

Article 9

**Challenges and Resiliency Factors of Families
with Internationally Adopted Children**

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International adoption is increasingly common among families in the United States. In the year 2006 alone, over 19,000 children were adopted from foreign countries (U.S. State Department, 2007). Prior to adoption, these children often await placement in orphanages or institutions with poor or, at the very best, minimal levels of physical and psychological care. Researchers have noted their overrepresentation in clinical mental health samples and acknowledge the risk for these children to exhibit attachment disorders, developmental delays, and behavioral problems (Juffer & van IJzendoorn, 2005).

When compared to nonadoptive children, post-institutionalized children exhibit more problematic behaviors particularly in the areas of attention, thought, and social interactions. These problems increase in children who experienced more than 24 months of institutional care prior to adoption (Gunnar, van Dulmen, & the International Adoption Project Team, 2007). However, longitudinal researchers report that overall, internationally adopted children are well adjusted and able to develop close attachments to adults (Judge, 2004; Juffer & van IJzendoorn, 2005).

Although the post-adoption adjustment of these children continues to be of great concern, promoting the strengths and

resiliency of their adoptive parents is a necessary focus for the health and wellness of *all* family members. Parents with internationally adopted children are at risk for stress and burnout (Reynolds, 2005). Parental stress is complicated and influenced by many factors including the problems of the child, the financial difficulties of the family, and the level of community support services accessed by the family (Mainemer, Gilman, & Ames, 1998; Smith, Oliver, & Innocenti, 2001). In addition, marginalization, racism, hyper-visibility, and intrusiveness of people outside the family increase parental stress. Encounters with health care professionals who lack understanding of adoptive families and view them and their children exclusively from a pathological lens further marginalize and add to the stress of parents (Linville & Lyness, 2007; Reynolds, 2005; Smith, Surrey, & Watkins, 1998).

Stress of adoptive parents is an issue of concern for counselors because of its potential to impact the ability of the parent to be responsive to the needs of the children. In fact many professionals suggest parental stress be prioritized as a treatment issue *before* plans addressing the child(ren)'s behavioral problems are developed (Smith, Oliver, & Innocenti, 2001).

In order for mental health professionals to be more effective with these families, descriptive information on the ways in which the parents of these children experience stress and how they cope is needed. In this study we provide a description of the experiences, concerns, and coping strategies they use as parents.

Method

As qualitative researchers, we endeavored to collect thick descriptions of the experiences of adoptive parents who participated in this study. We chose to use focus groups and individual, informal, conversational, interviews to gather the qualitative data from the participants. In addition, we offered all participants the opportunity to complete the Parenting Stress Index – Short Form (PSI-SF; Abidin, 1995) to quickly assess their own levels of stress compared to a norm group. Although we used the PSI-SF as a conversation prompt, we

are reporting the results of the 14 participants who completed the PSI-SF in addition to the qualitative data.

Focus groups allow researchers to obtain the opinions, perceptions, attitudes, beliefs, and insights of a small group of people (Kitzinger & Barbour, 1999). Kress and Shoffner (2007) described focus groups as an “effective means of understanding ... clients’ needs and experiences in counseling” (p. 189). The second author of this study moderated the discussions of three focus groups using probing comments, observing nonverbal behaviors, and processing the participants’ responses. In addition, she maintained the group’s focus on the topic of parenting stress and encouraged an open exchange of information among participants.

Participants

We used purposeful, intensity sampling methods to select participants for this study. All participants attended one of two Heritage Camps: a) Russian, Eastern European, and Central Asian adoptive families; or b) Cambodian adoptive families. In addition, they chose to attend a discussion entitled “Managing Parenting Stress” during the camp. Thus, they manifested the phenomenon of interest intensely, but not extremely as in deviant case sampling (Gall, Gall, & Borg, 2003), where participants are identified because they have clinical levels of the phenomenon.

The “Managing Parenting Stress” discussion was the focus group. Each focus group lasted one hour and contained 11-14 individuals. Two focus groups were held for adoptive parents of Russian, Eastern European, and Central Asian children. One focus group was held for adoptive parents of Cambodian children.

Participants ranged in age from 34-68 years. The majority of participants were mothers (32 of 38 individuals). One female participant was an aunt, the remaining 5 participants were fathers. The majority was Caucasian.

Procedure

Initially, all participants signed an informed consent form and completed a demographic questionnaire. The moderator opened the

discussion of parenting stress by stating: This is a room full of parents who care deeply about their children. Yet, we each have realized that parenting is probably the hardest job in the world. We can't do it alone, and we have a wealth of wisdom to share with each other and with professionals who try to help us.

She then asked participants to describe elements of a stressful day. Approximately 20 minutes into the discussion, she offered participants the opportunity to complete the PSI-SF to assess their level of stress compared to a norm group. This facilitated more discussion. After the focus groups, the moderator invited all participants to continue the discussion with her on an individual basis. Four participants chose to continue the conversation individually. These conversations occurred within 24 hours of the focus group and lasted less than 40 minutes each.

After each focus group and individual interview, the moderator logged quotes, thoughts, and behaviors in a researcher journal. This journal included the procedure as well; thus, it could provide an audit trail. In addition, the data was triangulated between qualitative and quantitative methods. We used a participatory mode (Merriam, 1998) in which participants were involved in, and could benefit from, the research. We collected enough data for a thick description of parenting stress of internationally adoptive families to emerge; one that brings to life how the parents responded. In this way, we took precautions to facilitate trustworthiness and dependability of the results.

Results

Three themes emerged from the qualitative data we collected: questioning parenting ability, neglecting self care, and experiencing problems with support systems. In this section we provide a rich description of these themes and a brief summary of the PSI-SF results.

Questioning Parenting Ability

The parents in this study reported experiencing pressure to be physically and emotionally available to their adoptive children to

facilitate healthy attachment. One mother relayed the following story:

She was a toddler when I got her, and she was just holding her hands up fussing for me to hold her at all times. She could not be away from me. It was very touching to me that she needed me and wanted me to hold her. But it was constant. I carried her around while I tried to make dinner, propped her on the counter, just so she could be near me.

Parents agonized over absences, even to go to work. They often worried the problems their children had were the result of prior institutionalization. For example, another participant said:

When I observe her having difficulties or strong emotions, I'm always wondering "Is this normal for her, or is this the result of the neglect she experienced in her orphanage?" Every day I have this persistent overhanging sense of anxiety that I can't do enough, be enough, give enough to make up for what she didn't have when she was in the orphanage.

In addition, the participants in this study reported "shopping" for answers to their concerns from multiple professional helpers including school teachers, school counselors, family therapists, professional counselors, psychologists and a diverse array of health care professionals. Multiple participants stated, "It's so hard to know what to do. I just want to do the right thing." Yet, the "right thing" seemed to be just outside of their reach, and their experience of themselves as parents was "not quite good enough."

Neglecting Self Care

Not only did the participants report that their commitment to parenting engulfed the rest of their lives, but they also consistently reported that they could not care for themselves without feeling guilt. For example, one single mother said, "I can't be gone any more because I already have to work 8 hours a day. Time for *me* is not an option." Taking personal time was reprehensible for most of the participants. Instead, many parents discussed their love of spending time with their children. One father commented, "After being gone

all day, the one thing I want to do for myself is just be with my kids, especially when they're getting along. Playing with them, hearing them laugh really makes the rest worth while." Several other participants agreed with him, quipping, "That's the priceless stuff." They chose to do activities such as bicycling or playing at a park as a family, and they did not see the benefit of spending any additional time away from their children.

Yet as the conversation within each focus group continued, participants began noting that they could not be as available to their families if they neglected their own care. One mother shared the following example with the group:

When I put my daughter to bed, she often wants me to stay with her until she falls asleep. Sometimes I do, but other nights I'm so exhausted I just want to go to my room and go to sleep or have some time to myself. On those nights, I'll tell her, "I'll read one story and then I'm going to tell you good night and go to bed." Invariably, if I go to bed, she'll cry and beg me not to go. I still go, but I feel like a horrible mother.

This mother experienced taking time for herself as taking time away from her daughter. She recognized that her need for time to herself could rejuvenate her so that she could be more attentive to her daughter. In fact, as the conversation in this focus group continued, one exhausted mother began to cry. She said, "I can't believe I'm crying because I realize I don't take care of myself at all." She wanted to give to her family and ensure that her children were "ok," yet she realized that attempt had left her depleted. The other participants in the group validated her experience by nodding their heads and quietly saying, "I know. I know."

The theme of neglecting self-care emerged across focus groups. Parents reported how difficult it was to take time away from their families to care for themselves, particularly in the context of their overarching concern about being good enough parents.

Experiencing Problems with Support Systems

The parents in the focus groups perceived a lack of support

from professionals and occasionally friends and family members. Overwhelmingly, they discussed examples of helping professionals who pathologized their children. One mother succinctly stated, “Their curiosity makes them professionally clumsy, biased, and prejudiced.” Another participant stated:

I took my daughter to a counselor a couple of years ago. The counselor said to [my daughter], “Tell me about your birth family.” Then she looked at me and said, “Oh, she knows she’s adopted, doesn’t she?” I haven’t gone to a counselor since.

The parents also reported several examples of school teachers who assumed their children would have problems because they were adopted from institutions. One father said:

We don’t tell anybody that our kids are adopted. It’s on a need to know basis. In kindergarten through second grade, that’s when we learned not to share. As soon as the teachers found out, they started looking for ADHD, learning disorders, whatever. My child became hyper-visible.

In addition, some parents experienced a lack of support from their friends or extended families. They reported disconnection from others who did not understand the stress of caring for a needy child. They also reported that some people refused to accept their adopted children as part of their families. One mother said, “When we adopted, my parents treated our son noticeably different from the other grandchildren. It was like he was second-class.”

Similarly, some parents experienced prejudiced comments from friends about their adoptive children. One mother shared how she felt when an acquaintance assumed that her daughter had an attachment disorder simply because she was adopted from Russia. She said, “I was enraged. I calmly said to him, ‘My daughter is really very normal and healthy.’ But I wanted to punch him in the face.”

Overall, the parents who participated in this study expressed a desire to compensate for whatever obstacles their children had faced early in their lives by being exceptional parents, to the point of neglecting their own self-care. They faced this challenge without the

same level of support from professionals or sometimes even extended family members. Therefore, they experienced an extreme level of stress.

The Parenting Stress Index – Short Form (PSI-SF) results

Ten of the 14 participants who shared their PSI-SF results with the moderator were experiencing clinical levels of stress compared to the norm group (above the 90th percentile). This instrument only measures levels of stress related to parenting, not stress from other life roles. Thus, their stress levels associated with parenting were above the 90th percentile. When one mother calculated her stress level using the PSI-SF, she said: “My stress was over the bar, but now I see my daughter is fairly normal.” Although these data cannot be generalized to the broader population of internationally adoptive parents, they corroborate the themes that emerged from the focus groups.

Discussion

Based on these results, we concur with Atkinson and Gonet (2007) who suggested that adoptive parents need support, adoption competent counseling, and respite. This study corroborates the findings of prior researchers (Linville & Lyness, 2007) who suggested that adoptive parents do not feel understood and supported by health care professionals.

We suggest for counselors to be adoption competent, they must begin with a solid understanding of normal child development. They can then assist parents to identify developmental versus post-institutionalization or adoption issues. In addition, counselors who work with adopted children and parents must recognize and be sensitive to the high levels of stress experienced by many of these parents. A significant part of the family treatment plan should be on assisting parents with stress related issues (Linville & Lyness, 2007).

Finally, counselors should build the resiliency of the adoptive parents. As noted, the parents in this study cared deeply for their children and desired acceptance and understanding from the broader communities in which they lived. Instead of being fraught with pathology, these families had many positive qualities such as faith,

willingness to work hard, commitment to their families, and a positive outlook – qualities that Linville and Lyness (2007) labeled resiliency factors. Counselors who approach these families from a strengths-based, resiliency perspective will be better able serve these parents and their children.

As this was a qualitative study, further research is needed to generalize results to the broader population of internationally adoptive parents. This study provided the forum for the voices of internationally adoptive parents to be heard. Their experiences are worthy of our attention as we determine the most effective way to help similar adults, children, or families in our respective practices.

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