



# Family Focus On... Adoption

Issue FF39

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## Open Adoption: What is it and How is it Working?

by Harold D. Grotevant, Ph.D., Rudd Family Foundation Chair in Psychology in the Clinical Division of the Psychology Department, University of Massachusetts – Amherst, [hgroteva@psych.umass.edu](mailto:hgroteva@psych.umass.edu)

The world of adoption has become increasingly complex, embracing many different combinations of types of adopted persons, adoptive parents, and birthparents. One clear trend is toward increasing acceptance of open adoption, in which there is contact or communication between an adopted child or adoptive parents and the child’s birth relatives. The term is often used in contrast to “closed adoption” or “confidential adoption,” which means there is no contact or communication between adoptive and birth family members.

Open adoption arrangements vary widely in terms of the type of contact, frequency of contact, persons involved in the contact, and directness of the contact. The type of contact can include the exchange of pictures or gifts; communication via email, letters, or telephone; and/or face-to-face meetings. The frequency of contact can vary dramatically, from initial contacts made only around the time of the adoptive placement to frequent, ongoing contact as the child is growing up. The frequency and type of contact may also ebb and flow over time as a function of the life situations and developmental needs of the participants. The persons involved can include any combination of adoptive and birth family members, which we call, collectively, the adoptive kinship network. The contact may

be direct (involving the sharing of identifying information such as name, address, and phone number) or indirect, without the sharing of identifying information. The latter type of arrangement has also been called “mediated” or “semi-open” because the contact goes through a third party, such as a staff member at the adoption agency.



*Harold D. Grotevant*

### Historical Context

The history of open adoption in the United States reflects a changing landscape of demographic factors, knowledge about genetic influences, attitudes about family and kinship, cultural values, and social policy.

Prior to the mid-1800s, children whose biological parents were unable to provide for them were often raised by members of their extended family or community, without being formally or legally adopted. Beginning in 1851 in Massachusetts, adoption came to involve a legal process in which the parental rights and responsibilities of the child’s birthparents were terminated and transferred to the child’s adoptive parents.

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The child was also freed of any obligation to his or her birthparents. A later practice was that the original birth certificate was sealed by the court and a new birth certificate was issued with the adoptive parents' names substituted for those of the child's birthparents. Adoption agencies attempted to match the characteristics of adoptive parents (such as physical appearance) with the predicted characteristics of their adopted children.

These practices reflected a view of adoption as an institution built on loss and associated shame: birthparents' shame about their inability to provide for the child, resulting in their need to make an adoption plan and experience the loss of the child; adoptive parents' shame about their infertility and loss of the fantasy of having biological children; and adopted persons' shame associated with the circumstances of their birth and the loss of their identity as a member of their birth family. Agencies withheld information about a child's birthparents, at least in part, in order not to influence adoptive parents' expectations about the child.

A number of factors that came together in the early 1970s stimulated the contemporary movement toward open adoption. The stigma associated with adoption had declined. With regard to birthmothers, single-parenting became more accepted; for adoptive parents, diverse family forms (especially stepfamilies and blended families) were more widely accepted; and for children, stigmatizing labels such as "illegitimate" were vanishing. Interest in biological connection and kinship were stimulated by medical discoveries about the importance of genetics in health promotion and by media attention to kinship, through films such as "Roots." The human rights movements of the 1960s made people more aware of their rights to possess full and accurate information about themselves, such as the identity of their birthparents and family history information that might have bearing on their health and that of their children. With the increased acceptance of parenting outside of marriage along with the availability of reliable contraception and legal abortion, the number of babies available for adoption declined.

By the mid-1970s, adoption agencies were receiving pressure from two directions to change their practices. Young women facing unplanned pregnancies were under less pressure to place their babies for adoption and were in fact experiencing pressure from family and friends to parent their children. Agencies wondered whether these young women might be more likely to make adoption plans for their babies if they had some opportunity to know about the child's well-being after placement or even have some contact with the child or adoptive family. Adopted persons were also returning to agencies in growing numbers wishing to have more information about themselves and their biological parents. Some agencies began experimenting with various forms of contact, including offering birthmothers the opportunity to select the child's adoptive parents from among a set of couples who had been pre-approved as suitable adopters.

Some adoption professionals argued that fully open adoption should be standard practice, that the secrecy of confidential adoptions has been harmful to all parties involved. Others argued that openness is

harmful and experimental. Their view was that confidential adoption worked well, so why change it? A major concern was that adopted children would be confused about who their "real" parents were, and that this would extend to confusion about their identity and history. Other concerns were that adoptive parents' sense of entitlement to be the child's "full parents" would suffer because they would always have the child's birthparents in view, and that birthmothers would not be able to resolve their sense of loss over the adoption. Despite strongly-held feelings and opinions about openness, little research was available to guide adoption policy and to answer basic questions about the dynamics of adoptive kinship networks.

**The Minnesota / Texas Adoption Research Project**

In the mid-1980s, Ruth McRoy and I designed the Minnesota / Texas Adoption Research Project (MTARP) in order to examine the consequences of variations in openness in adoption arrangements for all members of the adoptive kinship

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Successful relationships in such complex family situations hinge on participants' flexibility, communication skills, and commitment to the relationships.

**Call for Submissions—***Journal of Family Theory & Review*

The *Journal of Family Theory & Review* (JFTR) encourages authors to submit original theory, new interpretations of existing theory, and integrative reviews. Prospective authors are encouraged to contact the editor, Bob Milardo with questions by email at [rhd360@maine.edu](mailto:rhd360@maine.edu) or by phone at 207-581-3128 or at the Journal office at 207-581-3126.

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# Embryo Adoption: A New Approach to Building Families?

by Leslie Hollingsworth, Ph.D., ACSW, LMSW, Associate Professor,  
University of Michigan School of Social Work, [lholling@umich.edu](mailto:lholling@umich.edu)

Originating as one alternative for managing excess embryos created through in vitro fertilization, embryo adoption is quietly emerging as a new approach to family-building for some families—though not without controversy. Donating their excess embryos for adoption by another couple provides an acceptable alternative for those whose family is complete and who are morally-opposed to disposing of their embryos through other methods. The term “embryo adoption” applies to procedures in which traditional methods associated with the adoption of children are used to manage the transfer of embryos from eligible donors to eligible recipients. The term is not universally accepted, however, since applying the concept of adoption conveys human status on embryos, which is objectionable to some. In these cases, the term embryo donation is preferred.

According to the Centers for Disease Control and Prevention (CDC), assisted reproductive technologies (ARTs) are used to treat infertility, most commonly through in vitro fertilization (the transfer of fertilized human eggs into a woman’s uterus). Procedures generally involve surgically removing eggs from a woman’s ovaries, combining them with sperm in the laboratory, and returning them, as embryos, to the woman’s body or donating them to another woman. In reports from 422 fertility clinics in operation in 2005 and that provided data to the CDC, 134,260 ART cycles were performed that year. These interventions resulted in 38,910 live births and 52,041 infants. (The number of infants is larger than the live birth deliveries because some deliveries were multiple births.)

To increase the success rate, a usual procedure is to fertilize more than one egg, resulting in multiple embryos. However, because risks increase with the implantation of multiple embryos, the number implanted is kept at a minimum—two to three on average depending on the age of the recipient, although slightly more may be transferred in the case of frozen embryos. The result is excess embryos that can be frozen and stored through a process called cryopreservation, with no apparent risk to the embryo or any later children although some risk can accompany the thawing process. In 2002, at least 282 infertility clinics offered freezing and storing of embryos.

Approximately 2% of individuals and couples owning stored embryos elect to donate them to other couples. (Most save their embryos for their later use in expanding their families and a small percentage donate them for privately-funded research or request they be destroyed.)

In 2002 there were almost 400,000 frozen embryos in storage in the United States (U.S.). Based on a decision to donate for adoption in the case of 2%, this results in approximately 8,000 embryos available for donation. Although the CDC does not provide separate statistics for embryo donations, it reports that in about 4.1% of the approximate 134,260 assisted reproductive technology cycles taking place in 2005, frozen eggs or embryos were donated by another woman. Since trauma to eggs can result from the freezing process, one may assume that most of the frozen

donor in vitro fertilization cycles involved frozen donor embryos, which would result in a maximum of 5,500 ART cycles using frozen donor embryos although the embryos themselves may have been created

through the use of donor eggs. (It should be noted that these calculations are estimates, made only to provide examples in the absence of statistical data, and are probably high.)

The CDC reports that in 2005, 30.9 percent of frozen donor embryo transfers resulted in a live birth (which, in the estimate being used here, would be 1,701 births). Single live births totaled 22.6 percent (an estimated 1,243). Single live births are considered more desirable since the risk of prematurity and related complications is reduced. Freezing, storing, and donation of embryos through transfer occur in other countries as well as in the United States.

Beginning in U.S. fiscal year 2002, Congress began earmarking funding in its Department of Health and Human Services Annual Appropriations Act for an embryo adoption public awareness campaign, the purpose of which was to educate the public about the existence of frozen embryos that may be available for donation/adoption for



Leslie Hollingsworth

Individual or couple owners may find donating to other couples a morally acceptable method of disposing of their excess embryos.

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family building. Three to four grant awards were made in each of 2002, 2004, 2005, 2006, and 2007 through a competitive process administered by the Office of Population Affairs within the Office of Public Health and Science. On its website <http://www.hhs.gov/opa/embryoadooption/grantees/index.html>, these offices report that in fiscal year 2007, grants were made to Bethany Christian Services, RESOLVE, Inc., and Nightlight Christian Services.

Embryos may be donated to known recipients or they may be donated anonymously. Nightlight Christian Adoptions, possibly the earliest to apply traditional adoption methods, began its Snowflakes Embryo Adoptions program in 1997. Considering embryos “pre-born children,” the agency uses a pre-placement, matching process employing donor, recipient, and agency criteria and including a formal home study. While embryo donors are not charged, the organization reports on its website, <http://www.nightlight.org/snowflakeadoption.htm>, that charges to recipients for the agency program fee and home study total about \$10,600 plus the fertility clinic fee for the embryo transfer (implantation) of \$2,000 to \$7,500.

Although embryo donation services differ, the Nightlight Snowflakes program utilizes a number of procedures associated with traditional adoption, such as eligibility standards, the use of home studies, sharing of medical information between donors and recipients, and opportunity for varying levels of openness. Testimonials from embryo donor and adoptive parents can be found on the organization’s website and that of the others offering similar services.

Individual or couple owners may find donating to other couples a morally acceptable method of disposing of their excess embryos. Potential recipients may elect embryo donation over undergoing a full assisted reproductive technology cycle because it reduces the physical stress of undergoing egg retrieval and eliminates the separate cost involved when donated eggs are used in the in vitro fertilization procedure. Compared to in vitro fertilization, procedures in which donor sperm or eggs are combined with the opposite sex

partner’s gametes (sperm or eggs), couple recipients may feel more comfortable with the fact that they are equal in having no genetic connection to the child. (However, the child is considered the biological child of the parent receiving the transfer, pregnancy, and birth.)

Other than those maintained by programs adhering to traditional adoption methods, there is no regulation of embryo donation practice. Donors may have no knowledge of whether embryos surrendered to the fertility clinic for donation were actually transferred or, if so, to whom. The American Society for Reproductive Medicine has



created voluntary guidelines for use by fertility clinics offering embryo donation services. Most recently published in 2006, the guidelines offer direction for the storage and maintenance of embryos, egg and sperm donation, and embryo donation and receipt, including screening. In 2004, concerned about the possible transfer of communicable diseases, the U. S. Department of Health and Human Services issued rules regulating the handling, transfer and storage of donor eggs, sperm, and embryos.

In the future, Family Life Educators may be solicited to provide consultation to fertility clinics offering embryo donations or to individuals or couples considering donation or adoption. Such consultation may involve dissemination of information regarding known psychosocial benefits and risks and the gaps in knowledge. Soliciting the informed consent of participants is made difficult by the fact that many unknowns remain. Legal issues may arise around

decisions about ownership and responsibility for embryos. While the birth certificate lists the parent giving birth as the biological parent, some states have no provision for recognizing embryo adoption contracts and therefore have no policies to protect the interests of those involved.

Service providers may be called on to assist families considering or using embryo donation who face a number of challenges, many of them similar to those faced by others building their families through non-genetic means. These may include coping with grief and loss following the surrender of one’s embryos or associated with a failed pregnancy attempt. While a success rate of almost 31% is noteworthy, it must also be noted that almost 70% of attempted embryo transfers do not result in the birth of a child.

Families for whom the transfer is successful are confronted with decisions regarding openness and disclosure. Similar to traditional adoption, parents disclosing to their children face the reality that the children may want a relationship with their genetic families. Children to whom disclosure is not made may be confused at physical differences from their biological parents and risk inadvertent relations with those who are related genetically. Partners in couples may differ in their willingness to donate or adopt embryos.

Embryo donation and adoption have implications for family policy as well. For example, opinions differ with regard to whether embryos are considered human. Some adhere to language consistent with abortion legislation in which embryos are not considered human. Coinciding with this perspective is an objection to applying the term “adoption,” (implying human status), an emphasis on women’s procreative liberty (a woman’s right to full, unrestricted access to all available reproductive technologies), and an objection to imposed screening of recipients (as a restriction on such access). Those who adhere to the alternate perspective place emphasis on the potential of embryos to produce a live infant and on the need, therefore, to protect the safety and best interests of such children. Consistent

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# Rethinking Adoptions that Dissolve: What We Need to Know about Research, Practice, Policies— and Attitudes

by Pauline Boss, Ph.D., Professor Emeritus, University of Minnesota, [pboss@umn.edu](mailto:pboss@umn.edu)

Most people assume that adoptions always “take,” but experts tell us that between 10 to 25 % of adoptions fail, especially with older or special needs children, now the majority of adoptions. According to Leslie Hollingsworth’s 2003 study, the increase of adoption dissolution is linked to policies of the 1980s and 1990s, which promoted adoptions of older and more vulnerable children. Unlike newborns, these children have suffered for some time from neglect, abuse, or parental addiction, often resulting in reactive attachment disorder (RAD) or other developmental disabilities.

Such trends in adoption have challenged the child-parent relationship. Researchers

Hollingsworth and Trudy Festinger in their 1990 article regarding adoption disruption have noted two emerging trends: Disruption refers to the removal of a child from an adoptive placement *before* the adoption is finalized; dissolution or failed adoption means the permanent ending of an adoption *after* it is finalized. The latter is the topic of this essay.

Unlike termination and disruption, dissolution has been a relatively taboo topic because it involves parents giving a child back after legally becoming part of the family. This is not the usual order of things. This is not the expectation or dream of adoptive couples, nor of their relatives and friends. Despite heroic efforts, parents are

left with self-doubt about what they did wrong. They feel shame and are often shunned. The children too suffer. With early histories of neglect or abuse, no attachment, and multiple foster placements, here is yet another rejection. For both parents and children, it’s the pain and confusion of ambiguous loss—no death has occurred, but traumatic losses and unresolved grief abound. Each assumes it’s their fault.



Pauline Boss

In my family therapy office in St. Paul, MN, parents frequently begin sessions with “We think we have an ambiguous loss...” “Indeed, this is the right term for failed adoptions. “Who is in and who is out” of the family is now an uncomfortable topic. “We had a child, but no longer have him.” “He is out there somewhere, but we don’t know where or if he is all right.” Parents don’t know how to deal with this kind of loss, as they had to give back a child they love. One father painfully told me:

*“It’s a person you bring into your home and heart. It’s a person with a name and personality and a beautiful uniqueness you give your all to for years. It’s a person who means the world to you. It’s a person you would lay down your life for. It’s a person you have dreams and hopes for.”*

As family experts from various disciplines, we need to understand more about adoptions that don’t take. What might hinder or

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with this perspective is an emphasis on the need to establish standards that regulate the donation and receipt of embryos, including required screening. Such adherents recommend the application of best adoption practice in embryo donation and receipt. The Ethics Committee of the American Society of Reproductive Medicine takes a “middle-ground” approach by recommending that embryos be accorded “special status,” consistent with their non-human status but also their potential for becoming human.

The benefit of the embryo adoption public awareness campaign grants and cooperative agreements currently administered through the U. S. Department of Health and Human Services is that they provide options for adherence to either perspective. Individuals or couples interested in embryo donation may choose those services offered

as part of medical treatment in fertility clinics—clinics that may be likely to adhere to the guidelines of the American Society of Reproductive Medicine. Those for whom closer scrutiny is important may select services that are consistent with traditional adoptions, including the application of standards and the use of screening procedures. Broader questions remain, however. For example: Should embryos from different donors be transferred to one recipient, a situation that could result in the birth of twins that had no genetic connection to each other? Should the protection of children’s safety and best interests be left to the decision of the individuals involved or of the medical profession or is it the responsibility of the larger society? These and other questions will confront future adoption policy discussions. ■

## ADOPTIONS THAT DISSOLVE *continued from page F5*

help families to prevent or manage this problem? If we listen, parents themselves tell us what hinders.

### What Hinders?

#### No community support

*“There is no established ritual, no bereavement timeline, and no greeting card available. It’s just an ambiguous hell. The experience is out of the mainstream.”*

#### Stigmatization

*“The impression is ‘how could someone give up a child in need?’ How can families explain the disruption to the neighbors and people on the fringe when you want to preserve some confidentiality for the child? I mean, I don’t want to tell snoopy people that I got rid of all the knives in the house and slept with my purse under my pillow! We are muzzled.”*

*“I was filled with shame and wondering what was wrong with me. I looked at the world through shame.”*

#### Lack of professional knowledge and training

*“A case manager asked us to teach her about our problem. She said she was in the process of learning more about reactive attachment disorder (RAD), but she had not yet. That was good that she was interested, but not good for us since we needed help right then.”*

#### Policies of health care providers

*“When our 15-year-old son was at a residential place, and both the psychiatrist and we wanted him to stay there longer, the insurance provider said they would pay no further, so there was no time for transition planning. They did not even interview us before releasing him. Even his social worker pleaded with the insurance company. A lot of money and heartache would have been saved if he could have stayed there a bit longer before coming back to us. He is not in our family anymore.”*

#### Adoption policies that insist on absolute cut-off

*“In my view, public policy would be well-served to keep us in his life. First of all, it would assure him that he was not abandoned again. We were making a therapeutic choice for his welfare. And just from a taxpayer perspective, it’s insanity. My wife and I would have stayed in his orbit and provided a safety net during his transition to adulthood. We*

*would have helped with post-secondary education. He is now 20. We have no idea where he is or if he is even alive. Meanwhile, none of our family or friends ever mentions him.”*

### What Helps?

In helping families with such ambiguous losses, I apply six guidelines for resiliency developed from research and practice and outlined in my 2006 book, *Loss, Trauma, and Resilience*. Space doesn’t allow me to elaborate here, but I list the guidelines for resiliency, illustrated by comments from parents who had to give back a child:

#### 1. Finding Meaning in a Failed Adoption (understanding in order to manage)

*“I make meaning out of it because it’s given me a whole new area of sensitivity in family studies. Reactive attachment disorder is a sight to behold... you have to see it to believe*

*In my family therapy office in St. Paul, MN, parents frequently begin sessions with “We think we have an ambiguous loss...”*

*it. I am grateful to have seen it up close because few family professionals do. I can help educate others so there will be more professional and community support.”*

#### 2. Tempering Mastery (balancing what can be controlled with the ambiguity)

*“We need permission [from professionals] to not ‘get over it.’ We should get across to everyone that the word ‘closure’ is hurtful and unhelpful. What we need is help to manage the grief— the upside-down, inside-out of it.”*

*“A good therapist helped me. And seeing other teenagers where I work, I could see what I could control and what I could not. I let go then.”*

*“There are some things we can’t control, I guess. I know now that what happened to our daughter, before we got her, is not our fault.”*

#### 3. Reconstructing Identity (rethinking who one is and what roles to play)

*“In some way, I still think of myself as her father; I sure wanted to be.”*

#### 4. Normalizing Ambivalence (recognizing that mixed emotions are a typical

#### outcome of failed adoptions)

*“We miss her, but we are also glad she is gone.”*

#### 5. Revising Attachment

*“I still have all the photos of her tucked away and every April 14, my husband and I remember her birthday. That will never change. But we’re doing well—we’ve learned to live with unresolved grief.”*

#### 6. Finding Hope

*“We worked with an adoption counselor and also saw a child psychiatrist at time of placement who gave us useful information. She was really good. Early information helped us to know what to expect and how to proceed.”*

In addition to these six elements that guide therapy to help parents and children after dissolving an adoption, existing research findings also help guide our work.

### Research Recommendations

Hollingsworth’s findings call for longitudinal studies of adoption dissolution. She proposes more public discussion of a heretofore taboo topic. Future studies should focus on the attitudes of people who mean the most to adopting parents— family members, friends, and professionals including clergy. Researchers, including Leslie H. Wind, Devon Brooks, and Richard P. Barth, in their 2007 article discussing adoption preparation, say we need to know more precisely what is effective to support families who adopt children with special needs. They found that “the presence of a biobehavioral risk history predicted use of clinical services at 4 and 8 years and general services at 8 years.” They add that several other researchers found that “families receiving adoption preservation services seek support because of adoptee anger and aggression, running away, stealing, drug use, and the negative impact on the entire family relational system.”

Other reasons for seeking support include issues of abandonment, identity, and separation according to psychologist and researcher Ellen Pinderhughes’s 1996 study. Also based on other researchers’ findings, Wind, Devon, and Brooks propose that when there is birthparent drug exposure, difficulty developing attachment, and

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greater physical, developmental, and mental disabilities that “it is probable that families adopting children with these types of pre-adoptive risk would encounter not only normal adoptive family transitions but also *even greater parenting challenges as their children mature*” [emphasis mine]. Clearly, treatment and support should not be time-limited.

### More policy advocacy

Hollingsworth says, according to Ruth G. McRoy’s 1999 book *Special Needs Adoptions*, efforts should be directed at “policies that strengthen resources, support, and early intervention to children’s families of origin.” I agree. Strengthening a child’s family of origin may be the ultimate prevention of failed adoptions.

### More enlightened policy

Hollingsworth also calls for more open discussion to ease the negative attitudes about parents who relinquish adopted children. Policymakers must be made aware of the impact of policies that resulted in most adoptions being of older and developmentally delayed children. According to Hollingsworth, because most of these children come from backgrounds of trauma, it follows that policies need to provide long-term prevention and to help parents longer.

### More enlightened practitioners to educate the community

As long as parents are stigmatized, less light will be shed on the real problems—child neglect and abuse. Educators must address adoption dissolution within context and rally for the care and nurturance of children despite war, poverty, parental addiction, abuse, and neglect. But according to Hollingsworth, “Family life educators and those engaged in the provision of psychoeducational services should first educate themselves about the special circumstances surrounding contemporary adoptions.” Hollingsworth also proposes that this includes knowing the effects on an adoptee of: (1) preexisting behavior problems related to children’s experiences with their biological families; (2) placement in a series of foster homes, where bonding did not occur; (3) abuse in one or more foster homes; (4) being older when placed

and therefore maintaining an attachment to the biological parent; (5) unwillingness to attach to the adoptive family or sabotage of effort at attachment; (6) transracial placements in which the child does not adjust; and (7) failure of a sibling to adjust to a group adoptive placement.”

### More family-based interventions and supports for adoptive families

Parents need information and support for how to help their adopted children grieve what they have lost, celebrate what they have gained in the new family, and manage the ambiguity of past families that have been lost. As discussed in *Loss, Trauma, and Resilience*, training and support using the six guidelines could occur with one family or in multiple family group meetings of a psychoeducational nature.

### More collaboration with parents

To learn more about what might help parents of adopted children to stay involved, professional/client hierarchies must become flatter. We need to listen to their stories as they bring experience and knowledge that we do not have. Keeping parents of failed adoption shamed and silent is not in the best interest of the children.

### More preventive support for families of origin

Attention must be paid to families of origin to prevent child neglect and abuse that makes subsequent adoptions risky. According to Andrea Sedlak and Diane Broadhurst, co-authors of the 1997 *Third National Incidence Study of Child Abuse and Neglect*, children living in poverty, single-parented, or in families with more children than they can care for were over-represented in child neglect and abuse. Despite political rhetoric, our society still lacks policies to

support poor families such as access to mental health services, quality daycare, public transportation, basic health care, social supports, environmental health, education and employment.

### Rethinking color-blind policies

For white parents who adopt a child of color, there is a current call for race-oriented pre-adoption training. David Crary, author of a May 27, 2008, *Associated Press* article about race factors in adoption, states that social workers and child welfare groups are however suggesting the “color-blind” approach be replaced with policy for “color-consciousness.” He adds that a black woman raised by white adoptive parents reported that her parents “were exceptional in what they did for her,” but cautioned that “too many white adoptive parents underestimate the enduring presence of racism in the United States and don’t get training that would help them raise a black child.”

### Clearer information to prospective adoptive parents about what “older” means

A parent explained: “*When policy refers to older adoptions, we think they mean teenagers. But “older” also means ages as young as three or four, when the damage may already be done. The longer a child is subjected to adversity, the more likely there will be reactive attachment disorder (RAD).*”

### More comprehensive health care

Children with RAD and other unresolved trauma and loss issues need longer treatment. And before returning them to their families after in-patient treatment, transitional treatment involving the families is essential. Returning home might then become possible instead of what is now

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## Upcoming Themes in NCFR Report

Do you have expertise in any of these areas? Submit an article to *NCFR Report!*

December 2008—Child Abuse & Neglect—deadline September 21, 2008

March 2009—Fatherhood—deadline December 21, 2008

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December 2009—Poverty—deadline September 21, 2009

Interested? Request submission guidelines by writing to the Editor, Nancy Gonzalez, at [nancygonzalez@ncfr.org](mailto:nancygonzalez@ncfr.org)



# International Adoption: Risk and Resilience

by Preston A. Britner, Ph.D., Associate Professor of Human Development & Family Studies, University of Connecticut, preston.britner@uconn.edu; Dan Mossler, Ph.D., Professor of Psychology, Hampden-Sydney College; Inge-Marie Eigsti, Ph.D., Assistant Professor of Psychology, University of Connecticut

## Research Background

**R**esearch dating back to the studies of Rene Spitz (1940s), John Bowlby (1950s), and Michael Rutter (1970s) has addressed the problematic effects of institutionalization on child outcomes; these early literatures were mixed as to the messages related to recovery following institutionalization.

In recent years, according to the United States (U.S.) Department of State, over 20,000 children from other countries have been adopted annually by U.S. families. With this dramatic increase, there has been a corresponding boom in research on developmental outcomes for these internationally adopted children. Published research in the late 1990s and early 2000s was based primarily on children adopted from Romania by families in the United Kingdom and Canada. The findings were that the pre-adoptive experience of being severely deprived in institutions for extended periods of time resulted in many negative outcomes, including developmental delays in language and cognition, attachment disorders and other behavioral problems.

A number of recently published reports suggest that the consequences of international adoption are quite variable and not as uniformly bleak as once thought. It now appears that the experience of being institutionalized may not, in and of itself, be so traumatizing as to produce inevitable, irreversible, long-lasting adverse developmental outcomes. A recent meta-analysis of more than 270 studies revealed that children adopted internationally—especially those adopted before 12 months of age—demonstrated remarkable resiliency and many, if not most, were able to catch up developmentally. It should be noted that “catching up” was incomplete in some

domains, particularly in the areas of physical growth and attachment.

In fact, disturbances in attachment and the development of attachment disorders are some of the most common negative outcomes resulting from child abuse, severe deprivation, and/or other kinds of adversity during infancy. The literature on child abuse is substantial and demonstrates that maltreatment and the subsequent disruption of stable relationships with caregivers often leads to the development of attachment disorders and other kinds of psychopathology. Some researchers have reported similar findings for children who have been institutionalized. Unlike the child abuse literature, however, published studies in this area are relatively sparse and little is really known about the developmental trajectory of attachment for the tens of thousands of children adopted each year from international orphanages.

## Our Study

Our present research was undertaken to address this void and was specifically designed to: 1) identify factors related to the development of disturbances in attachment; 2) determine whether these disturbances are long-lasting; and, 3) see if disturbances in attachment are related to the development of other problematic behaviors.

Fifty-four children (mainly from Russia and China) and their U.S. adoptive families were recruited from an International Adoption Clinic and by word of mouth. The average age at time of adoption was 24 months. Children spent an average of



Preston A. Britner



Dan Mossler



Inge-Marie Eigsti

18 months in institutions and had, at the time of our evaluations, lived with adoptive families an average of 60 months. Adoptive parents completed a series of semi-structured, validated interviews related to their children's attachment and psychological functioning. They also provided narrative descriptions about the quality of orphanage care, the medical and psychological conditions of the child at the time of arrival, and the parents' experience during the early adoptive period. Adopted children were administered a battery of standardized tests to measure their language and cognitive functioning.

Analyses revealed that children adopted after 24 months had significantly more disturbances in attachment at the time of adoption compared to children adopted before their second birthdays. Furthermore, children reared (in their pre-adoptive environment) in more socially and physically deprived circumstances had significantly lower IQ scores compared to children reared in less severe conditions.

Correlations revealed that severity of deprivation was negatively and significantly correlated with IQ scores. Regression analyses revealed that disturbances in attachment were predicted by a single risk factor: age at time of adoption. IQ scores

*Risk and Resilience continued on page F9*

## RISK AND RESILIENCE *continued from page F8*

were significantly predicted by a combination of three risk and resiliency factors: severe deprivation, age at time of adoption, and the socio-economic status of adoptive parents. Disturbances in attachment and IQ scores were not, as some have speculated, predicted by time spent in orphanages.

It is worth noting that, after living with adoptive families for several years, very few children exhibited diagnosable psychopathology, and fewer than half exhibited even sub-clinical levels of emotional problems or personality disorders. These findings underscore the potentially important recuperative value of living in high-functioning, stable adoptive families with access to medical and psychological services.

Taken together with other studies across a number of countries (e.g., Canada, Ireland, Sweden, U.K., U.S.), the emerging research paints a picture of resilience, even in the face of extreme early adversity. These results underscore the importance of creating risk/resiliency models to predict long-term developmental outcomes for children adopted internationally and suggest that future research should be designed to identify other potential risk and protective factors. Knowledge of the pre-adoptive environment appears to be important, but this information is not always available or shared with prospective parents.

### Information and Resources for Parents

A few years ago, a nationally syndicated parenting columnist dismissed a parent's concerns about her 5-year-old daughter who had been adopted from a Chinese orphanage; the columnist stated that attachment disorders are "psychobabble," that children are flexible, and that children deprived through the first three years should recover in "good homes." One of us (PAB) wrote a letter to the editor, published in *The Hartford Courant*, with the response that the evolving research literature does, indeed, find most children to be resilient. Attachment disorders, which are sometimes ill-defined and inappropriately treated, are nonetheless real and not at all unthinkable

following years of institutional care (i.e., lacking a specific caregiver). Extensive deprivation, possibly confounded with pre- and post-natal trauma, can have persistent and profound effects on physical, social, and cognitive development for a significant number of children. Parents should be made aware of the risks and then be supported in their efforts to provide a safe, warm, caring environment in their efforts

A number of recently published reports suggest that the consequences of international adoption are quite variable and not as uniformly bleak as once thought.

to promote healthy functioning in their children.

Parents should not be made to feel guilty when their efforts don't always succeed.

What are parents' typical concerns? In surveys, parents report concerns about their children's development, including speech delays and physical disabilities. Some studies have found that parents uniformly love their children and derive enjoyment from them, but that half also report their parenting experiences to be more challenging than they expected. Those provided with resources are likely to access them and to find them helpful. Nonetheless, parents also often describe the professionals who work with their families as lacking knowledge about attachment relationships, medical issues, and second language issues related to international adoption. In our own sample, the children don't show prominent, impairing language or memory problems; however, many children do display subtle problems, and these are likely to have some impact on academic success.



### Training and Preparation of Professionals

A recent review of interventions for families of internationally adopted children concluded that surprisingly little information exists about the effectiveness of such interventions. In a 2007 article in the *Child and Adolescent Social Work Journal*, Janet Welsh and colleagues outline a number of recommendations for professionals working with these families. In short, they argue that "best practice" models for adoption and international adoption be followed, and that individualized interventions be created to meet the unique needs of children and families.

Perhaps more attention has been given to issues of cultural sensitivity in placements and training with respect to transracial adoption in the U.S., often out of foster care. (A 2008 headline on a national news site asked: "Do Whites need training before parenting Black children?"). Many of the same identity issues and need for sensitivity and training exist throughout the process of international adoption. In both of these literatures, there is an emphasis that identity issues, and hence the need for parent training and family support, are likely to persist and intensify at various developmental stages (e.g., adolescence), long past the time of adoption in most instances. This is another area in which family professionals would appear to be poised to assist.

### Conclusion

Our take-home message is that there are some elevated risks for internationally adopted children, but that most respond well to the warm and welcoming environments of their adoptive families. Prospective parents should be provided with accurate information about the child's background and needs, so that they can make an informed decision about what they can handle and whether the adoption is right for them. After the adoption takes place, ongoing support should be available to the families as they encounter and cope with each new developmental stage. Family professionals with training in child development, family systems, diversity and cultural sensitivity, as well as knowledge of the international adoption process and literature are uniquely positioned to assist these families. ■

# Supporting a Future without Adoption: Helping Youth Leave Foster Care

by Kyrianna Ruddy, M.S. and Donald G. Unger, Ph.D., University of Delaware, [unger@udel.edu](mailto:unger@udel.edu)

The odds of adoption occurring for teenagers living in foster care decrease as they grow older and begin transitioning into adulthood. The possibility of reunification with their families remains only a dream. With no other options, more than 22,000 youth (usually at age 18) “age out” of foster care every year. They are not adopted, discontinue receiving foster care services and are essentially on their own. These youth face lives filled with personal hardships and repeated disruptions in living environments. They are at risk for unemployment, poor academic attainment, social maladjustment, emotional distress, and substantial difficulties establishing independent living.

Their challenges for meeting essential daily living needs can be overwhelming. Solutions tend to be temporary and pieced together with a fragile patchwork of resources. Social support systems are particularly precarious resources because they change over time in availability, intensity, and reliability. Without the help of dependable emotionally supportive informal relationships, successful coping is compromised by feelings of depression, hopelessness, and low self-worth along with failed attempts to access needed information and help.

To address the fragile nature of these social support systems, policymakers have recently recognized that youth aging out of foster care need help establishing connections within their communities. “Promising practices” for supporting the transition of youth from foster care now typically include connecting youth with “caring adults” or “mentors.” Moreover, the Annie E. Casey Foundation has spearheaded a national movement to ensure that youth

aging out of foster care have lasting connections to at least one caring adult.

While these policies are well-intentioned, their implementation warrants further development. We illustrate the complexities of facilitating social support systems with interviews from a sample of 16 youth exiting out of foster care. They were 18 to 25 years old and living in two Mid-Atlantic states; five youth were residing in Independent Living Programs. The sample included African American, Caucasian, and Hispanic youth. We then discuss key features that should be addressed in the implementation of social support policies.

From the interviews, we learned that the youths’ support systems were quite diverse. They relied upon many different sources for emotional support. These included friends, grandparents, and coworkers as well as those employed in services for foster care youth (e.g., therapist; foster mother; Independent Living staff). Several youth turned to biological parents and siblings for emotional support throughout and after foster care, even though these family relationships were quite strained.

The most frequent desired characteristic of support providers was “being there” for the youth. They valued support providers who were “stable” or a “constant” in their lives; biological parents were often a source of instability for the youth. *Being there* also involved “doing the best they can,” (i.e. it was important that people actually offered assistance whether or not the support eventually helped). For example,

youth valued parents who made efforts to stay involved. *Being there* also meant helping without having to request it. The following statements in italics are those of youth who are facing this experience.

*Rosemary has helped me so much. When I got pregnant, she bought me clothes and she would just go overboard. I wouldn't ask for nothing. She would just go and buy it ... she's really good with that. She helped me pay my rent a couple of times ... she's given me rides, she's just always been there for me for everything.*

Lastly, *being there* involved genuine “caring” expressed with positive emotions, contrasted with providing food, shelter, clothes or money. This emotional connection—a feeling of warmth, concern or protectiveness expressed by the support provider—was necessary in order to be perceived as “being there.”

Relationships were also perceived as supportive when they were characterized by “trust.” Youth were pleasantly surprised when they were able to find someone they could trust, without fear of betrayal, judgment or rejection. Broken promises made to them by their parents and parental figures contributed to distrust. Participants more frequently placed their trust in those outside of their biological family relationships.

*[Biological relatives] are just people you're related to. You count more on your friends and other people you're not related to and you put more trust in them ... every time I need [my friends] for just moral support, just to talk and stuff ... I can talk without feeling judged.*

*Future Without Adoption continued on page F11*

Relationships that carried through the youth's exit from foster care were especially important because they passed the “test” whether someone genuinely cared about them.

## FUTURE WITHOUT ADOPTION *continued from page F10*

Relationships were also perceived as supportive when they were characterized by “acceptance” by the provider of support, with the youth feeling the freedom to just be oneself. Acceptance was in part an experience of guidance without criticism, labeling, or judgment; being guided, not told, and allowed to make mistakes and be forgiven when they occurred.

*My whole family is in foster care...People judge you by the person in your family they've met before. So, I've had to fight the whole stereotype because one of my sisters was known as a druggie, so everybody just assumed I was. Even my younger brother – the people there called me “Sam” instead of “Susan.”*

Emotional support was further legitimized when provided *through good and bad times* and *voluntarily*, not because of a professional responsibility to the youth. Non-relative relationships (e.g. friends, foster mothers) were often valued over family members because they “stuck by” them through the ups and downs in their lives. Moreover, youth particularly appreciated others who cared about their welfare beyond the requirements of their jobs or other formal responsibilities. Relationships that carried through the youth’s exit from foster care were especially important because they passed the “test” whether someone genuinely cared about them.

*She's one of them workers that will always keep in touch with you ... that means somebody cares. It's not all about their job. Even when you exit care, they're still there for you ...Still there to help, you know, put you in classes that you need like money management and stuff like that. [My case worker] does that for people. [She's] not one of them people who'd be like, “Okay, well, this woman will be eighteen tomorrow. Goodbye.” She'll keep it going, making sure you're fine.*

Emotional support was valued when it contributed to a “sense of belonging.” Foster youth continually balanced a desire to connect with others in a meaningful way, and to be alone and therefore emotionally safe from the rejection and disappointments from others. Achieving this sense of belonging seemed to resemble a process of “selective optimization.” They did not

desire a large support system. Instead, youth selectively pursued relationships where they belonged and that were supportive. They distanced themselves from relationships that were negative.

*I don't keep connections. I don't carry people with me, it's just ... it's probably one of the reasons my circle is extremely small because my two best friends are my child's Godparents. They're the only real friends that I have, and I like it that way. I'm not out trying to make a whole pile of friends because I don't feel it's worth it ... because most of them are out for money or [some other reason] and I find it a waste of my time. I don't really want to deal with it.*

A “sense of belonging” to a “family” was frequently voiced by youth. For some youth, this involved maintaining ties with blood relatives. Although the majority of youth had strained relationships with their biological parents, they still wanted to maintain contact with their blood relationships. Many youth felt an obligation to love their parents.

*Yeah, that's my blood. That's my mom. She brought me into this world. So, I mean, I still have love for her and everything but I just can't seem to get myself close to her because of all the things that happened in the past.*

This desire to maintain ties with their biological parents, despite the stress associated with these relationships, was unique since other distressing relationships tended to be avoided. Some youth also expressed empathy for their parents and a willingness to forgive their parents for their mistakes:

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## Previous Themes in NCFR Report

Previous issues of *NCFR Report* covered the following themes. We have a limited supply of these editions which are available for purchase.

March 2007—Social Class

June 2007—Adolescence

September 2007—Family Science Careers

December 2007—Divorce and Relationship Dissolution

March 2008—the Transition to Adulthood

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*I'm not condoning what she did was right but she did what she felt was right and I'm willing to support that because she wasn't in the mind frame to change her life at the time and it was hard for her. I forgave her for it.*

At other times, it seemed that youth were looking to belong to an “idealized family.” They had internalized what the media and society communicated about a happy, functional family. They longed for and were on a search for belonging, to be with others who demonstrated idealized family supportive characteristics.

Lastly, emotional support was gained from having a “positive sense of self” or looking to oneself for support. Surviving their childhoods created an internal sense of empowerment and strength. They learned how resilient they were to the challenges of foster care. “You can still make it through even if you don't have anything.” “I wish I had a regular kind of life ...but I mean, I'm thankful, you know, because I wouldn't be the person I am today.”

In conclusion, the social support systems of the youth were dynamic, complex, multidimensional and highly-valued. If policies aim to successfully enhance youth support systems, they need to recognize the complex nature of these relationships. For instance, in order for support to be meaningful and helpful, it should be on the youths' terms. Different existing resources and prior experiences with significant others shape their perceived need for support along with their evaluations of the authenticity of help that is offered to them. Also, teens' desires to look within themselves for support rather than to others for emotional support need to be respected. Opening oneself up to receiving help is a significant venture, weighing whether the likelihood of getting support is worth the risk of another experience of disappointment and rejection. Consequently, youth should be respected as active agents in choosing who makes up their support systems.

Furthermore, policies for youth who have been in foster care are more apt to be successful if they focus on strengths. Attempts

*Future Without Adoption continued on page F12*

# Postcards from the Edge of American Family Life

by Rick Settersten, Ph.D., Oregon State University, [Richard.Settersten@oregonstate.edu](mailto:Richard.Settersten@oregonstate.edu)

Our family lives on the margins of the American family. We exist at the crossroads of two of the most controversial categories in our society—sexuality and race. We're two gay white men raising two black children—a girl, now 8, and a boy, now 5.

Both children were adopted out of the foster care system as toddlers. Our daughter was severely premature and extremely low birth weight; she endured a long period of hospitalization and was then nursed to health in a protected environment by a foster mother who'd had success with another medically fragile child. Our son was placed in a foster home at birth and lived there a few months beyond his first birthday, a toddler among a houseful of older children run by an elderly woman. His foster home was shut down overnight. The early lives of both of our children saw vulnerabilities that no human being should know. Both children are remarkable—and, despite their difficult beginnings, they thrive, reminding us each day just how triumphant the human spirit can be.

To provide some insights into our experiences as a family, I'm going to send some "postcards from the edge." I call these "postcards" because they're just a few of many images, frozen in my mind's eye, that punctuate our family's history. I say these images are "from the edge" because our family clearly doesn't fit the model that most people have in mind when they think of what a family is or should be. That's partly because there's no mother, and it's partly because there are two dads. We also don't fit the models of family that underlie United States policies and laws. If anything, most of these are, by design, meant to exclude us. We're not really pushed to the edge as much as shoved through the cracks. To add insult to injury, we're two white dads parenting two black children. Race poses an additional layer of complexity that's social, not legal.

All of this should add up to Big Trouble. But more often than not, it results in experiences that are extraordinary and life-changing.

## There's Magic on the Back of a Duck

There's a photo of our daughter at the age of two on a summer trip to Washington, D.C. She's sitting in my lap, and we're on the back of a Duck—one of those boats that doubles as a car on land. We're touring the city by pavement, and the next thing we know we're headed down a dirt road at warp speed and there's a whole lot of water ahead.

Click, goes the camera. Maya has both arms extended above her head, palms out, her long born-to-play-piano fingers extended as far apart as they can possibly be. She's wearing a denim sundress with colorful embroidered flowers, and a lightweight pink sweater—Duck is a breezy mode of travel. But it's the expression on her face that's so powerful: The wind is rushing across her face and up her nostrils; her eyes are tiny slits, as she tries to achieve that

delicate balance of keeping her eyes closed enough to keep the tears (and maybe fears) in check—but open enough to see what's going down. And what's going down is our family: in what she thinks is a car, heading toward the river, and fast. They say a picture is worth a thousand words, but these are all surpassed by one: Joy. Pure, distilled, waiting-to-be-bottled joy, the brand we guzzle as kids and long to at least sip as adults.

After our visit, the stack of pictures from our trip sits on the work desk of the friend we were visiting. One of her most important clients is staunchly conservative on matters both political and cultural, and had recently been elected to a high political office. He has stopped by her office unexpectedly. He sees the pictures and picks them up.

*Postcards continued on page F13*



*Rick Settersten*

## FUTURE WITHOUT ADOPTION *continued from page F11*

should be made to avoid the tendency of prior child welfare policies that emphasize the resources that youth are lacking, and that view youth as "foster children" instead of individuals. Youth long for relationships that recognize their personal strengths, focus on their assets and respect their individuality.

Youth aging out of foster care can benefit from help that enhances and reshapes their support systems in response to their changing needs. Family members, while not providing a permanent living arrangement, still need to be recognized as one component of their support systems. Interventions can assist youth with renegotiating these

family relationships. When enhancing nonfamilial support sources, credible, trustworthy, and significant relationships with youth are needed. Adults/mentors offering short-term and minimal commitment relationships are not likely to be helpful. Lastly, social support enhancement is more apt to be effective if this process begins during the youth's preparation for exiting foster care, rather than once new stressors and turmoil arise after exiting foster care.

In closing, listening to and respecting the voices and desires of youth will require a long-term commitment to policies that provide individualized support resources that will "be there" however long it takes. ■

**POSTCARDS** *continued from page F12*

“Are these guys brothers? And whose kid are they with?” he asks, continuing to sort through the deck. “No, they’re partners and that’s their daughter,” she replies. He is visibly uncomfortable, but nonetheless scrolls through the photos and stumbles upon the picture described above. He lingers there, quiet and still, and then places the stack down and says an abrupt goodbye.

The next day, he phones our friend at her office, saying that he had something very important to tell her: That picture changed him. Just the night before, he’d received a phone call from a special interest organization he belongs to. The organization had commissioned a survey on whether gays and lesbians should be allowed to marry or adopt. He had responded most unfavorably. In seeing the photo, he realized how unfair he’d been: A family with that much love, and a child with that much joy, just couldn’t be wrong. When I picked up the phone that evening, our friend said, “Your daughter is magic, absolute magic.”

**Waiting for the Other Shoe to Drop**

It’s Easter weekend, and there’s a mile-long line at the local HoneyBaked Ham®. Dan is holding Maya in his arms—she’s still so slight, even after 6 months on the kind of high-fat diet most adults fantasize about. The women working behind the counter, like most of the people in line, are African American. “Next up.” Dan approaches the counter. “Who’s this girl to you?” the clerk asks tersely. “She’s my daughter.” “Well, is she adopted?” Dan’s heart rate is on the rise. Steady yourself, man, because the other shoe is about to drop. “Yes, she is adopted. Does this matter to you?” “Yeah, it does. I want to thank you for taking care of our children.” She motions to the others behind the counter. “We all want to thank you.”

The shoe dropped, but not from the foot we were expecting.

My own nervousness about how we’d be received as a family was similarly high on my first time out with Maya: an adventure to the grocery store. Maya is in the seat of the cart, and we’re having a great time as we wheel through the aisles. Midway through the store, I notice an African American woman tailing me. No matter

where I go, she’s there, watching and listening. A few aisles later, I’m starting to feel stalked. I pull into the check out, and BAM!—she’s on me. “Is this your daughter?” “Yes,” I say, “and I couldn’t help but notice you following me. Is there something on your mind?” “Yes, there is.” Bring it on, baby. I’m ready. “I wanted to tell you how much I enjoyed watching you with her. You’re a wonderful father.”

Time to pick my heart up off the ground.

Those were tough lessons, for we were forced to admit that the demons we might face were not only those inside others; they were also inside us. We’re all part of the same society, exposed to the same bloody assumptions and prejudices.

The fact that we’re unusual as a family does mean that others take notice. It comes with the territory. Our daily rounds are a little heavier for it. We know that our experiences with strangers are often the first encounter they’ll have with a family like ours. But it doesn’t mean they’re going to pounce.

The community in which we lived was racially-integrated, but this also produced a strong current of racial tension that many didn’t want to acknowledge. Our family was embedded in a supportive network of African American families. Yet the color

divide on gay and lesbian issues was palpable. The fire of anti-gay activity that ultimately led to the rewriting of Ohio’s constitution had been fueled by the pastor of a local African American church. The adoption of black children by white families was also controversial. For these reasons, we were prepared to face trouble.

**The Tao of Dining Room Tables**

“There is something you need to know,” our social worker said. “The foster family has a problem with who you are, with what you stand for, as a family.”

This can’t be good.

How were we supposed to work with this family to create a smooth transition for our son?

We had 1 week, not 9 months, to prepare for the enormous change ahead. Mario had been in this foster placement for just 6 weeks, after his first home was shut down overnight. The new foster family expressed interest in adopting him, but we were chosen as the best match. The foster mother was understandably upset. But she and her husband already had two foster boys, ages 7 and 8, both of whom they were planning to adopt. They also had children who were in their 20s and 30s, some from their union, others from prior marriages.

*Postcards continued on page F14*

The fact that we’re unusual as a family does mean that others take notice. It comes with the territory.

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 To reach specific staff members:

<p><b>Diane Cushman</b> dianecushman@ncfr.org</p> <p><b>Lynda Bessey</b> lyndabessey@ncfr.org</p> <p><b>Dawn Cassidy</b> dawnassidy@ncfr.org</p> <p><b>Yvette Creese</b> yvettetreese@ncfr.org</p>	<p><b>Nancy Gonzalez</b> nancygonzalez@ncfr.org</p> <p><b>Pat Knutson-Grams</b> patknutsongrams@ncfr.org</p> <p><b>Jeremy Nilson</b> jeremynilson@ncfr.org</p> <p><b>John Pepper</b> johnpepper@ncfr.org</p>	<p><b>Jason Samuels</b> jasonsamuels@ncfr.org</p> <p><b>Jeanne Strand</b> jeannestrand@ncfr.org</p> <p><b>Judy Schutz</b> judyschutz@ncfr.org</p> <p><b>Cindy Winter</b> cindywinter@ncfr.org</p>
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To reach NCFR President **Maxine Hammonds-Smith**  
[maxinehammonds@numewellness.com](mailto:maxinehammonds@numewellness.com)

**ON THE NET**

**POSTCARDS** *continued from page F13*

When we arrived at their home on that first day, we were shocked to see that the two foster boys were—drum roll, please—white. That quickly cleared up the whole “problem-with-who-you-are” thing. The gay card seems to trump everything.

This was going to be a tough game, but we knew how to play it: Times like this don't call for a straight. A much stronger hand is required: open, honest communication; a dose of good humor; and food—a whole lot of food. These things go a long way when you're about to take on the hottest-button topics around. Race, religion, gender, and politics—these are not easy subjects to talk about in our country.

After many hours spent, and calories consumed, around their dining room table, our layers of perceived difference were stripped away.

After six days, it was time to say goodbye. All of Mario's possessions, bundled into Hefty® bags, had been loaded into the car. The mood was melancholy.

The foster mother broke the awkward silence. “You guys made this really hard for me. I wasn't happy about any of it. In just one week, I have grown to like you, to really like you. I'll miss Mario. But I'll miss you too.” The same went for us.

In the end, we're all just one race: human.

**To:**  
**Eyes\_of\_the\_Law@FamilyPolicy.gov**  
**From:**  
**Invisible\_Families@Everywhere.usa**  
**Re: Your Missed Appointment for a Comprehensive Exam**

Judgment Day is here. Six months have passed since Maya was placed in our home, and it's our day in court to stand before the Magistrate, who will make a decision about whether to finalize the adoption.

We've arrived early with our daughter. In the waiting room, we're joined by dear friends and a few social workers who've helped along the way. My name is called. I'm escorted alone into the chambers with our social worker. The room is spacious, and the light is bus-station grey. The Magistrate sits behind an imposing desk that

consumes much of the room. There's enough space for two chairs to be wedged between the desk and the wall. The social worker opens with a brief report on Maya and me. Meanwhile, Dan is just outside the door in the playroom with Maya. The social worker leaves, and now it's time for us to have a little chitty-chat.

My mind is fast-forwarding through every step of this incredible journey—the desire that began so long ago, the intensive probing and paperwork of the home study process, the hours clocked in parenting classes, the knowing and the not-knowing. If all parents were subject to such scrutiny and turbulence, there'd be far fewer unhappy kids on this planet.

The door closes. It all comes down to this.

The Magistrate is quiet at first, as she leafs through several ginormous binders. She examines our tax records and debt load. “I see you're one of those people who put extra principal down on your house every month.” “Yes,” I say, “we try to pay a little extra if we can.” More leafing. “I see you've got one of your two cars paid off.” “Yes, that's right.” “So, you're working at the university?” “Yes.”

After a few minutes of poking, the conversation turns from lackluster to light. We're on to travel and food.

“You know,” she said, “I recently got back from a trip from New Orleans. I had the best fried chicken ever from a stand on the street.”

My blood pressure is rising. Granted, this day means far more to me than it does to her. But fried chicken?

I have the chutzpah to say: “I'm wondering whether you might be curious about how we're planning to raise a black child in ways that are culturally sensitive.” “Great idea!” said the Magistrate. “Tell me about that.” I begin to do so, but she quickly re-enters, talking about her own ethnic background and treasured family recipes.

I'm about to say something I might regret: “You know, my partner and our daughter are sitting outside this door. It would mean so much to me if you could invite him to

join our conversation. You probably also have questions about our relationship and how we'll parent our daughter.”

“No. He can stay out there. There's no place for him in the eyes of the law.”

That sucker-punch to the gut is one I still feel.

In Ohio, only one of us was permitted a legal tie to our children, despite the fact that we moved through the process as any other couple would. This was, in technical terms, a “single” adoption, with me as the legal parent and Dan as “Household Member #1.”

With a pound of the gavel, it was done.

Yet, why remain in a place that would never recognize our family under the law? After a few years, we made the decision to trade one O-state for another. We lamented the world we'd have to leave behind in Ohio. But the basic security we would eventually gain in Oregon would be priceless—full legal attachments all around.

Here's the ultimate shocker: We now have two precious documents from the State of Ohio that we could never have gotten if we'd stayed in Ohio: birth certificates for each of our children, reissued with both of our names.

**The Stuff of Great Irony**

Dan and I have been together 24 years. We joke that we've out-survived just about every straight couple we know. That “joke” is also a fact.

We're a long-lived couple, nearly a quarter of a century strong, raising a girl and boy a few years apart in age. We're active parents in our children's schools and in our neighborhood and community. We have strong relationships with our parents, siblings, and members of our extended families. We have an intimate group of family-like friends, especially women who are strong role models for our children. We have good jobs and the respect of colleagues.

Who knew a family like ours would sit among a fraction of families in the population that resemble what many would otherwise herald as an “ideal” marriage and family? This is the stuff of great irony. ■



## Bridging Parent and Child Histories in Internationally Adoptive Families

by Bethany Willis-Hepp, M.S., Doctoral student, University of Delaware, [bwillis@UDel.Edu](mailto:bwillis@UDel.Edu), Amy Lynch, M.S., OTR/L, Occupational Therapist and Program Coordinator, and Abigail Farber, M.D., Medical Director, International Adoption Health Program, Children's Hospital of Philadelphia

Adoption has a complex history as a method of family formation. In the West, adoption is a non-traditional way of creating a family that can build life-long bonds among children, adoptive parents and family members, and even bonds with biological parents and family. International adoption, also known as inter-country adoption, refers to the movement of children from one country into permanent family placements in another country. The practice of international adoption is a relatively new and still expanding field. Following World War II, children orphaned in war-torn areas of Europe were adopted by individuals outside of their countries of origin. Another surge in international adoption occurred after the Korean War, during which time children were placed primarily in the United States (U.S.), Canada, Northern Europe and Australia. In recent decades there has been a substantial growth in the number of children and families participating in international adoption. Today, international adoption involves thousands of children and over one hun-

dred countries; as nations of origin, as receiving nations, or both.

According to the U.S. Department of State, nearly a quarter of a million children have been adopted internationally into the United States since 1990. In the United States alone such adoptions now exceed 20,000 a year. U.S. families are adopting increasingly greater numbers of children from Eastern Asia, South America, Africa, the former Soviet Union and other Eastern and Central European countries as well. These recent increases have made foreign-born children adopted by U.S. families a distinctly unique immigrant group within the United States, bringing to their new families many unique strengths, as well as distinctive challenges. Moreover, parents constitute a distinctly unique parenting group, bringing to their transitioning families their own challenges and strengths.



Bethany Willis-Hepp



Amy Lynch



Abigail Farber

A major source of the unique challenges in these family systems is an adoptee's pre-adoptive experience. The majority of children adopted internationally are infants and young children, approximately 85% of whom have spent some or all of their lives in institutional environments, as opposed to family or foster care home settings. As such, these children have often experienced combinations of physical, social, and emotional deprivations. The living conditions in state institutions vary; however, and lack of stimulation on all levels, inadequate nutrition, minimal and

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irregular personal interactions, and generally limited resources characterize the environments. The early adversity experienced in institutional care can profoundly impact a child's individual development and functioning, as well as the development and functioning of the transitioning family system.

The deprivation experienced by children living in institutional care is extremely difficult to quantify. It is evident, however, that orphanages and other institutional environments fall below the quality needed to support normative developmental patterns. Research finds predictive correlations between pre-adoptive experience and poor health and developmental delays across multiple domains post adoption. For example, institutionalized infants and toddlers may lose approximately one month of linear growth for every three months in an orphanage environment. In prospective studies of children adopted from countries that were part of the former Soviet Union, more than 50% of children had an undiagnosed medical condition at the time of initial evaluation in the United States, regardless of age, sex or country of origin. The spread of multiple infectious diseases, including intestinal parasites, tuberculosis, active hepatitis B and C, and skin infections reflects the limited resources and general poor quality of congregate living conditions. Other medical conditions in children adopted from institutions include rickets, anemia, hearing and vision loss, hip dysplasia, fetal alcohol syndrome (FAS), feeding and eating disorders and neurological problems. Biological effects translate into immediate post-adoption challenges as families begin to navigate numerous medical appointments and lab studies to determine the extent of these effects upon their child.

In addition to the physical impact that institutional care has on children, there are similar dramatic reductions in emotional, social and behavioral development. Children living in institutions spend a great deal of time in understimulating, unresponsive environments. Children have limited, almost non-existent experiences with toys and other objects that, in the West, one

would consider vital to promote development in daily child life. Unmet biological and social needs compound, yielding an increased likelihood for developmental delays upon adoption. These delays can greatly impact a child's ability to initiate, sustain and tolerate engagement with objects and other people in their new home environment, contributing to the challenges of post-adoption transition. Moreover, numerous reports indicate that institutionalization dramatically increases the risk for social behavioral difficulties across the lifespan. These behaviors include social attachment and relationship disturbances, disruptive behavior problems, sensitivity to social boundaries, establishment and maintenance of intimacy, and emotional regulation.

Like children adopted internationally, parents bring their own pre-adoptive experiences to the international adoption equation. For most adoptive parents, the transition to adoption begins well before a child ever enters the home. Pre-adoptive experiences include a myriad of factors that lead people to choose adoption as a method of family formation, and then to further distinguish international adoption as the route to travel. Fertility is often mentioned in the context of adoption. In the United States, approximately 10% of those trying to get pregnant experience fertility issues. Prospective parents may arrive at adoption after years of loss due to infertility; such losses could be physical in nature, such as miscarriages, while secondary losses can include the dreams and expectations of biological parenthood. Rapid changes in international adoption policies, both within and outside the United States, further contribute to prospective parents' pre-adoptive experiences. Policy changes in other countries can dictate the kind of individual or couple who is eligible to adopt based on age, ability, marital and financial status, and sexual orientation, for example. Such changes in international policy mean that, at some points, a country may be open to international adoption and

then suddenly close, greatly lengthening the amount of time that prospective parents wait to adopt. Such indefinite "waiting periods" can contribute to additional experiences of loss and dismay among prospective parents.

**Research finds predictive correlations between pre-adoptive experience and poor health and developmental delays across multiple domains post adoption.**

It is vital to recognize the range of life experiences, both internal and external to the individual, which contribute to challenges experienced by adoptive families. Personal histories and life course experiences, before and during

the adoption process, can greatly impact perceptions and expectations of adoptive life with a new child. Whether the challenges originate from a child's or a parent's pre-adoptive history, both can impact successful negotiation of the international adoption process and transitioning to a new family system. Pre-adoption history also influences individual and family growth, development, and well-being across the life course. Therefore, promoting the successful negotiation of adoption should be integral to all services provided to adoptive families before, during and after the actual movement of a child from one living situation to another.

Adoption professionals are in the unique position to help adoptive parents recognize and navigate their own pre-adoptive histories so that they have the insight necessary to understand their children's histories. They are also able to help families identify strategies to mediate pre-adoption histories and encourage more optimal post-adoption individual and family outcomes. It is vital that parents have a conscious awareness of their own expectations to understand the child's skills, abilities, and experiences. Thus, with careful attention to each member in the dyad's pre-adoptive experiences, professionals can serve as objective supporters, helping child and family acquire skills and resources to build their family framework. These skills and resources may serve to ameliorate child developmental delays, refine parent expectations, and support the formation of the best possible post-adoptive parent-child relationship. ■

## OPEN ADOPTION *continued from page F2*

network: birthmothers, adoptive parents, and adopted children, and for the relationships within these family systems. The study began with 190 adoptive families and 169 birthmothers from across the United States (U.S.) whose adoptions varied in degree of post-adoption contact. Primary funding for MTARP has come from the National Institute of Child Health and Human Development, National Science Foundation, William T. Grant Foundation, Office of Population Affairs - U.S. Department of Health and Human Services, and Hogg Foundation for Mental Health.

Adoptive families and birthmothers were recruited from adoption agencies across the U.S. Recruitment criteria included the following: at least one adopted child (the “target child”) was between the ages of 4 and 12 years; the target child had been adopted through a private agency before his or her first birthday; the adoption was not transracial, international, or special needs; and both adoptive parents were married to each other since the time of the adoption. We simultaneously sought birthmothers who made adoption plans for children placed with these families.

At Wave 1 (1986 - 1992), participants included 720 individuals: both parents in 190 adoptive families, one target adopted child in 171 of the families (90 males, 81 females), and 169 birthmothers. The vast

majority of adoptive parents were Caucasian, Protestant and middle to upper-middle class. These adoptive couples reflect the population of families who formally adopted unrelated children, and birthmothers who voluntarily placed their children for adoption in the late 1970s and early 1980s. Virtually all adoptive parents in the study had adopted because of infertility. Adoptive families were interviewed in their homes in one session that lasted 3 to 4 hours. The session included separate interviews with each parent and with the target adopted child; administration of several questionnaires; and a joint couples interview with the adoptive parents.

Most birthmothers made adoption plans because they wanted their children to be raised in two-parent families that could provide better educational and economic opportunities than they felt they could provide. Birthmothers ranged in age from 14 to 36 years (mean = 19.1) at the time their children were born. Almost 2/3 of the birthmothers delivered when they were teenagers. At Wave 1, the birthmothers ranged in age from 21 to 43 years (mean = 27.1). Half of the birthmothers were married by Wave 1, and they had from one to five children.

At Wave 2 (1996 - 2001), participants included the adoptive parents and target adopted adolescents from 177 of the original 190 adoptive families: 173 adoptive

mothers, 162 adoptive fathers, and 156 adopted adolescents (75 boys and 81 girls). In addition, data were collected from 88 siblings and 127 birthmothers. The adopted adolescents ranged in age from 11 to 20 years (mean = 15.7). At Wave 2, adoptive families were seen in their homes during a single session that typically lasted 4 to 5 hours. The session included individual interviews with each parent and the target adopted child (approximately one to two hours each), administration of several questionnaires, and administration of a family interaction task. A few family members were interviewed by telephone when it was impossible to gather everyone together for the home visit.

At Wave 3 (2005 - 2008), participants included 169 of the original 190 adopted persons, now between the ages of 21 and 30 years. We also interviewed 103 of their close relationship partners and 284 of their adoptive parents. Online synchronous chat technology was used to collect young adult and relationship partner interviews; questionnaires were completed over the internet. Parent interviews were digitally recorded over the phone, and questionnaires were completed by mail. (Wave 3 data are still being analyzed and are not available for reporting here.)

Our research has focused on specific outcomes for individuals as well as family relationship dynamics. For adopted children and adolescents, the focus has been on their understanding of adoption, self-esteem, identity, and mental health. For adoptive parents, attention has focused on entitlement, fear that the birthparents might reclaim the child, and communication about adoption. For birthmothers, the focus has been on resolution of loss associated with placement. Satisfaction with openness arrangements has been examined from all points of view. A number of other topics have also been explored.

Critics of open adoption raised concerns that children brought up in such arrangements would be confused about who their “real” parents were, causing identity confusion, low self-esteem, and possibly mental health problems. Studies to date have

*Open Adoption continued on page F18*

### Other Resources on Adoption

The United States’ federal **Child Welfare Information Gateway** offers information on adoption. It supplies resources on all aspects of United States domestic and intercountry adoption, including adoption from foster care.

The website is located here: <http://www.childwelfare.gov/adoption/index.cfm>

**The Evan B. Donaldson Adoption Institute** recently released a report on the new United States federal policy requiring a color-blind approach to adoption.

To access this report, go to:

[http://www.adoptioninstitute.org/research/2008\\_05\\_mepa.php](http://www.adoptioninstitute.org/research/2008_05_mepa.php)

For information on the transitioning to adulthood and “aging out” of foster care, check out the website for the **Network for the Transitions to Adulthood at:**

<http://www.transad.pop.upenn.edu/trends/vulnerable.html>

**The North American Council on Adoptable Children** promotes and supports permanent families for children and youth in the United States and Canada who have been in care—especially those in foster care and those with special needs.

Access their website at: [www.nacac.org](http://www.nacac.org)

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found no evidence that children's or adolescents' contact with birthparents is associated with such negative outcomes. Children in open adoptions tend to have greater understanding of the concept of adoption than their adopted agemates in closed adoptions, probably because adoption is talked about more frequently or openly in their families. Regardless of contact, adopted children are curious about their birthparents. Those in closed adoptions are curious about why they were placed for adoption, who their birthparents are, what their birthparents look like, and similarities and differences between them and their birthparents. Those in open adoptions are curious about when they will see them next and details of their daily lives. At Wave 1, self-esteem, satisfaction with openness, and curiosity about birthparents did not differ by level of openness. On the other hand, results did not support the alternative position that more openness would enhance these outcomes. Adolescents having contact with their birthparents were more satisfied with their arrangements than were adolescents who had no contact. For families that do have contact, a collaborative relationship among the adults (involving mutual respect, empathy, flexibility, and concern for the child's best interests) predicts better adjustment for children.

Adopted youth are confronted with the challenge of making meaning of their beginnings, which may be unknown, unclear, or otherwise ambiguous. Meaning-making involves constructing a narrative about oneself that attempts to answer many questions: Where did I come from? Who were my parents? Why was I placed for adoption? Do my birthparents think about me now? Do I have siblings? What does adoption mean in my life? This narrative helps the adolescent to make sense of the past, understand the self in the present, and project himself or herself into the future. Constructing this narrative is about the development of adoptive identity, the evolving answer to the question: "Who am I as an adopted person?" Nora Dunbar (2003) identified four distinctive patterns of adoptive identity during adolescence: unexplored identity, involving little or no exploration

and low affect about adoption; limited identity, involving preliminary explorations; unsettled identity, marked by high exploration of adoptive identity, high salience of adoption, and strong negative affect; and integrated identity, involving coherent, integrated narratives in which adoptive identity was highly salient and viewed positively. Patterns of adoptive identity differed widely across adolescents, although in general, more positively resolved patterns were found among older rather than younger adolescents and girls rather than boys.

Adoptive parents expressed less fear that birthparents would try to reclaim their children in open adoptions than in confidential adoptions, in contrast to the prediction that contact between adoptive and birthparents would increase the likelihood of reclaiming. Furthermore, adoptive parents' sense of entitlement was not harmed by having contact.

Birthmothers having contact with their child or the child's adoptive family showed less unresolved grief than did those having no contact. The greatest unresolved grief was among birthmothers who had contact early in the placement, but then lost it – either because the initial agreement was that contact would only occur for a limited time or because the adoptive parents withdrew it.

Members of adoptive kinship networks involved in ongoing contact found that their relationships were dynamic and had to be re-negotiated over time. Early in the adoption, meetings were especially important for the birthmothers, who were very concerned about whether they had made the right decision, whether their child was safe, and whether the adoptive parents were good people. After a while, birthmothers' interest in contact sometimes waned, especially as they were assured that their child was thriving. With the passage of time, many birthmothers became involved in new romantic relationships, sometimes taking attention away from the adoptive relationships. Adoptive parents tended to become more interested in contact as they became more secure in their role as parents. As the children grew older and understood the meaning of adoption more fully, their

questions tended to put pressure on the adoptive parents to seek more information or contact.

Our families have shown us that open adoptions are very diverse in type and intensity of contact. Therefore, simple group differences (e.g., open vs. closed adoptions) mask considerable underlying variation. Through processes of emotional distance regulation that may neither be explicit nor consciously intentional, members of adoptive kinship networks work out, over time, a level of contact that works for them. This does not mean that everyone will be equally satisfied with the contact arrangements, as power differentials within the kinship network play important roles. Successful relationships in such complex family situations hinge on participants' flexibility, communication skills, and commitment to the relationships. There are circumstances when one or more parties involved in the adoption are not able or willing to participate; in such cases, open adoption may not be advisable. We are currently looking at how relationship dynamics unfold over time, and how those processes are linked to individual and relational outcomes for the young adults as they begin forming families of their own.

**Emerging Issues**

The number of voluntary placements of healthy infants has declined in the United States, and the number of involuntary terminations of parental rights (for abuse, neglect, major mental illness, or chemical dependency) has increased, resulting in more children in foster care. Governmental incentives have been put into place to move children out of temporary foster care into permanent adoptive homes more quickly than in the past. How do open adoptions work in such situations, when the child might have been removed from their home because of abuse or neglect?

In the United Kingdom, where most domestic adoptions result from involuntary termination of parental rights, the context for open adoption seems quite challenging. Current research conducted by Professor Beth Neil at the University of East Anglia

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**OPEN ADOPTION** *continued from page F18*

suggests several factors to consider in addition to those discussed in the context of infant adoptions. She found that contact seems to work best when birth relatives who may have been against the adoption can nevertheless accept the fact that the child is now a member of another family and can offer their support to the child and adoptive parents. Being able to retain some level of connection to the child may allow the birth relatives to make that shift in their thinking. In many cases, older children who have well-established relationships with birth relatives will want to retain those connections alongside their new adoptive relationships. Contact may help reduce children's sense of conflicting loyalties, but the degree of success will also depend on how collaboratively the birth relatives and adoptive parents work together on the child's behalf. The challenges inherent in such an open adoption need to be weighed against the potential difficulties of a closed adoption. This situation is currently of significant interest to researchers, practitioners, and policymakers alike.

The number of international adoptions in the United States and many Western European countries also rose dramatically between 1990 – 2005, and levels continue to be high. Is open adoption possible in such situations? The answer depends, in part, on the child's country of origin. Although international open adoptions are still very rare, some countries (e.g., South Korea) are more supportive of efforts of adult adopted persons to search for their birthparents. Children adopted from China, however, were often abandoned because of the country's one child policy; therefore, attempts to search for birth relatives often yield nothing. However, as young adults around the world are using technology and genetic markers to enhance their likelihood of connecting with biological relatives, it is likely that search activity in international adoptions will increase.

Adoption policy and practice appear to be reaching a new equilibrium that acknowledges openness in adoption yet continues to include the legal transfer of parental rights and responsibilities. However, history teaches us that practice and policy will continue to evolve as the landscape of

demographic factors, knowledge about genetic influences, attitudes about family and kinship, cultural values, and social policy continue to change over time. ■

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Adapted from Grotevant, H.D. (2006). Open adoption. In K. Stolley & V. Bulloch (Eds.), /Praeger handbook of adoption. /New York: Greenwood Press. Permission granted by Greenwood Press.

**ADOPTIONS THAT DISSOLVE** *continued from page F7*

an absolute dissolution and total cut-off between family and child. Also, since the family is essentially the on-site case manager, family therapy should be on the provider list. Most often, providers favor individual therapy for the child or parent, ignoring that "it takes a system" to raise a child.

**Conclusion**

In a recent blog, NCFR organizational blogger Nancy Gonzalez adapted Betty Friedan's words from *The Feminine Mystique* to refer to ambiguous loss as "the other problem that had no name." Indeed, failed adoption also has had no appropriate name; it has been an invisible and taboo topic. Hopefully, this will change with more open discussion and a recognition of the ambiguity and trauma involved; for adoptive parents as well as the children they so reluctantly give up.

Ideally, the first goal for family social scientists and practitioners is to prevent the failure of parenting in the birth families. When that fails, the goal becomes prevention of failure in adoptive families. Much more therapy must be made available to do this. In this essay, I merged the words of parents who experienced adoption dissolution with the words of researchers and scholars who formally study various aspects of this problem. Both sets of voices are needed to find out what helps. Whether we are family educators, therapists, researchers, policymakers or clergy, we need to listen more to all sides of this painful story, examine our own biases, and support more inquiry to find ways to prevent such traumatic loss for the sake of all concerned—the adoptive parents, the birthparents, and especially, the children. ■



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NATIONAL COUNCIL ON FAMILY RELATIONS

3989 Central Ave. N.E., Suite 550, Minneapolis, MN 55421

Phone: 763-781-9331 • Fax: 763-781-9348 • E-mail: [info@ncfr.org](mailto:info@ncfr.org) • Website: [www.ncfr.org](http://www.ncfr.org)

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