

DOMESTIC ADOPTIONS & MENTAL HEALTH

by

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Submitted to the Department of Psychology
School of Natural Sciences
in partial fulfillment of the requirements
for the degree of Bachelor of Arts

Purchase College
State University of New York

January 2021

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Abstract

Adoption is the legal act of taking in another individual's child or giving up a child for their well-being. As a society, do many of us wonder what happens to that child as they are growing up? This literature review begins with a brief description of the history of adoption. The focus will then shift towards addressing research questions that concern domestic adoptees' mental health. More specifically, the rates of psychological disorders among domestic adoptees versus non-adopted individuals are compared. Next, the literature review examines the risk factors for developing psychological disorders that are unique to domestic adoptees. This literature review also explores whether evidence-based psychotherapies have been developed to meet domestic adoptees' unique needs and psychological services utilization by this group. Finally, this project concludes with a set of clinical, research, and public policy recommendations to address domestic adoptees' unique psychological situation.

Keywords: Adoption, U.S., Domestic, Adoptee, Mental Health, Mental Illness

Domestic Adoptions & Mental Health

Adoption is the act of giving up one's own child to be cared for by adoptive parents. Adoption involves legal relinquishment of rights to birth child by the biological parents to adoptive parents. In 2007, the number of children adopted domestically in the United States was 677,000, accounting for 38% of adopted children in the USA. There are currently more than 120,000 children who are domestically adopted in the USA each year (Rosman et al., 2011). For adoptees, growing up poses developmental challenges shared by all people and ones that are unique to adoptees themselves. The unique factors related to adoption can play a pivotal role in an adoptee's childhood and adolescence, affecting their overall development and well-being (Feigelman, 2001). A change in the primary caregiver of an infant or child may have important psychological impacts. Also, the knowledge that one is adopted influences self-concept and family relationships (Walkner & Reuter, 2014) During adolescence, many adoptees may question their identity at a time in their life when identity formation is of central importance (Erikson, 1980). Adoptees' questions about their identities include, "whom did I come from, and where did I come from?" Adoptees usually want to gain an understanding of their past, their biological parents, heritage, and lineage in order to make sense of who they are. Many adoptees who have not resolved these inner struggles seek mental health treatment from a professional (Rosenburg & Groze, 1997). Adoptees may experience roadblocks to finding out about birth families because of the state regulations and laws regarding adoption disclosure. The search for and process of reuniting with biological parents can create unique stressors for adoptees (Behle & Pinqart, 2016).

Research on adoption and mental health is relatively new. Adoption processes and the welfare of adoptees have garnered growing research attention in the last 30 years. There are three

routes to adoption in the USA: domestic infant adoption, international adoption, and foster care adoption. In domestic infant adoption, a birth mother is matched with a family interested in adoption through lawyers or adoption agencies. Typically, adoptive families receive the child immediately after release from the hospital. In 2014, approximately 16,312 infants were adopted through private agencies and 5,944 through private individual adoptions (Jones & Placek, 2017). The overarching questions addressed in this literature review concern the effects of mental health on early infant adoptees in the United States of America.

Psychological research has shown that adoptees from early infant domestic adoptions are at increased risk of developing psychological disorders and mental health-related problems compared to their non-adopted peers (Feigelman, 2001). In the past, psychological disorders such as substance abuse, oppositional defiant disorder, personality disorders, attachment disorders, and eating disorders were found at higher rates amongst domestic adoptees than their non-adopted cohorts (Feigelman, 2001). More recently, researchers have found less of a gap in the rates of psychological disorders between domestically adopted individuals and their non-adopted peers than was formerly reported (Behle & Pinquart, 2016). The risk for psychological disorders was twice as high for adoptees compared to non-adopted individuals (Behle & Pinquart, 2016). While domestic adoptees and non-adoptees may face many of the same risk factors that may lead to psychological disorders, domestic adoptees face additional challenges that make them more vulnerable. This literature review's essential goal is to generate a conversation on adoption and mental health awareness and discuss how adoption policies and public institutions can be fashioned to benefit all parties involved in the adoption process (Wegar, 1995).

This literature review will begin with a brief description of the history of adoption and the significant changes in U.S. adoption policies. The literature review's focus will then shift towards addressing research questions that concern adoptee's mental health. The research questions addressed in this literature review are: 1) What are the rates of psychological disorders among domestic adoptees who are adopted in early infancy versus non-adopted people? 2) What are the risk factors for developing psychological disorders that are unique to domestic adoptees who were adopted in early infancy? 3) Are domestic adoptees who were adopted in early infancy more likely to utilize psychological services compared to their non-adopted peers? 4) What evidence-based psychotherapies have been developed to meet the unique needs of domestic adoptees who were adopted in early infancy? 5) Based upon recent psychological research on adoption, what clinical, research, and public policy recommendations can be made to address the unique psychological risk factors faced by domestic adoptees?

Inclusion/Exclusion Criteria

This literature review will focus on a specific group of adoptions: domestic adoptions completed through a lawyer or an adoption agency that occurred in early infancy. Research on people who were adopted after early infancy, through international adoption, or who were in the foster care system prior to being adopted is beyond the scope of this project. This research project focuses mainly on people who were adopted in the last 30 years. The majority of these adoptions were open. Open adoptions are where the adoptee and the adoptive family are in contact with members of the adoptee's biological family (Agnich et al., 2016). In contrast, a closed adoption is one in which all records are sealed, and there is no contact between the adoptive and the biological family.

Adoption: History in Brief

The history of adoption in the United States dates back to America, first being settled by the British in the 1700s. During this time, children were taken from England to the USA for indentured servitude. In the 1800s, with the rise of the Industrial Revolution, mass immigration to the U.S. led to overcrowding in the urban areas and brought forth the “orphan trains” and “baby farming” (Zamostny et al., 2003). “Baby farmers” were villagers who were paid to take care of children who had been born out of wedlock to wealthy women and men. The villagers were poor, and they usually were not given enough money for the children to be cared for. While many of these children were as well-cared-for as possible, other children were neglected given how poor the villagers were. Some villagers agreed to take care of the infants and then murdered them or neglected them until they died.

Under the orders and guidance of reformer and philanthropist, Charles Loring Brace, the New York Children’s Aid Society, began the “orphan trains” (Herman, 2012). The “orphan trains” ran from 1854 until the 1920s with the expansion of the Western frontier. An estimated 200,000 children from the East Coast were sent on “orphan trains” to the Midwest and even into Canada and Mexico. These programs’ purpose was to take poor children who were homeless and place them to be raised by “worthy” Christian families who could shape them into upstanding citizens because they were young enough to be influenced and molded (Herman, 2012). Some of these children were orphaned when their parents died in epidemics of typhoid, yellow fever, or other infectious diseases, while others were abandoned because of poverty. Prior to being sent to farming communities, most of these children survived by selling small items such as newspapers or matches. They banded together into gangs for protection against street violence. Some children had parents who were alive and had run away from home due to abuse, while others had

parents who did not have the money to raise them. Some of the unofficially “adopted” children during the “orphan train” period had living parents who did not want them to be taken into the program. These events were catalysts for the reform of adoption practices and the progression of legal protection for biological parents and their children. A series of laws enacted in the late 1800s and early 1900s helped protect infants and children from harm and neglect, establishing state regulations for foster care and adoption. By the 1930s, the orphan train movement ended, and state-run foster and adoption agencies facilitated local foster care and adoption.

By the end of the Great Depression and the beginning of World War II, the “baby scoop era” of adoption began in the United States. During wartime, adoptions were a means to help those who had become pregnant out of wedlock to retain legitimacy. To keep adoptions secret, some agencies went as far as to let prospective adoptive parents choose the “perfect” genetically matched child based on the biological parent’s ethnicity, appearance, religious beliefs, and intellectual characteristics (Kahn, 2006). After the war, this trend continued, bolstered by couples who experienced infertility, which, over time, became much easier to detect. The idea of having the perfect nuclear family composed of two heterosexual parents and two children led to closed adoption practices (Siegel, 2003). In the last 30 years, adoption openness has garnered the attention, not only in the research community but in the public media. Adoption openness is when there is contact between the adoptee, adoptive family, and birth family (Siegel, 2003). Before the 1990s, most adoption agencies or private adoption firms only provided closed adoption services. Closed adoptions boomed from the start of the 1940s until the beginning of the 1970s. During the era of closed adoption, adoptees faced numerous barriers when locating and contacting their birth families. Adult adoptees sometimes resorted to third party loopholes, such as the use of online DNA testing. Psychological research on adoption was also hampered by

the fact that most adoptions were closed. Barriers, such as incomplete and chaotic record-keeping, confidentiality laws, and a considerable lack of reporting in the adoption's programs caused problems when researchers tried to collect accurate and informed data (Brand & Brinich, 1999).

The 1970s was an era for movements, rights, and revolutions, and adoption was one of them. Birth mothers sought for rights to choose who would raise their children and to continue to have contact with their children through open adoption. Cultural beliefs about keeping adoptees in the dark about their adoption for the sake of "the family" has shifted, and open adoption has become more common in the mainstream. Adoption agencies no longer let prospective adoptive parents specify the characteristics of the child they would adopt. An increase in interracial adoptions also began during this period (Zamostny et al., 2003). Currently, 24% of all adoptions in the USA are transracial adoptions (Wiley, 2017).

Developmental Histories and Unique Risk Factors for Mental Illness among Domestic Adoptees

Adoptees experience several risk factors that place them at increased risk of developing psychological disorders. Separation from their biological parent(s) soon after birth is a unique risk factor for domestic adoptees (Kerr et al., 2013). As stated earlier, the present literature review focuses exclusively on domestic adoptions occurring in early infancy; therefore, most of the research on children placed later is not relevant to this literature review. Nonetheless, it seems important to note that age of placement is a significant risk factor for developing psychological disorders, with adoptions occurring later in infancy leading to greater risk. This literature review focuses on people who were adopted domestically in the USA soon after birth. However, even within early infancy, earlier adoption is related to a greater risk of psychological

disorders. Brand and Brinich (1999) found that domestic adoptees and foster children who were placed with their adoptive families when they were over the age of 6 months were at greater risk of developing psychological disorders than infants placed at a younger age. Psychological literature on the impact of separation from biological parents during infancy into the care of adoptive parents among domestic adoptees in the USA is surprisingly scant. No literature could be found that specifically focuses on the impact of the early separation in this group.

The biological parents of adopted children have higher rates of psychological disorders than the parents of non-adopted children. The stressors of coping with a mental illness sometimes precipitate the decision to find adoptive parents for the child. Other reasons biological parents decide on adoption include being young and unable to cope with parenting's financial costs. Overall, adopted people have a higher genetic family history of psychological disorders, which places them at greater risk of developing mental illnesses (Kerr et al., 2013).

The negative effects of biological parents' low socioeconomic status can affect prenatal care and adoptees' early life because adoptees' biological parents are more likely to be economically disadvantaged than other parents. The adoptive parents often provide the biological parent(s) with financial assistance until the infant is adopted, but this is not always the case. As a group, adoptive parents' socioeconomic status is higher than average for the U.S. (Child adoptions: Trends and policies, 2009). Mainstream research and greater social acceptance of adoption have helped build a foundation for newer legislation and policies to ensure the welfare of the adopted child and to protect the child's future.

Smith and Brodzinsky recently presented a multidimensional perspective of adoptees' experiences with adoption using a cognitive-phenomenological model. Smith and Brodzinsky's (1994) study showed that the sample of adoptees, overall, viewed their adoption positively.

However, most of the children reported low levels of intrusive thoughts, negative feelings, and ambivalence about their experience as adoptees. In early childhood, the researchers point out that adoptees often view adoption in a more positive light and in unrealistic ways. They also found that as children grow into adolescents, they are less likely to view adoption as positive, have an expanded understanding of the realities of adoption, and are more likely to feel ambivalent about having been adopted (Smith & Brodzinsky, 1994). Smith and Brodzinsky found that adopted children tend to be preoccupied with facts and events surrounding their relinquishment. Smith and Brodzinsky's conclusion of the study found that, even though most domestically adopted individuals placed as infants viewed their adoption as more positive than negative, they sometimes had stress related issues with their family status. Also, that adoption-related stress was related to patterns of coping behavior in the adoptee (Smith & Brodzinsky, 1994).

Sanchez-Sandoval and colleagues (2020) conducted a longitudinal study of the comparative difficulties' adoptees face in childhood and adolescence and how these affect their well-being during adulthood. The study's purpose was to investigate a theoretical structural model, exploring the effects of adoptees' childhood and adolescent emotional and behavioral issues on well-being during adulthood while also looking at how perceived social support may impact well-being in adulthood. The first wave of the study took place in 1995 and consisted of 394 adopted children, most of whom were adopted before their first birthday. Wave two took place in 2001 and consisted of 273 adoptees who remained in the study. Wave three was done in 2016-2017. Unfortunately, the researchers did not indicate how many individuals remained during the third wave of the study. The study measures consisted of a psychological well-being scale, a functional social support questionnaire, and a revised Rutter parent scale used in wave one (Sanchez-Sandoval et al., 2020). They found that problems in wave one (childhood) were

associated with wave two (adolescent) problems, and wave two (adolescent) problems were indirectly associated with the psychological well-being of the adoptees as adults. Problems in wave two (during adolescence) and “recognized” social support had an indirect relationship to adoptees’ psychological well-being as adults. They also concluded that adoptive families that noticed fewer behavioral and emotional issues in their children during the first few years after adoption were more likely to see their child’s behavior as more adaptive across their developmental years (Sanchez-Sandoval et al., 2020).

Like much of the research on adoption, Brodzinsky’s (2011) article shows that adoption outcomes are generally positive; however, he also mentions that adoption comes with many challenges to the adoptee as they develop. The article describes the developmental changes in children’s understanding of adoption throughout life. During the preschool years, ages 3-5, adoptive parents usually start sharing their child’s adoption stories with their child. Most children do not fully grasp the idea of their adoption at this point, but they have some sense that they are not biologically related to their adoptive parents. Adoptees begin to learn adoption language at this age without necessarily understanding its real meaning (Brodzinsky, 2011). When children reach their middle school age of 6-12 years, cognitive and socio-emotional development impacts their understanding of their adoption. This cognitive and socio-emotional development may lead some children to feel rejected by their biological parents when trying to understand why their biological parents put them up for adoption. Around ages 6-8 years, children also start to recognize the significance of biological relatedness among families. In adolescence, adoption can be viewed as positive and negative, as they become more aware of the abstractness of life, society, and their own identities (Brodzinsky, 2011). Adolescents can start to acknowledge why their biological families put them up for adoption and the idea that adoption is considered within

the child's best interest. However, they may also see adoption as a "second-best option" to procreation within society, negatively impacting their views about their adoption. A big part of adolescence and adoption is merging both identities, their biological selves and adoptive selves while searching for their own identities (Brodzinsky, 2011).

Growing up as an adopted child may impact self-esteem and family relationships. A crucial factor in all of this is how adoptive family structures and dynamics impact adoptees throughout life (Kerr et al., 2013). A key element impacting adoptive children concerns whether the family is comprised of adopted children, one adoptive child, or a "mix" of biological and adoptive children. Brodzinsky and Brodzinsky (1992) suggest that those in mixed family situations are at greater risk of maladjustment. The increased risk from being in a "mixed" family situation is experienced not only by the adoptee but also by biological children.

The attitudes and behaviors of adoptive parents towards their adopted children are influential (Leve et al., 2010). For example, when children have questions about their adoption, parents may be unwilling or lack education about giving their children information and how to respond appropriately. It may cause the adoptee to have issues with blending their adoptive and biological identities or cause rifts between them and their adoptive parents.

Walkner and Reuter's (2014) study compares family relationships during the transition from adolescence to young adulthood in adoptees compared to non-adoptees (Walkner & Reuter, 2014). The results concluded that adoptees' and their adopted mothers and fathers all reported higher conflict than reported among their non-adopted peers and parents. The higher conflict reported was also observed by others to be greater than observed in non-adopted families. Lastly, the results showed that the conflict between adoptive parents and their sons was higher than between adoptive parents and their daughters. This difference was not observed in nonadopted

families (Walkner & Reuter, 2014). Walkner and Reuter also found that adoptive mothers and adoptees had significantly lower self-reported closeness than non-adoptive mother/child pairs. Surprisingly, however, adoptees and adoptive mothers were *observed* to have higher rates of closeness than nonadoptive mother/child pairs. The researchers had no explanation about why this occurred. The relationship between adoptive parents and the adoptee seemed to be more fragile than the family relationships of non-adopted people.

Open communication between adoptive family members, biological family members, and the adoptee has garnered much attention for being in the best interest of the child's development of their self, self-esteem and helping them create and figure out their identities. Korff and Grotevant (2011) found that most adoptees have reported positive effects of open communication with their biological family on constructing a self-concept. This study investigated conversations about adoption between adoptive parents and the adoptee, and with the birth family. This study is the first to look at the role of openness between the adoptive parents and adoptees and between the adoptees and biological relatives in shaping the adoptee's adoptive identity formation. During wave 1 of the study, adoptees were between 4-12 years of age. The study included 184 adoptive families in wave 2 (adolescence) and wave 3 (emerging adulthood) from the Minnesota-Texas Adoption Research Project. The adoptions took place before the adoptees' first birthday. The participants were visited at their homes, were given questionnaires, and had individual interviews. The adolescent and emerging adult interviews included questions about occupation, religion, friendships, and adoption. In the interviews, adoptees recounted their adoption stories. The adoptive parent interviews were about their adoptive parents' experiences of being an adoptive family within society, their relationships with their adoptive children, their experiences

with their adoptive children's biological families, and their hopes for the future (Korff & Grotevant, 2011).

The data from this study showed that contact with the birth families significantly impacted adolescent adoption identity development. The data suggested that older adolescents have higher levels of adoption identity formation than younger adolescents. This investigation also found that females had a higher positive level of adoption identity than males. The researchers found that open communication helped adoptees to construct their adoptive identity narrative more coherently. The study also found that the more open conversation between the adoptive parents and the adoptee, and the more open the communication with biological relatives, the greater the resolution of adoptee identity during adolescence and adulthood (Korff & Grotevant, 2011).

The results of this study demonstrate how vital it is for adoptees and their adoptive parents to understand the importance of adoption openness and how contact with birth relatives helps adoptees fill in their adoptive narrative. A lot of what shapes adoptees' identities is understanding the first few puzzle pieces of their beginnings. Those few days or weeks when adoptees were with their birth parents before they were adopted is a period most people might glance over, but most people, unlike adoptees, do not have those missing puzzle pieces.

Although most adoptions are currently open, adults who were adoptees from closed adoptions experience challenges not shared by biological children or children from open adoptions: a lack of knowledge about where they came from and a lack of basic medical information from their biological parents (Baptista et al., 2016). Closed records may not contain complete and accurate information since some birth mothers were young and alone and did not understand what to tell the doctors or adoptive parents. If the records are sealed, depending on

what state one is in, the legislation and policy can make it impossible for adoptees to have them opened (Kerr et al., 2013).

For adults who were adopted via closed adoptions, the search and reunion process may be psychologically challenging. Adoptees may experience feelings of guilt about searching for or being in contact with their biological parents. Even just thinking about the search or reunion process may cause feelings of guilt for the adoptee (Verrier, 1993). The reunion process can also be a place of healing for all triad members, but it can also be a risky one as well. There are instances where the adoptee finds that the biological parent(s) or family does not want anything to do with them or that their biological family members are deceased. These circumstances may create further feelings of abandonment in the adoptee (Verrier, 1993). Other issues may arise during the reunion process between the adoptee and their adoptive parents. The adoptee may begin to put their biological parents on a pedestal and start to view their adoptive parents as the “bad guys,” or vice versa. This type of thinking can lead to inner conflict within the adoptee, known as “splitting.” Splitting means going back-and-forth between idealization and devaluation, or positive and negative feelings towards both the adoptive and biological parents (Verrier, 1993).

A psychosocial factor unique to adoptees is social stigma about adoption and how social stigma is reflected in microaggressions towards adoptees and their families. Wiley’s (2017) study on societal trends explores adoption and microaggressions. (Wiley 2017) describes microaggressions as tiny forms of racist remarks or subtle underlying comments towards one of the triad members. There were thirteen themes identified as microaggressions towards the triad members in Wiley’s research. A few of these categories were “bad-seed adoptees,” “grateful adoptees,” and “altruistic rescuers.” These are common microaggressions said to adoptees or

other triad members that can have profound effects on adoptees' self-esteem. For example, suppose a person wants to use an adoptee's adoption against them in anger. People will say something along the lines of, "Your parents gave you up because you were bad or they didn't like you" or that "Adoptees are difficult children with problems, and that is why they gave you up," which is an example of a "bad seed adoptee." Another example, which is common for adoptees to hear when they open up to someone about their adoption is, "You should be grateful that you were given a chance in life" or, "What your adoptive parents did was amazing, saving you and giving you a better life," which fall under both categories of "grateful adoptees" and "altruistic rescuers."

Rates of Psychological Disorders Among Adoptees Versus Non-Adoptees

Compared to those who have not been adopted, adoptees from domestic adoptions are at increased risk of developing psychological disorders and mental health-related problems than their non-adoptive peers (Wiley, 2017, Behle & Pinqart, 2016). Over the past 15 years, with a greater focus on adoptee's mental health needs, the gap in rates of psychological disorders between domestic adoptees and non-adoptees has been narrowing (Behle & Pinqart, 2016). Changes in public attitudes and public policy towards adoption may have also contributed to the narrowing gap between adoptees and non-adoptees in the rates of psychological disorders.

While the gap in rates of psychological disorders has been narrowing, adoptees from a domestic adoption are still at increased risk of developing psychological disorders and mental health problems compared to their non-adopted peers. For example, in 2007, one-quarter of the children in the U.S. with special needs was adopted domestically, according to the National Council for Adoption (Rosman et al., 2011). A meta-analysis conducted in 2008 found that the rates of DSM childhood psychological disorders among domestic adoptees were twice as high as

those for non-adopted adolescents. The primary disorders that were found to be much higher among domestically adopted adolescents were attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD; Keyes et al., 2008). Likewise, Wiley (2017) found that domestically adopted children were more likely to show signs of externalizing disorders, such as ADHD, ODD, and conduct disorder. Wiley also found that they were at higher risk for learning disabilities compared to their non-adopted peers.

Smyer and colleagues (1998) conducted a study of 60 pairs of twins separated at birth. Most of the twins in the study were at the mean age of 2.8 years. All the children in this study were domestically adopted in Sweden and the majority were adopted at less than 6 months of age, although the study also included children who were adopted throughout infancy and childhood. The study consisted of one twin raised by a biological parent(s) and the other twin raised by adoptive parents. The twins were separated due to a parent's death, a parent's illness, or socioeconomic hardships. Neither twin was institutionalized or in foster care before they were separated. This study is one of the first of its kind on domestic adoption. The subjects participated in the study when they were between the ages of 28 and 84 years old. The study measured numerous variables, such as childhood environment, and multiple variables in adulthood, including socioeconomic status, personality, health, alcohol use, depression, mental health, and well-being. The mediating variables for childhood family environment included socioeconomic status and family environment. Overall, adoptees functioning in adulthood was found to be within normal limits. The results of the study found that adult adjustment was only slightly affected by their adoption. Compared to the non-adopted twins, the adopted twins accomplished more in their education and were less likely to consume alcohol heavily. On the

other hand, the adoptees reported higher psychological distress on measures of neuroticism and alienation (Smyer et al., 1998).

Mental Health Service Utilization by Adoptees Versus Non-Adoptees.

A higher percentage of adoptees' parents seek psychosocial services for their children compared to parents of biological children (Feigelman, 2001; Tan & Marn, 2013; Wiley, 2017). Studies have suggested that when confronted with an adoptee's maladjustment, behavioral issues, or psychological disorders, adoptive parents may feel unequipped to handle what is happening to their child. They may feel confused, disheartened, or even might feel that bonding with their child is almost nearly impossible (Opiola & Bratton, 2018). Also, the parents of domestically adopted children usually have more financial resources as compared to other parents and are in a better position to obtain mental health services.

Unfortunately, there are no studies that compare domestically adopted individuals to non-adopted individuals. Tan and Marn's (2013) study compared the rates of mental health service utilization by domestic adoptees, foster care adoptees, and international adoptees. Unfortunately, Tan & Marn did not compare mental health service utilization of domestic adoptees to non-adopted individuals and families. They found that 40% of males who had been adopted domestically utilized mental health services, and 52.4% of male foster care adoptees did as well. Demographic and pre-adoption risk factors are the most common reasons adoptees and their adoptive parents seek mental health services (Tan & Marn, 2013).

New Psychotherapeutic Approaches to Meet the Needs of Adoptees

Adoption research has come a long way and so have the psychological approaches to meet adoptees' unique needs. On the internet, reputable websites such as *Psychology Today*, an individual may find a therapist who is uniquely qualified in adoption right in one's

neighborhood. Current therapeutic approaches to meet the unique needs of adoptees focus on societal stigma about adoption and the use of negative adoption language when describing adoption, adoptees, adoptive families, and biological relatives (Dennis, 2014). Another area of focus is adoption openness (Weir & Brodzinsky, 2013). Researchers found that adoption openness created a more cohesive family dynamic, was more supportive and conducive to the adoptee's growth, and helped the adoptee through significant milestones, especially when it came to adolescence and finding their self-identities (Seigel, 2003). Wiley's (2017) Ten Year Progress Adoption Trends article found that as adoption openness has garnered more attention, it helped in some adoption circumstances to heal all adoption triad members. It has helped adoptees with their sense of identity, birth mothers with their sense of guilt, and facilitated positive bonding and attachment between the adoptive child and parents (Wiley, 2017). Adoption openness has helped the birth parents and the adoptive parents as members of the triad. It has helped the birth parents' by easing their concerns and guilt they may have about giving up their biological child because they can have open communication with their birth child and the adoptive parents, watch significant milestones with the knowledge that their birth child is getting the best care possible. For the adoptive parents, open adoption empowers them to discuss the adoption openly from the start, with less worry about the timing of adoption revelations or specific details. Open adoption means that adoptive parents are better positioned to take cues from their child concerning adoption discussions (Siegel, 2003). These socio-cultural factors not only affect adoptees but affect the adoptive parents and family members. Counseling can help adoptees and their families with socio-cultural issues related to adoption, as well as a range of emotional issues including loss, grief, attachment, trauma from the adoption or pre-adoption abuse/neglect, the use of

positive or negative adoption language, and strengthening communication between the adoptee and their adoptive parents.

Despite many advances in socio-cultural trends and research on adoption, there are no therapeutic approaches that have systematically evaluated adoption-focused therapies for people who were adopted domestically in early infancy. ADAPT (adoption-specific prevention treatment) comes closest to a therapeutic approach based on evidence-based psychotherapy, but it falls short of this benchmark. ADAPT combines evidence-based behavioral treatments that were not explicitly developed for people who have been domestically adopted in early infancy with strategies based on past clinical literature on adoption. More specifically, ADAPT combines evidence-based child coping strategies and positive parenting approaches to address adoption-related issues of parent-child bonding, loss and grief, adoption dynamics, and identity issues related to adoption. The ADAPT approach includes parent sessions, child sessions, family sessions with the clinician, and homework for the adoptive child and parents. The ADAPT homework exercises are designed to help families understand adoption, form close bonds, and deal with social attitudes about adoption. The authors state that ADAPT focuses primarily on themes relevant to families who adopt from foster care or internationally; their approach can be useful for any adoptive child or family member. ADAPT works for any kind of adoption and age of adoption regardless of how old the child was at the time of adoption or how much trauma they have experienced (Waterman et al., 2018).

The first module of ADAPT aims to build trust, increase positive experiences in the family, facilitate positive parent and child coping strategies and help parents establish behavior management plans. The second module focuses on understanding the adoptive parents' ideas about the adoption experience and their understanding of their child. This module also deals with

how they will tell their child their adoption story directly. The third module pertains to the loss and grief that the adoptee may experience and teaches the adoptees' parents strategies to help their adoptee deal with these feelings as they grow. The fourth module deals with bonding and eventually helping the adoptee fit in with the adoptive family. Module five deals with one of the more challenging aspects of an adoptee's life: searching for their identity. Module six is about helping the adoptee and their adoptive parents learn how to help the adopted child handle how society will approach them about their adoption and who they are as a person. Module seven, the last module in ADAPT, deals with the child's history of trauma. Helping them cope with the trauma is most important in the healing process (Waterman et al., 2018).

Summary and Recommendations

This literature review's main aim was to review contemporary research about the mental health of people who have been adopted domestically, in the USA, in early infancy. The research questions addressed in this literature review were: 1) What are the rates of psychological disorders among domestic adoptees who are adopted in early infancy versus non-adopted people? 2) What are the risk factors for developing psychological disorders that are unique to domestic adoptees who are adopted in early infancy? 3) Are domestic adoptees who are adopted in early infancy more likely to utilize psychological services compared to their non-adopted peers? 4) What evidence-based psychotherapies have been developed to meet the unique needs of domestic adoptees who are adopted in early infancy? 5) Based upon recent psychological research on domestic adoptions, what recommendations can be made for future research, clinical work, and for public policy?

Domestic adoptees have different developmental histories and needs than those adopted later in life. They are often adopted into families with relatively higher socioeconomic

backgrounds and are not as likely to have been physically or sexually abused or neglected as adoptees who have been adopted later. They are far younger when they experience the shift from one primary caregiver (typically, their biological mother or parents), to another (their adoptive parents). These adopted children do not experience the uncertainty and disruptions in development typical of children who are adopted later in their development. This literature review's overarching purpose was to understand the unique mental health challenges confronting domestic adoptees and create research, clinical, and public health recommendations based on these challenges. Compared to those who have not been adopted, adoptees from domestic adoptions are at increased risk of developing psychological disorders and mental health-related problems compared to their non-adoptive peers (Wiley, 2017, Behle & Piquart, 2016). In the past 15 years, the gap in the rates of psychological disorders between domestic adoptees and non-adoptees has been narrowing (Behle & Piquart, 2016). Even though the rates between adoptees and non-adoptees have been narrowing, adoptees are still at an increased risk for psychological disorders such as ADHD and ODD (Keyes et al., 2008).

Adoptees experience several risk factors that place them at increased risk of developing psychological disorders. Growing up as an adopted child may impact self-esteem and family relationships. A crucial factor in all of this is how adoptive family structures and dynamics impact adoptees throughout life (Kerr et al., 2013). The attitudes and behaviors of adoptive parents towards their adopted children are influential (Leve et al., 2010). Open communication between adoptive family members, biological family members, and the adoptee has garnered much attention for being in the best interest of the child's development of their self, self-esteem and helping them create and figure out their identities. For adults who were adopted via closed adoptions, the search and reunion process may be psychologically challenging.

There is a surprising lack of mental health research on people who were adopted domestically as infants. There is more emphasis in the psychological literature on the developmental histories on people who were adopted later in life, or were adopted internationally. Likewise, there is practically no research on psychotherapies developed to meet the unique needs of those adopted domestically in early infancy. There has been more of an emphasis on international adoption than domestic adoption. The ADAPT approach was developed to help international adoptees and foster-care youth but can be utilized to treat domestic adoptees. ADAPT combines evidence-based behavioral treatments that were not explicitly developed for people who have been adopted domestically in early infancy with strategies based on past clinical literature on adoption. ADAPT combines evidence-based child coping strategies and positive parenting approaches to address adoption-related issues of parent-child bonding, loss, and grief, adoption dynamics, and identity issues related to adoption. The adapt approach includes parent sessions, child sessions, family sessions with the clinicians, and homework for the adoptive child and parents.

Recommendations for Therapeutic Intervention

Ideally, psychotherapy for adoptees who are domestically adopted during infancy would help the client explore feelings of abandonment, strengthen, and clarify the client's identity, interpersonal skills, and issues surrounding their genetic and medical background. If the adoptee wanted to know more about their heritage, therapy would help adoptees in the search for their biological family and support them through the reunion process. In my view, optimal treatment for adoptees would be to explore these adoption-related issues using components from: CBT (cognitive behavioral therapy), DBT (dialectical behavioral therapy), Erikson's identity theory, logotherapy, interpersonal therapy, family therapy, attachment theory, complicated grief theory,

and through the use of positive adoption language. Cognitive Behavioral Therapy is an evidence and cognitive-based approach, where individuals can learn to work through situations and negative thinking. Dialectical Behavioral Therapy is an evidence-based treatment that helps people transform their self-destructive behaviors into positive behaviors using mindfulness, distress tolerance, emotion regulation, and various coping strategies. Logotherapy is the pursuit of meaning in one's life and can help someone feel fulfilled when they use it to find purpose and meaning. Interpersonal therapy is the treatment modality to help individuals learn how to deal with and manage their relationships in their lives. Family therapy is when the individual and their family have a group session to work on communication and any issues that there might be.

I propose something very similar to what Marsha Linehan has done in her work with DBT and what I have researched on adoption therapy. Using DBT, I want to create a theoretical framework similar DBT to help adoptees with the developmental challenges and issues they face, such as abandonment, identity formation, and attachment issues at the core of adoption. When dealing with adopted children, the use of attachment therapy combined with family therapy will be critical. Even into adolescence, adoptees start to realize more about their adoption, and family disruptions can occur due to the adoptee's ideas about their adoption.

My recommendation to address these issues is to integrate components from these various treatment approaches. A key element through psychotherapy would be to develop a secure client-therapist relationship, where the client can begin to identify the issues involved with their adoption. I propose that adoptees begin psychotherapy by identifying their goals and, if needed, family sessions to break ground on adoption openness. Typically, during therapy, the client would explore factors that were addressed earlier, such as abandonment and identity formation. Based on these factors, the therapist would make individualized care plans targeting

areas of critical importance and help the adoptee use techniques from several different therapies. Another vital component for adolescent clients is Erikson's identity theory to integrate adoptive and biological identities. During childhood and adolescence and even into young adulthood, abandonment, grief, and loss may be present in the adoptee about losing their biological family or heritage. The use of complicated grief theory and DBT will help adoptees cope with feelings of abandonment, loss, or grief.

In young adulthood, the most important of the therapies will be logotherapy, to help them find meaning in their adoption and deal with unresolved issues. Suppose they decide to look for their biological families and start to have feelings of disloyalty, guilt, or fear. In that case, the therapist and the client can go over the techniques of CBT and DBT to help support clients in open discussions with the adoptive family. If they find struggles once they have made contact, and the biological family is willing, they can have a family session to create a place of healing for all members of the triad.

Recommendations for Public Policy

An essential part of public policy on adoption is to have primary schools conduct a unit on family education, including a topic on adoption, adoptees, the triad members, the adoption process, and positive and negative adoption language. To decrease stigma on adoption in society in elementary and middle schools, students should be exposed to newer education classes dedicated to societal issues, including adoption. The lessons can have key lectures taught by adoptees and other members of the triad. In these seminars, triad members would explain the importance of positive adoption language, helping a fellow peer when dealing with adoption-related issues, and where to go for help if they are experiencing issues related to adoption. The school would provide information on places for help, such as the school counselor or a

government-run clinic in the area. Schools should also have early screening for ADHD and other common psychological disorders at the adoptive parents' request to help their adoptive child. School counselors should also be well versed in adoption-related issues and the more common psychological disorders exhibited by adoptees.

During the adoption process, agencies should have information about the different kinds of screening tools their child may get at various ages after birth with a licensed psychologist. Adoption agencies, hospitals, and the adoptive parents' classes should provide information packets about government-run mental health facilities in case their child needs help. Ideally, the information packet should contain information about finding support, guides for how parents could have optimal conversations with adopted children about their adoption, government funding that could help, and a list of adoption websites full of information. Another policy used by many agencies that should be universally applied is having adult adoptees explain to prospective adoptive parents, what some adoptees go through, so they are prepared for what their adopted child might go through as they grow up. The adoptee would help explain ways to communicate, be patient with their child, and be understanding as adoptive parents. Most importantly, adult adoptees may be able to help prospective parents help their adoptive child fit into their family and society and not feel like a zebra.

Recommendations for Future Research

Research on domestically adopted people adopted at or shortly after birth is not as well researched compared to those adopted internationally or through the foster-care system. Very little is known about the short-term impact of separation in early infancy experienced by children adopted soon after birth. What is known about domestically adopted people is varied and sparse, and most of it concerns the emergence from adolescence into adulthood. This information would

be useful in developing treatment modalities for domestically adopted people, and for other areas of research on domestic adoption. Studies comparing domestic adoptees and their non-adopted peers on mental health service utilization is needed.

Future research on domestically adopted people should include extensive research on the short-term and long-term effects of separation after birth from the birth mother. Clinicians have observed strong feeling of abandonment, loss and grief among domestically adopted people, but there has been no qualitative or quantitative research on these experiences (Verrier, 1993). Walkner and Reuter (2014) concluded that adoptees' and their adopted mothers and fathers reported higher conflict than their non-adopted peers and parents. They also found that adoptive mothers and adoptees had significantly lower self-reported closeness than non-adoptive mother/non-adopted pairs. Research on the impact of separation in early infancy could shed light on how adoptive parents and their adopted children form bonds, and why they report higher conflict with one another, especially since establishing basic trust is an essential part of infancy. Ideally, research on domestic adoption would use longitudinal studies spanning from birth into adulthood to see how the effects of adoption change over time. Such research would help psychologists to design treatment modalities for domestically adopted people, at every stage of development. There is no evidence-based treatment to speak of in the adoption research community for domestically adopted people. With more work and research on people who are domestically adopted in early infancy, there could be change and help for those who are affected by adoption-related issues and adoption trauma, as well as help in finding a clearer understanding of why psychological disorders are more common in this group.

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