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Voices of Adoptees: Stories and Experiences within Schools

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Running Head: ADOPTTEES IN SCHOOL

Voices of Adoptees: Stories and Experiences within Schools

by

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DISSERTATION

Submitted in partial fulfillment of the requirements for the degree
of Doctor of Psychology in the Department of clinical Psychology
at Antioch New England Graduate School, 2012

Keene, New Hampshire



Department of Clinical Psychology

DISSERTATION COMMITTEE PAGE

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VOICES OF ADOPTees: STORIES AND EXPERIENCES WITHIN SCHOOLS

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Dedication

I would like to dedicate this to my family for their love,
encouragement, and never ending support.

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Abstract

Adoption is an emotional topic for many families. Today there are between 5-7 million adoptees in the United States alone, and 40% of U.S. adults report considering adoption as a way to form families. With so many children being adopted, therapists who work with children in the public schools need to be educated about the ways in which adoption can affect those involved in the family of adoption. Unfortunately, there is little information about adoption available to professionals working in schools. The following research helps us understand the experiences of the adopted child in schools, as told by adult adoptees. The qualitative and quantitative information gathered through an online survey provides valuable insight into adoptees experiences and is useful to those who create curricula and training materials for professionals who work therapeutically with the adopted child, in schools and other settings.

Keywords: adoption, adoptee, public school, adopted children, special education

Voices of Adoptees: Stories and Experiences within Schools

Chapter 1: Introduction

Adoption is an emotional issue that can affect generations of families. Currently there are approximately 5-7 million people living in the United States who were adopted (Henry & Hall, 2008) and 40% of U.S. adults report considering adoption as a way to form or expand their families (Dave Thomas Foundation for Adoption, Adoption Facts, n.d.) In addition, adoption cuts across all class, race, and national borders. As reported by the Evan B. Donaldson Adoption Institute (2010), “Adoption is a more complex way to form a family than having children by birth. Consequently, adoptive families face issues that are different from families formed biologically.” Adoptees and their families are overrepresented in therapy and are, thus, of obvious relevance to clinical psychology (Verrier, 1993). Practicing psychologists have reported that members of the adoption triad—the adoptee, birth mother, and adoptive parents—represent between 5-10% of their patient populations (Post, 2000). In 1985 alone, statistics showed that, while adoptees comprised only 2-3% of the population, they represented 30-40% of the individuals found in residential treatment centers, court mandated detention centers, and special schools (Verrier, 1993). Recent research indicates that adoptive families seek out and use clinical services at a rate that is three times that reported by biological families (Howard, Smith, & Ryan, 2004; Vandivere et al., 2009). This pattern has been seen not only in the United States, but in many Western countries as well (Evan B. Donaldson, 2010). Studies also suggest that adopted children are at risk of more than a ten to one chance for psychosocial maldevelopment when compared to children raised with their biological parents (Anthony, 1990). Adoptees are more likely than their peers to present with acting-out behaviors, to have low self-esteem, to experience significant learning difficulties (Brodzinsky & Steiger, 1991) and to have higher rates

of substance abuse problems (Marshall, Marshall, & Heer, 1994).

Starting in 2000, the U.S. Census bureau created a category for adopted children that has allowed for comparisons of adopted children and non-adopted children. The data collected for children between the ages of 5-15 indicated that the rate of sensory, physical, mental and self-care disabilities among both domestically and internationally adopted children was approximately double that of the general child population (Kreider, 2003). Disability rates for children adopted internationally ranged from 3.7% for children adopted from China to 25% for children adopted from European countries and Haiti (Evan. B. Donaldson Adoption Institute, 2010; Kreider & Cohen, 2009). These rates do not include children with behavioral or psychological problems. Compare this with disability rates for the general child population which is 5.8% and it becomes clear that adoption should be considered a significant risk factor for a child. This over representation in mental health settings may be attributable, in part, to a lack of understanding and societal support for families of adoption. It may also reflect the change in types of adoption now prevalent in this country.

History of Adoption

Adoption in this country has been around for many years. In the early 1800s, Puritan families would often send their children away to live with other families. They were afraid they would spoil their own children with too much affection. Colonial parents also believed indenture would lessen the risk of coddling to their children (Cahn & Hollinger, 2004). Eventually, orphanages came into existence as places for children whose parents could not or would not take care of them. The legal adoption of children, as we know it today in the United States, became popular after World War II. At that time, birth control was not available to unmarried women, women were waiting longer to get married, and the sexual revolution was just beginning. In the

50s, 60s, and 70s, not only did an unmarried pregnant woman bring shame to her family, but keeping the baby, as a single woman, drastically reduced her opportunities in life. Maternity homes sprang up around the country as places of secrecy, where a young woman could go to wait out her pregnancy without friends, family, or neighbors knowing of her condition. Between 1945 and 1973, over one and a half million babies were put up for adoption in the United States alone (Fessler, 2006).

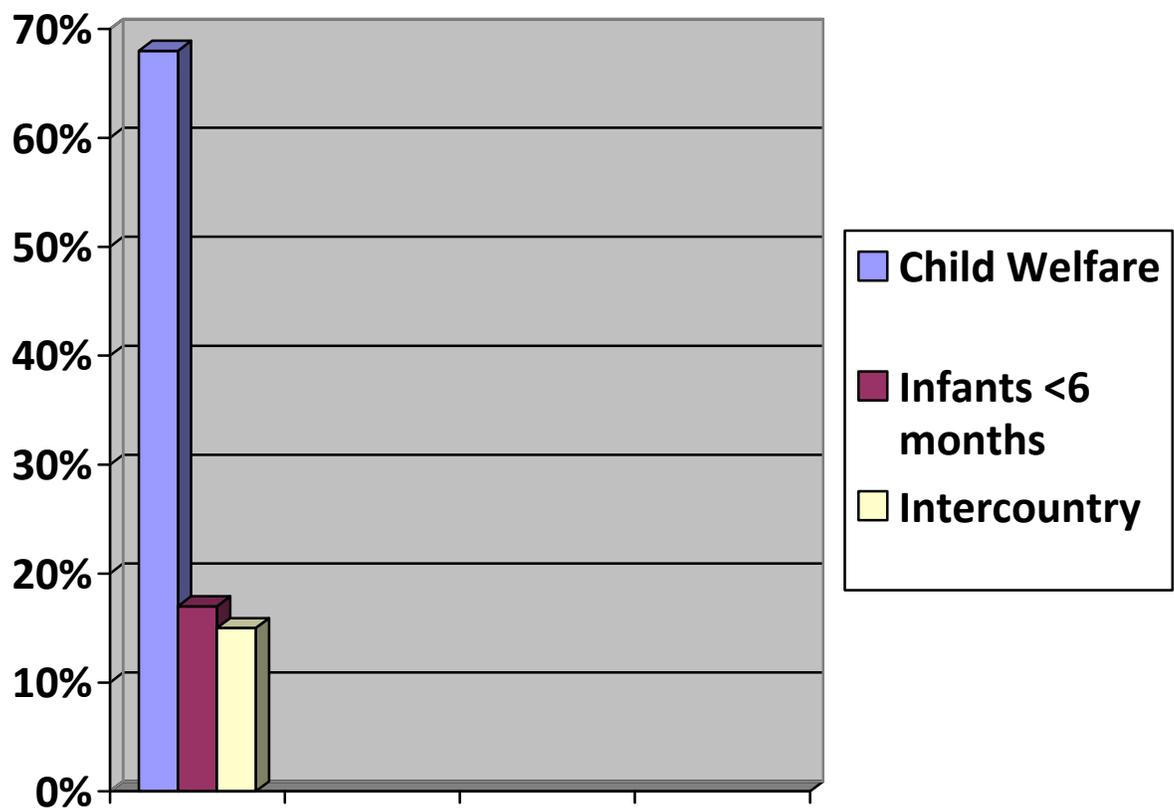
In 1973, *Roe v. Wade* legalized abortion across the nation and changed women's lives. Barriers to equality and independence began to break down, and birth control became available to both married and unmarried women (Fessler, 2006). Since 1973, the number of newborns put up for adoption in the United States by young unwed mothers has drastically diminished, and families wanting to adopt now often look to international, older child, and special needs adoptions. In addition, over the past 20 years foster child adoptions have dramatically increased and represent the most common type of adoption today (Center for Adoption Research, UMASS Medical School, 2008; Evan B. Donaldson Adoption Institute, 2010). The majority of these children being adopted were removed from families due to abuse or neglect (Evan B. Donaldson Adoption Institute, 2010).

Along with a rise in foster care adoptions, international and multicultural adoptions are increasingly common and intercountry adoptions in the United States have tripled from 1990 to 2004. Today, the majority of international adoptions are from countries in which children were living in institutions. As reported by the Evan B. Donaldson Adoption Institute (2010),

Given the realities of the types of adoptions occurring today— that is, most are from foster care in this country and from institutions abroad— the majority of children come to their new families from backgrounds that can lead to elevated risks for developmental,

health, emotional and/or behavioral issues. These include an array of adverse prenatal and early-life experiences, including malnutrition before and after birth, inadequate nurture, prenatal exposure to drugs or alcohol, physical or sexual abuse, and multiple placements, as well as potential genetic vulnerability (p. 9).

Figure 1. Proportion of U.S. Adoptions by Type



These early childhood experiences can have significant and long-term adverse effects, any of which may not fully manifested until a child enters school and is challenged by adjusting to academic and behavioral expectations (Evan B. Donaldson Institute, 2010).

Not only are the types of children being adopted changing, but the reasons for adoption

are also changing. In the past, families would often adopt because of infertility; however, today many individuals and couples who can conceive choose to adopt for humanitarian reasons (Evan B. Donaldson Adoption Institute, 2010). Single parent adoptions, gay and lesbian adoptions, and kinship adoptions are all common today. Adoption has become increasingly diverse and the families created by adoption are being formed with unique linguistic, cultural and ethnic backgrounds (Taymans et al., 2008).

Today, there is evidence that general awareness and acceptance of adoption is growing. In the news, celebrities are adopting children from around the globe, and famous adoptees are coming forward and sharing their stories. Popular movies (*The Robinsons*, *Mommie Dearest*, and *Tell Me My Name*) and books (*The Memory Keeper's Daughter*, *Lost and Found*, *The Handmaid's Tale*, *Family Secrets*, *Run* and *Cutting for Stone*) refer to childhood adoption. Television shows (*The Locator* and *Find My Family*) focus on adoption searches and reunions. Media portrayals of adoption are leading to an increased awareness of adoption and often present “entertainment,” rather than systematic, professional or scientific information. It is essential that psychologists and others who work with adopted children have access to accurate and current research.

As Abelson (1995) states, “The importance of the issue depends on its density of connections to other (important) issues” (p. 168). Adoption is connected to countless individuals around the world. Adoptees may experience attachment and identity problems related to their adoption. Added to these are other factors which may make their lives more challenging, such as racial issues, bullying, sexual identity and gender issues, medical concerns, cognitive problems, trauma and abuse histories and issues related to frequent moves in foster care. Adoptees comprise a population that is often overlooked, and their problems are often minimized.

Chapter 2: Literature Review

Core Issues of Adoption

In 1988, Silverstein and Roszia identified a conceptual framework for adoption issues. They noted that these issues are present throughout the life of the adopted individual and, as such, impact a person throughout each stage of development. They identified these core adoption issues as loss, rejection, guilt and shame, grief, identity, intimacy and relationships, control and gains. *Loss* refers to an adoptees' fear of ultimate abandonment and their loss of their biological, genetic and cultural history. *Rejection* refers to adoptees seeing their placement or adoption as a personal rejection; for example, adoptees can only be "chosen" if they were first rejected by another. Rejection also involves issues of self-esteem, and adoptees often report anticipating rejection in their lives and frequently misperceiving situations. Silverstein and Roszia believed that adoptees live with significant *guilt* and *shame*. They often feel they are deserving of misfortune, are ashamed of being different, and are angry at others for their lack of understanding. Adoptees are more likely to be defensive. *Grief* in adopted children is often overlooked in early childhood or is blocked by adults. Many adoptees are told, "You're so lucky," and they are encouraged to feel fortunate that they were "chosen" rather than being allowed to grieve over their loss of biological connections. This can lead to depression and acting out behaviors. *Identity* issues in adoptees reflect the adoptees deficits in information about birth parents, birthplace, etc., and may impede integration of a child's identity. It is not uncommon for adoptees to seek identity in early pregnancies or by engaging in extreme behaviors in order to create a sense of belonging. *Relationships and intimacy* issues often create fears about getting too close to others, as this may result in rejection or a reenactment of earlier losses. Adoptees may also have concerns over possible incest as they may have relations with an unrecognized

sibling or family member. In addition, bonding issues and problems with early attachment may lower one's capacity for intimacy with another. There is no question that adoption alters one's life course. Finally, adoptees have an understanding that they had little *control* over the initial adoption decisions which were made by adults. They had little or no control over these decisions and, as an adopted adult, may continue to lack control over birth records, and other information about their biological families. Adoptees are the only group in America prohibited by law from obtaining either their original birth certificates or their own family medical records. This decision was made for them by the adult parties involved in the adoption process, and without the consent of the adoptees (Post, 2000). Adoption research scholars have reported that these seven issues are with adoptees throughout their lives and present challenges at each stage of their psychosocial development (Brodzinsky, Smith, & Brodzinsky, 1998; Evan B. Donaldson Institute, 2010; Pavao, 1998; Silverstein & Roszia, 1988).

School Issues

Clinicians who work in schools have access to children throughout the day, and are able to see them interact with other children, their parents and other adults. They are often the first to identify or hear about a child who is having learning, emotional or behavioral problems, and the first to help them receive special education services. Research has shown that, when looking primarily at early placed adoptees, behavioral, learning and social emotional problems usually become apparent when children are school age. They then intensify during adolescence and usually stabilize in young adulthood (Coon, Carey, Corley, & Faulker, 1992; Simmel, Barth, & Brooks, 2007). Schools spend thousands of dollars each year on services for children to be evaluated and diagnosed with learning, emotional or behavioral problems, and there is a high rate of evaluation referrals for learning and psychological difficulties in young adopted children

(SEEP, Special Education Expenditure Project, 2008; Warren, 1992).

Adopted children are at risk for significant learning and emotional challenges, and while the majority of adoptive families do not need to seek special education support and services, many families do face special challenges as the adopted child progresses through school (Brodzinsky & Steiger, 1991; Meese, 1999; Taymans et al., 2008). Adoptees are in every community and school and studies show that adoptees are significantly overrepresented in special education (Meese, 1999). In particular, adopted children are overrepresented in special education populations classified as neurologically impaired, perceptually impaired, and emotionally disturbed. The prevalence of adoptees in these populations is three to four times that which would be predicted based on their representation in the general population (Brodzinsky & Steiger, 1991). And, finally, research has shown that, for adopted children, schooling has been identified as one of the greatest stressors on their families (Howard, Smith, & Ryan, 2004; Moss & St. Laurent, 2001). In addition, developmental issues and adjustment within families may result in disproportionate numbers of adopted children who require mental health interventions, and parents of adopted children are more likely to seek support from adoption-competent therapists along with special education services (Evan B. Donaldson Adoption Institute 2010; McWey, 2004; Meese, 1999).

In 2004, a comparative study was conducted in Illinois which identified the percentages of school-related issues present in children raised in their biological families (birth) and in different types of adoptive families (domestic infant, inter-country, and child welfare). As seen in the chart below, adopted children had more unmet educational needs, required more special education services, received more teacher complaints about their behaviors, and were more likely to be on a medication for their behaviors (Howard, Smith, & Ryan, 2004).

Table 1.

Issues in School Performance by Family Type

| | Birth | Infant | Int'l | CW |
|--|-------|--------|-------|-----|
| Unmet educational needs | 15% | 18% | 27% | 30% |
| Special education Services for learning problems | 9% | 24% | 32% | 40% |
| Teacher complaints/behavior | 18% | 35% | 34% | 54% |
| On medication for behaviors | 3% | 28% | 21% | 31% |
| Repeated 1 or more grades | 6% | 4% | 3% | 26% |

(Howard, Smith, & Ryan, 2004)

This high need for services could be due, in part, to adoptive parents' willingness to seek support through special education services. This may also reflect a self-fulfilling prophesy, as education professionals might be jumping to conclusions about the relationships between adoption and learning and behavioral difficulties (Taymans et al., 2008). While adoption issues affect many children, professionals such as teachers, psychologists, counselors and learning specialists, who work with adoptees often, have little understanding of adoption matters (Sass & Henderson, 2000). As Taymans et al. (2008) write,

Little is known about education professionals' perceptions of working with adopted children and their families. Education professionals' knowledge, beliefs, and attitudes may reflect the range of possibilities present in our society as a whole. Some may see adoption as "second best," others may assume adopted children and adolescents come to school with emotional and learning deficits, and still others may see adoption as a wonderful opportunity to form a family. (p. 26)

Today, few resources, materials, or training opportunities highlighting the unique experience of the adopted child are available to psychologists and other professionals who work with adoptees (Sass & Henderson, 2000; Taymans et al., 2008). Recent research has shown that, despite adoptees' overrepresentation in therapy, the majority of psychologists and school professionals are not being taught or trained in adoption related issues (Post, 2000). Yet, it has been shown that increasing the availability of information regarding adoption helps psychologists, counselors and school professionals develop a sensitivity toward adoption diversity and recognize and negotiate potentially challenging situations that adopted children may face in school (Taymans et al., 2008). The current apparent lack of therapist training on specific issues involved in adoption puts these children at risk of being misunderstood, misdiagnosed and mistreated (Post, 2000).

There exist no studies, to date, that have asked adoptees to share their experiences within schools. Studies have presented the views of adoptive parents and teachers, psychologists, and social workers. While their perspectives are important to consider, adoptive parents and professionals cannot speak for the adoptee. Only adoptees can share their unique perspectives on personal experiences. This research asked adoptees to respond to questions and share their experiences in school. The following research questions guided this study:

1. Did the adoptees experience problems in school related to their adoptions?
2. What are adoptees' perspectives on the competence of school professionals with whom they personally had contact regarding adoption?

Chapter 3: Methodology

Methods

The adoptees were recruited by two methods. The first was a snowball sample, as this was a useful way to target populations that are often difficult to access. An introductory e-mail explaining the purpose of the study, and a link to a web-based survey, was sent to ten adult adoptees. In order to secure a good response rate, Robeson (2002) believes it is important to indicate the aim of the survey and to convey its importance, particularly to the person completing the form, so a brief introduction to the purpose of the research was provided.

The second method of gathering information involved posting a brief statement explaining the purpose of the study, along with a link to the web-based survey on several adult adoptee forums on the internet site www.adoption.com. These forums were created for adopted adults to share their experiences and it was a convenient way to access the adult adoptee population. In addition to the purpose of the study and the links to the survey, information on who was eligible to participate was also included.

Participants

The goal of the sampling in the study was to identify adoptees who could relate their experiences surrounding adoption within the school setting in grades K through 12. This type of sampling is known as purposive. As reported on the Web Center for Social Research Purposes (2010), “Purposive sampling can be very useful for situations where you need to reach a targeted sample quickly and where sampling for proportionality is not the primary concern. With a purposive sample, you are likely to get the opinions of your target population” (Purposive Sampling, para. 1). The purposive sample was targeted so that the adoptees’ thoughts and experiences regarding their experiences in school, when they were children and adolescents,

were documented.

The initial group of ten adults came from various backgrounds. All were be professionals known by the author. They lived in Massachusetts, Rhode Island, and New Hampshire. These adults were over the age of 18, fluent in English, and willing to share their experiences and to forward the survey on to other adult adoptees known to them. This snowball sample provided a targeted sample of respondents who met the criteria to be involved in the study. To be included in the adult adoptee sample, participants must have been adopted as a child and attended school.

Measures

The survey I created (See Appendix A) was designed to assess if the adoptees experienced any problems in school related to their adoptions and to collect their thoughts on the competence of any school professionals involved. Due to the sensitive nature of the topic, it was thought that surveys may have had an advantage over interviews in gathering information, as participants may have been more likely to accurately report their feelings, beliefs and concerns online rather than via in-person interviews (Robeson, 2002). The survey was divided into three sections: (a) Background Information, (b) School History, and (c) School Supports. The Background Information section gathered demographic information on the participant's age at adoption, birthplace, current age, gender, and first language. Drop-down menus were used for five of the six demographic questions, to facilitate completion and reduce overall completion time. The School History section asked participants how they performed academically. It also asked participants to state whether they believe their adoption impacted their school experience. It allowed them to respond using a Likert Scale to rate their experiences. The School Supports section asked questions to understand the adoptee's experience with psychologists and counselors in the school. These questions offered the participants the space to share their own

ideas, needs, stories and concerns regarding adoption experiences within school. The survey also contained space at the end where the participants could indicate how they learned about the study.

After the survey was developed, it was presented, for input, to a group of doctoral candidates in a doctoral research course. Students were asked about their understanding of the questions, the ease of completing the form, and how long it took them to complete it. They reported it was easy to understand and it took approximately five to ten minutes to complete. Before the survey was finalized, an expert in the field of mental health surveys reviewed the survey to provide assistance with wording and format. This expert also provided information and assistance regarding the use of online survey services and directed the author to a research consultant. After discussions with the research consultant, it was decided that the online survey service, Survey Monkey, would be used for this project.

Procedure

Following approval from Antioch University New England and the Internal Review Board, participant recruitment began. Through my network of personal and professional relationships, adult adoptees were contacted and asked to participate in the research study. Ten adults were recruited to begin the initial snowball sample. A recruitment e-mail was sent to the adult adoptees who had expressed an interest in the research study. The e-mail included an introduction to the study (See Appendix B), this author's contact information, information on informed consent (See Appendix C), and a link to the survey posted on Survey Monkey, a confidential online survey tool. Participants were informed that, by completing the survey, they had given their consent. Once they read the introduction and the information on consent, participants were directed to the online survey.

I also posted the recruitment e-mail that included the introduction to the study, my contact information, an informed consent form and a link to the survey on www.adoption.com which is directed toward adult adoptees. As with the snowball sample, interested participants who meet the criteria for inclusion in the study were informed that, by completing the survey, they had provided their consent to participate. They were then directed to the survey. The survey was posted on Survey Monkey from June through August.

Ethics and Informed Consent

All research was conducted in accordance with the ethical guidelines set forth by the American Psychological Association. Research began after the necessary permission and ethical clearances from the Antioch University New England Institutional Review Board had been received.

Chapter 4: Results

Data Analysis

Background information. Over the course of three months, 64 adoptees completed the survey. Participants were asked to verify the following three criteria: (a) they were adopted, (b) they had attended school, and (c) that they were over the age of 18. While the majority of participants were born in the United States (70%), many international adoptees also completed the survey. The survey participants were from the United States, Columbia, England, Brazil, Mauritius, Canada, Russia, Lebanon, India and South Korea. The majority of participants were female (78%) the rest were male (21.7%). While a large number of adoptees were born between 1970 and 1979 (33%) and were 32 to 41 years of age, the ages of adoptees ranged from 18 to the mid 60s.

Table 2.

Participant's Year of Birth

| Year of Birth | 1930-1939 | 1940-1949 | 1950-1959 | 1960-1969 | 1970-1979 | 1980-1989 | 1990-1999 |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Percent | 1.7% | 1.7% | 5.0% | 23.3% | 33.3% | 28.3% | 6.7% |
| N | 1 | 1 | 3 | 14 | 20 | 17 | 4 |

Age at adoption ranged from birth to 15 years with the majority of participants reporting being adopted between birth and one year.

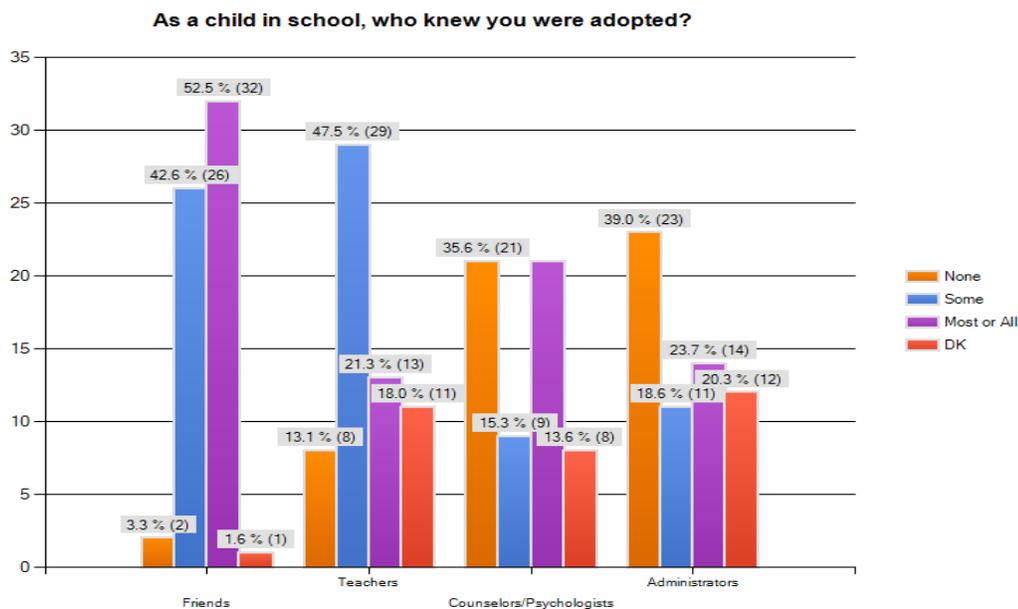
Table 3.

Age of Adoption

| | Birth to 1 year | 1 - 3 years | 4 - 6 years | 7 - 9 years | 10-12 years | 13-15 years | 16-18 years |
|-----------------|--------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Age at adoption | 80.3% | 6.6% | 8.2% | 1.6% | 0.0% | 3.3% | 0.0% |
| N | 49 | 4 | 5 | 1 | 0 | 2 | 0 |

First languages of adoptees included English, German, French, Russian, Armenian, Hindi, and Portuguese. Survey participants were also asked, *As a child in school, who knew you were adopted?* Responses indicated that while the majority of adoptees shared their adoption with friends, many teachers, administrators, counselors and psychologists were unaware of the student's adoption as shown in Figure 2.

Figure 2. Knowledge of Adoption.



Research Question 1: Did the adoptees experience problems in school related to their adoptions?

School history. Academically, the majority of survey participants (47.5%) reported they performed above average, 39% reported average academic abilities and 13.1% said they performed below average academically. However 57.4% acknowledged that they received some academic supports with 3.3% requiring academic supports in most areas. The adoptees were also asked to rate how their adoption affected their academic as well as social experiences in school using a Likert scale from 1-7. A rating of 7 indicated a positive experience while a rating of 1 indicated a negative experience. Survey respondents were also able to report that their adoption had no impact on their social and academic experiences. Most respondents reported that their adoption affected them academically in some way (67.2%) while 32.8% reported their adoption did not impact them at all as shown in Table 4. One adoptee wrote,

It really didn't affect my school experience until it started affecting my entire life, and

school just kind of got looped into that. I started thinking about it more and more and I had feelings of being abandoned and not cared about, and suddenly school didn't matter anymore because nothing seemed to matter except finding answers. That's why my grades fell from As to Cs, or even Ds. I failed a few tests that I ordinarily would have passed.

Another shared her difficulty in school,

I spent a lot of time being bombarded with thoughts and images regarding my adoption and having overwhelming emotions which I couldn't outwardly express. Later in school I found it increasingly difficult to concentrate and learn. My work started to go downhill. The teachers just said I was lazy and I got demoted to go to the lower class for most subjects. My parents just listened to what the teachers said. I didn't trust people with authority much after that, so those relationships suffered. I became more oppositional. There was no-one to talk to about my confused feelings, people didn't discuss emotions in those days, let alone adoption. You were just supposed to do as you were told and everything would be good. I did okay in the end, but it was only because I had an excellent home tutor for a year before I sat for my final exams.

A large percentage of adoptees reported that their adoption impacted their social experiences in school negatively rather than positively as shown in Table 5. Only one person (1.6%) indicated that his or her adoption had a positive affect academically. However, the positive impact was due to the fact that he or she was teased and this caused him or her actually work harder in school so he or she could isolate themselves rather than having to interact with the other children. "I quite often had comments like, at least I wasn't adopted, in primary school. If anything, this impacted my academic work positively as I did not want to interact with other

children.”

Table 4.

To What Degree Did Your Adoption Affect Your Academic Experience?

| | 1 Negatively | 2 | 3 | 4 | 5 | 6 | 7 Positively | No impact |
|---------|--------------|------|-------|-------|------|------|--------------|-----------|
| Percent | 9.8% | 4.9% | 18.0% | 19.7% | 3.3% | 9.8% | 1.6% | 32.8% |
| N | 6 | 3 | 11 | 12 | 2 | 6 | 1 | 20 |

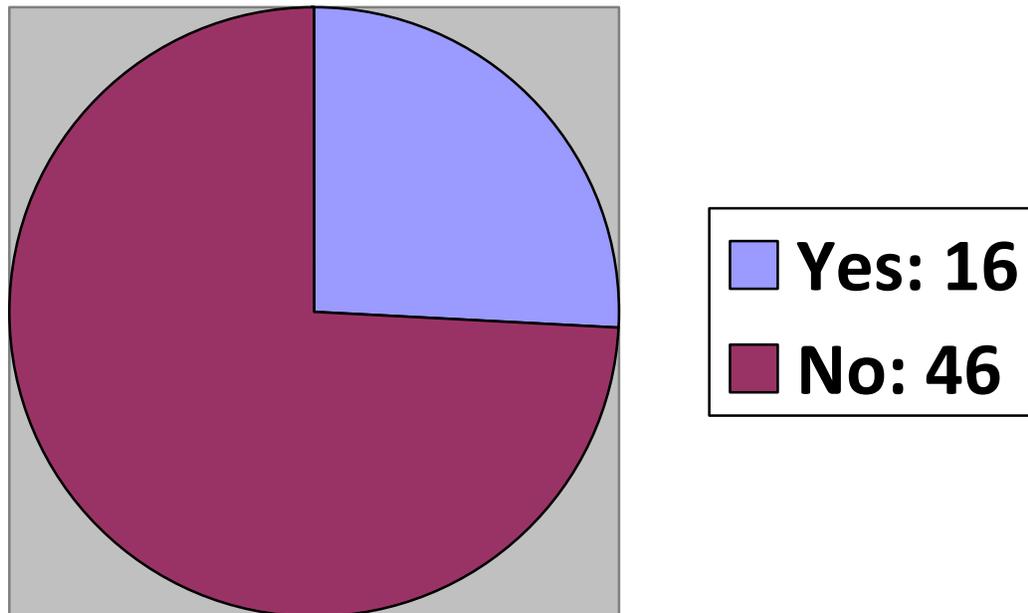
Table 5.

To What Degree Did Your Adoption Affect Your Social Experience?

| | 1 Negatively | 2 | 3 | 4 | 5 | 6 | 7 Positively | No impact |
|---------|--------------|-------|-------|-------|------|------|--------------|-----------|
| Percent | 10% | 18.0% | 18.0% | 11.5% | 8.2% | 4.9% | 1.6% | 21.3% |
| N | 10 | 11 | 11 | 7 | 5 | 3 | 1 | 13 |

School supports. Participants were asked, *Did you ever talk to counselors or psychologists in school for issues related to being adopted?* The majority (46) of adoptees reported they did not talk to counselors or psychologists in school for issues related to their adoption. Only 14 of the adoptees did report talking to a counselor or psychologist about issues related to their adoption, as shown in Figure 3.

Figure 3. Adoptees Who Talked to Counselors or Psychologists about Adoption Issues.



One adoptee described her reluctance and shame regarding talking about her adoption. “Adoption was kept very private in those days and I was discouraged from talking about it outside of the family.” One participant reported that her school did not have any counselors or psychologists available to students. Another wrote of being sent to see the school psychologist but not feeling comfortable sharing her issues of loss and identity,

During my junior year, I was having huge issues with being adopted and not knowing my birth parents, though I did not tell my parents this. In response, my grades declined (like, a lot) and my teacher became concerned about me, so they sent me to the school psychologist. I didn’t really tell her what was going on either since I feared she would tell my parents and the last thing I wanted to do was upset them or make them feel like I betrayed them, so I kept it to myself.

Research Question 2: How would you rate professional competency surrounding issues related to your adoption?

For those adoptees that did talk about their adoption in school, they were asked to rate the professionals competency using a seven point Likert scale. Only fourteen participants chose to answer the question as shown in table 6.

Table 6.

Competency Rating of School Professionals

| Rating | 1 Not competent | 2 | 3 | 4 | 5 | 6 | 7 Very Competent |
|---------|-----------------|------|------|-------|-------|-------|------------------|
| Percent | 13.3% | 0.0% | 0.0% | 33.3% | 20.0% | 26.7% | 0.0% |
| N | 2 | 0 | 0 | 5 | 3 | 4 | 0 |

Among those adoptees who did talk about their adoption in school, many reported positive experiences with school professionals. Words that were used to describe their counselors and psychologists included ‘understanding,’ ‘compassionate,’ and ‘validating.’ One adoptee explained, “My guidance counselor was very understanding and he listened to what I had to say and what my concerns were. He tried to help me out as best he could.” Another shared, “I’m not sure if my therapist was an expert in adoption per se, but he was skilled in identity issues and developmental issues that went around it.” One adoptee felt that while the professionals were involved were helpful, it was his parents who provided the school with the information about adoption,

I think the counselors treated my adoption with respect and encouraged me to be proud of it. Whether they had any additional training on this particular subject I don’t know. I am quite certain my parents provided most of the information to my teachers and school officials regarding adoption-related materials.

However, there were some adoptees who did not have the support of school professionals. Less than positive comments included “The school psychologist wasn’t very competent” and “They always felt like it (my adoption) was no big deal.” One adoptee wrote, “The school didn’t have a clue.” Another wrote “I think they had an idea to present and they never went off script...”

One adoptee shared her frustrating experiences with school professionals,

It depended on the person, but most of the time, no one really got it. When I would try to explain why my feelings had been hurt, or why simple things had hurt my feelings because of my issues of abandonment, most teachers and licensed therapists had no idea what I was feeling.

Themes. Survey responses supported the previous adoption research by Silverstein and Roszia (1988) indicating there are seven core issues that adoptees experience and deal with throughout their lives. These issues (loss, rejection, guilt and shame, grief, identity, intimacy and relationships, and control and gains) were reported over and over by adoptees in their survey responses. And while these issues may be present in their non-adopted peers, children who are adopted have additional emotional obstacles to dealing with life's challenges. Joyce Pavao (1998) describes their struggle: "This extra emotional work-what I would call a normative crisis under challenging circumstances— influences the learning styles of these children" (p. 45). She feels this can ultimately block learning. So, while, it is difficult to estimate who will have adjustment, learning, behavioral and emotional problems in school, adoptees do present as a high-risk population and continue to be overrepresented in special education and utilize more mental health services than their non-adopted peers.

The School Supports section of the survey provided participants with space to share their own personal experiences and stories in school. The responses from this section of the survey were analyzed using the Interpretive Phenomenological Analysis (IPA) method, as outlined by Smith and Osborn (2008). The narrative responses were coded to identify themes. After an initial list of themes was created, it was important to see if there were connections between the responses and those themes identified in the previous research of adoption issues as reported by

Silberstein and Roszia (1998).

As was apparent from the responses, adoption appears to trigger the seven lifelong or core issues for adoptees, regardless of their age, grade, or type of adoption as reported by Silverstein and Kaplan (1999), and the initial coding of responses turned out to be consistent with the themes presented in previous adoption research. Loss, rejection, guilt and shame, grief, identity, intimacy, mastery and control were present in the qualitative responses. Many of these issues inherent in the adoption experience seemed to come together during adolescence when the child was developing an understanding and awareness of the significance of being adopted, beginning to feel the drive towards independence, and the beginning the biopsychosocial striving toward the development of an integrated identity (Silverstein and Kaplan, 1999). Many responses included multiple themes.

Loss. As Silverstein and Kaplan (1999) describe, “Adoption is created through loss; without loss there would be no adoption” (Loss section, para.1). Adoptees suffer their first losses when they are separated from their family with whom they are genetically connected to, their birth families. This loss can impact their development, particularly when there is no conscious awareness, recognition, or vocabulary for the loss. Relinquishment and adoption break the continuum of a child’s trust in the continuity of the goodness and rightness of her environment and it is important to acknowledge the loss and its impact on the adopted child (Verrier, 1991). Loss was reported by many of the adoptees. One adoptee shared “I had issues with depression and a pretty severe eating disorder. I have also felt very lonely and had issues with abandonment.” Several described how the loss of their biological family and genetic connections impacted them in school: for example, not looking like one’s siblings was brought up frequently. Another shared, “Being raised culturally as a white person when my skin color is in fact brown,

created a number of uncomfortable situations as I began to realize the differences between Caucasian and minority cultures in America.” Another adoptee shared,

In grade school, we did a unit on heredity and we were supposed to put down all the traits we got from each of our parents. I did not inherit any traits from my parents. It was a devastating moment for me.

Many adoptees reported being teased and bullied about their adoption and being abandoned by their birth mothers. One person wrote, “Other students, who when informed that I was adopted, told me repetitively that ‘Your mom didn’t want you! Neither do we!’” One adoptee wrote of both the loss of her biological family and the rejection of her adopted family,

I was a poor student because my second adoptive mother was very strict and had wide mood swings. I worried every day what her mood would be when I got home from school. There was always physical violence that erupted without warning, as well as ongoing humiliation and punishment. I was classified as stupid and dumb. I was suspect, tainted, and an outsider. Daily I hoped my adoptive family would find that I had some value, but it never happened. I looked at my school peers and recognized that they had biological parents... something I longed for but could never have.

Rejection. Many adoptees described stories of rejection not only by their birth families but also by their peers in school. One adoptee wrote, “When I was in second grade, this one girl really decided she wanted to isolate me. She had found out I was adopted and told me I was lying because as she put it, ‘You look exactly like your adopted parents!’ It might seem silly this really hurt me, but I felt like who I was, was being rejected.” Another wrote, “Kids would call me nigger as well as tell me that my adoptive family wasn’t my real family and that I wasn’t wanted.” Another adoptee shared,

In the eighth grade, I had a fist fight with a girl who teased me about being adopted. She had learned about my adoption from a friend of mine who I did not hangout with any more. News of the fight and of my adoptive status spread and I had a difficult couple of years because of it.

A few adoptees shared feeling rejected by their teachers as well. For example, one person wrote, “My fifth grade math teacher made rude comments about kids who were adopted and I took her comments hard. I felt like she said I was someone else’s trash.” Another incident with a teacher prompted one adoptee to write,

My grade seven teacher used to talk about how terrible teen pregnancy was and how awful and embarrassing it would be to be pregnant as a teen and have to tell your parents. This made me think of how my birth mother would have felt at eighteen. It made me feel like I was an embarrassment or something to be ashamed of.

Guilt and shame. Shame was a common theme, shared over and over by the adoptees. One adoptee shared about what he felt when he found out he was adopted, “I didn’t find out I was adopted until I was ten and it caused tremendous stress and shame and embarrassment and depression from that point on.” Many adoptees reported being discouraged from talking about their adoption by their adoptive families, increasing the feelings of shame about their family history. “I was called a bastard by someone and I had to look the word up to find out what it meant, only to find out that is what I was. I always felt inadequate and very different from other children.” One girl reported, “I had a girl say, ‘Who’s your daddy? Oh wait, you don’t know!’”

Many reported insensitive remarks that were made not only by students, but, again, by teachers as well. One adoptee wrote, “I had a third grade teacher who assigned the ‘family tree’ project. The teacher told the class she would work something out for me since I was adopted. I

was so embarrassed that she told the entire class.”

Grief. The losses of adoption should be grieved like other losses in life (Silverstein and Kaplan, 1999). However, adoption losses are often difficult to mourn when adoption is seen as a problem-solving event filled with joy. Adoptees are often expected to feel relief and gratitude, not loss and grief. Here, one adoptee shares being denied the ability to grieve her losses.

Every time we moved (this was often), we'd go to visit a new school. The teacher would have an interview with my parents, with me waiting outside of the class. Every teacher my adoptive mother met with, would then come out and inform me, what a lucky girl I was. I'd be told how wonderful my adoptive parents were. I knew each time, this was someone else I couldn't speak to or trust.

Another wrote of her grief this way,

It was hard at parent-teacher conferences when the teacher would point out how similar my mom and dad and I looked. We would have to explain that I was adopted and go through the awkward silent moment. I also found it rather emotionally hard hearing about how rude and unappreciative some students were towards their parents. It always made me want to just scream at them about how lucky they are that they have both of their biological parents and that they knew where they come from and knew what features they got from whom, but most of all, just how lucky they were.

Identity. The search for the self and the need to create one's own identity accelerates in late adolescence and early adulthood. We must find out where we came from in order to figure out where we are going (Pavao, 1998). However, when developing one's identity, it becomes more difficult when information is missing, obscured, or unknown (Pavao, 1998). Without information about ancestors, cultures, skills and talents, the development of the self becomes

emotionally challenging. Adoptees become part of two families yet they do not fit into either family completely (Pavao, 1998). The struggle with identity was a problem that many adoptees shared. Research indicates several characteristics, influenced by both biological and environmental causes, impact adoptee adjustment. But it is the behavioral characteristics, such as temperament, personality, intellect and deviations from behavioral norms, which are the main determinants of adjustment. However, while studies have demonstrated the importance of genetic and environmental factors in adoptees adjustment, without more information on the genetic makeup of the adoptees biological parents, it is difficult to estimate who will develop learning, emotional or behavioral problems. Too often, little information if any is provided about the biological parents, especially the birth father. And if information is provided, it may be misleading since the failure to uncover the presence of a disorder, or condition such as depression, may be because the individual is too young to have developed the illness (Cadoret, 1990). This missing personal information can affect a student's ability to integrate and function successfully within the classroom.

Many participants reported struggling with school assignments that had to do with their genealogy and family of origin. Particularly challenging were the family tree assignment in elementary school and the personal genealogy traits project in middle and high school. One adoptee wrote,

In junior high school we did an assignment on genetics that required us to go home and look at our family to see what physical traits we inherited from our family. I was unable to do this project and felt really left out and alone.

Another reported,

Whenever we would have projects that involved your family background, or what

country your ancestors came from, it was really awkward. I knew that my adopted family was my family, but at the same time we didn't share the same history so it didn't seem right that I use their information. I had to turn in something so this put me in a really awkward place.

Another wrote,

I couldn't bring in ethnic food for Culture Day and it upset me. I also remember not being able to fill out a family tree and having to do another assignment instead. I was also unable to participate in genetic exercises in Biology.

One child was required to do a completely different assignment from the one the class was doing because he or she was adopted,

In the eighth grade, we did a genealogy paper. I was unable to do this, because I wasn't sure of my ancestry. Instead, the teacher had to alter the assignment for me, so that I could do a report on what was happening around the world on the day I was born.

Identity issues were reported by one participant who continually struggled with school assignments that required him to pick and choose which family to write about.

I always found it the hardest when we were assigned writing assignments that had to do with family history or anything related to family. I found it hard because my mind would automatically turn to my biological parents and questions, fears and pain would all come rushing back. I also found that I was constantly conflicted about which family or which history I should do a presentation or written assignment about, my adopted family that had raised me or my biological family whom gave me life and with whom I still have strong ties to and always will. At times I did find myself asking my teacher for his/her opinion or guidance as to which way I should go with my presentation.

Intimacy. Joyce Pavao (1998) believes you must know who you are in order to know who you can be with another. Without this understanding, it can be difficult to be in relationships with others. Intimacy issues are especially evident in relationships with the opposite sex and often have to do with questions around conception, and sexuality. This was the least common issue that was mentioned by adoptees in the survey. This may have been because the participants were asked to report experiences in school, rather than in adulthood. However, some adoptees did share difficulties they had establishing friendships with peers such as the following example: “I remember that establishing relationships with others/ friends was difficult and if it didn’t work out, I recall that being very traumatic for me, more so than what it seemed to be for my peers.”

Another shared her experience of trying to fit in,

I think being adopted is tough in and of itself and then to throw in all the cliques and trying to be popular in school, it becomes even more difficult. I had a tough time figuring out where I belonged. All my friends were white and I was Columbian.

Mastery and control. Several adoptees shared their issues of control or rather their lack of control surrounding their adoption. One participant shared her surprise the moment she realized she was Asian when her teacher pointed it out to her in elementary school. Her adoptive parents had never told her of her ethnic background. One child did not know he was adopted until one of the children at school told him; afterwards he described his whole world view changing,

Since that day I have never been the same, my view towards my parents and the world around me changed in many ways. As I think back now, it would have been much less traumatic had my adoptive parents told me the truth instead of having my speculations confirmed by one of the children at school.

One person described a situation which highlights the lack of control that adoptees have, in this situation, the adoptee had a full sibling whom she had not been told about.

One of my friends who was adopted from Latvia came up to me and told me that her mom told her, out of the blue, that she had a full brother in Latvia who was older than her, which of course got me thinking and distracted me for a very, very, long time.

The results of this research study supported the idea of the seven core issues of adoption. Loss, rejection, guilt and shame, grief, identity, intimacy and relationships, along with worries over control, were evident in participant's responses. These issues were reported over and over by participants.

As mentioned previously, adoptees are a significant population in therapeutic day schools and residential treatment centers. A few of the survey participants reported being in foster care and some reported being placed in out of district placements for students with learning, behavioral, and or emotional problems. One adoptee shared her story of a young life filled with struggles.

I had so many issues with being adopted and being separated from my sister that I ended up in a therapeutic day high-school for teens with emotional and learning disabilities. I did weekly group and individual therapy with some needed extra sessions. I have ADHD with hyperactivity and had birth complications from my birthmothers' cocaine use. I was also placed in three foster homes in my first year of life before being officially adopted. It had been decided that I suffered from some type of emotional disorder, post traumatic stress disorder. I found many other adoptees in my therapeutic school with similar issues and problems that caused them to have trouble in schools. I should also say that, growing up, I saw counselors in school from the time I was six on.

Recommendations for Educational Practice

Joyce Pavao (1998), Executive Director of the Center for Family Connections in Cambridge Massachusetts, described the current lack of adoption education and training available for professionals, who work with adoptees,

Without an understanding of the challenges the adopted child, birth family and adoptive family can face, schools and other community institutions often, unwittingly, work against the best interest of adoptees and adoptive families. If there is very little adoption education and training for our child psychiatrists, pediatricians, psychologists, social workers, and marriage and family therapists, there is even less for our teachers, guidance counselors, school administrators, clergy, and others who deal with the adoptee and adoptive family on a daily basis. (p. 44)

“School is where adopted children face the most challenges and parents express the most concerns” (Evan B. Donaldson Adoption Institute, 2010, p.30). As such, there are many strategies that can be implemented so that schools can improve the way in which children who are adopted are treated and supported. These include but are not limited to increased diversity training for school staff, specific training around the seven core issues of adoption for school counselors, social workers and psychologists, and graduate level adoption training programs for professionals who work with adopted children.

This research on the experience of the adoptees in school highlights the need for more sensitivity and diversity training for school professionals around adoption. In order to meet the needs of their diverse student population and their families, school professionals need to understand the unique aspects of adoption and the effects of neglect, abuse and interrupted attachments on children (Evan B. Donaldson, 2010; Henderson, 2002). School professionals can

be helped to understand the cultural experience of adoption. For example, if the child was being adopted out of foster care, having a history of trauma and neglect, spending his or her early years in an institution, or was being adopted by another family member- all of these factors will have an impact on a child's emotional, behavioral and learning style in the classroom. Survey responses indicate that the lack of training for school counselors, teachers and psychologists had an effect not only on the adopted students themselves but on the behavior of the other students around them. Many of the adopted respondents were teased and bullied as students, but few felt comfortable going to school staff for support and guidance. While some teachers and counselors were understanding and compassionate, others pathologized adoption and marginalized adoptees by their choice of language and classroom assignments. Classroom assignments such as the family tree and the genetics assignments should be modified for the entire class. For example, Pavao (1998) recommends having students create an "orchard" that allows all students to present and share individuals, whether biologically related or not, who are important in the life of the child. Staff sensitivity training will reduce teasing and bullying of adoptees and will help adopted students to access and benefit from supports within the school system.

Curricula for school personnel may include discussions on the use of sensitive language in the classroom, notions of disclosure and privacy for the adopted child, and discussions of anxiety, shame and belonging. Optional individual support and social groups for adopted children in school is recommended to help children develop relationships with others who might understand their unique experiences; as many adoptees say they didn't know any other adopted persons. Specific components of the curricula could include role playing activities where children are provided a safe space for practicing how to disclose their adoption, and how to handle teasing or bullying situations. Depending on the age of the children, whether it be

preschoolers, elementary age children or adolescents and young adults, group curricula must be sensitive to the cognitive and developmental stages of the children. For example, young children may learn better through hands on art and role play activities, children in middle school may enjoy more writing or journaling activities and high school groups may benefit from peer discussions, movies and social networking support. Curricula should also include discussions of the seven core issues of adoption. These supports should be available throughout the school system, rather than for only one age group, to ensure that all the psychosocial needs of the developing child are met.

Supports for adoptive parents are recommended as many adoptive parents may blame themselves for their child's learning, behavioral or emotional problems. Adoptive parents have also reported that they feel the professionals they have worked with have been judgmental towards them (Evan B. Donaldson Adoption Institute, 2010). Adoptive parents would benefit from advocacy and service coordination, to ensure that they are able to access the clinical services their children need. Adoptive families seek out and utilize clinical services at a rate three times that of biological families (Howard, Smith and Ryan 2004). By providing parents support to connect with trained professionals both in the community and in the school, the child, family and schools all benefit.

Finally, it is important that graduate schools that provide training for teachers, social workers, counselors, therapists and psychologists begin to develop adoption training curricula for their programs that provide an accurate understanding of the needs of the adopted child and the family of adoption. Diversity training is required by the American Psychological Association in their Guidelines and Principles or the Accreditation of Programs in Professional Psychology (1995). Yet, while race, ethnicity, religion and sexual identity are often discussed, adoptees

needs are usually not addressed or considered when thinking of minority populations. Therefore, it is recommended that adoptees and their unique family systems be included in all graduate diversity training programs. This training could be a one day lecture for students in their diversity class. Adoption should also be discussed in family therapy classes. This will help to prepare students for practice or research by providing culturally sensitive information about the varieties of adopted individuals' ethnic and cultural backgrounds, family and kinship networks, and social support system (Henderson, 2002; Post, 2000). Continuing education courses for professionals are also recommended as in a recent survey of licensed psychologists, 81% indicated an interest in taking a continuing education program about adoption (Henderson, 2002). These courses could include weekend workshops for continuing education credits and day long professional in-service training in outpatient and hospital settings.

For much of the 20th century, adoption was shrouded in secrecy, largely because of the shame of having an illegitimate birth (Henderson, 2002). The National Committee for Adoption (NCFA) is composed primarily adoption agencies and adoptive parents. They promote and support the "feel good" or "win-win" model of adoption, and as part of their model, they advocate for closed adoptions in which adoptees are provided with no identifying information about their birth families. They also try to marginalize and pathologize anyone who report that adoption experiences can be problematic (Henderson, 2002). Today's adoptions are very different from adoptions in the early days, and it is critical that those who work with families of adoption have an understanding of their distinctive needs. When families and professionals are provided with an understanding about adoption issues and the life experiences of the adopted child, psychologists, counselors and social workers will be better able to treat their students and meet their individual needs (Sass & Henderson, 2000).

Limitations of the Present Study

It is important to acknowledge that I am an adoptee with my own experiences and opinions about adoption issues in school and the competency of school professionals. I have also worked in schools, community mental health, and inpatient and outpatient settings and have developed my own understanding of the challenges, limitations and rewards of working with adopted children. As a researcher, and as an adoptee, I have empathy for their experiences and while realizing that their experiences are unique to them. I had to make sure to identify themes without inserting my own opinions, and allow their individual experiences to be shared. In order to avoid including my personal experiences in this study, I did not complete the online survey. I also enlisted the help of an expert in survey design so that wording and format were not pulling for either positive or negative responses.

Another limitation of this study was the small number of participants that completed the survey. The participants were a self selected population, and individuals who were interested in their adoption status and in relating to others about their experiences. The snowball sample was made up of individuals who had earned college degrees, many of whom had earned graduate degrees. The sampling was purposive rather than random which may have affected the results as their academic advanced degrees did not correlate with the previous research that indicated the significant learning challenges with many adopted individuals. Survey participants were not able to give details about their learning needs or their use of special education services. They were not able to provide information about any history of abuse, neglect, poverty, disrupted attachments, and medical complications and so on. There were several questions that were not included in the survey which could have provided a clearer picture of the adopted child. For example, it would have been helpful to include a question about the type of adoption the person had experienced

whether it was a foster care adoption, international adoption, or an open adoption versus a closed adoption. As Brodzinsky and Steiger (1991) note, background information is needed on the circumstances that may lead to academic and maladjustment among adoptees. It would also have helpful to know if the participants had received any form of outpatient counseling or psychotherapy while attending school.

Finally, I wish I had included the question “Would you have liked to have talked to a counselor or psychologist about your adoption?” While many reported problems related to their adoption and had no one to talk to about their adoption issues, it is still unclear whether students would have appreciated someone available to them in school who had an understanding of their unique needs. In future research it will be important in to identify what supports and specific changes adoptees and their families would like to see available to them within their own school systems. And as children living in foster care is becoming the largest population of children to be adopted, the effects of foster care, frequent moves and previous trauma histories need to be studied and understood.

Conclusions

The purpose of this study was to understand the experiences of adoptees in school, through their recollections as adults. Survey participants were primarily female, adopted at birth and were adopted between birth to age one. They performed within the average (47.5%) to above average (39.3%) range in school. The majority (42.6%) reported needing no extra help in school while 3.3% required support in most areas. Most adoptees indicated that their adoption did affect them in school both academically and socially. Qualitative responses indicated that the adoptees experienced the seven core issues of adoption as reported in previous research by Silverstein and Roszia (1998). Loss, rejection, guilt and shame, grief, identity, intimacy, mastery and control

were present in the qualitative responses. The adoptees shared many experiences and stories that highlighted their unique experiences in school, and their relationships, both positive and negative, with teachers and peers. While a few reported no problems related to their adoption for themselves or those around them, many struggled at different times in their education, depending in ways no doubt specific to their developmental stages. What is apparent from the results is that while adoptees may be overrepresented in clinical and special education settings, they continue to feel a lack of support in their schools.

Adopted children are at a much greater risk for learning, behavioral, and emotional challenges than their peers who are raised by their biological parent(s). Their difficulties often begin to present themselves in the early elementary school years, and school professionals are often the first to identify the children at risk for learning, behavioral and emotional problems (Brodzinsky, 1990). Yet, despite their high risk status, specialized services, programs, and supports are not available to adopted children. There exist limited materials and information for those who work with these children in schools, and many psychologists lack training to understand the unique issues of the adopted child (Post, 2000). Despite the limitations of this study, responses indicate that adoptees struggle in school with issues of loss, grief, shame, identity, rejection, intimacy, mastery and control. The majority of adoptees did not talk to school professionals about their adoption. Many also reported derogatory comments made by teachers and a lack of understanding of their unique needs in relation to classroom assignments. Rather than modifying classroom projects for everyone, adoptees felt singled out due to their unique family systems, and made to complete an alternative project. This lack of understanding of classroom diversity led to feelings of shame, guilt, rejection and relational problems.

Cruel teasing and bullying were frequently mentioned. With the rise of cyber bullying, adoptees may be even more vulnerable to attacks and it is therefore critical that the adoptees' experiences be understood and treated sensitively and that they have access to supports at school.

By involving the adult adoptee in this research, a more comprehensive view—one that is appreciative and accepting of the needs of the adopted child—is obtained. I hope that I have succeeded in bringing these participants to life through my analysis of their responses. It's time for change in the way adoption is addressed in school. As one person wrote, "I really wish there had been more education about adoption in public schools because I remember just being completely disconnected. People would call me an orphan and ask me why my birth parents didn't love me." It is critical that therapists, teachers and administrators who work with children who have been adopted develop an understanding of their unique psychological development so that the children may feel understood and supported.

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Appendix A

*Adoption Survey****Background Information***

1. Where were you born? (pick list of choices)
2. What year were you born? (pick list)
3. Gender: Male Female
4. At what age were you adopted? (pick list)
5. What was your first language as a child?

School History

6. Academically, I did (pick list examples: very well, average, below average, struggled, struggled with help)
7. On a scale from 1 to 7, academically, I required
No extra help 1 2 3 4 5 6 7 *Support in most areas*
8. To what degree did your adoption affect your experiences in school,
Negatively 1 2 3 4 5 6 7 *Positively*
No Impact

School Supports

9. As a child in school, who knew you were adopted?

| | | | | |
|--------------------------------------|-------------------------------|-------------------------------|------------------------------|-----------------------------|
| <i>Friends</i> | None <input type="checkbox"/> | Some <input type="checkbox"/> | All <input type="checkbox"/> | DK <input type="checkbox"/> |
| <i>Teachers</i> | None <input type="checkbox"/> | Some <input type="checkbox"/> | All <input type="checkbox"/> | DK <input type="checkbox"/> |
| <i>Counselors/ Psychologists</i> | None <input type="checkbox"/> | Some <input type="checkbox"/> | All <input type="checkbox"/> | DK <input type="checkbox"/> |
| <i>Administrators</i> | None <input type="checkbox"/> | Some <input type="checkbox"/> | All <input type="checkbox"/> | DK <input type="checkbox"/> |
10. Did you ever talk to counselors or psychologists in school for issues related to being adopted? Yes No

If yes, please explain:

11. If you answered yes on question 10, on a scale from 1-7, how would you rate their competency surrounding issues related to your adoption?

Not competent 1 2 3 4 5 6 7 Very Competent

Please explain:

12. Can you recall an event related to being adopted that impacted your school experience? Yes No

Please explain:

13. Is there anything else you would like to share about your experience in school regarding your adoption?

14. I received this survey from:

Friend

Internet Site

Family

Other

Thank you for your time and your participation in this research project. If you have any questions, thoughts, or concerns, you can reach me at: edonalds@gmail.com

Elizabeth S. Donalds, MS, CAGS

Graduate Student in Clinical Psychology

Antioch University New England

Appendix B:

Introductory Letter, Contact Information

To Whom it May Concern,

As a doctoral student in the Clinical Psychology Program at Antioch University, I am recruiting participants for research study titled *Voices of Adoptees: Stories and Experiences in Schools*. The goal of this study is to understand the stories and experiences of adoptees within school. In order to be eligible to participate,

- a) You must have been adopted,
- b) You must be over the age of eighteen,
- c) And you must have attended school.

If you meet these eligibility criteria, participants are asked to complete an online survey that aims to gather information about any impact adoption may have on your school experience. In addition, your experience of how prepared your school professionals were to understand your issues surrounding adoption will be explored. I would very much appreciate your completion of this survey which will take **approximately 10 minutes of your time**. Your participation in this study may benefit adoptees by helping professionals better understand the needs of adoptees in the school environment.

Confidentiality Your participation in the study is completely voluntary, and your responses will be kept confidential. You do not have to participate and you can refuse to answer any question. Even if you begin the survey, you may withdraw at anytime. At no time will your responses be linked with your name. Any reports or publications based on this research will use only group data.

If you have any questions, comments, or concerns, please contact Elizabeth Donalds at the e-mail addresses or telephone numbers listed below. If you are interested in receiving a summary of the results please e-mail Elizabeth Donalds at edonalds@gmail.com

By completing and returning this survey you are providing implied consent to participate in this study.

Thank you in advance for taking the time to complete this online survey.

Sincerely,
Elizabeth s. Donalds, MS, CAGS
Doctoral Candidate, Antioch University New England
edonalds@gmail.com 508-111-222

Appendix C

Informed Consent

A researcher at Antioch University New England is asking you to fill out an online survey about adoptees experiences in school.

There are no risks to you in taking part, because we are not asking for any names and no one can know who filled out a survey. It takes about 10 minutes to finish.

Taking part is voluntary.

If you choose not to fill out the survey, there will be no penalty. If you do fill out the survey, you may leave any question blank, but we ask you to answer as many questions as you can.

By completing and returning this survey you are providing implied consent to participate in this study.

If you have any questions about the study, you may contact Elizabeth S. Donalds, at telephone # (111-222-3434 or via email at [edonalds@gmail.com]).

If you have any questions about your rights as a research participant, you may contact Dr. Kevin P. Lyness, Chair of the Antioch University New England Human Research Committee, (603) 283-2149, or Dr. Katherine Clarke, ANE Vice President for Academic Affairs, (603) 283-2450.