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ATTITUDES AND ACTIONS THAT ADOPTIVE PARENTS PERCEIVE AS HELPFUL
IN THE PROCESS OF RAISING THEIR INTERNATIONALLY ADOPTED ADOLESCENT

by

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A Dissertation Submitted to the Graduate Faculty of Old Dominion University in Partial
Fulfillment of the Requirement for the Degree of

DOCTOR OF PHILOSOPHY

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OLD DOMINION UNIVERSITY

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ABSTRACT

ATTITUDES AND ACTIONS THAT ADOPTIVE PARENTS PERCEIVE AS HELPFUL
IN THE PROCESS OF RAISING THEIR INTERNATIONALLY ADOPTED ADOLESCENT

Marina V. Kuzmina
Old Dominion University, 2017
Director: Dr. Tim Grothaus

This phenomenological dissertation study explored the lived experiences of adoptive parents in the process of raising their internationally adopted adolescents. The researcher interviewed 9 participants. Criteria for selection of the research sample included having personal experience with parenting one or more international adolescents adopted at age 10 or older and raising these adolescents for at least two years following such adoption. Data analysis included steps suggested by Moustakas (1994) and the participation of a research team and external auditor. According to the recommendations of Lincoln and Guba (1985), several strategies for trustworthiness were implemented during this course of the study. The research team identified 5 superordinate themes related to experiences of parents with raising their internationally adopted adolescents: *parental beliefs, trauma, parental strategies, parental challenges, and experiences with therapy*. In addition, research team identified 34 themes and 9 subthemes through consensus coding process during data analysis. The findings of this study may inform practices of counseling professionals, counselor educators, community organizations, agencies, and adoptive parents of international adolescents.

Key Words: international, adoption, adolescent, strategies

DEDICATION

This dissertation is dedicated to my Lord and Savior Jesus Christ, Who gave me a dream to come alongside those who are in need of help and called me to pursue a doctoral degree in counseling. Thank you for giving me supernatural motivation, strength, endurance, and favor to complete and defend this dissertation study. All glory belongs to You!

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CHAPTER I

Introduction

Adoption is “establishing a legal parent-child relationship between a child and one or two adults who are not the biological parents of the child... International adoptions occur when children born outside of the United States are adopted by American residents” (Lim, 2016, pp. 1-2). Per the U.S. Department of State (2015), 249,694 international adoptions were completed by American parents in the last 14 years. This phenomenological qualitative study will explore parents’ lived experiences of raising their internationally adopted adolescents.

This chapter will first provide a brief overview of the professional counseling literature related to the types of international adoption, challenges involved with international adoption, the concept of success in adoption, and specific strategies that adoptive parents have used in addressing the needs of their adopted children. Further, the significance of this topic for professional counseling and the need for further research will be examined. Then, a brief overview of the design for this research study will be provided. Finally, the chapter will conclude with operationalization of the key terms used throughout this manuscript.

Literature Review

Despite the high number of international adoptions in the United States, the counseling literature addressing ways to assist families in navigating the adoption process successfully is limited. Even still, counseling professionals do provide assistance to adoptive families raising internationally adopted children (Liu & Hazler, 2015). This process frequently involves various challenges for parents, which may result in family disruptions and, at times, in re-homing the adopted child or in adoption failure (Child Welfare Information Gateway, 2012). Despite this, counseling literature is limited in providing empirically supported professional recommendations

for families adopting internationally. In addition, parental voices and insights regarding effective ways of addressing challenges with raising internationally adopted older children are notably absent.

International adoption. In addition to common adoption related challenges, international adoption presents unique difficulties for adoptive families that may complicate their functioning, such as language deficits, transition concerns, attachment issues, and various special needs of adopted children that may require educational and medical interventions (Schwarzwald, Collins, Gillespie, Springks-Franklin, 2015). Given that these issues are often associated with adoption failure, the counseling field is in need of research on specific strategies to address potential challenges that families experience during the process of adolescent adoption and assisting older children with growth and development. Schwarzwald et al., (2015) recommended further investigation in order to provide insight into professional and parenting interventions for successful adoption of international children and adolescents.

Successful adoption. Schwarzwald et al., (2015) suggested that successful international adoption is a formation of a firm family, one that provides an opportunity for the adopted child to reach his or her full potential. These authors discussed the biological, psychological, and societal factors that contribute to successful international adoption. Those success factors can include a strong marital relationship, parental awareness of family functioning and available resources, the ability to spend time addressing family issues, effective problem-solving skills, higher number of children in the home, higher frequency of religious participation by mothers, and understanding post-adoption adjustment process (Egbert & LaMont, 2004; Erich & Leung, 1998; Liu & Hazler, 2004; Muntean & Ungureanu, 2012; Tirella, Tickle-Degnen, Miller, & Bedell, 2012). In addition, parents who have ability to effectively cope with family stress, facilitate development

of secure attachment, have awareness of gender differences and health needs, and recognize specific behaviors that may predict future adjustment issues (e.g. refusing, avoiding, crying, clinging) can facilitate protective environment for their children (Brennan, 2013; Cohen & Farnia, 2011; Liu & Hazler, 2015; Tan, Camras, Deng, Zhang, & Lu, 2012; Viana & Welsh, 2010). Further, researchers within various fields have explored helpful strategies that parents have used in assisting their adoptive children with growth and development.

Success strategies. Among the helpful strategies for raising adopted children, the literature highlighted particular recommendations for professionals and for parents involved with international adoption.

Recommendations for professionals. Recommendations for professionals include providing parent training and psychoeducation; addressing various systemic barriers; offering individual, family, and group counseling and parental support networks; and implementing counseling techniques that address sources of family stress (Keck & Gianforte, 2015; Liu & Hazler, 2015; Narad & Mason, 2004; Ruggiero & Johnson, 2009; Schwarzwald et al., 2015; Tirella et al., 2012; Wright & Flynn, 2006). In addition, adoption agencies and social workers should provide education to prospective parents prior to adoption and supportive services at various stages of the adoption process to further maintain adoption stability (Barth & Berry, 1987; Coakley & Berrick, 2008; McCarty, Waterman, Burge, & Edelstein, 1999; Ruggiero & Johnson, 2009). Finally, social workers are encouraged to employ a multi-faceted approach to pre-adoption preparation and include facilitation of family meetings, provide families with reading on the topic of adoption, and assist with processing the concerns of adoptive families (Ruggiero & Johnson, 2009).

Recommendations for parents. Recommendations for parents include: discussing cultural topics (especially race and ethnicity); providing opportunities to socialize with individuals culturally similar to the child; incorporating native cultural traditions into the household; assisting the child with creating a narrative of the adoption story; helping to develop various language and motor skills; introducing the adopted child to the family gradually; keeping a low-key atmosphere in the home; choosing appropriate toys; providing ample opportunity for time spent with adoptive parents; structuring meal times; seeking professional intervention; adjusting parenting expectations; and consistently recognizing and meeting the adoptee's emotional, physical and psychological needs (Brennan, 2013; Keck & Gianforte, 2015; Liu & Hazler, 2015; Meins, Fernyhough, Fradley, & Tuckey, 2001; Narad & Mason, 2004; Schwarzwald et al., 2015; Smith, Juarez, & Jacobson, 2011; Tirella et al., 2012; Vonk, Lee, & Crolley-Simic, 2010).

Significance for Professional Counseling

The majority of the discussed strategies were identified by medical professionals and researchers within the fields of pediatrics and social work (e.g., Ruggiero & Johnson, 2009; Schwarzwald et al., 2015; Tirella et al., 2012; Narad & Mason, 2004). Currently, the counseling literature appears to lack suggestions for the specific strategies that would help adoptive parents with assisting their internationally adopted children with growth and development. At the same time, professionals from other fields appear to rely on counselors to provide assistance to adoptive families and often refer clients for individual counseling and family therapy (Ruggiero & Johnson, 2009; Tirella et al., 2012; Wright & Flynn, 2006).

In addition, the discussed research-supported strategies were applied with young children or children that have been recently adopted from overseas (Linville & Lyness, 2007; Liu &

Hazler, 2015, Tirella et al., 2012). No counseling studies were found regarding strategies for raising older internationally adopted children. For example, an interdisciplinary study conducted by Wright and Flynn (2006) explored perspectives on successful adolescent adoption. However, the sample included only adolescents adopted domestically. Unfortunately, empirically supported studies within the field of counseling that explored the perspectives of internationally adoptive parents of older children who have an extensive experience with raising them were not found. Finally, while the literature represented professional voices and recommendations, parental perspectives and insights on raising older adoptees appear to be scarce in research (Liu & Hazler, 2015). In fact, empirical research on this specific topic within the field of counseling appears to be lacking. Therefore, Baden, Gibbons, Wilson & McGinnis, (2013) recommended that researchers engage in deeper inquiry of various helpful interventions of internationally adopting parents.

Purpose Statement

In order to address the dearth of research in the counseling field pertaining to international adoptions of adolescents and the identified lack of guidance for parents of these adoptees, the purpose of this phenomenological qualitative study was to explore parents' lived experiences of raising their internationally adopted older children. Specifically, the attitudes and actions that adoptive parents perceive as helpful in the process of raising their internationally adopted adolescents were examined within this research study. Further understanding of parents' experiences may assist counselors in treatment planning and designing interventions for families of older international adoptees (Wright & Flynn, 2006).

Research Questions

This study may add to the counseling field by exploring subjective experiences of parents in raising their internationally adopted children and addressing the following main research question: What are the lived experiences of parents of international adolescent adoptees as they assist with their adopted children's growth and development?

Three sub-questions further identify the area of inquiry:

1. What attitudes, beliefs, and values do adoptive parents perceive as helpful in the process of assisting their adolescent with growth and development?
2. What strategies, actions, tools, and resources do parents perceive as helpful in the process of assisting their adolescent with growth and development?
3. How has parental navigation of the challenges involved in raising international adolescent adoptees influenced the process of assisting their adolescent with growth and development?

Overview of the Methodology

Qualitative research methodology is often utilized in order to give voice to those who have not been heard before, or when a topic is relatively new to the research (Creswell, 2007; Creswell, 2009). In regards to the current study, the topic of the parental experiences with international adoption of older children has received limited attention and needs to be explored (Keck & Gianforte, 2015).

Role of the Researcher. The researcher was the main instrument of this study. The primary researcher was a 33-year old white female working on her doctorate in counselor education. She identified herself as a Russian who has moved to the United States for the purposes of higher education and counseling work. The researcher was a Licensed Professional

Counselor and had five years of experience providing individual and family therapy to adolescents and children adopted from countries outside of the United States.

In relation to qualitative research, the issue of researcher bias must be addressed to promote the ideal of trustworthiness. Since this is a phenomenological study, the researcher's biases were bracketed throughout data collection and analysis via use of reflexive journaling and a diverse research team throughout the course of the study (Creswell, 2014; Dowling, 2008; Hays & Singh, 2012; Morrow, 2005). In addition to utilizing a research team, an external auditor was selected for enhancing the rigor of the study.

Research Plan. The primary researcher obtained human subjects exempt status approval in order to protect research participants and ensure that research procedures involve sound ethical practices. Next, the researcher made contact with potential participants via email to describe the research purpose, study procedures, and provide informed consent information (James, 2016). Criteria for selection of the research sample was having personal experience with parenting one or more international adolescents adopted at age 10 or older and raising these adolescents for at least two years following such adoption. Participants meeting these criteria were selected for inclusion in the study. Upon receiving a written consent to participate in the study, the researcher conducted semi-structured individual interviews, which were audio recorded and transcribed.

Data Analysis. Data analysis processes involved interview transcriptions and coding procedures to identify themes and patterns central to the phenomenon. Further, participants were given an opportunity to contribute additional insights that have occurred to them following the interview via an email prompt (James, 2016). Data analysis procedures were guided by the central principle of phenomenology – describing the essence of the phenomenon - and followed

Moustakas' (1994) guidelines. As such, the purpose of this phenomenological research was to understand the meaning of the lived experience of the research participants.

Trustworthiness. For the purposes of this study, trustworthiness was defined according to four categories: credibility, confirmability, transferability, and dependability (Hays & Singh, 2012). Member checking, peer debriefing, triangulation, thick description, field notes, and audit trail were the strategies of trustworthiness implemented in this study. A diverse research team assisted the lead researcher with data analysis and enhanced trustworthiness of the research.

Definition of Key Terms

For the purposes of this research, the following definitions were used throughout the manuscript:

- Adolescence is defined by the World Health Organization (2014) as young people between 10 and 19 years old;
- Successful adoption is defined as formation of a family system that provides an opportunity for the adopted child to reach their full potential (Schwarzwald et al., 2015);
- Re-homing of previously adopted children describes the process of parents finding a new home for their adopted child when they are unable and/or unwilling to continue parenting (Gordon, 2014; Twohey, 2013; Schwarzwald, et al., 2015);
- Cross-cultural adoption is defined as any adoption that involves individuals from different ethnic, racial, and other cultural backgrounds to include cross-ethnic, transracial, and cross-racial adoption.

Summary

Despite the high number of international adoptions in the United States, counseling literature is limited in providing empirically supported professional recommendations for

families adopting internationally. In addition, there seems to be a lack of inclusion of parental insights regarding effective ways of addressing challenges with raising internationally adopted adolescents. Therefore, the current study may add to the body of existing research by providing strategies that parents perceive as helpful in assisting their internationally adopted adolescents with growth and development. Further understanding of these parents' experiences may assist counselors in treatment planning and designing interventions for families of older international adoptees (Wright & Flynn, 2006).

CHAPTER II

Review of the Literature

This chapter will provide a review of the professional counseling literature related to international adoption. First, this review will present an overview of the descriptive data on international adoption. Next, the reader will learn about the challenges that often accompany international adoption process, which at times result in adoption failure or rehomeing the adopted child. Additionally, this literature review will highlight the concept of successful international adoption, including family members' perceptions and experiences. The review will then discuss specific strategies that adoptive parents have used in addressing the needs of their newly adopted children. This chapter will conclude with an examination of the need for further research on this topic.

Statistics and Current Trends

International adoption affects a number of families within the United States. According to the U.S. Department of State (2015), 249,694 international adoptions were completed by American parents in the last 14 years. The number of international adoptions has fluctuated during this time from a high of 22,991 in 2004 to a recent low of 7,092 in 2013. China, Ethiopia, and Russia have historically been the three major sources of international adoption for prospective parents in the United States; however, in recent years each of these three countries has had significantly lower adoption numbers, particularly Russia, which in 2013 completely banned adoptions by U.S. parents (Hegar, Verbovaya, & Watson, 2015; Schwarzwald, Collins, Gillespie, & Sprinks-Franklin, 2015).

In addition to the descriptive data, the literature highlighted major trends within the arena of international adoption. These include cross-cultural adoptions, adoptions involving children

with special healthcare needs, and an increasing trend toward the older age of adoptive children (Schwarzwald et al., 2015).

According to recent data, 84% of all intercountry adoptions involve a trans-racial relationship between the adoptee and the adoptive parents (Schwarzwald et al., 2015). In addition, many families are adopting children with special healthcare needs (Egbert & LaMont, 2004; Narad & Mason, 2004; Younes & Klein, 2014). In fact, 27% of all international adoptions involve children who have special needs of mild, moderate, and major levels of severity (Schwarzwald et al., 2015). Finally, the third trend, that is, increasing age of adoptees, may partially be traced to The Adoption Promotion Act (H.R. 3182), which provided additional benefits for parents adopting older children (Wright & Flynn, 2006). It is perhaps as a result of this legislation that there has been an overall increase in the number of adolescents adopted by American parents (Schwarzwald et al., 2015).

Given the prevalence of international adoption in the United States, it is worth noting that the counseling literature is limited in discussing how counselors might help families to navigate a successful adoption process. Despite the limited research available, counseling professionals have been assisting adoptive families in a variety of settings, including schools and private agencies. Social workers have been advised to refer adoptive families for counseling in order to assist adoptive children with growth and development (Ruggiero & Johnson, 2009). Therefore, counselors have been helping parents work through the process of international adoption and/or parenting these children (Liu & Hazler, 2015). This process frequently involves various challenges for both the adoptive family and the child.

International Adoption Challenges

In addition to common adoption related challenges, international adoption presents unique difficulties for adoptive families that may complicate their functioning. Literature indicated that “the complexity of the physical and emotional needs of children adopted internationally increases” as compared to children adopted locally and those raised in their biological families (Schwarzwald et al., 2015, p. 77). Some studies focused on the effects of international adoption on adoptive families and identified various emotional, physical, relational, and financial strains that families experience during the course of the adoption process and while raising their adopted child (Keck & Gianforte, 2015; Baden et al., 2013; Linville & Lyness, 2007). Similarly, Liu and Hazler (2015) highlighted that while international adoption phenomenon offers many opportunities for the sending and the receiving countries as well as the adoptive families and children in need of adoption, “the post-adoption process is accompanied by multiple challenges for adoptive parents, professional counselors and human service agencies” (p. 238). In fact, results from a Swedish cohort study have shown that there is an increased risk of developing mental health disorders, lower educational achievement, and greater reliance on welfare assistance among international adoptees as compared to the general population, immigrants, and sibling groups (Lindbland, Hjern, & Vinnerljung, 2003).

Challenges involved with international adoption include: transition concerns; attachment issues; special needs, older age, and male gender of the adopted child; and various emotional and behavioral challenges (Barth et al., 1988; Coakley & Berrick, 2008; Schwarzwald et al., 2015). In addition, being raised in institutions likely contributes to the severity of developmental delays in adoptive children (Schwarzwald et al., 2015; van Londen, Juffer, & van IJzendoorn, 2007). Similarly, Narad and Mason (2004) noted the commonness of delays in development of children that have been institutionalized and emphasized that some delays may be irreversible.

Transition concerns. Transition to the new adoptive family is a process that every adopted child has to go through and often it is not an easy journey (Schwarzwald et al., 2015). Prior to finalizing the international adoption, most parents are unable to regularly participate with child visitation, if allowed at all, which places them at a disadvantage compared to those who complete local adoptions, during which parents spend time getting to know the child before the adoption is finalized through visitations and/or providing foster care (Coakley & Berrick, 2008; Keck & Gianforte, 2015). Literature highlighted a number of transition experiences that international adoption can offer based on the country of origin of the adopted child, including parents having some visitation with the child, extended parental stays with the child, or abrupt placements without any transition period prior to adoption (Schwarzwald et al., 2015). All of these transitional options can be problematic for the child and may create additional stress and confusion for all family members (Schwarzwald et al., 2015). “The child has to adjust to a major transition and life disruption – removal from their familiar place of residence and caregivers, flying internationally, being exposed to a language with which they are unfamiliar, and placed into a completely unfamiliar environment” (Schwarzwald et al., 2015, p. 37).

There are various depressive symptoms that adoptive children may exhibit in the beginning stages of transition to the new family. These may include feelings of grief over the loss of familiarity, withdrawal, sadness, loss of appetite, or excessive sleeping (Schwarzwald et al., 2015). Although some adoptees try to be in close physical proximity to the adoptive parents in the beginning stages of transition, researchers suggest that this behavior may not represent a healthy bond between the child and the parents.

Cross-cultural and trans-racial adoptions are becoming more prevalent in the recent years (Baden et al., 2013; Keck & Gianforte, 2015; Schwarzwald et al., 2015; Smith et al., 2011; Vonk

et al., 2010). The cultural adjustment during the transition period can be challenging for both the family and the adopted child (Reinoso, Juffer, & Tieman, 2012). Cultural tensions experienced by international adoptees and their families may include concerns related to differences in language, varying cultural holidays, ethnic foods, and traditional music and cinematography (Harf et al., 2015). There are a variety of ways that families choose to address cultural components related to their adopted child, from maintaining no connection with the culture of origin at all to actively engaging with the child's culture by encouraging and providing opportunities for the adoptee to exercise their culture (Harf et al., 2015). The transracial aspect creates further challenges that adoptive families need to address (Keck & Gianforte, 2015). Transracial adoptees have concerns related to acceptance and belonging and, at times, with being teased when seen in public with parents of different color. When parents disregard the racial differences and avoid having conversations about racial topics with their adopted children, it may harm their adopted children (Keck & Gianforte, 2015).

Therefore, transition concerns represent a unique aspect of international adoption process for families. The length of the transition time may vary depending on the child's age (Schwarzwald et al., 2015).

Attachment issues. Following transition to the adoptive family, the adopted child begins to attach to the adoptive family. Attachment represents a dynamic process within a parent-child relationship, during which the parent serves as a secure base for the child and provides the safety the child needs to explore the world (Schwarzwald et al., 2015). As a result of this process, a secure bond develops within their relationship (Bowlby, 1988) which can serve as a protective factor for international adoptees and help resolve prior risk factors (Liu & Hazler, 2015). However, in the context of adoption, attachment "is not a simple process, because of

adverse experiences experienced by children and the difficulties encountered by the adoptive family in the development of a secure attachment relationship” (Barcons et al., 2014, p. 96).

Similarly, Narad and Mason (2004) stated that parental love and affection alone are not sufficient tools to establish the bond between adoptive children and their parents due to the complicated nature of attachment following the difficult life circumstances of many adopted children. There are various contributors to the way adoptees form attachment, such as child’s age, circumstances prior to adoption, and parental responsiveness (Schwarzwald et al., 2015). Many international adoptees have either experienced inconsistent interactions with multiple caregivers and/or had only limited interactions with those caregivers within institutions. Therefore, they have often not had a chance to develop a secure attachment with one consistent caregiver. These experiences lead to many internationally adopted children developing insecure attachment patterns and experiencing interpersonal difficulties during post-adoption family integration process (Barcons et al., 2014; Schwarzwald et al., 2015; van Londen et al., 2007).

Niemann and Weiss (2012) found that the higher the number of placements prior to adoption, the less likely that the child will exhibit a secure attachment style within interpersonal interactions. Similarly, the higher the stress level of the child, the less likely that the child will exhibit a secure attachment style (Niemann & Weiss, 2012). However, the researchers also indicated that neither the age of the child at adoption nor length and/or quality of care the child received affected the child’s attachment security (Niemann & Weiss, 2012).

According to Barcons et al. (2014), “the effect of early deprivation and neglect has long-lasting consequences for the attachment organization” (p. 95). In fact, these researchers have highlighted that adaptive skills among adoptive children can feature “significant differences

depending on the attachment pattern of the child and indicating the difficulties that the children with a non-secure attachment pattern can encounter in developing adaptive skills” (p. 96).

Attachment theorists believed that the influence of attachment affects personality formation, interpersonal relationships, and influences mental health concerns that arise later in the child’s life (Levy, 2013). These concerns may manifest in “automatic fight, flight, or freeze responses that limit information processing and constrict interactional responses,” also known as affect dysregulation (Counselman, 2015, p. 68). According to Rholes and Simpson (2004), some psychological disorders stem from the insecure working models developed within a particular attachment style. For example, Reactive-Attachment Disorder and Disinhibited Social Engagement Disorder both include diagnostic criteria related to experiencing limited opportunities to establish secure attachment (American Psychiatric Association, 2013). Bowlby (1988) believed that early attachment impacts the child well into adulthood. Ainsworth (1989) posited that early formed patterns of attachment continue to operate firmly in the child’s interactions throughout his lifetime. These insecure attachment patterns represent challenges that adoptive parents may face in raising their internationally adopted children.

Special needs of the adopted child. In addition to attachment issues, an increasing number of all international adoptions involve children who have special needs (Schwarzwald et al., 2015). Special needs of the adopted child have been highlighted in literature as a factor contributing to adoption disruption (Coakley & Berrick, 2008). By definition, special needs include behavioral, cognitive, and emotional challenges as well as history of abuse and pre-natal substance exposure (Coakley & Berrick, 2008). Although it differs by state, Smith and Howard (1991) claimed that the term is generally used to include older age at adoption, sibling group status, or known medical, emotional and/or behavioral challenges. The categories of special

healthcare needs of internationally adopted children identified by the Joint Council on International Children's Services include mild (e.g. low birth weight or small congenital heart lesions), moderate (e.g. cleft lip) and major (e.g. intellectual disability) special healthcare needs according to the level of functional impairment and the need for intensive and prolonged treatment (as cited in Schwarzwald et al., 2015).

Neurobiological disruptions caused by traumatic experiences represent one of these significant challenges. These require careful attention of professionals (van der Kolk, 2014). Various events in the background of the adopted child affect the neurobiology of the adoptee's development (Schwarzwald et al., 2015). Survivors of childhood abuse, neglect, and inconsistent care are more likely to experience abnormalities in their brain development (Center on the Developing Child at Harvard University, 2012). Specifically relating to trauma, the parts of the brain affected by traumatic events tend to be larger than those which regulate emotions and manage decision making and social interactions, therefore, causing traumatized adoptees to exhibit both internalizing and externalizing symptoms (Schwarzwald et al., 2015). Keck and Gianforte (2015) further described the effects of trauma on the child and the family in the following way:

A child who has experienced trauma carries around the effects of that trauma like unwanted, unnecessary, but very real baggage... it is automatically shared, transferred, and subsumed by the people with whom he lives. It is not possible to set the trauma aside and go on with life as it once was. Instead, everyone in the household experiences a shift in the family system. These shifts are neither comfortable nor familiar, but they become the new face of the family. (p. 79)

Trauma can also impact adopted children's adjustment and performance in educational settings (Schwarzwald et al., 2015). Due to a number of international adoptees having difficulties with executive functioning caused by traumatic experiences, exhibiting trauma reactions via externalizing symptoms, and being additionally diagnosed with learning disabilities, their academic functioning and achievement may be poor (van IJzendoorn, Juffer, & Klein Poelhuis, 2005; Lindbland, 2003). In addition, some medical conditions that adopted children have developed "such as fetal alcohol syndrome, fetal alcohol effects, lead poisoning, mental retardation (sic), and genetic diagnoses have long-term and lifetime implications" (Narad & Mason, 2004, p. 484). Special needs of the adopted child represent unique challenges that parents have to face in raising their internationally adopted children with special healthcare needs.

The age of the child at the time of adoption is noted in literature to be a contributor to the number and severity of the diagnosed disorders and observed delays in adoptive children (Barth et al., 1988; van Londen et al., 2007; Nalven, 2005). With the increase of the child's age at adoption, an increase in the developmental and behavioral concerns that are exhibited by the child may also be indicated. "Timing of adoption plays an important role in determining outcomes of children adopted internationally. There are a number of critical periods in which children develop certain important developmental skills" (Schwarzwald et al., 2015, p. 41-42). Since an increased age at adoption increases the likelihood of these children spending larger amounts of time living in various institutions, it, in turn, also increases the risk of them developing more severe physical and psychological disorders prior to adoption (Nalven, 2005; van Londen et al, 2007). This can be due to prolonged exposure to inadequate nutrition, lack of medical attention, and restricted social interaction (Schwarzwald et al., 2015). Often, institutionalized children do not have sufficient and/or quality interactions with early caregivers

and therefore, are unable to observe, learn, or practice effective social skills. This may lead to additional developmental delays and serious attachment-related concerns which manifest in children's interpersonal difficulties in building relationships with adoptive families and other significant individuals in their post-adoption lives (Schwarzwald et al., 2015).

Several researchers highlighted a number of aspects that require the attention of adoptive parents and specialists in assisting internationally adopted children with growth and development. Those areas include speech and language development, gross and fine motor skills delays, behaviors surrounding feeding, and other challenging aspects of child-parent relationship (Eigsti Weitzman, Schuh, De Marchena, & Casey, 2011; Narad & Mason, 2004; Schwarzwald et al., 2015). Schwarzwald et al., (2015) identified the limited opportunities that institutionalized children have to practice their language and motor skills. In addition to the description of the pre-adoption experiences as causes of the delay, literature also suggested the importance of assessing children soon after adoption for potential medical causes of these delays (Narad & Mason, 2004).

In regards to the fine and gross motor skill deficit, Narad and Mason (2004) noted that children raised in institutions as infants are often confined to closed spaces, such as cribs, or tied to their beds, which prevents them from being able to move around freely and therefore does not allow them to appropriately develop the understanding of their body in relation to space and learn the functions of their limbs. At times, this may result in children getting "upset with quick changes in position or movements from one surface to another as well as when presented with large open spaces, like a playroom" (Narad & Mason, 2004, p. 485).

The reasons for feeding-related challenges that families experience were also discussed by Narad and Mason (2004). These include children's previous experiences with meals in institutions. This was often a matter of survival and efficiency "rather than nurturing and

socialization” (p. 485). Following adoption, children may display an array of reactions to food intake, which was not an enjoyable experience for them in the past (Narad & Mason, 2004).

According to Juffer and van IJzendoorn’s (2005) meta-analysis, there is an increased risk of mental health and behavioral issues for international adoptees who have experienced severe deprivation, neglect, malnutrition, or abuse. They highlighted that “international adoptees presented with more total, externalizing and internalizing behavior problems than their nonadopted peers and are overrepresented in mental health services” (p. 2510). Therefore, children adopted through intercountry adoption represent an at-risk group which requires additional supports (Barcons et al., 2012; Juffer & van IJzendoorn, 2005; Liu & Hazler, 2015).

Rehoming Internationally Adopted Children

There is a new phenomenon that is becoming prevalent within the international adoption community – the process of “re-homing” previously adopted children (Gordon, 2014; Keck & Gianforte, 2015; Schwarzwald, et al., 2015). During this process, parents who are unable to continue parenting their adopted child search for a new family who will agree to take this child in the home and provide parenting and care (Twohey, 2013; Schwarzwald, et al., 2015). Due to previous cases, in which many adoptive children successfully joined new families following one or more adoption failures, this phenomenon has become popular (Keck & Gianforte, 2015).

However, there are potential dangers involved with re-homing children (Schwarzwald et al., 2015; Twohey, 2013). First, individuals involved with some of these private re-homing placements do not follow appropriate safety procedures to ensure adequate arrangements and transitions for the re-homed child (Gordon, 2014). In many cases, the search for a new home involves parents placing an internet ad describing the situation and asking for parent volunteers. No evaluation of the potential new parent or new home is completed in these cases (Gordon,

2014; Schwarzwald et al., 2015; Twohey, 2013). Physical and emotional safety of these re-homed children is also a concern, given the open public access to this online information. In addition, this process takes place without the involvement of either the child-welfare system or court, and the transfer agreement is not officially recorded by any government authorities (Twohey, 2013). For these reasons, the concept of “re-homing” has caused debates in the media and throughout the adoption community (Gordon, 2014; Twohey, 2013). It has been called “offensive,” “unethical,” and even “cruel” (Keck & Gianforte, 2015, p. 170) and is often associated with child abuse, neglect, and abandonment (Gordon, 2014; Schwarzwald et al., 2015; Twohey, 2013).

At the same time, some children experience better outcomes when placed with a different set of adoptive parents/siblings (Keck & Gianforte, 2015). In such cases, struggling parents can make a decision to find a non-traditional solution with the guidance of an adoption agency in officially dissolving the adoption (Keck & Gianforte, 2015). This is an area of concern around which there is little consensus. The literature recommended involving authorities at some point in the process (Gordon, 2014; Keck & Gianforte, 2015).

In summary, there is a variety of challenges and concerns that arise for families and professionals involved with international adoption. Given that these issues are often associated with increased family disruption and the potential dangers involved with re-homing children, counseling field is in need of research on specific strategies to address potential challenges that families experience during the process of adoption and assisting their children with growth and development. Schwarzwald et al., (2015) recommended further investigation that would provide insight into professional and parenting interventions for internationally adopted children. They suggested that additional inquiry “is needed to further codify which intervention modalities are

most effective in combating reactive attachment disorder, post-traumatic stress disorder and other common ailments” in order to improve parental preparation for international adoption (Schwarzwald et al., 2015, p. 8). In addition, they noted that, due to the increased complexity of international adoption and needs that children exhibit, further research regarding the long-term success of international adoption is warranted (Schwarzwald et al., 2015). This research study attempted to address an aspect of this gap in the counseling literature by examining the lived experiences of adoptive parents with international adolescents and investigating specific interventions that adoptive parents perceive as helpful in assisting their adolescents with growth and development.

Successful Adoption

In contrast to the challenge-focused view, some authors object to the claims that adoptive families are typically dysfunctional (Juffer & van IJzendoorn, 2005). In fact, some studies have shown that internationally adopted children have better behavioral and mental health outcomes than those adopted locally (Juffer & van IJzendoorn, 2005). Similarly, Walkner and Rueter (2014) claimed that adoptive families did not have a significantly lower relationship quality compared to non-adoptive families. They suggested that additional research should “move beyond the deficit approach comparing adoptive and non-adoptive family differences, to investigating family processes that influence and shape adoptive families” (p. 884).

Schwarzwald et al., (2015) suggested that success in “intercountry adoption could be defined as: the creation of a stable family unit that allows each adoptee to reach their full potential as an adult” (p. 75). In addition, parents and adoptees discussed their definitions of successful adoption by using descriptions that include concepts of commitment, being a family, quality of life in the present and future, and emotional relatedness (Wright & Flynn, 2006). In

another study, parents of international adoptees and their adult adopted children both identified positive impacts of the adoption on their personhood, their marital relationship, and their general outlook on life (Younes & Klein, 2014).

Schwarzwald et al., (2015) further discussed international adoption success and highlighted biological, psychological, and societal factors that contribute to it. These factors contribute to higher family functioning and satisfaction in the relationship between parents and their adoptive children. They include strong marital relationship, parental awareness of family functioning and available resources and sources of support, the ability to spend time addressing family issues, effective problem-solving skills, higher number of children in the home, higher frequency of religious participation by mothers, and understanding post-adoption adjustment process (Egbert & LaMont, 2004; Erich & Leung, 1998; Muntean & Ungureanu, 2012; Tirella et al., 2012). Furthermore, Liu and Hazler, (2004), highlighted the importance of keeping in mind the essential factors in post-adoption adjustment, such as “political and cultural influences, institutionalization experiences prior to adoption, adoptees’ development level, and parents’ sensitive care and authoritative parenting” (p. 241). In order to address these factors, parents who have ability to effectively cope with family stress, facilitate secure attachment development, have awareness of gender differences and health needs, and recognize specific behaviors at the time of adoption can facilitate protective environment for their children (Brennan, 2013; Cohen & Farnia, 2011; Liu & Hazler, 2015; Tan, Camras, Deng, Zhang, & Lu, 2012; Viana & Welsh, 2010).

The goal of each adoption is to be a permanent and a successful experience (Schwarzwald et al., 2015). Wright and Flynn (2006) posited that adopting an adolescent can potentially be a positive experience and recommended that professionals and families recognize

the mutual desire for this. There are several recommendations that medical research within the field of pediatrics provided to minimize the risk for negative adoption outcomes (Schwarzwald et al., 2015). These recommendations seem to focus on training, preparation, and support for adoptive families (Narad & Mason, 2004; Schwarzwald et al., 2015). They include training adoption agency staff members to effectively match adoptive families and children with careful consideration of the family and child factors (Schwarzwald et al., 2015). Similarly, Narad and Mason (2004) advised pediatric nurses to help train and provide support for the adoptive families in order to discover and address potential issues in a timely manner.

Preparation for adolescent adoption should include offering the detailed information and help each party involved in adoption to thoroughly understand the potential choices. In addition, utilizing professional services can help parents effectively facilitate their adopted child's growth and development (Narad & Mason, 2004; Wright & Flynn, 2006). Schwarzwald et al., (2015) emphasized providing families with "education, preparation, training and support throughout the adoption process to help make adoptions successful and permanent" and recommended increasing consistency in staff assisting with each stage of the adoption process (p. 47). Due to the various challenges experienced by adoptive families, professional services are needed to help them gain appropriate coping strategies (Wright & Flynn, 2006). In addition to the recommendations regarding training and preparation for adoption, researchers within various fields have explored helpful strategies that parents have used in assisting their adoptive children with growth and development. These strategies will be further explored in the following section of this literature review.

Strategies that Contribute to Success of International Adoption

Among the helpful strategies for effectively assisting adopted children with their growth and development, research provided suggestions for professionals and for parents involved with international adoption.

Strategies for professionals. Recommendations for professionals noted in the literature included providing sufficient parent training and psychoeducation, addressing systemic barriers faced by parents and adolescent adoptees, offering group counseling and participation with parental support networks, incorporating individual and family counseling to equip parents with tools and strategies to effectively assist their children with growth and development, and implementing counseling techniques that address sources of family stress (Keck & Gianforte, 2015; Liu & Hazler, 2015; Narad & Mason, 2004; Ruggiero & Johnson, 2009; Schwarzwald et al., 2015; Tirella et al., 2012; Wright & Flynn, 2006).

Research has also explored the various practices that adoption agencies and social workers utilize in order to increase probability of permanency and success in the adoptions. These strategies included ensuring that education was provided to the prospective parents prior to adoption and supportive services offered to them at various stages of the adoption process (Barth & Berry, 1987; Coakley & Berrick, 2008; McCarty, Waterman, Burge, & Edelstein, 1999; Ruggiero & Johnson, 2009). During pre-adoption consultations with adoptive families, the adoption specialist can identify likely risks and implications and explores possible interventions to address those (Narad & Mason, 2004). This type of professional consultation is helpful in ensuring that the family is a good match and that the parents are well equipped to raise the prospective adoptee (Narad & Mason, 2004). Consultations that adoption agencies offer to adoptive parents may also be helpful in assisting parents in gaining knowledge and expertise

regarding normal developmental stages as well as the adopted child's unique needs and behavior (Liu & Hazler, 2015).

Deepening parental understanding of adoptive children's needs can also be accomplished via psychoeducational programs, which may include parenting tools and strategies, such as examples of other adoptive parents' experiences (Liu & Hazler, 2015). In addition, counseling professionals can utilize group counseling modality and/or provide families with supportive networks as many parents are more inclined to consult informal groups (Liu & Hazler, 2015).

Counseling professionals can also utilize professional networking to increase their expertise in working with adoptive families. Since formal training in therapeutically assisting adoptive children and parents is not commonly available, counselors can create networks of various professionals directly working with adoptions to include adoption agency specialists, social services staff, and psychologists (Liu & Hazler, 2015). This type of network would serve professionals and families by facilitating a fast referral process, encouraging enhanced collaboration between service providers, and increased accuracy of shared information (Liu & Hazler, 2015). Counselors may also use information about the adopted child's history and background available to other professionals within the network in preparing for executing effective treatment (Liu & Hazler, 2015).

Nalven (2005) recommended that counseling professionals incorporate individual and family counseling modalities in working with adoptive families in order to effectively assist the adopted child. This would also allow counselors to offer adoptive parents helpful tools for assisting the adoptee with growth and development, addressing problematic behaviors, and for meeting the adoptee's needs by appropriately organizing home life and schedule. Parenting skills can be greatly enhanced, especially when working with children with histories of trauma and

special needs (Nalven, 2005). Liu and Hazler (2015) also recommended that counseling professionals assist families in tracking the frequency and length of problematic behaviors and, based on that information, create individualized behavioral interventions to address various mental health diagnoses.

At times, in addition to creating interventions for managing challenging behaviors, counselors need to identify and help adoptive parents address various sources of family stress which often exacerbate child's behavioral concerns (Tan et al., 2012). It is necessary to increase parental ability to manage interpersonal conflicts and to appropriately address parental symptoms of anxiety and depression at various stages of the adoption process (Viana & Welsh, 2010). When issues are addressed in a timely manner, parents are in a better position to appropriately meet their adopted children's needs.

Strategies for parents. Literature provided several recommendations for parents to effectively assist their adopted children with growth and development. These recommendations include strategies such as: discussing racial topics and providing opportunities for the adoptee to socialize with individuals of similar cultural background (Smith et al., 2011; Vonk et al., 2010); assisting the child with creating a narrative of the adoption story (Keck & Gianforte, 2015); helping to develop gross motor skills; facilitating language development; introducing the adopted child to the family gradually and keeping a low-key atmosphere in the home; choosing appropriate toys; providing ample opportunity for time spent with adoptive parents; structuring meal times; seeking professional intervention; adjusting parenting expectations; and consistently recognizing and meeting adoptee's emotional, physical and psychological needs (Brennan, 2013; Keck & Gianforte, 2015; Liu & Hazler, 2015; Meins et al., 2001; Narad & Mason, 2004; Schwarzwald et al., 2015; Tirella et al., 2012). The majority of the aforementioned strategies

were identified by medical professionals and researchers within the field of pediatrics. Currently, counseling literature appears to lack exploration of the specific strategies that would help adoptive parents with assisting their children with growth and development. In addition, some of these strategies apply mainly to young children or children that have been recently adopted from overseas (e.g. Tirella et al., 2012) while no studies were found on the strategies for raising older internationally adopted children. In addition, while Liu and Hazler (2015) discussed implications for parents and professionals involved with international adoption, they provided a conceptual perspective based on findings from related disciplines, such as sociology, psychology, and social work.

Finally, while literature represented professional voices and recommendations, parental perspectives and insights on raising older adoptees appear to be scarce in research. A review by Wright and Flynn (2006) of the perspectives of adoptive parents and their domestically adopted adolescents included accounts of adolescent adoption success. Participants identified commitment to adoption despite challenges, utilizing supports in the form of training or counseling, and gathering as much detailed information as possible regarding the adolescent, adolescent adoption, meaning of being a family, and one's own identity (Wright & Flynn, 2006). In addition, these parents recommended "getting tools before and during the adoption regarding how to deal with certain behaviors, finding resources to provide education about adolescent adoption, and talking to people who will share their experiences" (Wright & Flynn, 2006, p. 504). Findings of this study only provided insights regarding strategies for domestic adoption of adolescents and were not published in the counseling literature. Therefore, there is currently a gap regarding strategies for raising internationally adopted adolescents in the counseling literature. The current research study attempted to address the identified gap by exploring

strategies that adoptive parents used and perceived as helpful in raising their internationally adopted adolescents.

Rationale for the Study

Coakley & Berrick (2008) suggested that exploration of qualities of successful adoptive families would “allow adoption professionals to recognize what skills or parenting techniques appear to increase the chance of stable placements and incorporate them into pre-adoptive screening, training and matching for families” (p. 110). While some information is currently available regarding successful strategies used with adopted children, significant gaps were identified during the literature review process.

First, data regarding parenting insights on effective strategies for raising internationally adopted children within the field of counseling is limited. Tirella et al. (2012), Younes and Klein (2014), Narad and Mason (2004), Ruggiero and Johnson (2009), and Schwarzwald et al. (2015) provided various insights regarding strategies parents use/should use in addressing the needs of their adopted children, but all of them were completed within fields outside of counseling, namely pediatrics and social work.

Also, research is scarce in regards to parental strategies used with internationally adopted adolescents (Liu & Hazler, 2015). While providing valuable parental insights into the process of raising an internationally adopted child, Tirella’s et al. (2012) sample only included families with children up to three years old who were adopted within the last three months. Similarly, Linville and Lyness’ (2007) sample only included children adopted between 3 and 5 years of age. Also, Younes and Klein’s (2014) sample included children adopted prior to 10 years old. Research data on strategies that parents use with older adopted children is more scarce (Keck & Gianforte, 2015).

Further, an interdisciplinary review by Wright and Flynn (2006) explored perspectives of parents and adoptees on successful adolescent adoption, however, the sample of the study included only domestic adolescent adoptions. Therefore, Baden et al., (2013) recommended that researchers engage in deeper inquiry of helpful interventions of internationally adopting parents.

In addition, no existing empirical research was found exploring perspectives of parents of older children. While Keck and Gianforte (2015) provided conceptual insights into helpful and ineffective parenting methods for internationally adopted adolescents, they were not empirically supported by research studies. Also, Liu and Hazler (2015) provided insights on parenting strategies with adopted children, however, they did not conduct a research study, but utilized findings from related disciplines in their review. Similarly, Narad and Mason (2004) provided a summary of recommendations for parents based on various pediatric research. In fact, empirical research regarding strategies used within the field of counseling appears to be lacking. As Liu and Hazler note, “professional counseling journals currently provide little help to their readers about international adoptees and the resources needed to work effectively with them” (2015, p. 238).

Finally, Keck and Gianforte (2015) provided professional recommendations to parents based on variations of adoption case histories rather than investigating and employing parents’ voices in designing these suggestions. Similarly, Narad and Mason’s (2004) review appeared to represent professional opinions regarding recommendations provided for adoptive parents. Therefore, parental voices seem to be lacking in discussions of strategies that are helpful in raising internationally adopted adolescents, especially within the empirical research.

In order to address this notable lack of empirical exploration within the field of counseling, this qualitative study aimed to explore the attitudes and actions that adoptive parents perceive as helpful in the process of raising their internationally adopted older children.

Summary

This chapter provided an overview of the professional literature regarding international adoption. Negative outcomes of adoption including adoption disruption and adoption dissolution were explored, and private re-homing of previously adopted children was defined. Dangers involved with re-homing were discussed further.

Success in international adoption is measured differently by researchers who take a positive strengths-based approach to the investigation of family processes that make adoption stable and satisfying. There are various recommendations within the pediatrics, adoption, and social work literature provided for professionals and adoptive parents that are involved with international adoption (Ruggiero & Johnson, 2009; Schwarzwald et al., 2015; Tirella et al., 2012; Narad & Mason, 2004). Although literature discussed insights from parents on the specific parenting tools they have used in parenting their young children (Linville & Lyness, 2007; Tirella et al., 2012), empirically supported studies within the field of counseling on the perspectives of adoptive parents of older children who have a more extensive experience with raising them were not found. This qualitative study may add to the body of existing research by providing specific strategies that parents perceive as helpful in assisting their internationally adopted adolescents with growth and development.

CHAPTER III

Methodology

The research literature provided insights regarding parental experiences related to raising young children who are international adoptees (Tirella et al., 2012). However, there is considerably less research that explores the strategies parents used while raising their internationally adopted adolescents. This is a concern given the increasing numbers of older international children being adopted in recent years (Schwarzwald et al., 2015). In addition, these older children are considered to be at a higher risk for experiencing emotional and behavioral difficulties during the post-adoption period (Nalven, 2005; van Londen et al., 2007). Therefore, further exploration of attitudes and actions that parents perceive to be effective in assisting their older internationally adopted children's growth and development seems to be merited.

Purpose

In order to address this need, the purpose of this phenomenological qualitative study was to explore parents' lived experiences of raising their internationally adopted older children. Further understanding of these parents' experiences may assist counselors in treatment planning and designing interventions for families of older international adoptees (Wright & Flynn, 2006). In fact, Wright & Flynn (2006) emphasized that gathering insights from parents' and adolescents' experiences is necessary to fully describe the process of successfully raising an adopted adolescent and to better the lives of the vulnerable populations of children in need of adoption.

Rationale for Using Qualitative Methodology

According to Denzin and Lincoln (2003), a research paradigm includes the following concepts: ontology, epistemology, ethics (axiology), and methodology.

Ontology. First, ontology refers to the basic worldview which includes understanding of reality and human nature (Denzin & Lincoln, 2003). In regards to this study, the ontology of utilizing a social constructivism paradigm involves participants' subjective reality. This is comprised of their perceptions, beliefs, and views of the international adoption process. Social construction asserts that truth consists of variety of voices and views in scientific inquiry (Hays & Singh, 2012; Vygotsky, 1978). Therefore, the researcher attempted to gain further insight into the subjective reality of participants with their lived experiences of the phenomenon of international adoption.

Epistemology. Next, epistemology refers to the process of knowing the world and the relationship between investigators and participants (Denzin & Lincoln, 2003). Epistemologically, the social constructivist approach used in this study explored additional perspectives to gain understanding of the subjective reality of participants within the context of the research relationship between the participants and the researcher. Rhetorically, the researcher attempted to emphasize the voice of the participants within this research by presenting qualitative data in terms of narrative experiences of research participants.

Ethics (Axiology). Furthermore, ethics or axiology refers to morals, that is, basic principles of being and action of the individual in the world (Denzin & Lincoln, 2003). In other words, the term axiology means philosophy of values (Given, 2008). In that regard, the relationship between the researcher and the research participants was high importance as their values regarding international adoption were considered, included in the research process, and respected.

Methodology. Finally, methodology refers to the most effective strategies and ways of knowing the world (Denzin & Lincoln, 2003, p. 245). In addition to the social constructivism

paradigm, this study utilized the phenomenological research tradition to provide a description of the essence of participants' experiences with international adoption. In order to identify the essence of the experience, this researcher sought to refrain from making or being guided by her assumptions, also called bracketing or epoche (Moustakas, 1994). The interviews provided an avenue for gathering information related to specific and personal details of the participants' experiences. In addition, the researcher attempted to manage the potential for subjective interpretation of the data gathered from the research participants by identifying biases and processing them with research team members at different stages of the research process. In doing so, the primary researcher engaged in reflection and discussion of internal and external processes in order to capture the essence of the actual experience of the research participants (Moustakas, 1994).

Reasons for choosing qualitative methods. According to Creswell (2007), qualitative research methodology is used for various reasons. First, it is used when a topic is new to research, especially if the issue itself is new. Another reason to use a qualitative method is to give voice to those who have not been heard before. Creswell (2009) recommended being guided by these pre-requisites to determine whether there is a need to conduct a qualitative study over using other research data that is already available. In regards to the current study, the topic of the parental experiences with international adoption of older children was new to counseling research (Keck & Gianforte, 2015), and, therefore, needed to be explored. In addition, parental perspectives have not been explored in regards to this topic. A related reason for choosing qualitative method of inquiry is the newness of the issue itself in an ever-changing society (Creswell, 2009). In this case, research about the particular topic may be limited or lacking altogether. The variables to be explored themselves may be unknown by the research

community, thus making qualitative methods the most applicable (Creswell, 2009). For the current study, research about the experiences with international adoption of older children was limited, and, therefore, a qualitative approach is warranted.

Another reason for using qualitative methodology is to gain a thorough understanding of the research problem through a direct conversation with participants (Creswell, 2007). Furthermore, qualitative approaches allow researchers to be flexible in their writing style and use literary methods to convey meaning of stories “without the restrictions of formal academic structures of writing” (Creswell, 2007, p. 40). It is, therefore, a rich, thick representation of a phenomenon which allows for a thorough discussion of the research results recommended by Hays and Singh (2012). Such a description goes deeper than facts, emotions, or observations and includes interpretations of the meaning behind the data.

Similarly, Given (2008), emphasized the exploration of the human components of a specific matter as a major characteristic of qualitative research. She stated that qualitative methodologies are employed by researchers to examine individuals’ worldviews and to capture their thoughts, emotions, and inferences into meaning and process (Given, 2008). Further, in order to gain deeper understanding of the ways certain populations experience various life circumstances, researchers explore their participants’ stories within the settings of those participants, to include homes, families, and places of work (Creswell, 2008).

Limits of quantitative methods. By contrast, while quantitative methodologies answer some types of research questions, they do not usually explore deeper reasons for participant’s responses, their individualized contexts, or meaning which they attributed to those responses (Creswell, 2008). Exploration of human relations with quantitative measures is problematic as they “may not be sensitive to issues such as gender differences, race, economic status, and

individual differences. To level all individuals to a statistical mean overlooks the uniqueness of individuals in our studies” (Creswell, 2007, p. 40). This is where qualitative approach can be helpful in exploring the essence of the individual experience. This can be done via phenomenological research philosophy and methodology (Moustakas, 1994). According to Creswell (2014), “phenomenological design of inquiry is based in the fields of philosophy and psychology” (p. 14). When utilizing phenomenological approach, the researcher explores the lived experiences of individuals related to a phenomenon with which they had some interaction that they can describe (Creswell, 2014).

Research Questions

This study purposed to explore the subjective experiences of parents in raising their internationally adopted adolescents. The following main research question guided this inquiry: What are the lived experiences of parents of international adolescent adoptees as they assist with their adopted children’s growth and development?

Three sub-questions further identified the area of inquiry:

1. What attitudes, beliefs, and values do adoptive parents perceive as helpful in the process of assisting their adolescent with growth and development?
2. What strategies, actions, tools, and resources do parents perceive as helpful in the process of assisting their adolescent with growth and development?
3. How has parental navigation of the challenges involved in raising international adolescent adoptees influenced the process of assisting their adolescent with growth and development?

Role of the Researcher

The researcher was the main instrument of the current research study. She employed both the insider and the outsider perspectives in relation to the studied population (Dwyer & Buckle, 2009). According to Dwyer and Buckle (2009), there are pros and cons to being either an insider and/or an outsider in a research study.

In the current study, the primary researcher's personal and professional background, including her Russian heritage, international status in the U.S., and her counseling experience working with adoptive families constitute her unique insider role in this research. On the other hand, the primary researcher did not have personal experience of being a biological parent or raising an internationally adopted child, which placed her in an outsider role in regards to the studied population. Therefore, she conducted the study from a middle ground, or the space between the two roles. Dwyer and Buckle (2009) further described the complexity of occupying this space between two roles and suggested that researchers can never belong to one position and, therefore, can only inhabit this between space due to their perspectives being shaped by the research experience itself (e.g. reading literature on the topic).

In addition to the insider-outsider perspectives, the literature described the role of the researcher in a study as a bricoleur (Denzin & Lincoln, 1998). "The *bricoleur* produces a bricolage, that is, a pieced-together, close-knit set of practices that provide solutions to a problem in a concrete situation" (Denzin & Lincoln, 1998, p. 3). In order to do that, the researcher in this study had an understanding of the research process as an interactive exchange which is affected by the bricoleur's and research participants' background and cultural identities (Denzin & Lincoln, 1998).

Researcher's characteristics. For the current study, the primary researcher was a 33-year old white female working on her doctorate in counselor education. She identified herself as

Russian who has moved to the United States for the purposes of higher education and counseling work. The researcher was a Licensed Professional Counselor and had five years of experience providing individual and family therapy to adolescents and children adopted from countries outside of the United States.

In relation to qualitative research, the issue of researcher bias needed to be addressed to promote the ideal of trustworthiness. The primary researcher recognized that she had professional experiences that have influenced her core beliefs regarding ways in which adoptive parents experience international adoption. Based on her experience, this researcher was aware that adoptive parents had significant difficulties and adjustment issues with international adoptions. She had witnessed adoptive parents' efforts to seek mental health treatment during their international adoption experience and raising adopted adolescents. She found in her work that parents sought counseling services for their adopted adolescents for issues related to attachment, trauma reactions, and various developmental delays. Therefore, the researcher had an assumption that many adoptive parents would be in need of additional support in order to make adoption a successful experience.

An additional consideration of potential bias lies in the primary researcher's awareness that there were a number of families who adopted children internationally, but did not seek counseling for various reasons, including lack of significant difficulties with adjustment and transition. These families may have had a significantly different experience in raising their internationally adopted children from that which this researcher observed previously.

The primary researcher's assumption was that adoptive parents may report the following strategies as helpful in their experience of raising their adopted adolescent: staying emotionally

disengaged during conflicts, using consistent behavioral systems in the home, and utilizing natural consequences when addressing behavioral issues.

Accounting for bias. Two methods to account for bias were used in this research study. In the first place, since this is a phenomenological study, the researcher's biases was bracketed throughout data collection and analysis via use of reflexive journaling and a diverse research team throughout the course of the study (Creswell, 2014; Dowling, 2008, Hays & Singh, 2012, Morrow, 2005). Reflexive journaling is a strategy for increasing researcher's reflexivity which was defined as "qualitative researchers' engagement of continuous examination and explanation of how they have influenced a research project" with their own worldview and biases (Dowling, 2008, p. 747). Similarly, Creswell (2014), recommended that qualitative researchers carefully explore personal worldviews including attitudes, assumptions, and cultural values. Furthermore, he discussed the importance of making entries regarding past experiences of the researcher related to the topic or population and the potential of these past experiences and connections to influence the course and the outcomes of the research (Creswell, 2014).

To engage in reflexive journaling, the primary researcher identified and processed cognitive and emotional reactions in a journal and explored how these reactions affected decisions made during the course of the research study (Dowling, 2008).

In addition to reflexive journaling, the use of a research team was helpful in providing a platform for peer debriefing, which was vital as part of the accountability process involved in managing biases while engaging in the interpretation of the research results (Hays & Singh, 2012). Morrow (2005) defined peer debriefing as a reflexive tool by which members of the research team mirror the primary researcher's responses and reflect on various differing explanations of the data. Therefore, the primary researcher was carefully documenting,

reflecting, and bracketing potential biases and assumptions via use of reflexive journaling and a research team approach, which allowed multiple perceptions on the data.

Research Team and External Auditor

A diverse research team was recruited to allow for variation in ethnicity, race, gender, and experience with parenting and with parenting in international adoption. The major criterion for research team members' selection was having taken a doctoral level class in qualitative research. Therefore, the research team consisted of two doctoral level students at a university in the southeastern U.S. who assisted in developing the interview protocol and coding process for this study.

The first research team member was a white female, a native of a Southeastern U.S. state and a Licensed Professional Counselor with experience with adolescent treatment and family therapy. She also had a personal experience with parenting as a mother to an adolescent and a family member to an internationally adopted child. The second research team member was a black male, a native of the southwestern U.S., who had personal experience with adoption as a brother to his locally adopted sibling. The primary researcher believed that the identified research team members would contribute unique perspectives that would add to researcher's insight throughout the research study. In addition, each research team member participated with management of biases and epoche during key points of the research process (Moustakas, 1994). Prior to data collection, the research team met for an initial meeting to discuss anticipated findings, personal values, and biases that may influence the research process (Morrow, 2005). During data analysis and interpretation, each research team meeting started with peer debriefing and acknowledgement of specific influences that team members experienced in the process of

analyzing research data. This provided an opportunity for identifying multiple perspectives and addressing various angles when creating interpretations of research results.

In addition to utilizing the research team approach to account for bias in this research, an external auditor was selected to ensure scientific rigor. An external auditor selection was based on the following criteria: having a PhD in Counseling or Education, having knowledge of qualitative research methodology, and being neutral toward outcomes of the research study (Rodgers, 2008). The selected external auditor was not a part of the research team, but participated in summative review of the study following data analysis to ensure the rigor of the research process and to provide feedback on the quality of data analysis and outcomes. During the external audit, the lead researcher provided the auditor with a thorough description of the methodology used and results of the study as well as the complete audit trail with raw research data (Rodgers, 2008) and received a written statement evaluating the rigor of the completed research study. The external auditor selected for this research study was a white male, a native of northeastern state in the U.S. with experience as counseling professional. He earned a PhD in Counseling and has knowledge of qualitative research, which allowed him to assess the study for scientific quality and rigor.

Overall, there were several individuals assisting with this research study, three of whom identified as male, two identified as female. They all have either previously earned a PhD or were candidates for a doctoral degree and identified as White, Caucasian, Black, or International. One individual identified as spiritual, non-religious, two were Christians, and two identified as atheist.

Research Plan

In order to plan this research, the primary researcher and the research team first needed to ensure that it is conducted in an ethical manner.

Ensuring ethical practices. Fontana and Frey (2005) discussed key ethical issues that may arise when conducting qualitative research including: providing informed consent to participants, participants' right to privacy, and protection of participants from potential harm. They recommended researchers to make additional effort to prevent causing physical, mental, emotional, and any other type of harm to participants since qualitative inquiry involves working with human subjects.

In light of these recommendations, to prepare for entering the field, the primary researcher obtained human subjects exempt status approval in order to protect research participants and ensure that research procedures involve sound ethical practices.

Recruiting participants. Further, Morse (1998) recommended considering ways to gain access to the participants early in the planning stage of the process. Therefore, to enter the field, the researcher made contact with her personal and professional connections within the adoptive community via phone and/or email to introduce the research topic and obtain contact information for potential participants for the research study. Based on preliminary demographic and contact information provided by those individuals, the researcher created a list of potential research participants. Since internet technologies have been successfully used in previous qualitative research (Hays & Singh, 2012; Tuttas, 2015), the researcher, then, made first contact with participants via email. The initial email included: letter of invitation describing the research purpose and study procedures; informed consent information; and interview questions (James, 2016). In the event of geographic distance which prevented one of the participants from an in-person meeting, the researcher utilized video technology to obtain informed consent,

demographic information, and conduct the interview. The consent of the participants was indicated via a signed informed consent document returned to the lead researcher (via email in the event of geographic distance).

Conducting the interviews. The researcher then obtained contact information from selected participants and identified their preferred method of contact throughout the research process. Technology use consisted of utilizing emails to transfer documents and/or Adobe®Connect™ using a secure connection when necessary to meet with the participants who lived a distance from the researcher.

The interviews were audio recorded. The researcher provided participants with transcripts of their interviews via email following the transcription process to ensure accuracy of data and to offer the potential for clarification (Morse, 2015). James (2016) discussed the use of email to provide participants with time to process information and reflect on their experience at their own pace. Following this recommendation, along with the transcript, participants were asked to contribute additional insights on the topic that might have occurred to them following the interview. Data gathered from this inquiry was coded in the same fashion as data from the initial interviews.

Participants and Data Collection Procedures

In order to begin the research process, the primary researcher needed to select a sample. Fontana and Frey (2005) discussed locating an informant in the first stage of the data collection. “The researcher must find an insider – a member of the group being studied – who is willing to be an informant and act as a guide and translator of cultural mores and, at times, of jargon or language” (Fontana & Frey, 2005, p. 707). Informants for this research were the research participants, who were recruited via existing resources of the primary researcher. The benefit of

using purposeful convenience snowball sampling procedure is ability to utilize the professional and personal contacts of the primary researcher (Hays & Singh, 2012). Therefore, the primary researcher drew on her educational and clinical resources (e.g. colleagues within the field of counselor education and clinical counseling) and personal contacts with adoptive families to select participants. Researchers made efforts to select participants who met the inclusion criteria for the study and who represented the most information-rich sources for the research topic (Eide, 2008; Patton, 2002). The criteria for selection of the research sample was having personal experience with parenting one or more international adolescents adopted at age 10 or older and raising these adolescents for at least two years following such adoption. Most of the reviewed literature regarding parental strategies for addressing the needs of adoptees provided recommendations for raising children adopted internationally under 10 years old (Linville & Lyness, 2007; Tirella et al., 2012). Therefore, aiming to investigate the long-term success of international adoption (Schwarzwald et al., 2015) and to address the identified gap in the counseling research, the identified criteria were chosen for the study sample. Participants meeting these criteria were selected for inclusion in this study.

Creswell (2014) recommended selecting three to ten participants when using phenomenological approach to qualitative inquiry. Based on this recommendation, the current study involved nine research participants from nine families. These participants were given an informed consent document which delineated that the participation was voluntary and that they could withdraw their participation at any time without penalty. Demographic information was collected via a questionnaire in which participants were asked to identify their age, gender identity, race/ethnicity, current marital status, highest level of education completed, religion/spirituality, family's SES, number of biological and adopted children, country of

adoption of each adopted child, and their child's age, ethnicity, special needs status, placement status, date of adoption, and placements prior to the current home.

Interviews. The majority of qualitative interviews conducted commonly use semi-structured guidelines. That flexibility allows for the inclusion of the specific interests of the investigator and space for the participants' more spontaneous accounts (Brinkmann, 2008). The primary sources of data in this study were semi-structured interviews of parents, which were audio recorded to gather information pertaining to the essence of participants' experience (see Appendix D for Interview Protocol). The researchers have utilized various approaches to interviewing parents in previous adoption-related studies: interviewing one primary caregiver of the family unit, interviewing both parents, or a combination of these two options (Tirella et al., 2012; Younes & Klein, 2014; Wright & Flynn, 2006). The current study allowed the participation of both parents in one interview when possible if the parents preferred to be interviewed together, however, only adoptive mothers chose to participate with the interview.

The interviews were conducted by the lead researcher in a private and mutually agreed-upon and convenient location. They lasted for approximately 60 minutes and consisted of 15 questions related to experiences of adoptive parents with raising their international adolescent adoptees, specifically parental attitudes and actions along with strategies and resources that were perceived by them as helpful in that process.

Fontana and Frey (2003) further discussed establishing rapport with research participants as an important consideration during the data collection process. They identified the purpose of the interview to be gaining a deep understanding of the meaning that participants are trying to convey during interviews. They posited that the researcher should attempt to see the situation from the participants' point of view instead of superimposing the world of academia and

preconceptions during the discussion (Fontana & Frey, 2003). Therefore, prior to engaging in the interview, the researcher worked on establishing rapport with participants by asking them general questions, sharing experiences, and getting to know them.

Following initial rapport building with participants, the interview questions, as shown in Appendix D, focused on parents' lived experiences with raising internationally adopted adolescents as they related to experienced attitudes, beliefs, values, strategies, actions, tools, and resources parents used during the process of assisting their children with growth and development. For example, questions such as "What expectations did you (and your partner, wife, husband) have at the beginning of the adoption process regarding raising _____?" and "What do you know or believe now that might have been helpful to have known earlier regarding raising _____?" were asked during the interview.

All interviews were transcribed verbatim solely by the primary researcher. Interview transcripts were considered the primary data sources for the study (Brinkmann, 2008; Hays & Singh, 2012). Following the interview, participants were asked to contribute additional insights that might have occurred to them following the interview via an email prompt during member checking process (James, 2016). Data gathered from this inquiry was coded in the same fashion as the initial interview data.

Storage of data. Corti (2008) recommended that considering how to safely store research data be a serious consideration from the beginning of the research process. Therefore, to further protect participants' confidentiality, transcripts and audio recordings were kept in a password protected electronic file in a locked office of the lead researcher. The transcripts were de-identified before being passed on to the research team for the coding process. Only the lead researcher and research team members had access to the data. In addition, data was presented in

a group format. Participant numbers were used throughout the data analysis and coding process and in the final reports. The research data will be destroyed within seven years of project completion.

Data Analysis

Upon completion of the transcription process, the primary researcher sent each participant the interview transcript via email to ensure accuracy of data and to invite them to provide feedback and/or correct any potential errors (James, 2016). Based on provided feedback, the researcher edited the transcripts to eliminate identified errors or edit participants' statements.

Next, interviews were coded by the research team to identify themes and patterns central to the phenomenon. Data analysis procedures were guided by the central principle of phenomenology – describing the essence of the phenomenon. As such, the purpose of this phenomenological research was to understand the meaning of the lived experience of the research participants.

Steps in data analysis. Data analysis was conducted following elements of Moustakas' (1994) modification of van Kaam's (1959, 1966) guidelines for data analysis. During the first step, the primary researcher collected data by conducting and audio recording participants' interviews and developing field notes in the form of contact summary sheets. Contact summary sheets included descriptions of key words, potential themes and discrepancies, additional questions, and comparison with other interviews.

During the second step, each interview was transcribed verbatim, and primary researcher de-identified each transcript prior to sending copies to the research team members for further data analysis. The research team members then independently coded each transcript and reduced the data by eliminating overlapping and repetitive expressions and presenting vague expressions

in more exact descriptive terms. This allowed the researchers to determine the invariant constituents within the data, necessary and sufficient for understanding the experience. Initial coding was done by the researchers independently for each interview. Then, each research team member constructed individual textural and individual structural descriptions of the experience providing verbatim examples from the transcript and including imaginative variations for each transcript. Moustakas (1994) described horizontalization as the procedure of elucidating the phenomenon, during which “qualities are recognized and described; every perception is granted equal value, non-repetitive constituents of the experience are linked thematically, and a full description is derived” (Moustakas, 1994, p. 96). To engage in horizontalization, Leech & Onwuegbuzie (2008) recommended a non-directive and receptive approach of the researcher during each stage of the research process. Therefore, each research team member assigned equal value to every statement made by the participants, in a sense, considering each horizon, and identifying them as codes (Leech & Onwuegbuzie, 2008).

During the third step in data analysis, the researchers came together for consensus coding of each interview during a series of research team meetings (one meeting following the first two interviews, one meeting after the fifth interview, and one meeting after the ninth interview). During these meetings, the researchers clustered and thematized the identified invariant constituents, which formed core themes of the participants’ perceptions of helpful parental attitudes and actions in raising their internationally adopted children. The research team constructed a textural-structural description of the meanings and essences of the experience by incorporating the invariant constituents and themes into individual code books for each participant. As part of identification of major themes, researchers engaged in validation of identified themes against the complete record of each of the research participants as the research

team examined codes across participants. A minimum of two participant responses were considered as a theme or subtheme. The non-compatible and non-explicit themes were eliminated.

Finally, during the fourth step in data analysis, the primary researcher and the research team developed a codebook, in which all the identified codes and themes of all transcripts were combined. The research team then met for a finalization of the codebook. The data analysis process concluded when the team has reached consensus regarding the final consensus codebook. During this stage, the researcher developed a narrative with a composite description of attitudes and actions that parents perceive as helpful in raising their internationally adopted adolescents and sent this narrative for the external audit. Based on the feedback from the external auditor, the final narrative was completed.

Trustworthiness

For the purposes of this study, trustworthiness was defined according to four categories: credibility, confirmability, transferability, and dependability (Hays & Singh, 2012). These categories provided tools for researchers to ensure the research is conducted in a scientifically rigorous manner (Given & Saumure, 2008).

Credibility. Credibility was described as the “believability” of the research findings (Hays & Singh, 2012). Credibility allows researchers to conclude that these qualitative findings actually make sense and that they describe the phenomenon accurately (Hays & Singh, 2012; Morse, 2015). Morse (2015) recommended examining whether the essence formulated in the findings matches the actual essence of the phenomenon well. Therefore, in regards to credibility, the researcher attempted to represent multiple constructions of the international adoption experience in a manner which resulted in researcher’s interpretations of the realities being

credible. In order to achieve credibility, researcher conducted the study and presented the results by seeking participants' approval of the numerous investigated and discussed realities (Lincoln & Guba, 1985). Credibility was achieved via the following strategies: member checking, peer debriefing, and triangulation (Guba & Lincoln, 1989; Morse, 2015)

Member checking involves providing participants with interview transcripts and/or the finished analysis for any additional clarification or change in the data (Morse, 2015). For member checking, the researcher sent each participant the interview transcript to ensure accuracy of data and to provide an opportunity to share any insights that have occurred to them following the interview. Data gathered from this inquiry was coded in the same fashion as initial interview data. The researcher's intention was to invite the participants' feedback to correct any potential errors and to confirm the researcher's interpretation of the data.

In addition, Morrow (2005) defined peer debriefing as a reflexive tool by which members of the research team mirror the primary researcher's responses and reflect on various differing explanations of the data. When researchers engage in peer debriefing, they are able to synthesize and recognize themes by discussing, questioning, and listening to each of the research team members (Morse, 2015). Incorporating this strategy enhanced the credibility of this research study as it helped the lead researcher to conceptualize the findings while at the same time manage various biases at key points in the research process (Hays & Singh, 2012; Morse, 2015).

According to Rothbauer (2008), triangulation is "a multimethod approach to data collection and data analysis" (p. 892). He posited that the essence of the investigated phenomena is best examined by being approached with a number of research procedures. Triangulation takes on different forms, such as investigator triangulation, data triangulation, or methods triangulation (Morse, 2015). For the current study, the research team was used for triangulation of

investigators throughout the course of the investigation. Each team member provided unique and valuable perspectives during data analysis. In addition, triangulation of data was intended to be accomplished by interviewing parents at different stages of adoption history (for example, parents who have adopted an adolescent two years prior to participation, parents who have adopted an adolescent three years prior to participation, and parents who have adopted an adolescent four or more years prior to participation in the research study). However, all study participants had extensive experience with parenting internationally adopted adolescents (7-15 years), therefore, triangulation of data was not achieved in this study.

Confirmability. Confirmability can be described as “neutrality of the researcher” (Hays & Singh, 2012, p. 203). Study results need to be authentic expressions of the participants (Lincoln and Guba, 1985). In other words, when the criteria of confirmability is met, it is reasonable to believe that researcher interference was prevented as much as possible and researchers attempted to gathered and report results as directly as possible (Hays & Singh, 2012). To ensure confirmability, the researcher employed the aforementioned strategy of triangulation, kept field notes, and maintained an audit trail throughout the study (Morse, 2015).

For field notes, the researcher recorded observations during the research study that pertained to the participants, international adoption as experienced by the participants, and other notable attributes of the studied phenomenon. Furthermore, it is the researcher’s ethical and professional duty to maintain a thorough documentation of the research (Hays & Singh, 2012). As such, an audit trail served as a concrete evidence of consistent steps in data collection and analysis so an external auditor or other reviewers can clearly track its process and development (Hays & Singh, 2012). The contents of the audit trail for the current study included research team

members' bracketed assumptions, participant transcripts, contact summary sheets, codebooks, and research team meeting notes.

Transferability. Transferability was described as representing the generalizability of research findings (Lincoln & Guba, 1985). Although generalizability is not the aim of the qualitative research, researchers still aim to provide “enough detailed description of the research process, including the participants, setting, and time frame, so that readers/consumers can make decisions about the degree to which any findings are applicable to individuals or settings in which they work” (Hays & Singh, 2012, p. 200). The applicability of the research results to other contexts can be established by decontextualizing or abstracting emerging findings (Morse, 2015). In order to ensure transferability of this research study, the researcher attempted to provide a thick description of the data and research study. Thick description as a way of conceptualizing the research exceeds the mere emotions, observations, and events and develops interpretations of the messages behind actions (Hays & Singh, 2012). In order to provide a thick description, the researcher recorded sufficient detail of the experience reported by the participants during interviews and derived meaning conveyed by participants in discussion of those experiences.

Dependability. Dependability was described as replicability of the study and consistency of the findings across time and research contexts (Lincoln & Guba, 1985; Morse, 2015). In other words, if the research was conducted again in a different setting and at a different time, the results would be the same (Morse, 2015). In order for this criteria to be achieved, the findings should be closely connected with the research data and be a precise description of the meaning participants attributed to this data (Jensen, 2008). Researchers have the following tools in achieving dependability: implementing specific strategies to demonstrate this consistency (e.g. triangulation) and reaching agreement in regard to the research findings (Hays & Singh, 2012).

For the current study, the primary researcher attempted to provide sufficient and pertinent description of the research method, which would enable others to replicate the study with similar results (Jensen, 2008, p. 209). In addition, triangulation, use of external auditor, and audit trail are strategies that enhanced dependability of this research study (Morse 2015).

Therefore, member checking, peer debriefing, triangulation of data and researchers, thick description, field notes, and audit trail were the strategies of trustworthiness implemented in the current research study. These strategies aided the researcher in achieving further credibility, confirmability, transferability, and dependability and, therefore, ensure scientific rigor of the conducted research.

Summary

This qualitative study examined the lived experiences of parents who are raising internationally adopted older children. Using a phenomenological design, the researcher conducted semi-structured interviews with adoptive parents to explore their experiences of assisting adolescent adoptees with growth and development. A diverse research team assisted the lead researcher with data analysis and enhanced trustworthiness of the research. It was hoped that a thorough understanding of adoptive parents' perceptions may assist counselors in treatment planning and designing specific interventions for families of older international adoptees (Wright & Flynn, 2006).

CHAPTER IV

Research Findings

The purpose of this phenomenological qualitative study was to explore parents' lived experiences of raising their internationally adopted older children. The inquiry was guided by the following main research question: What are the lived experiences of parents of international adolescent adoptees as they assist with their adopted children's growth and development? The following three research sub-questions further identified the area of exploration:

1. What attitudes, beliefs, and values do adoptive parents perceive as helpful in the process of assisting their adolescent with growth and development?

2. What strategies, actions, tools, and resources do parents perceive as helpful in the process of assisting their adolescent with growth and development?

3. How has parental navigation of the challenges involved in raising international adolescent adoptees influenced the process of assisting their adolescent with growth and development?

This chapter will provide a summary of the research findings that answered these questions. First, this chapter will review the process of data collection and data analysis conducted by the researcher. Next, it will present an overview of participant demographic characteristics listed in a group format to protect their identities. Further, the researcher will provide an overview of themes and subthemes identified during the course of data analysis. Participant quotes will illustrate the themes outlined in this narrative. All capital letters in participant quotes were used to represent the modulation/tonal emphasis in their speech patterns. Finally, the chapter will conclude with the visual representation of participant demographics and the final consensus codebook.

Review of Data Collection and Analysis

Data analysis was conducted following elements of Moustakas' (1994) modification of van Kaam's (1959, 1966) guidelines for data analysis. During the first step, the primary researcher engaged in data collection by conducting and audio recording participants' interviews and developing field notes in the form of contact summary sheets. Contact summary sheets included descriptions of key words, potential themes and discrepancies, additional questions, comparison with other interviews, and personal reflections of the primary researcher.

Nine participants from nine families who met the identified criteria for participation with this study were selected by the researcher to participate in this study. Eight of the selected participants were interviewed in person, while one participant was interviewed using a secure Adobe Connect online platform. These participants were provided with an informed consent document and 15 interview questions from the interview protocol via email in preparation for the interview. Demographic information was collected via demographic questionnaire in which participants were asked to identify their age, gender identity, race/ethnicity, current marital status, highest level of education completed, religion/spirituality, family's SES, number of biological and adopted children, country of adoption for each adopted child, and their child's age, ethnicity, special needs status, placement status, date of adoption, and placements prior to the current home. Although the current study allowed the participation of both parents in one interview, only one parent per family chose to participate with the interview. Each interview was conducted, audio-recorded, and transcribed solely by the lead researcher.

During the second step, the primary researcher de-identified each transcript prior to sending copies to the research team members for further data analysis. Only the lead researcher, research team members, and independent auditor had access to the data. In addition, the primary

researcher sent each participant the interview transcript via email to ensure accuracy of data and to invite them to provide feedback and/or correct any potential errors (James, 2016). Participants were also asked to contribute additional insights that might have occurred to them following the interview via an email prompt during the member checking process (James, 2016). All nine participants responded to the follow up e-mail prompt and six of them participated with member checking process by correcting transcript errors and/or providing additional insights regarding interview questions. One participant was unable to access the transcript due to technical difficulties and time constraints, but contributed additional insights regarding interview questions via email. Those insights and the insights of five other participants were added to the research data for data analysis. Based on member checking feedback from participants, the researcher edited the transcripts to eliminate identified errors.

Next, interviews were coded by the research team to identify themes and patterns central to the phenomenon. The research team consisted of the primary researcher and two individuals who have earned a PhD in Counseling and have experience in qualitative research. Prior to individual interviews, all research team members engaged in epoche in order to bracket their assumptions and manage potential biases. Initial coding was completed by the researchers independently for each interview. Then, each research team member constructed individual textural and individual structural descriptions of the experience providing verbatim examples from the transcript. To engage in horizontalization, each research team member assigned equal value to every statement made by the participants (Leech & Onwuegbuzie, 2008).

During the third step in data analysis, the researchers came together for peer debriefing and consensus coding of each interview during a series of research team meetings (one meeting following the first two interviews, one meeting after the fifth interview, and one meeting after

the ninth interview). During these meetings, the researchers clustered and thematized the identified invariant constituents across all nine interviews, which formed core themes of the participants' perceptions of helpful parental attitudes and actions in raising their internationally adopted children. A minimum of two participant responses were needed to be considered as a theme or subtheme. The non-compatible and non-explicit themes were eliminated.

Finally, during the fourth step in data analysis, the primary researcher and the research team developed a codebook, in which all the identified codes and themes of all transcripts were combined and finalized in a codebook. The data analysis process concluded when the team has reached consensus regarding the final consensus codebook. During this stage, the researcher sent pertinent research materials for the external audit. Based on the feedback from the external auditor, the researcher developed a narrative with a composite description of attitudes and actions that parents perceive as helpful in raising their internationally adopted adolescents and the research study was completed.

Participant Demographics

The primary researcher will present participants' demographic characteristics in a group format to protect research participants' identities. Following a consultation with the Responsible Project Investigator, the primary researcher chose to not include individual profiles of participants in the narrative. While this choice may result in loss of specific richness in describing participants, it was concluded that providing individual profiles would potentially compromise participant privacy and result in inadvertent release of their identities.

Research study included 9 female participants, who identified as White/Caucasian, Christian, and married. Participant numbers were used in place of their names for the purpose of anonymity. The age of participants ranged from 52 to 68 years old. Regarding the SES of the

families, participants identified their SES as ranging from Working Class to Upper Class. In regard to the educational background, the participants' responses ranged from Trade School to Graduate School. The number of adopted adolescents per family ranged from one to three children. (See Table 4.1. for Participants' Demographic Characteristics). All 19 adolescents represented by the participants' families were adopted from the Eastern Europe Region. Of this group of adolescents, 6 were males and 13 were females ranging from 11 to 16 years old at the time of adoption. (See Table 4.2. for Adopted Adolescents' Demographic Characteristics). A number of these adoptees lived in the same communities, both in their native countries and upon arrival to the United States. This is a unique characteristic for these participants as some of them had maintained friendship with others who resided in the same institutions prior to adoption.

Demographics Tables

Table 4.1. Participants' Demographic Characteristics

Participants' Demographic Characteristics	
Age Range of the Participants	52-68
Gender	Female
Race/Ethnicity	White/Caucasian
Marital Status	Married
Level of Education	Trade School-Graduate School
SES	Working class – Upper class
Religion/Spirituality	Christian
Number of Biological/Step Children	0-4
Number of Adopted Children per family	1-5
Number of Adopted Adolescents per family	1-3
Region of Adolescent Adoption	Eastern Europe
Regions of Non-Adolescent Child Adoption	United States, Asia, Eastern Europe
Range of Years Parenting after Adoption of Adolescent(s)	7-15 years

Table 4.2. Adopted Adolescents' Demographics Table

Adopted Adolescents' (AA) Demographic Characteristics	
Age Range of the AA at the time of adoption	11-16
Gender	Male (6) Females (13)
Race/Ethnicity	White/Eastern European Nationalities
Region of Adoption	Eastern Europe
Previous Residence	Orphanage, Homelessness

Overview of Themes

During the process of data analysis, the research team identified five superordinate themes: *parental beliefs, trauma, parental strategies, parental challenges, and experiences with therapy.*

Superordinate Theme One: Parental Beliefs.

All participants spoke about their beliefs, including their values regarding raising internationally adopted adolescents. The research team identified 9 themes under *parental beliefs* that were related to their parenting attitudes and perceived by them as helpful: *love of God, calling from God, making a difference, strong commitment, detachment of identity, parental insight, personal and parental growth, rewarding experience, and hope for healing.*

1.1. Love of God

All nine participants spoke about the importance of their Christian beliefs and values in their experience of raising internationally adopted adolescents. This worldview included beliefs in unconditional love; acceptance of their adopted children and their own imperfections; and attitudes of humility and kindness. Each participant connected their view of this unconditional love with a personal experience of the relationship they had with God. For example, PPT 09 said,

“...understand in the long run is that just as God loves ME unconditionally, no matter how I behave, I can love YOU unconditionally. Even when your very actions are pushing me away.”

In addition, PPT 03 shared:

...it's the kindness of the Lord that brings us to repentance... Jesus has won our heart because of kindness towards us before we were ever kind to Him. So, I feel like my job is to show kindness, when kindness isn't even shown to me.

1.2. Calling from God

All nine participants shared that they felt called by God to adopt adolescents from overseas. Each of them described pivotal moments of realization that part of their life purpose was to be an adoptive parent. PPT 03 said, “I believe that God called me to do it and that He is, He is equipping me.” Likewise, PPT 08 shared, “I don't know if I'm supposed to talk about this, but honestly, it was a real God thing that God just kinda put it on our heart that that's what we were to do.”

1.3. Making a Difference

Three research participants discussed their desire to make a difference and leave a legacy as part of the motivation for international adoption. PPT 09 said, “...just allowing them to come into our heart and to our home, we felt like we should, we could make a difference.” In addition, PPT 02 shared, “God, I want the ground we sow into to be the ground where a LINE is drawn in the sand’, and we say, ‘the curse stops here!’ I mean, this is not gonna happen anymore, I mean, we are starting over.”

1.4. Strong Commitment

All participants discussed their long-term sense of commitment and willingness to do whatever it takes to continue being a family and to make international adolescent adoption a

successful experience. Regarding commitment to the value of preserving the family unit and being the best parents possible despite adversity, PPT 02 said,

...we were in it to win it, you know, we were not gonna go anywhere, they were not gonna be sent back anywhere. I didn't even really know for a long time that that ever happened to people, that there were broken adoptions... that was never on the docket for us. That wasn't a (sigh/laugh) that wasn't an option... because I know that people are eternal, there are other things in my life that I would need to let go before I let these children go, because I knew God had brought them to me, and so, it wasn't a matter of 'do I want to do this?' I was IN, you know, once you're in, you gotta STAY IN.

Similarly, PPT 01 shared,

I've said this to my husband, cause he is sometimes just like, "this is just too much" (sad voice), but it's like, this is what we, what we've taken on... if we want to be the best parent we could be, we just gotta do it.

1.5. Detachment of Identity

Most participants discussed the idea of detaching personal and parental identity from the emotional, behavioral, educational, relational and other outcomes of the adoptee. Six of the nine participants held the belief that parents are responsible for the process but not the outcome of adoption experience and felt that the adopted adolescents are responsible for their own choices and, therefore, encouraged self-differentiation. They also discussed the importance of parents not seeking the fulfillment of the emotional needs through their adoptees. This belief allowed them to stay emotionally disengaged during conflicts with adolescents and respond appropriately to mistreatment by the adoptees. PPT 01 said:

...just remember that your Dad and I will love you no matter what, forever, and you know, if he is disappointed, that's because, you know, of him, it's not because of you. And he'll always love you, it's not that, you don't have to please him, you have to live your own life and be happy with what you do, we just want you to make the healthiest choices.

PPT 09 shared,

...understanding that ultimately, it's up to AA to want to be healed and to work through what she feels. I think you can provide every setting, you can give her the right tools, but ultimately, it's her heart that has to be, you know, worked on and have help to heal. And it may be a lifetime of that and not really feeling like it was all up to me to fix, and that as a mother, you want your child to understand all that and you wish you could just make it happen, but to let go of the control of it having to come from within her. And just to be able to be the cheerleader of that and not feel so frustrated that I couldn't necessarily, you know, help her reach that while, completely, while she was here.

PPT 06 said:

I've had to take out the sentimental side of adoption. I talk about AA2 very factually... and it was very emotional, it was very emotional. And I started praying about and asking, 'how do I detach from this emotion?' because you're not any good emotional. So, I put it into a very factual, I talk about AA2 very factually, and it helped me distant myself from him. So, I can have COMPASSION, but I don't have these emotions that, that "I've been personally attacked" It's not about me.

1.6. Parental Insight

The majority of the participants shared their parental insight into the relational dynamics, emotional needs, motivational level and individuality of their adopted adolescents. They also discussed insight into their own motivations for adoption and self-awareness of their personal dynamics. This parental insight allowed greater sensitivity toward adoptees and honesty about participants' underlying processes. PPT 08 said:

...those are confusing years for anybody no matter what's going on in their family. And then you add all the layers of being rejected and abandoned. And then you're in a new culture. And then the dynamics of her being the last adopted and yet... younger siblings...(spoke) better English.

PPT 02 shared:

...every child is unique, I mean if there is one thing I've learned from this, it's like, you can't just say, 'oh here are... biological... (siblings) and they are all going to respond the same or turn out the same, or relate the same' and so, it's been a process, and yet it's been fascinating really to just watch how uniquely and wonderfully made we each are in such detail by God, and, and even to see the how the world at large attempts, I think, to kind of smudge who we're created to be, when you see someone be restored to who they were created to be, it's a miracle, it's a miracle.

1.7. Personal and Parental Growth

All participants discussed the personal, spiritual, and parental growth they experienced during the process of raising internationally adopted adolescent(s), which many of them called a journey that takes time and process. PPT 03 shared:

Because you, if you are willing to allow something this big, to change you for the better, it will. But you've gotta be willing to allow it... I've become more humble, less prideful,

more open to 'I don't always have to be right', and you know, love wins.

In addition, PPT 06 said:

You have to, you have to achieve that though. You do. You have to achieve that. Maybe a year ago, maybe I would've been here crying, but today, I'm just, I'm healed from all that, it's just, it isn't an emotional thing. IT'S JUST IS.

1.8. Rewarding Experience

The majority of the participants shared their appreciation of the adoption experience and the relational bond established with their adopted adolescents. They also discussed the rewarding experiences and feelings of being blessed and lucky as adoptive parents to their adolescents. All of the participants stated that they would adopt again, with four of them saying this without being given a prompt by the researcher. PPT 01 said:

...it's really a positive experience, I love my daughters, I love having my daughters, and I hope our relationship will always be close, or as close as it can be, you know, I guess that's it... I feel like they have been one of the biggest blessings of my life, honestly, I can say that without any hesitation.

In response to a prompt by the researcher on whether the participant would do it over again, PPT 08 shared:

Yeah. Oh, gosh, in a HEARTBEAT! In a heartbeat. I mean, they have, THEY HAVE enriched our lives like nothing else... They're just really good neat girls. Our family loves them. I can't imagine life. When I look back and I think about how scared I was and the fact that I could've almost walked away, it just, it makes me tear up when I think about it. Cause I kind of think, I mean, where would they be? Where would we be? I mean our life would be empty.

1.9. Hope for Healing

In addition to hopes for spiritual development, establishing healthy relationships, and educational/career hopes and goals, participants discussed their hope for their adoptive adolescents' personal fulfillment, emotional healing, and life satisfaction. PPT 05 said, "...our goal, our wish for her is just to be a happy young adult moving successfully through life, to have self-satisfaction, to have a great faith life, and also to be personally just challenged and happy."

PT 07 shared:

...our hope is that he would always remember where he came from, but that he would rejoice in who he is now, that he can see that... He was angry, you know, so I think that would help him a lot in his future. Just, you know, "I've been there and done that, but this is who I am now."

PPT 09 said:

...we were able to get to the place that we are now, where we have a loving relationship, it's not perfect... but I think it is one of the few where she's actually been successful in her life, as far as if you look at the outside. I think it gives me hope that the inside now can be continued to work on and that she's continue to feel, you know, that she's a valuable, loving part of our family.

Superordinate Theme Two: Trauma.

All participants spoke about trauma, including their awareness of what causes trauma and challenges with navigating the trauma induced reactions of their adoptees. The research team identified three themes under *trauma: awareness of trauma influence, traumatic reactions, and trauma/attachment strategies.*

2.1. Awareness of Trauma Influence

Most participants spoke about their awareness of the influence of attachment disruptions and traumatic experiences that occur during early childhood and how these can impact the lives of their internationally adopted adolescents. They discussed the importance of having a thorough understanding of trauma and attachment mechanisms in children with background of abuse and neglect prior to adoption. This knowledge allowed them to differentiate between the normal developmental struggles of the adolescent and the trauma-caused reactions. PPT 05 said, “...being aware of the challenges that come with children who’ve had, you know, violent upbringings and other challenges in familial setting, or maybe no family setting, you know, those children are challenged.”

Similarly, PPT 02 shared:

...when children are, wounded, or denied nurture in the very elemental years of their lives, which would be what, the first 4 years, I guess. That the building blocks, that the rest of their emotional wellbeing is built on are now out of order, so everything starts to tumble and fall in, because the base is wrong... And, things like attachment then are out of order, because where’s the base of trust to build that on?

PPT 09 also noted:

You know, fear is a huge factor in understanding fear and how it comes across, is either fight or flight in an orphan is huge. And understanding that hers is fight, her, her mechanism, her coping with fear, and so helping her through understanding that it's fear, and then how can we, you know, help you get on top of this so that it's not controlling your life and your first response isn't, you know, (chuckle) so drastic.

2.2. Trauma Reactions

All participants discussed having to navigate the long-lasting impact of their adoptee's adverse and traumatic experiences in order to effectively assist them with growth and development. They spoke about various trauma reactions such as: Reactive Attachment Disorder and deficits in relationship building skills resulting from other attachment disruptions, difficulty with following rules and adhering to set boundaries, struggles around adapting to family structure and understanding family roles and dynamics, and difficulties with separation and individuation of the adopted adolescents.

PPT 02 shared,

...it was serious stuff, it was like, out the window in the middle of the night taking her little (sibling) with her with people she didn't really know, and we didn't even know that she was outta the house, you know, crawling out, it was crazy.

In addition, PPT 09 said:

...I was afraid, to be honest, at times, because she had a lot of anger (chuckles). She told me one day, if she could, if her mother was sitting in the room with her now, she would stab her until, till she died – that's how much anger was in her heart...I was the mother she could take her anger out on... So, you, you know, to be able to listen to that, and let it out, because it's obviously pain inside of her that she wanted to express...

Regarding attachment disruptions and their adopted adolescents' resulting lack of understanding of family roles, PPT 06 shared:

AA3 was a challenge, because she never knew what a Mom was, never knew what a Dad was. So, 'make my lunch!' 'Well, why am I making your lunch?' 'Because you're the mother, and you're supposed to...' And I go 'No, I make your lunch cause I'm the mother and I love you, so I'm gonna give you a gift of a lunch today' and we went through a lot

of that. A LOT of that, she just thought that I was her slave, and all the paid, all the people that were in her life that were adults, were paid employees. And they were paid to do these things... And so, she had to learn that relationship side of family. And it was very difficult, because she didn't understand.

Similarly, PPT 04 said, "But, I, who was I? I was just SOME LADY, you know. And he didn't never really bond with his own mother, so, there wasn't any kind of a connection."

2.3. Trauma/Attachment Strategies

All nine participants discussed various trauma informed strategies that they used in the process of assisting their adopted adolescents' growth. They perceived these as helpful in addressing trauma reactions, attachment disruptions, and the history of adverse experiences of the adolescents prior to adoption. In order to use these strategies, parents needed to distinguish between trauma reactions and normal developmental struggles of adolescents. One parent discussed distinguishing between normal developmental struggles, cultural characteristics, and trauma reactions prior to implementing any specific strategy. Most parents reported development of parent-child bonds and increased trauma recovery resulting from the use of these strategies and interventions. PPT 06 said:

...this (14-16) year old (AA), who is taller than I am, came in and she says, 'I've never been rocked before, could you rock me?' And so I did, and (AA) said, 'this feels so good!' And I said, 'I'm rocking you so someday you'll know how to rock your children'. And we bought (AA) a dog, so (AA) can rock her (dog), and to get some... (AA) has attachment disorder, and we're trying to ease it, you know. So that, she can have a relationship that's comfortable and have meaning to her.

PPT 04 shared:

...the tucking in at night was just like when I would tuck my kids in, only, it took longer... he would tell me his DREAMS, he would tell me his MEMORIES...about all the ABUSE, and he would just tell me things.. and I would say, “I WISH I had been there, I WISH I could be there to take care of you, I wish...”

In addition, PPT 02 shared:

Because a time-out to a child that’s been wounded, is another abandonment, so you give them a time-in... it’s weird, it’s counter-intuitive, because it seems like you’re rewarding them, but really... you’re stopping the inappropriate behavior and saying, ‘you need to come from there over here to be with me.’ And so, sometimes it meant reading a book, sometimes it meant cooking together, sometimes it meant just sitting together in alone, separate place.

Similarly, PPT 09 said, “I really wanted to understand how can I show love and bond with this hurt young soul... I would sometimes, if she would allow it, hug her, even when she was violent.”

For specific ideas, see Table 4.3. Summary of Specific Trauma/Attachment Strategies.

Table 4.3. List of Specific Trauma/Attachment Strategies Shared by Participants

Spending one on one time with adopted adolescent; Prioritizing relationship building with adopted adolescent over other tasks and goals; Assisting adolescents with processing traumatic memories and reactions; Expressing empathy and compassion toward adopted adolescent; Teaching adopted adolescent family roles and healthy coping skills; Providing adopted adolescent opportunities to make choices; Using time-in instead of time-out strategy with adopted adolescent; Implementing physical touch in interactions with adopted adolescent; Tucking adopted adolescent in at night; Rocking adopted adolescent; Taking a lower stance during episodes of traumatic reactions; Using physical holds and restrains to ensure safety; Safety planning involving authorities/family members to aid during potentially harmful events; Utilizing behavioral systems with adopted adolescent;

Establishing consistent routine for adopted adolescent;
Having predictable behavioral rules for adopted adolescent;
Providing opportunities to participate with additional activities:

- Sports/Martial arts
- Group activities/Youth groups/Sunday School classes
- Music/Playing an Instrument
- Dancing ballet
- Art/Painting

Superordinate Theme Three: Parental Strategies.

All participants spoke about strategies, tools, and resources they perceived as helpful in the process of raising internationally adopted adolescents. The research team identified 11 themes under *parental strategies* that were related to the participants' parenting actions: *communicating commitment, flexible boundaries, spiritual resources, adoption community network, family support, advanced training, assistance with education, cultural transition, behavioral strategies, reading resources, and hosting experience.*

3.1. Communicating Commitment

All nine parents spoke about the effectiveness of communicating their long-term commitment to their adopted adolescents, even in the face of significant challenges and misbehaviors. Participants felt that often, this communication of commitment became the turning point or a pivotal moment in the life of their adoptee and in recovery from trauma. PPT 07 said:

...he said, "but do you still love me...?" And I said, "I love you ALWAYS. I love you all the time..." And it was just, that was his 'AHAH moment' that you know, "No matter what I do, Mom is still gonna love me" but kind of underlying in that was, "No matter what I do, I can tell Mom what I did, and she's still gonna love me..." That was kind of a really really good lesson for him to learn cause he had NO IDEA what unconditional love was.

In addition, PPT 04 shared:

...this particular time, I had done all I could. He hurt me again and again. I ran into my room... and I was just sitting there weeping. And he finally, he, he gets so remorseful, after he calms down, he's SO genuinely sorry... And he comes in, and he says, "Mom, Mom, don't cry." And he picks me up, and he says, "Mom you should give up on me... maybe I'm just too, I'm just too bad, I just, I'll never be good, I'll never be right." And I looked him in the eyes, and I say, "I will NEVER give up on you... I will NEVER, you can go anywhere you want, I will NEVER give up on you."

Similarly, PPT 06 shared: "She was so sure that I would just throw her away, and I said, "NOoooo, this is FAMILY. This, even if, the you know, repercussions come against us, we're FAMILY." And boy, from that day on..."

3.2. Flexible Boundaries

All nine participants discussed the need to set boundaries and limits with their adopted adolescents, however, they also spoke about the importance of having flexibility with those boundaries. Participants adjusted their expectations/rules in the home and adapted their behavioral strategies to adoptees' individual needs and characteristics. The majority of the participants allowed their adult adoptees to come back to live with them for a set period of time or to continue living in the home past their 18th birthday. PPT 06 said:

...but I recognize that, that all... of them were different, and you just had to change as, as you started recognizing the need of every child. I think we did a fairly good change, job at changing, but sometimes it was with a real struggle. You know, when, when you had rules, that were just, you know, you felt they were in concrete, you might have to give a

little bit. And, and if it was to, if it was to BETTER the child, and/or to HELP the child, then you had to bend.

In addition, PPT 01 shared:

Exactly, having some healthy boundaries in place. That's why it's hard to have an adult living at home, adult child living at home, which is in our case is not ideal, and we know it, but it's just temporary, and it's what we feel needs to be done to help her get back on her feet.

3.3. Spiritual Resources

All nine participants discussed various spiritual resources they effectively utilized in the process of raising their adopted adolescents. These resources included personal and family prayer, having prayer partners, utilizing prayer counseling, consulting with pastors and elders of the church, and being involved with their church family. PPT 04 said:

...every time you know, whenever we hit any kind of a problem, I would just come up here, hit my knees, 'what do I do?' and the Lord would say, 'just love him', 'just love him'... But, 'just love him'. 'well, Lord, what does that look like, he just told me, he doesn't want anything to do with me, he doesn't want my "effing" life, he doesn't want my "effing" this and "effing" that and, and, (inaudible), you're not my mother, that kind of stuff... I'd say, 'Love him,, huh? What does that look like right now? What does that look like?' And He would say, 'Make him a hamburger'. And I'm like, basic... And so I would go downstairs and I would make him a hamburger. And he would go, 'what are you doing?' (mean tone) And I'd go, 'I'm making you a hamburger'. 'I don't want your effing hamburger!' 'Ok, you don't have to have it' (calm tone). So, he'd go in his room.

‘What do I do Lord?’ ‘Make the hamburger.’ So, I make the hamburger. ‘Sweetheart, I made it for you’.

In addition, PPT 01 shared:

...we actually went and talked to someone at our church, a pastor who had been a drug addict, and he said, you can’t treat them the way you would a child who’s had healthy attachment, you know, stuff, because , their wounds, they expect that, they want that, it just reinforces their worthlessness, so we just completely revamped how we thought and put the concentration more on love, on just love, accepting her as she was, but at the same time wanting her to want a better future, to do the work to get better future.

3.4. Adoption Community Network

All nine participants spoke about participation in an adoption community network with other parents who have adopted adolescents from overseas for emotional support, consultations, and maintaining cultural connections for their adopted adolescents. PPT 09 stated:

I would just have to reach out to a friend to, you know, “ok, this is the situation, what do I do? What are you doing in this situation?” It really was invaluable to have other friends going through it at the same time, and just someone else that understood. I mean, that’s really key is just having someone who really understands that you’re not making this up, that this stuff happens in your home.

In addition, PPT 05 shared:

I see other friends, who also adopted at the same time... So, we kinda all hung out together, socially and things, and the kids all knew each other, so that was a great way to, kinda, stay bonded with (foreign country name) and the people she knew as well as, you know, we got to know some wonderful families.

3.5. Family Support

All nine participants spoke about the importance of having family support in the process of raising their internationally adopted adolescents. There are three subthemes that research team identified under *family support: support from husband, support from adopted children, and support from biological children*. For example, one family came to consensus about adopting an adolescent with both parents, their biological child, and their adopted child, therefore, having a united front of supportive family members.

3.5.1. Support from Husband

The majority of the participants discussed the importance of maintaining a strong marital bond and shared their understanding of their partners' dynamics. They recognized ways in which each parent interacted with adoptees and the roles that they played in maintaining their family homeostasis. PPT 09 shared:

I would say the other issue is in navigating that is between my husband and I – it was very important that we stay united, because it was very easy for manipulation to occur, and, you know, this is how she survived – is by manipulating to her best advantage, so we had to continually talk and be on the same page about what was happening in the home. Especially since he was away and travelled some with his job, it was very important that we have an understanding and spend time alone to work that, make sure our relationship was stable and healthy. Because it was, it, you know, unhealthy people create unhealthy dynamics, and so you have to, you have to be strong in, in your relationships with your other family members, I think that's an important part of it.

In addition, PPT 05 said:

I think it's important. I mean, I, shoo, I think if it had been just me or just him, you know, I think that would've been MUCH more difficult to succeed. I don't even know if they let you do that, you know, adopt from (foreign country name) as a single parent. So, it was definitely team effort, we both had strengths, and I guess we both were able to use them well for our children.

3.5.2. Support from Adopted Children

Three participants spoke about the support and assistance they received from their previously adopted children and adolescents. In fact, at times, this support was provided even by international adolescents adopted by other families. PPT 06 said:

...she had to learn that relationship side of family. And it was very difficult, because she didn't understand, she'd watch AA1 very closely, she'd just stare at her, and she learned a lot from AA1. She talked to AA1 a lot. When she couldn't speak English, she talked a lot of (foreign language) to find out "What do I do? How do I act? These people have an expectation of me that I don't know how to meet".

In addition, PPT 03 stated:

AA1 helped. We, he has made me cry more than anybody, because he will just speak truth into my life, and he'll say, you know, I remember one time he said..., "MOM, we don't honor people because they're honorable, we honor people, because we are...."

AA1's been instrumental. And I think that piece has been good even though it's been hard for him sometimes, when to hear it. Cause sometimes it almost feels like judgmental, but he is trying to help, you know. And I have to remember that he's looking at it from a different angle.

PPT 04 shared:

I remember one time, I had to call (name of an adopted adolescent) over here, cause he was going crazy, I needed help and so (another adoptive parent) and (name of an adopted adolescent) came over, and (name of an adopted adolescent) calmed him down a little bit too. (Another adoptive parent) and I came up here and just prayed.

3.5.3. Support from Biological Children

Three participants spoke about the support they received from their biological children in assisting adopted adolescents with growth and development. PPT 05 said:

I mean she stuck with her (siblings) at school... and (biological child) and AA were in the same grade. So, even though AA's a year older, we put her back into the same grade so that she and (biological child) processed together, so that they would have each other... You know, that was part of the reason – so that they would always have each other for support.

In addition, PPT 07 shared:

And (biological son)'s sitting there, and you know, he's thinking in his head, and he goes, "well, Mom... I would LOVE to be the one that he comes to if anything happens to you...because we wouldn't want him to go somewhere out of the family, you know, how hard would THAT be?" And I was like, "well, I agree with you, but I didn't wanna put that on you, you know." And he said, you know, "my wife and I would LOVE to do that."

3.6. Advanced Training

Over half the participants spoke about advanced training that was helpful in providing necessary skills for raising internationally adopted adolescents. Advanced training included life coaching credentials, teaching experience, degrees in early childhood/elementary education,

taking child development and psychology classes, and foster care training. Training to become life coaches provided two participants with communication skills and concepts of interpersonal effectiveness that they implemented with their adopted adolescents (e.g. active listening skills and asking open-ended questions). Teaching experience allowed two participants to homeschool their children or effectively assist with their education in other ways. For example, PPT 07 said:

I sat him down that first day to do school with him. I'm, I was a retired teacher, so it was kind of a no brainer that, you know, we can get a lot done here if I home schooled him. We could not only do bonding as a family, but we could do, you know, we could do a LOT more with less time.

PPT 03 shared:

...my (training in life) coaching has helped in knowing how better to speak to them. How better to ask questions, to pull things out of them instead of just assuming, or you know, trying to think I know, like I said, what they're talking about, when really, I don't. And it gets them to talking.

3.7. Assistance with Education

All nine participants spoke about the various forms of educational assistance they provided to their adopted adolescents including: homeschooling for different periods of time, individual assistance with homework, hiring a tutor, teaching adopted adolescents independent living skills, looking for trade school, and advocating for the adoptees with school officials. PPT 05 shared, "... (husband name) worked with math, with her on math, I worked on English and history. And it was just a big community and family effort to raise her."

In addition, PPT 06 stated:

I had one teacher who expected AA1 to read English out loud in front of the classroom. And I went in and I said, “You read (foreign language native to AA1) to ME, and I’ll let her read the English to the classroom.” And he said, “I don’t know (foreign language native to AA1).” And I said, “She doesn’t know English.” So, my expectation, I had to fight the school systems, at least in (city name).

In regard to teaching independent living skills, PPT 07 said:

...actually show him how to, handle that, you know, handle home ownership. You know, so, his senior year of, of high school, he COMPLETELY ran the house, he paid for all, he paid ALL the bills. I mean it was with you know, with our checking account but he got online, he paid the electric bill, phone bill, all the bills, any repairs ah, that had to be made to the house. HE had to call the people – whether it be heating and air conditioning, or water or plumbing or whatever. So, he did, he did a really good job!... So, he did the whole year, he was graded on remembering between the first and the fifth – ‘oh, I have to sit down, and, and pay the bills,’ and you know, get them out of the mail, and all that and he did a very very good job.

3.8. Cultural Transition

All nine participants discussed various ways they assisted their adoptees with the cultural transition to living in the United States. Six participants learned the foreign language native to the adopted adolescent in order to communicate with them. Four participants encouraged and/or allowed continued contact with the AA’s biological families in their countries of origin.

In fact, five participants took their adopted adolescent back to the country of origin in order to help maintain the connection with their native culture or to provide opportunities for closure. In many instances, participants perceived these international trips to be helpful in the

process of raising their adolescents, however, in two instances, participants noted that return has caused traumatic reactions in adoptees. In addition, a few participants spoke of learning native traditional holidays, making traditional foods, and keeping cultural symbols and items in the home to honor the cultural roots of their adolescents. PPT 02 said:

...(husband name) and me and (foreign name), each of us would have a child on our laps and they would get to say to us everything that they were frustrated with. Cause you can imagine, I mean, we did everything different, the food was different, they didn't like it... And for us, we were trying to explain how you live in America vs. how they were used to living, and we couldn't, you know, it was like playing charades 24/7, you know... So, in that timeframe, they were able to express questions we had about their life and their background, and what had happened to them. And they were able to express their frustrations and also ask us things.

In addition, PPT 07 shared:

...I said, 'I don't want you to forget it, so what do we do?' And he said, 'ONE DAY, one day we speak (native AA language)'. And I said, 'ok. So, how about Saturday? On Saturday, we'll wake up and we won't speak any English, we'll just speak (native AA language)' and he said, 'Ok.' So that was our deal and that's what we did.

PPT 06 said:

...we even encouraged AA2 to call his grandfather, we, we were letting him call once a week. We gave his grandfather a cell phone. Because even though he couldn't keep up with the minutes, I'm sure, we, you can call there, and you can talk.

In contrast, one participant discussed her decision to discontinue participation with cultural heritage of her adopted adolescent, including speaking in his native language, due to her

spiritual conviction that her adoptee needed a new identity. She felt like his unhealthy behaviors were intertwined with his pre-adoption identity.

3.9. Behavioral Strategies

All nine participants spoke about utilizing various behavioral interventions and strategies in the home to include creating behavioral contracts, having a consistent routine, using positive reinforcement, and allowing natural consequences to be played out as a way to manage misbehavior. For example, PPT 07 said:

...the one thing that ALL of our children have enjoyed is having a routine. You do the same thing at the same time and it might be boring, but they sure do know what to expect: “you know, I'm gonna go to bed at this time, I'm going to, before bed, I'm going to read a book with Mom or Dad”, you know, just the same thing of having that routine... he REALLY enjoyed knowing, you know, just the enjoyment of knowing, that at this time I'm gonna do this, and this I'm gonna get up, and then I'm gonna make my bed, and then I'm gonna.. Just to have that constant routine every single day, and he lives by it now. I mean, he is (early 20-ies) and he, does not stray far at all from his routine cause it's comforting for him.

Regarding the use of positive reinforcement, PPT 04 said:

He gets discouraged because the difficulty with school, and feeling like he's a disappointment to me. I've been telling him that he is being responsible and faithful and trustworthy and respectful. That he's a good son and a blessing to me and (name of husband). I'm telling him that I am proud of how far he's come since coming here. He had so much more to overcome than the other kids.

3.10. Reading Resources

All nine participants spoke of how helpful they found various reading resources to be. These resources included books, articles, blogs, and other research materials related to raising adopted children, blending families, and parenting education in general. Two participants spoke about reading materials written by individuals who grew up as orphans or as adopted children, which allowed participants to begin to see world from the perspective of their adopted adolescent. PPT 08 said, “I was always reading about different things that, you know, different issues with kids, so I was, I was prepared for. I was prepared.” Similarly, PPT 02 shared, “if I were talking to someone who wanted to adopt, I would say: ‘READ, READ, READ.’”

Similarly, PPT 06 shared:

...there was an article written by a young girl who was adopted, and she put everything into perspective for my daughter AA3... And by reading her article, I think my eyes were really, really open to all (number) of the kids and where they are...

The majority of the participants identified specific reading resources to be helpful in the process of assisting their adopted adolescents with growth and development (See Table 4.4 for Reading Recommendations).

Table 4.4. Reading Recommendations

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| <ol style="list-style-type: none"> 1. Wounded Children Healing Homes by Betsy Smalley, Jayne Schooler, Timothy Callahan 2. Parenting the Hurt Child by Gregory Keck, Regina Kupecky 3. Adopting the Hurt Child by Gregory Keck, Regina Kupecky 4. Infinitely More by Alex Krutov 5. The Connected Child by David Cross, Karyn Purvis, Wendy Sunshine 6. The Body Keeps the Score by Bessel van der Kolk 7. Twenty Things Adopted Kids Wish Their Adoptive Parents Knew by Sherrie Eldridge 8. The Smart Stepfamily by Ron Deal 9. The Art of Sensitive Parenting by Katharine Kersey 10. Keep your Love on by Danny Silk 11. Loving our Kids on Purpose by Danny Silk 12. The Five Love Languages by Gary Chapman 13. Sherrie Eldridge Blog |
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3.11. Hosting Experience

Four of the participants shared about their experience of hosting their adolescents prior to adoption via various international projects and trips or getting to know the adolescent while they were being hosted by someone else in the United States. The experience of prior knowledge of the adolescent inspired feelings of love toward them, motivated participants to adopt these adolescents, and prepared them for the process of assisting with growth and development. PPT 03 shared, “I knew he was a big package, kind of, when I hosted him, and so I always thought well, ‘I knew that and fell in love with him anyway.’” In addition, PPT 04 stated:

He came downstairs and I was sitting there, and he walks in the door, and I took one look at him, and my HEART LITERALLY, ripped out of my chest, ran across the room, and jumped into him. And I went, “oh CRAP, just, what just happened?”

PPT 05 said:

...she loved having AA and friend from the orphanage in our home. It was during that one week visit that my husband was basically struck with a lightning bolt from God that “this is your daughter,” and then, he shared that with me.

Superordinate Theme Four: Parental Challenges.

All participants spoke about challenges involved in raising international adoptees and how navigating these difficulties influenced the process of assisting their adopted adolescent(s) with growth and development. The research team identified 9 themes under *parental challenges* that were related to the experience of raising internationally adopted adolescents: *problematic expectations of parents, problematic expectations of adoptees, painful experiences, prior family trauma, language barrier, lack of support, self-examination, overgifting, and disclosure dissonance.*

4.1. Problematic Expectations of Parents

The majority of the participants discussed various unrealistic and problematic expectations that they experienced in the process of raising their internationally adopted adolescents. For example, PPT 02 said, “The disconnect with parents is they don’t know that’s what they’re gonna be like. They have no idea really of what they’re in for.” Under the theme of *problematic expectations of parents*, the research team identified four subthemes of *expectation of gratitude*, *expectation of family —blending*, *expectation of appropriate developmental level*, and *expectation of time/effort*.

4.1.1. Expectation of Gratitude

Four participants discussed some parents having the problematic expectation of gratitude from the adopted adolescent. PPT 03 said:

Everybody thinks, ‘as an adult we’re looking at, oh! we know what their life’s gonna look like, oh! they’re going to be this, oh! you rescued them, oh! they must be so grateful.’ Well, as an adult maybe they would be, but as a child, they did not really even understand the full measure of what they were going into if they weren’t adopted.

Similarly, PPT 02 shared:

People think they’re getting a child who’s going to be grateful for everything that’s given to them, who’s going to understand the magnitude of this new life and the new beginning that they have, who is going to appreciate their love and their investment, and who’s going to, out of that appreciation, function as the parent would like them to. I mean, YOU’RE GETTING A GROWN-UP! I mean, somebody who’s a couple of years away from being considered an adult in the United States.

4.1.2. Expectation of Family Blending

A few participants discussed the problematic expectation of their family easily blending and adapting to the new structure and circumstances. PPT 09 said:

...you kind of hope that... the kind of enjoyment with the family that we were able to have at the beginning, we would continue to have throughout the, you know, the adoption process... So, I guess that was one of our expectations that we just keep going right away, attaching and becoming this happy family that we felt like we were able to experience in the beginning, so that's kind of our expectation was that she would mold right into the family, just like we saw for the week that we had her here.

In addition, PPT 02 shared,

I was so insensitive to my existing (number) kids, cause I felt like they'd all been raised with so much love and presence and everything they'd ever needed or wanted, we tried to supply for them. And I just assumed they would have grace for the - and it wasn't like that at all, it was 'this is our Mom and Dad and who are you...? And you're coming in here, and you're taking all their time, and now we're over here, what happened to our family?' you know... So, it was quite, it was quite a challenge.

4.1.3. Expectation of Appropriate Developmental Level

Two participants spoke about the problematic expectation that their adopted adolescent's developmental level will match their chronological age. PPT 08 shared:

...when we first brought AA home, she saw all the stuff that the girls had, the younger girls, and it never occurred to me that she would want anything like a baby doll. And we had her room fixed kinda, sorta teenage, you know, cute kind of, but I didn't really have, because I'm thinking she is (14-16 age group), she's probably not going to be.. But she said to me within a day or two, "Mama, how come I don't have a baby doll?"

In addition, PPT 07 shared

...all of those things that you would assume they would know, they don't know. We had to teach him how to wipe himself in the bathroom with toilet paper and then what to do with it, you know, you can flush it down the toilet in America. So many of the little boys in (AA home country) are not circumcised, and you know, just how to take care of all of that. You know, I mean, it's just things that you think that they would know, they do not know. I, I, one thing is not take anything for granted that they know it. Just tell it to them, tell them how you do it, you know, because just assume they know nothing. Even at (14-16 age group), he knew nothing.

4.1.4. Expectation of Time/Effort

Eight of the nine participants discussed the incorrect expectation of the amount of time and effort that raising an adopted adolescent would require of them. PPT 01 said:

I would tell other people to not underestimate the time and attention that these children are gonna need, cause they're gonna need a lot... I mean, to be the best parent you can be, if that's your objective, there's gonna be a lot of time and attention.

Similarly, PPT 02 shared, "... you need to understand more than you think you do, you need to empathize more than you imagine you could, you need to be steadfast in standing for them."

In contrast, PPT 08 discussed opposite expectations of the adoption. She stated:

I'm probably the opposite of, of a lot of, of people, a lot of adoptive parents that I've talked to, where many of them are all excited and just kind of like, "oh this is gonna be wonderful!" I'm kind of the opposite, "oh, this is gonna be terrible!" and then I'm (chuckles) pleasantly surprised... I was always reading about different things that, you know, different issues with kids, so I was, I was prepared for, I was prepared. And

honestly, that's the truth as far as all of the (adopted children and adolescents) were concerned. I was truly expecting the worst, I really was. And the (adopted adolescents) did so beautifully. They really did... I mean, yeah, they did SO MUCH better, they were all. I mean they were good kids.

4.2. Problematic Expectations of Adoptees

A few participants discussed their experience of the various problematic expectations their adopted adolescents had. These included their adoptees' expectations about parenting, living in a family, and being abandoned again. PPT 06 said, "She'd thought FOR SURE, if I ever found out, that I'd send her back to (name of country of origin). And, and so she came to me to tell me, and she already had her bags packed and everything."

Similarly, PPT 08 shared,

...they have this unrealistic idea of, which a lot of the kids do, they think they're gonna come over and you just gonna buy, you're gonna give them cell phones, you're gonna give/buy them lots of things, and it's gonna be all about buying them things... And of course they have a big shock when they get over, because they, 'oh! there's like, I have curfews, and I can't just get around, you have to drive me places' and all of the things, the culture shock that the kid run into when they, they come to an area like this.

4.3. Painful Experiences

The majority of the participants discussed painful experiences and heartbreak that they experienced in the process of adopting an adolescent and later assisting adoptees with growth and development. Often, they had to respond to mistreatment from adolescents. Two participants also spoke about painful experiences that adoptees had upon arrival that parents had to navigate in order to raise them (e.g. bullying and sexual harassment). PPT 01 said:

The worst for me was, she didn't talk to us for (number) months, and I never thought I'd have a child that wouldn't talk to me, it was just heartbreaking!... And we had to go through a grieving process, in the beginning, and at the end also, and just prayed, and thankfully, she called. We were able to start to re-establish our relationship.

PPT 06 also shared:

But I realized that I had to let go of him, and that was heartbreaking. At the time, it was heartbreaking, because he wasn't ready to be let go. But I had to just open up my hands and say, 'go.'

PPT 06 also shared:

...fear came to fruition with AA3. One of her school teachers left the classroom, and it was a nightmare. In one of her classes, I had to call the school and say, 'don't you EVER do that to her again!' But people had started touching... it was really sexual harassment.

4.4. Prior Family Trauma

Over half of the participants spoke about prior family trauma, including their personal losses, deaths in the family, and other traumatic experiences. PPT 09 said:

I've had my own trauma, in my own life and was able to know. I've worked through it a lot over the years, and able to really gain healing, through counseling and through the power of God. So, I understand a hurt heart, and when you understand it, you know what works to bring light and love into it.

4.5. Language Barrier

All nine participants discussed language barrier as a major challenge that they needed to navigate in the process of raising their adoptees. PPT 02 said, "...language barrier was a HUGE THING for us for quite a while, really." PPT 06 shared:

We did have the language barrier, like when, when AA1 was adopted, she was the only one in the house who spoke (foreign language), so really pushed her to speak English, a lot faster. And she was, she was an animated person, so she would act out things, you know. She was really good about that. But once her brother came, she started acting like the parent, because she could speak (foreign language)... So, every once in a while, he'd run off crying, so I'd say, 'what's going on?' And they'd go, 'nothing.' So, I finally had to set up rules, that 'no (foreign language) in the house whatsoever, NONE.'

4.6. Lack of Support

The majority of the participants discussed various experiences of lacking support in the process of raising their internationally adopted adolescents. Under the theme of *lack of support*, the research team identified two subthemes of *public school system* and *husband*.

4.6.1. Public School System

The majority of the participants discussed their disappointment with the lack of support and resources provided by the public-school system, which resulted in them homeschooling their adoptees or transferring them to private schools. PPT 07 said:

I was SO DISCOURAGED when I went in and talked to the guidance counselor and I said, you know, we had already had AA here. And I said, 'this is AA, and you know, he doesn't speak English very well, but he's really eager to learn.' And she said, 'well, how can, how can we help you?' And I was like, 'well, you know, we, we know we want an ESL class, and we know, you know, we just kinda like to mainstream him and see, see how it goes' you know, not to be scared for him or whatever. And she like CAME ACROSS THE TABLE at me and said, "You don't (inaudible) expect him to ever GRADUATE, do you?" (Pause) And I was, I was SHOCKED. And I was like, "Of

course I do.” And she said, “Well” and kinda sat back in her chair and said, “this is what we can offer him – an art class, study hall, then he’ll take the bus and he’ll go to the ESL class, and then, he’ll come back and have P.E. and another study hall.” And I was like, “well, what about an English class or a math class or, he would LOVE a science class?” And she goes, “Nah” (disgusted face) “he wouldn’t qualify to get into that.” And I was like, I was SO hurt, cause I thought, you know, here’s, you know, I was like, “ok, that just sealed the deal right there,” you know, “I’m just gonna homeschool you and we’ll just dig into everything.”

PPT 06 also shared:

I thought the American school system was more equipped... You know, if I had realized, if I had better opportunity to realize that they aren’t. They’re not equipped to handle bilingual, at all. They have ESL, but my second adoption, AA2, they didn’t offer ESL unless they pulled them out of other classes. The expectation of the classrooms were, were too high up, I had one teacher who expected AA1 to read English out loud in front of the classroom.

In contrast to most participants’ experiences, one participant had a different perception of the public-school system. PPT 09 said:

...we were fortunately were able to get her into a school situation where there was a (native to AA’s culture) student she was paired with that spoke fluent (foreign language native to AA)... Her first year in the states, so really was a great opportunity. And she had a wonderful ESL teacher who also worked well with her... I considered a gift to have that kind of support. Her guidance counselor was (international)... so she understood second language, ESL concerns. Her Spanish teacher spoke fluent (foreign language

native to AA) and was a (foreign language native to AA) major. So, we had just a wonderful gift of community that kind of helped us with educational needs.

4.6.2. Husband

Two participants discussed the lack of support they experienced from their partners/husbands in the process of raising their adoptees. One family indicated that one partner was enthusiastically supportive of adoption and the other did not support the adoption choice.

Another participant, PPT 02 shared:

...we've always been committed to hang in there together, but I think there would've been times when, as a counselor at (location) later had said to my husband (clears throat), so, cause I was the one sharing what had gone on. And she said, 'so what's your role in all of this?' and he said, 'well, I, you know, because the girls had such a bad father image in their lives, I don't really want to be like that'. And she said, 'so you let her take all the heat for that...' And I think we would have shouldered this together in a different way if somebody had guided us through, you know, in some ways we're together in our heart, and we're together in our commitment, but we're responding differently to the circumstances.

In addition, one participant in the study noted that adoption agency which the family sought services did not provide the support needed to prepare parents for parenting an internationally adopted adolescent.

4.7. Self-Examination

All participants discussed times when they were engaged in various forms of self-examination. They often experienced unhelpful self-doubt, fleeting thoughts of regret, questioned their parental choices, reached moments of uncertainty, became emotionally

overwhelmed, and wanted to give up. At times, they experienced self-examination as a helpful process resulting in taking ownership for their role in the dysfunctional patterns and adjustment of their parenting approach. For example, PPT 03 shared, “I do believe they’re both supposed to be here, but it was REALLY HARD not to get sucked into the feeling of ‘maybe you shouldn’t have adopted AA3’ because they’re not good together. They’re really NOT good together.” Similarly, PPT 01 shared, “I just never EVER expected that to happen, and was questioning myself, ‘what could I have done differently?’ you know, the whole time.” Further, PPT 02 said, “...it was very intense. Like, we sometimes felt lost, like we didn’t know how to do what we were doing.” Additionally, PPT 03 shared, “...it’s such a great question to ask yourself all the time. You know, ‘are you, yes, he has problems, but are you making more problems, or are you trying to help with the solution?’”

4.8. Overgifting

Two participants discussed the mistake of giving the adopted adolescent multiple items in hopes of helping them heal from their past negative experiences. It is their perception that this activity causes adolescents' sense of entitlement and misplaced bonding. For example, PPT 07 said,

Many of the parents that we know that have adopted have tried to "correct" the child's past. They give the child everything that they lacked as an orphan. The child becomes so overwhelmed and if this behavior of the parents continues the child begins to feel entitled to all these things. Parents need to know that the past is gone. There is no way to correct it except to start today and make the child's life better. Not by gifts or things but by loving the child.

In addition, PPT 09 shared:

...we probably provided things faster than we should have. I realize now that things, trying to make things equal didn't necessarily give her um, a great gift, because she, you know, wanted to bond with the things instead of us, but um, continually working on what's important in life – is being loved unconditionally.

4.9. Disclosure Dissonance

Two participants discussed their disclosure dissonance regarding sharing with others the challenges that may be experienced during the course of raising an internationally adopted adolescent. While affirming that they would repeat adoption over again if they had a chance, they were glad that they did not know the extent of the struggle awaiting them. Therefore, they were hesitant to disclose this information to others considering international adoption. PPT 03 said:

I had mixed emotions about making that public at one point, just because I didn't want to detour others from adoption... But yet, you don't want to not reveal the truth, you know, my thing was in protection of the kids, I wanted to get them adopted.

In addition, PPT 02 shared:

I'm SO glad I didn't understand the magnitude of it, I would've run the other way, in a heartbeat... Because I wouldn't have believed that it was possible to do it. And it wouldn't have been, as I said, if God hadn't shown up... I do enjoy my kids, I mean, they, they are a blessing to me, BUT... there are A LOT of downers in the process. And boy, if I were talking to someone who wanted to adopt, I would say: "READ, READ, READ. Talk to other people." But at the same time, Marina, that I'm saying that, IF I had done that, I might have been scared out of doing it. And so, I don't want to scare somebody out of doing that.

Superordinate Theme Five: Experiences with Therapy.

The majority of the participants discussed various forms of therapy they experienced with various levels of effectiveness. Participants identified individual counseling, family counseling, Biblical counseling, substance abuse counseling, recovery support groups, and residential treatment programs that they utilized for their adolescents and/or themselves. The research team identified two themes under *experiences with therapy* that they had while assisting their adopted adolescents with growth and development: *benefits of therapy* and *barriers to therapy*.

5.1. Benefits of Therapy

A few participants discussed the effectiveness of various therapeutic services that their adolescents received, including residential treatment, healing prayer counseling, services of a psychologist, Biblical counseling, and recovery support groups. For example, regarding participation with Biblical counseling, PPT 09 stated:

...I think that was probably the most helpful of the three things we attempted. And she still has all the materials that I bought for her for that, and I think that, that's kind of was the last thing we did to try and get her emotional help and support.

5.2. Barriers to Therapy

Four participants expressed that counseling was often ineffective, especially, when the adoptee was not ready to address prior trauma or when the counselor was not well equipped to address concerns related to international adoptions. Despite this disappointment with services, five participants spoke of their openness to receiving counseling services. A few parents also voiced their regrets regarding the lack of bi-lingual counseling professionals who would be able to speak with the adolescent in their native language and assist with working through trauma.

For example, PPT 01 said:

...my husband and I both talked about this question, cause we went over the questions the other day that you sent, and um, we both think that as soon as the girls' English was good enough we probably would have had them with a good trauma therapist to try to work this out.

In addition, PPT 06 shared:

...when we got all done, I said, 'do you think that was ANY help, WHATSOEVER?' She looked at me, and she goes, "I didn't understand half of what they were talking about"... And I thought, "Waste, just a waste." And I've talked with her since, and she said, 'That was a waste, it was just a waste.' And that's the, that's the challenge, even with my son, I would have loved to get help, but how do you get help, when nobody speaks (foreign language native to AA)?

Similarly, PPT 03 stated:

...I didn't really want to go to just any counselor. Because I just felt like, they have no idea what I am dealing with. And I don't know that... I don't know if they have the resources I need.

List of Themes and Subthemes

1. Parental Beliefs

- 1.1. Love of God
- 1.2. Calling from God
- 1.3. Making a difference
- 1.4. Strong Commitment
- 1.5. Detachment of Identity
- 1.6. Parental Insight
- 1.7. Personal and Parental Growth
- 1.8. Rewarding Experience
- 1.9. Hopes for Healing

2. Trauma

- 2.1. Awareness of Trauma Influence
- 2.2. Trauma Reactions
- 2.3. Trauma/Attachment Strategies

3. Parental Strategies

- 3.1. Communicating Commitment
- 3.2. Flexible Boundaries
- 3.3. Spiritual Resources
- 3.4. Adoption Community Network
- 3.5. Family Support
 - 3.5.1. Support from Husband
 - 3.5.2. Support from Adopted Children
 - 3.5.3. Support from Biological Children
- 3.6. Advanced Training
- 3.7. Assistance with Education
- 3.8. Cultural Transition
- 3.9. Behavioral Strategies
- 3.10. Reading Resources
- 3.11. Hosting Experience

4. Parental Challenges

- 4.1. Problematic Expectations of Parents
 - 4.1.1. Expectation of Gratitude
 - 4.1.2. Expectation of Family Blending
 - 4.1.3. Expectation of Appropriate Developmental Level
 - 4.1.4. Expectation of Time/Effort
- 4.2. Problematic Expectations of Adoptees
- 4.3. Painful Experiences
- 4.4. Prior Family Trauma
- 4.5. Language Barrier
- 4.6. Lack of Support

4.6.1. Public School System

4.6.2. Husband

4.7. Self-Examination

4.8. Overgifting

4.9. Disclosure Dissonance

5. Experiences with Therapy

5.1. Benefits of Therapy

5.2. Barriers to Therapy

Summary

The nine participants interviewed in this study shared a range of experiences and insights with their international adoption of adolescents. The research team identified five superordinate themes of *parental beliefs, trauma, parental strategies, parental challenges, and experiences with therapy*. Finally, they categorized several themes and subthemes that further elucidated the specific meaning of the participants' experiences.

CHAPTER V

Discussion

The purpose of this phenomenological qualitative study was to explore parents' lived experiences of raising their internationally adopted adolescents. While recommendations and strategies exist in the social work, adoption/foster care, and pediatrics literature for professionals and parents who are involved with international adoption, empirically supported studies within the field of counseling on the perspectives of adoptive parents of older children were not found (Ruggiero & Johnson, 2009; Schwarzwald et al., 2015; Tirella et al., 2012; Linville & Lyness, 2007; Narad & Mason, 2004). This study may add to the body of existing research by providing recommendations for counseling professionals, counselor educators, adoptive parents, and community organizations regarding practices utilized with these families. This chapter will provide an overview of implications of this study's findings for each of these groups involved with adopted adolescents.

This research study was guided by the following main research question: What are the lived experiences of parents of international adolescent adoptees as they assist with their adopted children's growth and development? In addition, three research sub-questions further guided this inquiry:

1. What attitudes, beliefs, and values do adoptive parents perceive as helpful in the process of assisting their adolescent with growth and development?
2. What strategies, actions, tools, and resources do parents perceive as helpful in the process of assisting their adolescent with growth and development?

3. How has parental navigation of the challenges involved in raising international adolescent adoptees influenced the process of assisting their adolescent with growth and development?

Participants who had personal experience with parenting one or more international adolescent(s) adopted at age 10 or older and raising these adolescents for at least two years following such adoption were selected via a snowball sampling method. The primary researcher conducted interviews with nine adoptive mothers asking them questions regarding their experience of raising their internationally adopted adolescents. The research team analyzed the data collected during interviews, email prompts, and the member checking process. During data analysis process, the following five superordinate themes were constructed: *parental beliefs*, *trauma*, *parental strategies*, *parental challenges*, and *experiences with therapy*.

Parental Beliefs

Previous studies noted religion as a factor in family resiliency, health, and outcomes. For example, Erich and Leung (1998) identified family characteristics that contribute to family functioning and concluded that higher involvement of adoptive mothers in religious activities was positively correlated with higher levels of family health. Similarly, Linville and Lyness (2007) stated that participants in their phenomenological study credited their family's resiliency and ability to adapt and deal with raising an adopted special-needs child to their strong religious faith. However, Tirella et al. (2012) did not mention spirituality in their exploration of parent strategies for addressing the needs of adopted children. In addition, Salmi (2009) noted that one of his study's participants – an adoptee, who was a young adult at the time of the research – expressed his view that some parents are too zealous about their religion, which at times creates negative outcomes for adoptees.

Several themes in the current study reflected the participants' beliefs as Christians (i.e., *love of God, calling from God, and spiritual resources*). All nine participants found motivation and strength to endure challenges from their Christian worldview and the concept of God's love which they had experienced in their personal lives. All regarded faith involvement as instrumental in creating a positive adoption experience. This may be due to the strong faith of every participant involved in the current study, as participants were likely to share their faith beliefs without prompts. Participants of Tirella et al. (2012) study were not asked about their spiritual/religious affiliation, therefore, this aspect of their demographics and cultural identity was not explored. In addition, the current study did not explore the experiences of the adolescents, specifically with regards to their adopted parents' faith beliefs and expressions, which the Salmi study addressed (2009).

The participants in this study also spoke about their long-term commitment to the decision they made to adopt their adolescent. This is in line with the findings of Wright and Flynn (2006), who concluded that commitment to a permanent relationship was a part of their participants' family unity. In fact, these parents identified this commitment as the main reason that the adoption(s) did not fail, even in the face of significant challenges. Therefore, findings of the current study regarding commitment to a successful international adoption appear to be congruent with Wright and Flynn's research on domestic adolescent adoption.

Further, all participants in the current study discussed the personal, spiritual, and parental growth experienced during the process of raising internationally adopted adolescent(s). Many of them discussed this growth in terms of a journey that takes time and involves change and adjustment of their attitudes and actions. Similar to this finding, Younes and Klein (2014)'s participants described their experiences of international adoption of younger children in terms of

a “life-changing journey that unfolds when adoptive parents transcend national borders and cultures to form a family” (p. 80). So, the results of the current study regarding parents’ growth experiences seem to echo Younes and Klein’s research with younger international adoptees.

In addition, the majority of the participants in the current study shared their appreciation of the adoption experience and the relational bond established with their adopted adolescents. They also discussed the rewarding experiences and feelings of being blessed and lucky as adoptive parents to their adolescents. It is worth noting, that all of the participants stated that they would adopt again, with four of them saying this without a prompt from the researcher. This finding is congruent with Younes and Klein’s (2014) report of adoptive parents expressing their willingness to adopt internationally again and recommending others to participate with this phenomenon of adoption. Similarly, Wright and Flynn (2006) concluded that domestic adolescent adoption can be a very positive experience for adoptive parents and adolescents. In contrast to this positive view presented in literature and supported by the current study’s findings, other research explored issues involved with international adoption and associated adoption failures (Murphy, 2009; Verbovaya, 2016). In terms of challenges, Verbovaya (2016) discussed the significant changes experienced by adoptive families, including the financial demands of international adoption, resulting shifts in the family dynamics, cultural transition issues of the adoptees, and other factors. In addition, while discussing ways to treat disordered attachment in international adoptees, Murphy (2009) stated that “disordered attachment can have devastating consequences” (p. 210). She provided examples of international adoptees being relinquished into state foster care systems or other families’ long-term struggles of caring for an international adoptee with attachment issues (Murphy, 2009).

Seemingly unique to the current study is the finding regarding parental detachment from the emotional, behavioral, educational, relational and other outcomes of the adoptee. Six of the nine study participants held the belief that parents are responsible for the process and not the outcome of adoption experience and felt that the adopted adolescents are responsible for their own choices and, therefore, encouraged their self-differentiation. This finding seems to be partially supported in literature. While a third of Linville and Lyness' (2007) participants discussed parents encouraging their adoptees to develop their own sense of self, this current study adds detachment of parental identity from the outcome of adoption. Also congruent with the current study, Hughes (1999) recommended that parents learn effective emotional regulation skills when raising children with disrupted attachment in order to not take child's behaviors personally. Participants in the current study also discussed the importance of parents not seeking the fulfillment of their own emotional needs through their adoptees. This belief allowed them to stay emotionally disengaged during conflicts with adolescents and respond appropriately to mistreatment by the adoptees.

Parental Strategies

All of the participants in the current study discussed various trauma informed strategies that they used in the process of assisting their adopted adolescents. These strategies were perceived as helpful in addressing trauma reactions, attachment disruptions, and the history of adverse experiences of adolescents prior to adoption. To use these strategies, parents needed to distinguish between trauma reactions and normal developmental struggles of adolescents. Trauma/attachment strategies included: parents spending one on one time with adopted adolescents, prioritizing relationship building over other tasks and goals, assisting adolescents with processing traumatic memories and reactions, expressing empathy and compassion,

teaching family roles and healthy coping skills, providing opportunities to make choices, using time-in instead of time-out strategy, implementing physical touch, tucking adolescents in at night, rocking adolescents, and taking a physically lower stance during episodes of traumatic reactions. At times, the strategies also included using physical holds and restraints and safety planning involving authorities or family members to assist during potentially harmful situations.

These findings are in line with previous research which indicated the importance of parents recognizing ways to establish secure attachment with their adoptees (Narad & Mason, 2004; Tirella et al., 2012). Linville and Lyness (2007) noted that their participants attempted to comfort their children regarding their early adverse experiences by use of empathy, although their study did not include the use of term *trauma*. Further, Hughes (1999) provided recommendations for parents to assist with developing secure attachment in children who exhibit attachment difficulties. He stated that keeping the child in close physical proximity to parents and implementing flexible boundaries in the form of logical/natural consequences while expressing empathy and acceptance was an effective parental intervention. In line with the current study's results identifying the helpfulness of a time-in strategy, Hughes (1999) stated that "the best response to constant misbehavior is to give the child the opportunity to be physically close to his parents once again" (p. 554).

The concepts of implementing flexible boundaries and communicating commitment to adopted adolescents, two themes identified under parental strategies in the current study, were also supported by Linville and Lyness (2007), who discussed their participants balancing between provision of consistency and structure in the home and at the same time reinforcing the love and acceptance for their adopted younger children. Similarly, Lester et al. (2015) spoke

about all parents establishing, communicating, and reinforcing boundaries with their children and giving attention to time spent together as a family as an effective parenting strategy.

Further, in line with the finding related to the expression of empathy and compassion toward the adopted adolescent in the current study, the findings of Beato, Pereira, and Barros (2017) indicate that providing emotional support in the form of verbal and behavioral expressions of empathy and affection was helpful in regulating child's anxiety in families parenting children with anxiety disorders. Beato et al. (2017) encouraged the child to express emotions and thoughts and also suggested that the parents use positive reinforcement and physical touch to help the children develop coping skills. This appears to parallel the current study's strategies of parents helping adopted adolescents process feelings related to past experiences, implementing physical touch, and using positive reinforcement strategies.

All participants in the current study spoke about the importance of having family support in the process of raising their internationally adopted adolescents. They discussed that support from their husbands, support from adopted children, and support from biological children were all helpful in the process of raising internationally adopted adolescents. At the same time, two participants within the sample discussed their regret about the lack of support they experienced from their husbands, although they also believed in the value of such support. This is in line with previous findings of Wright and Flynn (2006) who indicated that adolescent adoption is a partnership which requires the support of all individuals involved in the process. Similarly, Tirella et al. (2012) emphasized the need for parents to share the responsibilities for child rearing in order to provide necessary breaks for one another.

In addition to having the support from family members, all participants in the current study spoke about the benefit of being a part of a community network with other parents who

have adopted adolescents from overseas for emotional support, consultations, and maintaining cultural connections for their adopted adolescents. This finding supports previous studies as parents and professionals frequently recommended participation with support groups and networks as a helpful strategy (Linville & Lyness, 2007; Younes & Klein, 2014). Similarly, Welsh, Viana, Petrill, and Mathias (2007) discussed various web-based parental support networks and groups available to provide parents with resources to navigate adoption challenges. However, Linville and Lyness' (2007) study participants were disappointed after participation with support groups via chat rooms due to the lack of acceptance of the severe issues their children presented. Other participants in the Linville and Lyness' (2007) study expressed their desire for a local, face to face support group for parents. It is worth noting that a number of adoptees in the current study lived in the same communities, both in their native countries and upon arrival to the United States. In fact, majority of them had maintained friendships with others who resided in the same institutions in Eastern Europe prior to adoption. In addition, there appeared to be an overlap in participants' experiences with sharing similar beliefs and church affiliations. This created a unique opportunity for the development of parental adoption community networks that maintained these connections for the adoptees and their parents.

All of the current study's participants also discussed additional various ways they assisted their adoptees with cultural transition and adaptation to living in the United States. Six participants learned the foreign language native to the adopted adolescents in order to communicate with them. Four participants encouraged and/or allowed continued contact with biological families in the countries of origin. In fact, five participants took their adopted adolescent back to the country of origin in order to help maintain the connection with their native culture or to provide opportunities for closure. In many instances, participants perceived these

international trips to be helpful in the process of raising their adolescents. However, in two instances, participants noted that the return to the adolescents' native country caused traumatic reactions in adoptees. In addition, approximately half of the participants spoke of learning native traditional holidays, making traditional foods, and keeping cultural symbols and items in the home to honor the cultural roots of their adolescents. Research literature appears to be mixed on the topic of cultural transition and ethnic socialization of international adoptees.

First, connection with the country of origin of the adopted child was explored by Linville and Lyness (2007), who stated that their participants seemed confused in regard to the ways of integrating their children's culture in their current lives. In fact, some of their participants did not think it was a necessary aspect of child's adaptation to life in the United States. In comparison with the current study, while one participant discontinued maintaining her adoptee's connection with the native culture, the other eight were confident about the benefit of such connection. According to Harf et al. (2015), there is a range of choices that families make regarding maintaining cultural connections with their adopted child's culture of origin from maintaining no connection at all to actively engaging with the child's culture.

On the other hand, there is research available that strongly encouraged the practice of cultural socialization of adopted children (Baden et al., 2013; Smith et al., 2011; Vonk et al., 2010). The various ways families provided opportunities for cultural socialization included participation with cultural holidays, preparing native foods, having family friends who share in the child's ethnic background, reading books to children about their culture of origin, choosing multicultural entertainment that reflects child's ethnicity or race, and living in diverse neighborhoods (Vonk et al., 2010). According to Jacobson (2008), ethnic socialization and development of a healthy self-esteem in international adoptees are related. She discussed cultural

socialization in terms of acknowledgement and celebration of the racial and ethnic identity of the adoptee as well as making positive connections to the native culture in order to foster healthy cultural identity development (Jacobson, 2008). Therefore, the results of the current study seem to add evidence supporting the value of maintaining cultural connections to the adoptees' countries of origin.

In addition to assisting adoptees with cultural transition, all participants in the current study spoke about the importance of treating each adoptee as an individual and being mindful of their developmental levels. While flexibility based on individual needs is important, the participants also stressed utilizing various behavioral interventions and strategies including: creating behavioral contracts, having a consistent routine, using positive reinforcement, and allowing natural consequences to be played out as a way to manage misbehavior.

Having a consistent routine and predictable rules in the home is also related to effectively addressing trauma symptoms. This is congruent with previous studies which indicated that consistent follow-through on rules/consequences and establishing routines were helpful behavioral interventions for parents raising adopted children (Linville & Lyness, 2007; Tirella et al., 2012). Further, use of natural and logical consequences was encouraged by Hughes (1999) for parenting children with attachment issues. In addition, the use of positive reinforcement with internationally adopted or traumatized children has been supported in existing literature (Child Welfare Information Gateway, 2013; Harrigan, 2013) and a parent initiated web-resource (International Adoption Facts and Information, 2012). Therefore, the finding of the current study regarding the use of behavioral strategies is in line with recommendations provided by previous research.

Another finding of the current study relates to the effectiveness of the various reading resources utilized by participants. All nine of them spoke of how helpful they found books, articles, and blogs related to the topic of parenting and adoption to be. Two participants spoke about reading materials authored by orphans/adopted children, which allowed participants to shift their perspective on parenting approaches. While no research was found on the reading practices of adoptive parents, a simple internet search produced multiple recommendations for adoptive parents regarding reading resources covering preparation for international adoption, parenting older adoptees, and attachment and healing of trauma in adopted children. Therefore, it appears that reading to enhance parental preparation for adoption is a commonly accepted practice, which is also evident in the current research findings.

In addition to utilizing reading resources, the majority of participants discussed various forms of therapy they experienced with various levels of effectiveness. Participants identified individual counseling, family counseling, Biblical counseling, substance abuse counseling, recovery support groups, and residential treatment programs that they utilized for their adolescents and/or themselves. Among those, specific experiences of individual counseling, family counseling, Biblical counseling, and residential treatment programs were perceived as helpful by a few participants in this study. This is congruent with literature discussing positive outcomes of specific counseling interventions for adopted and traumatized youth, including individual, family, and group counseling approaches (Agbayani, 2014; Hodgdon, Blaustein, & Kinniburgh, Peterson, & Spinazzola, 2016; Hughes, 1999; Welsh et al., 2007). Specifically, Attachment Focused Family Therapy (AFFT) (Hughes, 1999) and the Attachment, Regulation, and Competency (ARC) model (Hodgdon et al., 2016), which includes individual, family, and group treatment, were among effective treatment approaches for adopted youth.

Parental Challenges

Another major finding of the current study relates to the challenges experienced by the participants. All of them discussed the language barrier as a major difficulty that they needed to navigate in the process of raising their adoptees. This finding is consistent with prior research which indicated that language acquisition is a major concern for postinstitutionalized children, particularly for adolescents who often did not engage in English speaking until their later teen years (Linville & Lyness, 2007; Narad & Mason, 2004; Salmi, 2009; Schwarzwald et al., 2015). In addition to the challenges with socialization and building family/peer relationships, various educational difficulties often arise for students who have limited English proficiency (Gollnick & Chinn, 2009; Grothaus, Stone, Upton, & Anderson, 2014; Spinelli, 2008), which was also supported by the current study's results. Often, these students experience institutional discrimination and even receive unfair labels of learning disabilities or developmental language disorders (Gollnick & Chinn, 2009). This is due to the professionals' current limited "ability to distinguish children with transitory language delays associated with learning a new language from those with more fundamental and persistent deficits" (Welsh et al., 2007, p. 300). At times, expectations placed on adopted children from educators are unrealistic given their developmentally appropriate challenge of mastering a new language at an older age (Grothaus et al., 2014). Therefore, results of the current study are in line with the previous literature regarding language barrier experienced by children for whom English was a second language.

A second challenge identified in this study was behavioral concerns. Wright and Flynn (2006) also identified a theme concerning adolescent behavior problems. They explored various behavioral issues that adoptees exhibited. While participants in the current study certainly mentioned behavioral concerns with their adolescents, they also often attributed specific

concerns (e.g. violent outbursts or inability to develop healthy attachment to parents) to the impact of early trauma on the development of their children. They discussed those concerns in light of their awareness of the influence of trauma and their efforts to design parenting interventions that effectively address trauma reactions.

In addition, this study's participants named several interventions (e.g., providing opportunities to participate with sports, arts, and other activities) even though they seemed to be unaware of the association of these interventions with trauma recovery in the literature (van der Kolk, 2014). Over half of the participants also noted distinguishing between normal developmental struggles of adolescence and them exhibiting trauma reactions. So, the findings of this study appear to add to the body of the existing literature regarding parental insights into the impacts of trauma and their adoptees' attachment disruptions on the adolescent's behavior.

A third challenge identified by a majority of the participants in the current study was their disappointment with the lack of support and resources provided by the public-school system. This led to the participants choosing to strongly advocate for their adoptees, or to homeschool them, or transfer them to private schools. This finding is consistent with Younes and Klein's (2014) recommendation for adoptive parents to collaborate and advocate with school officials in order to educate them regarding the unique needs of internationally adopted children. In line with these findings, Linville and Lyness' (2007) participants reported negative encounters with school professionals who failed to validate them or believe their experiences. In fact, the perception of a majority of the participants was that the public-school systems were unable to adequately meet the needs of these adoptees. Interestingly, those who sought private schools' services were highly satisfied with the experience. While the current study's results appear to support prior research on educational experiences of adopted adolescents, it is worth noting that one

participant spoke about her high satisfaction with public-school's ability to meet the educational and acculturation needs of her adopted adolescent. Therefore, depending on the location of the school or availability of additional resources within a particular school system, the experience of adoptive parents and adolescents could be different.

A fourth challenge discussed by a majority of the participants in the current study was the painful experiences and heartbreak that they endured in the process of assisting in their adoptees' growth and development. Often, they had to respond to severe mistreatment from their adolescent(s). Two participants also spoke about painful experiences that adoptees had (e.g. bullying and sexual harassment). This finding is also consistent with the various experiences of the parental emotional strain reported in previous research (Linville & Lyness, 2007; Wright & Flynn, 2006). Linville and Lyness (2007) reported that their participants experienced emotional strain during the process of raising children adopted from Eastern Europe, including feelings of fatigue, depression, and stress. Similarly, Wright and Flynn (2006) discussed the emotional and physical toll, including stress, tension, and emotional drain that participants experienced as a result of the behavioral challenges presented by the adopted adolescents. While current findings appear to be supporting previous research regarding parental challenges, they went further to include painful experiences adopted adolescents had after their arrival in the United States. These adoptee struggles contributed to the challenges parents faced themselves.

Further, over a half of the participants spoke about their own prior family trauma, including their personal losses, deaths in the family, and other traumatic experiences. Two of the parents talked about doing family trauma work in order to recover and be able to empathize with their adopted adolescents. Baden et al. (2013) emphasized that the untreated mental health concerns of adoptive parents may prevent effective parenting and, therefore, may negatively

affect adoptees' outcomes. They also suggested that when researchers do not take into consideration the level of dysfunction in adoptive parents, the research studies are biased and limited in their utility. "Too often the research design examining adoptee outcomes reflects the assumption that adoptees' dysfunction, behavioral issues, and emotional challenges reside solely in children with relatively little to no examination of adoptive parents' pre- and post-adoptive mental health" (Baden et al., 2013, p. 223). In addition, Tirella et al. (2012) provided recommendations to pediatric nurses and emphasized that in addition to treating children, Early Intervention therapists should address the needs of the parents, who also may be struggling to cope with effectively assisting their adopted children with growth and development. Liu and Hazler (2015) also emphasized that adoptive parents need to give serious thought to their own individual mental health along with the family level of functioning overall.

In addition, the majority of participants discussed various forms of therapy they experienced with various levels of effectiveness. Over half of them discussed the ineffectiveness of the therapy they utilized and identified specific instances of individual adolescent counseling and adolescent substance abuse counseling they believed to be ineffective. They attributed the ineffectiveness of services to the therapists' lack of needed counseling skills, lack of proficiency in the adoptee's native language, or the adoptee not being ready to engage in treatment regarding prior trauma. At least half of the participants discussed the lack of local counseling resources needed to effectively address their unique family situations. Similarly to this finding, Hughes (1999) emphasized that traditional therapy approaches do not work as well for children with attachment disruption histories. He posited that treatment of adopted children requires counseling professionals to acquire unique training and have additional skills in order to effectively address adoptive family needs and the individual needs of the adopted child (Hughes, 1999). In line with

this recommendation, Child Welfare Information Gateway (2013) advised adoptive parents to carefully choose treatment providers for traumatized adoptees. Considerations include the therapist's ability to work with trauma, an invite for parents to participate with the treatment process, and encouraging development of healthy boundaries to foster child's sense of safety.

Further, the majority of the participants discussed various unrealistic and problematic expectations that they or other parents experienced in the process of raising internationally adopted adolescents, for example: expectation of gratitude from the adoptees, expectation of family blending, expectation of the adolescents' developmental level matching their chronological age, and expectation of the time and effort this process would take. Similarly, unmet and unfulfilled expectations were explored in previous research, which discussed parental responses to these problematic expectations (Moyer & Goldberg, 2017). In addition, various parental beliefs prior to adoption of children from overseas were discussed as myths not based in reality by Narad and Mason (2004). For example, parental expectations of adoptees easily integrating into the family and also that their chronological age would match their developmental level are often unrealistic (Narad & Mason, 2004). They recommended that parents "adjust their parenting expectation to the child's developmental, rather than chronological age" (p. 486). Consistent with these findings, Linville and Lyness (2007)'s participants discussed the importance of assessing their children's developmental level before making parenting decisions. Therefore, the findings of this study seem to be in line with previous research regarding parental expectations.

In addition to the problematic expectations, all participants discussed times when they were engaged in various forms of self-examination. They often experienced unhelpful self-doubt, fleeting thoughts of regret, questioning of their parental choices, reaching moments of

uncertainty, becoming emotionally overwhelmed, and wanting to give up. At times, they experienced self-examination as a helpful process resulting in taking ownership for their role in the dysfunctional patterns and adjusting their parenting approach. In comparison to this finding, Wright and Flynn (2006) stated that 26% of their study's participants considered adoption disruption due to challenging behaviors and various struggles presented by the adolescent adoption. Almost half of their participants discussed the emotional drain they experienced in the process of raising adopted adolescents. This seems to be in line with the current study's finding of parents experiencing times of emotional flooding and wanting to give up. In addition, 10% of Younes and Klein's (2014) participants expressed various regrets they experienced in the process of raising their adopted children, to include one participant sharing a regret of not being a better parent to their adoptee, which seems to mirror reports of the current study participants of their self-doubt and questioning of parental choices.

In addition to self-examination experienced by adoptive parents, two participants in the current study discussed the common mistake of giving the adopted adolescent many gifts with the hope that it would help them heal from the past negative experiences. The perception of these participants was that this type of gifting enhanced their adolescents' sense of entitlement and misplaced bonding – attachment to items instead of adoptive family members. Therefore, they advised parents to focus on loving the adoptee and limiting the number of items given to the child above the basic necessities. This finding seems to be in line with Narad and Mason's (2004) recommendation to avoid overwhelming the adopted children by keeping their environment low key, providing minimal number of toys, and focusing on relationship building and developing attachment with the newly adopted child.

Finally, a few participants discussed the disclosure dissonance they experienced when sharing with others the challenges that they experienced. While affirming that they would repeat adoption over again if they had a chance, they also stated that they were glad that they did not know the extent of the struggle awaiting them in the process of raising their adoptee(s). Therefore, they were hesitant to disclose this information to others considering international adoption. While specific hesitation to disclose information was not found in the reviewed literature, Younes and Klein's (2014) participants shared both the joys and the challenges of international adoption. Similarly, Wright and Flynn's (2006) participants advised potential adoptive parents of adolescents to get as much information as possible regarding their decision to adopt in order to be well prepared for the process. Therefore, it appears that the results of the current study partially support previous research and add a seemingly unique component of disclosure dissonance discussed by the adoptive parents.

Implications for Counseling Professionals

There are several implications of the findings of this study. First, all participants in this study spoke about their awareness of trauma impacting their child. They also discussed their use of trauma-informed strategies that were helpful. A few of the participants shared their regret about their lack of knowledge regarding Reactive Attachment Disorder and how disruptions in child's attachment development can impact their adoptee's ability to bond with the adoptive family. A few participants also emphasized their lack of preparation to raise a traumatized adolescent. These findings indicate a need for counseling practitioners to focus on appropriate sharing of psychoeducational content and resources with parents who are currently raising their internationally adopted adolescents regarding trauma and its impact. These findings also

highlight the need for counselors to provide pre-adoption training for potential adoptive parents regarding skills needed to raise traumatized adolescents (Moyer & Goldberg, 2017).

In addition, there are evidence-based treatment modalities and theories that counselors can use in treating adoptive adolescents and their families, for example, AFFT (Hughes, 2011; Hughes, 1999) and the ARC framework for treatment of traumatized children (Hodgdon et al., 2016). AFFT is designed to serve children with attachment disruption. It provides ways for therapists to facilitate spontaneous connections between the adopted adolescent and the adoptive parent, while incorporating attachment sequences that foster development of secure attachment. The premise of this treatment is that safety should be created for the adopted child to be able to tolerate the affective intensity generated by family sessions (Hughes, 2011). AFFT has been shown to be effective in helping adoptive parents preserve adoption (Agbayani, 2014). The ARC treatment framework is an evidence-based and trauma-informed treatment approach for adopted children impacted by complex trauma. Research demonstrated an association of ARC treatment with significant decreases in child symptoms and with improvement in caregiver-reported child adaptability and adaptive functioning. These results were maintained over a 12-month follow up period (Hodgdon et al., 2016).

Secondly, the findings of this study indicate that the adoption process impacts all members of the family, including adoptive parents, biological children in the home, and previously adopted children. Participants discussed the effect of adoption on marital roles, the relationship within the parenting sub-system, and the sibling sub-system in the family structure. They also highlighted the unique influence of adoption on blended families and roles of these children in their homes. Therefore, counseling professionals need to employ systemic approaches to treatment of individuals and families involved with international adoption of adolescents. The

ability to implement systemic principles in working with clients and families and to recognize how individual clients are affected by the systemic processes within the family of origin and adoptive family will allow practitioners to effectively attend to their needs (Bowen, 1978; Haefner, 2014).

In addition to guidance for counseling professionals, the research provided recommendations for school counselors who work with traumatized children. These recommendations focus on increasing students' ability to use coping skills through classroom guidance lessons that educate them regarding effective problem-solving skills and relaxation strategies, which also impacts the quality of learning and students' self-esteem (Brown, Brack, & Mullis, 2008). In addition, school counselors can design time-limited group interventions for adopted children, with consideration of common feelings of loss, rejection, guilt/shame, grief, and issues related to adoptees' identity, ability to reach intimacy, and sense of control (Zirkle, Peterson, & Collins-Marotte, 2001). Also, they can foster relationships with children who are struggling with broken bonds and attachment problems in order to aid individual and family therapists in providing effective treatment (Zirkle et al., 2001). Finally, the literature recommended inclusion of school counselors as part of the treatment team, which would help the child settle into a school routine more smoothly (Zirkle et al., 2001).

Since the majority of the study's participants spoke about the effects of prior family trauma, personal adverse experiences, and significant losses in their lives prior to adoption, there is a clear need for potential and current adoptive parents to receive effective counseling services and other supportive services in order to resolve their own past trauma. Practitioners, therefore, need to be mindful of the family history and individual history of both adoptive parents. This can be achieved by including trauma screening in various evaluation and assessment activities as

families go through during different stages of adoption. Trauma screening can be implemented in the intake process for counseling services as well as during the home study typically completed by adoption agencies prior to adoption. During counseling intake sessions, clinicians should consider asking specific questions about the trauma history of the parent. Often, clients are unaware of the traumatic nature of adverse experiences they had, so being creative in designing intake questionnaires may be helpful in discovering past trauma when clients are not forthcoming with the information (van der Kolk, 2014). For example, questions like “During the first 18 years of your life, did a parent or other adult in the household often or very often swear at you, insult you, or put you down?” and “While you were growing up as a child, did you witness your mother sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?” (The Adverse Childhood Experiences Study: A Springboard to Hope, 2017) can be asked during intake screening.

Upon gathering this information, clinicians need to be prepared to provide effective trauma-informed care to the individuals who are identified as trauma survivors. Most participants in the current study discussed their experiences with various forms of therapy they experienced with various levels of effectiveness. Over half of the participants identified some experiences of individual adolescent counseling, substance abuse counseling, and recovery support groups to be ineffective due to the lack of therapist’s knowledge and skills to work with adopted adolescents or the adoptee’s lack of readiness/motivation to engage in treatment. In addition, some instances of individual counseling, family counseling, Biblical counseling, and residential treatment programs that a few participants utilized for their adolescents and/or themselves were perceived as helpful. At least half of the participants discussed the lack of local counseling resources to effectively address their unique family situations. Based on this finding, counselors need to

increase their competency level regarding working with adoptive families and adopted adolescents. In order to do this, they need to increase their awareness of the unique needs of this population by engaging in continuing education courses, reading pertinent literature, and consulting with senior counseling professionals who have a more extensive experience of working with adoptive families. This will likely also increase the skill level of counselors as they design interventions to effectively serve adoptive families. Counselors can also assist adoptive parents by gaining access to supportive resources available to families involved with international adolescent adoption.

Further, all participants in the current study discussed the language barrier as a major challenge that they needed to navigate in the process of raising their adoptees. Counselors need to be aware of the potential challenges that limited English proficiency presents for adopted adolescents (e.g. difficulties with socialization, building family and peer relationships, various educational difficulties, and institutional discrimination) (Gollnick & Chinn, 2009; Grothaus, et al., 2014; Spinelli, 2008). School counselors need to be sensitive to the needs of adopted adolescents, educate other staff regarding appropriate expectations of these students' developmental capabilities, and advocate for programs that would assist these students with reaching their educational and social potential (Gollnick & Chinn, 2009). In addition, there are various theoretical counseling approaches that can be used by counseling professionals at different stages of educational journey to best serve the unique needs of English Language Learners (ELL) to include psychodynamic, family systems, behavioral, existential, and other approaches to treatment (Grothaus et al., 2014). Also, the use of educational assessment tools that correctly identify students' strengths and areas of growth while also being adaptable to

cultural diversity, language, and individual learning style would be helpful in the process of assisting adopted adolescents with educational growth (Spinelli, 2008).

In addition, the majority of the participants discussed how helpful their participation within adoptive community network of internationally adoptive parents was. These community network members were familiar with the common struggles that these families experienced and provided support and a sense of belonging for adoptive parents. Counseling professionals can recommend their clients to join existing adoptive community networks (Linville & Lyness, 2007; Welsh et al., 2007). In addition, they can assist with creating adoptive parents' support groups within their agencies and communities (e.g. work with local adoption agencies and social services) to meet the needs of these parents for collaboration, emotional support, and community spirit. One participant noted that having mentors who have extensive experience with raising internationally adopted adolescents would be particularly helpful. Therefore, when creating support groups and adoption community networks, counselors and other professionals need to take into consideration the number of years of adoption experience of these groups' participants.

Implications for Counselor Educators

One of the main findings of this study is the influence of trauma on internationally adopted adolescents. Counselor education needs to focus on training counselors to be aware of the impact of trauma, including assessing for traumatic disorders, and to use trauma-informed strategies when serving families who have experienced adverse circumstances and/or are parenting traumatized adolescents (van der Kolk, 2014). Some examples of the recommended treatment approaches to treating trauma are: Internal Family Systems Therapy (IFS), neurofeedback, Pessio Boyden System Psychomotor (PBSP) psychomotor therapy, theater based interventions, and Eye Movement Desensitization Reprocessing (EMDR) (van der Kolk, 2014).

In addition, due to the impact that adoption has on each individual within the family system and the systemic family process as a whole, counselor educators need to train mental health professionals to utilize family systems and family structures concepts in their work with adoptive families and individual clients (Kerr & Bowen, 1988; Minuchin, 1974).

Furthermore, in order for counseling professionals to be empathic toward the experiences of the adopted adolescents and adoptive parents, counseling training programs can include the study of the mechanisms of child adoption by means of marriage and family therapy curriculum. The Council for Accreditation of Counseling & Related Education Programs (CACREP) standards currently include discussions of “cultural factors relevant to marriage, couple, and family functioning, including the impact of immigration” (CACREP, 2016, p. 30) in the marriage and family curriculum. It would seem to be worth adding information regarding the impact of the adoption process, specifically international adoption, on the family dynamics to this training curriculum in order to effectively prepare counseling professionals to serve the needs of this population, and to extend this beyond just the marriage and family curriculum to include all counselors.

Next, the majority of participants in this study shared their disappointment with the lack of support received from the public-school system in the process of assisting their internationally adopted adolescents with education. Two of them also talked about the painful experiences of sexual harassment, bullying, and abuse experienced by the vulnerable population of adopted adolescents within the school system. It is recommended that, in addition to including the recommended roles and interventions for school counselors discussed previously, school counselor educators play a role in the ongoing education of school counselors and other school and student stakeholders through additional trainings and seminars regarding unique needs of

adoptive families and children. This would enhance the school counselors' consistent use of trauma-informed practices and multicultural competencies in working with students involved with international adoption.

Implications for Parents

One of the main findings of this study relates to the ability of adoptive parents to detach their identity from the behavioral, emotional, and relational outcomes of their internationally adopted adolescents. Therefore, it is recommended that adoptive parents access the resources needed to provide empathy and assistance to their adopted adolescents without becoming too attached to the outcomes. This can be done via a variety of ways. First, parental willingness to deal with emotional reactivity resulting from family of origin issues can enhance their ability to remain calm during conflicts with adopted adolescents (Kerr & Bowen, 1988). Parents can also attend to their mental health needs via counseling services and participation with various self-care activities. In addition, parents can seek to obtain additional training in effective parental strategies and skills. Further, during episodes of outbursts and aggression from the adoptee, it is important for parents to remember that the crisis belongs to the child, not the parent, and to use effective coping skills in order to remain calm (e.g. deep breathing techniques).

In order to help adopted adolescent improve the ability to regulate emotions, it is important that parents model this skill with their own behaviors. Finally, a change in parental perspective is an important step toward detaching personal and parental identity from the outcomes of the adoptee. For example, parents can re-evaluate their views of the adoptee: viewing the adoptee as manipulative, coercive, unmotivated, or limit testing is unhelpful as it would likely increase frustration and negatively influence emotional reaction of the parent. Considering the problematic behavior of the adolescent as a deficiency in emotion regulation,

frustration tolerance, problem solving, and/or flexibility would help parents respond in a less personalized, less reactive, and more compassionate manner (Barkley & Robin, 2014).

In addition to parental ability to detach their identity from the outcomes of their adoptees, parents can consider implementing the various strategies that participants in this study perceived as helpful in the process of raising their adoptees. These strategies include various trauma/attachment strategies (see Table 4.3.). Parents are also encouraged to communicate their long-term commitment to their adopted adolescents even in the face of significant challenges. In order to do this, parents can provide verbal and written reminders to their adopted adolescents about the long-term commitment they have regarding their relationship with them. During stressful times of behavioral episodes, it may be a challenging task for parents to continue verbalizing their commitment and dedication. So, maintaining a journal of their commitment in order to stay in tune with the process of raising the adoptee may be helpful. Parents can also engage in conversations with their trusted friends, family members, and community resources about their commitment to the adoptee in order to be intentional and purposeful about their parental attitudes and actions.

Another example of strategies recommended by this study's participants is implementation of flexible boundaries in their approach to parenting. In order to do this, parents are encouraged to set limits and clearly communicate appropriate behavioral expectations during therapeutic family meetings. These expectations and rules need to be made tangible, clear, and concrete. At the same time, parents need to have an understanding that the child may not have the immediate capacity to meet those expectations, in which case they will need to demonstrate flexibility and adjust their expectations by showing their acceptance, understanding, and grace toward adoptees in order to help them grow at a developmentally appropriate pace and level.

Parents are also encouraged to utilize therapeutic support in order to effectively assist their adopted adolescents with growth and development. In order to do that, families should have a working knowledge of available local counseling and other therapeutic resources. Parents can seek counseling prior to adoption and during the process of raising their internationally adopted adolescents. They should be prepared to engage in long-term treatment as a family as often attachment/trauma concerns require time and commitment. In addition, seeking information on available respite options for adoptive families and local emergency services may be beneficial should crisis arise in the course of raising an adolescent (Hughes, 1999).

In terms of utilizing therapeutic services, the current study's participants noted that counseling services were often ineffective in addressing their family needs and the individual needs of the adoptees. Therefore, parents should exercise discernment when choosing therapists for their adoptee or for the whole family system to ensure that the mental health worker is equipped and qualified in providing services to this vulnerable population. They can assess for the practitioner's level of competency by inquiring about the training received by the practitioner, credentials related to working with traumatized youth, number of years of experience serving adoptive families, and foreign language proficiency.

In regard to parents seeking participation in adoptive community networks, it is advisable and may prove to be an effective way to receive peer support, collaboration, and encouragement. However, it is also recommended that parents take into consideration the amount of parenting experience that other members of these groups have as individuals with a greater wealth of experience may provide a greater mentoring opportunity for parents of recently adopted international adolescents.

With the exception of one participant in the current study, the majority of parents saw value in engaging with the culture of origin of their adopted adolescent. Therefore, parents are also encouraged to become aware of the difficulties their adoptees experience when transitioning to a new and unfamiliar environment and to assist them with this cultural transition. They can do this by becoming knowledgeable about: native beliefs and values related to their adolescents' backgrounds; cultural behavior norms; and social, political, and religious influences in the countries of origin of their adoptees. Further, incorporating cultural foods, traditional holidays, and ethnic artistic expressions and symbols in the new family's routine and household can ease the transition to the American culture and help create emotional bond between adoptive parents and the adolescent. In addition, parents can seek formal and informal ways to learn the native language of their adoptees in order to enhance the emotional connection with them and provide additional ways of communication. Parents can also encourage the connection of their adoptees with others of the same ethnicity and to provide cultural socialization opportunities where adoptees can speak their language and communicate with individuals who are familiar with their native culture. Therefore, the results of the current study seem to add evidence supporting the value of maintaining cultural connections to adoptees' countries of origin.

In regard to seeking advanced training, parents are encouraged to consider educational opportunities that will better inform them about impacts of trauma on child development, traumatic responses, normal developmental struggles that adolescents experience, parenting children with attachment disruptions, and effective interpersonal/communication skills. This can be done by attending online and in person workshops or seminars as well as engaging in training programs (e.g. coaching or human growth and development).

Furthermore, the majority of participants in this study discussed various unrealistic and problematic expectations that they experienced in the process of raising their internationally adopted adolescents, including expectations of gratitude from the adoptee, of adoptee easily blending with the family, of amount of time and effort required to parent an adolescent adoptee, and of developmental level matching the adoptee's chronological age. Based on this finding, it is recommended that adoptive parents examine their expectations prior to adoption in order to make necessary adjustments to the process of parenting an internationally adopted adolescent. Utilizing additional educational opportunities, reading resources, and participation with adoption parental networks can help parents further evaluate their expectations.

In addition, since most families in the current study had higher than average access to financial resources, it is worth noting that additional costs in terms of time and finances may be associated with ability to engage in parenting that is well-informed. So, implementing some specific strategies recommended by this study's participants may require monetary and time investment from adoptive parents. Therefore, potential adoptive parents need to be aware of this possibility in order to have appropriate and realistic expectations of the process.

Implications for Community Organizations

In addition, findings of this study also have implications for community organizations. Creation of local adoption counsels/professional networks could include the participation of various community, educational, and religious organizations' representatives in the process of assisting adoptive families. These counsels can include adoption agency staff, social workers, Child Protective Services specialists, medical personnel, school officials, religious and spiritual leaders, mental health professionals, non-profit organizations' staff, and others involved with internationally adopting families. This will ensure better coordination of care and help allocate

resources to assist adoptive families in the process of raising their internationally adopted adolescents. This recommendation goes along the lines of previous researchers' suggestions to involve school professionals in the treatment team approach to care for adopted children.

“Collaboration among school counselors, families, and community services with schools ensure continuity of care from one setting to the next and may reduce the level of family stress” (Zirkle et al., 2001, p. 368). In addition, these counsels can become avenues for counseling professionals to network with school representatives, adoption agency staffs, and religious and spiritual leaders that adoptive parents directly communicate with and provide them with their contact information for timely referrals. Creating a community resource list, which would include all potential referrals and resources needed to assist adoptive families would be beneficial for proper assessment, diagnosis, and treatment of potential issues faced by parents in the process of raising their adoptees. The specialists within these counsels can help create a centralized check list for newly adoptive parents to complete various assessments for their adoptees (e.g. for potential sensory integration issues, malnutrition, attachment/trauma concerns) in order to receive timely assistance and treatment.

These professional networks and local counsels can also serve the function of bringing awareness to the community about not only the needs of children adopted by American parents but also the wider population of orphans in need worldwide. A few participants in the current study discussed an alternative to international adoption as a way of supporting orphans. They spoke about various non-profit organizations that provide help to wounded children by assisting them within their native countries. Supportive professional/parental networks and counsels can help raise awareness about the ways these non-profit organizations work to provide housing and

quality care for children who age-out of orphanages and require immediate training in independent living skills in different countries around the world.

In addition, based on the finding of this study regarding families frequently utilizing spiritual resources including prayer, conversations with their religious leaders, youth groups, faith based support groups, and prayer counseling, it is recommended that local religious groups engage in assisting adoptive families with the process of raising their adopted adolescents. They can do this by bringing awareness to their congregations regarding international adoption process and challenges, sponsoring support groups, maintaining connections with local counseling practices to provide timely referrals, and housing various activities for adoptive families in their buildings. In addition, religious groups can create supportive groups/ministries within their structure to provide various types of assistance to adoptive families (e.g. meal preparation during the initial transition process or respite service to relieve parents when needed).

It is also the recommendation of the researcher that community members use local media sources in the process of assisting adoptive families by advertising services and resources available for them in the community including counseling specialists qualified to treat adopted children and families, local and online parental support networks, and reading resources. In addition, local media sources can help raise awareness in the community regarding international adoption process, challenges, and ways for general population to support adoptive families. They can also provide avenues for professional groups to advocate on behalf of adoptive families for additional resources and assistance needed to support adoptive families.

Furthermore, local agencies including privately owned businesses, non-profit organizations, medical practices, and community agencies can be involved in assisting adoptive families with raising internationally adopted adolescents. These agencies can sponsor events to

raise awareness of adoption related concerns and facilitate celebrations of milestones for adoptive adolescents. In addition, due to the high expense of international adoption and difficulties that lower SES parents may experience with accessing resources needed to effectively assist their adolescents, local agencies can help sponsor adoptees, provide scholarships/funds for treatment or education, and facilitate job trainings for adopted adolescents.

Local government entities can also be involved in helping internationally adopting families by providing access to services otherwise unavailable to them. For example, most internationally adoptive families do not qualify for intensive in-home treatment due to the lack of coverage of this treatment modality by their insurance companies. Providing access (Medicaid coverage) to meet the significant mental health needs of the adolescent adoptees would help decrease the risk of their out-of-home placements. Local government resources would also be helpful in providing various social services to the adoptive families. For example, assigning a social worker to an adoptee to monitor their progress and to assist with resources to meet the various medical, educational, emotional, and psychological needs would be beneficial in the process of raising that adolescent.

Finally, counseling professionals can help create advocacy initiatives to involve government and community organizations in the care for internationally adopted adolescents, as well as sharing advocacy skills with the adoptees' families for their own advocacy work. They can work toward raising awareness of the international adoption process and challenges/benefits associated with adoption and lobby toward policies which will provide additional support and access to services for adopted adolescents and their families.

Limitations

The research team recognized several limitations to this phenomenological study: the potential for bias in self-reported data along with researcher bias (despite attempts to minimize or eliminate this), the ESL status of the primary researcher, and incomplete member-checking. Self-reported data provided by study participants may have been affected by social desirability factor. These participants may have answered interview questions in ways that they believed would be acceptable to the researcher and others involved during the study.

Although having a representative group is not the goal of qualitative research (Hays & Singh, 2012), careful consideration of the description of the participants and their demographic characteristics can assist in determining the transferability of the findings to other adoptive families (Linville & Lyness, 2007). In regard to sampling, although it was not the intent of the researcher, all of the participants were active and dedicated Christian mothers who spoke openly about their faith and its influence on the process of adoption and parenting of international adolescents. No adoptive fathers participated with this research. In addition, a number of adoptees lived in the same communities, both in their native countries and upon arrival to the United States. The majority of them had maintained friendships with others who resided in the same institutions in Eastern Europe prior to adoption. In addition, there appeared to be an overlap in participants' experiences with sharing similar beliefs and church affiliations. Also, it seems to be a common practice of churches to promote adoption through missions and service, so religious affiliation may be a common characteristic of adoptive parents of adolescents. These unique demographic characteristics could have impacted the results of this study. Therefore, the findings need to be carefully applied with populations that do not have these specific demographic characteristics.

Further, the majority of the participants in this study may have had access to more economic resources than average families in the United States. This access might have allowed them to implement specific helpful interventions they discussed (e.g. taking their adopted adolescent back to the country of origin for a visit or enrolling them in a private school). Interestingly, within a group of Eastern European adoptees, socioeconomic status of parents was a predictor of the adaptive skills (Barcons et al., 2014). The researchers suggested that it may be more difficult for some families to allocate economic and educational resources to effectively assist their adopted children with adaptation to life in the new country (Barcons et al., 2014). Participants in the current study were asked to self-identify their SES, which ranged from Working Class to Upper Class among the nine participants represented in the sample. In contrast, prior research indicated that parents involved in child adoption tend to be of higher than average socioeconomic status (Spear, 2009). The wide range of socioeconomic level responses in the current study may have been affected by the bias in the self-reported data as individuals in the United States tend to under-report their socioeconomic status (Reeves, 2015).

In addition, despite efforts to minimize and manage researcher bias via bracketing, peer debriefing, triangulation of researchers, and independent audit, researcher bias may still have been present as a factor throughout the course of the study. For example, the primary researcher identified as an active and dedicated Christian herself. This cultural identity placed her in an “insider role” (Dwyer & Buckle, 2009) in relation to the researched population in this regard. Further, the primary researcher conducted research, transcribed interview recordings, and created the narrative in her second language. This resulted in typographical errors in the use of cultural terms and slang words which were fixed by participants during the member checking process. Although the researcher utilized native English speakers as research team members, the

independent auditor, and principal research investigator, her status as an ESL speaker could have still caused influences on the research outcomes.

Also, all of the participants had adopted their adolescents well over the two year minimum required to participate in this study. It is possible that their recollections in the present of past events may be different than their experience of the events as they happened. Finally, all nine participants responded to the e-mail prompt and six of them participated with member checking process by correcting transcript errors and/or providing additional insights regarding interview questions. One participant was unable to access the transcript due to technical difficulties and time constraints. Although, she contributed additional insights regarding interview content which were subsequently included in the data analysis, she did not complete the member checking process as intended and two other participants also did not contribute in this fashion.

Future Research

First, future research can focus on exploring attitudes and actions that adoptive parents, including adoptive fathers, who do not identify as Christians perceive as helpful in the process of raising their internationally adopted adolescents. Since all nine participants in this study were adoptive mothers and derived strength for the process of raising adolescents from their faith, it is important to investigate perceptions of non-Christian adoptive parents regarding helpful attitudes and actions. In addition, accessing the perspective of all adults (not just mothers) involved in the process would likely produce helpful information. Also, of particular interest may be investigation of parenting strategies used by families who have access to fewer economic resources than a typical family involved with international adoption.

Next, while this study's focus was on the perceptions of parents, exploration of adult international adoptees' perceptions would provide the retrospective and experience-based insight on what they perceived as helpful during their growth and development. This knowledge would prepare counseling professionals to better assist adolescents in the process of transitioning to a new culture, adjustment to the new circumstances of life, and attachment to the adoptive family.

Further, the research team recommended an investigation of attachment styles of adoptive parents associated with the outcomes of their internationally adopted children. Since majority of the participants in this study appeared to either exhibit a secure attachment style or discussed growing up in healthy and functional families, there may be an association between the attachment style of adoptive parents and the level of adjustment and ability to attach to the family of the adoptee.

In addition, of particular interest are sibling relationships within adoptive families. Participants discussed how having an adoptive or a biological sibling in the family of a specific age in relation to the adopted adolescent seemed to affect the dynamic in the home and the adjustment process of the adoptee. For example, having a sibling in the same class for support was perceived as helpful. Therefore, research regarding the various influences that sibling relationships have on international adoptions, particularly on adolescent international adoption, is warranted.

Finally, future research can focus on the practices used by public-school systems that are helpful to adoptive families and children. Further investigation into characteristics of schools considered more successful in this process could inform the educational system as a whole.

Summary

The findings of this study provide implications for counseling professionals, counselor educators, adoptive parents involved with international adoption of adolescents, and community organizations. The strength of this study was the retrospective nature of the insights provided by the participants who had extensive experience of raising internationally adopted adolescents. All the adolescents adopted by these participants have reached young adulthood stage and many of them moved out of their adoptive family homes, pursued higher education, and created their own families. Therefore, the findings of this study provide experience-based recommendations that may be helpful to adoptive parents and professionals involved with internationally adoptive families.

CHAPTER VI

MANUSCRIPT

Attitudes and Actions that Adoptive Parents Perceive as Helpful in the Process of Raising their

Internationally Adopted Adolescent

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Abstract

This phenomenological dissertation study explored the lived experiences of adoptive parents in the process of raising their internationally adopted adolescents. The researcher interviewed 9 participants who have personal experience with international adoption. Criteria for selection of the research sample was having personal experience with parenting one or more international adolescents adopted at age 10 or older and raising these adolescents for at least two years following such adoption. Data analysis included steps suggested by Moustakas (1994) and the participation of a research team and external auditor. According to the recommendations of Lincoln and Guba (1985), several strategies for trustworthiness were implemented during this course of the study. The research team identified 5 superordinate themes related to the experiences of parents with raising their internationally adopted adolescents: *parental beliefs, trauma, parental strategies, parental challenges, and experiences with therapy*. In addition, research team identified 34 themes and 9 subthemes through consensus coding process during data analysis. The findings of this study may inform practices of counseling professionals, counselor educators, community organizations, agencies, and adoptive parents of international adolescents.

Key Words: international, adoption, adolescent, strategies

International adoption is defined as creation of a parent-child relationship recognized by law between a child born outside of the United States and one or two biologically adult American residents unrelated to that child (Lim, 2016). Within the last 14 years there were nearly 250,000 such adoptions completed in the United States (U.S. Department of State, 2015). Adoption failure rates are thought to be high, but they are hard to measure as adoption records are often sealed and identifying information is changed following adoption (Child Welfare Information Gateway, 2012; Coakley & Berrick, 2008). Results from small-scale studies estimate up to 47% of adoptions fail, regardless of type (Child Welfare Information Gateway, 2012; Coakley & Berrick, 2008; Linville & Lyness, 2007; Newman, 2011). However, given the increased complexity involved with international adoption (Linville & Lyness, 2007; Narad & Mason, 2004; Misca, 2014), that percentage maybe even higher for families adopting children from overseas. Despite the high number of international adoptions and concerns about failure, counseling literature addressing ways to assist families in navigating the adoption process is limited (Liu & Hazler, 2015). However, counseling professionals are often called upon to provide services to these families and to assist them with navigating various challenges involved with adopting and raising international children (Ruggiero & Johnson, 2009; Tirella, Tickle-Degnen, Miller, & Bedell, 2012; Wright & Flynn, 2006).

International adoption challenges. The physical and emotional needs of children adopted internationally are often more complex than local adoptees and also children raised by their biological parents (Schwarzwald, Collins, Gillespie, Springks-Franklin, 2015). There are distinct challenges that internationally adopting parents have to navigate in the process of raising their adopted children.

First, international adoptees often have had traumatic experiences which can cause neurobiological disruptions in the development of children (Center on the Developing Child at Harvard University, 2012). These often lead to various issues with processing and executive functioning as well as externalized and internalized symptoms in adoptees (Schwarzwald et al., 2015; van der Kolk, 2014).

Second, transition concerns during the initial period of adoption can cause emotional reactions in children in their new home (Schwarzwald et al., 2015). This is due to the major life disruption they experience as a result of being removed from their familiar surroundings and routine (Schwarzwald et al., 2015). In addition, cultural transition requires careful consideration as often children adopted from overseas do not speak the same language as their adoptive parents, and adhere to different cultural norms (Keck & Gianforte, 2015). At times, internationally adopted children do not look like their adopted parents racially or ethnically, which can create additional adjustment and acculturation concerns (Keck & Gianforte, 2015).

As the adjustment process continues, attachment issues may also surface – especially in children who spent long periods of their early development in institutions (Narad & Mason, 2004). Due to the lack of consistent and individual caregiving within institutional settings, these children often do not have an opportunity to develop a secure bond with an adult, which in turn disrupts their attachment patterns (Barcons et al., 2014). Disordered attachment in adopted children creates major difficulties with establishing and maintaining meaningful relationships with their new parents (Barcons et al, 2014; Schwarzwald et al., 2015; van Londen, Juffer, & van IJzendoorn, 2007).

In addition, results from a Swedish cohort study indicated that there is an increased risk of mental health disorders, educational difficulties, and greater reliance on welfare assistance that

international adoptees present as compared to immigrants, sibling groups, and the general population (Lindbland, 2003). Yet, despite the increased complexity and reported poor outcomes of internationally adopted children, some authors disagreed with the negative view of international adoption and claimed that internationally adopted children have better outcomes than those adopted locally and also reported positive impacts of adoption on the family (Juffer & van IJzendoorn, 2005).

Strategies for successful adoption. The literature provided strategies for successful adoption, which include professional and parental strategies (Keck & Gianforte, 2015; Liu & Hazler, 2015; Narad & Mason, 2004; Schwarzwald et al., 2015; Tirella et al., 2012; Wright & Flynn, 2006). Professional strategies are related to training, psychoeducation for parents, use of various counseling modalities, and other supportive services for adoptive families (Barth & Berry, 1987; Coakley & Berrick, 2008; Keck & Gianforte, 2015; Liu & Haler, 2015; Nalven, 2005; Narad & Mason, 2004; McCarty, Waterman, Burge, & Edelstein, 1999; Ruggiero & Johnson, 2009; Schwarzwald et al., 2015; Tirella et al., 2012; Wright & Flynn, 2006). Strategies for parents relate to helping children develop various skills, providing structure and nurture in the home, giving children opportunities to socialize with others who look similar to them, discussing racial topics, and seeking professional intervention (Smith, Juarez, & Jacobson, 2011; Vonk, Lee, & Crolley-Simic, 2010; Brennan, 2013; Keck & Gianforte, 2015; Liu & Hazler, 2015; Meins, Fernyhough, Fradley, & Tuckey, 2001; Narad & Mason, 2004; Schwarzwald et al., 2015; Tirella et al., 2012).

Prior research has explored various aspects of international adoption, however, there is a notable lack of empirical exploration within the field of counseling regarding ways to assist families involved with international adoption of adolescents. While studies are available

regarding strategies parents use with their younger adoptees (Tirella et al., 2012; Younes & Klein, 2014; Linville & Lyness, 2007), research on strategies for older adopted children seems to be lacking. In addition, even though parental perspectives on successful adolescent adoption were explored previously, the sample included only domestic adolescent adoption (Wright & Flynn, 2006). Baden, Gibbons, Wilson & McGinnis (2013), recommended deeper inquiry into interventions for international adoption. While some literature is available on internationally adopted children and adolescents, no empirical research was found in counseling journals on strategies used by parents with this population. Overall, “professional counseling journals currently provide little help to their readers about international adoptees and the resources needed to work effectively with them” (Liu & Hazler, 2015, p. 238). In addition, Schwarzwald et al. (2015) also warranted further research regarding the long-term success of international adoption. Therefore, in order to address the gap in the counseling literature, the purpose of this phenomenological qualitative study was to explore parents’ lived experiences of raising their internationally adopted adolescents. Specifically, the attitudes and actions that adoptive parents perceive as helpful in this process. The inquiry was guided by the following main research question: What are the lived experiences of parents of international adolescent adoptees as they assist with their children’s growth and development? The following three research sub-questions further identified the area of exploration:

1. What attitudes, beliefs, and values do adoptive parents perceive as helpful in the process of assisting their adolescent with growth and development?

2. What strategies, actions, tools, and resources do parents perceive as helpful in the process of assisting their adolescent with growth and development?

3. How has parental navigation of the challenges involved in raising international adolescent adoptees influenced the process of assisting their adolescent with growth and development?

Participants

Criteria for selection of the research sample was having personal experience with parenting one or more international adolescents adopted at age 10 or older and raising these adolescents for at least two years following such adoption. This research study included 9 female participants who met the selection criteria. Participants identified as White/Caucasian, Christian, and married. The age of participants ranged from 52 to 68 years old. Participants identified their SES as ranging from Working Class to Upper Class. In regard to the educational background, participants' responses ranged from Trade School to Graduate School. The number of adopted adolescents per family ranged from one to three children. (See Table 1 for Participants' Demographic Characteristics). All 19 adolescents represented by the participants' families were adopted from the Eastern Europe Region. Of this group of adolescents, 6 were males and 13 were females ranging from 11 to 16 years at the time of adoption. (See Table 2 for Adopted Adolescents' Demographic Characteristics). A number of these adoptees lived in the same communities, both in their native countries and upon arrival to the United States. This is a unique characteristic for this sample group as some of them had maintained friendships with other children who resided in the same institutions prior to adoption.

Demographics Tables

Table 1 Participants' Demographic Characteristics

Participants' Demographic Characteristics	
Age Range of the Participants	52-68

Gender	Female
Race/Ethnicity	White/Caucasian
Marital Status	Married
Level of Education	Trade School-Graduate School
SES	Working class – Upper class
Religion/Spirituality	Christian
Number of Biological/Step Children	0-4
Number of Adopted Children per family	1-5
Number of Adopted Adolescents per family	1-3
Region of Adolescent Adoption	Eastern Europe
Regions of Non-Adolescent Child Adoption	United States, Asia, Eastern Europe
Experience of Parenting Post Adolescent Adoption	7-15 years

Table 2 Adopted Adolescents' Demographics Table

Adopted Adolescents' (AA) Demographic Characteristics	
Age Range of the AA at the time of adoption	11-16
Gender	Male (6) Females (13)
Race/Ethnicity	White/Eastern European Nationalities
Region of Adoption	Eastern Europe
Previous Residence	Orphanage, Homelessness

Procedures

Data analysis was conducted following elements of Moustakas' (1994) modification of van Kaam's (1959, 1966) guidelines for data analysis. During the first step, the primary researcher engaged in data collection by conducting and audio recording participants' interviews and developing field notes in the form of contact summary sheets.

Nine participants from nine families who met the identified criteria for participation with this study were selected by the researcher to participate in this study. Eight of the selected participants were interviewed in person, while one participant was interviewed using a secure Adobe Connect online platform. These participants were provided with an informed consent document and 15 interview questions from the interview protocol via email in preparation for the

interview. Demographic information was collected via demographic questionnaire. Each interview was conducted, audio-recorded, and transcribed solely by the lead researcher.

During the second step, the primary researcher de-identified each transcript and sent copies to the research team members for data analysis. Only the lead researcher, research team members, and independent auditor had access to the data. In addition, the primary researcher sent each participant the interview transcript via email to ensure accuracy of data and to invite them to provide feedback and/or correct any potential errors (James, 2016). Participants were also asked to contribute additional insights that might have occurred to them following the interview via an email prompt during the member checking process (James, 2016). All nine participants responded to the email and six of them provided correction of transcript errors and/or additional insights in regards to interview questions.

Next, interviews were coded by the research team to identify themes and patterns central to the phenomenon. The research team consisted of the primary researcher and two individuals who have earned a PhD in Counseling and have experience in qualitative research. Prior to individual interviews, all research team members engaged in epoche in order to bracket their assumptions and manage potential biases. Initial coding was completed by the researchers independently for each interview. Then, each research team member constructed individual textural and individual structural descriptions of the experience providing verbatim examples from the transcript. To engage in horizontalization, each research team member assigned equal value to every statement made by the participants (Leech & Onwuegbuzie, 2008).

During the third step in data analysis, the researchers came together for peer debriefing and consensus coding of each interview during a series of research team meetings. Subsequently, the research team compared all nine interview transcripts. In these meetings, the researchers

clustered and thematized the identified invariant constituents, which formed core themes of the participants' perceptions of helpful parental attitudes and actions in raising their internationally adopted children. A minimum of two participant responses were considered as a theme or subtheme. The non-compatible and non-explicit themes were eliminated.

Finally, during the fourth step in data analysis, the primary researcher and the research team developed a final list of themes and sub-themes, in which all the identified codes and themes of all transcripts were combined and finalized. The data analysis process concluded when the team has reached consensus regarding the final list of themes. During this stage, the researcher sent pertinent research materials for the external audit. Based on the feedback from the external auditor, the researcher developed a narrative with a composite description of attitudes and actions that parents perceive as helpful in raising their internationally adopted adolescents and the research study was completed.

Results

During the process of data analysis, the research team identified five superordinate themes: *parental beliefs*, *trauma*, *parental strategies*, *parental challenges*, and *experiences with therapy*. Quotations in capital letters indicate the participant speaking with notable emphasis and energy.

Superordinate Theme One: Parental Beliefs.

All participants spoke about their beliefs, including their values, regarding raising internationally adopted adolescents. The research team identified 9 themes under *parental beliefs* that were related to their parenting attitudes and perceived by them as helpful: *love of God*, *calling from God*, *making a difference*, *strong commitment*, *detachment of identity*, *parental insight*, *personal and parental growth*, *rewarding experience*, and *hope for healing*.

1.1. Love of God

All nine participants spoke about the importance of their Christian beliefs and values in raising their internationally adopted adolescents. This worldview included beliefs in unconditional love; acceptance of their adopted children and their own imperfections; and an attitude of humility and kindness. Each participant connected their view of this unconditional love with a personal experience of the relationship they had with God. This worldview informed many of the practices participants implemented in raising their internationally adopted adolescents. PPT 09 said, "...understand in the long run is that just as God loves ME unconditionally, no matter how I behave, I can love YOU unconditionally. Even when your very actions are pushing me away."

1.2. Calling from God

All nine participants shared that they felt called by God to adopt adolescents from overseas. Each of them described pivotal moments of realization that part of their life purpose was to be an adoptive parent. PPT 03 said, "I believe that God called me to do it and that He is, He is equipping me."

1.3. Making a Difference

Three research participants discussed their desire to make a difference and leave a legacy as part of the motivation for international adoption. PPT 09 said, "...just allowing them to come into our heart and to our home, we felt like we should, we could make a difference."

1.4. Strong Commitment

All participants discussed their sense of long-term commitment and willingness to do whatever it takes to continue being a family and to make international adolescent adoption a successful experience. For example, PPT 02 shared:

...we were in it to win it, you know, we were not gonna go anywhere, they were not gonna be sent back anywhere. I didn't even really know for a long time that that ever happened to people, that there were broken adoptions... that was never on the docket for us. That wasn't a (sigh/laugh) that wasn't an option.

1.5. Detachment of Identity

Most participants discussed the idea of detaching personal and parental identity from the emotional, behavioral, educational, relational and other outcomes of the adoptee. They held the belief that parents are responsible for the process not the outcome of adoption experience and felt that the adopted adolescents are responsible for their own choices and, therefore, encouraged self-differentiation. They also discussed the importance of parents not seeking the fulfillment of the emotional needs through their adoptees. This belief allowed them to stay emotionally disengaged during conflicts with adolescents and respond appropriately to mistreatment by the adoptees. PPT 01 said:

...just remember that your Dad and I will love you no matter what, forever, and you know, if he is disappointed, that's because, you know, of him, it's not because of you. And he'll always love you, it's not that, you don't have to please him, you have to live your own life and be happy with what you do, we just want you to make the healthiest choices.

1.6. Parental Insight

The majority of the participants shared their parental insight into the relational dynamics, emotional needs, motivational level and individuality of their adopted adolescents. They also discussed insight into their own motivations for adoption and self-awareness of their personal

dynamics. This parental insight allowed greater sensitivity toward adoptees and honesty about participants' underlying processes. PPT 08 said:

...those are confusing years for anybody no matter what's going on in their family. And then you add all the layers of being rejected and abandoned. And then you're in a new culture. And then the dynamics of her being the last adopted and yet... younger siblings...(spoke) better English.

1.7. Personal and Parental Growth

All participants discussed the personal, spiritual, and parental growth they experienced during the process of raising internationally adopted adolescent(s), which many of them called a journey that takes time and process. PPT 03 shared:

Because you, if you are willing to allow something this big to change you for the better, it will. But you've gotta be willing to allow it... I've become more humble, less prideful, more open to 'I don't always have to be right', and you know, love wins.

1.8. Rewarding Experience

The majority of the participants shared their appreciation of the adoption experience and the relational bond established with their adopted adolescents. They also discussed the rewarding experiences and feelings of being blessed and lucky as adoptive parents to their adolescents. All of the participants stated that they would adopt again, with four of them saying this without being given a prompt by the researcher. In response to a prompt by the researcher on whether the participant would do it over again, PPT 08 shared:

Yeah. Oh, gosh, in a HEARTBEAT! In a heartbeat. I mean, they have, THEY HAVE enriched our lives like nothing else... They're just really good neat girls. Our family loves them. I can't imagine life.. When I look back and I think about how scared I was

and the fact that I could've almost walked away, it just, it makes me tear up when I think about it. Cause I kind of think, I mean, where would they be? Where would we be? I mean our life would be empty.

1.9. Hope for Healing

Participants discussed their hope for their adoptive adolescents' spiritual development, establishment of healthy relationships, and educational/career hopes and goals. PPT 09 said:

...she's actually been successful in her life, as far as if you look at the outside. I think it gives me hope that the inside now can be continued to work on and that she's continue to feel, you know, that she's a valuable, loving part of our family.

Superordinate Theme Two: Trauma.

All participants spoke about trauma, including their awareness of what causes trauma and the challenges associated with navigating the trauma reactions of their adoptees. The research team identified three themes under *trauma: awareness of trauma influence, traumatic reactions, and trauma/attachment strategies*.

2.1. Awareness of Trauma Influence

Most participants spoke about their awareness of the influence of both the attachment disruptions during early childhood and also the traumatic experiences throughout the lives of their internationally adopted adolescents. They discussed the importance of having a thorough understanding of trauma and attachment mechanisms in children with a background of abuse and neglect prior to adoption. This knowledge allowed them to differentiate normal developmental struggles of adolescents from the trauma-caused reactions. For example, PPT 05 said, "...being aware of the challenges that come with children who've had, you know, violent upbringings and

other challenges in familial setting, or maybe no family setting, you know, those children are challenged.”

2.2. Traumatic Reactions

All participants discussed having to navigate the long-lasting impact of adverse and traumatic experiences in order to effectively assist their adopted adolescents with growth and development. They spoke about various traumatic reactions such as, Reactive Attachment Disorder and deficits in relationship building skills resulting from other attachment disruptions; difficulty with following rules and adhering to set boundaries; struggles around adapting to family structure and understanding family roles and dynamics; and difficulties with separation and individuation of the adopted adolescents. For example, PPT 09 said:

...I was afraid, to be honest, at times, because she had a lot of anger... She told me one day, if she could, if her mother was sitting in the room with her now, she would stab her until, till she died – that’s how much anger was in her heart...I was the mother she could take her anger out on... So, you, you know, to be able to listen to that, and let it out, because it's obviously pain inside of her that she wanted to express...

Regarding attachment disruptions and their adolescent’s resultant lack of understanding of family roles, PPT 06 shared:

AA3 was a challenge, because she never knew what a Mom was, never knew what a Dad was. So, ‘make my lunch!’ ‘Well, why am I making your lunch?’ ‘Because you’re the mother, and you’re supposed to...’ And I go ‘No, I make your lunch cause I’m the mother and I love you, so I’m gonna give you a gift of a lunch today’ and we went through a lot of that. A LOT of that, she just thought that I was her slave, and all the paid, all the people that were in her life that were adults, were paid employees. And they were paid to

do these things... And so, she had to learn that relationship side of family. And it was very difficult, because she didn't understand.

2.3. Trauma/Attachment Strategies

All nine participants discussed various trauma informed strategies that they used. They perceived these as helpful in addressing trauma reactions, attachment disruptions, and their adolescents' history of adverse experiences prior to adoption. In order to use these strategies, parents needed to distinguish between trauma reactions and normal developmental struggles of adolescents. One parent discussed distinguishing between normal developmental struggles, cultural characteristics, and traumatic reactions prior to implementing any specific strategy. Most parents reported development of bonds and increased trauma recovery resulting from the use of these strategies and interventions. For example, PPT 02 shared:

Because a time-out to a child that's been wounded, is another abandonment, so you give them a time-in... it's weird, it's counter-intuitive, because it seems like you're rewarding them, but really... you're stopping the inappropriate behavior and saying, 'you need to come from there over here to be with me.' And so, sometimes it meant reading a book, sometimes it meant cooking together, sometimes it meant just sitting together in alone, separate place.

Similarly, PPT 09 said, "I really wanted to understand how can I show love and bond with this hurt young soul... I would sometimes, if she would allow it, hug her, even when she was violent."

For specific ideas, see Table 3 List of Specific Trauma/Attachment Strategies.

Table 3 List of Specific Trauma/Attachment Strategies

Spending one on one time with adopted adolescents; Prioritizing relationship building over other tasks and goals;
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Assisting adolescents with processing traumatic memories and reactions;
 Expressing empathy and compassion;
 Teaching family roles and healthy coping skills;
 Providing opportunities to make choices;
 Using time-in instead of time-out strategy;
 Implementing physical touch;
 Tucking adolescents in at night;
 Rocking adolescents;
 Taking a lower stance during episodes of traumatic reactions;
 Using physical holds and restrains to ensure safety;
 Safety planning involving authorities or family members to assist during potentially harmful situations.
 Establishing consistent routine for adopted adolescent;
 Having predictable behavioral rules for adopted adolescent;
 Providing opportunities to participate with additional activities:

- Sports/Martial arts
- Group activities/Youth groups/Sunday School classes
- Music/Playing an Instrument
- Dancing ballet
- Art/Painting

Superordinate Theme Three: Parental Strategies.

All participants spoke about strategies, tools, and resources they perceived as helpful in the process of raising internationally adopted adolescents. The research team identified 11 themes under *parental strategies* that were related to the participants' parenting actions: *communicating commitment, flexible boundaries, spiritual resources, adoption community network, family support, advanced training, assistance with education, cultural transition, behavioral strategies, reading resources, and hosting experience.*

3.1. Communicating Commitment

All nine parents spoke about the effectiveness of communicating their long-term commitment to their adopted adolescents, even in the face of significant challenges and misbehaviors. Participants felt that often, this communication of commitment became the turning point or a pivotal moment in the life of their adoptee and in recovery from trauma. PPT 07 said:

he said, “but do you still love me...?” And I said, “I love you ALWAYS. I love you all the time...” And it was just, that was his ‘AHAH moment’ that you know, “No matter what I do, Mom is still gonna love me.”

In addition, PPT 04 shared:

...this particular time, I had done all I could. He hurt me again and again. I ran into my room... and I was just sitting there weeping. And he finally, he, he gets so remorseful, after he calms down, he’s SO genuinely sorry... And he comes in, and he says, “Mom, Mom, don’t cry.” And he picks me up, and he says, “Mom you should give up on me... maybe I’m just too, I’m just too bad, I just, I’ll never be good, I’ll never be right.” And I looked him in the eyes, and I say, “I will NEVER give up on you... I will NEVER, you can go anywhere you want, I will NEVER give up on you.”

3.2. Flexible Boundaries

All nine participants discussed the need to set boundaries and limits with their adopted adolescents. However, they also spoke about the importance of flexibility with those boundaries. Participants adjusted their expectations/rules in the home and adapted their behavioral strategies to adoptees’ individual needs and characteristics. The majority of the participants allowed their adult adoptees to come back to live with them for a set period of time or to continue living in the home past 18 years old. PPT 06 said:

but I recognize that, that all... of them were different, and you just had to change as, as you started recognizing the need of every child. I think we did a fairly good change, job at changing, but sometimes it was with a real struggle. You know, when, when you had rules, that were just, you know, you felt they were in concrete, you might have to give a

little bit. And, and if it was to, if it was to BETTER the child, and/or to HELP the child, then you had to bend.

3.3. Spiritual Resources

All nine participants discussed various spiritual resources they effectively utilized in the process of raising their adopted adolescents. These resources included personal and family prayer, having prayer partners, utilizing prayer counseling, consulting with pastors and elders of the church, and being involved with their church family. For example, PPT 01 shared:

...we actually went and talked to someone at our church, a pastor who had been a drug addict, and he said, you can't treat them the way you would a child who's had healthy attachment, you know, stuff, because their wounds, they expect that, they want that, it just reinforces their worthlessness, so we just completely revamped how we thought.

3.4. Adoption Community Network

All nine participants spoke about participation in an adoption community network with other parents who have adopted adolescents from overseas for emotional support, consultations, and maintaining cultural connections for their adopted adolescents. PPT 09 stated:

I would just have to reach out to a friend to, you know, "ok, this is the situation, what do I do? What are you doing in this situation?" It really was invaluable to have other friends going through it at the same time, and just someone else that understood. I mean, that's really key is just having someone who really understands that you're not making this up, that this stuff happens in your home.

3.5. Family Support

All nine participants spoke about the importance of having family support in the process of raising their internationally adopted adolescents. There are three subthemes that research team

identified under *family support: support from husband, support from adopted children, and support from biological children*. For example, one family came to consensus about adopting an adolescent with both parents, their biological child, and their adopted child, therefore, having a united front of supportive family members.

3.5.1. Support from Husband

The majority of the participants discussed the importance of maintaining a strong marital bond and shared their understanding of their partners' dynamics. They recognized ways in which each parent interacted with adoptees and the roles that they played in maintaining their family homeostasis. For example, PPT 05 said: "So, it was definitely team effort, we both had strengths, and I guess we both were able to use them well for our children."

3.5.2. Support from Adopted Children

Three participants spoke about the support and assistance they received from their previously adopted children and adolescents. In fact, at times, this support was provided even by international adolescents adopted by other families. PPT 06 said:

...she had to learn that relationship side of family. And it was very difficult, because she didn't understand, she'd watch AA1 very closely, she'd just stare at her, and she learned a lot from AA1. She talked to AA1 a lot. When she couldn't speak English, she talked a lot of (foreign language) to find out "What do I do? How do I act? These people have an expectation of me that I don't know how to meet".

3.5.3. Support from Biological Children

Three participants spoke about the support they received from their biological children in assisting adopted adolescents with growth and development. PPT 05 said:

I mean she stuck with her (siblings) at school... and (biological child) and AA were in the same grade. So, even though AA's a year older, we put her back into the same grade so that she and (biological child) processed together, so that they would have each other... You know, that was part of the reason – so that they would always have each other for support.

3.6. Advanced Training

Over half the participants spoke about their advanced training that has been helpful in providing necessary skills for raising internationally adopted adolescents. Advanced training included life coaching credentials, teaching experience, degrees in early childhood/elementary education, taking child development and psychology classes, and foster care training. Training to become life coaches provided participants with communication skills and concepts of interpersonal effectiveness that they implemented with their adopted adolescents (e.g. active listening skills and asking open-ended questions). Teaching experience allowed two participants to homeschool their children or effectively assist with their education in other ways. For example, PPT 03 shared: "...my (training in life) coaching has helped in knowing how better to speak to them. How better to ask questions..."

3.7. Assistance with Education

All nine participants spoke about the various forms of educational assistance they provided to their adopted adolescents including: homeschooling, individual assistance with homework, hiring a tutor, teaching adopted adolescents independent living skills, looking for trade school, and advocating for the adoptees with school officials. PPT 05 shared, "... (husband name) worked with math, with her on math, I worked on English and history. And it was just a big community and family effort to raise her."

3.8. Cultural Transition

All nine participants discussed ways they assisted their adoptees with cultural transitions and adaptation to living in the United States. Six participants learned the foreign language native to the adopted adolescent in order to communicate with them. Four participants encouraged and/or allowed continued contact with biological families in the countries of origin.

In fact, five participants took their adopted adolescent back to the country of origin in order to help maintain the connection with their native culture or to provide opportunities for closure. In many instances, participants perceived these international trips to be helpful in the process of raising their adolescents. However, in two instances, participants noted that returning to their native country caused traumatic reactions in adoptees. In addition, a few participants spoke of learning native traditional holidays, making traditional foods, and keeping cultural symbols and items in the home to honor the cultural roots of their adolescents. PPT 02 said:

...each of us would have a child on our laps and they would get to say to us everything that they were frustrated with. Cause you can imagine, I mean, we did everything different, the food was different, they didn't like it... And for us, we were trying to explain how you live in America vs. how they were used to living, and we couldn't, you know, it was like playing charades 24/7, you know... So, in that timeframe, they were able to express questions we had about their life and their background, and what had happened to them. And they were able to express their frustrations and also ask us things.

In contrast, one participant discussed her decision to discontinue participation with cultural heritage of her adopted adolescent, including speaking in his native language, due to her spiritual conviction that her adoptee needed a new identity. She felt like his unhealthy behaviors were intertwined with his pre-adoption identity.

3.9. Behavioral Strategies

All nine participants spoke about utilizing various behavioral interventions and strategies in the home, including creating behavioral contracts, having a consistent routine, using positive reinforcement, and allowing natural consequences as a way to manage misbehavior. Having a consistent routine and predictable rules in the home was also related to effectively addressing trauma symptoms. For example, PPT 07 said: "...the one thing that ALL of our children have enjoyed is having a routine. You do the same thing at the same time and it might be boring, but they sure do know what to expect.

3.10. Reading Resources

All nine participants spoke of how helpful they found reading resources. These included books, articles, blogs, and other research materials related to raising adopted children, blending families, and parenting education in general. Two participants spoke about reading materials written by individuals who grew up as orphans or as adopted children, which allowed participants to begin to see world from the perspective of their adopted adolescent. PPT 08 said, "I was always reading about different things that, you know, different issues with kids, so I was, I was prepared for. I was prepared."

The majority of the participants identified specific reading resources they found helpful (See Table 4 for Reading Recommendations).

Table 4. Reading Recommendations

- | |
|--|
| <ol style="list-style-type: none"> 1. Wounded Children Healing Homes by Betsy Smalley, Jayne Schooler, Timothy Callahan 2. Parenting the Hurt Child by Gregory Keck, Regina Kupecky 3. Adopting the Hurt Child by Gregory Keck, Regina Kupecky 4. Infinitely More by Alex Krutov 5. The Connected Child by David Cross, Karyn Purvis, Wendy Sunshine 6. The Body Keeps the Score by Bessel van der Kolk 7. Twenty Things Adopted Kids Wish Their Adoptive Parents Knew by Sherrie Eldridge 8. The Smart Stepfamily by Ron Deal |
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9. The Art of Sensitive Parenting by Katharine Kersey
10. Keep your Love on by Danny Silk
11. Loving our Kids on Purpose by Danny Silk
12. The Five Love Languages by Gary Chapman
13. Sherrie Eldridge Blog

3.11. Hosting Experience

Four of the participants shared about their experience of hosting their adolescents prior to adoption or getting to know the adolescent while they were being hosted by someone else in the United States. The prior knowledge of the adolescent inspired feelings of love toward them, motivated participants to adopt these adolescents, and prepared them for the process of assisting with growth and development. PPT 03 shared, “I knew he was a big package, kind of, when I hosted him, and so I always thought well, ‘I knew that and fell in love with him anyway.’”

Superordinate Theme Four: Parental Challenges.

All participants spoke about challenges involved in raising international adoptees and how navigating these difficulties influenced the process of assisting them with growth and development. The research team identified 9 themes under *parental challenges* that were related to the experience of raising internationally adopted adolescents: *problematic expectations of parents, problematic expectations of adoptees, painful experiences, prior family trauma, language barrier, lack of support, self-examination, overgifting, and disclosure dissonance.*

4.1. Problematic Expectations of Parents

The majority of the participants discussed various unrealistic and problematic expectations that they experienced in the process of raising their internationally adopted adolescents. For example, PPT 02 said, “The disconnect with parents is they don’t know that’s what they’re gonna be like. They have no idea really of what they’re in for.” Under the theme of *problematic expectations of parents*, the research team identified four subthemes: *expectation of*

gratitude, expectation of family blending, expectation of appropriate developmental level, and expectation of time/effort.

4.1.1. Expectation of Gratitude

Four participants discussed some parents having the expectation of receiving gratitude from the adopted adolescent. For example, PPT 02 shared:

People think they're getting a child who's going to be grateful for everything that's given to them, who's going to understand the magnitude of this new life and the new beginning that they have, who is going to appreciate their love and their investment, and who's going to, out of that appreciation, function as the parent would like them to. I mean, YOU'RE GETTING A GROWN-UP!

4.1.2. Expectation of Family Blending

A few participants discussed the expectation of their family and the new adoptee easily blending and adapting to the new structure and circumstances. For example, PPT 09 said:

So, I guess that was one of our expectations that we just keep going right away, attaching and becoming this happy family that we felt like we were able to experience in the beginning, so that's kind of our expectation was that she would mold right into the family...

4.1.3. Expectation of Appropriate Developmental Level

Two participants spoke about the expectation that their adopted adolescent's developmental level will match their chronological age. PPT 08 shared: "And when we first brought AA home, she saw all the stuff that the girls had, the younger girls, and it never occurred to me that she would want anything like a baby doll."

4.1.4. Expectation of Time/Effort

Eight of the nine participants discussed the lack of understanding regarding the amount of time and effort that raising an adopted adolescent would require of them. PPT 01 said:

I would tell other people to not underestimate the time and attention that these children are gonna need, cause they're gonna need a lot... I mean, to be the best parent you can be, if that's your objective, there's gonna be a lot of time and attention.

In contrast, PPT 08 discussed opposite expectations of the adoption. She stated: "I was truly expecting the worst, I really was. And the (adopted adolescents) did so beautifully. They really did."

4.2. Problematic Expectations of Adoptees

A few participants discussed their experience of the problematic expectations of their adopted adolescents. These included their adoptees' problematic expectations of parenting, living in a family, and of being abandoned again.

Similarly, PPT 08 shared,

...they have this unrealistic idea of, which a lot of the kids do, they think they're gonna come over and you just gonna buy, you're gonna give them cell phones, you're gonna give/buy them lots of things, and it's gonna be all about buying them things... And of course they have a big shock when they get over, because they, 'oh! there's like, I have curfews, and I can't just get around, you have to drive me places' and all of the things, the culture shock that the kid run into when they, they come to an area like this.

4.3. Painful Experiences

The majority of the participants discussed painful experiences and heartbreak that they experienced in the process of adopting and raising an adolescent. Often, they had to respond to mistreatment from adolescents. Two participants also spoke about painful experiences that

adoptees in the U.S. that parents had to navigate in order to raise them (e.g. bullying and sexual harassment). Regarding her painful experience, PPT 01 said: “The worst for me was, she didn’t talk to us for 9 months, and I never thought I’d have a child that wouldn’t talk to me, it was just heartbreaking!”

4.4. Prior Family Trauma

Over half of the participants spoke about prior family trauma, including their personal losses, deaths in the family, and other traumatic experiences. PPT 09 said: “I’ve had my own trauma, in my own life.”

4.5. Language Barrier

All nine participants discussed language barriers as a major challenge that they needed to navigate in the process of raising their adoptees. PPT 02 said, “...language barrier was a HUGE THING for us for quite a while, really.”

4.6. Lack of Support

The majority of the participants discussed sources of support that were lacking. Under the theme of *lack of support*, the research team identified two subthemes of *public school system* and *husband*.

4.6.1. Public School System

The majority of the participants discussed their disappointment with the lack of support and resources provided by the public-school system, which resulted in them homeschooling their adoptees or transferring them to private schools. For example, PPT 06 shared: “I thought the American school system was more equipped... You know, if I had realized, if I had better opportunity to realize that they aren’t.. They’re not equipped...”

In contrast to most participants' experiences, one participant had a different perception of the public-school system and described the overwhelming support the adopted adolescent received from her guidance counselor, ESL teacher, and other international students.

4.6.2. Husband

Two participants discussed the lack of support they experienced from their partners/husbands in the process of raising their adoptees. One family indicated that one partner was enthusiastically supportive of adoption and the other did not support the adoption choice. In addition, PPT 02 shared: "...in some ways we're together in our heart, and we're together in our commitment, but we're responding differently to the circumstances."

4.7. Self-Examination

All participants discussed times when they were engaged in various forms of self-examination. They often experienced unhelpful self-doubt, fleeting thoughts of regret, self-questioning of their parental choices, moments of uncertainty, feeling emotionally overwhelmed, and wanting to give up. At times, they also experienced self-examination as a helpful process resulting in taking ownership for their role in the dysfunctional patterns and adjusting their parenting approach. For example, PPT 03 shared, "...he has problems, but are you making more problems, or are you trying to help with the solution?"

4.8. Overgifting

Two participants discussed the common mistake of giving the adopted adolescent multiple items in order to make up for their past. It is their perception that this activity causes adolescents' sense of entitlement and misplaced bonding. For example, PPT 07 said,

Many of the parents that we know that have adopted have tried to "correct" the child's past. They give the child everything that they lacked as an orphan. The child becomes so

overwhelmed and if this behavior of the parents continues the child begins to feel entitled to all these things. Parents need to know that the past is gone. There is no way to correct it except to start today and make the child's life better. Not by gifts or "things" but by loving the child.

4.9. Disclosure Dissonance

Two participants discussed their dissonance regarding sharing with others the challenges that may be experienced during the course of raising an internationally adopted adolescents. While affirming that they would repeat adoption over again if they had a chance, they were glad that they did not know the extent of the struggle awaiting them. Therefore, they were hesitant to disclose this information to others considering international adoption. For example, PPT 03 said: "I had mixed emotions about making that public at one point, just because I didn't want to detour others from adoption... But yet, you don't want to not reveal the truth."

Superordinate Theme Five: Experiences with Therapy.

The majority of participants discussed various forms of therapy used with various levels of perceived effectiveness. Participants identified individual counseling, family counseling, Biblical counseling, substance abuse counseling, recovery support groups, and residential treatment programs that they utilized for their adolescents and/or themselves. The research team identified two themes under *experiences with therapy* that they had while assisting their adopted adolescents with growth and development: *benefits of therapy* and *barriers to therapy*.

5.1. Benefits of Therapy

A few participants discussed the effectiveness of various therapeutic services that their adolescents received, including residential treatment, healing prayer counseling, services of a

psychologist, Biblical counseling, and recovery support groups. For example, regarding participation with Biblical counseling, PPT 09 stated:

...I think that was probably the most helpful of the three things we attempted. And she still has all the materials that I bought for her for that, and I think that, that's kind of was the last thing we did to try and get her emotional help and support.

5.2. Barriers to Therapy

Four participants expressed that counseling was often ineffective, especially, when the adoptee was not ready to address prior trauma or when the counselor was not well equipped to address concerns related to international adoptions. Despite this disappointment with services, participants spoke of their openness to receiving counseling services. Parents also voiced their regrets regarding the lack of bi-lingual counseling professionals who would be able to speak with the adolescent in their native language and assist with working through trauma. For example, PPT 06 shared:

...when we got all done, I said, 'do you think that was ANY help, WHATSOEVER?' She looked at me, and she goes, "I didn't understand half of what they were talking about"... And I thought, "Waste.. just a waste.." And I've talked with her since, and she said, 'That was a waste, it was just a waste.' And that's the, that's the challenge, even with my son, I would have loved to get help, but how do you get help, when nobody speaks (foreign language native to AA)?

Discussion

Parental beliefs. Previous studies noted religion as a factor in family resiliency, health, and outcomes. For example, Erich and Leung (1998) identified family characteristics that contribute to family functioning and concluded that higher involvement of adoptive mothers in

religious activities was positively correlated with higher levels of family health. Similarly, Linville and Lyness (2007) stated that participants in their phenomenological study credited their family's resiliency and ability to adapt and deal with raising an adopted special-needs child to their strong religious faith. However, Tirella et al. (2012) did not mention spirituality in their exploration of parent strategies for addressing the needs of adopted children. In addition, Salmi (2009) noted that one of his study's participants – an adoptee, who was a young adult at the time of the research – expressed his view that some parents are too zealous about their religion, which can create negative outcomes for adoptees.

Several themes in the current study reflected the participants' beliefs as Christians (e.g., *love of God, calling from God, and spiritual resources*). All nine participants drew motivation and strength to endure challenges from their Christian worldview and the concept of God's love which they had experienced in their personal lives. All regarded faith involvement as instrumental in creating a positive adoption experience for the current study's participants. This may be due to the strong faith of every participant involved in the current study, as participants were likely to share their faith beliefs without prompts. Participants of Tirella et al. (2012) study were not asked about their spiritual/religious affiliation, therefore, this aspect of their demographics and cultural identity was not explored. In addition, the current study did not explore the experiences of the adolescents, specifically with regards to their adopted parents' faith beliefs and expressions, which the Salmi (2009) study addressed.

The participants in this study also spoke about their long-term commitment to the decision they made to adopt their adolescent. This is in line with the findings of Wright and Flynn (2006), who concluded that commitment to a permanent relationship was a part of their participants' family unity. In fact, these parents identified this commitment as the main reason

that the adoption(s) did not fail, even in the face of significant challenges. Therefore, findings of the current study regarding commitment to a successful international adoption appear to be congruent with Wright and Flynn's (2006) research on domestic adolescent adoption.

The majority of the participants in the current study shared their appreciation of the adoption experience and the relational bond established with their adopted adolescents. They also discussed the rewarding experiences and feelings of being blessed and lucky as adoptive parents. It is worth noting that all of the participants stated that they would adopt again, with four of them saying this without a prompt from the researcher. This finding is congruent with Younes and Klein's (2014) report of adoptive parents expressing their willingness to adopt internationally again and recommending others to participate with this phenomenon of adoption. Similarly, Wright and Flynn (2006) concluded that domestic adolescent adoption can be a very positive experience for adoptive parents and adolescents.

In contrast to this positive view presented in literature and supported by the current study's findings, other research explored issues involved with international adoption and associated adoption failures (Murphy, 2009; Verbovaya, 2016). In terms of challenges, Verbovaya (2016) discussed the significant changes experienced by adoptive families, including the financial demands of international adoption, the shifts in family dynamics, and the cultural transition issues of the adoptees. In addition, while discussing ways to treat disordered attachment in international adoptees, Murphy (2009) stated that "disordered attachment can have devastating consequences" (p. 210). She provided examples of international adoptees being relinquished into state foster care systems or other families' long-term struggles of caring for an international adoptee with attachment issues (Murphy, 2009).

Seemingly unique to the current study is the finding regarding parental detachment from the emotional, behavioral, educational, relational and other outcomes of the adoptee. Six of the nine study participants held the belief that parents are responsible for the process and not the outcome of adoption experience and felt that the adopted adolescents are responsible for their own choices and, therefore, encouraged their self-differentiation. This finding seems to be partially supported in literature. While a third of Linville and Lyness' (2007) participants discussed parents encouraging their adoptees to develop their own sense of self, this current study adds detachment of parental identity from the outcome of adoption. Also congruent with the current study, Hughes (1999) recommended that parents learn effective emotional regulation skills when raising children with disrupted attachment in order to not take child's behaviors personally. Participants in the current study also discussed the importance of parents not seeking the fulfillment of their own emotional needs through their adoptees. This belief allowed them to stay emotionally disengaged during conflicts with adolescents and respond appropriately to mistreatment by the adoptees.

Parental Strategies. All participants in the current study discussed various trauma informed strategies that they used in the process of assisting their adopted adolescents. These strategies were perceived as helpful in addressing trauma reactions, attachment disruptions, and the history of adverse experiences of adolescents prior to adoption. To use these strategies, parents needed to distinguish between trauma reactions and normal developmental struggles of adolescents. Trauma/attachment strategies included: parents spending one on one time with adopted adolescents, prioritizing relationship building over other tasks and goals, assisting adolescents with processing traumatic memories and reactions, expressing empathy and compassion, teaching family roles and healthy coping skills, providing opportunities to make

choices, using time-in instead of time-out strategy, implementing physical touch, tucking adolescents in at night, rocking adolescents, and taking a physically lower stance during episodes of traumatic reactions. At times, the strategies also included using physical holds and restraints and safety planning involving authorities or family members to assist during potentially harmful situations.

These findings are in line with previous research which indicated the importance of parents recognizing ways to establish secure attachment with their adoptees (Narad & Mason, 2004; Tirella et al., 2012). Linville and Lyness (2007) noted that their participants attempted to comfort their children regarding their early adverse experiences by use of empathy, although their study did not include the use of term *trauma*. Further, Hughes (1999) provided recommendations for parents to assist with developing secure attachment in children who exhibit attachment difficulties. He stated that keeping the child in close physical proximity to parents and implementing flexible boundaries in the form of logical/natural consequences while expressing empathy and acceptance was an effective parental intervention. In line with the current study's results identifying the helpfulness of a time-in strategy, Hughes (1999) stated that "the best response to constant misbehavior is to give the child the opportunity to be physically close to his parents once again" (p. 554).

The concepts of implementing flexible boundaries and communicating commitment to adopted adolescents, two themes identified under parental strategies in the current study, were also supported by Linville and Lyness (2007), who discussed their participants balancing between provision of consistency and structure in the home and at the same time reinforcing the love and acceptance for their adopted younger children. Similarly, Lester et al. (2015) spoke

about all parents establishing, communicating, and reinforcing boundaries with their children and giving attention to time spent together as a family as an effective parenting strategy.

In addition to having the support from family members, all participants in the current study spoke about the benefit of being a part of a community network with other parents who have adopted adolescents from overseas for emotional support, consultations, and maintaining cultural connections for their adopted adolescents. This finding supports previous studies as parents and professionals frequently recommended participation with support groups and networks as a helpful strategy (Linville & Lyness, 2007; Younes & Klein, 2014). Similarly, Welsh, Viana, Petrill, and Mathias (2007) discussed various web-based parental support networks and groups available to provide parents with resources to navigate adoption challenges. However, Linville and Lyness' (2007) study participants were disappointed after participation with support groups via chat rooms due to the lack of acceptance of the severe issues their children presented. Other participants in the Linville and Lyness' (2007) study expressed their desire for a local, face to face support group for parents. It is worth noting that a number of adoptees in the current study lived in the same communities, both in their native countries and upon arrival to the United States. In fact, majority of them had maintained friendship with others who resided in the same institutions in Eastern Europe prior to adoption. In addition, there appeared to be an overlap in participants' experiences with sharing similar beliefs and church affiliations. This created a unique opportunity for the development of parental adoption community networks that maintained these connections for the adoptees and their parents.

All participants also discussed additional various ways they assisted their adoptees with cultural transition and adaptation to living in the United States. Six of the participants learned the foreign language native to the adopted adolescents in order to communicate with them. Four

participants encouraged and/or allowed continued contact with biological families in the countries of origin. In fact, five participants took their adopted adolescent back to the country of origin in order to help maintain the connection with their native culture or to provide opportunities for closure. In many instances, participants perceived these international trips to be helpful in the process of raising their adolescents, however, in two instances, participants noted that return caused traumatic reactions in adoptees. In addition, approximately half of the participants spoke of learning native traditional holidays, making traditional foods, and keeping cultural symbols and items in the home to honor the cultural roots of their adolescents. Research literature appears to be mixed on the topic of cultural transition and ethnic socialization of international adoptees.

First, connection with the country of origin of the adopted child was explored by Linville and Lyness (2007), who stated that their participants seemed confused in regard to the ways of integrating their children's culture in their current lives. In fact, some of their participants did not think it was a necessary aspect of child's adaptation to life in the United States. In comparison with the current study, while one participant discontinued maintaining her adoptee's connection with the native culture, the other eight were confident about the benefit of such connection. According to Harf et al. (2015), there is a range of choices that families make regarding maintaining cultural connections with their adopted child's culture of origin from maintaining no connection at all to actively engaging with the child's culture.

On the other hand, there is research available that strongly encouraged the practice of cultural socialization of adopted children in various forms (Baden et al., 2013; Smith et al., 2011; Vonk et al., 2010). The various ways families provided opportunities for cultural socialization included participation with cultural holidays, preparing native foods, having family friends who

share in the child's ethnic background, reading books to children about their culture of origin, choosing multicultural entertainment that reflects child's ethnicity or race, living in diverse neighborhoods, and others (Vonk et al., 2010). According to Jacobson (2008), ethnic socialization and development of a healthy self-esteem in international adoptees are related. She discussed cultural socialization in terms of acknowledgement and celebration of the racial and ethnic identity of the adoptee as well as making positive connections to the native culture in order to foster healthy cultural identity development (Jacobson, 2008). Therefore, the results of the current study seem to add evidence supporting the value of maintaining cultural connections to adoptees' countries of origin.

In addition to assisting adoptees with cultural transition, all participants in the current study spoke about the importance of treating each adoptee as an individual and being mindful of their development level. While flexibility based on individual needs is important, the participants also stressed utilizing various behavioral interventions and strategies including: creating behavioral contracts, having a consistent routine, using positive reinforcement, and allowing natural consequences to be played out as a way to manage misbehavior. Having a consistent routine and predictable rules in the home was also related to effectively addressing trauma symptoms. This is congruent with previous studies which indicated that consistent follow-through on rules/consequences and establishing routines were helpful behavioral interventions for parents raising adopted children (Linville & Lyness, 2007; Tirella et al., 2012). Further, use of natural and logical consequences was encouraged by Hughes (1999) for parenting children with attachment issues. In addition, the use of positive reinforcement with internationally adopted or traumatized children has been supported in existing literature (Child Welfare Information Gateway, 2013; Harrigan, 2013) and a parent initiated web-resource (International

Adoption Facts and Information, 2012). Therefore, the finding of the current study regarding the use of behavioral strategies is in line with recommendations provided by previous research.

In addition to utilizing reading resources, the majority of participants discussed various forms of therapy they experienced with various levels of effectiveness. Participants identified individual counseling, family counseling, Biblical counseling, substance abuse counseling, recovery support groups, and residential treatment programs that they utilized for their adolescents and/or themselves. Among those, specific experiences of individual counseling, family counseling, Biblical counseling, and residential treatment programs were perceived as helpful by a few participants in this study. This is congruent with literature discussing positive outcomes of specific counseling interventions for adopted and traumatized youth, including individual, family, and group counseling approaches (Agbayani, 2014; Hodgdon, Blaustein, & Kinniburgh, Peterson, & Spinazzola, 2016; Hughes, 1999; Welsh et al., 2007). Specifically, Attachment Focused Family Therapy (AFFT) (Hughes, 1999) and the Attachment, Regulation, and Competency (ARC) model (Hodgdon et al., 2016), which includes individual, family, and group treatment, were among effective treatment approaches for adopted youth.

Parental Challenges. Another major finding of the current study relates to the challenges experienced by the participants. All of them discussed the language barrier as a major difficulty that they needed to navigate in the process of raising their adoptees. This finding is consistent with prior research which indicated that language acquisition is a major concern for postinstitutionalized children, particularly, for adolescents, who often did not engage in English speaking until later teens (Linville & Lyness, 2007; Narad & Mason, 2004; Salmi, 2009; Schwarzwald et al., 2015). In addition to challenges with socialization and building family/peer relationships, various educational difficulties arise for students who have limited English

proficiency (Gollnick & Chinn, 2009; Grothaus, Stone, Upton, & Anderson, 2014; Spinelli, 2008), which was also supported by the current study results. Often, these students experience institutional discrimination and even receive unfair labels of learning disabilities or developmental language disorders (Gollnick & Chinn, 2009). This is due to the professionals' current limited "ability to distinguish children with transitory language delays associated with learning a new language from those with more fundamental and persistent deficits" (Welsh et al., 2007, p. 300). At times, expectations placed on adopted children from educators are unrealistic given their developmentally appropriate challenge of mastering a new language at an older age (Grothaus et al., 2014). Therefore, results of the current study are in line with the previous literature regarding language barrier experienced by children for whom English was a second language.

Further, the majority of the participants discussed various unrealistic and problematic expectations that they or other parents experienced in the process of raising internationally adopted adolescents, for example: expectation of gratitude from the adoptees, expectation of family blending, expectation of the adolescents' developmental level matching their chronological age, and expectation of the time and effort this process would take. Similarly, unmet and unfulfilled expectations were explored in previous research, which discussed parental responses to these problematic expectations (Moyer & Goldberg, 2017). In addition, various parental beliefs prior to adoption of children from overseas were discussed as myths not based in reality by Narad and Mason (2004). For example, parental expectations of adoptees easily integrating into the family and also that their chronological age would match their developmental level are often unrealistic (Narad & Mason, 2004). They recommended that parents "adjust their parenting expectation to the child's developmental, rather than chronological age" (p. 486).

Therefore, the findings of this study seem to be in line with previous research regarding parental expectations.

Another challenge identified by a majority of the participants in the current study was their disappointment with the lack of support and resources provided by the public-school system. This led to the participants choosing to strongly advocate for their adoptees, homeschool them, or transfer them to private schools. This finding is consistent with Younes and Klein's (2014) recommendation for adoptive parents to collaborate and advocate with school officials in order to educate them regarding the unique needs of internationally adopted children. In line with these findings, Linville and Lyness' (2007) participants reported negative encounters with school professionals as these professionals failed to validate them or believe their experiences. In fact, the perception of a majority of the participants was that the public-school systems were unable to adequately meet the needs of these adoptees. Interestingly, those who sought private schools' services were highly satisfied with the experience. While the current study's results appear to support prior research on educational experiences of adopted adolescents, it is worth noting that one participant spoke about her high satisfaction with public-school's ability to meet the educational and acculturation needs of her adopted adolescent. Therefore, depending on the location of the school or availability of additional resources within a particular school system, the experience of adoptive parents and adolescents could be different.

Further, over a half of the participants spoke about their own experiences of prior family trauma, including their personal losses, deaths in the family, and other traumatic experiences. Two of the parents talked about doing family trauma work in order to recover and be able to empathize with their adopted adolescents. Baden et al. (2013) emphasized that the untreated mental health concerns of adoptive parents may prevent effective parenting and, therefore, may

negatively affect adoptees' outcomes. They also suggested that when researchers do not take into consideration the level of dysfunction in adoptive parents, the research studies are biased and limited in their utility. "Too often the research design examining adoptee outcomes reflects the assumption that adoptees' dysfunction, behavioral issues, and emotional challenges reside solely in children with relatively little to no examination of adoptive parents' pre- and post-adoptive mental health" (Baden et al., 2013, p. 223). In addition, Tirella et al. (2012) provided recommendations to pediatric nurses and emphasized that in addition to treating children, Early Intervention therapists should address the needs of the parents, who also may be struggling to cope. Liu and Hazler (2015) also emphasized that adoptive parents need to give serious thought to their own individual mental health along with the family level of functioning overall.

In addition, the majority of participants discussed the various forms of therapy they experienced which featured various levels of effectiveness. Over half of them discussed the ineffectiveness of the therapy they utilized and identified specific instances of individual adolescent counseling and adolescent substance abuse counseling to be ineffective. They attributed ineffectiveness of services to the therapists' lack of needed counseling skills, language barriers, or the adoptee not being ready to engage in treatment to address prior trauma. At least half of the participants discussed the lack of local counseling resources desired to effectively address their unique family situations. Similarly to this finding, Hughes (1999) emphasized that traditional therapy approaches do not work for children with attachment disruption histories. He posited that treatment of adopted children requires counseling professionals to acquire unique training and have additional skills in order to effectively address adoptive family needs and the individual needs of the adopted child (Hughes, 1999). In line with this recommendation, Child Welfare Information Gateway (2013) advised adoptive parents to carefully choose treatment

providers for traumatized adoptees. Considerations include the therapist's ability to work with trauma, invite parents to participate with treatment process, and encourage development of healthy boundaries to foster child's sense of safety.

Implications for Counseling Professionals. There are several implications of the findings of this study. First, all participants in this study spoke about their awareness of the impact of trauma on their child. They also discussed their use of trauma-informed strategies that were helpful. A few of the participants shared their regret about their lack of knowledge regarding Reactive Attachment Disorder and the influence this can have on their adoptee's ability to bond with the adoptive family. A few participants have also emphasized their lack of preparation to raise an adolescent with a history of trauma. These findings indicate a need for counseling practitioners to focus on appropriate sharing of psychoeducational content and resources regarding trauma and its impact with parents who are currently raising their internationally adopted adolescents. These findings also highlight the need for counselors to provide pre-adoption training for potential adoptive parents regarding skills needed to raise adolescents with a history of trauma (Moyer & Goldberg, 2017).

Secondly, there are evidence-based treatment modalities and theories that counselors can use in treating adoptive adolescents and their families, for example, AFFT (Hughes, 2011; Hughes, 1999) and the ARC framework (Hodgdon et al., 2016). AFFT is designed to serve children with attachment disruption. It provides ways for therapists to facilitate spontaneous connections between the adopted adolescent and the adoptive parent, while incorporating attachment sequences that foster development of secure attachment. The premise of this treatment is that safety should be created for the adopted child to be able to tolerate the affective

intensity generated by family sessions (Hughes, 2011). AFFT has been shown to be effective in helping adoptive families avoid adoption disruption or dissolution (Agbayani, 2014).

The ARC treatment framework is also an evidence-based and trauma-informed treatment approach for adopted children impacted by complex trauma. Research demonstrated an association of ARC treatment with significant decreases in child symptoms and with improvement in caregiver-reported child adaptability and adaptive functioning. These results were maintained over a 12-month follow up period (Hodgdon et al., 2016).

Thirdly, the findings of this study indicate that the adoption process impacts all members of the family, including adoptive parents, biological children, and previously adopted children. Participants discussed the effect of adoption on marital roles, the relationship within the parenting sub-system, and the sibling sub-system in the family structure. Therefore, counseling professionals need to employ systemic approaches in the treatment of individuals and families involved with international adoption of adolescents. The ability to implement systemic principles in working with client and families and to recognize how individual clients are affected by the systemic processes within family of origin and adoptive family will allow practitioners to effectively attend to the needs of the family (Bowen, 1978; Haefner, 2014).

In addition to guidance for mental health and family counseling professionals, the research provided recommendations for school counselors who work with traumatized children. These recommendations focus on increasing students' ability to use coping skills. Educating students via the school counseling curriculum regarding effective problem-solving skills and relaxation strategies can impact the quality of learning and students' self-esteem (Brown, Brack, & Mullis, 2008). In addition, school counselors can design time-limited group interventions for adopted children, with consideration of common feelings of loss, rejection, guilt/shame, grief,

and issues related to adoptees' identity, ability to experience intimacy, and sense of control (Zirkle, Peterson, & Collins-Marotte, 2001). Also, school counselors can foster relationships with children who are struggling with broken bonds and attachment problems in order to aid individual and family therapists in providing effective treatment (Zirkle et al., 2001). Finally, the literature recommended inclusion of school counselors as part of the treatment team, which would help the child settle into a school routine more smoothly (Zirkle et al., 2001).

Since the majority of the study's participants spoke about the effects of their own prior family trauma, personal adverse experiences, and significant losses, there is a clear need for potential and current adoptive parents to receive effective counseling services and other supportive services in order to resolve their own past trauma. Practitioners, therefore, need to be mindful of the family and individual history of both adoptive parents. This can be achieved by including trauma screening in various evaluation and assessment activities involving families during different stages of the adoption process.

Trauma screening can be implemented in the intake process for counseling services as well as during the home study typically completed by agencies prior to adoption. During counseling intake sessions, clinicians should consider asking specific questions about the trauma history of each parent to help identify trauma histories. Often, clients are unaware of the traumatic nature of the adverse experiences they have had, so being creative in designing intake questionnaires may be helpful in discovering past trauma when clients are not forthcoming with the information (van der Kolk, 2014). For example, questions like "During the first 18 years of your life, did a parent or other adult in the household often or very often swear at you, insult you, or put you down?" and "While you were growing up as a child, did you witness your mother

sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?” (The Adverse Childhood Experiences Study: A Springboard to Hope, 2017).

Upon gathering this information, clinicians need to be prepared to provide effective trauma-informed care to the individuals who are identified as trauma survivors. Most participants in the current study discussed the various forms of therapy they experienced with various levels of effectiveness. A few participants identified some of the experiences of individual adolescent counseling, substance abuse counseling, and recovery support groups as ineffective due to the therapist’s lack of knowledge and skills to work with adopted adolescents or the adoptee’s lack of readiness/motivation to engage in treatment. In addition, some instances of individual counseling, family counseling, Biblical counseling, and residential treatment programs utilized for their adolescents and/or themselves were perceived as helpful. At least half of the participants discussed the lack of local counseling resources needed to effectively address their unique family situations. Based on this finding, counselors need to increase competency level of working with adoptive families and adopted adolescents. In order to do this, they need to increase their awareness of the unique needs of this population by engaging in continuing education courses, reading pertinent literature, and consulting with senior counseling professionals who have a more extensive experience of working with adoptive families. Counselors can also assist adoptive parents by gaining access to supportive resources available to families involved with international adolescent adoption.

Further, all participants in the current study discussed the language barrier as a major challenge that they needed to navigate in the process of raising their adoptees. Counselors need to be aware of the potential challenges that limited English proficiency presents for adopted adolescents (e.g. difficulties with socialization, building family and peer relationships, various

educational difficulties, and institutional discrimination) (Gollnick & Chinn, 2009; Grothaus et al., 2014; Spinelli, 2008). School counselors need to be sensitive to the needs of adopted adolescents, educate other staff regarding appropriate expectations of these students' developmental capabilities, and advocate for programs that would assist these students with reaching their educational and social potential (Gollnick & Chinn, 2009). Also, the use of educational assessment tools that correctly identify students' strengths and areas of growth while also being adaptable to cultural diversity, language, and individual learning style would be helpful in the process of assisting adopted adolescents with educational growth (Spinelli, 2008).

In addition, the majority of participants discussed how helpful their participation within adoptive community network was. These community network members were familiar with the common struggles that these families experienced and provided support and a sense of belonging for adoptive parents. Counseling professionals can recommend their clients to join existing adoptive community networks (Linville & Lyness, 2007; Welsh et al., 2007). In addition, they can assist with creating adoptive parents' support groups within their agencies and communities (e.g. work with local adoption agencies and social services) to meet the need of these parents for collaboration, emotional support, and community spirit. One participant noted that having mentors who have extensive experience with raising internationally adopted adolescents would be particularly helpful. Therefore, when creating support groups and adoption community networks, counselors and other professionals need to take into consideration the number of years of adoption experience of the participants.

Implications for Counselor Educators. One of the main findings of this study is the influence of trauma on internationally adopted adolescents. Counselor education needs to focus on training counselors to be aware of the impact of trauma along with assessing for traumatic

disorders, and using trauma-informed strategies when serving families (van der Kolk, 2014). Some examples of the recommended treatment approaches to treating trauma are: Internal Family Systems Therapy (IFS), neurofeedback, Pesso Boyden System Psychomotor (PBSP) psychomotor therapy, theater based interventions, and Eye Movement Desensitization Reprocessing (EMDR) (van der Kolk, 2014). In addition, due to the impact that adoption has on each individual within the family system and the systemic family process as a whole, counselor educators need to train mental health professionals to utilize family systems and family structures concepts in their work with adoptive families and individual clients (Kerr & Bowen, 1988; Minuchin, 1974).

Furthermore, in order for counseling professionals to be empathic toward the experiences of the adopted adolescents and adoptive parents, counseling training programs can include the study of mechanisms of child adoption into the curriculum. The Council for Accreditation of Counseling & Related Education Programs (CACREP) 2016 standards currently include discussion of “cultural factors relevant to marriage, couple, and family functioning, including the impact of immigration” (CACREP, 2016, p. 30) in the marriage and family curriculum. Information regarding the impact of the adoption process, specifically international adoption, on the family dynamics can be added to marriage and family as well as the clinical mental health and school counseling curriculums in order to effectively prepare counseling professionals to serve the needs of this population.

Next, the majority of participants in this study shared their disappointment with the lack of support received from the public-school system in the process of assisting their internationally adopted adolescents with education. Two of them also talked about the painful experiences of sexual harassment, bullying, and abuse experienced by the vulnerable population of adopted

adolescents within the school system. It is recommended that, in addition to including the recommended roles and interventions for school counselors discussed previously, school counselor educators play a role in the ongoing education of school counselors through additional trainings and seminars regarding unique needs of adoptive families and children. This would enhance the school counselors' consistent use of trauma-informed practices and multicultural competencies in working with students involved with international adoption.

Implications for Parents. One of the main findings of this study relates to the ability of adoptive parents to detach their identity from the behavioral, emotional, and relational outcomes of their internationally adopted adolescents. Therefore, it is recommended that adoptive parents access the resources needed to provide empathy and assistance to their adopted adolescents without becoming too attached to the outcomes. This can be done via variety of ways. First, parental willingness to deal with the emotional reactivity resulting from family of origin issues can enhance their ability to remain calm during conflicts with adopted adolescents (Kerr & Bowen, 1988). Parents can also attend to their own mental health needs via counseling services and participation with various self-care activities. In addition, parents can seek to obtain additional training in effective parental strategies and skills. Further, during episodes of outbursts and aggression from the adoptee, it is important for parents to remember that the crisis belongs to the child, not the parent. Use of effective coping skills in order to remain calm (e.g. deep breathing techniques) during these stressful episodes is also important. In order to help adopted adolescents improve their ability to regulate emotions, it is important that parents model this skill in their own behaviors. Finally, a change in parental perspective is an important step toward detaching personal and parental identity from the outcomes of the adoptee. For example, parents can re-evaluate their views of the adoptee from seeing them as manipulative, coercive,

unmotivated, or limit testing to seeing the problematic behavior of the adolescent as a deficiency in emotion regulation, frustration tolerance, problem solving, and/or flexibility. This could help parents respond in a less personalized, less reactive, and more compassionate manner (Barkley & Robin, 2014).

In addition to parental ability to detach their identity from the outcomes of their adoptees, parents can consider implementing the various strategies that participants in this study perceived as helpful in the process of raising their adoptees. These strategies include various trauma/attachment strategies (see Table 3). Parents are also encouraged to communicate their long-term commitment to their adopted adolescents even in the face of significant challenges. In order to do this, parents can provide verbal and written reminders to their adopted adolescents about the long-term commitment they have to them. During stressful times, it may be a challenging task for parents to continue verbalizing their commitment and dedication. So, maintaining a journal of their commitment in order to stay in tune with the process of raising the adoptee may be helpful. Parents can also engage in conversations with their trusted friends, family members, and community resources about their commitment to the adoptee in order to be intentional and purposeful about their parental attitudes and actions.

Another example of strategies recommended by this study's participants is implementation of flexible boundaries in their approach to parenting. In order to do this, parents are encouraged to set limits and clearly communicate appropriate behavioral expectations during therapeutic family meetings. These expectations and rules need to be made tangible, clear, and concrete. At the same time, parents need to have an understanding that the child may not have the immediate capacity to meet those expectations, in which case they will need to demonstrate

flexibility and adjust their expectations by showing their acceptance, understanding, and grace toward adoptees in order to help them grow at a developmentally appropriate level.

Parents are also encouraged to utilize therapeutic support in order to effectively assist their adopted adolescents with growth and development. In order to do that, families should have a working knowledge of available counseling and other therapeutic resources. Parents can seek counseling prior to adoption and during the process of raising their internationally adopted adolescents. They should be prepared to engage in long-term treatment as a family as often attachment/trauma concerns require time and commitment. In addition, seeking information on available respite options for adoptive families and local emergency services may be beneficial should crisis arise in the course of raising an adolescent (Hughes, 1999).

In terms of utilizing therapeutic services, the current study's participants noted that counseling services were often ineffective in addressing their family needs and the individual needs of the adoptees. Therefore, parents should exercise discernment when choosing therapists for their adoptee or for the whole family system to ensure that the mental health worker is equipped and qualified in providing services to this vulnerable population. They can assess for the practitioner's level of competency by inquiring about the training received by the practitioner, credentials related to working with traumatized youth, number of years of experience serving adoptive families, and foreign language proficiency.

In regard to parents seeking participation in adoptive community networks, it is advisable and may prove to be an effective way to receive peer support, collaboration, and encouragement. However, it is also recommended that parents take into consideration the amount of parenting experience that other members of these groups have. Individuals with a greater wealth of

experience may provide a greater mentoring opportunity for recently adopting parents of international adolescents.

With the exception of one participant in the current study, the majority of parents saw value in engaging with the culture of origin of their adopted adolescent. Therefore, parents are also encouraged to become aware of the difficulties their adoptees experience when transitioning to a new and unfamiliar environment and to assist them with this cultural transition while keeping connections with their culture of origin. They can do this by becoming knowledgeable about their adolescents' ethnic beliefs and values; cultural behavior norms; and social, political, and religious influences in the countries of origin of their adoptees. Further, incorporating cultural foods, traditional holidays, and ethnic artistic expressions and symbols in the new family's routine and household can ease the transition to the U. S. culture and help create emotional bond between adoptive parents and the adolescent. In addition, parents can seek formal and informal ways to learn the native language of their adoptees in order to enhance the emotional connection with them and provide additional ways of communication. Parents can also encourage connection of their adoptees with others of the same ethnicity and to provide cultural socialization opportunities where adoptees can speak their language and communicate with individuals who are familiar with their native culture. Therefore, the results of the current study seem to add evidence supporting the value of maintaining cultural connections to adoptees' countries of origin.

In regard to seeking advanced training, parents are encouraged to consider educational opportunities that will better inform them about the impact of trauma on child development, trauma responses, normal developmental struggles that adolescents experience, parenting children with attachment disruptions, and effective interpersonal/communication skills. This can

be done by attending online and in person workshops or seminars as well as engaging in training programs (e.g. coaching or human growth and development coursework or training).

Furthermore, the majority of participants in this study discussed various unrealistic and problematic expectations that they experienced in the process of raising their internationally adopted adolescents including expectations of gratitude from the adoptee, of the adoptee easily blending with the family, of amount of time and effort required to parent an adolescent adoptee, and of the adolescent's developmental level matching their chronological age. Based on this finding, it is recommended that adoptive parents examine their expectations prior to adoption in order to make necessary adjustments. Utilizing additional educational opportunities, reading resources, and participation with adoption parental networks can help parents evaluate their expectations from a more appropriate and effective perspective.

In addition, since most families in the current study had higher than average access to financial resources, it is worth noting that additional costs in terms of time and finances may be associated with ability to engage in parenting that is well-informed. So, implementing some specific strategies recommended by this study's participants may require monetary and time investment from adoptive parents. Therefore, potential adoptive parents need to be aware of this possibility in order to have appropriate and realistic expectations of the process.

Finally, parents should be prepared to engage in advocacy and education efforts with school systems and officials in order to secure needed resources and educational opportunities for their adoptee. Knowledge of their rights and the workings of the system can be helpful in this regard also.

Implications for Community Organizations. In addition, the findings of this study also have implications for community organizations. Creation of local adoption counsels/professional

networks would invite participation of various community, educational, and religious organizations representatives associated with the process of assisting adoptive families. These counsels can include adoption agency staff, social workers, Child Protective Services specialists, medical personnel, school officials, religious leaders, mental health professionals, non-profit organizations staff, and others involved with internationally adopting families. This will ensure better coordination of care and help allocate resources to assist adoptive families. This recommendation is congruent with previous researchers' suggestions to involve school professionals in the treatment team approach to care for adopted children, "Collaboration among school counselors, families, and community services with schools ensure continuity of care from one setting to the next and may reduce the level of family stress" (Zirkle et al., 2001, p. 368).

In addition, these counsels can become avenues for counseling professionals to network with school representatives, adoption agency staff, and religious leaders with whom adoptive parents directly communicate. Creating a community resource list, which would include all potential referrals and resources needed to assist adoptive families, would be beneficial for proper assessment, diagnosis, and treatment of issues faced by parents and adoptees. The specialists within these counsels can help create a centralized check list for newly adoptive parents to complete regarding various assessments for their adoptees (e.g. for potential sensory integration issues, malnutrition, attachment/trauma concerns) in order to receive timely assistance and treatment.

These professional networks and local counsels can also serve the function of bringing awareness to the community about the needs of the wider population of orphans worldwide. A few participants in the current study discussed supporting orphans as an alternative to international adoption. They spoke about various non-profit organizations that provide help to

children by assisting them within their native countries. Supportive professional/parental networks and counsels can help raise awareness about the ways these non-profit organizations work to provide housing and quality care for children who age-out of orphanages and require training in independent living skills.

In addition, parents in this study frequently utilized spiritual resources including prayer, conversations with their religious leaders, youth groups, faith based support groups, and prayer counseling. It is recommended that local religious groups engage in assisting adoptive families with the process of raising their adopted adolescents. They can do this by bringing awareness to their congregations regarding international adoption process and challenges, sponsoring church based support groups, maintaining connections with local counseling practices to provide timely referrals, and housing various activities for adoptive families in their buildings. In addition, religious groups can create supportive groups/ministries within their structure to provide various types of assistance to adoptive families (e.g. meal preparation during the initial transition process or respite service to relieve parents when needed).

It is also the recommendation of the researcher that local media sources engage in the process of assisting adoptive families by advertising services and resources available for them in the community including counseling specialists qualified to treat adopted children and families, local and online parental support networks, and reading resources. In addition, local media sources can help raise awareness in the community regarding the international adoption process, challenges, and ways for general population to support adoptive families. They can also provide avenues for professional groups to advocate on behalf of adoptive families for additional resources and assistance needed to support adoptive families.

Furthermore, local agencies including privately owned businesses, non-profit organizations, medical practices, and community agencies can be involved in assisting adoptive families with raising internationally adopted adolescents. These agencies can sponsor events to raise awareness of adoption related concerns and facilitate celebrations of milestones for adoptive adolescents. In addition, due to the high expense of international adoption and difficulties that lower SES parents may experience with accessing resources needed to effectively assist their adolescents, local agencies can help sponsor adoptees, provide scholarships/funds for treatment or education, and facilitate job trainings for adopted adolescents.

Government entities can also be involved in helping internationally adopting families by providing access to services otherwise unavailable to them. For example, most internationally adoptive families do not qualify for intensive in-home treatment due to the lack of coverage of this treatment modality by their insurance companies. Providing access (Medicaid coverage) to meet the significant mental health needs of the adolescent adoptees would help decrease the risk of their out-of-home placements. Local government resources would also be helpful in providing various social services to the adoptive families. For example, assigning a social worker to an adoptee to monitor their progress and to assist with resources to meet the various medical, educational, emotional, and psychological needs would be beneficial in the process of raising that adolescent.

Finally, counseling professionals can help create advocacy initiatives to involve government and community organizations in the care for internationally adopted adolescents. They can work toward raising awareness of the international adoption process and

challenges/benefits associated with adoption and lobby toward policies providing additional support and access to services for adopted adolescents and their families.

Limitations

The research team recognized several limitations to this phenomenological study: the potential for bias in self-reported data along with researcher bias (despite attempts to minimize or eliminate this), ESL status of the primary researcher, and incomplete member-checking. Self-reported data provided by study participants may have been affected by social desirability factor. These participants may have answered interview questions in ways that they believed would be acceptable to the researcher and others involved during the study.

Although having a representative group is not the goal of qualitative research (Hays & Singh, 2012), careful consideration of the description of the participants and their demographic characteristics can assist in determining the transferability of the findings to other adoptive families (Linville & Lyness, 2007). In regard to sampling, although it was not the intent of the researcher, all of the participants were active and dedicated Christian mothers who spoke openly about their faith and its influence on the process of adoption and parenting of international adolescents. No adoptive fathers participated with this research. In addition, a number of adoptees lived in the same communities, both in their native countries and upon arrival to the United States. The majority of them had maintained friendships with others who resided in the same institutions in Eastern Europe prior to adoption. In addition, there appeared to be an overlap in participants' experiences with sharing similar beliefs and church affiliations. Also, it seems to be a common practice of churches to promote adoption through missions and service, so religious affiliation may be a common characteristic of adoptive parents of adolescents. These unique demographic characteristics could have impacted the results of this study. Therefore, the

findings need to be carefully applied with populations that do not have these specific demographic characteristics.

Further, the majority of the participants in this study may have had access to more economic resources than average families in the United States. This access might have allowed them to implement specific helpful interventions they discussed (e.g. taking their adopted adolescent back to the country of origin for a visit or enrolling them in a private school). Interestingly, within a group of Eastern European adoptees, socioeconomic status of parents was a predictor of the adaptive skills (Barcons et al., 2014). The researchers suggested that it may be more difficult for some families to allocate economic and educational resources to effectively assist their adopted children with adaptation to life in the new country (Barcons et al., 2014). Participants in the current study were asked to self-identify their SES, which ranged from Working Class to Upper Class among the nine participants represented in the sample. In contrast, prior research indicated that parents involved in child adoption tend to be of higher than average socioeconomic status (Spear, 2009). The wide range of socioeconomic level responses in the current study may have been affected by the bias in the self-reported data as individuals in the United States tend to under-report their socioeconomic status (Reeves, 2015).

In addition, despite efforts to minimize and manage researcher bias via bracketing, peer debriefing, triangulation of researchers, and independent audit, the researcher bias may still have been present as a factor throughout the course of the study. For example, the primary researcher identified as an active and dedicated Christian herself. This cultural identity placed her in an “insider role” (Dwyer & Buckle, 2009) in relation to the researched population in this regard. Further, the primary researcher conducted research, transcribed interview recordings, and created the narrative in her second language. This resulted in typographical errors in the use of cultural

terms and slang words which were fixed by participants during the member checking process. Although the researcher utilized native English speakers as research team members, the independent auditor, and principal research investigator, her status as an ESL speaker could have still caused influences on the research outcomes.

Also, all of the participants had adopted their adolescents well over the two year minimum required to participate in this study. It is possible that their recollections in the present of past events may be different than their experience of the events as they happened. Finally, all nine participants responded to the e-mail prompt and six of them participated with member checking process by correcting transcript errors and/or providing additional insights regarding interview questions. One participant was unable to access the transcript due to technical difficulties and time constraints. Although, she contributed additional insights regarding interview content which were subsequently included in the data analysis, she did not complete the member checking process as intended.

Future Research

First, future research can focus on exploring attitudes and actions that adoptive parents who do not identify as Christians perceive as helpful in the process of raising their internationally adopted adolescents. Since all nine participants in this study were adoptive mothers and derived strength for the process of raising adolescents from their faith, it is important to investigate perceptions of non-Christian adoptive parents regarding helpful attitudes and actions. In addition, accessing the perspective of all adults (not just mothers) involved in the process would likely produce helpful information. Also, of particular interest may be investigation of parenting strategies used by families who have access to fewer economic resources than a typical family involved with international adoption.

Next, while this study's focus was on the perceptions of parents, exploration of adult international adoptees' perceptions would provide the retrospective and experience-based insight on what they perceived as helpful during their growth and development. This knowledge would prepare counseling professionals to better assist adolescents in the process of transitioning to a new culture, adjustment to the new circumstances of life, and attachment to the adoptive family.

Further, the research team recommended an investigation of attachment styles of adoptive parents associated with the outcomes of their internationally adopted children. Since majority of the participants in this study appeared to either exhibit a secure attachment style or discussed growing up in healthy and functional families, there may be an association between the attachment style of adoptive parents and the level of adjustment and ability to attach to the family of the adoptee.

In addition, of particular interest are sibling relationships within adoptive families. Participants discussed how having an adoptive or a biological sibling in the family of a specific age in relation to the adopted adolescent seemed to affect the dynamic in the home and the adjustment process of the adoptee. For example, having a sibling in the same class for support was perceived as helpful. Therefore, research of the various influences that sibling relationships have on international adoptions, particularly on adolescent international adoption, is warranted.

Finally, future research can focus on the practices used by public-school systems that are helpful to adoptive families and children. Further investigation into characteristics of schools considered more successful in this process could inform the educational system as a whole.

Summary

The findings of this study provide implications for counseling professionals, counselor educators, community organizations, and adoptive parents involved with international adoption

of adolescents. The strength of this study was the retrospective nature of the insights provided by the participants who had extensive experience of raising internationally adopted adolescents. All the adolescents adopted by these participants have reached young adulthood stage and many of them moved out of their adoptive family homes, pursued higher education, and created their own families. Therefore, the findings of this study provide experience-based recommendations that may be helpful to adoptive parents, professionals, and communities involved with internationally adoptive families.

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APPENDIX A
LETTER OF INVITATION

Dear _____,

My name is Marina Kuzmina and I am a Doctoral candidate in the Counselor Education and Supervision program at Old Dominion University in Norfolk, VA. I am conducting a dissertation research study on the experiences of adoptive parents with raising their internationally adopted adolescents. If you have internationally adopted an adolescent 10 years of age or older and have personal experience with raising your adolescent for at least two years following adoption, I would like to invite you to participate in this study. If you are willing to participate, I would like to interview you in person or online via AdobeConnect.

In order to participate with the research study, I will ask you for an interview, which will take approximately 30 to 60 minutes of your time. I will arrange with you a convenient time and place to conduct the interview in a space that is private and confidential. I am interested in your thoughts and experiences concerning raising internationally adopted adolescents. After the interview, I will follow up via email within a week to provide an opportunity for you to review the transcript, correct any mistakes, and share any additional thoughts regarding the topic.

If you decide to participate in this study, you may still choose to not answer any questions or discontinue the interview at any time. I will take all known reasonable steps to keep your private and identifying information confidential. The results of this study may be used in reports, presentations, and publications but I will not identify you.

Please let me know if you are willing to participate and the dates and times which you might be available for the interview. If willing to participate, you will be given an informed consent form to sign. I appreciate your time and consideration.

Sincerely,
Marina Kuzmina, M.A., LPC (Primary Researcher)
Doctoral Candidate
Department of Counseling and Human Services Old Dominion University
mkuzm001@odu.edu
(757) 272-9009

Tim Grothaus, Ph.D., NCC, NCSC, ACS (Research Supervisor)
Associate Professor and Counseling and Human Services Department Chair
Dissertation Committee Chair
Old Dominion University
(757) 683-3007
tgrothau@odu.edu

APPENDIX B

INFORMED CONSENT DOCUMENT OLD DOMINION UNIVERSITY

PROJECT TITLE: Attitudes and actions that adoptive parents perceive as helpful in the process of raising their internationally adopted adolescent.

INTRODUCTION: The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participation in this research, and to record the consent of those who say YES. This qualitative study's purpose is to gain knowledge about parents' experiences raising their internationally adopted adolescents.

RESEARCHERS:

Responsible Principal Investigator: Tim Grothaus, PhD, Department of Counseling and Human Services; Darden College of Education, Old Dominion University.

Researchers: Marina Kuzmina, M.A., LPC, Counseling PhD candidate (conducting the research); Eric Brown, Ed.S., M.Div., Counseling PhD candidate (research team member), Traci Richards, M.A., LPC, Counseling PhD candidate (research team member).

DESCRIPTION OF RESEARCH STUDY: The purpose of this research is to explore parents' lived experiences of raising their internationally adopted adolescents. Specifically, this study is interested in parental attitudes and actions that were perceived by them as helpful in that process. This is a dissertation study for the PhD program in the Counseling and Human Services department in the Darden College of Education at Old Dominion University.

If you decide to participate in this research, you will be asked to participate in an individual interview regarding your experiences related to the research topic. An interview will be conducted in a quiet, private area of your choosing and will generally last for 30-60 minutes. It will also be audio recorded for research purposes. You may be asked to participate in a follow up interview to clarify or add to the information provided earlier.

EXCLUSIONARY CRITERIA: You should have personal experience with international adoption process as a parent of an adolescent adopted after age 10 and personal experience with raising this adolescent for at least two years following adoption. To the best of your knowledge, you should not have any conflict of interests that would keep you from participating in this study.

RISKS AND BENEFITS:

RISKS: If you decide to participate with this research study, then you may face a risk of experiencing emotional reactions triggered by memories of your experiences. The researchers tried to reduce this risk by allowing you to choose not to answer any question that you do not feel comfortable answering and by providing you with a list of local counseling resources available to address mental health needs should they arise during the process of this study. As with any research, there is some possibility that you may be subject to risks that have not yet been identified.

BENEFITS: Although there are no known direct benefits to your participation in this study, the results of this study may contribute to the field of professional Counseling regarding the experiences of raising internationally adopted children. Your participation in this research is a valued part of this process.

COSTS AND PAYMENTS: The researchers are unable to give you any payment for participating in this study.

NEW INFORMATION: If the researchers find new information during this study that might reasonably change your decision about participating, then they will give it to you.

CONFIDENTIALITY: Although the researchers cannot guarantee confidentiality, the information/data you provide for this research will be stored in a password protected file. Participant numbers will be used throughout the data analysis and coding process and in the final reports. Results of the research may be used in reports, presentations, and publications but the researchers will not identify you. In addition, your records may be subpoenaed by court order or inspected by government bodies with oversight authority. According to federal regulations, cases of suspected child abuse/neglect will be reported by the researchers to the local Department of Human Services.

You have the right to review the results of this research if you wish to do so. A copy of the results may be obtained by contacting the researchers.

WITHDRAWAL PRIVILEGE: It is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from the study at any time. The researchers reserve the right to withdraw your participation in this study at any time, if they observe potential problems with your continued participation.

COMPENSATION FOR ILLNESS AND INJURY: If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event of any harm arising from this study, neither Old Dominion University nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you suffer injury as a result of participation in any research project, you may contact Dr. Tim Grothaus, the Responsible Principle Investigator at 757-683-3007, Dr. Petros Katsioloudis, current Chair of the Darden College of Education Human Subjects Review Committee at pkatsiol@odu.edu, or the Old Dominion University Office of Research at 757-683-3460 who will be glad to review the matter with you.

VOLUNTARY CONSENT: By signing this form you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them:

Marina Kuzmina, MA, LPC
757-272-9009

mkuzm001@odu.edu

If at any time you feel pressured to participate or if you have any questions about your rights or this form, then you should contact Dr. Petros Katsioloudis, current Chair of the Darden College of Education Human Subjects Review Committee at pkatsiol@odu.edu or the Old Dominion University Office of Research at 757-683-3460.

And importantly, by signing below, you are telling the researcher YES, that you agree to participate in this study. The researcher should give you a copy of this form for your records.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Subject's Printed Name & Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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INVESTIGATOR'S STATEMENT: I certify that I have explained to this subject the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws, and agree to comply. I have answered the subject's questions and have encouraged him/her to ask additional questions at any time during the course of this study. I have witnessed the above signature on this consent form.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Investigator's Printed Name and Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

Age: _____ Gender: _____ Race/Ethnicity _____

Current marital status (circle one): Single Married Engaged Divorced
Separated

Highest educational level completed (for each): High School College Graduate
School

Religion/Spirituality (if any): _____

Your family's SES: Working Class Middle Class Upper Middle Class Upper Class

How many biological children do you have? _____

How many adopted children do you have? _____

Adopted Child 1

Which country was your child adopted from? _____ Child's ethnicity: _____

How old was your child at the time of adoption? _____

When was adoption completed? (month/year) _____

Special needs status of the adopted adolescent: _____

Placement status (e.g., initial placement/rehomed): _____

Placements prior to your home: _____

Adopted Child 2

Which country was your child adopted from? _____ Child's ethnicity: _____

How old was your child at the time of adoption? _____

When was adoption completed? (month/year) _____

Special needs status of the adopted adolescent: _____

Placement status (e.g., initial placement/rehomed): _____

Placements prior to your home: _____

Adopted Child 3

Which country was your child adopted from? _____ Child's ethnicity: _____

How old was your child at the time of adoption? _____

When was adoption completed? (month/year) _____

Special needs status of the adopted adolescent: _____

Placement status (e.g., initial placement/rehomed): _____

Placements prior to your home: _____

Please provide information about other adopted children (if applicable) below:

APPENDIX D**INTERVIEW PROTOCOL**

Hello, thank you for agreeing to participate with this research. Let's go ahead and start. I am interested in learning about your experiences raising your internationally adopted adolescent (_____ = name of young person).

1. How would you describe _____ to someone who doesn't know her/him?
2. As _____ continues to grow, can you please share your hopes or goals for him/her in the future?
3. What factors were involved or considered in your decision to adopt _____?
4. What expectations did you (and your partner, wife, husband) have at the beginning of the adoption process regarding raising _____?
5. Please describe your experience of raising _____?
6. Prior to _____ arriving, what helped you to prepare for the process of raising _____?
7. What do you know or believe now that might have been helpful to have known earlier regarding raising _____?
8. In terms of parenting or raising _____, what do you believe has worked well overall?
9. What challenges involved in raising _____ (if any) did you need to navigate as part of the process of assisting _____ with growth and development?
10. What helps you get through the challenging times (if or when these happen)?
11. How, if at all, have you changed your parenting attitude or strategies when it comes to raising _____? What was the impact of those changes?
12. Which external resources (e.g., people, trainings, tools), do you believe have been helpful to you in raising _____?

13. In terms of your own attitudes, beliefs, and/or values, which do you believe have been helpful to you in raising _____ ?
14. If asked, what would you share with parents who are considering whether or not to adopt and who are beginning the process of raising their internationally adopted adolescent?
15. Was there anything else that you wanted to add to our discussion?

Thank you for sharing your insights. I will contact you to follow-up on this interview and give you an opportunity to correct possible errors or misperceptions of your thoughts.

Follow-up Email Prompt:

Dear _____,

Thank you for participating with the recent interview as part of my dissertation research. Your insights are very valuable for this study. Is there anything else that you wish to add to our discussion? Please feel free to share any new thoughts that might have occurred to you since the interview. In addition, attached find the interview verbatim transcript in a password protected file. Please respond to this email with any correction/clarification of the recorded information. If you have any additional questions, feel free to contact me.

Thank you again for all your help,

Marina

*Marina Kuzmina, M.A., LPC
PhD Candidate and Graduate Teaching Assistant
Department of Counseling and Human Services
Old Dominion University
Norfolk, VA 23529
E-mail: mkuzmina@odu.edu*

APPENDIX E

LIST OF TABLES

Table 4.1. Participants’ Demographic Characteristics

Participants’ Demographic Characteristics	
Age Range of the Participants	52-68
Gender	Female
Race/Ethnicity	White/Caucasian
Marital Status	Married
Level of Education	Trade School-Graduate School
SES	Working class – Upper class
Religion/Spirituality	Christian
Number of Biological/Step Children	0-4
Number of Adopted Children per family	1-5
Number of Adopted Adolescents per family	1-3
Region of Adolescent Adoption	Eastern Europe
Regions of Non-Adolescent Child Adoption	United States, Asia, Eastern Europe
Experience of Parenting Post Adolescent Adoption	7-15 years

Table 4.2. Adopted Adolescents’ Demographics Table

Adopted Adolescents’ Demographic Characteristics	
Age Range of the AA at the time of adoption	11-16
Gender	Male (6) Females (13)
Race/Ethnicity	White/Eastern European Nationalities
Region of Adoption	Eastern Europe
Previous Residence	Orphanage, Homelessness

Table 4.3. List of Specific Trauma/Attachment Strategies

Spending one on one time with adopted adolescent; Prioritizing relationship building with adopted adolescent over other tasks and goals; Assisting adolescents with processing traumatic memories and reactions; Expressing empathy and compassion toward adopted adolescent; Teaching adopted adolescent family roles and healthy coping skills; Providing adopted adolescent opportunities to make choices; Using time-in instead of time-out strategy with adopted adolescent;

Implementing physical touch in interactions with adopted adolescent;
Tucking adopted adolescent in at night;
Rocking adopted adolescent;
Taking a lower stance during episodes of traumatic reactions;
Using physical holds and restrains to ensure safety;
Safety planning involving authorities/family members to aid during potentially harmful events;
Utilizing behavioral systems with adopted adolescent;
Establishing consistent routine for adopted adolescent;
Having predictable behavioral rules for adopted adolescent;
Providing opportunities to participate with additional activities:

- Sports/Martial arts
- Group activities/Youth groups/Sunday School classes
- Music/Playing an Instrument
- Dancing ballet
- Art/Painting

Table 4.4. Reading Recommendations

1. Wounded Children Healing Homes by Betsy Smalley, Jayne Schooler, Timothy Callahan
2. Parenting the Hurt Child by Gregory Keck, Regina Kupecky
3. Adopting the Hurt Child by Gregory Keck, Regina Kupecky
4. Infinitely More by Alex Krutov
5. The Connected Child by David Cross, Karyn Purvis, Wendy Sunshine
6. The Body Keeps the Score by Bessel van der Kolk
7. Twenty Things Adopted Kids Wish Their Adoptive Parents Knew by Sherrie Eldridge
8. The Smart Stepfamily by Ron Deal
9. The Art of Sensitive Parenting by Katharine Kersey
10. Keep your Love on by Danny Silk
11. Loving our Kids on Purpose by Danny Silk
12. The Five Love Languages by Gary Chapman
13. Sherrie Eldridge Blog

CURRICULUM VITAE

Marina V. Kuzmina, Ph.D., LPC
 E-mail: marishakuzmina@gmail.com
 Cell Phone: (757) 272-9009

EDUCATION:

Ph.D., Counselor Ed. and Supervision. Old Dominion University (Norfolk, VA)	08/2017
M.A., Community Counseling. Regent University (Virginia Beach, VA)	05/2010
B.A., Legal Studies. Kemerovo State University (Novokuznetsk, Russia)	06/2006

LICENSURE:

Licensed Professional Counselor	01/2015
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PUBLICATIONS:

Currie, C.L., Kuzmina, M.V., Nadyuk, R.I., & Yevdoschenko, S.V. (2013). Counseling in Russia. In T. H. Hohenshil, N. E. Amundson, & S. G. Niles (Eds.), *Counseling around the world/An international handbook* (pp. 253-262). Alexandria, VA: American Counseling Association.

Currie, C.L., Kuzmina, M.V., & Nadyuk, R.I. (2012). The Counseling Profession in Russia: Historical Roots, Current Trends, and Future Perspectives. *Journal of Counseling and Development*, 90, 488-493.

PROFESSIONAL PRESENTATIONS:

Mariotti, D., **Kuzmina, M.V.**, & McAuliffe, G. (2015, October). Broaching International Boundaries: Italian, Russian and American Counselor Educators' Insights from their International Teaching Experiences. ACES Annual Conference in Philadelphia, Pennsylvania

Kuzmina, M.V., & Ramrakhiani, S. (2015, February). Implications for Clinical Treatment of Families Involved with International Adoption. Presented at the Virginia Association for Counselor Education and Supervision Graduate Student Conference in Harrisonburg, Virginia.

Kuzmina, M.V., & Ramrakhiani, S. (2015, February). Counseling Profession within International Settings. Presented at the Virginia Association for Counselor Education and Supervision Graduate Student Conference in Harrisonburg, Virginia.

Ramrakhiani, S., & **Kuzmina, M.V.** (2015, February). Incorporating Continuous Client Feedback in Counselor Training and Supervision. Presented at the Virginia Association for Counselor Education and Supervision Graduate Student Conference in Harrisonburg, Virginia.

Ramrakhiani, S., Brown, E.M., & **Kuzmina, M.V.** (2015, February). Understanding International Students' Sense of Safety on College Campus: Implications for Counseling. Presented at the Virginia Association for Counselor Education and Supervision Graduate Student Conference in Harrisonburg, Virginia.

Hohenshil, T.H., Brott, P.E., McAulife G.J., **Kuzmina, M.V.**, & Remley T.P. (2011, November). International Counseling: A Worldwide Movement. Presented at the Virginia Counselors Association Annual Convention in Portsmouth, Virginia.

TEACHING EXPERIENCE:

Old Dominion University, Norfolk, VA 08/2014 – 07/2017
Department of Counseling and Human Services
Doctoral Graduate Instructor and Student Supervisor

Cross Cultural Counselor Education and Supervision Project 02/2013 – 05/2014
Tavriskiy Christian Institute Kherson, Ukraine
Teaching Assistant and Distance Practicum Supervisor

Regent University, Virginia Beach, VA 10/2008 – 04/2011
Graduate Assistant School of Psychology and Counseling

CLINICAL EXPERIENCE:

Genesis Counseling Center 05/2016 – 04/2017
Licensed Professional Counselor/Doctoral Intern

Compass Youth and Family Services, Norfolk, VA 04/2011 – 07/2014
Resident in Counseling

Renewal Counseling and Neurotherapy, Virginia Beach, VA 06/2010 – 09/2011
Co-Founder/Clinical Associate

Family Therapy, Newport News, VA 08/2009 – 05/2010
Counseling Student-Intern

Hampton Roads Youth Center, Suffolk, VA 02/2008 – 05/2008
Counselor-Practicum Student

Freedom House Charitable Fund, Prokopjevsk, Russia 01/2004 – 07/2007
(Residential Substance Abuse Program)
Women's Program Director

Teen Challenge New England, USA 04/2003 – 10/2003
Staff-in-Training