

ADOPTION DISSOLUTION FROM THE PERSPECTIVE OF ADOPTIVE PARENTS FROM
THE USA WHO ADOPTED CHILDREN INTERNATIONALLY

by

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Dedication

No duty is more urgent than that of returning thanks

Unknown

Dedicated to all of the adoptive families who helped to make this study possible. To all adoptive families who pour all of their hearts and efforts into making their children's lives better.

This work is also a dedication to my parents who love me and have always supported me. To my husband who has become my stone wall. To my little daughter who I hope will grow up understanding the value and importance of education and whom I love very much.

I also dedicate this dissertation to my friend John Pronk without whose help and support I would not have been able to complete my studies. To my mentors David Moxley and Tim Page. To my friends Kate Holland, Dalia, Rupal, Max Adams, Salah, and all others. To all my friends and acquaintances who been my support system in the USA. All of you have made my life here more meaningful. Thank you for sharing all-night study sessions with me, having long talks about everything under the Sun with at a cup of coffee, and for giving me rides to a grocery store or wherever I needed to be.

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ABSTRACT

ADOPTION DISSOLUTION FROM THE PERSPECTIVE OF ADOPTIVE PARENTS FROM THE USA WHO ADOPTED CHILDREN INTERNATIONALLY

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The goal of this qualitative dissertation is to explore why some international adoptions result in dissolution. I attempt to answer this question through the experiences of American parents who adopted children internationally and experienced dissolution of an adoption. The objective of the research is to expand existing knowledge concerning international adoption disruption because the topic is extremely understudied. Factors examined are: aspects contributing to adoption dissolution as described in existing literature; historical perspectives on adoption, including international adoption; effectiveness of adoption services as ways to enhance adoption outcome; proposed methodological approaches for adoption dissolution research; and results of the study. This study presents information to guide future research in the area of international adoption disruption, a greatly understudied topic. The results provide guidelines for adoption specialists working with families wishing to adopt internationally.

Keywords: adoption, international adoption, adoption dissolution, adoption disruption, adoptive parents

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Chapter 1: Introduction

Eighty-nine percent of Americans are familiar with adoption (Dave Thomas Foundation for Adoption, 2007). Almost half of Americans are touched by adoption (were adopted, did adopt, have family or friends who were adopted), 72% have a very favorable opinion of adoption and two-thirds believe the American society should encourage and support adoption more, 70% of Americans have considered or are considering adoption (Dave Thomas Foundation for Adoption, 2007). Despite encouraging aforementioned statistics, some adoptions still do not work out. Adoption brings major changes to the lives of children and adoptive parents. Intercountry adoptions are associated with high monetary costs, long waiting periods to adopt, changes of the family environment, and cultural challenges, along with other bureaucratic and socio-economic factors. The termination of international adoption is related to major psychological stress in children and families. Between 2003 and 2015 years, 184,053 children were adopted into the United States from other countries (U.S. Department of State, n.d.). The Administration for Children and Families of the U.S. Department of Health and Human Services points out that, according to various data sources, adoption disruption statistics vary from 10% to 25 % of all adoptions, domestic and intercountry (CWIG, 2012; DHHS, 2013). Festinger (2014) notes that there is no national database of disrupted or dissolved adoptions and much of what is known about rates of disruption comes from a limited number of studies (many of which are outdated) and agency reports. Festinger's review of older studies on domestic adoptions indicated disruption rates ranging between 2% and 20% depending on characteristics of the sample and the study's design (Festinger, 2014). Festinger (2014) believes, however, the disruption rates likely have increased because the number of children adopted has increased compared to the adoption rates at the time when older studies were conducted. Hartinger-

Saunders, Trouteaud and Johnson (2015) note that the rates of adoption disruption in the few studies that attempted to investigate disrupted placements, vary because of such factors as examining different populations, using various definitions, using only administrative data from child welfare agencies (often inaccurate or incomplete), examining different populations (private adoptions or public adoptions). For example, in Barth and Berry's (1990) study of adolescent children adopted between the ages of 12 to 17 years old, the secondary analysis of the documents showed the dissolution of 24.2% with the highest frequency of disruption among Caucasian or Asian adoptees and the lowest disruption rate of Latino children. Hartinger-Saunders et al. (2015) also note that national studies on adoption dissolutions have not been conducted and it is extremely difficult to track every child that has gone through a disruption or a dissolution of an adoption.

Most international adoptions upon arrival to the United States have been finalized in a child's country of birth and are recognized in the United States court as legally binding upon arrival (CWIG, 2014). However, in some cases, adoptive families may have to finalize an adoption in the United States if it is a specific requirement of their state of residence or if a child was issued a IR-4/IH-4 visa – a type of visa issued in cases when one or both parents did not see the child prior to an adoption, the child is entering the United States to be adopted, and the child is coming from a country that has not ratified the Hague Convention for the Protection of Children and Co-operation in Respect of Intercountry Adoption (the Convention) (CWIG, 2014; U.S. Citizenship and Immigration Services [USCIS], 2015). Thus, if adoptive parents have to go through re-adoption process in the United States, but the placement failed before finalizing the adoption, this is legally considered disruption of a placement. Since becoming one of the countries that signed Hague Convention that went into force on April 1, 2008, The United States

is obligated to report disrupted cases of adoptions from other Convention countries (U.S. Department of State, 2008). Between 2008 and 2015 there were 25 official reports of dissolved and disrupted adoptions from Convention countries involving 38 children (USDSBCA, 2008-2015). It is important to note that the U.S. Intercounty Adoption Act (IAA) requires the Department of State to:

Report the number of Convention placements for adoption in the United States that were disrupted, including the country from which the child emigrated, the age of the child, the date of placement for adoption, the reasons for the disruption, the resolution of the disruption, the agencies that handled the placement for adoption, and the plans for the child, and in addition, any information regarding disruption or dissolution of adoptions of children from other countries received pursuant to section 422(b)(14) of the Social Security Act, as amended by section 205 of this Act (IAA, 2000).

Although attempts to report international adoption disruption and dissolutions have been made since 2008, any dissolution or disruption that does not fit the above requirement goes unreported. Any international adoption dissolution or disruption from a non-Convention country also does not get reported to the USDS. The USDS International Adoption Reports of 2008 and 2009 note that there were no known cases that fit the requirement of the IAA. In addition, in no 2012 report of dissolution cases was generated at all, including the absence of such cases (USDSBCA, 2012). Table 1 illustrates reported cases of dissolution/disruption from Convention Countries.

Several factors make internationally adopted children more at-risk for failed placements compared to domestically adopted children. Such factors include physiological and mental conditions of biological parents. In many “sending” countries parents who either place their

children for adoption or loose parental rights often have substance abuse issues – the contributing factor that puts children at-risk of physiological and developmental delays during pregnancy and post-partum (Kreider & Cohen, 2009). Many internationally adopted children spend time in institutional settings prior to the adoption (Groza, Ryan, & Thomas, 2008; Juffer & van IJzendoorn, 2005; Kreider & Cohen, 2009; Schwartzwald et al., 2015). Because of institutional rearing, internationally adopted children often have physical, mental, and emotional delays, attachment issues, and other problems. Children who were institutionalized prior to an adoption take a lot longer to “catch up” compared to children adopted from foster care (Groza, Ryan, & Thomas, 2008; Juffer & van IJzendoorn, 2005; Kreider & Cohen, 2009; Schwartzwald et al., 2015). Some parents wish to adopt children with disabilities for altruistic reasons, children who otherwise would be considered “un-adoptable” or otherwise have a lesser chance to be adopted – another aspect of international adoption that puts children at a higher risk for dissolution of an adoption (Kreider & Cohen, 2009).

Due to the aforementioned factors, the experiences of families who adopt children internationally differ from the experiences of families who choose domestic adoptions. Institutional care significantly affects a child, which, in turn, influences the experiences of adoptive parents with their children and may lead to an adoption breakdown in a future.

Table 1.

The Number of Convention Placements for Adoption in the United States that were Disrupted 2008-2015

| Year | 2008 | 2009 | 2010 | 2011 | 2012* | 2013 | 2014 | 2015 |
|--|------|------|--|---|----------------------------------|---|-----------------------------------|---|
| N° of dissolutions/disruptions reported | 0 | 0 | 9 | 5 | No disruption/dissolution report | 5 | 3 | 3 |
| N° of children involved | 0 | 0 | 22 | 5 | No disruption/dissolution report | 5 | 3 | 3 |
| Reported reasons for dissolution/disruption (number of families) | 0 | 0 | Aggressive behavior and safety of other children – 1 Not reported -2 Delinquent behavior of a child- 1 Behavioral issues of a child – 1 Death of adoptive parent – 1 Parental abuse/neglect - 3 | Not reported – 1 Family unable to meet the needs of a child -2 Difficulty with the family – 1 Change of family circumstances - 1 | No disruption/dissolution report | Medical -2 Child no longer wanted to be adopted – 1 No established bond between a child and prospective adopted parents – 1 Concerns expressed by the family during the second post-placement report - 1 | Medical -3 | Medical -2 Child did not want to leave the country of origin - 1 |
| Plan for a child | 0 | 0 | Re-adoption – 1 Seeking adoptive family – 1 Individualized permanency plan – 1 DFCS custody – 2 Foster family – 2 Unknown - 2 | Child placed in the USA - 4 Prospective placement in the USA (subsequent adoption not yet finalized) - 1 | No disruption/dissolution report | Remained in country of origin – 2 Placed in country of origin – 1 Placed in the USA - 2 | Remained in country of origin - 3 | Remained in country of origin - 3 |

Note. Section 104(b)(3) of the iAA requires the US Department of State to include in this report “the number of Convention placements for adoption in the United States that were disrupted, including the country from which the child emigrated, the age of the child, the date of placement for adoption, the reasons for the disruption, the resolution of the disruption, the agencies that handled the placement for adoption, and the plans for the child, and in addition, any information regarding disruption or dissolution of adoptions of children from other countries received pursuant to section 422(b)(14) of the Social Security Act, as amended by section 205 of this Act.”

* The USDS International Adoption Reports for 2008 and 2009 officially indicate absence of any disruption/dissolution cases for those years. However, the dissolution/disruption report is not included in 2012 report, which indicates that there could be some dissolution/disruption cases, but they were not reported.

Conceptual Definitions

For the purposes of this study, international adoption is defined as transfer of children for parenting purposes from one nation to another. It presents an extreme form of what is often known as “stranger” adoption, in contrast to relative adoption (Bartholet, 2005).

As mentioned previously, most international adoptions are finalized in a child’s country of birth (CWIG, 2014). However, in some cases, adoptive families may have to finalize an adoption in the United States (CWIG, 2014; USCIS, 2015). Disruption of adoption is an adoption process that ends after the child is placed in an adoptive home and before the adoption is legally finalized, resulting in the child's return to (or entry into) foster care or placement with new adoptive parents (CWIG, 2004). A dissolved adoption is one that ends after the adoption has been legally finalized. This results in the child's return to (or entry into) foster care or placement with new adoptive parents (Child Welfare Information Gateway, 2004).

Although cases of international adoption disruption are rare and most instances of adoption failure involve dissolution, this dissertation considers instances of both dissolution and disruption, as they are similar and probably equally difficult for the families. For the purposes of clarity, the term “dissolution” is used throughout.

The process of transferring adopted children to others unofficially is often labeled “rehoming” – the term adopted from animal adoption terminology that refers to an owner giving away their pet to be taken care of by someone else (Hasan, 2015; Schwarzwald et al, 2015).

Respite care - period of rest or relief. Respite care provides a caregiver temporary relief from the responsibilities of caring for individuals with chronic physical or mental disabilities.

Respite care is often referred to as a gift of time (Respite, n.d.).

History of Adoptions in the USA

Adoptions in the United States before the middle of the 19th century were not regulated and were performed as a form of special transaction or an agreement between adults.

Transferring children between households was not uncommon, and the motivations for such displacements were many, including reasons of love, labor and inheritance (Herman, 2008).

The Massachusetts Adoption of Children Act of 1851 is considered the first modern adoption law in the United States (General Court of Massachusetts, 1851; Herman, 2008; Watson & Hegar, 2014). The Act attempted to regulate the process of adoption, stated the right of an older child to agree or not agree to being adopted, included a section about suitability of a potential family (focusing on the financial ability to care for a child, provide room, board, and education), and provided a statement that if adopted, a child would have the same inheritance rights as a biological child (General Court of Massachusetts, 1851). However, most adoptions were not performed in a legal way, and informal exchange of children was a common practice. Many people believed official adoption was a lengthy, embarrassing, unnecessary process, and families should not be formed through a legal action (Herman, 2008). Blood ties were still considered important at that time, and adoptions were usually conducted in an undisclosed manner.

Public and private childcare systems were very poor at that time. A vivid example was so called baby farms - a form of commercial adoption when a “farmer” took an unwanted child (usually an infant) in for a fee with a promise to find a family for that child (Herman, 2008; Zelizer, 1985). The reality of such methods was, however, horrific. Often, such an agreement between a biological parent and an owner of a baby farm was purely financially driven. It was a gamble whether a “farmer” had strong moral values and would really try to find a home for a child or if the “farmer” only sought monetary value by providing such services. According to

The New York Medical Association, in New York City streets alone approximately 1500 dead infants were found each year during that time in history. It was not uncommon that children in the “farms” were severely neglected and died. Mortality rates in baby farms ranged from 50%-70% (Herman, 2008; Zelizer, 1985).

At the end of the 19th- the beginning of 20th century children were viewed as contributors to the household and were expected to work (Herman, 2008; Leavitt, 2009; O’Connor, 2001). Adoptions were also handled through so called “orphan trains” – a phenomenon significant to adoption history that began with the New York Children’s Aid Society and later was adopted by other states and groups. The trains were designed to take the orphans (or children whose parents could not take care of them) to farms and Midwestern towns to live in other families and to work, contributing to new households (Herman, 2008; Leavitt, 2009; O’Connor, 2001; The Adoption History Project, n.d.; Watson & Hegar, 2014). Child neglect and abuse were common, and formal regulations and means of punishment of such incidents were non-existent or inadequate. Girls were especially vulnerable, and some orphanages, understanding the risks of potential sexual abuse, would not allow placements of girls in households with males (Herman, 2008; Leavitt, 2009; O’Connor, 2001). During the 19th century it was still a common practice for parents to make a private agreement with a boarding home and send a child there. In such homes children were learning a skill or provided labor services for a family in exchange for food, shelter, and education (Herman, 2008). Some of such indentures resulted in the adoption of a child sent to a boarding home.

In 1909 the White House held the first conference on children and youth aimed to address issues surrounding young people (Child Welfare League of America [CWLA], n.d.). As a result of the conference, several changes to the child welfare system were made, including the passing

of mothers' pension laws that were adopted by 40 states by 1910 (CWLA, n.d.; Herman, 2008). The laws were a way to address the issue of many widowed or otherwise single mothers who were unable to raise their children due to poverty. However, there were drawbacks to the laws. One of the drawbacks was the fact that the pensions varied dramatically among the states. The states with a larger black population were awarding smaller pensions as opposed to those with a larger percentage of white population and higher percentage of working women (CWLA, n.d.). Another disadvantage of the laws was the stigma against single women who had children (Herman, 2008). Traditional family ideology was still prevalent, and women were viewed as dependent on men. Leaning on state support was considered unacceptable. Another issue was a fear of an increased number of women solely relying on such a support, contributing to the abuse of the welfare system (Herman, 2008). However, the White House Conference on Children and Youth of 1909 signaled the first shift not only in the public welfare system, but also in acknowledging the importance of rearing children in a family and not in institutions. As cited in Bremner (1971), at the end of the conference the following resolution was announced:

Home life is the highest and finest product of civilization. It is the great molding force of mind and of character. Children should not be deprived of it except for compelling and urgent reasons. Children of parents of worthy character, suffering from temporary misfortune and children of reasonably efficient and deserving mothers who are without the support of the normal breadwinner, should as a rule, be kept with their parents, such aid being given as may be necessary to maintain suitable homes for the rearing of children. (p. 7)

In the early 20th century, US adoption agencies were mostly run by non-professionals such as nuns and religious workers (Hegar, 2005a). Such agencies tried to match children with

adoptive parents by physical appearance, health, and wealth. For example, there was strict racial matching and non-white babies were never placed with white parents; a healthy white child was more likely to be placed in a household with a white couple of a higher economic standing; agencies often focused on the appearance of a baby to make the child more “adoptable” (Herman, 2008). One of the examples of such practices was published in 1910 in the *Cosmopolitan* magazine where an orphaned child is depicted at different stages from arrival to an orphanage to adoption (Dosch, 1910, p. 433). The photo description reads:

In the morning he was a waif; at night he was a somebody to be considered. The first photograph shows him in his accustomed grab. At the “institution” he was first stripped of his shawl and then given an outfit with “pants”. By night he had been adopted, dressed as became a son of well-to-do parents, and taken to his new home.

However, during that period, the so-called “sentimental” approach to adoptions began to take place (Herman, 2008). Some agencies started focusing not on the wealth of adoptive parents, but only on the desire to love and parent a child. Institutions also started to become more “professionalized” hiring educators and pediatric care professionals (Herman, 2008). One of the well-known adoption agencies during that period was the Cradle. This agency was among many adoption institutions that matched children with the parents based on appearance. Hygiene and pediatric care were of paramount importance for Cradle, ensuring low rates of death and infectious diseases among infants (Herman, 2008). Although the absence of hygiene was a major issue in many orphanages, causing diseases and infant deaths, focusing on sanitation only was insufficient for child development and successful adoptions. Despite the fact that children in Cradle spent only approximately forty days before being adopted, social workers and adoption

professionals criticized the agency for such a practice and considered this time very short (Herman, 2008).

The early 20th century was signified by a shift towards ensuring the best interests of children. Adoption prior to this time was usually benefiting adults with less regard for children's welfare. With some agencies starting to focus on more holistic approaches to adoption practices, recognizing the vulnerability of children and their wrongful use for the purposes of labor, transformation of approaches to adoption began (Herman, 2008). Some agencies started advocating for a need for the development and regulation of adoption policies. These changes were met with resistance from the general society which still believed that forming families should not be the government's concern; churches also resisted the shift towards governmental regulation, wanting to continue having control over adoptions; some social workers also regarded adoptions as a private matter that should not be governed by the states (Herman, 2008). Parallel to these changes, another White House Conference took place in 1919. The conference focused on the standards of child welfare in the United States (CWLA, n.d). The result of the Conference was improved provisions on child labor. They included legislation that addressed: new standards for care of pregnant women, children, and adolescents; minimal standards of care for special needs children, and the proposed Sheppard-Towner Bill of 1921 that gave the Federal Government limited control over the financing and development of health facilities for infants and pregnant women (CWLA, n.d).

It became obvious that some universal adoption rules and standards were needed to address multiple shortages in adoption practices. Two organizations took control over making adoptions more systematic: The United States Children's Bureau, established in 1912, and The Child Welfare League of America, founded in 1915 (Hegar, 2005; aHerman, 2008). The

organizations collaborated to build standards for adoption. Early principles of adoption introduced some general rules: children suitable for adoption had to be “normal;” advisable prospective adoptive parents needed to be not of a very old age, and the parents had to have a stable job and an adequate income to provide for a child (Herman, 2008). These standards were the first step towards unified regulation of adoption process. New regulations revealed a need for careful record keeping, which had been an issue up until the 1920s when some states started to require birth records to be documented (Herman, 2008). Around the same time, Minnesota and Ohio passed laws requiring adoption agencies to investigate a potential placement before a child can be transferred to a new home, enforcing that adoption agencies follow these standards (Herman, 2008). Other states adapted similar practices a few years later. By 1933, birth registration became a mandatory practice nationwide, opening possibilities for adoption agencies to have background information on children, ultimately providing researchers with the possibility to assess adoption practices and measure the latter (Herman, 2008).

Since the beginning of the 20th century, adoption practices and standards have been revised on multiple occasions (Choy, 2009). Some changes were controversial and combated by the general society; others were dictated by the historical events in the United States and were met with less resistance. One of the controversial issues of the mid-century was placing children of color with white families. Racial matching was still prevalent, and children of color were, for the most part, not considered readily adoptable (Choy, 2009; Hegar, 2005a; Herman, 2008). The controversy arose with the appearance of mixed children in orphanages or children who were born to Italian immigrants and had a darker complexion. Such children were routinely placed with families of color (Hegar, 2005a; Herman, 2008). There were cases of returning children to an orphanage when their skin became darker. Herman (2008) suggests that all interracial

adoptions of that period should not even be considered as such, but rather as accidents. The Great Depression, however, brought some changes to the minds of the general society as life values for some started to shift towards the non-monetary and towards being more family-oriented. One example provided by Herman (2008) is a case of John Murdock who was a banker and lost his wealth during the Great Depression. After his loss, Murdock adopted two children and viewed them as one of his greatest “investments” that changed both his life and his values towards love and attachment being the greatest pay off (Herman, 2008, p.136).

Following the Great Depression, the Second World War and the Civil Rights revolution brought more reforms and changes to the adoption system in the United States. This was the first time many international adoptions took place in the U.S., completely shifting not only the political aspects of adoptions, but also overall public ideas about this phenomenon.

International Adoption in the United States

Although international adoptions in the United States began to occur after World War II, such adoptions happened on a small scale during the war era (Marre & Briggs, 2009). The United States government did not support immigration of war orphans, as did some Western European countries and Australia; however, private adoptions hidden from the authorities still took place. For example, in 1940s some families brought Jewish children into the United States who were later called “the one thousand” (Choy, 2009; Marre & Briggs, 2009). Brumble & Kampfe (2011) note that during the Greek Civil War of 1946 the United States supported anticommunist forces. Many children lost their parents during that war, which opened up a brief adoption “window” and allowed some Americans to adopt Greek orphans for humanitarian reasons (Brumble & Kampfe, 2011; Högbäck, 2008; Marre & Briggs, 2009). These adoptions were discontinued after five years due to an improved economy and more stable atmosphere in

Greece after the revolution (Brumble & Kampfre, 2011). However, around the same time American soldiers were present in Europe and Japan. Herman (2008) notes there were approximately 400,000 children fathered by American soldiers overseas after the Second World War. Many of those children were of mixed race, were rejected by the people in their countries, and were often abandoned (Choy, 2009; Herman, 2008). Few American fathers took responsibility for children they fathered while at war. The vast majority of military personnel left those children and their mothers behind. Adoptions for humanitarian reasons emerged once again in an attempt to save the lives and futures of those children (Herman, 2008). The Displaced Persons Act of 1948 allowed 4,065 orphans fathered by American soldiers in Europe and Asia to enter the United States (Marre & Briggs, 2009). However, only 500 of those children were adopted by military personnel, and it is unknown whether the children were, in fact, the offspring of US soldiers (Marre & Briggs, 2009).

Those early international adoptions were not always handled in the best way. Military families were unable to go through a regular, lengthy adoption process because of the long deployments and frequent moves that characterize their occupation. Therefore, intercountry adoptions by military families were facilitated by the United States Military Board (Herman, 2008). Americans were able to adopt children via “proxy” adoptions – when a family was allowed to quickly adopt a child from Europe without being present at the court overseas or ever seeing the child prior to adoption (Herman, 2008; The Adoption History Project, n.d.). Such families were able to adopt children quickly, avoiding multiple bureaucratic delays (Herman, 2008; The Adoption History Project, n.d). Proxy adoptions lacked specific legislations pertaining to intercountry adoptions and adequate screening processes for adoptive families (Choy, 2009; Herman, 2008). The gap in international adoption regulations revealed itself in the early 1960s,

and proxy adoptions were discontinued in 1961, when the United States Children's Bureau and the Child Welfare League of America raised the issue of the rights of children adopted from overseas (Herman, 2008). These organizations believed transnational adoptees were not protected similarly to domestic children and that investigation of future placement prior to adoption was necessary, as well a requirement that future parents see children before adopting them (Herman, 2008; The Adoption History Project, n.d).

A turning point in US adoption history came in the post-Korean war era of the 1950s. Although adoptions between races had taken place before, they were not common, and racial matching still prevailed (Herman, 2008). However, beginning with the Second World War, and especially after the war in Korea, a large number of Western families adopted Korean orphans and orphans of mixed race (Brumble & Kampfe, 2011; Choy, 2009; Herman, 2008; Selman, 2009). Mixed children in Korea reportedly suffered from deprivation, abandonment, ostracism, and were often left on the streets (Brumble & Kampfe, 2011; Choy, 2009; Herman, 2008; Selman, 2009). Even those biracial children who were placed in Korean orphanages were mistreated and suffered abuse (Choy, 2009). Mass media in the United States began advocating for international adoption as means to save the orphans of war from neglect, deprivation, winter cold, and abuse in their home countries (Choy, 2009). The famous case of international adoption that changed the minds of many Americans about adoption was Harry and Bertha Holt who adopted eight children from Korea in 1955 (Brumble & Kampfe, 2011; Choy, 2009; Herman, 2008; Selman, 2009). The Holts' adoptions triggered a movement towards international adoption in the United States, favoring adoption of children from Asian countries, that continued throughout the 20th century with children arriving at various times from China, Japan, Korea, Vietnam, and India (Brumble & Kampfe, 2011; Choy, 2009; Herman, 2008; Selman, 2009).

As seen from above, adoption practices in the United States shifted from placing healthy white babies with white families of a higher social class, to adoption of international multiracial children for humanitarian reasons. International adoption trends continued with the failure of the Soviet Union in 1990 (Brumble & Kampfe, 2011). Romania was the first sending country to begin adoptions after the collapse of the USSR, followed by Russia, Bulgaria, and Ukraine (Brumble & Kampfe, 2011; Selman, 2009). Romanian adoptions ceased quickly, as did adoptions from Bulgaria, as a result of its joining the European Union (Selman, 2009). However, in 2000, some 4,269 Russian orphans received American visas, making Russia the second largest sending country after China (Steltzner, 2003).

Chapter 2: Literature Review

To locate research articles on international adoption dissolution, I used electronic databases from the University of Texas System Libraries. The databases used to search for the literature included: Academic Search Complete, ERIC, Family Studies Abstracts, PsycARTICLES, Psychology and Behavioral Science Collection, PsycINFO, Social Service Abstracts and Social Work Abstracts. The search terms were: adoption, international adoption, dissolution, disruption, adoption failure, adoption breakdown, adoption dissolution, adoption disruption, adoption success. In addition, the abstracts from the databases search were analyzed to search for relevant results. The inclusion criteria were: 1) journal articles had to be in English language; 2) the topics of a research had to include families and adopted children; 3) research article had to include content about dissolution or disruption of an adoption; 4) research study had to be on dissolution or disruption of an international adoption. Exclusion criteria were: 1) articles not related to child adoption; 2) studies that are not focused on international adoptions.

Using the EBSCO Host search engine, I retrieved 251 results. I scanned the search results until the key terms were no longer included in the abstracts. After eliminating studies that did not meet the selection criteria, articles that help to answer research questions were left. The relevant articles are presented in Table 2.

Table 2.

Journal Articles on International Adoption Dissolution/Disruption

| Year Published | Article | Location | Sample | Data Collection | Data Source | Selection | Purpose |
|-----------------------|---|-----------------|-----------------------|------------------------|---|--|--|
| 1994 | Boer, F., Versluis-den B., Herma J. M., Verhulst, & Frank C. (1994). International adoption of children with siblings: Behavioral outcomes. <i>American Journal of Orthopsychiatry</i> , 64 (2), 252-262. | Netherlands | 2148 adoptive parents | Survey | Dutch Ministry of Justice adoption registry | National sample | Assess adoption success in adoptions of sibling groups vs. single adoptions |
| 1996 | De Verthelyi, R. (1996). Intercountry adoption of Latin American children: The importance of early bilingual/bicultural services. <i>Cultural Diversity and Mental Health</i> , 2 (1). 53-63. | Varies | N/A | N/A | N/A | Conceptual paper/reviews of existing studies | Overview of the historical and contemporary circumstances and controversies surrounding intercountry adoptions, Review of risk factors for later child or adolescent maladjustment |
| 2001 | Shapiro, V., Shapiro, J., Paret, I. (2001). International adoption and the formation of new family attachments. <i>Smith College Studies in Social Work</i> , 71 (3), 389-418. | USA | N/A | N/A | N/A | N/A | Overview of clinical vignettes and previous studies. Includes detailed description of 2 clinical vignettes |
| 2002 | Nicholson, L. (2002). Adoption medicine and the Internationally adopted child. <i>American Journal of Law and Medicine</i> , 28, 473-490 | USA | N/A | N/A | N/A | Conceptual article | Discusses an emerged need for adoption medicine |

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|------|---|--|--|---|---|---|--|
| 2006 | Palacios, J., Sánchez-Sandoval, Y., & León, E. (2006). Intercountry adoption disruptions in Spain. <i>Adoption Quarterly</i> , 9 (1), 35-55. | Spain | 20 cases of disrupted international adoptions | Qualitative analysis of adoption records | Public adoption agencies records | Disruption records from Spanish regions of Andalucía, Madrid, Valencia | Assess variables associated with adoption disruption |
| 2006 | Castle, J., Rutter, M., Beckett, C., Colvert, E., Groothues, C., Hawkins, A., Kreppner, J., O'Connor, T., Stevens, S. E., & Sonuga-Barke, E. (2006). Service use by families with children adopted from Romania. <i>Journal of Children's Services</i> , 1 (1), 5-15. | United Kingdom | 165 adopted children and 52 domestically adopted children in a comparison group | Survey and interviews | — | Records of children adoption from Romania between 1990-1992 | Assess service use of families who adopted from Romania vs. those who adopted within the UK |
| 2009 | Hwa-Froelich, D. (2009). Communication development in infants and toddlers adopted from abroad. <i>Topics in Language Disorders</i> , 29 (1), 32-49. | USA | 1 family | Case study | Saint Louis University IAC | A client of Saint Louis University IAC | Assess speech and language development and its effect on behavior |
| 2011 | Lee, R., Seol, K., Sung, M., Miller, M. (2011). The behavioral development of Korean children in institutional care and international adoptive families. <i>International Perspectives in Psychology: Research, Practice, Consultation</i> , 1 (S), 3-18. | USA (382 four- to eight-year-old children and comparison group 230 4- to 8-year-old Korean children) | 382 Korean children adopted into the USA and comparison group of 230 children in Korean orphanages | Survey, institutional records, Child Behavior Checklist | Minnesota International Adoption Project (MnIAP)// Korean Orphanage Children Study Project (KOCSP). | Orphanages in Seoul enrolled with the Korean Health Care and Welfare Department// State of Minnesota's Department of Human Services | To compare behavioral development of children adopted from Korea and those who remain in Korean institutions |

| | | | | | | | |
|--------------------|---|------------|------------------------------------|-------------------|---|---|---|
| <p>2011</p> | <p>Stryker, R. (2011). The war at home: Affective economics and transnationally adoptive families in the United States. <i>International Migration</i>, 49 (6), 25-49</p> | <p>USA</p> | <p>35 sets of adoptive parents</p> | <p>Interviews</p> | <p>Dataset from dissertation research</p> | <p>25 families via Internet support group and 10 parents convenience snowball sample at an attachment disorder clinic in CO</p> | <p>To examine the empirical experiences of adoptive families at risk of dissolution in the United States</p> |
| <p>2015</p> | <p>Nobile, J. (2015). Adoptions gone awry: Enhancing adoption outcomes through postadoption services and Federal and State laws imposing criminal sanctions for private internet rehoming. <i>Family Court Review</i>, 53 (3), 474-486.</p> | <p>USA</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> | <p>Conceptual article</p> | <p>Discusses issues associated with rehoming</p> |
| <p>2016</p> | <p>Verbovaya, O. (2016). Theoretical explanatory model of international adoption failure: Attachment and ecological systems perspectives. <i>Adoption Quarterly</i>, 19 (3), 188-209.</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> | <p>Theoretical article</p> | <p>Explore the issue of international adoption disruption/dissolution through the prism of two theories: attachment theory and ecological systems theory.</p> |

The results of the literature search indicated a huge gap in international adoption dissolution research. Therefore, the search was modified to include domestic adoption dissolution/disruption studies. Using the same databases, I performed another literature search applying the same search terms excluding the term “international”. The EBSCO Host search engine showed 487 academic journals with the publication dates ranging from between 1972 and 2017 years. After looking through the titles and abstracts, 32 journal articles relevant to adoption dissolution/disruption were identified, including studies of children adopted from foster care and kinship care adoptions. Due to the smaller number of studies of international adoption dissolution, relevant articles from domestic adoption research studies also were examined for this literature review.

Domestic Adoptions

Dissolution of an adoption is a taboo topic that is also very stigmatized in the society, making families with failed adoptions a vulnerable population (Diaz-Duran, 2010). Studies of adoption dissolutions are very limited. Previous studies on adoption dissolutions identify various factors contributing to the discontinuity of a child’s placement: older age of children at the time of adoption; previous abuse history; and institutionalization – are the factors discussed further (e.g. Barth, Berry, Yoshikami, Goodfield, & Carson, 1988).

In a study of 99 adolescent children adopted between the ages of 12 and 17, Barth and Berry (1990) found that older age of a child was a consistent predictor of adoption disruption. In addition, in two-thirds of all the disruption cases, the children had some form of special needs. Other significant predictors of adoption disruption were the presence of biological children in a family, history of multiple placements prior to adoption, and adoptive parents not receiving any subsidies (Barth & Berry, 1990). Non-foster-parent adoptions disrupted at a higher rate

compared to foster adoptions, according to the researchers. Interestingly, in families where mothers had a college degree, disruptions happened at a significantly higher rate. Similar findings were reported by Rosenthal (1993) in his study of domestic adoptions. An older age was one of the consistent predictors of adoption disruption. The author notes that older children are more likely to suffer from the effects of institutionalization, abuse, and neglect. According to Rosenthal (1993), ten to fifteen percent of adoptions of children three years or older end in disruption. The researcher suggests that prospective adoptive parents should only consider adopting an older child if they can accept the child as is, without expecting gratitude or wishing for a child to change (Rosenthal, 1993).

Dance and Rushton (2005) analyzed 99 adoptive families in the UK who adopted a child between the ages of 5 and 11. Researchers completed a longitudinal study based on the analysis of documents, interviews with the parents after one year of adoption, and a follow-up six years post-adoption. Findings of this study were similar to Barth and Berry's (1990) and Rosenthal's (1993): the authors discovered an older age at the time of adoption, maternal sensitivity, and history of emotional abuse predicted negative outcome of a placement (Dance & Rushton, 2005). In addition, the presence of siblings in a family contributed to a negative placement outcome. As the researchers point out, adopted children are more likely to suffer from preferential rejection if biological or adoptive siblings live in a family (Dance & Rushton, 2005). The study was limited, however, by parental self-reports and, as the researchers point out, inclusion of a third-party perspective would have been beneficial for less biased results.

Children develop important skills at different periods, therefore, timing of adoption is critical (Schwartzwald et al., 2015). The longer a child remains at an institution, the more likely the child is to be exposed to poor medical care, poor nutrition, lack of opportunities to create

meaningful attachments, limited social environment, and lack of opportunities to develop language and social skills. Additionally, older children are more likely to have neurological problems because inadequate orphanage care negatively affects brain development, which, in turn, adversely impacts child's normal development and behavior (Schwartzwald et al., 2015). Thus, Merz, McCall, and Groza (2013) studied children's executive functioning (i.e. cognitive skills that facilitate purposeful, goal-directed behavior such as inhibiting actions, decision-making, restraining and delaying responses, attending selectively, setting goals, planning, and organizing) and how being institutionalized either at a psychologically depriving institution or at globally depriving institution affected children's executive functioning. Both groups of children had executive functioning problems, but the group from globally depriving institutions tended to exhibit issues at an earlier age. The findings of the study indicated that children adopted at an older age (older than 18 months old) had more significant executive functioning issues compared to children adopted when younger than 18 months old. Researchers also noted that persistence of executive functioning issues in middle childhood and adolescence, despite being in an adoptive home, may be due to a prolonged institutional rearing earlier in life and the negative effect of the institutional privation on the development of the brain. Researchers indicated, however, that genetics, prenatal care, substance exposure, and birth circumstances may also contribute to an increased risk of executive functioning issues in children, but the aforementioned factors could not be ruled out in this study (Merz et al., 2013). Yet another factor associated with being adopted at an older age is the presence of a biological sibling. Children who have biological siblings wait for an adoption significantly longer compared to children without biological siblings (Brodzinsky & Brodzinsky, 1992). As a result, children who have biological siblings are more likely to be institutionalized for a longer period of time and to be exposed and suffer from

more negative consequences of institutionalization (Brodzinsky & Brodzinsky, 1992). In an older report by Rosenthal, Berry, Carson, Goodfield, and Feinberg (1986) sibling groups make for a higher disruption statistic also because the entire sibling group typically needs to be placed elsewhere in case of an adoption disruption. However, researchers also note that some studies report the opposite findings concluding that foster care placement where siblings are present tend to have more positive outcomes with more stability for children (Hegar, 2005b; Rosenthal et al., 1986).

Previous history of abuse is another factor that contributes to negative adoption outcomes, as some studies suggest. A pilot study by Nalavany, Ryan, Howard, and Smith (2008) discovered that previous sexual abuse contributes to disruption of adoptions. The study involved a non-random sample of 117 parents who voluntarily participated in Adoption and Guardianship Preservation Services (APS) program. The data for the analysis was collected from the intake documents and from Family Information Form. The authors found that children who experienced sexual abuse were more likely to experience four or more disruptions as opposed to the comparison group of children who did not have the history of abuse (Nalavany et al., 2008; Nalavany & Ryan, 2008). The odds for a child with a history of sexual abuse to experience disruption increased by a factor of 4.37, compared to children who did not experience sexual abuse (Nalavany et al., 2008). The researchers, however, note that the information about sexual abuse history was reported by the parents and could not be independently confirmed, presenting a limitation for this study. In earlier studies by Smith and Howard (1991; 1994) the authors compared successful foster care and domestic adoption placements with disrupted placements and found that children with the known history of sexual abuse experienced many more moves in care (6.49 moves on average compared to 4.49 moves in the comparison group). In addition,

children in the comparison group had more severe behavioral problems, and were a lot more likely to have attachment problems and exhibit aggressive behavior (Smith & Howard, 1991, 1994).

International Adoptions

The adoption disruption studies mentioned above focused on domestic adoptions. Studies directed to international adoptions are very limited. One such study was a work by Palacios, Sanchez-Sandoval, and Esperanza (2005) that focused on international adoptions in Spain. The researchers performed an in-depth qualitative analysis of documents of twenty cases of international adoption disruption. The results of the analysis showed that in 60% of the disruption cases there were gaps in the home assessment of adoptive placements prior to adoption. For example, when conducting a home assessment, the main focus was on the mental health of future parents, but not on their ability to parent a child and strength to cope with conflict situations (Palacios et al., 2005). In some cases, the notes revealed conflicting information about the parents: an overall evaluation of a couple was positive, but the information about each parent separately indicated a lack of suitability for parenting (Palacios et al., 2005). Other factors contributing to dissolution of international adoption placement as indicated by Palacios et al. (2005) were misguided motivation for adoption, having other children in the house prior to an adoption, and an older age of a child at the time of a placement (Palacios et al., 2005). Children adopted from the Russian Federation constituted 52% of the dissolved adoptions in the sample. The authors mention that possible reasons for a high number of dissolutions from Russia may have resulted from malpractice of one of the agencies that was involved in the adoption process and was no longer functioning (no other details about the agency were provided). The higher mean age of children adopted from Russia compared to adoptees from other countries was

also presumably related to increased dissolution rates (Palacios et al., 2005).

The above information suggests that factors contributing to the discontinuation of adoptive placements are complex. Children with a history of sexual abuse, neglect, maltreatment, and several placements prior to the adoption are faced with much greater challenges adjusting to their new adoptive family, attaching to their adoptive parents and siblings, experiences more stress, and, as a result, are more at-risk for adoption disruption (Barth & Berry, 1988).

Studies of adoption disruption are not well represented in the existing literature. However, adoption researchers believe that prolonged institutionalization has detrimental long-term effects on children that contribute to dissolutions of adoptions. The latter factor is of special interest for the writer and will be discussed in other sections; finding out if the decision to discontinue a placement is largely due to the inability to cope with the consequences of poor orphanage care will be an important part of a future research study. The Convention on the Rights of a Child (1989) promotes raising a child in a family, and the Hague Convention (1993) suggests that kinship placement should be considered first before other forms of adoption. Nevertheless, as Terling-Watt (2011) suggests, kinship placements do not always ensure the best interest of children. Therefore, domestic or international adoption is the next best option for children, so it is critical to ensure a positive outcome of adoptive placements.

Other Perspectives on Adoption Dissolution

A significant number of children are adopted by their family members, yet disruptions of kinship placements are not uncommon. Terling-Watt (2001) aimed to determine whether kinship care provided permanency for children. The researcher used longitudinal quantitative data combined with qualitative in-depth analysis of placement documentations and interviews with adoption practitioners. The author reviewed 875 cases of kinship adoptions. Thirty cases were

also randomly selected for an in-depth descriptive analysis. Of those thirty cases, nineteen were disrupted adoptions. As reported by Terling-Watt (2001), the interviews with twenty-six adoption workers revealed that generally kinship placements are stable with rare occasions of child abuse and neglect compared to non-relative adoptions. Despite such reports, the results of the study of disrupted kinship placements showed disruption rates of 29% within six months after an adoption, and as high as 49% between the second and the third years after the adoption (Terling-Watt, 2001). As mentioned by the researcher, one of the main predictors in kinship adoption disruption was on-going contact of children with their parents (Terling-Watt, 2001). The author pointed out that often the relatives do not fully understand the danger biological parents may present to a child by trying to interfere with the child's life or even attempting kidnapping (Terling-Watt, 2001). Thus, sometimes adoption workers have to remove children from kinship placements to ensure their safety.

An important study on the dissolution of adoption from the parental perspective was conducted by Valentine, Conway, and Randolph (1988). The study is important from the developmental standpoint and is related to an earlier discussion of the negative effects of institutional care of children. Although the work is dated, it has been cited in thirteen other studies but has not been replicated. The research focused on the dissolution of domestic adoptions from the point of view of parents from South Carolina. The study is unique and valuable because it is the only study where the investigators were able to reach adoptive parents who experienced dissolution and to interview them (Valentine et al., 1988). An in-depth qualitative analysis of the semi-structured interviews provided the main themes of the stories told by adoptive parents. The results of the interviews indicated that eleven out of eighteen families were dissatisfied with the selection of a child and had to settle for "less" than what they have

requested originally (older child, different gender, or a child with siblings). Some parents also mentioned having had certain requirements for the behavior of a child, but the child they received had the behaviors the parents specified prior to an adoption as those they could not effectively address. The lack of information about a child before the adoption seemed to contribute to the parental decision to discontinue a placement. In some cases, children, too, were not well prepared for an adoption and were either misinformed about an adoptive family or did not want to be adopted (Valentine et al., 1988). Most of the parents reported behavioral problems of children that emerged earlier or later in the adoption process as significant factors for their decision to discontinue a placement. The parents felt inadequate and unprepared to meet the needs of children with severe behavioral issues. The unavailability of post-adoption services and indifference of adoption workers contributed to the final decision to disrupt adoptions (Valentine et al., 1988). After the dissolution, sixteen out of eighteen families reported experiencing guilt, grief, loss, and regarded dissolution a very traumatic experience (Valentine et al., 1988).

There are multiple risk factors contributing to adoption dissolution and dissolutions cause major distress to the families. Steltzner (2003) raised a controversy over the idea of ensuring "the best interest of a child" and "the best interest of parents". The author points out that most of the time an adoptee is considered to be the primary client of the adoption transaction, however, the interests of adoptive parents are inseparable from the interests of a child and should also be taken into account (Steltzner, 2003). Some of the difficulties that arise in adoptive families include, but are not limited to, the clash of cultures when a child arrives to the United States from a disadvantaged country and is not prepared for a Western life style; unrealistic expectations of adoptive parents; and negative effects of institutional care that, among other factors, prevent children from attaching to parents (Barth & Berry, 1989; Pertman, 2011). Some children suffer

trauma caused by pre-adoption experiences, neglect, and deprivation. According to Pertman (2011) a growing number of failed international adoptions may be a result of the fact that the families are not able to cope with the needs of children from institutions, whether or not their agencies have made all the facts about a child available. Dissolution of an adoption impacts parents on a psychological level, leaving them feeling angry and disappointed, triggering thoughts of their child fitting the picture an adoption agency provided, and suffering monetary losses. To the adopted children, dissolution means yet another adversity they have to overcome on top of previous negative experiences they likely have endured. Dissolution significantly affects the entire family as a result of the extremely traumatic nature of the experience (Barth & Berry, 1989; Pertman, 2011).

Considering the scope of the issue and the fact that disrupted international adoptions have been the center of attention in the media in recent years, it is noteworthy to mention a study by Hollingsworth (2003) on public attitudes towards adoption disruption. The author administered a telephone survey with 916 adults and found that 58% of people believed that adoptive parents should be required to keep their child after an adoption, another 23% believed that parents should be allowed to change their mind, 12% of the respondents thought that each particular case was different and provided an “it depends” answer, while 6.6% of the participants were unsure how to respond (Hollingsworth, 2003). Respondents with college degrees were more likely to believe that parents should be permitted to change their minds; similarly, participants thirty years and older were more likely to think that disruption should be allowed, as opposed to younger respondents (Hollingsworth, 2003).

As mentioned above, the subject of adoption dissolution received much attention in the media in recent years. Another issue that has also been the center of attention is private re-

homing. As seen from the USDS data on Intercountry Adoption in presented in Table 1, cases of rehoming have been officially reported in some dissolution cases. When faced with difficulties and problem behavior of their adopted children, some parents choose to seek another family to take care for their child/children (Bergeron & Pennington, 2013; Nobile, 2015; Schwarzwald et al., 2015). Twohey (2013) exposed a multitude of serious issues associated with the practice of re-homing. Multiple online groups for adoptive parents were formed to “advertise” children available for re-homing (Nobile, 2015; Schwarzwald et al., 2015; Twohey, 2013). When another family expressed interest in taking a child in, the transfer of guardianship was completed through the power of attorney document – a legal practice in many states (Nobile, 2015; Twohey, 2013). It is not surprising that such practices did not protect children and exposed them to the dangers of trafficking, abuse, and neglect in their new homes (Nobile, 2015; Schwarzwald et al., 2015; Twohey, 2013). One safeguard designed to protect children in case of rehoming is the Interstate Compact on the Placement of Children (ICPC) adopted by all States (Nobile, 2015). ICPC requires parents to report to child welfare authorities if guardianship has been transferred to someone else outside the state. However, not all states have sanctions for violation of ICPC and the ICPC itself does not have the means to track all children. ICPC is also the only law that aims to protect children and has provisions on preventing and sanctioning violations. No other federal law is applicable in cases of private rehoming (Nobile, 2015). Despite very controversial nature of rehoming, some parents choose this route instead of dissolving an adoption, because it can be a lot faster, often does not present legal consequences to a parent, and may be the only option for some parents who are unable to otherwise dissolve an adoption.

International adoption dissolution is a complex issue with multiple factors to explore in order to make conclusions, suggestions, and improvements. As seen from above, international

adoptions are often associated with various issues that children and their adoptive families face (i.g. Barth & Berry, 1988; Barth & Berry, 1990; Valentine, Conway, and Randolph, 1988). Previous studies identify some of the known risk factors that may be associated with failed placements.

Contemporary Services for Adoptive Families

Permanency of adoption has become a paramount focus of work for many adoption agencies. As noted by Hegar and Watson (2013), although domestic and international adoptive placements have similar chances for success, international adoptions differ from domestic, therefore calling for special attention and consideration when providing services to families of intercountry adoptees. As noted by Groze and Grunewald (1991) involvement in therapy should be the norm for adoptive families. The authors believe that therapeutic services help prevent or alleviate crisis situations in adoptive families, ultimately diminishing the risk of adoption dissolution. Authors point out that adoptive families in crisis situations need education, help dealing with emotional difficulties and behavioral management. To meet these needs, families may require specific services aimed to restore adoptive placement stability (Groze & Grunewald, 1991).

As noted previously, international adoptees often have some type of a special need that requires specialized interventions. These special needs are related to early experiences in the biological families, history of institutional care, as well as difficulties associated with post-adoption such as cultural changes, difficulties adapting to a new family and a new country (Hegar & Watson, 2013). Another challenge faced by families with international adoptees is the lack of information about and contact with birth families and cultures (Hegar & Watson, 2013). Often medical records are not well maintained or sealed and not available to the adopters,

resulting in the lack of information about birth family, particularly a family's physical and mental health history.

The Council on Accreditation (COA) established standards that adoption agencies working under The Hague Convention must meet (COA, 2012; Hegar & Watson, 2013). According to COA standards, the adoption agency must ensure that families can participate in the following types of services, either directly or by referral: 1) post-placement reports on the child's progress, when requested by the country of origin; 2) developmental and educational services; 3) mental health services; 4) therapeutic services to improve the child's attachment, behavior, and social skills; individual, family, or marriage counseling; 5) respite care; 6) replacement of the child if the adoptive placement is disrupted before finalization (COA, 2012; Hegar & Watson, 2013). Adoption services for ensuring success of a placement can be categorized by three different groups: educational, clinical, and material (Barth & Miller, 2000). Educational services involve providing classes for adoptive parents, literature, and seminars. Clinical services include such support as various forms of counseling or short-term institutionalization, and finally, material services consist of adoption subsidies, support for temporary placement for children into residential care, and health benefits (Barth & Miller, 2000; Hegar & Watson, 2013).

Pre-Adoption Support

Many internationally adopted children have special needs, and adopting a special needs child is very stressful for a family and may lead to a failed adoption placement (Groze & Grunewald, 1991). Lack of adequate services is another factor that contributes to dissolution or disruption of an adoption (Groze & Grunewald, 1991). As reported by many adoptive parents, pre-adoption support is often limited or insufficient (FRUA, 2013). Many adoption agencies

require parents to participate in pre-adoption preparation classes. The level of preparation varies from agency to agency and from one state to another (FRUA, 2013). Preparation for adoption normally includes brochures, books and other similar material discussing common issues of adopted children and ways to handle such issues. Other typical pre-adoption services include groups or classes where prospective parents may ask an adoption worker questions and discuss any of their concerns (FRUA, 2013). Some agencies include video materials and invite guest speakers to enhance the quality of their support services.

Literature on pre-adoption support and empirical studies are very difficult to find, including pre-adoption program evaluations. Existing studies on adoption support services focus on post-adoption support. However, a study by Farber, Timberlake, Mudd and Cullen (2003) assessed the effectiveness of pre-adoption services for parents who adopt children domestically. Using the experience of one adoption agency in Virginia, the authors explored the services available for adoptive parents. The agency runs a small Pre-Adopt group that meets five times and is led by two social workers. During five sessions, prospective adopters reviewed the adoption process, discussed the process of child placement in more detail, had a chance to express concerns and ask questions, learned about adoption laws and policies, explored expectations of an adoption experience, as well as fears concerned with birth families (Farber et al., 2003). As reported by the researchers, the evaluation of the program demonstrated significant effects: the overall knowledge of the parents about adoption increased; the participants felt the information was useful and better prepared them for adoption, and the participants discovered thinking not only about adoption experience pertaining to them and their future children, but also how it will affect birth parents and foster families (Farber et al., 2003). However, the researchers acknowledge the gaps in this program as it is designed for traditional adoptions and may not be

as beneficial to families who adopt internationally or interracially or who themselves are non-traditional families. In addition, this short-term intervention does not allow for deep exploration of multiple aspects of adoption, as reported by the authors (Farber et al., 2003).

Families who choose to adopt internationally normally participate in similar pre-adoption services mentioned above, only with the focus on international adoption (FRUA, 2013).

However, the issues with pre-adoption services for parents who are adopting internationally differ from those of domestic adoptions. Many children who come to the United States from overseas have been institutionalized and have some level of physical, emotional, and developmental issues related to their institutionalization. However, the biggest problem, as reported by many adoptive parents, is inconsistent or erroneous reports about children, which, in turn, do not allow parents to be prepared for many situations occurring after an adoption (Barth & Miller, 2000; FRUA, 2013; Valentine et al., 1988). Parents often note the fact that being fully prepared for all the difficulties of an international adoption is simply impossible (FRUA, 2013). Hegar and Watson (2013) point out that it is of critical importance for prospective parents to consult with a physician prior to an adoption and be as informed as possible about medical, social, and developmental difficulties of diagnoses common among international adoptees. Medical terms may differ from country to country and translated child records may be confusing to less experienced pediatricians (Hegar & Watson, 2013). The authors note that videotaping children available for an international adoption can be used to identify those with some types of diagnosable problems. The researchers indicate that American Academy of Pediatrics (AAP) has a list of pediatricians who are trained in adoption medicine; thirty-six states in the United States have members of AAP who are trained to serve families with adopted children; twenty-five members listed international adoption medicine being their specialty (Hegar & Watson, 2013).

Post - Adoption Educational Services

Pre- and post-adoption services are essential to help children and families address their problems and build healthy relationships (Torres, 1998). In such states as Connecticut, New Hampshire, Rhode Island and Vermont, the help to families who adopted children with special needs was made a top priority (Torres, 1998). Casey Family Services (CFS) of New England developed adoption disruption prevention guidelines including suggestions for parents and children who have experienced adoption dissolution/disruption (CFS, n.d.). The main points of the document focus on the teamwork of adoption caseworker with adoptive parents and aftercare for parents and children who experienced dissolution/disruption of an adoption. The suggestions for the parents include building support systems prior to adoption; making sure childcare arrangements are made; examining realistic expectations of the child; recognizing good behavior to help to reinforce it; acknowledging power struggles children may experience and, as a result, resist adoption, and obtaining the most complete information possible about the child's health, prior placement history, past caregivers, and a birth family (CFS, n.d.). For parents who experienced dissolution of an adoption, the agency provides the following suggestions: not to seek validation from those who did not experience similar issues or are not understanding; to contact parents who experienced disrupted adoption for support; to rebuild a foundation of the marriage with the partner that has been rocked by the dissolution/disruption experience; and to practice describing personal feelings and focus on self (CFS, n.d.). The agency suggests that for children experiencing dissolution or disruption of an adoption it is helpful to hold a symbolic bridging ritual from one family to another. It can also help a person to whom the child was most attached to the most to permit the child to join another family through some symbolic transfer ritual (CFS, n.d.). Similar guidelines for supporting families in cases of dissolution/disruption are

presented by Bergeron and Pennington (2013). The authors suggest clear communication with a child about any upcoming changes in a family (including moves in care), while not focusing on any problematic behavior of the child or suggesting that moves in care are the child's fault. In cases when parents have difficulties refraining from negative or emotional comments, authors recommend involving a therapist or another third person (preferably a professional) to communicate to the child the upcoming changes (Bergeron & Pennington, 2013).

Post-adoption education services include various forms of support groups. Many agencies facilitate such meetings. In addition, various adoption associations provide support. Families for Russian and Ukrainian Adoptees (FRUA) is an example of a large nation-wide organization for all parents in the United States who adopted children from the former USSR. FRUA has a web page with recourses for adoptive families, forums, various pages on social network web sites, and local FRUA chapters in different states (FRUA, 2013). Adoptive parents and children are able to receive informational, educational, and moral support from other parents (FRUA, 2013).

A unique post-adoption program "Is it a piece of cake?" run in the UK introduces a promising and effective practice (Selwyn, del Tufo, & Frazer, 2009). The uniqueness of the program is the fact that it was originated and developed by adoptive parents and is delivered by experienced adopters to the families who are new to adoption and still need guidance and support (Selwyn et al., 2009). Fifteen sessions are delivered during twelve months. The modules of the program include building up parenting skills, affirming own parenting expertise, understanding attachment issues and developing better bonds with children, promoting parental self-care, and working on parental confidence in the ability to raise a child (Selwyn et al., 2009). The evaluation of the program conducted by Selwyn, del Tufo, and Frazer (2009) showed that most parents were satisfied or very satisfied with the program. Although a few parents questioned

whether having other adopters with their own “baggage” as trainers was a good idea, the majority of the participants felt like that fact only enhanced the effectiveness of the program as the instructors were able to really understand the issues (Selwyn et al., 2009). Twenty-seven percent of the participants did not find the program helpful, either because they saw themselves as experienced parents or because of their children having severe problems that cannot be solved in a short period of time (Selwyn et al., 2009). The authors, nevertheless, reveal the overall effectiveness of the “Cake” program and encourage future researchers to explore the effects of the program on the outcome of adoptive placements.

A mixed methods study by Bryan, Flaherty, and Sanders (2010) assessed the effectiveness of Adoption Support for Kentucky (ASK) - parent-led adoption support groups, operating in 32 locations. The groups welcome parents who adopted either privately, from child welfare system, or internationally. Study describes:

The program offers mentoring with an experienced adoptive family, information on state policies and procedures regarding adoption, educational/training programs, advocacy assistance, lending library, statewide resource information, referrals to resources, and information on medical/behavioral issues (p. 93).

A purposeful sample of 251 parents took part in a survey part of the study that included Likert-scale questions ranging from 1 – strongly disagree to 5 – strongly agree, and 42 parents participated in focus groups. Both the survey results and the focus group results indicated high level of satisfaction with ASK, including the program helping to avoid dissolution of adoption. Members noted that they enjoyed having a safe place to discuss adoption-related issues, received support from other members, were able to find answers to the questions they may have had, and received guidance in adoption-related matters. In addition, most participants indicated that the

ASK program was being the first resource they rely on when having any adoption-related questions or issues (Bryan, Flaherty & Sanders, 2010).

Clinical Post-Adoption Services

The existing studies on clinical post-adoption services focus primarily on the effects of therapies with children and parents. These services aim to improve parent-child interaction, enhance parenting skills, or adjust parental sensitivity towards children. One of these studies is a qualitative study by Zoskey (2005) who investigated post-adoption placement needs of parents. Adoptive parents voluntarily enrolled in post-adoption services provided by the state of Illinois. The intense in-home services were specifically designed to address the needs of families with adoptees with severe behavioral or mental health issues that jeopardize stability of an adoption placement. The intervention services were available to the families for the period of one year with a possibility of an extension up to two years (Zoskey, 2005). The services were available during odd hours, allowing flexibility for the participating families, offered individual approach to each family, and provided an opportunity to receive counseling at home (Zoskey, 2005). When evaluating the effectiveness of the intervention, the respondents mentioned the above assistance as very helpful (Zoskey, 2005). Another beneficial factor, as identified by the adoptive parents, was the presence of services targeted to strengthen the communication between parents and children (Zoskey, 2005). The areas to improve were developing mentoring programs and respite services that would allow the parents to “take a break” (Zoskey, 2005).

Other interventions identified in the literature include support groups, analysis of video feedbacks, and discussion of parenting of an adopted child with a therapist (e.g. Bakermans-Kranenburg, Juffer & van Ijzendoorn, 1998; Barth & Miller, 2000). The study by Osterman, Möller, and Wirtberg (2010) introduced the Marte Meo method for working with adoptive

families. This form of therapy is not utilized in the United States, but is popular in Scandinavian countries and has shown to be effective in parent-child outcomes in adoptive families. The main principle of the method is to get parents “in sync” with their adoptive child, to teach the parents to recognize the pace of the child and to adjust their expectations and ways of communicating in accordance with the pace of their child (Osterman et al., 2010). The idea is rooted in the knowledge of child development stages and various needs of a child at different periods (Osterman et al., 2010). The method is unique. By filming routine situations of parent-child interactions and reviewing the tapes along with the parents, social workers guide the parents and help them recognize verbal and non-verbal cues that children express. Thus, the therapists encourage the parents to learn to recognize those signals and establish appropriate positive responses (Osterman et al., 2010). This method is reportedly effective in developing stronger attachment between parents and children, enhancing communication skills of the parents, and providing a tool for recognizing parental mistakes as well as accomplishments (Osterman et al., 2010).

Hegar and Watson (2013) briefly discuss several therapeutic interventions that have some empirical basis and may be effective for working with adoptive families: family attachment narrative therapy; Theraplay; dyadic developmental psychotherapy; child-parent relationship therapy; trauma-based cognitive behavioral therapy; and eye-movement desensitization and reprocessing. As noted by the authors, attachment narrative therapy is a method that allows therapists to address children’s trauma in a non-invasive manner. It helps parents to attune to their child and help children construct stories of what their life could have been if they received proper care. Narrative therapy is used for understanding family identity and cultural identity -

important issues for families with internationally adopted children (Ballard & Ballard, 2011; Cherot, 2008).

In Theraplay parents and children engage in a play that is natural, joyful, structured, fosters positive relationships, attachment, and healthy interaction through four essential elements of the therapy: structure, engagement, nurture, and challenge (Hegar & Watson, 2013; Stinehart et al., 2012; Theraplay Institute, 2010). Theraplay may be effective for children with reactive attachment disorders – a common condition in international adoptees (Hegar & Watson, 2013; Stinehart et al., 2012; Theraplay Institute, 2010). This therapy differs from other forms of play therapy in several ways: the objects of a play are a parent and a child, there are very few props used; a therapist guides a parent during therapy sessions; Theraplay can be used with very young children who are not prepared for “talk therapy” or non-directive play therapy, and it can effectively transfer to use at home (Theraplay Institute, 2010).

Dyadic developmental therapy (DDT) is another intervention for children with reactive attachment disorders. The therapy is based on the ideas of attachment theory and includes cognitive, behavioral, and experiential approaches (Becker-Weidman & Hughes, 2008; Hegar & Watson, 2013; Stinehart et al., 2012). There are six components in DDT that are all empirically based: 1) affect arousal – evidence of treatment results show that emotional arousal during therapy increases positive outcomes; 2) explaining to a client (i.e. a child) how the past may continue to affect well-being in the present; 3) therapeutic alliance as a vital part of DDT; 4) acceptance, which includes a complete non-judgmental attitude towards a child, the child’s thoughts, feelings, and actions; 5) DDT focuses of cognitive and experiential aspects which both have a strong empirical base; 6) empathy, therapeutic alliance, deep emotional processing – are all an important aspect of therapeutic treatment in DDP. Relationships between those involved in

treatment process are an integral part of DDP aimed to build up a child's trust and enhance attachment to an adoptive parent or a caregiver (Becker-Weidman & Hughes, 2008).

Child-parent relationship therapy (CPRT) contains filial therapy and child-centered play therapy (Hegar & Watson, 2013). Similarly to many parent-child therapies, CPRT is rooted in the attachment theory and aims to improve parent-child relationships. In CPRT play is a child's language and toys are the child's words, children often use toys as way to express what they can't verbalize (Carnes-Holt, 2012).

Material Adoption Services

Parents of internationally adopted children do not qualify for most Federal and State supports available for parents who adopt domestically (NACAC, n.d.). Thus, parents of children with special needs may apply for the Federal Title IV-E Adoption Assistance Program (AAP). However, as stated in section 8.2.B.6 of Child Welfare Policy Manual, Federal Title IV-E program was designed to ensure permanency for children with special needs from public foster care system, which precludes internationally adopted children from meeting this requirement (CBACF, n.d.; NACAC, n.d.). Internationally adopted children also do not meet the criteria described in section 473 of the Social Security Act for Title IV-E adoption assistance eligibility (Adoption and guardianship assistance program, 2014). In order to meet the eligibility criteria for assistance, an adopted child must not only meet requirements to be considered as having "special needs", but also must be eligible for Aid to Families with Dependent Children (AFDC) at the time of the adoption and be considered a dependent child; must be eligible for Supplemental Security Income in the month the adoption petition is filed; and/or foster care costs of the child must be covered by title IV-E foster care maintenance payments being made for his or her minor parent in foster care (Adoption and guardianship assistance program, 2014; NACAC, n.d.). As

noted by the North American Council on Adopted Children (n.d.), internationally adopted children are not AFDC-eligible in their own homes because AFDC was a domestic program; not SSI-eligible because SSI cannot be established at the time the adoption petition is filed since a child who is adopted from another country cannot meet either the Social Security Administration's alien eligibility requirement or its "presence in the U.S." rule; and not eligible as a result of their minor parent's receipt of Title IV-E foster care maintenance payments.

While internationally adopted children do not typically qualify for Medicaid or adoption subsidies through Title IV-E, in some states they may be eligible for nonrecurring expenses (NACAC, n.d.). However, even in the states that provide such assistance parents must demonstrate that an effort to place without benefits has been made and the state cannot or should not return the child to the biological home. These requirements may prevent children from receiving assistance for nonrecurring expenses.

Limitations of Existing Interventions

Most interventions are reported to be generally effective; however, there are still aspects to consider. For example the study by Bakermans-Kranenburg, Juffer, and van Ijzendoorn (1998) shows that interventions aimed to increase maternal sensitivity should take into account the internal working models of parents. The study revealed variations in the responses to a studied intervention in mothers with different attachment patterns. Dismissive mothers benefitted more from an intervention that did not include direct interaction with a therapist, as opposed to preoccupied mothers who responded more to an intervention with feedback and a discussion with a therapist (Bakermans-Kranenburg et al., 1998).

Barth and Miller (2000) questioned the effectiveness of short-term, post-adoption services. The researchers pointed out that many states limit services to short-term support for

adoptive parents because of the cost. However, their observations and results of studies show that short-term services are not always favored by adoptive parents who often feel left alone and believe adoption agencies should provide support on a continuous basis (Barth & Miller, 2000). Another factor authors discovered was a low effectiveness of short-term post-adoption services in preventing adoption dissolution.

One of the main issues with pre-adoption services identified in the literature is the fact that sometimes adoption agencies provide false information about a child and either describe the child too favorably or withhold important facts about the child's personal characteristics or medical conditions (Barth & Miller, 2000; Valentine et al., 1988). Barth and Miller (2000) suggest that the lack of pre- and post-adoption services may contribute to failure of an adoptive placement. The authors also mention the difficulty of researching the effectiveness of post-adoption services because of the issues of non-random sampling, small sample sizes, and the lack of empirical studies on outcomes of adoption dissolution prevention services (Barth & Miller, 2000).

Hegar and Watson (2013) analyzed agencies approved by Council of Accreditation (COA) to conduct international adoptions. The investigators looked at a random sample of 10% (N=20) of all agencies approved by COA and found that only six web sites of the agencies mentioned post-adoption services for mental health care; five noted counseling services for adoptive families as part of post-adoption services; one agency provided a referral link to a program specializing in the mental health needs of internationally adopted children (Hegar & Watson, 2013). Two of the agencies listed post-adoption services such as post- placement visits as a part of the process of finalizing the adoption, but not mental health services. The authors acknowledge that agencies might provide more services than they list on their web sites. All the

services should be listed so that adoptive families do not have any difficulties accessing services that are not mentioned online (Hegar & Watson, 2013).

It is difficult to estimate the effectiveness of pre-adoption services because of a lack of empirical data. Many studies in the literature only address factors contributing to the adoption dissolution/disruption when discussing prevention of the dissolution/disruption but do not address intervention strategies (Westhues & Cohen, 1990; Valdez & McNamara, 1994; Coakley & Berrick, 2008). As suggested above, most of the literature on prevention of adoption dissolution/disruption is limited to guidelines for parents developed by adoption agencies, but it does not include empirical studies that allow an assessment of the service needs. Although adoption services exist and the importance of permanency of a placement is reflected in international policies and addressed by adoption agencies, post-adoption services are still insufficient and do not address a wide variety of issues families with international adoptees face. Empirical research is essential for further development of interventions for prevention of international adoption dissolution.

Significance of Adoption Services

Social workers supporting adoptive families should be able to offer high quality services. However, many feel that they fail (Macrae, 2006). According to Macrae (2006), agencies should be able to identify potential failing placements early and look for signs (“red flags”) that may lead to adoption dissolution/disruption.

The lack of empirical data on the effectiveness of existing services is somewhat alarming. Non-profits and governmental agencies invest monetary resources educating adoption specialists to provide services that may not be effective. Sometimes the guidelines and service needs identified by the agencies and adoption workers are vague. In cases of adoption dissolution, it

can be unclear what post-dissolution/disruption services a family may need and whether those services would help (Macrae, 2006). Additionally, there is differentiation between international and domestic adoption dissolutions regarding recommendations for post-adoption and post-dissolution services. Thus, some researchers and adoption specialists, as well as adoptive parents argue that services for families with internationally adopted children should differ from those with children adopted domestically and address the effects of institutionalization as well as cultural aspects of such adoptions (FRUA, 2013; Ruggiero, 2007). It is especially relevant for older adoptees who may experience language barrier and adjustment issues, in addition to the effects of neglect and institutional deprivation (FRUA, 2013; Ruggiero, 2007). As suggested by one of the parents of the FRUA group, it might be beneficial for prospective adopters to foster a child for a few years before committing to adoption, to familiarize themselves with attachment issues, learn what to look for, and identify appropriate questions to ask through the fostering experience (FRUA, 2013).

Ruggiero (2007) suggests several strategies to improve existing adoption services, including more in-depth and personalized investigation of a future placement, focusing on psychosocial aspects of a child and a family; collection of as much information about a child as possible before referring a child to a potential parent, and evaluation of children for potential serious health risks prior to adoption. The author also offers some suggestions for the agencies in the sending countries to make the adoption process smoother. These recommendations include making a larger number of healthy children and those with more chances to adjust available for international adoption; allowing older children to give consent to being adopted outside of their birth country; letting children voice their opinion about being adopted by a particular family, and requiring adoption professionals in birth countries to prepare children for the adoption

experience (Ruggiero, 2007).

To improve the quality of services for adoptive families, Hegar and Watson (2013) suggest a three-tiered approach that involves changes on the national level (national legislation), in administrative leadership (from adoption agencies and clinics), and in academic and professional training. Researchers propose that Congress needs to make changes in the Intercountry Adoption Act of 2000, making post-adoption services a requirement and enforcing that all adoption agencies provide such services. Congress should also establish links between the Departments of State and Federal research entities, including the National Institutes of Health and the U.S. Children's Bureau, to expand the scientific knowledge on international adoptions (Hegar & Watson, 2013). Agencies need to expand their services and provide mental health services to adoptive families. As discovered by the authors, depression is the most under-diagnosed condition of internationally adopted children, and only a small percent of adoption agencies provide post-adoption mental health services. Lastly, adoption agencies must involve their staff to complete post-graduate certification programs and other trainings to increase their competence and provide appropriate services to adoptive families (Hegar & Watson, 2013). As the investigators conclude, the three-tiered approach can help to increase the availability of services for adoptive families with specific therapeutic needs.

Conclusion

Adoption has always been a subject of controversy, balancing between opposing ideas: "blood is thicker than water" and all children deserving a loving home; believing that white children belong to white households and the need to rescue multiracial children who were rejected; deciding whether adoptions should remain a private matter or be controlled by governments and institutions, and trying to find placements for all children while still ensuring

their safety (Herman, 2008). History of adoption in the United States has transformed in many ways and is continuing to change. Historical events have shaped the way adoptions, including international adoptions, are presently handled. There are still issues to address and many venues for research. Some authors believe that a recent decline in the number of international adoptions is a sign of a failure of such a practice, while others think that the decline is a normal phase that is a result of the need of re-shaping of adoption policies and practices (Selman, 2007). The author of this proposal believes that the practice of adopting children will continue as long as there are abandoned children, also international adoptions will linger despite many issues associated with it. As Selman (2007) points out: infertility rates among Western couples are likely to decline; more children from Cambodia, Vietnam and other Asian and Latin American countries will become available for adoption, and the economic crisis is likely to affect adoptions in a similar way as the Great Depression, with more people adopting children for humanitarian reasons. Therefore, researchers need to continue investigating gaps in international adoption practices and policies, focusing especially on international adoptees as a group that is more susceptible to child trafficking, adjustment problems, and discrimination.

There are many factors contributing to dissolution of adoptive placements. Historically, adoptions have not always been carried out in the best interests of children. Therefore, adoption practices and services need to be improved to promote positive outcome for all children and families. Despite existing services to adoptive families provided by adoption agencies, dissolution of adoptions remains an important issue to address. Researchers need to empirically investigate the effectiveness of existing interventions in order to understand the venues for advancement of adoption services, including services preventing discontinuations of international adoptive placements.

Research Questions

The purpose of this study is to examine the experiences of American parents who adopted children internationally and who have experienced dissolution of an adoption. Many adoptive parents encounter challenges, especially those who parent international adoptees. Internationally adopted children tend to have various problems specifically associated with prolonged institutional care and multiple factors associated with it. Until recently, the issue of failed adoptions was considered negligible and, therefore, it has not been properly explored or addressed. Families with internationally adopted children have unique experiences and those who have experienced dissolution of an international adoption deserve special attention. Using detailed qualitative interviews, this study focuses on the following question: How do American parents experience dissolution of an international adoption? In addition, I am interested in exploring feelings and emotions adoptive parents experienced before dissolution of an adoption, during the dissolution process, and after the adoption dissolution has occurred.

Chapter 3: Methods

Although there is a considerable body of literature on the adoption process, there is very little research that investigates the dissolution of international adoptions. A few qualitative studies focus on domestic adoptions or were conducted with a sample of parents from outside the United States focusing on international adoptions in other countries (i.e. Palacios et al., 2005; Valentine et al., 1988). This is the first study that aims to explore the experiences of American families who adopted children internationally and experienced adoption dissolution. Researching this topic is challenging due to the absence of any national or state databases on international adoption disruption or dissolution, making it difficult to locate families with such experiences. In addition, it is a painful topic to revisit for adoptive families as some may find it difficult to discuss the failure of the adoption. Finally, it is a rare phenomenon that affects only a very small proportion of the already limited population of families who choose to adopt internationally.

This chapter discusses the qualitative research design and procedures utilized in this project, the proposed data analysis, and issues associated with the rigor of the qualitative research.

Phenomenological Research

Qualitative research focuses on people in their natural settings and aims to discover how individuals (participants) interpret a phenomena and the phenomena's meaning to them (Creswell, 2013). The phenomenological approach helps to determine the meaning of an experience for a person (or persons) if the person is able to describe that experience (Moustakas, 1994). Husserl, one of the early proponents of the phenomenological approach, believed that it is critical to allow people to explore their own experiences of a phenomenon and to reflect and find

the essential components of that experience (Husserl, 1931; Moustakas, 1994; Smith, Flowers & Larkin, 2009). As mentioned by Moustakas (1994):

Phenomenology, step by step, attempts to eliminate everything that represents a prejudgment, setting aside presuppositions, and reaching a transcendental state of freshness and openness, a readiness to see in an unfettered way, not threatened by the customs, beliefs, and prejudices of normal science, by the habits of the natural world or by knowledge based on unreflected everyday experience. (p. 34)

The transcendental phenomenological model provides a way of connecting subjective and objective factors and conditions, guides on using description, reflection, and imagination to gain an understanding of a reality, to help understand the circumstances and conditions through which the reality comes to be, and to use a process that allows becoming aware to gain knowledge and to understand an action (Moustakas, 1994, p.175). A phenomenological approach to interpreting and understanding the experiences of adoptive families was used in this study to gain an understanding of international adoption dissolution. I wanted to explore the expectations of the adoptive families and their understanding of the experience of dissolving an adoption based on their expectations of having a child (or children) and those expectations not having been met. I applied the transcendental phenomenological approach to analyze data. Transcendental phenomenology aims to explore the meaning of an experience and also attempts to enhance objectivity (Husserl, 1931; Moustakas, 1994; Schmit, 1959). A researcher may have personal bias and experiences that can affect the way the researcher interprets data. The transcendental phenomenological approach strives to help a researcher to separate personal bias when

interpreting data by setting aside preconceived ideas about a phenomenon (Husserl, 1931; Moustakas, 1994; Schmit, 1959).

Using transcendental phenomenological analysis, I examined how adoptive parents dealt with adoption dissolution over time, beginning with the moment they realized the adoption was not going to work out until the moment a child left an adoptive home. Focusing on adoption dissolution provided insight into the atypical experiences of American families who experienced the dissolution of an international adoption, while providing a perspective of how the experiences of parenting transitioned from “normal” experiences of adoptive parents to the experiences of families who had to make the decision to dissolve an adoption. A phenomenological approach is appropriate for this study because international adoption dissolution has not been extensively researched previously, and there is a significant gap in knowledge and understanding of experiences of adoptive families who have gone through dissolution of an international adoption. There are also no studies on the lived experiences of parents who experienced international adoption dissolution. Studying lived experiences is important because it will help to build effective interventions/programs for adoptive families. Lastly, the transcendental phenomenology analysis outlined by Moustakas (1994) offers a systemic way of organizing and analyzing data while balancing both subjective and objective approaches to knowledge.

Study Design

The target population included a purposive sample of adoptive parents who met the selection criteria: adoptive parents from the United States who adopted a child or children internationally and later experienced dissolution or disruption of the adoption. Purposive sample is appropriate for this phenomenological study because this study requires participants to have

experienced the phenomenon of dissolution of an international adoption (Creswell, 2008).

Saturation is the point at which no new themes or topics emerge from inclusion of more subjects (Bowen, 2008). The appropriate number of participants to achieve saturation in qualitative studies has been a topic of debates in which some researchers suggesting a “good” number depending on a the methodological approach (i.e. Creswell, 2008; Charmaz, 2006; Ritchie, 2003), and others argue that the quality of data and the experience of a researcher are the two most important factors that determine if saturation is achieved with a smaller or a larger sample size (i.e. Morse, 1991; 2000; Jette, Grover, & Keck, 2003). Creswell (2013) suggests using three to fifteen interviewees in qualitative studies depending on the methodological approach and specifically six to ten participants for phenomenological studies. According to Morse (2000) and Mason (2010), longitudinal qualitative data is going to be richer than data from single interviews; therefore, a smaller number of participants in studies will still lead to saturation. The authors also note that a researcher with many years of experience will likely produce higher quality interviews compared to a novice researcher, thus, resulting in higher quality interviews with richer data. In such a situation, saturation could be achieved with a smaller number of participants (Mason, 2010; Morse, 1991).

Considering the information about achieving saturation and sample size, I aimed to interview ten adoptive parents who experienced dissolution of international adoption – a sufficient number for anticipating saturation and for generating meaningful conclusions, as suggested by Creswell (2013). However, I was able to collect interviews from 13 adoptive parents. All cases were included in the study because each interview presented different aspects of the unique experience of dissolving an international adoption, and saturation was better achieved by including all of the cases in the sample.

A review of the literature helped me gain a deeper understanding of issues associated with adoption dissolution and to frame the problem based on the available research findings (Creswell, 2008). Based on existing literature, I identified the gaps that have not been sufficiently addressed. Thus, this study explores the following areas: (1) parental perspectives on why international adoptions fail, (2) how adoptive parents experience international adoption dissolution, and (3) what is the course of the dissolution or disruption? That is, what is the timeline of the dissolution and its progression over time? Guided semi-structured interviews addressed these questions and identified primary factors contributing to the dissolution of international adoptive placements. The questions in the interview were sequenced to capture the events as they developed from the beginning to the end (Appendix F).

When developing the semi-structured interviews, suggestions by Boyce and Neale (2006) were used. The researchers identified the following steps to develop guided interviews: 1) develop an appropriate introduction; 2) develop a relevant conclusion of the interview; 3) establish how the interview will be recorded (audio recorded, videotaped, or written in the form of notes), and 4) consider using various probes during interviews. Boyce and Neale (2006) note that guided interviews should not include more than fifteen main questions and must include closing components.

Ethical Considerations and Study Approval

Conducting a primary study with human subjects requires approval of the university's Institutional Review Board (IRB). Upon establishing research protocols, the research proposal was submitted for review to the Institutional Review Board of the University of Texas at Arlington (IRB). Permission to conduct interviews with human subjects was obtained to ensure the safety of all the study participants, to provide them with the anonymity statement, and to

follow the established research protocol (see Appendix A). To comply with Social Work Code of Ethics section 1.03 (f) and 1.07 (a) (c) (e) (i) (k) (l) (m), the participants verbally gave their permission to participate in the research and were presented with a confidentiality statement (NASW, 2008). The confidentiality statement was read to the participants over the phone, Skype, or in-person. Both the confidentiality statement and participants' verbal consent were audio recorded.

The collected data included only first names and an identifying number to prevent any breach of confidentiality. The data and recorded interviews were stored on a private storage device, locked in the office of one of the faculty dissertation chair and accessible only to the researcher and the dissertation chair. Participation in the study was voluntary, and participants could withdraw from the study at any time. Participants were provided with an email and a phone number of the University of Texas at Arlington IRB office to contact with any questions. The participants were also given the supervising professors' contact information. There was a potential risk of transitional psychological harm caused by recalling negative events. In order to minimize the risk of harm, prior to the interviews I explained the aim of the study, the interviewing process, what participants should expect, and provided a statement about how the collected information was going to be used – procedures to ensure compliance with 1.03 Informed Consent (e) part of the Social Work Code of Ethics (NASW, 2008). During the interview process, I was especially attentive to the emotional response of the participants to the questions, because of the sensitive nature of the topic. Every attempt was made to ensure confidentiality of the participants. Additionally, participants were supplied with a list of resources available nationwide for individuals and families in crisis situations, as well as a list with online communities available to parents who have experienced dissolution/disruption of an

adoption.

Recruitment

This research focused on a marginalized group; therefore, purposive snowball sampling was appropriate for the study. The inclusion criteria for the study were: adoptive parents from the United States who adopted a child or children from abroad and experienced dissolution of an adoption. I contacted adoption agencies and religious organizations involved in international adoption (see Appendix B) by email as well as by phone and asked them to display information about the study on their web sites, social media pages, and in the office buildings (see Appendix E). I also attempted to contact families that were identified in the mass media (online articles and television news) as having experienced international adoption dissolution. In addition to contacting adoption agencies and religious organizations, the invitation to participate in the study was distributed through adoption-specific social networks, internet forums, and groups for parents of internationally adopted children such as www.forums.adoption.com, www.frua.org, yahoo groups for adoptive parents, Facebook group “Moms of disrupted/dissolved adoption” and other similar websites and social media pages (Appendix B). Purposive and snowball sampling techniques were used for recruitment of the participants. The participants who met the criteria and self-selected to participate in the study were encouraged to disseminate the information about the study to other families who have had similar adoption dissolution experience if the interviewees knew anyone else. Those families could then contact me by phone or email to learn more about the study and to schedule an interview if interested to participate. Twelve adoptive parents and one couple participated in the study. For the purposes of this dissertation research, the one couple that participated were considered as a family unit, making, the total number of the participants 13.

Data Collection

Guided, semi-structured interviews were used to collect the data (see Appendix F). The time and setting of the interview depended on the availability and geographical location of a respondent. Participants from out-of-state were able to choose to be interviewed by phone or over Skype. Those who lived closer also had an option to be interviewed face-to-face in a private, safe setting of their choosing. Each interview lasted approximately 1-1.5 hours. A waiver for obtaining written consent was requested and obtained from the Institutional Review Board. I explained to the participants that they could withdraw their participation and end the interview at any time. The interviews were recorded using two digital recorders. The digital files from the recorders were then transferred to a secure storage device for further transcription and analysis.

Data Analysis

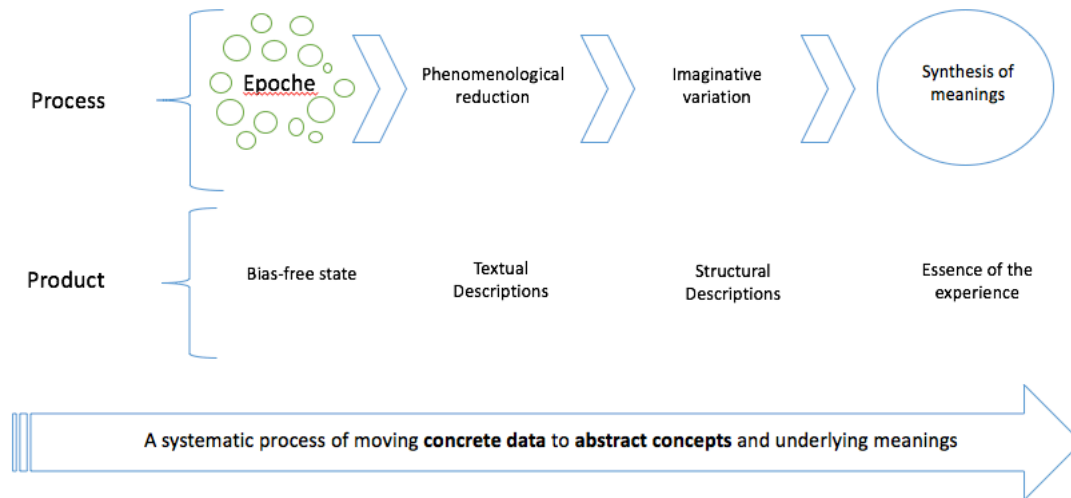
The ATLAS.ti program for qualitative research was used to aid with the data analysis. ATLAS.ti is advanced computer software that allows qualitative researchers to handle various types of qualitative data, including large texts in various formats, images, maps, and audio and video data (Atlasti, n.d.). The program is useful for handling the data of the proposed study because it allows text and word search within the data to help identify themes, facilitates writing and reviewing memos, allows color coding of data, and has features that help to link codes and group codes together.

Prior to analyzing data, all the interviews were organized: each transcript was saved as a separate text file for data organization; further, the texts were organized into shorter text units for the ease of the analysis and broken down into paragraphs for an easier readability.

Data analysis of this study followed the process for phenomenological data analysis proposed by Moustakas (1994): 1) epoche, 2) phenomenological reduction, 3) imaginative

variation, and 4) synthesis of meaning. The following illustration describes the process of data analysis for the current study.

Figure 1. Transcendental Phenomenological Analysis Process (Adu, 2016).



Epoche is a Greek term that means “stay away from” (Moustakas, 1994, p. 82). Human experiences begin at least from the moment of birth: gravity, culture, language, logic, our bodies, and every other thing that constitutes human existence is an unquestioned way humans live their lives and it is generally accepted unconditionally (Cogan, 2006). Husserl refers to these human experiences as “captivation-in-an-acceptedness” (Cogan, 2006; Husserl, 1931). Epoche is a procedure by which we no longer accept the unquestionability of human existence or the “captivation-in-an-acceptedness” (Cogan, 2006). The epoche process of data analysis is similar to “reflective meditation” when a researcher reflects on their own internal processes during data interpretation, ponders the meaning they construct, and reflect on who they are as they are thinking about the experiences of others. Epoche helps to eliminate looking at phenomena through a construct of who we are and instead enables one to see reality as it itself gives voice.

Blumer (1969) notes that the process of exploring and asking questions about what the researcher is studying, including questions that may seem irrelevant or insignificant, helps one to be open to new, different perspectives. Thus, to ensure that I view the experiences of adoptive parents as they present them and not through the prism of my own life experiences, during the analysis of the interviews I listed all of my presumptions that could potentially affect my analysis of the data. I then referred to this list throughout the analysis to consciously put possible bias aside to assume a state of mind without those presumptions.

While using epoche in the form of making a list of all the preconceived ideas about adoption disruption helps reduce or eliminate preconceived ideas about the experiences of adoptive parents, phenomenological reduction is a process of accepting that one has those preconceived ideas. The phenomenological reduction, as noted by Cogan (2006, para. 2) is “a description and prescription of a technique that allows one to voluntarily sustain the awakening force of astonishment so that conceptual cognition can be carried throughout intentional analysis, thus, bringing the ‘knowing’ of astonishment into our everyday experience.” As the author suggests, there are instances in our everyday lives when we are able to experience coming into this world with no knowledge or preconceived ideas, and the author refers to that experience as ‘astonishment’ (Cogan, 2006, para. 1). Phenomenological reduction helps one gain the experience of ‘knowing.’ Thus, during the phenomenological reduction process of the data analysis, the information provided by the participants was reduced while still preserving the core meaning of the data and maintaining a bias-free state of mind. During this stage, I extracted exemplary experiences from all transcripts and placed them into core meanings or themes. These core meanings were not grouped together or organized systematically. Using features of ATLAS.ti, I highlighted and color coded the core meanings for further analysis. The extracted

statements were subjective and derived from the interview transcripts. Moustakas (1994) calls this process 'horizontalling;' by the process of extrapolation of meaningful experiences of others, a researcher can begin to explore these experiences through self-awareness and reflection. Table 3 illustrates examples of significant statements that I identified through the process of horizontalling. These statements represent the meaning of the adoption disruption experience as viewed and lived by the adoptive parents.

Table 3. Significant Statements. Examples

- Adoption is...you have to be specifically called to that. You have to take the time to be prepared and really invest your time into preparing for those children, because they're going to need a lot of love, and they're going to need a lot of care and a lot of attention. You have to be ready for that and to give up a lot of stuff. Essentially, in a better way, you have to give up yourself, you have to be willing to give up yourself for this child or children.
- I've been telling people is the only reason...Not necessarily the only reason, but you should only adopt if you can accept the fact that that adoption may take everything from you. It could take your marriage. It could take your children. It could take your life. It could take your money. It could take your reputation. All of those things.
- We only made it through it because we sought help, we actively tried to talk about it with other people. We didn't want to keep it all internal. It helped us, which is why we actually helped to create...We founded an orphan support group at our church. We have many families that come there now.
- The one good thing that came out of it that I do console myself with is that she is alive and well taken care of in her current placement. I don't think that would have been the case if she had stayed in India. We were her conduit out of India. I think she would probably be dead if she was still in India, if we hadn't gotten her out of India.
- But you see the good that's come out of it. My entire life's work now is all about this. It's got our family, where we needed to be. It's forced us to heal up some things we didn't even know were broken. It's brought our son to the US and given him opportunities that he never would have had. He became a Christian here. He was in a conflict country, now he's free. I see a lot of benefits to it, and it's made us who we are. So I'd like to be able to say, "Yes, I'd do it again." But it took me to the brink of my emotional and physical and spiritual and psychological health. It was very, very, very scary, and I would not want to have to. If I had to actually do it again, I think I'd rather die.
- If you ask me, yes I would adopt again, because I look at it as this...God knows every hair on her head and I don't, so he knew what we were going to be going through. He also knew on the backhand we were going to become advocates for adoption, we were going to become advocates for people going through adoption dissolution, we were going to be advocates for the children themselves, that are suffering from reactive attachment disorder. I would say, yes, but I am a father, for a mother it's different.

- That's so hard for me, dealing with all that and constantly being abused by a three year old, which is crazy to think, but where it got to that that I was considering a suicide. Looking back at all of that, I don't know if I can say, "Yes, I would do it all over again."
- I don't know what my feeling would be if we'd had the disruption and not adopted my other son at the same time. I don't think I would have had the spirit to try again. After that happening, it just took me down. Since we did get our other son at the same time, I also have the positive side of that, of adoption, in my life. That has always far outweighed the damage that the disruption did. I very, very rarely even let anybody know about the disruption. It's a long time ago. It's not anybody's business. If people are pursuing adoption, I don't mention it to them
- I worked hard with my marriage to try to bring that back because it suffered enormously from this. I now offer retreats for moms who have disrupted an adoption, because the grief is a unique type of grief. I understand grief a lot more, I have a lot more compassion.
- I would say that I still believe in adoption. As a matter of fact, interesting thing, with my fourth child, he was my...I couldn't conceive with all the stress, like I have not been ovulating, so he was donor embryo. He is actually not related to me genetically, the child that I gave birth to, my fourth one. I love him very much. He's absolutely normal. He has no problems at all. It's not the genetics that matter.
- It feels like I was a stopping place for her and that she did end up in a better place because of it.
- It affects people. Like divorce or a death in the family, something like that. It's one of those levels of trauma.
- Disruption affected me. It was a huge grief. In some way it was worse than death because I have lost a child that is still alive.
- Our family is still affected by it. Not on a daily basis, just like when you lose somebody you love. It's once every few days, and then maybe once a month, and after years it's a little bit less but it can still just come right back and hit you

The last component of the phenomenological reduction process is presentation of textual descriptions, which includes describing the core experiences (or themes), explaining what they are, and providing examples (Moustakas, 1994). Thus, I went over each transcript identifying all relevant experiences of the adoptive parents. Using features of the ATLAS.ti program, I highlighted and grouped all significant statements and assigned codes to the statements. For the code labels, I used both In Vivo codes (i.e. terms and names that were taken verbatim from the participants) and code names adopted from the literature. Themes combine several codes into a broader common idea describing individual experiences in a systematic way (Creswell, 2013, p.

186).

During the imaginative variation stage, structural descriptions are created from the themes (Moustakas, 1994). I searched for any commonalities among the themes, for sequences between them, and for any possible causal relationships among the themes (for example if I could link a theme to demographic characteristics of a participant). At this point of the analysis, all of the themes are brought together, including the context and the characteristics of the participants, to develop individual structural descriptions and to combine them into composite structural descriptions. Structural descriptions address how the parents experienced adoption dissolution. Using the suggestions by Moustakas (1994) and Creswell (2008), I utilized imaginative variation by exploring diverse perspectives on the issue, pondering all possible meanings of the dissolution experiences of the participants, and looking at the experience from different frames of reference. Looking at dissolution experiences from various perspectives and thinking about each “horizon” of the participants’ experiences helped me to begin to understand these experiences through my own self-reflection and awareness. The last step in this process was using ATLAS_ti to record the commonalities between the experiences that I have discovered. Code links in ATLAS_ti helped to link the relationships between the codes or lack of thereof.

Lastly, the synthesis of meaning stage was employed by combining textual descriptions (themes) with structural descriptions. In other words, I combined “what” was experienced (textual descriptions) with “how” in was experienced (structural descriptions) (Creswell, 2013; Moustakas, 2011). This stage of the analysis reveals the essence of the experience of the adoptive parents by exposing the underlying meaning of the experiences and also addresses the research questions.

Data interpretation identified issues associated with international adoption disruption that the existing literature did not explain. The data was combined into visual illustrations to provide not only textual interpretation of the data, but also visual data results.

Rigor

Reliability of research based on qualitative interviews is usually low (Long & Johnson, 2000, p.32). Reliability of narrative data (dependability) can be achieved by employing various methods of data analysis, thorough examination of the process of collecting data, and by the means of rigorous methods of reading and interpreting qualitative meanings (Butler-Kisber, 2010; Trahar, 2011). Larson and Sjöblom (2010) note that interpretation of data should be guided by empirical research, have a strong theoretical foundation, reflect meaningful content, and be both comprehensive and coherent. Qualitative studies focus on lived experiences and are not focused on generalizability and representativeness of the sample.

Because of the small sample size, the specificity of the qualitative method, and sampling technique used, the results of the interviews were not expected to be generalizable to any population, but they provide useful information for understanding the phenomenon of dissolution following international adoption. To increase richness of the results, the interviews consisted of open-ended questions, allowing the participants to fully express their feelings, ideas, opinions, and emotions.

To prevent overanalyzing the data in the current study, after single-coding the interviews and identifying the themes, a second analyst helped identify emerging themes. The second analyst was a social work professor with relevant knowledge of the international adoption topic and experience of qualitative data analysis. In addition, peer debriefing with a social work colleague not involved in the study helped to identify any potential bias and make the analysis

more rigorous (Barber & Walczak, 2009). Furthermore, peer debriefing allowed me to explore gaps in the research design, to critically analyze the questionnaire used for the data collection, to improve coding strategies, and to complete the research in a timely manner. As described by Long and Johnson (2000), peer debriefing encompasses explaining the data analysis and conclusions to a knowledgeable colleague in order to get feedback. This collaboration was continuous throughout the analysis process to foster exploration and consideration of possible alternative ways to analyze or interpret the data (Creswell, 2008; Creswell, 2013; Long & Johnson, 2000).

Member checking was also conducted in order to validate the results of the analysis (Creswell, 2008; Creswell, 2013; Long & Johnson, 2000). All interviewees were contacted after the completion of the coding and identification of the themes. The study participants received an email with descriptions of the themes and were then asked to provide their thoughts and opinions of whether the themes reflected their experiences with adoption dissolution. Any discrepancies between the preliminary conclusions of the study and what the participants personally experienced or believed to be true were noted and discussed with the participants. Four participants (30.7%) responded to the email request and confirmed that the themes captured their experiences well. While member checking is a useful tool to increase rigor of a qualitative study, Long and Johnson (2000) warn that the results of member checking must be used with caution. There are several reasons for this, one of which is that member checking is usually conducted by the primary researcher, which does not completely eliminate a possibility of bias. One way to alleviate the possibility of bias is to employ another person to perform member checking, which was not possible when conducting this research study.

Patton (1999) proposes several techniques to increase the rigor of a qualitative study.

While some of the techniques did not apply to this particular research (e.g., testing rival explanations, reconciling qualitative and quantitative data), triangulation was employed to the extent that time and the budget of this study allowed. As seen from the above, triangulation of analysts was used to validate the analysis results. Other researchers were involved during development of themes and coding processes. In addition, I attempted triangulation of sources, as well, by conducting member checking and comparing the conclusions about the developed themes made by the primary investigation, by an experienced colleague, and by the participants (Patton, 1999).

Lastly, to enhance the rigor of the analysis, I used reflexivity techniques at every stage of the process, from conducting interviews to analyzing interviews and performing member checking. Reflections help qualitative researchers record any thoughts, ideas, questions that might appear during the research and analysis processes, aiding in identification of any personal bias (Creswell, 1994; 2008; 2013).

Chapter 4: Study Results

The Participants

This research focused on a marginalized group; therefore, purposive snowball sampling was appropriate for the study. The inclusion criteria for the study were: adoptive parents from the United States who adopted a child or children from abroad and experienced dissolution of the adoption.

As shown in Table 4, the participants' age ranged from 30 years old to 57 years old ($M=45.8$; $SD=10.1$). The majority of the sample identified as Caucasian ($N=10$), two participants identified as Asian and one participant identified as Hispanic. All parents except for two reported having other children at home (biological and/or adopted) at the time of the adoption. Ten participants were married (both at the time of the adoption and at the time of the interview), one parent was divorced, one widowed, and one single (both at the time of the adoption and at the time of the interview). One participant had a Doctor of Philosophy degree, one had a Juris Doctor degree, four parents reported having a master's degree, five participants had a bachelor's degree, and two had some college or an associate's degree. Two of the participants indicated that their spouses had a PhD degree, two other participants said their spouses had master degrees, three participants reported that their spouse had a bachelor degree, and three others said their spouse had some college or an associate's degree. At the time of the adoption, nine parents were employed full time, one was employed part-time, and three parents were unemployed, one due to retirement. Eleven families indicated having other children at home at the time of the adoption. Other children in the family ranged in age from 0 to 15 years old; ten of the children were adopted, and 11 were biological. The adopted children who experienced dissolution ranged in age from 1 to 12 years old ($M = 6.2$; $SD = 3.9$), seven children were males and seven were

females. All but one child had special needs that were either known by parents prior to the adoption or were discovered shortly after the adoption. Four children had a diagnosis of reactive attachment disorder; three children were diagnosed with post-traumatic stress disorder, three adoptees had attention deficit hyperactivity disorder (ADHD), three children were reported to suffer from oppositional defiance disorder, four children had various forms of hearing loss, three children had developmental delays, and three children had speech delays. The full list of reported special needs is presented in Table 5.

Table 4.
Parental Demographic Information

| Variable | Frequency/range |
|---|--|
| Age of the participant at the time of the interview | M=45.8; SD=10.1 Range: 30 - 57 |
| Race/ethnicity | Caucasian - 10 Asian - 2 Hispanic - 1 |
| Marital status | Married - 10 Single - 1 Widowed - 1 Divorced - 1 |
| Education | PhD - 1 JD - 1 Master's - 4 Bachelor's - 5 Some college/associate's degree - 2 |
| Employment status | Full time - 8 Part time - 2 Unemployed - 2 Retired - 1 |
| Spouse's age at the time of interview | M = 46.4 SD = 9.17 Range: 30 - 58 |
| Other children at home | Yes - 10 No - 2 |
| Age of other children in the house at the time of adoption | Mean = 6.8 SD = 3.6 Range 0 – 13 |

Table 5.
Adopted Child's Demographic Information

| Variable | Frequency/range |
|---|---|
| Adopted child's gender | Male - 7 Female - 7 |
| Age of a child at the time of the adoption | M = 6.2 SD = 3.9 Range 1-12 |
| Country of birth | India - 2 Ethiopia - 2 Congo - 2 Vietnam - 2 Ghana - 1 Russia - 1 Bulgaria - 1 Ukraine - 1 China - 1 South Korea - 1 |
| Reported special needs | Yes - 12 No - 1 |
| Special needs/medical diagnosis* | Attention deficit hyperactivity disorder (ADHD) - 3 Reactive attachment disorder (RAD) - 4 Oppositional defiance disorder (ODD) - 3 Post-traumatic stress disorder (PTSD) - 3 Cerebral dysrhythmia - 1 Hearing loss - 4 Developmental delays - 3 HIV - 1 Club foot - 1 Hepatitis B - 1 Vision issues - 1 Speech delays - 3 Vasovagal syncope - 1 Latent tuberculosis - 1 |

Note. Special needs and/or medical diagnosis includes both, information parents received prior to the adoption or diagnosis that was officially established after the adoption. Children were noted to have multiple conditions.

Participants identified a variety of different reasons to adopt. One participant simply stated that she wanted to become a parent. One participant was unable to identify a reason for a desire to adopt. For the following two interviews, familiarity of the child's culture played a critical role in their reason to adopt for these parents. One of the participants indicated that her

husband was from the country they adopted from and she was very familiar with that country's culture, language, and lifestyle. Other parents were familiar with the countries because they adopted from those countries previously and were familiar with the process. Three participants mentioning infertility as a reason to adopt a child. Three other participants also identified religion as a reason to adopt a child, stating that it was God's wish and God's calling. Two participants indicated shorter waiting time as a significant factor to choose to adopt from one country over another. In one case the impetus to choose a specific country was based on the political situation in the preferred country of adoption. For example, a parent who wished to adopt from Ukraine was unable to because of the issues around safety which inhibited travel. In this case, the adoptive parent was forced to think of other options and subsequently ended up adopting from India.

Themes

1. Deception: "They lied," deception a real culprit in international adoption

One of the prevailing themes among adoptive parents was deception. Families felt that they were deliberately lied to and given wrongful information about their child's physical, emotional, or mental health condition. Factors such as age, medical information, history of any behavioral issues were among those discussed by the participants. For example, one mother shared that her daughter's age was changed in order to make her more desirable for adoption, "When they're trying to present them for adoption, the younger they put on there, they figure, the better their chances are so they erred a couple of years younger. We took her to the doctor and everything and, best guess, she was six or seven." A presence of special needs was another issue that was concealed by many orphanages and/or adoption agencies:

He definitely had special needs in school. Academically there were some issues. He had

some physical issues. He had five surgeries after we brought him home. Yeah, there were a lot of issues that we were not aware of. The only one that we were aware of, we knew that he had Hepatitis B. That was one that they disclosed.

Some participants pointed out that some countries are more notorious for purposefully distorting information about children than other countries. Thus, one mother mentioned:

China didn't tell us things. They lied. They told me, because I asked them directly why he wasn't in school, and they said they wanted to keep him safe because they knew he was getting adopted. That was just a lie. I don't care how you wrap it up. They knew exactly what this kid was. They weren't telling.

In another case, a parent was not only a victim of wrongful information about children, but also a victim of fraud on the part of the child's home country. The parent described the following:

I asked them multiple times about the conditions of the children, where they sleep, where they eat, or what kind of food they eat, who's taking care of them, how many children are in the room, what is their routine. They did not answer any of my questions, they dismissed it. I basically did not know what kind of care they were receiving. I was charged \$600 per month, per child, so \$1200 dollars for their foster care while we were waiting for a year and a half. They moved them in foster care and we had been told that they had been taken care of. Obviously, the money was being rendered somewhere, it was not going to the children. Because I found out, they kept them in dismal conditions. They were not going to pre-school and there were some men supervisors who were sexually molesting the girls. Obviously, they were not getting the adequate care.

Another parent participant also spoke about adoption agencies are all about "making

money.”

Like I said, it was very obvious that their position was making money. It was a pretty well-known group of people at the time. This lady named Mary, she's actually an American woman who married a Vietnamese guy here in the USA. She was over there running adoptions and finding kids out in the country. The Vietnamese government eventually revoked her visa and kicked her out of the country. There were a lot of unethical and outright illegal things that went on through her organization there. They had no interest in helping me. Their interest was in reassuring me everything would be wonderful, getting their money, getting the visa, and getting her out of the country.

One of the cases differed from the rest and deserves to be noted. The child came to the family from a disrupted placement and the second placement failed as well. The parent of this child also experienced deception, but not by the agency, but by the first adoptive family. The parent noted:

There was a lot that I think I wasn't told. I was not lied to from the agency. The agency was very forthcoming and I feel like they shared everything with me as possible. I think the parents were in a desperate situation and they thought nobody would take her. They withheld some really important things.

2. Stigma and Hypocrisy: “Birth parents who place their child for adoption are viewed as people who made a tough choice, while adoptive parents who dissolve a placement are viewed as villains.” Every participant experienced disapproval and judgement from others: friends, adoption professionals, strangers, and other adoptive parents. Several parents noted that people who did not belong to their family and were only able to assess the situation from the outside often judged the decision to dissolve an adoption. Parents felt defensive about the

reaction of other people because outsiders only saw the adopted child in social settings and did not see the way a child acted at home, which was extremely different. One of the quotes describing such a situation reads:

We had been judged for many years on our parenting, on the fact that our child was out of control, but people didn't understand. I would try to explain things to people and nobody got it anyway because he was a much different kid out in public than he was at home. Everybody loved him and he was a big charmer.

Another parent also felt annoyed about the reaction of some people to the news about adoption dissolution:

There were comments that made their way through the grapevine along the lines of, "Well, I never thought they would give up on a child," and, "He seemed like such a nice young man. He was always so sweet. He was always so polite." That was really galling because it wasn't like we were going to up and tell them the whole story. They only saw what they saw, but that made it harder.

In Internet groups for adoptive families, several participants noted not finding support from other adoptive parents (the group they thought would understand them best), but being harshly judges instead, "I'm in a couple adoption groups on Facebook, and several of them are regarding disruption that parents thinking about and not sure what to do. Several of us have had really, really evil messages." Participants mentioned having to leave online adoption communities due to disparaging and derogatory comments and lack of the support from other adoptive parents that they were hoping to find.

Many of the participants described various levels of judgement expressed by adoption professionals manifesting in different ways. One parent noted a vivid description of the

judgmental behavior of adoption professionals:

We are judged a lot by the adoption professionals that we just cause another disruption in this child's life. But what they don't understand is that it is a disruption for others here and for other children in the house be it biological or adoptive. I am still picking up the pieces of what happened. I went to therapy with my younger child due to the abuse that she received from this child.

Adoptive parents spoke about the belief that adoption professionals are empathetic to the adoptive families going through dissolution of an adoption. However, the participants stated, that ironically adoption professionals often demonstrate lack of understanding of the situation and criticize their clients, "There's a lot of professionals that don't even understand reactive attachment disorder, even medical professionals. You could get judgment from them that really isn't needed." Another participant discussed profound double standard of the adoption system where birth parents who place their child for adoption are viewed as people who made a tough choice, while adoptive parents who dissolve a placement are viewed as villains:

I spoke at an adoption conference last year and they had a thing where they were trying to show everybody that you're not alone, so they had these different pins that you could get. If you adopted from Africa, you could get a pin for the Africa and so on. I thought it was interesting because they actually had a pin for birth parents, and I thought, "Well, that's pretty cool, because they're at least honoring the birth parents who made a tough decision." But what everybody sees is that those parents made the best decision for that child. Maybe they weren't in a place where they could take care of that child. They haven't even parented, they didn't even try, and yet they're honored because they sought the best for that child. In the adoption community, if you place your child in a therapeutic foster care or a

treatment facility, people would see that you're doing the best for your child. You're seeking out whatever you can. Well, my question is why is it better to put your child in an institution or a facility than it might be to find a new family, where the child could be in a family?

The above-mentioned parent also made an important point stating that adoption professionals often not only judge adoptive parents, but also forget the fact that for the adoption to succeed, families need support and not judgement:

In the adoption community, the giving family physically gets a lot of honor, you know, the birth mom. But the adoptive family, a lot of times they're kind of seen as the necessary evil. It's like, "Well, we've got to place these kids within a family."

One of the parents reflected on the internal transition from being a judgmental adoptive parent to being a parent who was likely going to be judged. The participant recalled inviting her friend to a support group for adoptive families, but the friend refused by saying they were going through a dissolution process. When the participant learned of her friend's decision to dissolve the adoption, some conflicting feelings surfaced:

This friend of mine said she can't be in that support group. She said, "We're actually looking for another family." I didn't even know that was an option. I didn't know that you could. When she said that, it scared me. I was disgusted with her, like, "How could you do that? You just don't do that." Really deep down, it was a fear because it brought up that option for me and I didn't want that to be an option.

Some parents noted that others tended to judge their situations without knowing all of the circumstances. Parents stated that they also experienced judgement from close friends and in some cases lost friendships because of the dissolution. One of the mothers recalled speaking with

her friend:

She said "He's just a child. You can't do this to him." She called me the next day and she said that God had kept her up all night telling her to tell me that it wasn't too late and we needed to go bring him home. I said, "So now, he's settling into his new family and you want me to go and rip him out of that and bring him home to where he's traumatized?" She never spoke to me again after that.

Finally, in some cases, adoptive parents were judged by family members. For example, one participant shared, "Other than my parents, I don't think we ever run into anyone who was judgmental about our decision." Another parent reflected back on their family's reaction:

All of a sudden you have a child with trauma in your home, and the other family members don't see what is really going on. So all of the sudden they're like... you somehow went crazy in their eyes, and they don't understand what you're doing and they're all very judgmental and critical.

3. Preservation Efforts: "I tried really hard to love him." All of the participants made a substantial effort to preserve an adoption prior to dissolving it. Many parents sustained significant financial losses while trying to ensure that their child received the help he or she needed. One parent shared, "At one point, all five of us were in therapy and we were paying more for therapy bills than we were for our mortgage."

Another parent described a similar situation:

We basically used all our savings up between behavioral therapy for the children. We were taking them to therapy for occupational therapy, speech therapy, all kinds of therapy, and also medication. They had myriads of medication. You can imagine. It was a lot of bills.

Financial strain was described by one other participant, “We paid, I don't know how much, over the years, but we were joking that we could have had a house in Maui. Instead, we were paying for all of the treatment and therapy for everybody.”

Some participants emphasized having spent considerable amount of time to get their child help. Thus, one of the participants indicated, “I drove an hour every week for like four years to go to this guy [counselor] for help, and it didn't even make a dent with what we needed.” Many families in this study were raising other children in addition to their adopted child (ren) and when faced with having to divide their time between the adopted child (ren) and other children in the home, they often had to spend considerably more time with the child who later left the family:

I tried really hard to love him. He took so much of my time that the other kids couldn't have any because he was always having a problem. I worked so hard with him. Sometimes I'd feel like, "Oh, yeah, it's working," but it wasn't.

Many parents in the study reiterated the wide range of approaches they employed to make a difference in their child's and family's life. A vivid example is represented by one parent's experience:

We tried play therapy, and psychotherapy, and pharmacotherapy. She was hospitalized in a psych hospital for three days once. We tried vision therapy, occupational therapy. We sent her to a private school for the deaf that focuses solely on speech, not sign language, but teaching children with hearing impairments to speak, kids with cochlear implants or hearing aids if they had speech problems. We got some specialized educational help there.

In addition to considerable efforts to preserve a placement, parents reemphasized that the decisions to dissolve an adoption is a gradual and very sorrowful process: “Parents don't adopt

on a whim. Parents usually try to do, in my experience, everything humanly possible to try to make an adoption work.”

4. Fear: “I was devastated, and scared, and really...I felt dreadful.” Most participants were anxious and extremely distressed about their decision to dissolve a placement, the consequences of their decision, and the effect dissolution would have on them, their adopted child, and their families. One of the participants admitted being very scared of the stigma they were bound to experience and felt worried about losing their reputation of being a good person in the eyes of other people:

There was a huge fear of retribution. I don't know really where it was going to come from but I had not mentioned anything to anybody yet. It's like when you adopt, everybody looks at you as this hero, this saint, which is not true, but that's how it comes across.

Another parent spoke about the fear of adoption specialists that causes stigma. The participant noted that adoption specialists are scared of dealing with families who choose to dissolve an adoption, “I just think that there's a great deal with fear. There's a great deal with fear on the part of counselors, adoption agencies, the adoption community. Nobody wants to talk about this, and so they vilify those who do it.”

One other participant revealed feeling the impending doom of being isolated and judged:

I didn't know what my family was going to do, my friends, the adoption community, our church. There was a lot of fear about that because I remember, I felt for that woman who told me she was going to do it. I judged her so I knew we were going to get it too. That was scary because I really felt isolated anyway and I thought I'm next to her.

One participant admitted dreading the decision to disrupt and feeling overwhelmed with all of the changes and challenges dissolution will cause, “I was devastated, and scared, and really...I

felt dreadful. I felt dreadful for her. I felt dreadful for our other daughter, R. I just felt awful.”

Severity of the climate in the home caused by worsened parent-child relationships was another reason some parents felt extreme anxiety when being around their child:

I was having major PTSD even with the thought of him coming home. It was like he would go for a weekend but my system couldn't even calm down before it was time for him to come back. You know what I'm recognizing now, I had PTSD and I didn't realize it but my system was so out of whack. I was just petrified to have him come home.

Several other people disclosed being scared for other children in the house. One parent became pregnant after the adoption and admitted being afraid to bring the new baby home, “I was afraid to bring her home with a baby in the house.” Another parent expressed conflicting feelings that were going through her mind when she found out that she was expecting a baby:

After all the miscarriages that I've had, I was so happy but at the same time I was petrified. Because, you know, it was two new adopted children and my biological kids and they had serious behavioral issues, and I wasn't sure if I could be a mom again.

Finally, one of the parents spoke about fears of many adoptive parents who are coming to a decision to dissolve and whose children have significant behavioral and other issues, “I said to my husband, "If you hit him, they could take all the children from us"” – statement vividly describing feeling powerless and having to exercise great control over emotions for the sake of everyone’s safety and the future of the family.

5. *Two sides of a coin: various levels of social/emotional support.* Many of the participants found at least some support when going through or dealing with the consequences of adoption dissolution. For some of the parent’s family members became their support system during the difficult time:

My mom was nothing but supportive. Whatever we needed, she was there for us. We didn't tell my dad until a little while later just because we wanted to make sure that J. was safe from him [dad] before he knew. He didn't react with as much anger as I expected from him. He really more reacted with sadness.

Others mentioned their spouses being their main source of support, “My husband and I were very much on the same page. He was working from home so he was able to see everything all the time and knew that there was no exaggeration.” A few parents were fortunate to have a supportive and knowledgeable social worker or another adoption agency worker:

The agency I was dealing with said all they deal with was disruption. They are very aware and they have stayed very much in touch with me. They were in touch with me at least once a month, the whole time. "How's it going? Is there anything you need?" They were kept updated the whole time on how it was going.

Another parent shared, “I think that my counselor saved my life. I was a mess and it was very, very painful. All I ever wanted to be growing up was a mom and to feel like I had failed so horribly...” The crucial role of a social worker in dealing with the dissolution was another parent’s redemption: “When you ask me most supportive I would probably say at least 50 percent my social worker. She kept on messaging me, “Whenever you want to talk I am here”.

Some participants also found support in online communities and among other adoptive parents, “I have an extremely strong, online support group. I would say that support group has brought more wisdom about these adoptions to me than anything.” A few people were able to find support in their community, “She needed supervision and the other children needed protection, so somebody from the church was here all the time to be helpful.”

Despite indicating having various levels of support during the adoption dissolution process

or after the dissolution has occurred, many parents pointed out the lack of support they experienced and the critical importance of having this support. Thus, one of the participants described lack of family support:

We asked my in-laws for help when my daughter was born, and they basically said, "We didn't ask you to adopt, so it's kind of your problem," and my parents, my mom lives in outside the United States, and my dad was actually living outside the United States at the time. I basically had no support, and my friends, you know, so they're friends, it's not like they're going to help you... Those days were tough, once I gave birth to my daughter. In those days, I was concerned for my baby's safety.

Another parent also spoke about her father being angry at the decision, "It was mainly my dad who really had a rough time with it. He felt like I probably did her more damage by bringing her into my home and leaving her again. That did more damage than she had been through already in the first place. He was angry."

A few parents noted, "I don't think we had any support." One parent indicated lack of support from their church community where they sought comfort and an outlet to discuss their struggles. However, their expectations were not met:

We had just joined a small church group. We're telling them about what's going on and they could not handle it. It was too much for them. They ended up having a meeting without us, determining how many weeks in a row we were allowed to talk about the same problem. The leader of the group determined that you were allowed to talk about the same thing three weeks in a row. If it gets past that, you have to take it somewhere else. We were basically banned from our small group at church, which was supposed to be the support that got us through.

Finally, parents shared their experiences looking for support at their adoption agency and not finding that support, “They just kept saying, “There's nothing wrong. She's that age. She's just nervous,” one parent said. Another parent lamented, “Adoption agency at that point did not do very much, so I was mostly what I did on my own.” One other parent shared, “I did call them [adoption agency] when I was at my wits end. They said, “I'm sorry, I can't help you. We can't help you anymore. If he was younger maybe someone else could take him.”

6. Adoption system flaws: “Well, we're going to charge you with neglect.” When sharing their adoption and dissolution experiences, many participants talked about gaps in the adoption system, including legal system, healthcare system, justice system, and adoption agencies’ procedures. Families had to face unnecessary hardships transitioning from an adoption to a dissolution, simply because the international adoption system is not designed to provide appropriate, timely, and critical help to ensure the safety and well-being of everyone involved.

It is especially astonishing in situations when other children in the family become victims of severe physical or sexual abuse caused by an adoptive child and there are no legal or formal procedures to protect the victims while taking into account the uniqueness of the situation: the origin, age, and emotional and mental health condition of the abuser (i.e. an adopted child). Parents often expressed feeling helpless, frustrated, and perplexed when dealing with attorneys, police, medical professionals, adoption workers, and other specialists who are supposed to protect families in desperate situations, but turn out to be useless or even causing more harm. One mother shared:

I don't how our attorney could hear what that boy did to our daughter and think that we could take him back with our other children. I should let the boy come in and abuse my daughter? What is wrong with you? I would never, ever. You can't have that. You can't

have an abuser living with his victim.

Another participant was infuriated with how useless the child protective services and the police were when it came to removing her adoptive son from home where he sexually abused another child:

DCFS's [Division of Child and Family Services] solution was for my husband to pick him up and take him to a motel. Then we asked the police if the police were going to step in, and they said no because he was too young. I said, "Well, what if he'd killed her?" He'd threatened that in the past." They said, "Well, yeah. If he had killed her then we would take him in." I said, "Well, then it's not the age. You don't think this is severe enough." Then I asked DCFS, "Can you take him?" They said, "Well, no. He's not being abused, so we can't take him." I said, "What is it that we're supposed to do?" They said, "Well, he's your child and your responsibility. So good luck, and let us know what you decide, but if you bring him home it would be within our right to take your other four children, place them into protective custody, and charge you with failure to protect. If you don't bring him home we can charge you with abandonment and neglect."

As seen from the above situation, the parents were left with absolutely no options and no solutions due to the gaps in the adoption and legal systems. A mother of another adoptive child shared having a similar experience, "We had to go to the police station. I spent the whole day crying. I said, "I'm not taking him home." They said, "Well, we're going to charge you with neglect."

Sometimes parents were left with no choice but to suffer the consequences - including the legal consequences - of having dissolved an adoption. The next participant was angry with the dilemma their family faced. The parent felt the legal system was extremely neglectful because it

did not protect their children from a child who was sexually abusive, nor did it protect them [the parents] if they surrendered their parental rights to this child:

We had been told by both lawyers and our state representative that if we were to surrender our parental rights we would be put on the abuser registry in Illinois for five years. At the time we were like, "That's not a sword we want to fall on. Why should we be accused child abusers for five years for something where we didn't do anything?"

Yet for this family, other choices meant putting their other children at risk due to no other options. As a result, the parents were left with no choice but to surrender their parental rights and be subsequently put on the abuse registry.

Another powerful example of how a dysfunctional adoption system impacts families that choose to dissolve an adoption is when it concerns safety issues after dissolution occurred. The following participant shared the struggles she experienced in dealing with a long-term residential facility that currently houses the adoptive son she disrupted due to sexual abuse of other children in her family:

Families should know about disruption, that you feel like disrupting is going to protect you, but that may not be the end of it. For us, we surrendered our parental rights, but our home in Illinois was next to a campground. We found out that the campground that was less than a fourth of a mile from my house [the campground that the adoptive son's group home brings the boys to for their campouts]. I said, "OK, so you're not going to bring him on those campouts. Right?" They said, "It's OK. He has a no-contact order." "Do you really think that that will be enough?" "Oh, well, we'll keep an eye on him. He'll have 24/7 supervision." I'm like, "Well, the only reason you got a bed at your group home is because one of your boys ran away and you didn't find him for 90 days under 24-hour supervision.

Could you just not take him camping?" "Well, no, because these are reward campouts and that wouldn't be fair to him." I said, "So let me get this straight. You're going to take the convicted sex offender, class X felony against my daughter, and you're going to bring him a quarter a mile from our house", "Well, yeah. It'll be fine and we'll try to let you know in advance when that's going to be. Maybe you guys could go somewhere for the weekend." Like, "Yeah, that's so not acceptable."

This participant went on to speak about her frustrations related to having "to get away" due to serious concerns for her other children's' safety:

Why should we have to leave our home so that he can go camping?" We actually ended up renting out our house and we traveled the country for seven months because we knew they had no intention of keeping us safe. We didn't know if they would tell us in advance if he was going to be there, and we had no guarantee that he wouldn't come back. We don't know what he's thinking. We don't know what he's going to do. Then we were traveling the country to get away and to make sure that everything was good.

As stated previously, for this participant, consequences of disruption were prolonged by feeling of fear caused by the extremely flawed adoption system. The system is concerned with ensuring the safety and privacy of an adoptee, but not with safety and privacy of other minors who may have suffered serious trauma caused by the adopted child:

I called the probation officer and I called the victim's advocate, and I said, "So, he's been in the group home now coming up on two years. I know at some point they're going to want to push him out to foster care because it's cheaper. They can't keep him in the group home forever, it's not meant to be a forever and ever type thing." I said, "So, when his location is changed, do we have the right to be notified?" "No, you don't." I

said, "Why not?", "Because he's a juvenile and that would violate [his] privacy." I said, "Yes, but as victims, don't we have rights as well?" They said, "Well, we would not tell you when he was relocated." I said, "So you could theoretically put him in a foster family in our neighborhood, in our school district, near the library that we go to all the time and we would have no way of knowing.", they said, "That's correct."

Most of the participants' adopted children suffered from various behavioral and mental health issues that required medical attention and counseling. However, health insurance providers were often of little help in cases when prolonged or specialized care was needed. For example, one of the families felt "stuck" when they were unable to get their adopted child the help the child required:

Our insurance would have paid for residential treatment at 100 % with no limit, but we couldn't find anywhere to take him. It was all either the wait list was months long, or they wouldn't take someone who had a history of violence, or he was too old or too young, or they wouldn't take someone who had acted out sexually. We tried all of that. We did. We reached out to our adoption agency. We reached out to a group called Safe Families. They couldn't help us. Nobody was willing to take him.

Another parent was frustrated because their insurance coverage was good, but there was no available therapist in the area they lived in: "We had insurance that would've covered it, but that treatment was really hard to come by - wait lists. We had therapists say, "Oh, he's too severe. We're not going to treat him." We had to drive an hour-and-a-half to the therapist that would see him."

On the other side of the spectrum, there were participants whose insurance coverage of mental health services was minimal or non-existent. One mother was faced with tremendous

financial struggles, having to pay for her adopted child's therapy out-of-pocket:

I think my agency should have advised me beforehand to check into what my health insurance would cover in the way of mental health, pay her residential treatment, things like that that sometimes are necessary due to health concerns that the child may not have received prior to the adoption. In my case, my insurance covered nothing, so I ended up paying \$80,000 out of pocket trying to get my child the help that she needed. Because you're told, "Find healthcare, find a physician." But that doesn't necessarily cover everything that the child may need.

Parents of internationally adopted children are not eligible for adoption subsidies and other benefits that parents of domestically adopted children receive (NACAC, n.d.). As a result, some of the international adoptees are either left with unmet healthcare needs due to financial abilities of the adoptive parents (or the lack thereof). As one participant noted, "Us adopting internationally, we didn't have any state support. There was no state funding for treatment and everything else." Only one participant indicated being able to get their child into a long-term residential facility, "They put him in a place for a year and a half where he had therapy every day. We could never have paid for that. The state did it."

An important factor that also illustrates gaps in the adoption system is the seeming indifference of adoption professionals when it comes to the lives of adoptive parents and their children. Because of the lack of professionalism and lack of concern for the well-being of this participant and an adopted child, one mother chose not to follow up with the adoption and not to bring a child back to the United States. The orphanage grossly misrepresented the information they shared about the child, but the events that unfolded as a result of that were horrific. The participant shared that when the orphanage found out that she was not going to take the child to

the United States, the staff become hostile to her and to the child. The participant recalled that while in child's home country she took him shopping. Upon their return to the orphanage she asked orphanage workers if the child could keep the things she bought for him and if they could clean his old clothes:

Those people are monsters, they don't have any heart. They were very rude! She [the orphanage worker] said, "We will talk about it later, first give all the documents." I gave all the documents. They started talking bad things about me then I said, "Look, I am here to hand over this child, to give you all these documents. Let's talk gently. There is no need to get into the words... That lady called the director. She went to the boy. The boy was giving that plastic bag to her saying "Mummy told me this should be washed." She slapped the bag away from him roughly and she said, "It doesn't matter! We don't need this bag!" And she throws the bag on me. I was like, "Seriously? How could you handle a child like that?" I still see this. It's sitting in my mind. He was looking helplessly and looked so scared, the way she did all that, she was hostile to me too. I couldn't tell him anything. All I had to do is just hug him and say, "Sorry. Be good" and I left.

7. Gap in pre-adoption services: *"We had a few classes we went to from the agency, but mostly it was sending out papers and waiting."* In addition to sharing thoughts and feelings about the adoption system flaws, participants talked about gaps in the services that are available to adoptive families. Parents mentioned the inadequacy of the available services and the absence of help when it is most needed.

One of the parents was overwhelmed with the struggles their family was going through and felt like respite care would have been beneficial. However, this service was not available when the family needed it, "The home study agency gave me a resource for a respite but at that point

that would have been a little too late. She really needed the residential [care] at that time. It would have been helpful to have that in advance instead of giving it after the fact.”

Other families talked about a desperate need for information and education on reactive attachment disorder (RAD). The families did not receive any information about RAD or resources on how to deal with it. They felt helpless when their children showed signs of RAD, “There's a huge lack of resources when it does come to this, the really tough issues like this reactive attachment disorder. There is almost no help when we reached out to the adoption agency and to other agencies...” One of the participants recalled receiving various information in pre-adoption classes on what to expect from an adopted child, but no information at all about RAD. The participant felt like had they been informed about a possibility of RAD, they would have been more prepared to deal with it:

Even though we had these classes about dealing with adopted children, the one thing that they didn't cover was reactive attachment disorder. Reactive attachment disorder is one of the most common things for adopted children, especially ones that are coming from international adoptions. At least, it does happen a lot. Nobody talks about it, so they don't tell you that there is a possibility of that.

The pre-adoption preparation process was criticized by another participant for being too cursory. The adoptive parent felt that the training could have been more comprehensive and extensive: “The agency did a 10-hour training. So it wasn't very extensive. They basically went through some common problems, such as fetal alcohol syndrome, such as adaptive sensory issues, issues like that. I read a lot of books about adopting internationally.” A similar opinion shared yet another adoptive parent who believed their pre-adoption preparation course was extremely short and the whole preparation process was too focused on bureaucratic processes:

“We had a few classes we went to from the agency, but mostly it was sending out papers and waiting.”

8. The turning point: “That’s when we knew that this is it...” For most parents in this study sample there was a point (i.e. an event) that affirmed their decision to dissolve the adoption. Some participants described the process of coming to the decision to dissolve an adoption as a gradual, while for others it was a sudden event that required an immediate intervention. For many parents the turning point was very painful and concerned the safety of their other children. For example, some pained parents talked about severe physical injuries their adoptive child or children caused to other children in the home (either adopted or biological):

She spent so much time trying to severely injure my 3-year-old. And it was that time when she pushed my 3-year-old down the stairs. That is when we decided to put her in a respite. We and the therapist decided that that is where she would be staying and we would find a different home for her.

Another parent described heartbreaking events that went on in the home:

An honest answer would be about two and a half years after we had adopted him, and he shoved our baby into a table and into a wall. That’s when it opened up our eyes. He begun to hurt other kids. The point when he got really physical with the baby, that’s when we knew...

A similar experience made another adoptive mother extremely worried for her new biological child’s safety as the adopted daughter grew more and more hostile towards the baby:

I noticed that my adopted daughter would try to hurt the baby. She would pinch her. She would put a cloth to cover her mouth. You know what I mean? I could not leave the baby alone with my adopted daughter. For some reason, she kept going after her. I don’t know

why she was doing this. Maybe she was jealous, but it was very hard to see because I was scared.

Yet another participant stated that dissolution was the only option for their family after an adopted daughter smashed a large glass picture frame over another child's head. The adopted daughter had physically abused other children previously, but this particular event affirmed the parents in their decision to dissolve the adoption. The following story is another powerful illustration of the negative events that pushed a parent "over the edge" to make a decision to discontinue a placement:

My son got very depressed with my adopted daughter in the house. His grades dropped. He did very poorly. When I had teacher-parent conference, teacher said that my son was failing in school, he has attention-deficit, he was depressed. Something was not right with him. He would come home and he would cover his head with a blanket and go into his room. And he said, "Mom" (and I remember these words), he said, "I don't want to be in this house. I cannot live like this. I want to die! Mom, I want to die. What can I do so I just die?"

Physical and emotional trauma was not only experienced by siblings; some adoptive parents suffered at the hands of their adopted children as well. Thus, one of the participating mothers felt vulnerable and paralyzed with fear around her adopted son. The breaking moment for this mother was when a hospital psychiatrist said that she had to take control over her life:

I had records of him having attacked me a month or so before, the last time we'd taken him to the hospital because I had bruises all up and down my arm. That was when the psychiatrist there said, "You can't let him keep doing this to you."

A participant who also identified as a single mother, admitted having suffered from violent

rages of her adopted daughter. The parent stated that there were significant physical differences between her and her child that made these moments of violence even more intimidating and frightening:

Food hoarding, bed wetting, things like that I expected, but the violence was the problem because I'm 4'11" and about 115 pounds with a 12-year-old who was taller than me. It just was not something that could be managed in my home, especially with me being the only one here.

Some participants shared tormenting feelings over their children who suffered sexual abuse caused by an adopted sibling, which ultimately led to dissolving an adoption, "He was sexually abusing at least one of our daughters. I reported it to the state. I didn't know any of this, and she won't talk about it, but she cried for so many hours on separate occasions." Another participant described a horrific situation that took place on a Mother's Day that was a turning point for their family, "When I knew that something was going to change permanently was Mother's Day of 2014 when my husband went downstairs to go get Y. and my youngest daughter to come upstairs for dessert, and he found Y. raping our daughter." Sexual abuse was a reason for dissolution for the next participant as well, and she talked about the moment her daughter finally spoke about the abuse:

She'll say he touched her on the outside of her clothes. I know that's not true. You don't spend that many hours crying over that. She had told me the last time he tried to do something, he had a box cutter up to her neck and he wanted her to do whatever, which she wouldn't discuss.

Behavioral and mental health issues were also among the factors that led to the decision to discontinue the adoption. Some of the behaviors demonstrated by the adopted children were

severe and negatively affected other family members, ultimately causing a multitude of issues within a family. Thus, one parent was appalled at her adoptive son's behavior, sharing:

He would masturbate in his bedroom, but I had three boys in there. He'd have the light on. They're all still awake. He'd get under the covers and be masturbating with people around. He had no idea of what is not normal behavior.

The parent also added, "He would drink and he gave alcohol to my youngest son." One mother shared an emotionally-charged story that ultimately became the turning point in their family. The following episode "broke the camel's back" and led to the disruption of a sibling group:

My dad passed away, and it was very hard. I took it hard, you know, the first person that I would grasp at every time, and it was hard. During the funeral, she was very happy. She was very happy and trying to poke him in the coffin. I told my husband, "Get her out of there." A funeral in a church, you're going to laugh? Then after the funeral, she says to him too, she says, "Your father is not real. He is a fig. Your father is a fig!" That's what she told me. She was only four-and-a-half. And I said, "Sweetheart, you don't understand. Once you go die, you're still real." I'm religious, so I said, "The spirit moves to heaven," and she's like, "No! The father is fake. It's not real!" and she sat down there, laughing very, very hard.

The parent described feeling frustrated and angry with the child during that traumatic event:

That actually made my blood boil. Right now, it probably wouldn't bother me, but back then, right after his death, I was very sensitive, to especially something like that. It made me feel like she's my enemy. She is my enemy. You know?

The mother shared that she then had an epiphany and realized that she has no positive feelings towards her adopted daughter and could no longer parent her:

I came to a realization. I just cannot parent that child. We hate each other. You know what I mean? She hates me, and I hate her. It's just extremely dysfunctional, and it's not getting better. It's getting worse and worse and worse.

The heartbreaking experience another parent described illustrates how dysfunctional the whole family can become before deciding to dissolve an adoption:

I told my husband, "I think we need to stop this adoption." Because everybody's miserable. My older son's talking about suicide. My middle son's behavior escalated. He started to get so angry and throwing temper tantrums. Basically, the whole family was falling apart, and my husband, he would stay at work very late. He basically did not want to be around all this fighting and chaos and screaming. Our marriage was falling apart. Everything was falling apart.

For a few families in the sample, the decision to end a placement was initiated by their adopted child. Since this study is about the experiences of adoptive parents, it is impossible to know what the turning point for those children may have been. The description of how adoptive parents received the news from their children is included because it was “the turning point” for them. Thus, one of the parents who used respite care as means to deal with difficult situations in their home shared:

I would say there was not a point that I decided to dissolve the adoption, until I heard from the respite family and from my daughter that she wanted to be adopted by them and they agreed to adopt her. Really, it was not in my plans to end the adoption, but it ended up being a right situation that worked out permanently.

Another participant shared a similar story stating that the child has started spending more time at a respite family and ultimately decided to stay with that family permanently:

Once word started getting out, it was an interesting thing because he has been staying with this family on weekends and then just on the spur of a moment, it was like he needs to stay there longer. They were ready for him to move in. They came and picked up more of his stuff. We didn't know he was never going to come home again after that. It wasn't like we made a decision and said, "OK, this is it." It was he just started staying there and we didn't even know if it was going to be permanent.

9. Consequences of the dissolution: “They were affected greatly by him being here and by him leaving.” All of the participants reflected on their adoption dissolution experience and talked about the consequences of the dissolution, how it affected them, their families, and other children in the family. Since for many parents the decision to dissolve the adoption was dictated by other children suffering emotional, physical, or sexual abuse caused by an adopted child (children), when talking about consequences of the dissolution, parents reflected on the effect the dissolution had on their other children. For example, one of the parents spoke about two children who remained in the family after the dissolution:

My little son's behavior became out of control. He had violent temper tantrums, and not because he was missing his adopted brother and sister, because he actually was the one who really resented them. They were fighting with him all the time. He absolutely wanted them to go. Maybe, in a way, he was scared he was going to go too, maybe that's what it was. He was very difficult, and he spent years in therapy. He's still in therapy. He has trust issues. He has attachment issues. My daughter was not affected, because she was an infant then.

One of the parents expressed sorrowful feelings for her other children and talked about an added layer of trauma adoption dissolution caused to her other children:

They were affected greatly by him being here and by him leaving. I didn't know it at the time, but our son had gone into our daughter's bedroom and he would stare at her while she'd wake up. When he was gone, she ended up struggling. Friends said horrible things about her, that her family gave their brother away. She was saying she was really sad and suffering. They would say things like, "Oh, you're just trying to get attention." She suffered greatly from it.

Several parents admitted that their children who remained in the family after an adoption dissolution were diagnosed with PTSD. For example, one of the parents said, "One of our biological children began to have signs of PTSD and everything. He has since had counseling and stuff." In addition to PTSD, some parents shared that their other children developed attachment issues, difficulties trusting, and depression. Thus, one of the participants shared, "The oldest daughter that we have, she was very sad, and I would say somewhat depressed", another participant stated, "Our baby who...she's not a baby anymore, she's two now, struggles with attachment issues, like always needing to be near me and everything because of fear." Another participant expressed the suffering of their daughter after their adoptive son left home, "After he was gone she ended up needing some help with sleep, anxiety, and depression issues."

Some parents reflected on how dissolution affected their entire family. Participants admitted that the dissolution experience was "extremely devastating for everybody involved". Thus, one of the parents revealed the distress the entire family suffered:

By the time he left, we all had PTSD. Somebody was always triggering somebody else. It's really, really difficult to heal trauma in a family where the one who brought the trauma in

(and I'm not blaming him, that's just the reality), his trauma came into our lives and then we all ended up with trauma.

Another parent admitted that the whole family needed therapy after the dissolution took place, especially their daughter who suffered sexual abuse from the child who is no longer part of the family:

We all started going to therapy to try and handle how we felt about things, how we felt about our son, how we felt about each other. For our daughter particularly. She regressed, I would say, by about two years where she started to get a handle on her emotions. I think it set her back a couple of years where she was ripping out her hair and trying to claw at her face every time she got angry.

Marital relationships were also at risk for some of the families. A few participants admitted being very close to getting a divorce after dissolution of an adoption. In one of the families the husband was against dissolving the adoption because he grew up without a father himself and did not want to leave a child without parental care and support. His wife admitted, "My husband and I were not on the same page. He tried to be supportive but some of the harshest things I ever heard came from him. It's taken a lot to recover after that. It about ruined our marriage." Another parent also talked about a devastating effect on a marriage among other things, "Overall, I would say, our marriage was very affected, and I have post-traumatic stress disorder, and then some other issues, after this adoption." Painful feelings were expressed by another participant when talking about the consequences of the dissolution, "It has made me cynical. It has made me wary. It has made me question my faith. It came very close to destroying my marriage."

For several families, dissolution caused painful memories so traumatic that families felt the need to protect themselves from potential threats from an adopted child:

For a lot of families, that's what I see happening. The disruption happens but then the families still feel like there's a possible threat out there and they move. At least to get away from all of the memories and to make sure that their former adoptive child can't find them. The parent continued, "I've even seen adoptive parents changing their names. They do whatever they can. For some of these people their children have told them, "I will kill you. Someday I will find you and I will kill you."

Although adoption dissolution is an extremely traumatic event that many parents compare to death of a child, when reflecting on the consequences of the dissolution, some parents identified some positives in the aftermath of the adoption dissolution. One of the parents exclaimed:

I'm so sorry we ever brought him over here and put that burden on our country. We thought, "Here's a cute little kid. We're going to love him, and he'll be a real asset."

[laughs] That was it. Life was so easy when he left! I only had five teenagers, and it was wonderful! To have five normal teenagers was so easy. I couldn't believe it!

For many participants one of the most important positive outcomes was the fact that their other children were no longer getting hurt. For example, a parent stated, "With him, it was more a relief that we didn't have to worry about him hurting anybody in our family anymore." Another mother said, "My oldest son actually got better, once they left. His grades improved, his level of happiness improved, he did not talk about dying anymore. He is much, much better." Several parents stated, children felt "relieved" not being in a dangerous situation any more. For example, "The kids were not sorry he was gone. Even the one that said he wasn't so bad, she never wanted him back, either. My husband was glad he was gone." Another parent described how the feeling of "walking on eggshells" suddenly disappeared and children along with parents finally felt

better:

Children went to therapy a little bit but, for the most part, once he was gone and we could tell that he was gone, it was also a really big sense of relief for everybody. It was like we'd been holding our breath for two-and-a-half years, and we had forgotten what it was like to breathe. When we all got the chance to breathe again, we weren't walking on eggshells.

Parents also believed that dissolution was ultimately a positive event because their adopted children ended up in families that were better equipped take care of those children and because the children were not in their home country orphanages in dismal conditions: “Disrupting at least in our case was putting him in a better situation because it was going to tear us up” – one parent stated. Another parent also said, “It feels like I was a stopping place for her and that she did end up in a better place because of it.” Greater opportunities for a child were mentioned by another parent as well:

Despite the dissolution, adoption brought our son to the U.S. and has given him opportunities that he never would have had. He became a Christian here. He was in a conflict country, now he's free. I see a lot of benefits to it, and it's made us who we are. One of the mothers believed that if they did not adopt their daughter, the daughter would have been dead in her home country.

In addition, their daughter has been re-adopted by another family where she does well:

The one good thing that came out of it that I do console myself with is that T. is alive and well-taken care of in her current placement. I don't think that would have been the case if she had stayed in India. We were her conduit out of India. I think she would probably be dead if she was still in India, if we hadn't gotten her out of India.

Participants spoke about how impactful the dissolution experience turned out to be for

them. For some parents the experience was very transformative and became a foundation and a direction in their current and future life. Thus, one parent shared:

I went back to school to learn about attachment trauma, because I really didn't understand it and I felt like, "There has to be something out there that helps." I started a ministry where I now coach other families who are struggling with difficult children, mainly to be a support for them. It's not like I tell them, "If I had figured this out, my son would still be in our family." I'm not going in as the expert on what to do with a child like this because, obviously, I didn't figure it out, but I'm interested in all the different things that parents are doing that are working.

Becoming more educated about adoptive family dynamics became a goal of another parent as well:

I actually have another child whom I gave birth to in the year after the dissolution, so I have four children. [laughs] Family is back to four kids, and I'm hoping to go back to graduate school for psychology, because I want to help other people who have been struggling the way I have.

Two parents went on to advocate and help adoptive families in difficult situations. As one of the parents stated:

But you see the good that's come out of it. My entire life's work now is all about this. It's got our family where we needed to be. It's forced us to heal up some things we didn't even know were broken.

Another parent said, "We founded an orphan support group at our church. We have many families that come there now. It's got a couple of Christian counselors. It's specific for families going through adoption or foster care."

For most of the adopted children who are no longer part of a family, re-adoption was the outcome of the dissolution. Parents reflected on the outcome for their children and agreed without dissent that re-adoption was a positive outcome of the dissolution for their children. Thus, an adoptive father shared, “The home he is in now, the family he is with now, he is not on medication and he is flourishing. He is doing so well. We get to actually see pictures of him when we get updates on how he's doing.” Another parent, too, believed that her daughter was better-off in a new family:

They are an excellent match for her. She's doing really well in their home. It's a big home.

They have six kids, well, seven now. It's a great match. I feel like things worked out for the better. When she was available the first time, that family wasn't looking to adopt at that time. It feels like I was a stopping place for her and that she did end up in a better place because of it.

For some families getting their children into families where they are an only child was a better solution for everyone involved. The child(ren) could get the attention and care that they required and no other children were getting hurt by an adoptee. One parent shared that their child was “doing very well in school. She is in a family where she is the only child.” Few other families also indicated that their children required special type of a family equipped to deal with specific needs of their child. Thus, a mother shared, “They found a family that had a specific interest in hearing-impaired kids. They had a family that was interested.” Another mother described the new family her children went to live with, “They were both special-needs educators. They had one child adopted from my children’s home country, and they were ready to parent kids with behavioral issues.”

A few parents said that their respite families ended up adopting their child so there was no

search process for another family. One mother shared:

We had a family who stepped up before we even made that decision and that's who became his new parents. We did not surrender our child to the state. We did not just take him back to the adoption agency. He had actually been staying with the family on the weekends for a couple of months. It started to become evident that he was doing much better over there than he was at our house. Our son ended up going to this new family.

A few parents in the sample shared that their children went to reside in residential care facilities after the disruption. One mother still receives phone calls from her son on a rare occasion. Other parents were unaware of their adoptive children's whereabouts.

10. Need for improved adoption practices: "I wish adoption professionals would actually discuss possibility of adoption dissolution." It is not surprising that the theme of the need for improved adoption practices emerged among other themes considering the issues adoptive families face. All of the participants unanimously agreed that changes must be made in the way adoption services are provided and how adoption practices are carried out.

As it was noted by some of the parents, adoption professionals do not always know how to deal with such "out of the ordinary" situations as dissolved adoptions and specific problems internationally adopted children have. Because of that, adoption professionals are not always as effective as they could be, "There's a lot of professionals that don't even understand a reactive attachment disorder, even medical professionals. You could get judgment from them that really isn't needed." Lack of training for reactive attachment disorder and the need for adoption professionals to be proficient in RAD was mentioned by several parents. For example:

I think it is important for adoption professionals, social workers to be trained about all the different behaviors that are associated with international adoption. I find it very alarming

that one of the social workers that I have come into a contact with in a foster care system are not trained in reactive attachment disorder and they don't think it is a real issue.

One of the participants noted that even if a parent is able to find a specialist with the necessary skills, getting an appointment with that specialist can be very difficult:

I would also recommend that adoptive parents find a therapist who specializes in reactive attachment disorder. There's not a lot of people out there who specialize in that, so they can be very hard to find and, if you find them, sometimes they're not available.

Many participants believed that if they were warned about a possibility of disruption prior to the adoption, they would pay more attention to the early signs and would start seeking the appropriate help earlier. The parents noted that discussion and preparation for such extreme case scenarios should be a part of adoption preparation process. One participant noted:

I wish they [adoption professionals] were less hidden about it. I wish adoption professionals would actually discuss possibility of adoption dissolution with adoptive parents. It's not an item at meetings in the adoption community. Everybody knows this happens but nobody wants to talk about it. I think adoption professionals need to address this issue. They need to say that not all adoptions work out.

Another parent added, "They [adoption agencies] should prepare each of us, there might be a scenario like 'this, might not go well, and this is what you should be prepared for.'" A parent of another adoptee believed it was important for adoptive parents to be "educated not only about the good part of the adoption, but also about the things that can happen."

In addition to the need for adoptive parents to be prepared for the worst case scenario, the participants realized that adoption professionals themselves need to be trained to provide such help. Adoptive parents admitted, that often times adoption professionals did not know how to

deal with dissolution and disruption cases and could not help adoptive parents effectively as a result. As one parent said: “I know this is a worst case scenario but it would be better in the worst case that adoption workers have a high level preparation.” Many parents thought that one of the best ways to enhance existing adoption practices is to train adoption professionals to be proficient in disruption cases. For example, one participant shared, “I think my adoption agency was not prepared either. Either with the number of staff or the proper staff or the experience with these kind of kids and these situations and disrupted adoption.” Another parent stated:

I would say that families should work with somebody who is familiar with disruption, rather than our social worker who had never dealt with it before but was our social worker. Maybe, she wouldn't be the appropriate one to work with. Maybe, she should partner with somebody who had experience in disruption to fill in.

When pondering about what specific preparation would be helpful, adoptive parents noted the significance of an individual approach when dealing with dissolution cases “because no two situations are the same,” the importance of “painting a realistic picture for a family” when it comes to expectations of the adoption and the challenges, establishing some specific training that will address “what to do when all of those buttons are pushed and how to deal with really crazy behavior”, developing training on “what trauma does to a brain” because, as the parent clarified, “Children come over with trauma. We need to understand that more, because if I would've known that more and I had the right type of training, maybe we could have done better.” Other parents noted such things as training that includes practical application and practical tools for dealing with extreme situations. A parent recalled their pre-adoption training tried to remember if a possibility of extreme cases was even discussed during the training, “Maybe it was said, but I didn't hear it in a way that resonated with me to where I even thought I was going to have an

issue.” The parent then continued the conversation, stating that had they had some practical training classes, the information and knowledge would likely have stuck with them longer. A couple of parents also had interesting recommendations, with one parent stating, “I believe my counselor would tell you that she ended up pulling a lot from grief counseling training. That's probably what a lot of families will need. Similar to experiencing a death or another loss.”

Another parent believed adoption professionals must have some first-hand experience in order to help other families, “I think that most who work in adoptions should have either adopted or fostered a child. It gives them a personal understanding of how adoption can work.”

Parents concluded that adoption practitioners need to make it a point to understand that “parenting a traumatized child is traumatizing.” The stigma among the adoption services providers needs to be gone in order to offer effective help to the families going through dissolution process:

It's also needed that this stigma needs to not be there. Families shouldn't be judged when this happens. They should be supported and they should be provided opportunities to be able to speak about what's going on, and to be given tools to walk through it.

One of the participants' recommendation to adoption professionals was, “to have a whole list based off, I don't know... location or whatever would be easiest, but therapists that you can contact that are knowledgeable in attachment and other issues.”

Finally, when first faced with the decision to dissolve an adoption, many people found themselves lost. Participants often did not know how to begin the process and were unable to find relevant information and resources. Thus, one of the participants' shared their experience in trying to find information on adoption dissolution process:

We had a social worker who was willing to give us information. She did look up a few

articles and things like that, but she was basically giving us references. It wasn't really the path. It was kind of information about characteristics of families who disrupt or something like that, which is OK, but what does disruption process look like? How do you actually go about doing it? Because the agency themselves, they weren't going to do it. I was kind of left with "who?" I can't just leave him out on the street. What do I do? They would refer us to other agencies perhaps but then other agencies would say, "No, we don't work with that." That made you feel really bad.

Thus, it is critical to include guidelines and description of the step-by-step process in cases when adoption is not working out. Providing such guidelines to prospective adoptive parents should be a part of adoption preparation process.

11. Advice to parents going through dissolution: "They have to remember that when you exhaust all options, you're giving that child a chance." The participants were asked to put themselves "in the shoes of other adoptive parents" who might be considering dissolving an adoption and to give advice to those families. All interviewees strongly believed that exhausting all options prior to making a drastic decision [to dissolve an adoption] was absolutely necessary. One of the parents noted:

If the parents really haven't exhausted all options, if they haven't truly sought out therapy, and everything... I think there are families out there that see this as, "This adoption it is not working and they [children] need to go. They need to go out with this family." They have to remember that when you exhaust all options, you're giving that child a chance. Trying to help that child as well, and try to get him whatever he or she may need. It's more than just one side of it. It's trying to give everybody a chance to figure out what's going on.

Another adoptive parent expressed her support of discontinuing an adoption, but only as

the very last resort:

I would advise to do everything they can (if they haven't already done so) to make the adoption successful. If they have, then to get the advice of a professional (who knows way better than I do) that it is not good for the child or for them to continue. Then I would support them in the disruption.

Some parents mentioned respite care and support of other adoptive parents as important resources for adoptive parents. As one of the participants mentioned, "Just helping adoptive parents understand what to expect. A lot of times through each other..." Another parent said:

You really need to find the community of people who have done this because it is such a unique experience. I don't think I could just walk out... If I just walked out on the street and tag 10 people, I could find probably people who have been divorced or experienced divorce of parents or something like this. I don't think I could find somebody who's disrupted or dissolved.

Respite care, or a temporary time away from a child, was among other suggestions as well. For example, one of the mothers who currently helps other adoptive families in difficult situations following her dissolution of adoption experience, said:

First of all, can we get them respite? Because if they can get some support, some pretty heavy duty support, they might make it. That's what my first hope would be. Typically, what I find is they need somebody to take that child after school two days a week, where they don't come home after school until bedtime, and they just come home and go straight to bed. Where mom and dad can have a fairly relaxed evening, or do whatever they need to do without trauma in their lives, and then one weekend a month.

Another suggestion when it comes to dissolution prevention resources or help going

through a dissolution process is to look for resources outside of what an adoption agency can offer. As one of the parents stated:

You need an unbiased resource that's looking into your family as a whole and has no interest, one way or the other, the way your adoption agency would. Where it might hurt them even if they had been paid. It might reflect on their reputation or something like that. You need somebody who has nothing in it except your family's well-being.

Making sure that legal procedures are carried through properly is one of the advice that was offered among others, "Involve their agencies. Be sure ICPC is involved if it's an interstate adoption. Be sure that the new adoption is something that will work out. Make sure all the legal bases are covered."

Participants wanted other adoptive parents to remember that decision to dissolve an adoption is very painful and needs to be carefully thought through, "Parents have to be realistic. "Will this child ever be well in my home?" If they can honestly say, "The child's never going to be OK in this home," it is better for the child to move on." Another parent, however, warned [despite having experienced dissolution of an adoption]:

There are things that can help kids with reactive attachment disorder, so I would not necessarily advise parents to give up. I would think that there are ways to help those children. It doesn't seem like there are when we're in the middle of it, but once you kind of step back, there are ways to help them. I would not recommend disruption. It's very painful.

One of the participants reminded families who are facing adoption dissolution:

As hard as it is, if you're at the point where you feel that you need to disrupt, you shouldn't blame yourself and you should realize that once you get through the pain of the disruption,

life does get better on the other end.

Chapter 5: Discussion

The purpose of this dissertation research was to examine the experiences of adoptive parents who dissolved an international adoption and the impact adoption dissolution had on the adoptive parents and their families. The results of this study suggest that adoption dissolution impacts the whole family, has long-term repercussions, and is a very complicated process. Results also illustrate that dissolving an adoption is an extremely difficult decision and a complicated process, that both may result in years of psychological distress for the adoptive parents as well as for other family members. This study is unprecedented because it is the only existing study that explores how such a tragic event as dissolution of an international adoption is experienced by adoptive parents who made considerable efforts and sometimes sacrifices to adopt a child from outside of the United States. The few existing studies on the topic are very outdated and focus on domestic adoptions. This study sheds light on the current adoption system and specifically the international adoption system and the experiences of contemporary American families who choose an international adoption route.

The results of this study highlight several structural, interpersonal, economic, and safety issues: 1) participants expressed the complexity of the dissolution process, often not knowing what the formal steps are in dissolving an adoption and having to find another family willing to re-adopt their child. For all of the participants, it took a lot of resources to dissolve an adoption and it was not an “overnight” process; 2) participants spoke about stigma, not only among the general population (i.e. strangers, friends, un-involved communities such as church), but also stigma among social workers, adoption agencies, and other adoptive parents; 3) the results of the study demonstrate that adoption preservation efforts are associated with extremely high costs and do not always produce the desired effect [preservation of the adoption]. In addition, when a child

lives the adoptive home, parents and other family members often still have emotional and psychological issues that have to be addressed and require expensive treatments; 4) adoptive parents spoke extensively about their own safety and the safety of other children in their home. Concern about other children's safety was the main reason for dissolving an adoption for many families.

The themes in this dissertation research reflect the barriers to a successful adoption. Adoptive families need to know about a possibility of adoption dissolution and the kinds of issues that they may run into and the consequences of adoption dissolution on adoptive families. This knowledge will help adoptive parents to be prepared for force-majeure situations, to gather all of the resources available prior to adopting a child, and to develop a plan in case a crisis situation occurs. As one of the participants stated:

Adoptive parents need to have an emergency plan in place. If things start to go badly, to know the resources that might be available to you to help with that. Look into all of the resources. Especially emotional health that might be available if problems like this come up.

In this study parents indicated having received wrongful information about their adoptive child. They learned about the full magnitude of physical, emotional, and psychological issues and special needs of their children after the adoption was final. Deceptive practices of orphanages in children's home countries, as well as the lack of support and advocacy on the part of local adoption agencies, made it very difficult for the adoptions to be successful. In a few cases a child's age was grossly misrepresented, which significantly affected the ability of parents to be prepared to deal with the issues of the child. Many participants did not realize the magnitude and the depth of trauma children suffered prior to the adoption and the consequences

that trauma can have on children's behavior. For example, in several cases sexual acting out of an adopted child lead to the abuse of other children in the family and caused serious trauma to those children, as well as adoptive parents.

The themes of this dissertation study demonstrate that families decide to dissolve an adoption due to detrimental events and issues such as sexual abuse of other children, severe physical abuse of children and other family members, raging behavior of an adopted child, and attachment issues. These findings are consistent with Smith and Howard's study (1991) that compared failed foster care placements with successful foster care placements and found that sexual acting out, severe behavioral issues, and attachment problems were significantly associated with adoption disruption and were present in the disrupted adoption group considerably more often than in the comparison group of successful placements.

In addition, parents pointed out that the lack of adequate information about their child's physical and/or emotional and mental health condition precluded them from being able to adequately prepare to respond to the child's severe behaviors or to develop an emergency plan prior to the manifestation of the negative behavior. Some parents even indicated that they would not have adopted their child if they were aware of the child's behavioral and mental health conditions prior to the adoption. These results are consistent with the seminal research study conducted by Barth and Berry (1988) with a sample of parents who adopted children domestically. The authors found that 17% participants found out about the history of abuse of their child after the adoption; 32% of participants discovered that their child had emotional and behavioral problems after the adoption has occurred; 18% of participants discovered that their child was physically abused prior to the adoption; and 13% learned about their child's history of neglect (Barth & Berry, 1988).

The results of this study contribute to the sociocultural understanding of international adoption and its impact on families throughout the life course of an international adoption. Current understanding of how adoptive parents experience adoption dissolution and how they come to the decision to dissolve is extremely limited. One of the vivid examples of that is the story of one of the participants who disclosed that she felt it was ironic that parents to choose to place their child for adoption to give a child more opportunities are viewed in a more favorable light in the adoption community than parents who dissolve an adoption. Thus, the results of this study point to the need to: 1) educate perspective adoptive families on the possibility of adoption dissolution; 2) provide adoptive families with specific practical tools on how to combat difficult situations with their adoptive children; 3) develop accessible and affordable resources for adoptive families to help prevent dissolutions; 4) establish unified and precise course of action that adoptive parents can take in situations when an adoptive child needs to be removed from a family, including an immediate removal of a child in crisis situations; 5) develop a comprehensive training program for all adoption professionals to provide comprehensive training and educate them to effectively work with families who are going through dissolution or a disruption of an international adoption; 6) educate the adoption community about families who dissolve international adoptions to prevent stigma and to enhance understanding of traumatic experiences of the time parents who dissolve an international adoption; 7) encourage communities to become a recourse network for families who are experiencing dissolution of an adoption, instead of stigmatizing such families. If communities could offer support to adoptive families in such difficult situations (for example provide more respite care opportunities), some dissolutions could be prevented.

Implications

Implications for Practice

One of the most notable findings of this study is related to the sexual acting out of an adopted child. Three parents reported sexual abuse by an adopted child as the reason to dissolve an adoption. Existing adoption literature indicates that institutionalization and sexual abuse are often associated. Sexual abuse severely impacts children, often causing life-long issues that may manifest in the victim of abuse becoming an abuser themselves. This study revealed that families who adopt children internationally are often very familiar with this dark consequence of institutional deprivation. These findings suggest the need for specifically designed services and concentrated efforts to determine if a child was sexually abused. Specialized counseling that aids in helping parents better understand the consequences of sexual abuse trauma, how it can manifest itself, and how to deal with sexual acting out is needed for families who parent an adopted child with the history of sexual abuse. It is also important to have specialized intervention for children with the history of sexual abuse that is available and accessible to the adoptive families.

Grief counseling is also warranted for the adoptive parents and other family members who are dealing with the consequences of international adoption dissolution. Adoptive parents compared dissolution of an adoption to a death of a child. Some parents felt like they have failed as parents, others grieved because all of their efforts to preserve a placement still ended with the child leaving their home. For those parents who disrupted a placement, the feeling of loss was still tremendous even though they did not end up bringing their child home. They described their experience as losing the child “they never had.”

This study revealed an immense need for developing training for adoption specialists aimed to educate and equip adoption workers with knowledge and appropriate tools to help

families who are dealing with adoption dissolution. Participants reiterated that their adoption agency workers and counselors did not know how to help during the dissolution process and after the dissolution has occurred. The specialized training for adoption specialists also must include guidelines and practical solutions on exercising a non-judgmental approach, because adoption workers often judge adoptive families who chose to dissolve an adoption.

Changes on a macro scale must happen as well. While the DHS began collecting some data on adoption dissolution cases from Hague-accredited countries, a large number of dissolved adoptions still goes unreported. A national database on dissolved and disrupted international placements is needed in order to make inferences about the incidence and prevalence of international adoption dissolution, to more accurately identify causes and risk factors, to track movements in care, and to develop interventions and state programs to help adoptive families. Results of the interviews with the adoptive parents show that fraudulent practices in adoption, along with the lack of professionalism on the part of orphanage and adoption agency workers, are extremely alarming. When families become victims of an adoption scam, the likelihood of adoption dissolution increases tremendously, according to the experiences of the participants of this study.

Implications for Research

Existing studies on adoption dissolution involve parents of domestically adopted children and are dated. Many of the few current studies on international adoption dissolution were conducted outside of the United States and used analysis of documents and secondary data. Greater efforts must be made in the area of international adoption dissolution research and must begin with expanding an existing body of research.

More empirical studies must be administered to gain a better knowledge of failed adoptive placements. Both quantitative and qualitative research need to be conducted focusing on the experiences of all members of the adoption transaction: adoptive parents, adoptive children, other children in the adoptive family, orphanage workers, and adoption agencies. The complexity and the depth of the impact of international adoption dissolution calls for a more thorough exploration involving larger and more heterogeneous samples and including experiences of mothers, fathers, siblings, and adoptees.

Limitations

This study used a purposeful snowball sampling method and specific criteria for inclusion in the study. Therefore, the results of this research study cannot be generalized to a larger population of adoptive parents. The limited sample size is another implication that affects generalizability of the results.

All of the interviews except for one were conducted over the phone. While phone interviews allowed the participants to feel more open to discuss a sensitive subject, it also presented a limitation because many of the participants had to find the time and a comfortable setting for the interview. Some participants were at home during the interview, others were at work or other functions. The participants had to postpone their other duties and chores to speak about their dissolution experiences. It is possible that the participants felt rushed to finish the interview or were apprehensive to share some details of their experience if other people could potentially hear them. A few participants were interrupted during the interview, which could potentially shift the direction of their conversation and alter the results of the interview.

Taking precautions against bias in this study was a priority and involved the use of epoche and bracketing as well as memoing and member checking. Despite the provisions taken to

eliminate bias, there is always potential for bias in a qualitative study because epoche is not a process that can always be fully achieved (Moustakas, 1994).

Even though findings of this study are not generalizable, they are critical for understanding the nature and the meaning of rare and heartbreaking struggles of adoptive parents who have experienced international adoption dissolution.

Contribution of the Current Study

The unique nature of the current study is its focus on international adoption dissolution – a sensitive topic often interpreted in a one-sided manner. Many dissolutions of international adoptions go unreported. Dissolutions of adoptions are not only psychologically traumatizing for both children and parents, but often end the only chance for a family a child may have had to grow up in a family environment. Therefore, understanding how families experience adoption dissolution, exploring its causes, and developing preventive services are crucial for advancing the best interests of children and positive outcomes for adoptive families.

Prior studies of adoption dissolution mostly focused on dissolutions of domestic adoptions. The current study seeks to fill the gap in the existing research by not only introducing the first study about international adoption dissolution, but also by presenting a unique approach to viewing the issue through the experiences of adoptive parents. The results of the study will be useful for a large group of people: families wishing to adopt internationally; adoption specialists working with such families; international adoption agencies, and adoption policy makers on State, Federal, and international levels.

Appendix A
IRB Study Approval



March

21, 2016

Olga Vladimirovna Verbovaya

Dr. Elissa Madden

The University of Texas at Arlington

School of Social Work

Box 19129

EXPEDITED APPROVAL OF HUMAN SUBJECT RESEARCH

IRB No.: 2016-0499

TITLE: ADOPTION DISSOLUTION FROM THE PERSPECTIVE OF ADOPTIVE PARENTS FROM THE USA WHO ADOPTED CHILDREN INTERNATIONALLY

Approval Date: March 21, 2016

Expiration Date: March 21, 2017

Approved Number of Participants: 15 (Do not exceed without prior IRB approval)

The University of Texas Arlington Institutional Review Board (UTA IRB) has made the determination that this research protocol involving human subjects is eligible for expedited review in accordance with Title 45 CFR 46.110(a)-(b)(1), 63 FR 60364 and 63 FR 60353, category (7). The IRB Chairperson (or designee) approved this protocol effective March 21, 2016. IRB approval for the research shall continue until March 21, 2017.

APPROVED NUMBER OF PARTICIPANTS:

This protocol has been approved for enrollment of a maximum of 15 participants and is not to exceed this number. The IRB considers a subject to be enrolled once s/he consents to participate in the study. If additional data are needed, the researcher must submit a modification request to increase the number of approved participants before the additional data are collected. Exceeding the number of approved participants is considered an issue of non-compliance and will be subject to deliberation set forth by the IRB and the Vice President for Research.

INFORMED CONSENT DOCUMENT:

The IRB approved version of the informed consent document (ICD) must be used when prospectively enrolling volunteer participants into the study. All signed consent forms must be securely maintained on the UT Arlington campus for the duration of the study plus a minimum of three years after the completion of all study procedures (including data analysis). The complete study record is subject to inspection and/or audit during this time period by entities

including but not limited to the UT Arlington IRB, Regulatory Services staff, OHRP, and by study sponsors (if the study is funded).

MODIFICATION TO AN APPROVED PROTOCOL:

Pursuant to Title 45 CFR 46.103(b)(4)(iii), investigators are required to, “promptly report to the IRB any proposed changes in the research activity, and to ensure that such changes in approved research, during the period for which IRB approval has already been given, are not initiated without prior IRB review and approval except when necessary to eliminate apparent immediate hazards to the subject.” Modifications include but are not limited to: Changes in protocol personnel, number of approved participants, and/or updates to the protocol procedures or instruments. All proposed changes must be submitted via the electronic submission system prior to implementation. Failure to obtain prior approval for modifications is considered an issue of non-compliance and will be subject to review and deliberation by the IRB which could result in the suspension/termination of the protocol.

ANNUAL CONTINUING REVIEW:

In order for the research to continue beyond the first year, the Principal Investigator must submit a Continuing Review for approval via the online submission system within 30 days preceding the date of expiration indicated above. Continuing review of the protocol serves as a progress report and provides the researcher with an opportunity to make updates to the originally approved protocol. Failure to obtain approval for a continuing review will result in automatic expiration of the protocol all activities involving human subjects must cease immediately. The research will not be allowed to commence by any protocol personnel until a new protocol has been submitted, reviewed, and approved by the IRB. Per federal regulations and UTA’s Federalwide Assurance (FWA), there are no exceptions and no extensions of approval granted by the IRB. The continuation of study procedures after the expiration of a protocol is considered to be an issue of non-compliance and a violation of federal regulations. Such violations could result in termination of external and University funding and/or disciplinary action.

ADVERSE EVENTS:

Please be advised that as the Principal Investigator, you are required to report local adverse (unanticipated) events to The UT Arlington Office of Research Administration; Regulatory Services within 24 hours of the occurrence or upon acknowledgement of the occurrence.

HUMAN SUBJECTS TRAINING AND CONFLICTS OF INTEREST DISCLOSURES:

All investigators and key personnel identified in the protocol must have documented Human Subjects Protection (HSP) training on file and must have filed a current Conflict of Interest Disclosure (COI) with The UT Arlington Office of Research Administration; Regulatory Services. HSP completion certificates are valid for 2 years from completion date.

COLLABORATION:

If applicable, approval by the appropriate authority at a collaborating facility is required prior to subject enrollment. If the collaborating facility is engaged in the research, an OHRP approved Federalwide Assurance (FWA) may be required for the facility (prior to their participation in research-related activities). To determine whether the collaborating facility is engaged in research, go to: <http://www.hhs.gov/ohrp/humansubjects/assurance/engage.htm>

CONTACT FOR QUESTIONS:

The UT Arlington Office of Research Administration; Regulatory Services appreciates your continuing commitment to the protection of human research subjects. Should you have questions or require further assistance, please contact Regulatory Services at regulatoryservices@uta.edu or 817-272-2105.

Sincerely,

Ray, Christopher T

Digitally signed by Ray, Christopher T
DN: cn=Ray, Christopher T, o=ou,
email=chrisray@uta.edu, c=US
Date: 2016.03.21 11:39:49 -0500

Christopher Ray, PhD, ATC, CSCS
Associate Professor, Department of Kinesiology
UT Arlington IRB Chair

REGULATORY SERVICES

The University of Texas at Arlington, Center for Innovation
202 E. Border Street, Ste. 201, Arlington, Texas 76010, Box#19188
(T) 817-272-3723 (F) 817-272-5808 (E) regulatoryservices@uta.edu (W) www.uta.edu/rs

Appendix B
Recruitment List

| Name | About | Contact | Website |
|--|--|--|---|
| Moms of Disrupted/Disrupted adoption | This page is a support community for mom's who are seeking resources or those who have been struggling and are considering whether they should dissolve an adoption . If you need advice, guidance, resources, from mom's who have been through a dissolved adoption, please send a request to this page to join our Secret support group, "Mom's In The Trenches." | Must be contacted through Facebook message | https://www.facebook.com/MomofDisruptedAdoption/?fref=ts |
| All blessings international | All Blessings International is a Christian non-profit organization and Hague accredited adoption agency that believes in the innate worth of every individual child and seeks to assist the children of the world by helping build families through adoption and providing humanitarian aide to children in need. | erica@allblessings.org; 270- 684-2598 | http://www.allblessings.org/postplacement/mendingheartsadoption.shtml ; https://www.facebook.com/All-Blessings-International-Inc-147680605249577/timeline |
| America World Adoption | America World is committed to helping America's families and the world's orphans experience the love of God in Jesus through the "Spirit of adoption." | 703-356-8447; info@awaa.org | http://www.awaa.org/default.aspx ; https://www.facebook.com/AmericaWorld |
| Attachment and Trauma Centre for Healing | The Attachment and Trauma Treatment Centre for Healing (ATTCH) provides quality trauma and attachment assessment and treatment, and evidence-based trauma-informed training. | reception@attch.org ; +1 905-262-0303 | https://www.facebook.com/Attachment-and-Trauma-Treatment-Centre-for-Healing-155260851294250/?fref=pb&hc_location=profile_browser |
| Attachment and Trauma Network | The Attachment & Trauma Network (ATN) was formed in 1995, when three adoptive mothers came together for support. Nancy Spoolstra was one of the founding members and continues to serve on the Board today. ATN has grown into an international organization that provides training at regional and national adoption conferences, operates six on-line support communities, maintains a database of worldwide therapists and resources, and is the premier support, education and advocacy organization for those raising traumatized and attachment-disordered children. | 888-656-9806 ; julieb@attachtrama.org | https://www.facebook.com/attachtrama/?fref=pb&hc_location=profile_browser |
| Bethany Christian Services | Bethany Christian Services is a global nonprofit adoption, child welfare, and family preservation agency serving orphaned and vulnerable children in over 15 countries. | (800) 238-4269; | https://www.bethany.org/adoption/international-adoption |
| Bucker International | Buckner International is a global non-profit ministry dedicated to making life better for orphans, vulnerable children and families around the world. | (214) 758-8000 | http://www.buckner.org/foster-care-and-adoption ; https://www.facebook.com/bucknerinternational |
| Chask Christian Homes and special kids | CHASK is a group of Christian families formed from our organization National Challenged Homeschoolers (NATHHAN) www.NATHHAN.com. For more than 12 years our joy has been encouraging parents with special needs children. | 208-267-6246; Info@CHASK.org | http://www.chask.org/adoption/adopting-parents/stories-of-disruption/adoption-disruption-the-down-and-dirty-by-nikkiesquivel/ |
| Child-in-Residential | A group for parent/s and families (e.g., siblings) of children who require placement out of the home: in residential treatment facilities, in therapeutic foster care, or in similar interim programs. Discussion focuses on the difficulties inherent in this experience as well as on the politics and new developments with which families must contend. | | https://groups.yahoo.com/neo/groups/Child-in-Residential/info |

| | | | |
|--|---|---|---|
| Children of All Nations (Connect Program) | The CONNECT Program was created to help children who have previously been adopted into a home where the family and/or child were unable to adjust and move forward together as a healthy family. | 512.615.1515; info@childrenofallnations.com | http://childrenofallnations.com/adoption-programs/domestic/connect-program/ ; https://www.facebook.com/ChildrenOfAllNations.GreatWallChinaAdoption |
| Families by Design | Dedicated to parents and professionals who are helping to heal challenging children. | (970) 984-2222; nctomas@rof.net | https://www.facebook.com/ntparenting/timeline |
| Families for Russian and Ukranian Adoption | FRUA offers families hope, help and community by providing connection, education, resources, and advocacy, and works to improve the lives of orphaned children | Ffago@pepcleve.org; 216.361.7760 ext. 192 (Felicia Fargo) | https://www.facebook.com/groups/83837030440/ ; http://www.frua.org |
| Families with Children from China | Non-denominational organization of families who have adopted children from China. | webmaster@fwcc.org; | http://fwcc.org ; https://www.facebook.com/Families-with-Children-from-China-125378744188077/ |
| FASD Community | FASD Communities is a registered 501 (c)3 not-for-profit organization dedicated to creating sustainable communities for persons with FASD. | fasdcommunities@gmail.com | https://www.facebook.com/fasdcommunities/?fref=pb&hc_location=profile_browser |
| Holt International Children's Services | Established overseas for more than five decades, Holt International is the model for international adoption. | (541) 687-2202; 1-888-355-HOLT (4658); info@holtinternational.org | http://www.holtinternational.org/waitingchild/resources.shtml ; https://www.facebook.com/HoltInternational |
| Hope International Adoption Services | Hope International is a licensed, 501(c)3 non-profit international adoption agency providing assistance during each step of the adoption process. Hope is a member of the Joint Council for International Children's Services. | info@hopeadoption.org; 214-672-9399 | http://www.hopeadoption.org ; https://www.facebook.com/HopeInternationalAdoption |
| I Love Adoption | Adoption.com promotes and supports adoption through community, education, and empowerment. | (208) 419-3162; Can post in Disruption Forum to recruit | www.adoption.com , https://www.facebook.com/Adoption/ |
| Institute for Attachment and Child Development | Too many parents fight attachment disorder on their own. We're on a mission to give them guidance, community, and resources. Join us. | (303) 674-1910; | https://www.facebook.com/instituteforattachment/?fref=pb&hc_location=profile_browser |
| Little Miracles International Adoption | Little Miracles International was founded by Lori Scott in 1999 after a problem-free Romanian adoption of a beautiful 4.5 year old girl in 1998. Our values and agency are based on adoptive parent experience in international adoption. | adopt@littlemiracles.org; (806) 351-1100 | http://www.littlemiracles.org ; |

| | | | |
|--|---|---|--|
| National Association on Fetal Alcohol Syndrome | The National Organization on Fetal Alcohol Syndrome (NOFAS) is the leading voice and resource of the Fetal Alcohol Spectrum Disorders (FASD) community. Founded in 1990, NOFAS is the only international non-profit organization committed solely to FASD primary prevention, advocacy and support. | (202) 785-4585; information@nofas.org | https://www.facebook.com/nofas/?fref=pb&hc_location=profile_browser |
| Nightlight Christian Adoption | Nightlight offers embryo, domestic, international, homestudy and foster adoption services. Clients are served worldwide. Offices are in Anaheim, CA, Loveland, CO, Lexington, KY and Greenville, SC. | (714) 693-5437; info@nightlight.org | https://www.facebook.com/Nightlight-Christian-Adoption-108986062455792/timeline ; https://www.nightlight.org/renewed-hope/ |
| North American Council on Adoptable Children (NACAC) | The North American Council on Adoptable Children is committed to meeting the needs of waiting children and the families who adopt them. | 651-644-3036; e-mail: info@nacac.org | https://www.facebook.com/NACACadoption/?fref=ts ; http://www.nacac.org/about/about.html |
| Parenting Disrupted Children | This group is for those who are parenting a child after a disruption. The intended purpose is to share our trials, tribulations and triumphs of this unique situation that our children are in. | | https://groups.yahoo.com/neo/groups/parentingdisrupted/info |
| Preserve the Families with RAD children NOW | Parents of children with RAD are going to make a difference! | Must be contacted through Facebook message | https://www.facebook.com/PreserveFamiliesWithRadChildrenNow/?fref=pb&hc_location=profile_browser |
| Reactive Attachment Disorder Community | Thoughts of a mom, 15yr survivor of traumatic life with 2 adopted children suffering from RAD, psychopathic/sociopathic tendencies, dissociation and more. | Must be contacted via Facebook message | https://www.facebook.com/ReactiveAttachmentDisorderCommunity/?fref=pb&hc_location=profile_browser |
| Reactive Attachment Disorder Support Group | Do you or your child have Reactive Attachment Disorder? Inhibited or Dis-inhibited? Would you be willing to share your story? What works and doesn't work? Were you or your child misdiagnosed at any point? This is such a rare disorder that there is no support group on Face book so i'm making one!! Please share your story and support others and receive support from people in the same boat as you! | Must be contacted through Facebook message | https://www.facebook.com/Reactive-Attachment-Disorder-Support-Group-100800666670238/ |
| Second Chance Adoptions | Second Chance is for American adopted children to be legally adopted into a new home because the first adoption didn't work out. | secondchance@wiaa.org | https://www.facebook.com/secondchanceadoptions/ |
| The Forgotten Initiative | Mobilizing and Equipping the Body of Christ to serve, mentor, and support the foster care community. | info@theforgotteninitiative.org; (309) 747-4557 | https://www.facebook.com/forgotteninitiative/?fref=pb&hc_location=profile_browser |
| Yaya and Boogaboo - broken family bonds | Created on behalf of my children who I had to relinquish back into foster care due to the lack of appropriate, affordable and accessible mental health care | | https://www.facebook.com/AutumnAndAnthonyAttachmentDisorder/?fref=pb&hc_location=profile_browser |

Appendix C

Phone Interview Informed Consent

Thank you for your willingness to speak with us. Before we get started, I have some important information to discuss with you about the interview that will take me a few minutes to cover and then we can get started.

Introduction and Purpose: As mentioned, the purpose of this study is to better understand the experiences of women and men who have adopted a child internationally and who have later experienced dissolution or disruption of the adoption. One of the goals of the study is to understand the effects of adoption dissolution/disruption on adoptive parents and adoptive families, to develop best practice standards for international adoption services, and to develop services specifically designed for adoptive families transitioning through dissolution/disruption of an adoption.

Women and men who have adopted a child from outside of the United States during the last 26 years (after 1989), who have later experienced adoption disruption/dissolution, and who are over the age of 18 years of age are eligible to participate.

Duration: The interview should take you approximately 1 – 1.5 hours to complete, depending on your experience.

Number of Subjects: We estimate that approximately 15 individuals will participate in this study.

Procedures: By agreeing to participate in this interview today, you will be asked to:

- 1) Complete an in-depth interview in which I will ask you about your background, the context around your adoption, your decision to discontinue the adoption, and advice you have for adoption professionals, other adoptive parents considering adoption, and adoptive families who might be going through international adoption disruption/dissolution.

To help us with our research, the interview will be audio recorded. After the interview, we will transcribe the recording, which means it will be typed exactly as it is recorded, word-for-word. However, I should also note that all names and information that could identify you will be taken out of the transcription. The recording will be kept with the transcription for potential future research on this specific topic; however, it will not be used for any future research purposes not described here.

Possible Benefits to You: A possible benefit of your participation will be that you will be able to express your perspective about your own experience. This will help us to identify gaps in existing knowledge of the effects of adoption dissolution/disruption on adoptive families and adoptive parents in particular, to identify gaps in existing international adoption practices and help us to develop better approaches to helping women and men transition through the adoption dissolution/disruption process. Furthermore, you will be asked to elaborate on your feelings about the adoption disruption/dissolution which could be cathartic.

Possible Risks/Discomforts: Because of the sensitive nature of this topic, it is highly likely that you may experience feelings of sadness or other negative feelings as a result of being asked questions about your adoption dissolution/disruption experience. Should you experience any discomfort please let me know. We have compiled a detailed list of resources that may be of

assistance. Know that you have the right to quit any study procedures at any time at no consequence and may do so by informing the researcher. Additionally, if you find some of the questions difficult or sensitive in nature and do not wish to answer a question, just tell me and we will skip it, and go on to the next one.

Alternative Procedures: There are no alternative procedures offered for this study. However, you can elect not to participate in the study or quit at any time without any consequence.

Voluntary Participation: Your participation is entirely voluntary and you have the option to discontinue your participation at any time without any consequence.

Alternative Procedures and Voluntary Participation: I want to reiterate that your participation in this study is completely voluntary. You may refuse to participate in this study and there will be no consequences to you at all. You can also withdraw from this study at any time without at consequences.

Thanks for your patience as I go through this, we just have a few more sections to cover and then we can get started.

Confidentiality: It is important to us that we maintain the confidentiality of those who participate in this study. As such, every attempt will be made to see that all identifying information for this study is kept confidential. A copy of this signed consent form and all data collected, including transcriptions/recordings, from this study will be stored in the in a locked filing cabinet in a locked office in the UTA School of Social Work for at least three (3) years after the end of this research. The results of this study may be published and/or presented at meetings without naming you as a subject. Additional research studies could evolve from the information you have provided, but your information will not be linked to you in anyway; it will be anonymous. Although your rights and privacy will be maintained, the Secretary of the Department of Health and Human Services, the UTA Institutional Review Board (IRB), and personnel particular to this research have access to the study records. Your records will be kept completely confidential according to current legal requirements. They will not be revealed unless required by law, or as noted above. The IRB at UTA has reviewed and approved this study and the information within this consent form. If in the unlikely event it becomes necessary for the Institutional Review Board to review your research records, the University of Texas at Arlington will protect the confidentiality of those records to the extent permitted by law.

Contact for Questions: Should you have any questions about this research study, you may direct those questions to the researcher Olga Hayes (Verbovaya) at olga.verbovaya@mavs.uta.edu or 405-326-2144 (phone). Any questions you may have about your rights as a research participant or a research-related injury may be directed to the Office of Research Administration; Regulatory Services at 817-272-2105 or regulatoryservices@uta.edu.

Do you have any questions at this time?

(If yes, address questions. If no, proceed to the next paragraph.)

By continuing with this interview, you confirm that you are 18 years of age or older and have had this information read to you and that you have been informed about this study's purpose, procedures, benefits and risks.

By continuing with this interview, you are also voluntarily agreeing to participate in this study. Please note that by doing so, you are not waiving any of your legal rights and refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. I also want to remind you that you may discontinue participation at any time.

Now that I have reviewed this information, do I have your permission to begin the interview?

(If yes, proceed to the interview schedule. If no, thank him or her for their time and end the call.)

Appendix D
Mailing Consent Form

Principal Investigator: Olga Hayes (Verbovaya), MSW, ABD - School of Social Work,
University of Texas at Arlington (UTA)

Title of Project: Adoption dissolution from the perspective of adoptive parents from the USA
who adopted children internationally

Introduction: You are being asked to participate in a research study about the experiences of women and men who have adopted a child from outside of the United States, who later dissolved/disrupted the adoption, and who are over the age of 18 years of age are eligible to participate.

Your participation is completely voluntary; you may refuse to participate or discontinuing your participation at any time without consequence.

Purpose: The purpose of this study is to understand the effects of adoption dissolution/disruption on adoptive parents and adoptive families, to develop best practice standards for international adoption services, and to develop services specifically designed for adoptive families transitioning through dissolution/disruption of an adoption.

Duration: The interview should take you approximately 1 – 1.5 hours to complete, depending on your experience.

Number of Subjects: We anticipate that up to 15 adoptive parents will participate in this study.

Procedures: The procedures which will involve you as a research subject include:

- 1) Complete an in-depth interview in which I will ask you about your background, the context around your adoption, your decision to discontinue the adoption, and advice you have for adoption professionals, other adoptive parents considering adoption, and adoptive families who might be going through international adoption disruption/dissolution.

Please note that the interview will be audio recorded. After the interview, the recording will be transcribed, which means they will be typed exactly as they were recorded, word-for-word, by the researcher. However, I should also note that all names and information that could identify you will be taken out of the transcription. The recording will be kept with the transcription for potential future research on this specific topic; however, it will not be used for any future research purposes not described here.

Possible Benefits to You: A possible benefit of your participation will be that you will be able to express your perspective about your own experience. This will help us to identify gaps in existing knowledge of the effects of adoption dissolution/disruption on adoptive families and adoptive parents in particular, to identify gaps in existing international adoption practices and help us to develop better approaches to helping women and men transition through the adoption dissolution/disruption process. Furthermore, you will be asked to elaborate on your feelings about the adoption disruption/dissolution which could be cathartic.

Possible Risks/Discomforts: Because of the sensitive nature of this topic, it is very possible that you may experience feelings of sadness or other negative feelings as a result of being asked questions about your relinquishment and placement experience. Should you experience any discomfort please inform the researcher, Olga Hayes (olga.verbovaya@mavs.uta.edu). We have compiled a detailed list of resources that may be of assistance. Know that you have the right to quit any study procedures at any time at no consequence and may do so by informing the researcher. Additionally, if you find some of the questions difficult or sensitive in nature and do not wish to answer a question, just tell me and we will skip it, and go on to the next one.

Alternative Procedures: There are no alternative procedures offered for this study. However, you can elect not to participate in the study or quit at any time without any consequence.

Voluntary Participation: Your participation is entirely voluntary and you have the option to discontinue your participation at any time without any consequence.

Confidentiality: Every attempt will be made to see that your study results are kept confidential. A copy of this signed consent form and all data collected, including transcriptions/recordings, from this study will be stored in the in a locked filing cabinet in a locked office in the UTA School of Social Work for at least three (3) years after the end of this research. The results of this study may be published and/or presented at meetings without naming you as a subject. Additional research studies could evolve from the information you have provided, but your information will not be linked to you in anyway; it will be anonymous. Although your rights and privacy will be maintained, the Secretary of the Department of Health and Human Services, the UTA Institutional Review Board (IRB), and personnel particular to this research have access to the study records. Your records will be kept completely confidential according to current legal requirements. They will not be revealed unless required by law, or as noted above. The IRB at UTA has reviewed and approved this study and the information within this consent form. If in the unlikely event it becomes necessary for the Institutional Review Board to review your research records, the University of Texas at Arlington will protect the confidentiality of those records to the extent permitted by law.

Contact for Questions: If you have any questions about this research study, you may contact the principal investigator, Olga Hayes (olga.verbovaya@mavs.uta.edu). Any questions you may have about your rights as a research participant may be directed to the Office of Research Administration’s Regulatory Services at 817-272-2105 or regulatoryservices@uta.edu.

As a representative of this study, I have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study:

Signature and printed name of PI or person obtaining consent _____ Date _____

CONSENT

By signing below, you confirm that you are 18 years of age or older and have read or had this document read to you. You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time.

You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits, to which you are otherwise entitled.

Signature of Volunteer Date

Appendix E
Flyer

CALLING ALL ADOPTIVE PARENTS!

University of Texas at Arlington School of Social Work researchers is seeking adoptive parents who adopted a child(ren) internationally and who have experienced dissolution/ disruption of the adoption.



The study aims to better understand the effects of adoption dissolution/ disruption on adoptive parents and families, to develop best practice standards for international adoption services, and to develop services specifically designed for adoptive families transitioning through dissolution/ disruption of an international adoption.

Your input is very important as it will help to identify gaps in knowledge about experiences of adoptive parents as well as to develop better approaches to help parents transitioning through international adoption dissolution/ disruption.

- ❖ Must be over the age of 18 years
- ❖ Must have adopted a child(ren) Internationally
- ❖ Must have experiences dissolution/ disruption of the adoption
- ❖ Time commitment 1-1.5 hours

Contact information:

Olga Hayes, MSW, ABD, email: olga.verbovaya@mavs.uta.edu; phone: 405-326-2144

Appendix F
Interview Questions

Interview Questions

Demographics

- 1) What is your age?
- 2) What is the highest level of education you have achieved?
- 3) What is your marital status?
- 4) May I know what you consider to be your race or ethnicity?
- 5) Are you currently employed?
- If yes: Are you employed part time or full time?
- 6) Were you employed at the time of adoption? (if yes, was it part time or full time)
- 7) What was your marital status at the time of the adoption?
- 8) How old were you when you adopted a child or children?
- 9) Spouse's age and education?
- 10) Did you have other children at the time of adoption?
- 11) Were they born to you or adopted? Ages?

Semi-structured interview questions

- 1) What country did you adopt your child from?
- 2) What influenced you to adopt from that country?
- 3) How old was the child at the time of adoption?
- 4) What inspired you to adopt a child?
- Did you know anyone who was also adopted? -Who was adopted or who adopted?
- 5) In your mind at the time, what was the adoption going to be like?
- 6) What was the adoption preparation process like for you?
- Did you feel like the pre-adoption preparation you have received was helpful to you?
- What do you believe would have been more helpful to prepare you for the arrival of your child?
- Do you believe adoption agencies should continue to offer pre-adoption preparation courses?
Can you explain your position?

If they answer that they did not receive pre-adoption preparation:

- Why did you not receive any pre-adoption preparation?
- 7) Can you estimate how many hours you had spent with your child before he or she came to live with you?
 - 8) Can you describe what it was like after you brought your child home?
 - 9) Was your child/ren placed in any sort of child care or attending school?
- Was your child's behavior what you expected?
- Was there anything that you did not expect?
- Was there a "honeymoon period"?
- If applicable:
- How long did the "honeymoon period" last? Or was the adoption satisfactory for quite a while?
- 10) Did your child have special needs?
- What sort?

- When were you told or when did you become aware of that?
- 11) Was there a moment when a child made you laugh or particularly happy (even if for a moment)? What was it?
- How did that make you feel when your child did that?
- 12) When did you first think that the adoption was not going to work?
- Can you tell me about that time?
- 13) What were some of your thoughts and feelings when it started to look like you were not going to be able to parent your adopted child?
- 14) Did you share your feelings with anyone?
- Who was it and why did you choose to share with that person?
- How did that person receive that you were thinking of not parenting your child?
- Was their reaction what you expected? Why and why not?
- 15) Did your spouse and/or family members see the situation the same way you did?
- 16) How old was your child at the time you begun to consider disrupting the adoption?
- 17) Was there a particular event that affirmed your decision to end the adoption?
- 18) Did you have any support during that time?
- If you were to identify who or what was the most helpful to you during that time, who or what would it be?
- Why was that [person] most supportive in your opinion?
- Did you seek help from your adoption agency?
- From other professionals, such as a doctor or counselor?
- 19) Can you tell me about the day your child left home?
- What happened that day?
- Do you know where the child went to live after your home?
- 20) If you have other children, how have they been affected?
- 21) How do you feel this experience has changed you?
- 22) What do you wish adoption professionals understood about how disruption affects adoptive parents?
- Why do you believe this is important for adoption professionals to know?
- 23) What do you wish the general public understood about disruption?
- Why do you think the general public should know that?
- 24) Looking back at that experience, if you could do it all over again, would you still have gone through the adoption? Why or why not? Is there anything you would have done differently?
- 25) Have you adopted since then? Would you like to adopt again?
- 26) What advice would you give to prospective adoptive parents who are considering adoption?
- 27) What advice would you give to adoptive parents who are considering disrupting a placement?
- 28) What advice do you have for adoptive professionals who are supporting families going through or who have gone through the experience of ending an adoption?

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