary services, parental attitude towards the adoption, temperament of the child and the relationship between the adoptee and his/her parents. Consistently, research indicates that children experience rapid catch-up once placed within a stable adoptive family, though there are still variances in level of adjustment among children.

Further research is needed to explore the role that the family has on child adjustment outcomes in order to provide a more comprehensive understanding of the process by which transnationally placed children develop into healthy and well adjusted individuals. Further research is needed to determine to what degree adoptive family's encourage, promote or strengthen the resilient nature of the child. This study will extend the literature by evaluating the impact of family resilience on child adjustment outcomes.

Table 3.1 Summary of Studies Within the United States:
Comparison of Study Purpose, Research Method, Sample Method, Sample Size, and Analysis

Study	Purpose	Research Method	Sample Method	Response Rate, Sample Size	Comparison Group	Statistical Analysis
Brodzinsky, Brodzinsky (1992)	Family Structure & Adjustment	Non-experimental	Non-Probability Availability	Sample: 130 65 Males 65 Females	Yes	Analysis of Variance
Chisholm, K (1998)	Attachment/Indiscriminate Friendliness	Quasi-Experimental	Non-Probability	Sample 46 21 Males 25 Females	Yes	Independent t-tests Matched -pairs t-test One way ANOVA
De Haymes, Vidal, Simon, Shirley (2003)	Identity Issues and Support Services	Interviews	Non-Probability Purposive	Adults Sample: 20	No	Comparisons
Feigelman (2000)	Adjustment	Survey	Non-Probability	151 Trans 37 white 33 African Am. 19 Latino	Yes	ANOVA
Finzi, Cohen, Sapir, Weizman (2000)	Attachment styles and Maltreated Children	Survey	Non-Probability	Sample: 190 Males (57.8%) Females (42.2%)	Yes	One-way ANOVA Univariate ANOVA

Table 3.1 Continued

Study	Purpose	Research Method	Sample Method	Response Rate, Sample Size	Comparison Group	Statistical Analysis
Goldberg, R. (2001)	Exploring how adoption is socially constructed within families and how they navigate the adoption process	In-depth Interviews	non-probability	Sample: 8 adoptive families and 9 children	No	Coding
Grob, S. (2003)	Parent Characteristics and Parent Report of child Adjustment	Survey	Non-Probability	Adults Sample: 245 Response rate: 40% 16 excluded total used: 82	No	Descriptive Statistics Multiple Regression Univariate Anlaysis Factor Analysis
Judge, S. (2003)	Developmental Recovery and Deficits	Survey Phone Interview	Non-Probability Purposive	Adults Sample: 193 52% Male 48% Female Response Rate: 64%, used: 124	No	ANOVA Post-hoc Comparisons Stepwise regression anlaysis

Table 3.1 Continued

Study	Purpose	Research Method	Sample Method	Response Rate, Sample Size	Comparison Group	Statistical Analysis
Kim, Shin, Carey (1998)	Comparison of Korean children and Biological children of adoptive parents	Non-experimental	Probability	Sample: 15 Random sample drawn from 32	Yes	t-scores, t-tests ANCOVA's
Kramer, Laurie, Houston, Doris, (1999)	Support for families who adopt children with special needs	Survey	Non-Probability	Sample: 12 Families	No	Descriptive
Kriebel, D. (2002)	Parenting skills and risk for social and academic competencies	phone interview survey	Non-probability	Sample: 70 families w/1 adopted child	No	MANOVA, ANOVA
Levy-Shiff, Zoran and Shulman (1997)	International adoption: Child, Parent and Family Adjustment	Non-Experimental	Non-Probability	Sample: 100 Israeli: 50 Domestic: 50	Yes	MANOVA, ANOVA

Table 3.1 Continued

Study	Purpose	Research Method	Sample Method	Response Rate, Sample Size	Comparison Group	Statistical Analysis
Marcovitch, Goldberg, Gold, Washington, Wasson, Krekewich, and Derry (1997)	Determinants of behavior problems in Romanian children	Non-Experimental	Non-probability	Sample: 85	No	MANOVA, ANOVA
McDonald, Propp, and Murphy (2001)	Predictors of Family Adjustment	Survey	Non-Probability	Sample: 309 Participants 117 excluded from original 426	No	Descriptive
McGlone, Katalina, Santos, Linda, Fong, Rowena, Mueller, Charles (2002)	Psychological Stress of Parents of Special Needs Children	Interview Survey	Non-Probability	Sample: 25 sets of Adoptive parents of 35 children Sample: 25	No	Descriptive t-tests
McGuinness, and Pallansch (2000)	Competence of children adopted from the Soviet Union	Questionnaire and Telephone Interview Non-Experimental	Non-Probabiity	Sample: 105 50 males 55 females	No	Regression Analysis

Table 3.1 Continued

Study	Purpose	Research Method	Sample Method	Response Rate, Sample Size	Comparison Group	Statistical Analysis
McGuinness, T. (1998)	Risk and Protective Factors	Non-Experimental Ex-post facto	Non-Probability Availability	Sample: 105	No	Structural Equation Model, Factor Analysis
Moffatt, Thoburn (2001)	Outcomes of Placement For Children of Minority Ethnic origin	Cross-sectional One-group design	Non-Probability	Sample: 254 with 43 excluded 60% Male 40% Female 72% of Placements Successful	No	Descriptive Two-way ANOVA
Phillips, S. (2003)	Parent perception of their adopted children's adjustment	Questionnaire	Non-Probability	Sample: 72 Adoptive: 52 Non-Adoptive: 20	Yes	MANOVA, Pierson r, ANOVA
Rettig & Rettig (2006)	Health, sleep, & development	Survey	Non-Probability	240 Children	No	Descriptive

Table 3.1 Continued

Study	Purpose	Research Method	Sample Method	Response Rate, Sample Size	Comparison Group	Statistical Analysis
Rojewski, Shapiro, Shapiro (2000)	Parental Assessment of Behavior in Chinese Adoptees	Survey	Non-Probability	Sample: 44 Families Return rate was 71.1% from total of 61. 45 children were included in the study	No	Descriptive t-test
Saiman, Aronson, Zhou, Duarte, Gabriel, Alonso, Maloney & Schulte (2001)	Prevalence of infectious disease among internationally adopted children	Cohort study	non-probability	504 children	No	descriptive & t-test
Simmel, C. (2001)	Effects of Maltreatment & Foster History on Adoptve Youth's Psychosocial Adjustment	Non-Experimental Secondary Analysis of Longitudinal Data Sets	Non-Probability	Sample: 605	No	Bivariate Analysis Multivariate Chi-Square t-test Regression Analysis ANOVA

Table 3.1 Continued

Study	Purpose	Research Method	Sample Method	Response Rate, Sample Size	Comparison Group	Statistical Analysis
Yoon, D. (1997)	Psychological Adjustment Of Korean-Born Adolescents Adopted By American Families	Survey	Non-Probability	Sample: 800	No	Factor Analysis Chi-Square Goodness-of-fit, RMR, and SEM
Zeanah, Smyke & Koga (2005)	Attachment in institutionalized and community children in Romania.	Interview/ Questionnaire	Non-Probability	136 Institutionalized 72 non-Institutionalized	Yes	Chi-square t-test

Table 3.2 Summary of Studies Outside of the United States:
Comparison of Study, Purpose, Research Method, Sample Method, Sample Size, and Analysis

Study	Purpose	Research Method	Sample Method	Response Rate, Sample Size	Comparison Group	Statistical Analysis
Benoit, Jocelyn, Moddemann, & Embree (1996)	Romanian Adoption: The manitoba experience	Longitudinal study	Non-Probability	22	No	t-test, regression
Borczyskowski, Hjern, Lindblad, & Vinnerljung (1992)	Suicidal behavior in national & international adult adoptees	Quasi-experimental	Probability	18,399	Yes	Regression
Chisholm (1998)	A three year follow-up of attachment and indiscriminate friendliness in children adopted from Romanian orphanages	Longitudinal Study	Non-Probability	92	Yes	t-test, ANOVA
Dalen (2001)	School performances among internationally adopted children in Norway	Quasi-experimental	Non-Probability	193	Yes	t-test, regression
Fisher, Ames, Chisholm, and Savoie (1997)	Problems reported by parents of Romanian orphans adopted to Bristish Columbia	Survey	Non-Probability	46 Adoptees 46 Canadian born 34 parents of RO group 21 parents of CB group	Yes	t-test

Table 3.2 Continued

Study	Purpose	Research Method	Sample Method	Response Rate, Sample Size	Comparison Group	Statistical Analysis
Hoksbergen, Laak, Dijkum, Rijk, & Stoutjesdijk (2004)	Attention deficit, hyperactivity disorder in adopted Romanian children living in the Netherlands	Survey	Non-Probability	74 families 83 children	No	t-test
Ijzendoorn, Juffer, & Poelhuis (2005)	Adoption and Cognitive development: a meta-analytic comparison of adopted and nonadopted children's IQ and School performance	Meta-Analysis	Lit. Search	62	No	Meta-Analysis
Levy-Shiff, Zoran, & Shulman (1997)	International and domestic adoption: child, parents & family adjustment	Survey	Non-Probability	100	Yes	ANOVA, MANOVA's
Lindblad, Hjern, & Vinnerljung (2003)	Adopted children as young adults-Cohort study	Longitudinal study	Probability	11,884	Yes	Logistic Regression

Table 3.2 Continued

Study	Purpose	Research Method	Sample Method	Response Rate, Sample Size	Comparison Group	Statistical Analysis
Marcovitch, Goldberg, Gold, Washington, Wassan, Krekewich, & Derry (1997)	Determinants of behavior problems in Romanian children adopted in Ontario	Quasi-experimental	Non-Probability	85	Yes	Regression
Elmund, Melin, Knorring, Proos, & Tuvemo (2004)	Cognitive and neuro-psychological functioning in transnationally adopted juvenile delinquents	Survey	Non-probability	41	No	ANCOVA's
Morison, Ellwood (2000)	Resiliency in the aftermath of deprivation: A second look at the development of Romanian orphanage children	Quasi-experimental	Non-Probability	35	Yes	ANOVA, Regression
Pomerleau, Malcuit, Chicoine, Seguin, Belhumeur, Germain, Amyot & Jeliu (2005)	Health status, cognitive & motor development of young children adopted from China, East Asia, and Russia across the first 6 months after adoption	Quasi-experimental	Non-Probability	123	Yes	ANOVA

Table 3.2 Continued

Study	Purpose	Research Method	Sample Method	Response Rate, Sample Size	Comparison Group	Statistical Analysis
Rutter, & ERA study team (1993)	Developmental Catch-up, & deficit, following adoption after global early privation	Survey Questionnaire	Probability	163	Yes	t-test, ANOVA
Stams, Juffer, & Ijzendoorn (2002)	Maternal sensitivity, attachment, temperatment predicitive of adjustment by middle childhood	Survey Questionnaire	Probability	146	No	t-test, regression
Tieman, Ende, & Verhulst (2006)	Social functioning of young adult intercountry adoptees compared to nonadoptees	Longitudinal	Probability	8,469	Yes	ANOVA, Regression
Verhulst, F. (2000)	Internationally adopted children: The Dutch longitudinal adoption study	Longitudinal	Non-Probability	1,538 adoptees	Yes	ANCOVA
Verhulst, Althaus, & Versluis-Den Bieman (1990)	Damaging backgrounds: Later adjustment of international adoptees	Survey	Non-Probability	2,148 adoptees	No	Log-linear Analysis, & Chi-square
Westhues & Cohen (1994)	A comparison of the adjustment and young adult inter-country adoptees and their siblings	Interview/ Survey	Non-Probability	123 mothers 113 fathers 155 adoptees 121 siblings	Yes	ANOVA

CHAPTER 4

METHODOLOGY

4.1 Purpose

The purpose of the study was to examine the impact of family resilience on the adjustment of children who have been placed through intercountry adoption and who currently reside within the United States. The study sought to determine which family resilience factors were most highly correlated with better adjustment among internationally adopted children. Based on Walsh's (2003) competence-based and strength-oriented family paradigm, several key constructs have been proposed for explaining the resilient nature of families as they confront stressful or difficult situations.

Walsh (2003) proposed three primary constructs, of which contain several subcategories or constructs. Accordingly, the primary constructs and their subsets include; Belief Systems (meanings assigned to adversity, transcendence/spirituality and positive outlook), Organizational Patterns (connectedness, flexibility, and social support), and finally Communication/Problem Solving (open emotional expression, collaborative problem solving and clarity of communication). A standardized measure was created by M. Sixbey (2005) based on Walsh's model. This study sought to examine the extent to which Walsh's theoretical model applies to families adopting internationally and how it relates to variances in child adjustment outcomes. More specifically, it was expected that families with higher scores on family resilience would have adoptees with better scores on adjustment. It was hoped that the study would help contribute to a better understanding of the role the adoptive family plays in determining the adjustment trajectories of children placed through intercountry adoption within the United States.

4.2 Research Design

The research design for the study was a correlational, self-report survey, utilizing a natural post-hoc comparison group of children with better adjustment and children that are not as well adjusted. Comparisons were made based on country of origin, and age at time of adoption in relation to the role of family resilience in determining level of adjustment. The survey consisted of a demographic questionnaire designed by the researcher, one scale to measure family resilience (Family Resilience Assessment Scale--FRAS) and one additional scale to measure child adjustment (Child Behavior Check List--CBCL). The survey was mailed to identified families from several international adoption agencies located in the United States. The survey was a self-report instrument that was completed or filled out by one of the parent(s) and/or significant caretaker(s). The survey respondents provided ratings on all measures needed to assess family resilience and their adopted child's level of adjustment. The family resilience model guided this study; it predicts that family strengths and/or protective factors lessen the effect of negative or stressful events and family member demands leading to better adjustment outcomes among adoptees.

4.2.1 *Sample*

The population for this study included families who had acquired a child or children through transnational adoption. The researcher obtained a sample size of 264 families, representing 264 adoptees. However, due to a large amount of missing data for ten families, these families were excluded from the analysis. So, the final sample size for this study included 254 adoptees and parents/significant caretakers providing feedback on family resilience and adoptee adjustment. The sample size for this study was obtained through the use of power analysis based on the anticipated number of variables that would be considered for regression analysis (Keith, 2006, p. 202). There were 20-22 variables expected for entry into the regression equation based on predictor and control variables.

The study sample was acquired by compiling a list of international adoption agencies and then contacting each one of them to elicit their participation in the study. The researcher

was able to confirm participation from agencies located in Texas, Colorado, Oklahoma, Louisiana, North Carolina, California, and Florida. A purposive sample was obtained as agency administrators and/or service personnel identified families that fit the criteria for the sample and in turn, sent each of the families an email and/or letter, including a request for their participation and stating the purpose of the study and its intention to improve services to families who have adopted internationally. The correspondence also included a website and link that families were asked to access in order to complete the survey/questionnaire as well as the consent form. Therefore, the final sample for the study consisted of those families volunteering to participate. Directions for completing the survey were provided to all families. In addition to the agencies agreeing to participate in the study, several listservs, chat rooms, agency websites and bulletin boards were used to advertise and/or promote the study. A snowball technique was used as well by asking families to forward the email to other families meeting the study criteria. This allowed the researcher to obtain a sample from 21 different states within the United States.

Families participating in the study had children who were adopted internationally (from Russia, Romania, Guatemala, and/or China) and were between 6-18 years of age. Determining if differences exist between adoptees from different countries based on adjustment outcomes when family resilience is taken into account was part of the rationale for including these countries in the study. Inclusion of these countries provided insights into differences that exist between Asian, Eastern European and Spanish/Indian (e.g. Ladino) adoptees by way of adjustment, when taking family resilience into consideration. Children participating in this study lived with their adoptive parents for at least 2 years. Therefore, the child had lived with their adopted family for 2-12 years. Families completed the Child Behavior Checklist (CBCL) on the adopted child that was within specified age limits. In cases where the family had more than one adopted child that fit the study criteria, parents were asked to base their responses on the child that was chronologically the oldest adopted child. Also, the families must have adopted a child from one of the following regions: Russia, Romania, Guatemala and/or China. Based on the literature review, it was determined that children living in the countries specified for this study (in

particular, Russia, Romania and Guatemala) had some of the worse living conditions prior to placement and would more likely be considered special needs adoptions. This helped to determine the impact of family resilience on the adjustment of children pre-exposed to poor living conditions, time spent in orphanage care, and transitional problems following the adoption, while trying to control for other extraneous variables such as physical and/or sexual abuse, health, age at time of adoption, income, ESL, residential status, sibling groups, as well as severe physical and/or mental impairments. The purpose was to determine the level of impact the family structure and/or support system had on the child's overall adjustment outcomes.

4.2.2 *Instruments*

Data collection for this study was achieved by using a self-report survey, which included a demographic section developed by the researcher and also included the use of one standardized instrument to measure family resilience (FRAS) and one scale to measure child adjustment (CBCL 6-18). The instruments were used to measure the predictor variable (e.g. family resilience) and the criterion variable (e.g. adjustment). The demographic questionnaire was used to obtain information on additional variables to serve as controls within the study and was also used to gather more information related to family resilience.

4.2.2.1 Adjustment

The criterion variable for the study was child adjustment. Adjustment was measured by using the Child Behavior Checklist (CBCL), which evaluated internalizing and externalizing behaviors of each transnationally adopted child, as well as social and academic adjustment.

4.2.2.1.1 Child Behavior Checklist 6-18 (CBCL 6-18)

The Child Behavior Checklist is a 118 item instrument that is designed to measure child and adolescent emotional behavior problems (CBCL; Ashenbach & Rescorla, 2000). The instrument is a self-report checklist that is completed by the parents or significant care givers (e.g. biological parents, foster parents, gay or lesbian parents, adoptive parents, residential care workers, or grandparents in the role of primary care givers, etc.). The CBCL is a well designed

instrument, using statements that are easily understood and that address a wide milieu of behaviors of concern to parents, social workers, adoption advocates and/or counseling professionals. The checklist uses a rating scale (0 = not true, 1 = somewhat or sometimes true, 2 = very true or often true) completed by parents on a wide variety of behaviors based on observations of their child(ren).

The CBCL/6-18 is a standardized measure of children's behaviors that provides outcome measures for three competence scales (e.g. activities, social, and school), total competency, eight cross informant syndromes, and internalizing, externalizing, and total problems. The cross informant syndromes measured by this scale include; aggressive behavior, anxious/depressed; attention problems; rule-breaking behavior; social problems; somatic complaints; thought problems; and withdrawn/depressed. The CBCL/6-18 also includes several DSM-oriented scales consisting of Affective Problems, Anxiety Problems, Somatic Problems, Attention Deficit/Hyperactivity Problems; Oppositional Defiant Problems; and Conduct Problems.

The scale was normed on 1,753 children aged 6 to 18. The normative sample was a U.S. national, random sample drawn from the 48 contiguous states. The sample was representative of the population based on SES, ethnicity, region, and urban-suburban-rural residence. Children who had been referred for mental health or special education services within the past year were excluded.

The instrument has high reliability. When considering the test-retest coefficients reported for each of the scales, they consistently fell within .80 and .90 (Achenbach, 2001). The total problems coefficient was .90 (Achenbach, 2001).

4.2.2.1.2 Demographic Survey

The Demographic Survey was designed by the researcher and consisted of 35 questions. The purpose of the demographic questionnaire was to collect information related to pre-placement circumstances, age of parents and the adoptee, age at placement, race of the child, medical problems, gender of the parents and child, total family income, parent education

level, social aspects of the adoptee, school related behavioral problems, and family post-adoption service participation.

In addition, the demographic profile included four open-ended questions related to what parents felt would be necessary or beneficial post-adoptive or community services for families who have adopted transnationally, as well as what parents did to prepare for adoption, valuable lessons learned, and how these families overcame difficulties related to adopting a child internationally.

Ultimately, the demographic information allowed the researcher to make comparisons between families on parental level of education, race of parents, age of parents, income level and marital status, as these variables may relate to family resilience. Also, some demographic questions allowed the researcher to compare adoptees based on country of origin, age at time of adoption and number of years living within the adoptive family.

4.2.2.2 Family Resilience

The predictor variable in the study was family resilience. Family resilience was measured by using the Family Resilience Assessment Scale (FRAS). In addition to this scale, the demographic survey addressed additional variables related to family resilience including family income level, age of the parents, race of the parents, the parents' level of education and employment status.

4.2.2.2.1 Family Resilience Assessment Scale (FRAS)

The Family Resilience Assessment Scale is a 67 item instrument developed to measure the degree of resilience that a family exhibits on six dimensions, including; Family Communication and Problem Solving, Utilizing Social and Economic Resources, Maintaining a Positive Outlook, Family Connectedness, Family Spirituality, and Ability to Make Meaning of Adversity. In order to advance the study of family resilience as a possible factor contributing to individual member reflexivity, it is important to have a scale with predictive and/or concurrent validity and overall reliability. The FRAS is a scale that meets the criteria for use in this study.

The measure uses a 4-point likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). Scores on the scale range from a minimum score of 66 to a maximum score of 204. A higher score on the FRAS indicates that a family exhibits high levels of family resilience, and low scores indicate low levels of family resilience. Individual subscales within the FRAS help to determine which resiliency factors are exhibited by each family and to what degree. The subscale scores within the FRAS include; Family Communication and Problem Solving, Utilizing Social and Economic Resources, Maintaining a Positive Outlook, Family Connectedness, Family Spirituality and Ability to Make Meaning of Adversity. The FRAS has a total scale reliability of a = 0.96 and was also found to have good concurrent criterion validity with the FAD1 (Family Assessment Device 1), FAD2 (Family Assessment Device 2) and the PMI (Personal Meaning Index).

4.3 Data Collection Procedures

In order to collect data for this study, a list was compiled based on international adoption agencies within the United States. Some of the agencies were referred by personal key informants based on their recommendation and support. Agencies were contacted to gain their participation in the study. Once the agencies were contacted, the researcher provided information about the study purpose and its usefulness to the agency as well as to other professional advocates working in the area of international adoption. As additional subjects were needed, the researcher employed a snowball sampling method. Permission was sought from as many agencies as possible and, coupled with a snowball sampling method; this helped the researcher to obtain a substantial sample for the study.

Once the agencies agreed to participate, they were sent a letter by email specifying the study criteria for selection of families. Agency staff and/or administrators identified families meeting the study criteria. Identified families were sent letters and/or emails providing them with information about the study and a link to access and complete the survey. Families completed the online consent form and then proceeded to the questionnaire. The survey was expected to take families no more than 25-35 minutes to complete. Email addresses were the

primary means for delivering information about the study and eliciting volunteer responses. However, if an email address was not on file for selected families, letters were mailed to the families meeting the study criteria. All data from the survey were then uploaded directly into a data file and then downloaded into SPSS for analysis.

4.3.1 *Data Analysis*

This study was designed to determine the relationship between the predictor variable of family resilience consisting of family communication and problem solving, utilizing social and economic resources, maintaining a positive outlook, family connectedness, family spirituality, as well as the ability to make meaning of adversity on the criterion variable of child adjustment. In addition, the researcher explored the relationship between age of parents, education level, race and income as it relates to family resilience and ultimately child adjustment outcomes. Analysis was chosen based on an expected linear relationship between the criterion variable and the predictor variable. In order to assess the amount of influence that each of the variables comprising family resilience had on child adjustment, a regression analysis was employed. The results of this analysis helped to determine which factors associated with family resilience were most highly correlated with overall adjustment among adoptees. An independent sample t-test was used in order to investigate any differences that may exist between better adjusted and not as well adjusted adoptees. It was also useful to determine if age of parents, level of education of parents and/or income of the family have any bearing on level of family resilience and/or child adjustment outcomes. Therefore, a regression analysis was run to determine the amount of influence of each of the aforementioned variables in relation to family resilience and child adjustment.

The analysis of data was completed by first looking at frequency data related to the subjects and families represented within the sample. Second, the data was analyzed in relation to the impact of the predictor variable(s) on the criterion variable. This was done in two parts. In the first part, determining which of the 7 factors comprising the FRAS was most highly correlated with adjustment was analyzed. In the second part, FRAS scores were analyzed in

relation to child adjustment scores (based on the CBCL), in order to assess the impact of family resilience on overall child adjustment. Third, the researcher explored the impact of age of parents, parent education level, race of parents and overall income on family resilience scores. Lastly, qualitative questions were analyzed through the use of coding, in order to reveal themes or patterns related to previous experiences that had prepared parents for the adoption process and/or raising their adopted children.

4.3.2 *Protection of Human Subjects*

The potential risks to subjects participating in this study were minor at best. There were no children participating in the study. The study relied upon parent or significant other responses on both the demographic questionnaire and standardized measures. If any acute problems arose, subjects were referred for counseling services. Two counselors were designated in the event that any problems arose as a result of the study and they were Dr. Mary Becerril (LMFT and LPC) and Dr. Marilyn Edwards (LPC). Both of these individuals consented to provide free consultation and counseling services as needed for this study. No families indicated any problems or expressed any need for counseling services as a result of participation in this study. Participation in the study was completely voluntary, and all subjects retained the option to withdraw at any point during the course of the study. The Confidentiality and anonymity of the subjects were strictly guarded by the researcher performing the study. All records and data obtained as a result of the study were locked in a file cabinet that only the researcher can access. Also, subjects did not include any identifying information on the survey forms. While some tracking was necessary, at the conclusion of the study all addresses, names and other identifying information were discarded. If subjects provide consent for the researcher to follow-up at a later time or expressed interest in receiving a copy of the study, such information was retained, but was placed in a lockable file cabinet. No identifying information was disclosed within the dissertation manuscript. If requested, both parents and agency administrators received a PDF copy of the dissertation following the study. If no request

was made, parents and administrators were aware that the dissertation could be obtained using the UTA library or other libraries with access to dissertation proquest.

CHAPTER 5

RESULTS

5.1 Introduction

Within this chapter, the researcher provides descriptive statistics and analyzes the data in order to address the research questions guiding the study purpose of exploring the role of family resilience on the adjustment of children adopted transnationally. The analysis was based on applying Walsh's theory of family resilience to the overall adjustment of transnationally adopted children. The theory identifies several important family functions that may foster individual resilience or resolve among its members by creating a healthier and more cohesive environment. The theoretical model centers on three primary domains, which include belief systems, organizational patterns, and communication/problem solving. The Family Resilience Assessment Scale used to test Walsh's theoretical model included several subscales based on the theory measuring communication and problem solving, family spirituality, maintaining a positive outlook, social and economic resources, family connection and the ability to make meaning of adversity. The theory was applied in order to determine its role in the adjustment of children placed through intercountry adoption. Adjustment of adoptees was measured by using the Child Behavior Checklist (CBCL 6-18). The CBCL 6-18 provided measures for syndrome scales (e.g. anxious depressed, somatic complaints, social problems, attention problems, rule-breaking behavior, thought problems and withdrawn depressed behaviors), as well as DSM scales (e.g. affective disorders, anxiety disorders, somatic problems, ADHD problems, oppositional disorders, and conduct disorders) and competencies in school, social and activities.

5.2. Descriptive Statistics

Descriptive statistics providing data on the sample distribution and/or specific characteristics or qualities of international adoptees and families will be presented. Descriptive statistics will be presented based on the adoptees country of origin and ethnicity, gender, health status, abuse status, disability status, and ESL status. Further, statistics summarizing parent and/or caretaker characteristics based on survey respondent (i.e. mother/father), race, family income, age of parents or caretakers, education level, employment status, residential status, and if other children resided in the home (e.g. biological, other adopted children, and sibling groups).

5.2.1 *Adoptee Descriptive Statistics*

The total sample for this study included 254 parents and/or caretakers, which in turn represented 254 separate families that adopted at least one child from one of the countries meeting the study criteria. Therefore, self report data was collected on adjustment outcomes for 254 adoptees. Of those completing the survey, there were 136 parents and/or caretakers of Russian children, 64 parents and/or caretakers of Guatemalan children, 33 parents and/or caretakers of Chinese children and 21 parents and/or caretakers adopting children from Romania. This is also reflective of the same ethnic breakdown for adoptees in the study. See table 5.1.

Table 5.1 Number and Percentage of Adoptees by Country of Origin and Ethnicity

Country	n	Percent
Russia	136	53.54
Guatemala	64	25.20
China	33	12.99
Romania	21	8.27
Total	254	100.0

When considering adoptee gender, there were 133 females represented in the study and 121 males. Therefore, females made up 52.4 percent of the sample, while males were 47.6 percent. See table 5.2. When considering the gender of adoptees based on country of origin, 69 females and 67 males were adopted from Russia, 23 females and 41 males were adopted from Guatemala, 33 females were adopted from China, and 8 females, 13 males were adopted from Romania.

Table 5.2 Adoptees Gender

Gender	n	Percent
Female	133	52.4
Male	121	47.6
Total	254	100.0

The age at which children were adopted ranged from 3 to 172 months (3 months to 14 years of age). The mean age of adoption was 29.06 months (2 years, 5 months). The current age of adoptees at the time of this study ranged from 6 years to 18 years, with a mean age of 11.91. The health status of the children, as well as disabilities, abuse status and whether or not the adoptee received English as a second language (ESL) instruction were also considerations of this study. Respondents indicated that at the time of adoption only 2 (.08%) had children with permanent health problems, while 68 (26.8%) had children with correctable health problems, and of the remaining sample, 184 (72.4%) had children in good health. When considering the issue of physical abuse, 231 (90.9%) stated that their children had not been physically abused to the best of their knowledge, while 23 (9.1%) of the children experienced some form of physical abuse. Parents and/or caregivers completing the survey, stated that of the children in the sample, 245 (96.5%) had not been sexually abused, while 9 (3.5%) of the children had

experienced some form of sexual abuse. When children are adopted at an older age and from another country, it is possible that language barriers may contribute to possible problems related to adoptee adjustment. Therefore, the variable ESL (English as a second language) was included in the study. Of those families sampled, 32 (12.6%) indicated that their child required ESL instruction at the time they began school. See table 5.3.

Table 5.3 Number and Percentage of Adoptees Based on Health Status, Disability Status, Abuse Status and ESL Status

		Yes		No	
Status	Type	n	%	n	%
Health Status	Permanent Health Problems	2	0.8	252	99.2
	Correctable Health Problems	68	26.8	186	73.2
	Good Health	184	72.4	70	27.6
Abuse Status	Physical Abuse	23	9.1	231	90.9
	Sexual Abuse	9	3.5	245	96.5
Physical &/or Mental Disability Status	Confirmed	15	5.9	239	94.1
ESL Status	Confirmed	32	12.6	222	87.4

5.2.2 Parent and/or Family Descriptive Statistics

Of those completing the survey, 165 were mothers and 89 were fathers. Of the 254 families and at the time of the study, 231 parents and/or caretakers reported to be married, 3 separated, 16 divorced and 4 were identified as partnered. The range for years married among

parents or caretakers in the study were from 2 to 32 years with a mean of 15.56 years. The racial designations of parents and/or caretakers completing the survey were as follows: 196 (77.2%) Caucasian, 15 (5.9%) African American, 30 (11.8%) Hispanic and 13 (5.1%) Asians. The survey respondents reported that 178 (70.1%) of their spouses were Caucasian, 6 (2.4%) were African American, 35 (13.8%) Hispanic, 20 (7.9%) Asian, 3 (1.2%) Native American and 12 (4.7%) reported not having a spouse. The mean income for the families participating in this study was $168,427.66. However, due to the presence of extreme outliers (e.g. extremely high or low incomes), the median income for families was considered. The median annual income for the families participating in the study was $140,000.

The reported age of mothers ranged from 30 to 58, with a mean age of 41.88. The reported age of fathers ranged from 32 to 61, with the mean age being 44.85. The education level of mothers and fathers differed greatly. Over half of the mothers completed at least a high school equivalency to a bachelor's degree level of education (12 to 17 years of education). Forty-six percent of mothers reported to have a bachelor's degree, with only 26.8% obtaining a masters or MD/PhD equivalent (19 to 23 years of education). Fathers on the other hand, reported that over 53.6% of them had a Masters Degree or MD/PhD equivalent (19 to 23 years), with only 46.5% having a high school equivalency to bachelors degree level of education (12-17 years). When comparing this with reported job status, there were several observed differences. At the time of the survey, 32.3% of mothers were unemployed (e.g. homemakers), or worked part-time. Further, mothers reported that 53.5 % of them were either self-employed or working full-time, whereas fathers reported that 98.4% were self-employed or employed full time. There were 36 mothers that did not select an employment status. See table 5.4

Table 5.4 Number and Percentage of Parents Based on Education Level and Employment Status

		Mother		Father	
Characteristic	Level	n	%	n	%
Employment Status	Employed Full Time	123	48.4	239	94.1
	Self-Employed	13	5.1	11	4.3
	Employed Part-Time	65	25.6	4	1.6
	Not Employed	17	6.7	0	0
	Unreported	36	14.2	0	0
Education Level	High School Eqiv.	4	1.6	4	1.6
	Some College or Univ.	10	3.9	5	2.0
	Associates Degree	55	21.7	6	2.4
	Bachelors Degree	117	46.1	103	40.6
	Masters Degree	61	24.0	102	40.2
	PhD or MD Equiv	7	2.8	34	13.4
Total:		254	100.0	254	100.0

Of the families responding to the survey, 27 (10.6%) stated that their current residence at the time of the study was in a rural community, 199 (78.3%) reported to live in an urban community, while 28 (11%) stated their current residence to be a suburban community. Within these family units, 122 (48%) reported to have no biological children, while 132 (52%) of the families reported to have at least one biological child. At the time of the survey, 156 (61.4%) families indicated that no other adopted children resided within the home, and there were 98 (38.6%) families reporting to have adopted more than one child (e.g. either domestic or international). Of those families adopting more than one child, 35 of them had adopted siblings.

5.3 Analysis of Data Related to Research Questions and Hypotheses

In the following sections below, data analysis based on the research questions guiding this study will be discussed. Each of the questions will be restated and a presentation of the findings will be provided. Several control variables were utilized during the analysis including; residential status, family income, adoptee health status, adoptee disability status, adoptee ESL status, adoptee abuse status, adoptee country of origin, adoptee age at time of adoption and if the adoptee was part of a sibling group. The range of analysis included; multiple regression, t-test, analysis of variance, and chi-square.

It is important to note that only 6 families fell into the clinical range on the CBCL-6-18. Of the remaining sample, an additional 10 families fell into the borderline range, with the remaining 238 falling into the normal range. So, most of the families had international adoptees that were well adjusted. In order to establish two separate comparison groups of families with better adjusted and not as well adjusted adoptees, a midrange cut-off point was selected by the researcher. A t-score of 50 or above was used as the cutoff point for the not as well-adjusted group, while a t-score of below 50 was selected to create a group of adoptees with better adjustment. Therefore, the lower the t-score or raw score, the better adjusted the adoptee. The selected cut-off point allowed for almost equal groups for comparison. There were 124 families in the not as well adjusted group and 130 families in the better adjusted group. The remaining discussion below will be based on observed differences found between the two groups.

5.3.1 *Research Question 1*

What is the relationship between family resilience and the overall adjustment of children adopted from outside of the United States?

A multiple regression analysis was conducted in order to determine whether or not the total score on the Family Resilience Assessment Scale (FRAS) was predictive of better or lower scores on the Child Behavior Checklist (CBCL 6-18) total syndrome score. Analysis indicated the FRAS total score significantly predicted lower scores on the CBCL 6-18 ($B = -.326$, $p = .000$)

total syndrome scale. So, as FRAS scores increased, the CBCL 6-18 total syndrome scores decreased.

5.3.2 *Research Question 2*

What family resilience variables are most highly predictive of better adjusted and not as well adjusted adoptees? See table 5.5.

Table 5.5 Multiple Regression Analysis Comparing CBCL Syndrome Scales with FRAS Subscales

Adjustment	Family Resilience Subscales	Regression Coefficient		
		B	Beta	Sig
	FCPS	-.037	-.210	.141
	USER	.125	.216	.016*
Anxious	MPO	-.196	-.196	.050*
Depressed	FC	-.008	-.006	.927
	FS	-.097	-.122	.084
	AMMA	-.142	-.084	.331
	FCPS	-.043	-.400	.008**
	USER	.076	.215	.021*
Somatic	MPO	.124	.203	.051
Complaints	FC	.004	.005	.942
	FS	-.086	-.178	.017*
	AMMA	-.116	-.111	.216
	FCPS	-.039	-.207	.125
	USER	.064	.101	.226
Social	MPO	.245	.225	.017*
Problems	FC	-.036	-.024	.697
	FS	-.209	-.242	.000***
	AMMA	-.382	-.205	.012*
	FCPS	-.042	-.160	.215
	USER	-.050	-.057	.478
Attention	MPO	.065	.043	.630
Problems	FC	.074	.035	.545
	FS	-.184	-.155	.016*
	AMMA	-.106	-.041	.594

* Significant at the .05 level **Significant at the .01 level *** Significant at the .001 level

Table 5.5 Continued

Adjustment	Family Resilience Subscales	Regression Coefficient		
		B	Beta	Sig
Rule-Breaking Behavior	FCPS	-.089	-.408	.001***
	USER	.160	.221	.005**
	MPO	.175	.140	.108
	FC	.123	.071	.212
	FS	-.097	-.098	.115
	AMMA	-.011	-.005	.946
Aggressive Behavior	FCPS	-.210	-501	.000***
	USER	.302	.217	.000***
	MPO	.255	.106	.118
	FC	.021	.006	.884
	FS	-.336	-.176	.000***
	AMMA	.221	.054	.357
Thought Problems	FCPS	.025	.224	.070
	USER	.006	.016	.831
	MPO	-.186	-.294	.001***
	FC	.015	.017	.760
	FS	-.004	-.007	.904
	AMMA	-.005	-.004	.954
Withdrawn Depressed	FCPS	-.116	-.549	.000***
	USER	.217	.059	.000***
	MPO	-.524	-.432	.000***
	FC	-.059	-.035	.568
	FS	-.375	-.391	.000***
	AMMA	-.004	-.002	.980

* Significant at the .05 level **Significant at the .01 level *** Significant at the .001 level

In order to determine which family resilience variables predicted better adjustment among adoptees, a multiple regression analysis was employed. The CBCL 6-18 syndrome subscales (e.g. anxious depressed, somatic complaints, social problems, attention problems, rule-breaking behavior, aggressive behavior, thought problems, and withdrawn depressed) were

analyzed in order to determine the predictive value of the FRAS subscales (e.g. Family Communication and Problem Solving-FCPS, Utilizing Social and Economic Resources-USER, Maintaining a Positive Outlook-MPO, Family Connectedness-FC, Family Spirituality-FS and Making Meaning of Adversity-AMMA).

5.3.2.1 Anxious Depressed Subscale

The higher the score on the FRAS subscale, the better the family was in that specific area and the lower the score on the CBCL-6-18 subscales, the less likely it was that the child exhibited that particular syndrome. Considering the anxious depressed subscale, the analysis revealed a significant finding. It appears that as scores on Utilizing Social and Economic Resources (USER) increased, anxious depressed scores increased as well ($B = .125$, $p < .05$).

5.3.2.2 Withdrawn Depressed Subscale

Further observation of the data revealed several significant predictors of withdrawn depressed behaviors. Family Communication and Problem Solving (FCPS) was found to significantly predict lower scores on the withdrawn depressed syndrome subscale ($B = -.116$, $p = .000$). Further, higher scores on Maintaining a Positive Outlook (MPO) were found to be significantly linked to fewer reports of withdrawn depressed behaviors among the international adoptees participating in the study ($B = -.524$, $p = .000$). Families reporting higher scores on Family Spirituality (FS) were also found to have significantly lower scores on the withdrawn depressed syndrome subscale on the CBCL-6-18. Higher scores on Utilizing Social and Economic Resources (USER) was predictive of higher withdrawn depressed scores ($B = .217$, $p = .000$). Family Connectedness (FC) and Ability to Make Meaning of Adversity (AMMA) were not found to be significant predictors on this syndrome subscale.

5.3.2.3 Somatic Complaints Subscale

When considering somatic complaints, two family resilience subscales were found to have high predictive value. Based on the analysis, higher scores on Family Communication and Problem Solving (FCPS), predicted lower scores on somatic complaints ($B = -.043$, $p = .008$). Likewise, families scoring higher on Family Spirituality (FS) also predicted fewer reports

of somatic complaints (B = -086, p < .05). There were no other FRAS subscale variables found to have high predicted value on somatic complaints.

5.3.2.4 Social Problems Subscale

Another CBCL-6-18 syndrome variable considered in the analysis was social problems. Two FRAS subscale variables were found to significantly predict lower scores on social problems. Family spirituality (FS) was clearly found to be significant (B = -.209, p = .000), as was the ability to make meaning of adversity (B = -.382, p <.05). Higher scores on these subscales were found to predict better scores on adjustment. Maintaining a positive outlook (MPO) was found to significantly predict higher scores on the social problems subscale (B = .245, p < .05).

5.3.2.5 Attention Problems Subscale

Family spirituality was predictive of better scores on the attention problems syndrome subscale (B = -184, p < .05). Thus, indicating that family's scoring higher on family spirituality reported to have children with fewer attention problems. No other family resilience subscales were found to significantly predict attention problems.

5.3.2.6 Rule-Breaking Behavior Subscale

The rule-breaking behavior of transnational adoptees was significantly influenced by family communication and problem solving (FCPS). Families with higher scores on family communication and problem solving had adoptees with lower scores on rule breaking behaviors (B = -.089, p = .001). On the other hand, utilizing social and economic resources was predictive of higher scores on rule breaking behavior (B = .160, p = .005). Analysis would indicate that families with adoptees scoring higher in rule breaking behaviors tend to be families that utilize more social and economic resources.

5.3.2.7 Aggressive Behavior Subscale

When looking at aggressive behaviors of international adoptees, families scoring higher on family communication and problems solving (FCPS) seemed to predict lower scores on aggressive behavior (B = -210, p = .000). Also, families with higher scores on family spirituality

(FS) were predictive of children with lower scores on aggressive behavior (B = -.336, p < .001). As was the case with rule breaking behavior, families scoring higher on utilizing social and economic resources (USER) was predictive of higher parent reporting of aggressive behaviors (B = .302, p = .000).

5.3.2.8 Thought Problems Subscale

Only one of the six family resilience subscales was found to be predictive of lower scores on the thought problems syndrome subscale. Maintaining a positive outlook (MPO) was found to significantly predict lower scores on thought problems (B = -.186, p = .001). The other five family resilience subscales were not significant on this syndrome subscale.

5.3.2.9 Competency Subscales

The competence variables on the CBCL 6-18, include school, social and activities. In order to determine if family resilience was predictive of better success in school or academics, social (e.g. friendships), and activities (e.g. involvement in hobbies, sports and other extracurricular activities), a regression procedure was implemented. Based on the analysis, family resilience was not predictive of competencies in school (B = -427, p = .868) or in activities (B = .341, p = .855). Family resilience did predict better outcomes related to social competencies. As family resilience scores increased, so did the social competencies of international adoptees (B = .047, p < .001). See table 5.6.

5.3.2.10 DSM Scales

Multiple regression was employed to determine the predictive value of family resilience on DSM (diagnostic and statistical manual) scales. Family resilience was not found to predict the occurrence of affective disorders (B = -.010, p = .146). However, higher scores on family resilience was predictive of fewer occurrences of anxiety disorders (B = -.011, p < .01), somatic problems (B = -.014, p < .001), ADHD (B = -.048, p < .001), oppositional disorders (B = -.030, p < .001), and conduct disorders (B = -.039, p < .001). See table 5.6.

Table 5.6 Regression Analysis of the FRAS Total Score on the CBCL 6-18 DSM and Competency Subscales

	Regression Coefficient		
Subscale	B	Beta	Sig
Affective Disorders	-.010	-.088	.146
Anxiety Disorders	-.011	-.176	.004**
Somatic Problems	-.014	-.275	.000***
ADHD Problems	-.048	-.383	.000***
Oppositional Disorders	-.030	-.282	.000***
Conduct Disorders	-.039	-.201	.000***
School Competency	-.427	.868	.868
Social Competency	.047	.430	.000***
Activities Competency	.341	.011	.855

* Significant at the .05 level **Significant at the .01 level *** Significant at the .001 level

5.3.3 *Research Hypothesis 1*

Significant differences exist between families of international adoptees that are better adjusted and those that are not as well adjusted.

In order to determine the differences that exist between families with better adjusted adoptees and families with not as well adjusted adoptees, a t-test was employed and descriptive statistics were reviewed. See table 5.7.

Table 5.7 T-test Results Based on Family Characteristics/Supports and Better and not as well Adjusted Adoptees

Characteristics	t	Sig	Better Adjusted		Not as Well Adjusted	
			Mean	Std	Mean	Std
Mother's Age	7.191	.000	43.85	4.090	39.81	4.846
Father's Age	-9.390	.000	47.74	4.810	41.83	5.215
Annual Income	-6.233	.000	212,115	134,978	122,625	87,744
Adoptee Age at Time of Adoption	5.661	.000	19.7 mo	18.7 mo	38.9 mo	33.7 mo
Social Worker Support	-3.298	.001	2.05	.061	1.81	.580
Friends Support	-3.124	.002	2.01	.490	1.81	.536
Family Support	-4.828	.000	2.53	.559	2.20	.525
Internet Support	-6.558	.000	2.67	.548	2.19	.607

5.3.3.1 Mother and Fathers Age

When comparing families of better adjusted adoptees to families with adoptees that were not as well adjusted, several significant results were found. A significant difference was found between the two groups for both the mother's ($t = -7.191$, $p < .001$) and father's age ($t = -9.390$, $p < .001$). The mean age for mothers in the not as well adjusted group was 39.81, with the mean age for the better adjusted group being 43.85. The mean age for fathers in the not as well adjusted group was 41.83, with the mean age for fathers in the better adjusted group being 47.74. Mothers and fathers in the better adjusted group tended to be older than those in the not as well adjusted group.

5.3.3.2 Annual Income

The annual income between groups was analyzed. There was a disparate difference in incomes between the two groups ($t = -6.233$, $p < .001$). However, because of extreme outliers (extremely high or low incomes) the median was chosen as the preferred measure of central tendency. The median income for the not as well adjusted group was $101,000.00, with the median income for the better adjusted group being $178,500.00.

5.3.3.3 Adoptee Age

Differences were also found when considering both the age at which the child was adopted ($t = 5.661$, $p < .001$) and the current age of the adoptee ($t = -3.412$, $p = .001$) in both the better adjusted and not as well adjusted groups. The mean age at time of adoption for international adoptees in the better adjusted group was 19.67 months or a little over 1 ½ years, while the mean age for adoptees in the not as well adjusted group was 38.90 months or 3 years, 10 months. The current age of adoptees in the well adjusted group was 12 ½ years, while the current age for the not as well adjusted was 11 years, 2 months of age.

5.3.3.4 Support Networks

Within the demographic section of the survey, a simple rating scale designed by the researcher was used to determine how much families relied upon social work professionals or agencies, friends, parents and internet sources as a means for gaining support, obtaining information/education or finding ways to resolve issues related to the child they adopted internationally. The scale consisted of three choices, including never, sometimes or frequently. The lowest score that could have been made on this scale for each category was a one and the highest score that could have been made was a three. The data from this scale will be reported in the following sections below. See table 5.7.

A significant difference was found between both the well adjusted and not as well adjusted groups on seeking out social workers or agencies for assistance when needed ($t = -3.298$, $p = .001$), with the family's of better adjusted adoptees doing this more frequently than the families of the not as well adjusted adoptees. Differences were found between the two

groups on how much reliance was placed upon both friends and family for support. A significant difference was found between the groups on how much reliance was placed upon friends for support ($t = -3.124$, $p = .002$), with the better adjusted group relying more on friends for support. Again, a significant difference was found between the two groups in the amount of reliance on family for support ($t = -4.828$, $p = .000$). The well adjusted group was found to be more reliant on family than was the not as well adjusted group. There was also a significant difference found between the better adjusted group and the not as well adjusted group in terms of how much reliance was placed on internet use as a means for support, with the families of better adjusted adoptees relying more on the internet ($t = -6.558$, $p = .000$).

5.3.3.5 Adoptee/Family Characteristics and Adjustment

In order to determine whether there were any significant differences between the better and not as well adjusted groups on nominal or ordinal level family variables, a chi-square analysis was conducted. The results of this analysis are included below. See Table 5.8.

Table 5.8 Chi-Square Results Based on Differences between Family Characteristics and Better and not as well Adjusted Adoptees

Characteristics		Better Adjusted Frequency	Not as Well Adjusted Frequency	Value	Sig.
Health Status	Permanent	0	2	8.758	.013
	Correctable	26	42		
	Good	104	80		
Handicaps	Yes	5	10	2.032	.154
	No	125	114		
Physical Abuse	Yes	14	9	.950	.330
	No	116	115		

Table 5.8 Continued

Characteristics		Better Adjusted Frequency	Not as Well Adjusted Frequency	Value	Sig.
Sexual Abuse	Yes	2	7	3.132	.077
	No	128	117		
Adoptee Gender	Female	80	53	8.989	.003
	Male	50	71		
Sibling Group	Yes	28	7	13.493	.000
	No	102	117		
Biological Children	Yes	74	58	2.619	.106
	No	56	66		
Other Adopted Children	Yes	68	30	21.169	.000
	No	62	94		
Mothers Employment	Full time	37	86	57.722	.000
	Part-time	36	29		
	Self employed	11	2		
	Not employed	12	5		
Fathers Employment	Full time	120	119	3.956	.138
	Part time	4	0		
	Self Employed	6	5		
	Not Employed	0	0		
Mothers Education	High School	2	2	32.376	.000
	Some College	4	6		
	Associates	15	40		
	Bachelors	57	60		
	Masters	46	15		
	PhD, MD	6	1		

Table 5.8 Continued

Characteristics		Better Adjusted Frequency	Not as Well Adjusted Frequency	Value	Sig.
Fathers Education	High School	1	3	51.928	.000
	Some College	2	3		
	Associates	0	6		
	Bachelors	33	70		
	Masters	62	40		
	PhD, MD	32	2		
Residential Status	Rural	12	15	1.613	.446
	Urban	106	93		
	Suburban	12	16		
Respondent Race	Caucasian	100	96	5.666	.129
	African American	4	11		
	Hispanic	17	13		
	Asian	9	4		
Race of Spouse	Caucasian	84	92	9.256	.160
	African American	2	17		
	Hispanic	18	4		
	Asian	15	5		
	Native American	3	0		
	No Spouse	7	5		

5.3.3.5.1 Health Status

Parents provided self-report data on the health status of their children at the time of the adoption. The choices that parents selected from were permanent, correctable and good health. When comparing the better adjusted family group with the not as well adjusted family

group a significant difference was found ($x^2 = 8.758$, $p < .05$). The better adjusted group had international adoptees with better health at the time of the adoption. Further, no significant results were found between the two groups on disabilities at the time of adoption ($x^2 = 2.032$, $p = .154$).

5.3.3.5.2 Abuse Status

Parents were also asked to indicate whether their child was known to have been physically or sexually abused prior to the adoption up to the time of the completion of this survey. There were no significant differences found between the two groups on physical abuse ($x^2 = .950$, $p = .330$) or sexual abuse ($x^2 = 3.132$, $p = .077$).

5.3.3.5.3 Gender

The sex of the international adoptee was another variable found to differ significantly between the better adjusted and not as well adjusted groups ($x^2 = 8.989$, $p < .01$). The better adjusted group had more females than males and the not as well adjusted group had more males than females.

5.3.3.5.4 Children Residing in the Home

The researcher thought it was important to consider any differences between groups based on whether the family had any other biological or adopted children. It was also necessary to consider how many of the adoptees were part of a sibling group. Significant differences were found to exist between the two groups on both the sibling group variable ($x^2 = 13.493$, $p < .001$), and the other adopted children variable ($x^2 = 21.169$, $p < .001$). The better adjusted group had more sibling groups present ($n = 28$), than did the not as well adjusted group ($n = 7$). Also, families with better adjusted children were more likely to have adopted other children ($n = 68$) than the families of not as well adjusted adoptees ($n = 30$) ($x^2 = 21.169$, $p < .001$). There were no significant differences between the two groups on the biological children's variable ($x^2 = 2.619$, $p = .106$).

5.3.3.5.5 Other Considerations

Consideration was also given to any differences that may exist between the two groups on adoptees' country of origin, mother's employment, father's employment, mother's and father's education, and residential status. No significant differences were found to exist between the two groups based on country of origin (x^2 = 9.739, p = .083). An analysis of variance was run, revealing no relationship between countries of origin and overall adjustment (F = 1.135, p = .261). There were no significant differences found to exist between the two groups on fathers employment (x^2 = 3.956, p = .138), residential status (x^2 = 1.163, p = .446), or country of origin (x^2 = 9.739, p = .083). Significant differences between the two groups were found for mothers employment (x^2 = 57.722, p < .001), mothers education (x^2 = 32.376, p < .001), and fathers education (x^2 = 51.928, p < .001). The better adjusted group had more mothers who were designated as being unemployed (e.g. homemakers), self employed, and part-time than did the not as well adjusted group. Also, the mothers' and fathers' level of education was higher in the better adjusted group than the not as well adjusted group.

5.3.3.6 Family Resilience Subscales and Adoptee Adjustment

A t-test was used in order to determine differences that existed between the families of better adjusted adoptees and the families of the not as well adjusted adoptees based on the FRAS subscales. Significant differences were found between the two groups on family communication and problem solving (FCPS) scores, with the better adjusted group scoring higher (t = -13.846, p = .000). The mean score for the better adjusted group was 100.36, with the mean for the not as well adjusted group being 82.66. Differences were found to be significant between the two groups on Utilizing Social and Economic Resources (USER) (t = -7.619, p < .001). Analysis indicated that families of adoptees with better adjustment had higher scores (m = 29.08) than the families of adoptees that were not as well adjusted (m = 25.57). Significant differences were found between the two groups on the Maintaining a Positive Outlook (MPO) subscale (t = -9.464, p = .000), with the better adjusted group having the higher score (m = 23.32) and the not as well adjusted group scoring lower (m = 20.91). Further,

differences were also found between the two groups on family connectedness (t = 7.287, p < .001), with the families of the not as well adjusted adoptees having higher scores (m = 15.03) than families of better adjusted adoptees (m = 13.62). The better adjusted families were found to have significantly higher scores on family spirituality than the not as well adjusted group (t = 10.698, p = .000). The mean for the better adjusted group was 14.15, and the mean for the not as well adjusted group was 10.84. Lastly, a difference was found between the two groups on the Ability to Make Meaning of Adversity subscale (t = -9.696, p = .000), with the better adjusted group scoring higher (m = 11.55) than the not as well adjusted group (m = 10.12). See table 5.9.

Table 5.9 T-test Results Based on Families of Better Adjusted and not as well Adjusted Adoptees and Family Resilience Subscales

			Better Adjusted		Not as Well Adjusted	
FRAS Subscales	t	Sig	Mean	Std	Mean	Std
Family Communication & Problem Solving	-13.846	.000	100.36	9.08103	82.66	11.22561
Utilizing Social & Economic Resources	-7.619	.000	29.08	3.66850	25.57	3.67628
Maintaining A Positive Outlook	-9.464	.000	23.32	1.68916	20.91	2.32348
Family Connectedness	7.287	.000	13.62	1.61093	15.03	1.48124
Family Spirituality	-10.698	.000	14.15	1.89435	10.84	2.95326
Ability to Make Meaning of Adversity	-9.696	.000	11.55	.88099	10.12	1.42334

5.3.4 *Research Hypothesis 2*

Length of exposure to a more resilient family leads to better adjustment outcomes among adoptees.

Using the same cut-off point for distinguishing between better and not as well adjusted adoptees in previous analysis and discussion, a multiple regression analysis was conducted introducing the newly created adjustment variable, the resilience variable (distinguishing between high and low resilience), and the variable representing time spent in a family. This translated into two separate equations representing families with higher resilience and families with lower resilience. An interaction variable for time and resilience was created and also entered into the equation. The results of the analysis indicate that as international adoptees spend more time in a highly resilient family, total adjustment scores improve at a higher rate than adoptees in families with lower levels of resilience. The child's total adjustment score improved at a rate of .187 units for each single unit of increase in time spent with the more resilient family. Whereas, the total adjustment scores for adoptees living in a family with lower resilience, improved at a rate of .136 units for each single unit of increase in time spent with the less resilient family. Thus, in both cases, more time spent in a family leads to better adjustment among adoptees. However, improvement in adjustment scores for children in families with high resilience was greater than adoptees living in families with lower levels of resilience.

CHAPTER 6

DISCUSSION

6.1 Summary

6.1.1 Purpose

Many families within the United States have chosen to adopt children from other countries. As agency professionals encountered problems related to the adjustment of transnationally adopted children, a vast number of studies were conducted to explore and/or explain problems with adjustment. In many cases, previous studies have taken a deficits approach to adoption by identifying the many variables or factors that lead to maladjustment problems among adoptees. However, in spite of early adjustment problems, several studies have found that over time international adoptees improve dramatically in adjustment (Benoit, et al., 1996; Grob, 2003; lJzendoorn, et al., 2005; Miller, 2000; Morrison, et al, 1995). This study was no exception, finding that most of the children scored within the normal range and not the clinical range on the Child Behavior Checklist 6-18. Though studies support the notion that transnationally adopted children adjust well over time, some differences exist between levels of adjustment. This study explored why some adoptees may be better adjusted than others. More specifically, this study considered the role of family resilience theory as a possible explanation for variances in adjustment among international adoptees. Within this strengths based perspective, families, adoption advocates and social work professionals are better able to identify the various factors that may effect the family environment leading to better adjustment of those children adopted from another country.

6.1.2 Methods

Quantitative data was collected using a correlational, self-report survey, which utilized a natural post-hoc comparison group of children that were better adjusted and children that were

not as well adjusted. Some qualitative information was obtained from families as well. There were 254 adoptees and/or families represented in the sample for this study. The study used several instruments to collect data, including; the demographic questionnaire developed by the researcher, Family Resilience Assessment Scale (FRAS), developed by M. Sixbey (2005) and the Child Behavior Checklist 6-18, developed by T.M. Achenbach (2001). The study investigated two research questions and two research hypotheses, which are included below.

Research Questions:

1). What is the relationship between family resilience and the overall adjustment of children adopted from outside of the United States?

2). What family resilience variables are most highly predictive of better adjusted and not as well adjusted adoptees?

Research Hypotheses:

1). Significant differences exist between families of international adoptees that are better adjusted and those that are not as well adjusted.

2). Length of exposure to a more resilient family leads to better adjustment outcomes among adoptees.

Several statistical tests were run in order to examine the research questions for this study. Multiple regression and analysis of variance was used to address questions one, two and four of the study. An independent samples t-test, chi-square and descriptive statistics were employed in order to address question three. The following sections below will discuss the results and implications of these findings.

6.2 Discussion of Results

6.2.1 *Research Question 1*

What is the relationship between family resilience and the overall adjustment of children adopted from outside of the United States?

Though we know that most children adopted internationally adjust fairly well, there are some children that achieve better adjustment than others. For those families responding to the

survey, there seemed to be some evidence for better child adjustment outcomes based on certain family dynamics or structure. Based on the multiple regression analysis, this study provides support for a possible link between transnational adoptees residing in families with higher levels of family resilience and better adjustment overall. Other research supports the notion that certain family characteristics can enhance or undermine the adjustment of transnationally adopted children (Barth & Berry, 1988; Glidden, 1991; Groze, 1996; Groze and Rosenthal, 1993; Levy-Shiff, et al, 1997; McDonald et al., 1991). The finding that family resilience predicts better adjustment among international adoptees can be better explained in conjunction with research question number two, which explores the relationship between communication and problem solving, utilizing social and economic resources, maintaining a positive outlook, family connection, family spirituality and the ability to make meaning of adversity on adoptee adjustment.

6.2.2 *Research Question 2*

What family resilience variables are most highly predictive of better adjusted and not as well adjusted adoptees?

In order to determine whether an adoptee was better adjusted or not as well adjusted, parents completed the Child Behavior Checklist 6-18 based on observations of and personal experiences with their adopted child. The CBCL 6-18 is a standardized instrument which provided information on the social, academic, and behavioral adjustment of adoptees between the ages of six and eighteen years of age. The CBCL 6-18 total score was comprised of several syndrome subscales including: anxious depressed, somatic complaints, social problems, attention problems, rule breaking behavior, aggressive behavior, thought problems, and withdrawn depressed. Parents also completed the FRAS (Family Resilience Assessment Scale) which is comprised of several subscales including; Communication and Problem Solving, Utilizing Social and Economic Resources, Maintaining a Positive Outlook, Family Connection, Family Spirituality and the Ability to Make Meaning of Adversity. A regression analysis was conducted in order to determine to what extent each of the FRAS subscale measures predicted

higher or lower scores on the CBCL 6-18 syndrome subscales. Higher scores on the CBCL 6-18 indicated that an adoptee was not as well adjusted on that particular syndrome, compared to lower scores indicating better adjustment on the specific syndrome subscale.

This study clearly demonstrates that as family spirituality increased within families, somatic complaints, social problems, attention problems, aggressive behaviors and withdrawn depressed behaviors decreased. Several indicators on the FRAS representing this subscale were, “we attend church/synagogue/mosque services,” “we have faith in a Supreme Being,” we participate in church activities,” and “we seek advice from religious advisors.” The importance of spirituality was found to be an important factor in preparation for the adoption. One respondent said, “We prepared emotionally, physically, and spiritually through reading, seeking advice, research, and praying.” It is possible that the routine of moral training, active attendance in church, interaction with others of similar faith and ones personal faith in God may serve as an additional strength for the family, leading to better adjustment among adoptees. There does seem to be some support for this finding in the literature (Glidden, 1991; McDonald, et al, 2001). Also, as family communication and problem solving increased within families, there were fewer reports of rule breaking behaviors, aggressive behaviors and withdrawn depressed behaviors. Several questions on the FRAS that address this subscale included, “we discuss problems and feel good about solutions,” “we discuss things until we reach a resolution and “we try new ways of working with problems.” It is possible that as families communicate more openly and seek better ways to resolve problems that adoptees experience fewer frustrations, unclear expectations, and are better able to communicate their feelings. This is undoubtedly a strength for any family and this study provides some support for its relevancy in contributing to better adjustment among transnational adoptees. Another interesting and significant finding was that as families demonstrate higher levels of maintaining a positive outlook, international adoptees experienced fewer cases of anxious depressed, thought problems and withdrawn depressed symptoms. Several questions on the FRAS subscale for MPO were “we define problems positively to solve them,” we believe we can handle our problems,” we feel we are

strong in facing big problems." Families adopting tend to have a high motivation to be good parents and this is often reflected in their attitudes toward parenting and their willingness to learn more about problems, which ultimately helps them to better meet the needs of their adopted child (McGuinness, 1998).

Based on the analysis, two FRAS subscales predicted lower adjustment among international adoptees on anxious depressed, somatic complaints, rule breaking behavior, aggressive behavior, social problems and withdrawn depressed behaviors. The multiple regression analysis revealed that as family scores on utilizing social and economic resources (USER) increased, anxious depressed, somatic complaints, rule breaking behaviors, aggressive behaviors and withdrawn depressed behaviors increased. Several indicators on the FRAS measuring USER included, "we know there is community help if there is trouble," "we feel people in this community are willing to help in an emergency," "we can depend upon people in this community for help and assistance" and "we feel secure living in this community." As children exhibit more symptoms related to somatic complaints (i.e. cries a lot, fears, feeling unloved, talking of suicide), rule breaking behaviors (i.e. breaking rules, lying/cheating, stealing, running away), aggressive behaviors (i.e. arguing a lot, destroying own things, destroying others things, getting into fights, teasing a lot, a bad temper) and withdrawn depressed behaviors (i.e. choosing to be alone, not talking, sad, and withdrawn), this may encourage families to be more dependent upon the community and other resources in order to learn better ways to address these problems (Levy-Shiff, Zoran and Shulman, 1997; McGuinness, 1998).

Higher scores on maintaining a positive outlook (MPO) indicated that children had higher scores on the CBCL social problems subscale or the adoptees experienced more social problems. Behaviors classified as being social problems included; bowel movements outside of the toilet, bragging, biting nails, overeating, being overweight, sleeping more than normal, talking too much, wetting the bed, etc. While this connection was not found in the literature, some speculation can be made in relation to this particular outcome. While maintaining a positive outlook is a good quality for a family, the belief that one can handle problems solely on

ones own may hinder a family from seeking professional or community help in relation to the problems mentioned above. Also, some of the problems, such as overeating, being overweight and exhibiting symptoms of stress can often be viewed as being normal in our society. Living in a society with growing numbers of obese children and adults makes these problems seem to be normal. In addition, we live in a high paced society, where the expectations to succeed and do well creates anxiety or stress. This also becomes normalized as families experience it on a regular basis.

6.2.3 *Research Hypothesis 1*

Significant differences exist between families of international adoptees that are better adjusted and those that are not as well adjusted.

Several differences emerged when comparing families of better adjusted adoptees to families of adoptees that were not as well adjusted. The better adjusted adoptees had mothers and fathers that were older, had higher levels of education, higher incomes and mothers that worked less hours than their counterparts. This finding is similar to those found in other studies as well (Grob, 2003; Massato, 2006; McGuinness, 1998; Preece, et al., 2005; Ram, et al., 2003; Ungar, 2004). It is possible that mothers working less hours, while having higher levels of education are better able to meet the needs of their adoptee.

Also parents of better adjusted adoptees indicated that there was more reliance placed upon social workers or professional advocates, friends, families and internet sources as forms of support and education in relation to the adoption. Therefore, it seems that families of better adjusted adoptees seek out more supports or have greater social networks than families of adoptees that are not as well adjusted. Many parents provided support for this finding when answering the question, “What did you do to prepare for the adoption process?” One respondent said, “To prepare, we did a lot of research online to find out about countries and problems or issues related to adoption. We did most of this even before contacting an agency. We also discussed what we thought would be a good match for our family.” Another parent said, “We joined several online discussions related to adoption and spoke with several parents

who had adopted internationally. This helped us to know what to look for and to prepare for the overall adoption process as well as prepare for possible timelines." Other respondents indicated that friendship networks were important. For example, "we learned a lot about adopting from some friends of ours who also adopted from Russia." Further, agencies were important sources of education and support. For example, respondents said, "The agency that we went through for our adoption was very thorough and informative." While another caretaker said, "we simplified our home of all the "Baggage" that we thought might overwhelm our child. The agency provided mandatory classes for us to take."

Differences were also found between the two groups when considering gender and age at the time of adoption. Families of better adjusted adoptees tended to have a higher number of females than males, while the not as well adjusted adoptee group had a higher number of males than females. This finding was reflected in another study indicating that male adoptees experienced higher levels of maladjustment than female adoptees (Feigelman, 2000). In addition, age at time of adoption was higher for the not as well adjusted group (m = 38.9 months), with the better adjusted adoptees being adopted at younger ages (m = 19.7 months). This adds further empirical support to other studies that have found that as children's age at time of adoption increases, maladjustment problems among international adoptees increases as well (Fensbo, 2004; Grob, 2003; Kim, et al., 1979; Le Mare, et al, 2001; Verhulst, 1992). Again, it is important to be reminded that most of the children in this study fell within normal ranges on the CBCL 6-18, but between the two comparison groups differences did emerge.

International adoptees with better adjustment were more likely to be in good health at the time of adoption, while not as well adjusted adoptees experienced more permanent or correctable health problems at the time of adoption. No differences were found between the two groups based on reporting of disability, physical abuse, or sexual abuse at the time of adoption. However, the reported number of adoptees with disabilities or adoptees that experienced physical and/or sexual abuse was small.

A difference was found between the better adjusted and not as well adjusted groups based on the presence of sibling groups and/or other adopted children residing within the home. Analysis clearly indicates that families of better adjusted adoptees had a higher number of sibling groups present than did the families of the not as well adjusted adoptee group. There is empirical support in the literature indicating that children placed as siblings adjust better than non sibling group placements (Boer, et al., 1994; Hegar, 2005). In addition to sibling group placements, families of better adjusted adoptees had adopted far more other children than the not as well adjusted group. Though this is not substantiated in the literature, it is possible that other adopted children may serve as an additional support for adoptees, much like sibling groups.

As was reported in the results chapter, families of better adjusted children had better or higher scores on Family Communication and Problem Solving, Utilizing Social and Economic Resources, Maintaining a Positive Outlook, Family Spirituality and Ability to Make Meaning of Adversity. Therefore, these families were more likely to make family decisions together, openly communicate and problem solve, discuss problems, feel good about resolutions, try new ways of working with problems, rely more upon friends, rely more upon family, rely more upon community supports, volunteer in their communities, define problems positively to solve them, have the strength to solve their problems, trust things will work out in difficult times, attend church/synagogue/mosque services, have faith in a supreme being, seek advice from religious advisors, accept stressful events as a part of life, work through difficulties as a family, and learn from each others mistakes. This would also help to explain why families with higher levels of resilience have adoptees with better social competencies. Behaviors modeled within the family may help to enhance the social skills of adoptees. Though USER was found to be predictive of higher reporting of anxious depressed behaviors, somatic complaints, rule-breaking behaviors, and withdrawn depressed behaviors, higher mean scores on USER were found for those families with adoptees that were better adjusted. The USER subscale has more to do with a family's ability to access community or economic resources than it does with ones level of

income. So, as families experience more problems, they are more likely to seek out community resources, family and/or friends as a means for resolving such problems. This may help to explain why better adjusted families scored higher on USER. Again, it is important to note that most of the families in this study were found to score in the normal range on adoptee level of adjustment. Therefore, most of the families had adoptees that experienced normal levels of syndrome behaviors as reported on the CBCL 6-18. Comparisons were made between adoptees with lower scores (indicating better adjustment) that were within normal ranges and adoptees with higher scores (indicating lower levels of adjustment) that also fell within normal ranges on the CBCL 6-18 total adjustment score.

Families of international adoptees with higher levels of maladjustment scored higher on family connectedness. Thus, these families made each other feel a part of the family, were understood by other family members and felt good giving time and energy to the family. While this finding may seem somewhat puzzling, other research has found that families adopting internationally tend to be highly involved and invested in their adopted children (Levy-Shiff, et al., 1997; McGuinness, 1998). As the child experiences maladjustment, the family may invest more time and energy in order to accommodate the adoptee. In the end, this may actually serve as a strength for overcoming child maladjustment, leading to better adjusted adoptees over time.

6.2.4 *Research Hypothesis 2*

Length of exposure to a more resilient family leads to better adjustment outcomes among adoptees.

To date, and to this researchers knowledge, there have been no studies exploring the possible interaction between time spent in a resilient family and the overall adjustment of children placed through intercountry adoption. This study found evidence to support a link between time spent in a highly resilient family and better adjustment outcomes for international adoptees. Support for this finding can be found in the literature where other studies have found

that over time transnational adoptees improve in their level of adjustment (Grob, 2003; lJzendoorn, et al., 2005; Miller, 2000; Benoit, et al., 1996).

Researchers have indicated that transnationally adopted children experience poorer orphanage conditions, are more likely to have health problems and are more likely to experience behavioral maladjustment (Dalon, 2001; Judge, 2003; McDonald, et al., 2001; McGuinness, 1998; Pomerleau, et al., 2005; Simmel, 2001). However, the results of this study provide initial support for the role of resilient families in fostering a more resilient nature within children adopted from another country, possibly leading to better adjustment outcomes.

6.3 Implications

The results of this study have helped to better understand the role of the family as a possible explanation for observed differences in adjustment that exists among international adoptees. It has also provided support for previous studies in the area of international adoption and child adjustment outcomes. There are several significant implications resulting from this study that can be made for practice/policy, theory and future research for those dedicated to the welfare of international adoptees.

6.3.1 *Practice and Policy*

International adoption social workers, advocates and other supporting systems are always seeking to offer better services to those families choosing to adopt children from another country. Since the passing of the Intercountry Adoption Act of 2003, the United States recognized and implemented the U.N. Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoptions of 1993. The purpose of this legislation was to provide the ground work for what is believed to be more successful adoptions in the future. As part of the IAA of 2003, accreditation agencies were selected and are currently in place to determine what agencies can or cannot conduct international adoptions within the United States. Policies such as this have led the way for improving intercountry adoption practices nationally and internationally. As agencies continue to improve services as required by their accreditation and re-accreditation standards in accordance with the Intercountry Adoption Act of

2003, it is hoped that this study will contribute to empirical literature on adoption, leading to better placements, fewer disruptions, and ultimately better adjustment among international adoptees.

While many studies have shed light on variables that may lead to maladjustment problems among international adoptees, this study has provided insights into the various protective factors found within the family leading to better adjusted adoptees. With this knowledge, social workers and adoption advocates can improve both pre and post-adoption services to families by identifying and working to strengthen those pivotal areas within the family leading to better adjusted adoptees. Working to improve family communication and problem solving skills, helping families to see the importance of family spirituality or faith, assessing the families' ability to maintain a positive outlook, building social connections, providing families with better support networks, and seeking to strengthen family resolve or empowering them to best meet the needs of transnationally adopted children can only serve to better benefit those families that have or are considering the adoption of a child from another country.

The results of this study can help social workers to better assess the family structure and environment through ongoing interviews. In turn, this can help to individualize services to better meet the needs of families. As some families will choose to adopt children with more extensive problems than others (e.g. health and disabilities), developing strong social supports and networks (e.g. consisting of ongoing adoptee support chats, question/answer bulletin boards, post-adoption access to agency professionals, online referral links for specific issues surrounding international adoption, online links for cultural education, organizing parent led and/or controlled associations consisting of families adopting from similar countries, ongoing tracking of families, online or mail out newsletters, community partnerships, etc.) will be essential. Also understanding the importance of the mother's/father's education, family economic stability, and father's employment status can lead to modifications in assessment policies and practices to better identify more resilient families (Grob, 2003; Massato, 2006; McGuinness, 1998; Preece, et al., 2005; Ram, et al., 2003; and Ungar, 2004). Caution should

be taken given the limitations of this study. It is also important to remember that families with higher levels of resilience and families with lower levels of resilience had adoptees that were well adjusted overall. While level of education and economic stability are important, it may not necessarily ensure better adjustment among adoptees. Other extraneous variables should be considered in future studies to help explain differences in adjustment among transnational adoptees.

As a social worker, knowing that children adopted when older can and often do experience more maladjustment, should lead to more streamlined approaches for evaluating the family in terms of readiness to adopt a special needs child and for identifying ways to strengthen the family through counseling and/or educational approaches that are specific to each family. Likewise, knowing that children adjust better over time based on the family's level of resilience should serve as further incentives to enhance transnational adoption services. Ultimately, the finding that transnationally placed children have better adjustment over time once placed emphasizes the importance of intercountry adoptions (Benoit, et al., 1996; Grob, 2003; lJzendoorn, et al., 2005; and Miller, 2000). When the focus of adoption agencies and/or professionals is centered around successful placements of children by making sure the family and the child are a good fit, that family readiness is high, and clearly identified goals and/or interventions for the family are implemented, the end result will be fewer adoption disruptions, better adjusted adoptees and families that experience higher levels of satisfaction with the adoption process and with the end result.

6.3.2 *Theory*

Family resilience theory has not yet received any attention in the literature concerning its influence on the adjustment of international adoptees. This study applied Walsh's (2002) Family Resilience Model to determine its influence on the adjustment outcomes of children adopted internationally. The primary domains considered by Walsh's theory were belief systems, organizational patterns and communication processes. Using the Family Resilience Assessment Scale, the researcher examined the following subcategories of Walsh's theory:

Utilizing Social and Economic Resources, Maintaining a Positive Outlook, Family Spirituality, Family Connectedness, Communication and Problem Solving, and Ability to Make Meaning of Adversity. Therefore, some caution should be taken in its application to Walsh's model, because the FRAS did not measure all aspects of the model. Overall, the results from this study did lend some support for Walsh's (2002) Family Resilience Model which provided insights into why some international adoptees are better adjusted than others. Based on Walsh's theory, this study found that families with better communication and problem solving skills, more access to social and economic resources, more recognition given to the importance of family spirituality, and an enhanced ability to make meaning of adversity while maintaining a positive outlook, contributed to better adjustment among international adoptees.

6.3.3 *Research*

This study has provided researchers with the foundation for future work considering family resilience as a contributing factor to the adjustment of transnational adoptees. Future research is needed to validate these findings. Therefore, future researchers may want to use a larger sample size and a more diversified sample when replicating this study. It may also be useful to have both the father and mother complete the FRAS or other instruments to determine if any differences exist in reporting. Since this is a self-report instrument, using a second rater may provide for better validation of findings. Although all instruments in this study have proven to have established validity and reliability, future studies may want to use alternative reporting instruments (i.e. teacher ratings, other family rating forms, and other validated instruments) in order to gain more insights into adoptee behaviors and family resilience. This triangulating method would provide additional validation to research findings in the area of family resilience and international adoptee adjustment. Researchers may also want to replicate this study with adoptees from other countries to see if any differences emerge and to provide further empirical support for the role of family resilience in the adjustment of international adoptees.

Additionally, future researchers may want to explore the differences found in the ages of the parents of both the better and not as well adjusted international adoptees. It may be

possible that the age at which a parent adopts may in some way impact the resilient nature of the family. Older parents may be better prepared to parent based on life experiences, established careers, and more economic resources, than are younger parents.

Future research may also want to explore more carefully the finding that families scoring higher in maintaining a positive outlook have international adoptees that experience more social problems. Further, researchers should explore why families scoring higher in utilizing social and economic resources predicted more occurrences of anxious depressed behaviors, somatic complaints, rule-breaking behaviors, aggression and withdrawn depressed behaviors. Is this simply due to a family's response to children experiencing more problematic behaviors? Also, more research should be done exploring why families of adoptees with lower adjustment scored higher in family connectedness than did families of better adjusted adoptees.

Further research may be needed exploring the differences that were found between families of better adjusted adoptees and families of not as well adjusted adoptees on mothers employments status (better adjusted adoptees had more mothers unemployed and/or working part-time), and the role that sibling adoptions and/or the presence of other adopted children may have in fostering resilience within the family.

Future studies considering other theoretical models and multi-method approaches may be useful to determine other elements within the family that may have a significant impact on adoptee adjustment. Assessing the family's level of stress and the family's specific coping mechanisms may also contribute to further knowledge of what constitutes family resilience.

A longitudinal study considering the role of family resilience in the improvement of adoptee adjustment could be insightful. This would allow the researcher to utilize a pre-test and a post-test for both family resilience and adjustment. This would also help to determine if family resilience increases within the family over time and what other factors may contribute to observed changes in adoptee adjustment.

6.4 Limitations

There are several limitations to this study that need mention. First, the study sample was based on a non-probability sampling method, employing a convenience snowball technique. Second, the study focused only on adoptions from Russia, Romania, Guatemala and China. Representation from each of the countries was not equal. Most of the adoptions reported in this study were from Russia (n = 136) and Romania (n = 21), with only a small number coming from Guatemala (n = 64) and China (n = 33). The groups were not equal, and most of the adoptees were from Eastern Europe. Third, the race or ethnicity of parents for this study was not diverse. Most of the families were Caucasian (n = 196), with the remaining respondents being African American (n =15), Hispanic (n = 30) and Asian (n = 13). Fourth, more studies are needed to provide further empirical support for the Family Resilience Assessment Scale. Though this study has contributed to its empirical validation, future studies are still needed to further validate this measure. Fifth, the study did not control for length of time spent in orphanages prior to placement. Finally, the study relied upon the use of self-report instruments in measuring adjustment and family resilience. Therefore, it is always possible that respondents could have misunderstood a question or selected a response by mistake. Data is based on one person's point-of-view and may not be a true reflection of the child's behaviors or conduct. Also, it is possible that parents with more than one child may perceive behaviors differently than those with only children. As more children are added to the family, some problems may be ignored or the severity of problems may be perceived differently. The use of other raters or the use of more than one instrument may have helped to strengthen the results.

APPENDIX A

CONSENT

Purpose and Consent

* **Thank you for taking time to participate in this study. You have been contacted by letter or in person requesting your participation in a study conducted under the direction of Toby Buchanan, and Dr. Maria Scannapieco from the University of Texas at Arlington School of Social Work. You have been asked to participate in the study because you have adopted a child from Russia, Romania, Guatemala, or China, the child has lived with you at least two years, and is currently between 6 and 18 years of age. It will take approximately 25-35 minutes to complete. Your participation is very important. The ultimate aim of the study seeks to improve services to families who adopt internationally.**

Participation in the study will require answering questions on a survey that will address issues directly related to your family and your adopted child. There are no foreseeble risks involved by participation in this study. All responses to the survey will be reported in the form of aggregate data or based on all families completing the survey. Therefore, no individual responses will be reported in any publication or report. The results of the study may be reproduced for publication purposes in social science related journals. All information is confidential and you will remain anonymous.

Participation in the study is completely voluntary. You can refuse to participate at any time. If you have any questions regarding your rights as a participant please contact Kelsey Downum, Assistant Vice President of Research/Director of Grant and Contract Services at (817) 272-2105.

If you agree to participate in this study please check the "Yes, I give my consent" at the bottom of this page.

If you would like to know how to obtain or review a copy of the report upon completion, send an email to tobygb34@yahoo.com.

Thank you again for your participation. It is hoped that this study will improve international adoption agency services to better support the families who have made a decision to adopt a child from another country, giving them a better and brighter future.

Do you give your consent to participate in the study?

◯ Yes, I give my consent

APPENDIX B

SURVEY

Demographic Questionnaire

This section will ask a few questions about you, your spouse (significant other) and your adopted child. Please do not leave any question blank.

*** 1. Who is completing this questionnaire?**

- ☐ Mother
- ☐ Father
- ☐ Other (please specify)

*** 2. What is your marital status?**

- ◯ Married
- ◯ Separated
- ◯ Divorced
- ◯ Widowed
- ◯ Single
- ◯ Partnered

*** 3. In reference to the previous question, please indicate the number of years that best represents your status.**

*** 4. What is your race?**

- ◯ Caucasian (non-Latino)
- ◯ African American
- ◯ Hispanic
- ◯ Asian
- ◯ Native American
- ◯ Other

Demographic Questionnaire

*** 5. What is the race of your child? (What is his or her racial category?)**

- ◯ Caucasian
- ◯ African American
- ◯ Hispanic
- ◯ Asian
- ◯ Native American
- ◯ Other (please specify)

*** 6. In what State (within the United States) do you currently live?**

*** 7. In what city do you currently live?**

*** 8. The city in which you live is considered to be which of the following**

- ◯ Rural
- ◯ Urban
- ◯ Suburban

*** 9. What is the race of your spouse or significant other?**

- ◯ Caucasian
- ◯ African American
- ◯ Hispanic
- ◯ Asian
- ◯ Native American
- ◯ No Spouse
- ◯ Other (please specify)

Demographic Questionnaire Continued

*** 10. What is the highest level of education completed by the mother? (If question does not apply, check, "Other" and specify why not applicable.)**

- ◯ elementary/middle school (10 years)
- ◯ some high school (12 years)
- ◯ high school equivalency (13 years)
- ◯ some college or university (14 years)
- ◯ associates degree (15 years)
- ◯ bachelor's degree obtained (17 years)
- ◯ masters degree obtained (19 years)
- ◯ PhD, MD or Equivalent (23 years)
- ◯ Other (please specify)

*** 11. What is the highest level of education completed by the father? (If question does not apply, check, "Other" and specify why not applicable.)**

- ◯ elementary/middle school (10 years)
- ◯ some high school (12 years)
- ◯ high school equivalency (13 years)
- ◯ some college or university (14 years)
- ◯ associates degree (15 years)
- ◯ bachelor's degree obtained (17 years)
- ◯ masters degree obtained (19 years)
- ◯ PhD, MD or Equivalent (23 years)
- ◯ Other (please specify)

*** 12. Please indicate the mother's employment status. (If question does not apply, check, "Other" and specify why not applicable.)**

- ◯ Employed full-time
- ◯ Employed part-time
- ◯ Self-employed
- ◯ Not employed
- ◯ Other (please specify)

*** 13. Please indicate the father's employment status. (If question does not apply, check, "Other" and specify why not applicable.)**

- ◯ Employed full-time
- ◯ Employed part-time
- ◯ Self-employed
- ◯ Not employed
- ◯ Other (please specify)

*** 14. Please indicate the age of both the adoptive mother and father below:**

Mother/Significant Other

Father/Significant Other

*** 15.What is your family's total annual income?**

Please do not leave blank. Provide the nearest estimate of your total annual income if you are not for certain.

*** 16. What is your adopted child's country of origin?**

- ◯ Russia
- ◯ Korea
- ◯ Romania
- ◯ Guatemala
- ◯ China
- ◯ Africa
- ◯ Other (please specify)

Demographic Questionnaire Continued

*** 17. Do you have biological children that live within the same household?**

- ◯ No
- ◯ Yes

If yes, how many?

*** 18. Do other adopted children live within the same household (do not include the one you are considering for this questionnaire)?**

- ◯ No
- ◯ Yes

If yes, how many?

*** 19. Is the adoptee part of a sibling group living within your home? (check no if you adopted the child without his or her biological brother or sister)**

- ◯ No
- ◯ Yes

*** 20. What is your adopted child's birth date?**

child's birth date MM / DD / YYYY

*** 21. What is your adopted child's sex?**

- ◯ Male
- ◯ Female

*** 22. How old was your child at the time they arrived in your home (in months or years)?**

*** 23. What was your child's state of health at the time of the adoption?**

- ◯ permanent health problems
- ◯ correctable health problems
- ◯ in good health

Please indicate the type of problem and a brief description if permanent or correctable problem

*** 24. Were you aware of any physical or mental handicaps when you adopted him/her?**

- ◯ No
- ◯ Yes - what were they?

*** 25. To your knowledge, has your adopted child ever been physically abused?**

- ◯ No
- ◯ Yes

If yes, please describe

*** 26. To your knowledge, has your adopted child ever been sexually abused?**

- ◯ No
- ◯ Yes

If yes, please describe

*** 27. Did the child require ESL (English as a second language) help when they began school?**

- ◯ No
- ◯ Yes

*** 28. Did you receive any post-adoption services? (Services offered after the adoption by a sponsoring agency or other provider)**

- ◯ No
- ◯ Yes

*** 29. From whom did you receive post-adoptive services from?**

- ◯ private adoption agency
- ◯ government programs
- ◯ not applicable
- ◯ Other (please specify)

*** 30. What kind of post-adoption services have you received? (Check all that apply)**

- ☐ No post-adoption (after adoption) services were received
- ☐ Parents support group
- ☐ Childrens support group
- ☐ Financial assistance
- ☐ Mentor Services
- ☐ Cultural or Ethnic training and support
- ☐ Home visits
- ☐ Other (please specify)
- ☐ Parenting training or assistence
- ☐ Referrals
- ☐ Yahoo online support or education groups
- ☐ Birth land tours
- ☐ Translation/Interpreter services
- ☐ Counseling
- ☐ Not Applicable

31. Are there any resources or post-adoptive services that would be (or would have been) beneficial to your family? Please explain:

Demographic Continued

*** 32. Using the following scale, how would you rate the following statements.**

	Never	Sometimes	Frequently
a. We as parents or significant caregivers utilize adoption agency advocates (social workers) to help us better understand the needs of our adopted child(ren).	○	○	○
b. We as parents or significant caregivers seek help from friends when we have a problem related to parenting our adopted child(ren).	○	○	○
c. We as parents or significant caregivers rely upon our extended family (e.g. parents, in-laws, grandparents, cousins, etc.) to help resolve issues related to our adopted child(ren).	○	○	○
d. We as parents utilize internet resources as a primary tool for educating ourselves on issues related to our adopted child(ren).	○	○	○

In the following section, I will ask some questions about past and present adoption experiences. Please feel free to elaborate as needed.

*** 33. What did you (as parents) do to prepare for the adoption process?**

*** 34. Looking back over the course of raising your adoptive child(ren), what do you think has been the most valuable lesson(s) learned?**

*** 35. Reflecting over the past several years, what has been the most difficult thing you have confronted as parent(s) of an international adoptee and how did you overcome it?**

Family Questionnaire

*** Prior to answering these questions, think about a crisis situation or difficult situation that your family experienced in the last few years. Please read each statement carefully. Decide how well you believe each statement describes your family during that crisis or difficult situation from your viewpoint. Your "family" may include any individuals you wish.**

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Every family has problems	○	○	○	○
2. Everything we go through as a family happens for a reason	○	○	○	○
3. Our family structure is flexible to deal with the unexpected	○	○	○	○
4. Our friends are part of everyday activities	○	○	○	○
5. Our friends value us and who we are	○	○	○	○
6. The rules in our family are not set in stone	○	○	○	○
7. The rules in our family change according to family needs	○	○	○	○
8. The things we do for each other make us feel a part of the family	○	○	○	○
9. We accept stressful events as a part of life	○	○	○	○
10. We accept that problems occur unexpectedly	○	○	○	○
11. We all have input into major family decisions	○	○	○	○
12. We are able to work through pain and come to an understanding	○	○	○	○
13. We are adaptable to demands placed on us as a family	○	○	○	○
14. We are careful how much we do for friends	○	○	○	○
15. We are careful what we say to each other	○	○	○	○
16. We are open to new ways of doing things in our family	○	○	○	○
17. We are understood by other family members	○	○	○	○
18. We ask neighbors for help and assistance	○	○	○	○
19. We attend church/synagogue/mosque services	○	○	○	○
20. We believe friends can take advantage of us	○	○	○	○
21. We believe we can handle our problems	○	○	○	○

Family Questionnaire Continued

*** Prior to answering these questions, think about a crisis situation or difficult situation that your family experienced in the last few years. Please read each statement carefully. Decide how well you believe each statement describes your family during that crisis or difficult situation from your viewpoint. Your "family" may include any individuals you wish.**

	Strongly Agree	Agree	Disagree	Strongly Disagree
22. We can ask for clarification if we do not understand each other	○	○	○	○
23. We can be honest and direct with each other in our family	○	○	○	○
24. We can blow off steam at home without upsetting someone	○	○	○	○
25. We can compromise when problems come up	○	○	○	○
26. We can deal with family differences in accepting a loss	○	○	○	○
27. We can depend upon people in this community	○	○	○	○
28. We can question the meaning behind messages in our family	○	○	○	○
29. We can solve major problems	○	○	○	○
30. We can survive if another problem comes up	○	○	○	○
31. We can talk about the way we communicate in our family	○	○	○	○
32. We can work through difficulties as a family	○	○	○	○
33. We consult with each other about decisions	○	○	○	○
34. We define problems positively to solve them	○	○	○	○
35. We discuss problems and feel good about the solutions	○	○	○	○
36. We discuss things until we reach a resolution	○	○	○	○
37. We do volunteer work in the community	○	○	○	○
38. We feel free to express our opinions	○	○	○	○
39. We feel good giving time and energy to our family	○	○	○	○
40. We feel people in this community are willing to help in an emergency	○	○	○	○
41. We feel secure living in this community	○	○	○	○
42. We feel taken for granted by family members	○	○	○	○

43. We feel we are strong in facing big problems	○	○	○	○
44. We get upset if someone complains in our family	○	○	○	○
45. We have close friends we really care for	○	○	○	○
46. We have faith in a supreme being	○	○	○	○
47. We have the strength to solve our problems	○	○	○	○
48. We keep our feelings to ourselves	○	○	○	○
49. We know there is community help if there is trouble	○	○	○	○

Family Questionnaire Continued

*** Prior to answering these questions, think about a crisis situation or difficult situation that your family experienced in the last few years. Please read each statement carefully. Decide how well you believe each statement describes your family during that crisis or difficult situation from your viewpoint. Your "family" may include any individuals you wish.**

	Strongly Agree	Agree	Disagree	Strongly Disagree
50. We know we are important to our friends	○	○	○	○
51. We learn from each other's mistakes	○	○	○	○
52. We mean what we say to each other in our family	○	○	○	○
53. We participate in activities specifically for our situation	○	○	○	○
54. We participate in church activities	○	○	○	○
55. We receive gifts and favors from neighbors	○	○	○	○
56. We seek advice from religious advisors	○	○	○	○
57. We seldom listen to family members concerns or problems	○	○	○	○
58. We share responsibility in the family	○	○	○	○
59. We show love and affection for family members	○	○	○	○
60. We tell each other how much we care for one another	○	○	○	○
61. We think this is a good community to raise children	○	○	○	○
62. We think we should not get too involved with people in this community	○	○	○	○
63. We trust things will work out even in difficult times	○	○	○	○
64. We try new ways of working with problems	○	○	○	○
65. We understand communication from other family members	○	○	○	○
66. We work to make sure family members are not emotionally or physically hurt	○	○	○	○

67. Is there something else which helped your family through this adverse event that has not been described or discussed?

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided. Be sure to answer all items

*** Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc. If your child does not participate in any sports, please write, "none" in the first text box.**

None

A.

B.

C.

Compared to others of the same age, about how much time does he/she spend in each?

	Less Than Average	Average	More Than Average	Don't Know
A.	◯	◯	◯	◯
B.	◯	◯	◯	◯
C.	◯	◯	◯	◯

Compared to others of the same age, how well does he/she do each one?

	Below Average	Average	Above Average	Don't Know
A.	◯	◯	◯	◯
B.	◯	◯	◯	◯
C.	◯	◯	◯	◯

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** Please list your chlid's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do not include listening to radio or TV.) If your child does not have any hobbies, please write, "none" in the first text box.**

None

A.

B.

C.

Compared to others of the same age, about how much time does he/she spend in each?

	Less Than Average	Average	More Than Average	Don't Know
A.	◯	◯	◯	◯
B.	◯	◯	◯	◯
C.	◯	◯	◯	◯

Compared to others of the same age, how well does he/she do each one?

	Below Average	Average	Above Average	Don't Know
A.	◯	◯	◯	◯
B.	◯	◯	◯	◯
C.	◯	◯	◯	◯

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** Please list any organizations, clubs, teams, or groups your child belongs to. If your child does not participate in any of these activities, please write, "none" in the first text box.**

None

A.

B.

C.

Compared to others of the same age, how active is he/she in each?

	Less Active	Average	More Active	Don't Know
A.	◯	◯	◯	◯
B.	◯	◯	◯	◯
C.	◯	◯	◯	◯

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores) If your child does not have any jobs or chores, please write, "none" in the first textbox.**

None

A.

B.

C.

Compared to others of the same age, how well does he/she carry them out?

	Below Average	Average	Above Average	Don't Know
A.	◯	◯	◯	◯
B.	◯	◯	◯	◯
C.	◯	◯	◯	◯

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** About how many close friends does your child have? (Do NOT include brothers & sisters)**

◯ None ◯ 1 ◯ 2 or 3 ◯ 4 or more

*** About how many times a week does your child do things with any friends outside of regular school hours? (Do NOT include brothers & sisters)**

◯ Less than 1 ◯ 1 or 2 ◯ 3 or more

*** Compared to others of his/her age, how well does your child:**

	Worse	Average	Better	Has no brothers or sisters
Get along with his/her brothers & sisters?	◯	◯	◯	◯

*** Compared to others of his/her age, how well does your child:**

	Worse	Average	Better
A. Get along with other kids?	◯	◯	◯
B. Behave with his/her parents?	◯	◯	◯
C. Play and work alone?	◯	◯	◯

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** Does your child attend school? If no, please explain why.**

- ◯ Yes
- ◯ No - please explain

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** Check a box for each subject that child takes. If the subject does not apply to your child, select "N/A"**

	Failing	Below Average	Average	Above Average	N/A
a. Reading, English, or Language Arts	◯	◯	◯	◯	◯
b. History or Social Studies	◯	◯	◯	◯	◯
c. Arithmetic or Math	◯	◯	◯	◯	◯
d. Science	◯	◯	◯	◯	◯

List any additional academic subjects that child takes. (Other academic subjects-for example: computer courses, foreign language, business. Do NOT include gym, shop, driver's ed., or other nonacademic subjects)

e. _____

f. _____

g. _____

Considering the previous question, check a box for each subject that child takes.

	Failing	Below Average	Average	Above Average
e.	◯	◯	◯	◯
f.	◯	◯	◯	◯
g.	◯	◯	◯	◯

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** Does your child receive special education or remedial services or attend a special class or special school?**

- ◯ No
- ◯ Yes - kind of services, class, or school

*** Has your child repeated any grades?**

- ◯ No
- ◯ Yes - grades and reasons:

*** Has your child had any academic or other problems in school?**

- ◯ No
- ◯ Yes - please describe

*** When did these problems in school start? If child has no problems, please write "no problems"**

*** Have these problems ended? If child has no problems, please check "N/A"**

- ◯ N/A
- ◯ No
- ◯ Yes - when?

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** Does your child have any illness or disability (either physical or mental)?**

- ◯ No
- ◯ Yes, please describe

*** What concerns your most about your child?**

*** Please describe the best things about your child.**

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** Below is a list of items that describe children and youths. For each item that describes your child now or within the past 6 months, please select the 2 (if the item is very true or often true) of your child. Select the 1 (if the item is somewhat or sometimes true) of your child. If the item is (not true) of your child, select the 0. Please answer all items as well as you can, even if some do not seem to apply to your child.**

0 = Not True (as far as you know)
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
1. Acts too young for his/her age	○	○	○
2. Drinks alcohol without parents' approval	○	○	○

For question 2, please describe behavior (If not applicable, go to the next question)

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
3. Argues a lot	○	○	○
4. Fails to finish things he/she starts	○	○	○
5. There is very little he/she enjoys	○	○	○
6. Bowel movements outside toilet	○	○	○
7. Bragging, boasting	○	○	○
8. Can't concentrate, can't pay attention for long	○	○	○
9. Can't get his/her mind off certain thoughts, obsessions	○	○	○

For question 9, please describe the behavior (if not applicable go to the next question)

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
10. Can't sit still, restless, or hyperactive	○	○	○
11. Clings to adults or too dependent	○	○	○
12. Complains of loneliness	○	○	○
13. Confused or seems to be in a fog	○	○	○
14. Cries a lot	○	○	○
15. Cruel to animals	○	○	○
16. Cruelty, bullying, or meanness to others	○	○	○
17. Daydreams or gets lost in his/her thoughts	○	○	○
18. Deliberately harms self or attempts suicide	○	○	○
19. Demands a lot of attention	○	○	○
20. Destroys his/her own things	○	○	○
21. Destroys things belonging to his/her family or others	○	○	○
22. Disobedient at home	○	○	○

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
23. Disobedient at school	○	○	○
24. Doesn't eat well	○	○	○
25. Doesn't get along with other kids	○	○	○
26. Doesn't seem to feel guilty after misbehaving	○	○	○
27. Easily jealous	○	○	○
28. Breaks rules at home, school, or elsewhere	○	○	○
29. Fears certain animals, situations, or places, other than school	○	○	○

For question 29, please describe behavior (If not applicable, go to the next question)

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
30. Fears going to school	○	○	○
31. Fears he/she might think or do something bad.	○	○	○
32. Feels he/she has to be perfect	○	○	○
33. Feels or complains that no one loves him/her	○	○	○
34. Feels others are out to get him/her	○	○	○
35. Feels worthless or inferior	○	○	○
36. Gets hurt a lot, accident prone	○	○	○
37. Gets in many fights	○	○	○
38. Gets teased a lot	○	○	○
39. Hangs around with others who get in trouble	○	○	○
40. Hears sound or voices that aren't there	○	○	○

For question 40, please describe behavior (If not applicable, go to the next question)

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
41. Impulsive or acts without thinking	○	○	○
42. Would rather be alone than with others	○	○	○
43. Lying or cheating	○	○	○
44. Bites fingernails	○	○	○
45. Nervous, highstrung, or tense	○	○	○
46. Nervous movements or twitching	○	○	○

For question 46, please describe behavior (If not applicable, go to the next question)

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
47. Nightmares	○	○	○
48. Not liked by other kids	○	○	○
49. Constipated, doesn't move bowels	○	○	○
50. Too fearful or anxious	○	○	○
51. Feels dizzy or lightheaded	○	○	○
52. Feels too guilty	○	○	○
53. Overeating	○	○	○
54. Overtired without good reason	○	○	○
55. Overweight	○	○	○
56. a. Physical problems WITHOUT KNOWN MEDICAL CAUSE: Aches or pains (NOT stomach or headaches)	○	○	○
b. Headaches	○	○	○
c. Nausea, feels sick	○	○	○
d. Problems with eyes (NOT if corrected by glasses)	○	○	○

For d above, please describe. If not applicable, go to the next question.

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
e. Rashes or other skin problems	○	○	○
f. Stomachaches	○	○	○
g. Vomiting, throwing up	○	○	○

h. other (please describe):

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** 0=Not True (as far as you know)**
1=Somewhat or Sometimes True
2=Very True or Often True

	0	1	2
67. Runs away from home	○	○	○
68. Screams a lot	○	○	○
69. Secretive, keeps things to self	○	○	○
70. Sees things that aren't there	○	○	○

For question 70, please describe behavior. (If not applicable, go to the next question)

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
71. Self-conscious or easily embarrassed	○	○	○
72. Sets fires	○	○	○
73. Sexual problems	○	○	○

For question 73, please describe behavior. (If not applicable, go to the next question)

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
74. Showing off or clowning	○	○	○
75. Too shy or timid	○	○	○
76. Sleeps less than most kids	○	○	○
77. Sleeps more than most kids during day and/or night	○	○	○

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

For question 77, please describe behavior. (If not applicable, go to the next question)

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
78. Inattentive or easily distracted	○	○	○
79. Speech problem	○	○	○

For question 79, please describe behavior. (If not applicable, go to the next question)

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
80. Stares blankly	○	○	○
81. Steals at home	○	○	○
82. Steals outside the home	○	○	○
83. Stores up too many things he/she doesn't need	○	○	○

For question 83, please describe behavior. (If not applicable, go to the next question)

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
84. Strange behavior	○	○	○

For question 84, please describe behavior. (If not applicable, go to the next question)

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
85. Strange ideas	○	○	○

For question 85, please describe behavior. (If not applicable, go to the next question)

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
86. Stubborn, sullen or irritable	○	○	○
87. Sudden changes in mood or feelings	○	○	○
88. Sulks a lot	○	○	○
89. Suspicious	○	○	○
90. Swearing or obscene language	○	○	○
91. Talks about killing self	○	○	○
92. Talks or walks in sleep	○	○	○

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

For question 92, please describe behavior. (If not applicable, go to the next question)

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
93. Talks too much	○	○	○
94. Teases a lot	○	○	○
95. Temper tantrums or hot temper	○	○	○
96. Thinks about sex too much	○	○	○
97. Threatens people	○	○	○
98. Thumb-sucking	○	○	○
99. Smokes, chews, or sniffs tobacco	○	○	○
100. Trouble sleeping (Describe)	○	○	○

For question 100, please describe behavior. (If not applicable, go to the next question)

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
101. Truancy, skips school	○	○	○
102. Underactive, slow moving, or lacks energy	○	○	○
103. Unhappy, sad, or depressed	○	○	○
104. Unusually loud	○	○	○
105. Uses drugs for nonmedical purposes (don't include alcohol or tobacco)	○	○	○

For question 105, please list the drugs used for nonmedical purposes. (If not applicable, go to the next question)

Child Behavior Checklist (Copyright T.M. Achenbach, Reproduced Under Licen...

*** 0 = Not True (as far as you know)**
1 = Somewhat or Sometimes True
2 = Very True or Often True

	0	1	2
106. Vandalism	○	○	○
107. Wets self during the day	○	○	○
108. Wets the bed	○	○	○
109. Whining	○	○	○
110. Wishes to be of opposite sex	○	○	○
111. Withdrawn, doesn't get involved with others	○	○	○
112. Worries	○	○	○

113. Please write in any problems your child has that were not listed above:

1 _____
2 _____
3 _____

Using the same scale as before, how would you rate the problems you just listed above?

0=Not True (as far as you know)
1=Somewhat or Sometimes True
2=Very True or Often True

	0	1	2
1.	○	○	○
2.	○	○	○
3.	○	○	○

REFERENCES

Achenbach, T.M. (2001). *The Child Behavior Checklist for Ages 6-18*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

Albers, L., Johnson, D., Hostetter, M., Iverson, S., & Miller, L. (1997). Health of children adopted from the former soviet union and Eastern Europe: comparison with preadoptive medical records. *JAMA*, 278 (11), 922-924.

Altsein, H, Simon, R.J. (1991). *Intercountry adoption: A multinational perspective*. New York, Praeger Publishers.

Amatea, E.S., Smith-Adcock, S.E. (2006). From family deficit to family strength: viewing families' contributions to children's learning from a family resilience perspective. *Professional School Counseling,* 9(3).

Barth, R. & Berry, M. (1988). *Adoption and disruption: Rates, risks, and responses*. New York: Aldine de Gruyter.

Benoit, T.C., Jocelyn, L.J., Moddemann, D.M. & Embree, J.E. (1996). Romanian adoption: the manitoba experience. *Archives of Pediatric and Adolescent Medicine,* 150, 1278-1282.

Boer, F., Versluis-den Bieman, H., & Verhulst, F. (1994). International adoption of children with siblings: behavioral outcomes. *Amer. J. Orthopsychiat*, 64 (2), 252-262.

Brodzinsky, D.M., & Brodzinsky, A.B. (1992). The impact of family structure on the Adjustment of adopted children. *Child Welfare*, 71, 1, 430-555.

Chicoine, J.F. (2001). Adoption etrangere: le point de vue du pediatre. *Medecine therapeutique/pediatrie*, 4, 342-357.

Chisholm, K. (1998). A three year follow-up of attachment and indiscriminate friendliness in children adopted fro m Romanian orphanages. *Child Development*, 69, 4, 1092-1106.

Dalen, M. (2001). School performances amon g internationally adopted children in Norway. *Adoption Quarterly*, 5, 2, 39-58.

De Haymes, M.V. & Simon, S. (2003). Transracial adoption: families identify issues and needed support services. *Child Welfare*, 82, 2..

Elmund, A., Melin, L., Von Knorring, A-L., Proos, L., Tuvemo., T. (2004). Cognitive and neuropsychological functioning in transantionally adopted juvenile delinquents. *Acta Paediatr* 93, 1507-1513.

Feigelman, W. (2000). Adjustments of transracially and inracially adopted young adults. *Child and Adolescent Social Work Journal*, 17, 3, 165-183.

Fensbo, Conni. (2004). Mental and behavioral outcome of inter-ethnic adoptees: A review of the literature. *European Child & Adolescent Psychiatry*, 13, 55-63.

Finzi, R., Cohen, O., Sapir, Y., & Weizman, A. (2000). Attachment styles in maltreated Children: A comparative study. *Child Psychiatry and Human Development*, 31, 2, 113-128.

Fisher, L., Ames, E.W., Chisholm, K., & Savoie, L. (1997). Problems reported by parents of Romanian orphans adopted to British Columbia. *International Journal of Behavioral Development*, 20 (1), 67-82.

Glidden, L. (1991). Adopted children with developmental disabilities: Postplacement family functioning. *Children and Youth Services Review,* 13, 363-377.

Goldberg, S., & Marcovitch, S. (1997). International adoption: Risk, resilience, and adjustment. *International Journal of Behavioral Development,* 20 (1), 1-2.

Grob, S. (2003). International adoption: The relationship between child and parent characteristics and parent report of child adjustment. *Doctoral dissertation*, School of Urban Education in Counseling, Cleveland State University.

Groza, V., & Chenot, D. (2004). The Adoption of Indian children by Norwegian parents, Children and Youth Services Review, 1 (27).

Groze, V. (1996). A 1 and 2 year follow-up study of adoptive families and special needs children. *Children and Youth Services Review*, 18, 57-82.

Groze, V., & Rosenthal, J.A. (1993). Attachment theory and the adoption of children with special needs. *Social Welfare Research and Abstracts*, 29(2), 5-12.

Gunnar, M.R., Bruce, J., & Grotevant, H.D. (2000). International adoption of institutionally reared children: Research and policy. *Development and Psychopathology,* 12, 677-693.

Hague Conference on Private International Law (2006). Document was retrieved from http://hcch.e-vision.nl/index_en.php?act=conventions.status&cid=69 on 08/06.

Hawley, D.R. (2000). Clinical implications of family resilience. *The American Journal of Family Therapy,* 28, 101-116.

Hegar, R. (2005). Sibling placement in foster care and adoption: An overview of international research. *Children & Youth Services Review*, 27 (7), 717-739.

Hoksbergen, R.A.C. (1997). Turmoil for adoptees during their adolescence? *International Journal of Behavioral Development,* 20 (1), 33-46.

Hoksbergen, R., Kathinka, R., Cor Van., D., and Jan Ter, L. (2004). Adoption of Romanian children in the Netherlands: behavior problems and parenting burden of upbringing for adoptive parents. *Journal of Developmental & Behavioral Pediatrics.* 25 (3), 175.

Hollingsworth, L.D. (2003). International adoption among families in the United States: considerations of social justice. *Social Work,* 48(2) 209-217.

Johnson, D.E. (2000). Long-term medical issues in international adoptees. *Pediatric Annals,* 29, 234-241.

Judge, S. (2003). Developmental recovery and deficit in children adopted from eastern European orphanages. *Child Psychiatry and Human Development.* 34(1), 49-62.

Kapstein, E.B. (2003). The baby trade. *Foreign Affairs,* 82(6), 115-125

Keith, T.Z. (2006). *Multiple Regression Analysis and Beyond*. Boston, MA: Pearson Education, Inc.

Kim, S.P., Hong, S. & Kim, B.S. (1979). Adoption of Korean children by New York Area couples: A preliminary study. *Child Welfare*, 58(7), 419-427.

Kim, W.J., Shin, Y.J., & Carey, M.P. (1999). Comparison of Korean-American adoptees and biological children of their adoptive parents: A pilot study. *Child Psychiatry And Human Development,* 29, 3, 221-228.

Kramer, L., Houston, D. (1999). Hope for the children: A community-based approach to supporting families who adopt children with special needs. *Child Welfare.* 78, 5, 24-53.

Levy-Shiff, R., Zoran, N., & Shulman, S. (1997). International and domestic adoption: child, parents, and family adjustment. *International Journal of Behavioral Development*, 20 (1), 109-129.

Lindblad, F., Hjern, A., & Vinnerljung, B. (2003). Intercountry Adopted Children as Young Adults – A Swedish Cohort Study. *American Journal of Orthopsychiatry*, 73(2), 190-202.

Main, M. (1996). Introduction to the special section on attachment and psychopathology: II, Overview of the field of attachment. *Journal of Consulting and Clinical Psychology*, 64, 237-243.

Marcovitch, S., Goldgerg, S., Gold, A., Washington, J., Wasson, C., Krekewich, K., and Derry-M.H. (1997). Determinants of behavioural problems in Romanian children adopted in Ontario. *International Journal of Behavioral Development.* 20 (1), 17-31.

McCubbin, H.I., & McCubbin, M.A. (1988). Typologies of resilient families: Emerging roles of social class and ethnicity. *Family Relations* 37, 247-254.

McDonald, T., Lieberman, A., Partridge, S., & Hornby, H. (1991). Assessing the role of Agency services in reducing adoption disruptions. *Children and Youth Services Review,* 13, 425-438.

McDonald, T.P., Propp, J.R., Murphy, K.C. (2001). The postadoption experience: child, parent, and family predictors of family adjustment to adoption. *Child Welfare,* 80 (1).

McGlone, K., Santos, L., Kazama, L., Fong, R., Mueller, R., & Charles (2002). Psychological stress in adoptive parents of special needs children. *Child Welfare,* 81(2).

McGuinness, T.M. (1998). Risk and protective factors in internationally adopted children from the former Soviet Union. *Doctoral dissertation*. School of Nursing: University of Pittsburg.

Miller, L.C. (2000). Initial assessment of growth, development and the effects of institutionalization in internationally adopted children. *Pediatric Annals,* 29, 224-232.

Moffatt, P.G., & Thoburn, J. (2001). Outcomes of permanent family placement for children of minority ethnic origin. *Child and Family Social Work,* 6, 13-21.

Morrison, S.J., & Ellwood, A.L. (2000). Resiliency in the aftermath of deprivation: A second look at the development of Romanian orphanage children. *Merril-Palmer Quarterly,* 46, 717-737.

Partridge, S., Hornby, H., & McDonald, T. (1986). *Learning from adoption disruption: Insights for practice.* Portland, ME: Human Services Development Institute, University of Southern Maine.

Patterson, J.M. (2002). Understanding family resilience. *Journal of Clinical Psychology,* 58(3), 233-246.

Pomerleau, A., Malcuit, G., Chicione, J.F., Seguin, R., Belhumeur, C., Germain, P., Amyot, I., & Jeliu, G. (2005). Health status, cognitive and motor development of young children adopted from China, East Asia, and Russia across the first 6 months after adoption. *International Journal of Behavioral Development*, 29 (5), 445-457.

Proos, L.A., Hofvander, Y., Wennqvist, K., & Tuvemo, T. (1992a). A longitudinal study on anthropometric and clinical development of Indian children adopted in Sweden I. Clinical and anthropometric condition at arrival. *Upsala Journal of Medical Science,* 97, 79-92.

Proos, L.A., Hofvander, Y., Wennqvist, K., & Tuvemo, T. (1992a). A longitudinal study on anthropometric and clinical development of Indian children adopted in Sweden II. Growth, morbidity and development during two years after arrival in Sweden. *Upsala Journal of Medical Science,* 97, 93-106.

Ram, B. & Hou, F. (2003). Changes in family structure and child outcomes: roles of economic and familial resources. *The Policy Studies Journal,* 31(3), 309-330.

Rettig M.A. & Rettig-K.M. (2006). A survey of the health, sleep and development of children adopted from China. *Health and Social Work,* 31(3).

Rojewski, J.W., Shapiro, M.S., & Shapiro, M. (2000). *Child Psychiatry and Human Development,* 31(1), 79-96.

Rosenthal, J.A., Groze, V., & Aguilar, G.D. (1991). Adoption outcomes for children with handicaps. *Child Welfare,* 70, 623-636.

Rosenthal, J.A., Groze, V., & Curiel, H. (1990). Race, social class, and special needs adoptions. *Social Work,* 35, 532-539.

Rutter, M. & E.R.A. Study Team (1993). Developmental catch-up, and deficit, following adoption after severe global deprivation. In the Nature-Nurture Debate: The Essential Readings., Malden, MA: Blackwell Publishing.

Saiman, L., Aronson, J., Zhou, J. Gomez-Duarte, C., Gabriel, P.S., Alonso, M., Maloney, S., and Schulte, J. (2001). Prevalence of infectious diseases among internationally adopted children. *Pediatrics*,108(3).

Serbin, L.A. (1997). Research on International Adoption: Implications for developmental theory and social policy. *International Journal of behavioral Development,* 20 (1), 83-92.

Simmel, C.A. (2001). The effects of early maltreatment and foster care history on adopted foster youth's psychosocial adjustment. *Doctoral dissertation*, School of Social Welfare, University of California, Berkeley.

Sixbey, M. (2005). Development of the family resilience assessment scale to identify family resilience constructs. *Doctoral dissertation*, School of Counselor Education, University of Florida.

Stams, J.M. Juffer, F., and Van Ijzendoorn, M.H. (2002). Maternal sensitivity, infant attachment, and temperament in early childhood predict adjustment in middle childhood: The case of adopted children and their biologically unrelated parents. *Developmental Psychology*, 38, 5.

Tan, T.X. (2004). A quantitative study of Chinese adoptees' post-adoption socio-emotional adjustment and social competence. *Doctoral Dissertation*. Graduate School of Education, Harvard University.

Tieman, W., Van Der Ende, J., and Verhulst, F.C. (2006). Social functioning of young adult Intercountry adoptees compared to non-adoptees. *Social Psychiatry and Psychiatric Epidemiology*, 41, 1, 68-74.

Tizard, B. (1991). Intercountry adoption : A review of the evidence. *Journal of Child Psychology and Psychiatry,* 32, 743-756.

Van Ijzendoorn, M.H., Jutter, F., and Poelhuis, C.K. (2005). Adoption and cognitive development: A meta-analytic comparison of adopted and non-adopted children's IQ and school performance. *Psychological Bulletin, 131, 2, 301-316.*

Varnis, S.L. (2001). Regulating the global adoption of children. *Society,* 38, 2, 39-46.

Verhulst, F.C., (2000). Internationally adopted children: The Dutch longitudinal adoption study. *Adoption Quarterly*, 4 (1), 27-45.

Verhulst, F.C., Althus, M., & Versluis-Den Bieman, J.J.M. (1992). Damaging backgrounds: Later adjustment of international adoptees. *Journal of the American Academy of Child and Adolescent Psychiatry.* 31, 518-524.

Verhulst, F.C., Althus, M., & Versluis-Den Bieman, J.J.M. (1990a). Problem behavior in international adoptees: I. Epidemiological study. *Journal of the American Academy of Child and Adolescent Psychiatry.* 29, 94-103.

Von Borczyskowski, A., Hjern, A., Lindblad, F., Vinnerljung, B. (2006). Suicidal behavior in national an international adult adoptees. *Social Psychiatry & Psychiatric Epidemiology,* 41 (2).

Walsh, F. (2002). A family resilience framework: innovative practice applications. *Family Relations,* 51, 130-137.

Walsh, F. (2003). Family resilience: a framework for clinical practice. *Family Process,* 42 (1), 1-18.

Waters, E. (1995). The attachment Q-set, version 3.0. In E. Waters, B. Vaughn, G. Posada, & K. Kondo-Ikemura (Eds.), Caregiving, cultural, and cognitive perspectives on secure-base phenomena and working models: New growing points of attachment theory and research. *Mongraphs of the society for Research In Child Development*, 60 (2-3), 133-145.

Westhues, Cohen (1994). *Intercountry adoption in Canada: Final report.* Human Resources Development Canada, Ottawa, Ontario

Yoon, D.P. (1997). Psychological adjustment of Korean-born adolescents adopted by American families. *Doctoral dissertation*, School of Social Work, University of Illinois at Urbana-Champaign.

Zeanah, C.H., Smyke, A.T., and Koga, S.F. (2005). Attachment in institutionalized and community children in Romania. *Child Development,* 76, 5.

BIOGRAPHICAL INFORMATION

Toby Buchanan received his Bachelors degree from Wayland Baptist University in Plainview, Texas in 1994. He received a Master of Arts degree from Southwestern Theological Seminary in 1998. He also received his Masters of Science in Social Work degree (MSSW) from the University of Texas at Arlington in 2000. His practice interests have primarily focused on adoption, foster care, institutionalized care, family services, at risk youth and social work in the schools.

Toby Buchanan is currently employed at Dallas Baptist University. Toby teaches classes both online (distance education) and in a traditional classroom setting. His research interests include: adoption, foster care, institutionalized care, and best practices in distance education.