

A Phenomenological Study of Adoptive Parents' Distress

By

Erica Rhoads

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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Abstract

The purpose of this transcendental phenomenological study was to explore the lived experiences of distress in parents who have adopted internationally. The aim was also to discover what this lived experience is like through the perception of both objective and subjective reality, providing understanding and meaning from the perception and experience of adopting and then parenting children who have experienced significant trauma. An additional goal of this study was to evaluate the experience of sharing their adoption story within a narrative therapy support group as a way to alleviate some of their distress. A focus on the background of adoption and the current understanding of the bioecological model of human development provides a greater representation of the systems involved and interactions within an adoptive family to clarify and highlight needs to be addressed by the counseling field. Through group and individual data collection, the findings included analysis of lived experiences of the process of adoption, parent factors, child factors, and social factors. The implications point to the need for increased access to adoption-competent providers and the need for counselor educators to include adoption-informed training for future counselors.

Keywords: Adoptive parents, trauma, distress, narrative therapy, support group

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CHAPTER ONE: INTRODUCTION

The voices of adoptive parents often go unheard while researchers focus on the needs of the adoptive children (LaBrenz et al., 2020), but adoptive parents have expressed distress and appreciate the opportunity of being able to tell their “adoption story” from the beginning to the present day (Selwyn, 2019, p. 167). Many parents end up feeling distressed by the overwhelming behaviors of their adopted children (Bird et al., 2002; Canzi et al., 2019; Sellers et al., 2019). Further, they feel isolated and lack support from professionals and the community (Almeida et al., 2021; Archard et al., 2022; Dawson, 2021; Downes et al., 2022). Parents have appreciated supportive groups as a normalizing experience with an atmosphere of acceptance rather than judgment. This dissertation explores the phenomenology of distressed adoptive parents.

In this chapter, I present a background of the problem and how over time, the adoption of infants became less prevalent and the adoption of older children who had experienced trauma became more common. This change then led to children with greater needs that adoptive parents were not always prepared to handle, and parental distress became more of an issue. Following this background introduction, I discuss the theoretical models framing the study, and the study purpose, nature, objectives, and approach. Next, I situate myself in reference to the study, provide assumptions and limitations, and explain definitions. Finally, the significance of the study highlights the need to research adoptive parent distress.

Background of the Problem

Many children in the adoption system have experienced disruptions in attachment and trauma previous to adoption (Brodzinsky et al., 2022). These disruptions then cause ongoing distress for them and, subsequently, distress for the adoptive family (Cervin et al., 2021). The need for children to have an attachment figure to provide feelings of security was first described

by Bowlby (1982), who asserted that when there is maternal deprivation instead of stability, it leads to disadvantaged psychological development. Attachment injury has an impact on a child's psychological development (Hartinger-Saunders et al., 2019), and, depending on the disruption factors (the timing, severity, and pattern), results in not only increased psychological risk but physical, cognitive, regulatory, and relational risks as well (Perry, 2014).

Further, trauma symptoms are often paired with other behaviors such as attention deficit hyperactivity disorder, oppositional defiant disorder, depression, and anxiety, among others complicating the task of children attaching to the adoptive caregiver or caregivers (Tedeschi & Billick, 2017). Such complex comorbidity complicates not only attachment issues for the children but can also complicate numerous areas of life for caregivers. Research has linked posttraumatic symptoms of children exposed to trauma and caregiver trauma and stress (Cervin et al., 2020; Riggs, 2021; Wilcoxon et al., 2021). These findings indicate a toll on caregivers that exceeds the normal parenting experience, often causing distress in various ways.

At times this distress leads to adoption breakdown, disruption, and, eventually, dissolution of the adoption and the child's placement elsewhere (Palacios et al., 2019). When identifying the key factors in these disruptions, older age at placement, exposure to adversity, and behavioral and emotional problems often decrease the success of the placement (Palacios et al., 2019). Unrealistic expectations, parent inflexibility, and difficulty with attachment are factors that lead to increased adoption breakdowns (Palacios et al., 2019). Additionally, factors of poor preplacement preparation and limited postplacement interventions were found to result in ending placements (Palacios et al., 2019).

Adoption Statistics

A practical definition for adoption was developed by Kohne et al. (2023) as “accepting an

orphan by new parents with a separate inheritance in a family other than his biological parents.... In addition, all the responsibilities and civil and social rights of a child are the responsibility of the new parents” (p. 160). Currently, adoption in the United States is believed to be modeled from the Massachusetts Adoption Act (1851) as a way to connect children who need a family to suitable families who could provide for a child.

Since those early American efforts to provide for children’s placement into stable homes, adoption trends have varied with society’s needs (Watson & Hegar, 2014). During the 1970s domestic infant adoption rates decreased, and international adoptions slowly increased (Watson & Hegar, 2014). International adoptions then caught greater momentum in the 1990s and trended up to 22,987 international adoptions in 2004 (U.S. Department of State, n.d.). These numbers then began to decline gradually until COVID-19, when international adoptions sharply decreased (27%) in 2019 with an even greater decrease (45%) from 2019 to 2020 down to only 1,622 international adoptions (National Council for Adoption, 2022).

Moreover, the typical age at adoption began changing when the availability of adoptable infants decreased and the need for older children to be placed in families increased due to wars, natural disasters, and the fall of communism as well as an increase in children removed from families due to abuse and/or neglect (Brumble & Kampfe, 2011; Child Abuse Prevention and Treatment Act, 1974; Schilling & Christian, 2014). Older child adoptions (children adopted from age 3 and older) are considered special needs adoptions, as they are generally more difficult to be placed in families and often introduce greater challenges (Berry, 1990; O’Dell et al., 2015). Historically, these children are often exposed to greater adversity and thus are at higher risk than infant placements (O’Dell, 2015; Palacios et al., 2019).

Adoption and Distress for Parents

As noted, the complications of adopting an older child bring various challenges for parents. The first challenge is unrealistic expectations before the adoption takes place, setting up parents for distress when those expectations for a happy family are not met (Lasio et al., 2021; Santos-Nunes et al., 2018). The temperament of the child and symptoms of mental disorders often lead to dissatisfaction gained from parenting that is opposite of their expectations (Almeida et al., 2021). Parents also experience distress because of their perception of the child's emotional and behavioral difficulties (Canzi et al., 2019). Parental distress is particularly true for children with externalizing behaviors due to trauma exposure, as caregiver stress has a stronger association with the child's externalizing symptoms (Cervin et al., 2021). Parents' experience of family life, their satisfaction overall, the child's maladjustment, and the closeness of family relations are also predictors of parent stress (Costa et al., 2020). Further, the impact on relationships includes increased marital conflict and ambivalence in those who were not actively working on their relationship (South et al., 2018). Additionally, adoptive parents often experience less privacy as a couple, limiting their ability to maintain a united front, and some are pushed to divorce or close to divorce due to stressors in their relationship caused by adoption factors (Lyttle et al., 2021; Schwartz et al., 2014).

Along with impacts on the marriage relationship, parents involved in child placement often experience symptoms of moral injury, as there are times when they feel that they are violating their own deeply held values (Haight et al., 2017). Shame is another factor in distress for adoptive parents. This can stem from substance use by their adopted children (Branco et al., 2020) or from external factors including social emotions as parents internalize their beliefs about others' negative opinions (Srinivas et al., 2015). Finally, this distress can come from even a

single event of child trauma (Wilcoxon et al., 2021), events that are often multiplied in the case of older child, international adoptions. With this distress, there is an increase in adoption breakdown and further emotional suffering for both the child and parents (Almeida et al., 2021).

To summarize, the problem this study addresses is the distress experienced by adoptive parents who struggle with meeting the needs of children with attachment injuries and trauma histories (Hartinger-Saunders et al., 2019). The current literature the history of adoption, the family of origin of adopted children, and adopted children's need for a healthy family to support them (Brodzinsky et al., 2022). Much of the literature is written to detail how to support the children and their needs (Liu et al., 2019), but little is written to detail how to support the parents as they deal with secondary trauma, compassion fatigue, moral injury, and high levels of distress (Lyttle et al., 2021). While a number of strategies are aimed at adoption preparation, support, and follow-up (Archard et al., 2022; Barbato et al., 2020; Barrett et al., 2021; Bird et al., 2022; Chakawa et al., 2020; Downes et al., 2022; & Filippelli et al., 2022; Neil et al., 2020), the studies are focused on parenting interventions rather than providing support for the parents themselves (Miller et al., 2018). This study may enable counselors and counselor educators to further understand the needs of this population. This study also provided a forum for participants to share their adoption narratives with other adoptive parents.

Theoretical Framework

This study applies two theoretical models: Bronfenbrenner's (1994) ecological model of human development (EMHD) and Badenoch and Cox's (2010) interpersonal neurobiological (IPNB) lens. First, Bronfenbrenner (1994) provided a means of exploring the interactions at different levels of the system surrounding both children and parents in the adoptive family. According to this ecological model, there are numerous systems for context: the microsystem,

mesosystem, exosystem, macrosystem, and chronosystem. Each of these systems provides context for reciprocal interactions between the person and their immediate environment (Bronfenbrenner, 1994). Additionally, a suggested bioecological model includes the genetic heritability that also impacts the development through the synergistic effect of proximal processes on genetic-environment interactions (Bronfenbrenner, 1994). This model aids in understanding the interactions both within the adoptive family and within the community surrounding the family as well as how time and genetics can impact the system. Within this framework, a logical progression moves from the early attachment deficits of the original biological family onto the adoptive family and out through the more removed systems.

According to Badenoch and Cox (2010), an IPNB lens provides not just the social aspects of interactions but also the neurological and interpersonal factors involved in complex relationships. Through an understanding of the wiring of the brain and the importance of interpersonal relationships, looking below the conscious level to make sense of what is being observed on the surface provides further insight (Badenoch & Cox, 2010). Additionally, IPNB brings into focus an understanding of brain development, relationships, and feelings of safety and belonging necessary for healthy psychological development (Perry, 2014; Siegel, 2019; Thompson, 2015). This belonging is necessary for adoption situations (Pivnick, 2023) and must be a mutual choice by both parties (Mahar et al., 2013). Factors related to these theories will help clarify the multifaceted complexity of the impact of adoption on parents.

Conceptual Framework

Adoptive parents often find themselves distressed as they journey with children who have experienced trauma (Bird et al., 2002; Canzi et al., 2019; Sellers et al., 2019). As adoption trends have shifted to provide for the needs of older children with trauma, especially those from other

countries (Brumble & Kampfe, 2011; Schilling & Christian, 2014; Watson & Hegar, 2014), the experiences of trauma are then broadened to the adoptive family in various ways. The children's behaviors distress many parents; further, the accounts about the children's lives that often include severe abuse or neglect can cause secondary or vicarious trauma for parents as well (Lyttle et al., 2021; Riggs, 2021). Over time, the distress compounds for parents, which then leaves them with little resources to parent well. The complications of attachment, the theories of EMHD and IPNB as they relate to adoption, and the need for adoptive parents to be healing sources for children (Schooler et al., 2009) can be illustrated by this statement: "We are born in relationship, we are wounded in relationship, and we can be healed in relationship" (Hendrix, 2007, p. 35). When parents become so distressed from new wounds inflicted by the child or the child's history, the hope to help heal can instead result in trauma for both parents and children (Lyttle et al., 2021).

Children are born into a primary relationship where wounding occurs when healthy attachment bonds are not established (Bolby, 1982; Peñarrubia et al., 2023). This first microsystem involves the child, birth parents, and possibly early caregivers in the immediate environment. This primary system establishes early development patterns that involve the processes of reciprocal interactions between each member of the original family which become more complex as time goes on (Bronfenbrenner, 1994). Because humans are hard-wired for connection (Siegel, 2019), this initial relationship impacts the developing brain structure and produces a relational template for future interactions (Badenoch & Cox, 2010; Siegel, 2019). When the early environment produces these attachment wounds, profound changes are made that impact the child and their ability to develop future healthy relationships (Neil et al., 2020; Paine et al., 2019; Peñarrubia et al., 2023).

As this primary system is disrupted due to abuse or neglect and the child is placed in a new setting, both the early adversity and disruption are usually experienced as complex trauma for the child (Brodzinsky et al., 2022; Cervin et al., 2021). The child's developmental traumas from the original microsystem impact the new family system as reciprocal interactions play out not only in the new microsystem but in the larger meso- and exosystems (Bronfenbrenner, 1986; Downes et al., 2022; Kalus, 2014; Kim, 2022; Leake et al., 2019). While this new environment is meant to bring healing through beneficial relationships and healthy attachment development, the interaction of the past can add complicating factors (Cervin et al., 2021; Hartinger-Saunders et al., 2019). Some of the complicating factors that occur when adoption and trauma combine include attachment difficulties, adoption breakdowns, trauma and shame for both the child and the family (including siblings), moral injury to parents, isolation and disconnection from support systems, maladaptive behavior, and developmental delays (Brodzinsky et al., 2022; Cervin et al., 2021; Haight et al., 2017; Hartinger-Saunders et al., 2019; Riggs, 2021). These all highlight how trauma can bring severe consequences, which impact adoptive families who often have limited support both before and after adoption (Riggs, 2021).

Through the lenses of attachment theory, IPNB and EMHD, it is easy to see a need for a better understanding of what is happening to parents when children who have experienced significant trauma are adopted into a family. The desired outcome is for the child to enter into a healing relationship with the new parents to help them organize their attachment behaviors and develop a secure attachment (Brodzinsky et al., 2022). However, when early attachment is disrupted, this goal can be difficult not only for the child but also for the caregivers (Blake et al., 2022; Brodzinsky, 2022; Emanuel, 2002; Srinivas, 2015). Additionally, IPNB brings into focus an understanding of brain development, relationships, and feelings of safety and belonging

necessary for healthy psychological development (Perry, 2014; Siegel, 2019; Thompson, 2015), which are often disrupted for children who have lived through adversity (Perry & Szalavitz, 2006). When considering the need to look at the family system as part of this dynamic, EMHD highlights the complexity of interpersonal interactions that influence each individual, particularly the impact that the child's trauma has on the parents (Bronfenbrenner, 1996). Figure 1.1 illustrates a proposed relationship between the child and the adoptive family.

Figure 1.1

Impact of Trauma on Adoptive Child and Family

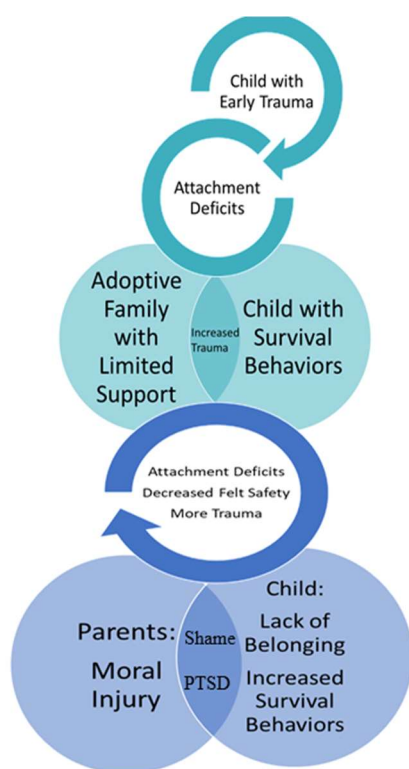


Figure 1.1 represents children who have encountered trauma and then suffered the loss of their first caregivers (Brodzinsky et al., 2022). These children often have attachment deficits that lead to survival behaviors (McLaughlin & Lambert, 2017). These perplexing behaviors kept

them alive in their early environment but are no longer adaptive in the new setting of an adoptive family (Perry & Szalavitz, 2006). When adoptive families have insufficient pre-adoption training and limited support during and after placement, increased trauma is the result for both parents and children (Hartinger-Saunders et al., 2019). As this trauma cycle repeats there is difficulty attaching and children have a decrease in felt safety producing more trauma (Roy, 2022). As time goes on, parents feel shame and begin acting in ways that go against their moral beliefs potentially resulting in moral injury and PTSD (Haight et al., 2017). The children feel shame and a lack of belonging, increasing their survival behaviors and possibly developing or increasing existing PTSD as well (Thompson, 2015). By bringing in support from the community and the family's exosystem there is potential to facilitate healing, and the cycle could be disrupted with a more healthy family environment to bring healing to all the individuals in the microsystem (Hunsley et al., 2022).

Purpose of the Study

The purpose of this transcendental phenomenological study was to explore the lived experiences of distress in parents who have adopted older children internationally. The aim was also to discover what this lived experience is like through the perception of both objective and subjective reality, with a desire to understand and give meaning that arises from the perception and experience (Moustakas, 1994) of adopting and then parenting children who have experienced significant trauma. An additional goal of this study was to evaluate if and how the experience of sharing their trauma story within a narrative therapy support group helped to alleviate some of their distress.

Nature of the Study

This study used the transcendental phenomenological research method (Moustakas, 1994)

to explore the lived experience of parents who have adopted internationally and their perception of being part of a group of other parents who each share their adoption story. Data were gathered through written feedback completed after a group experience of sharing their stories (see Appendix B) in addition to personal interviews conducted individually following the group experience. Both the group experience and the personal interviews were video recorded with permission from participants. The recordings were then used to triangulate data from the written evaluations. Chapter 3 will provide greater detail about the process of data collection and analysis.

Research Objectives

Distress as a result of adoption often results in disconnection of relationships both within the family and in the community. The research objectives center around exploring the lived experiences of distress for adoptive parents and how connection impacts this distress. The first research objective was to explore adoptive parents' lived experience of parenting children with trauma histories to determine themes that might inform practical applications to support them. The second objective was to explore how the adoptive parents describe the experience of sharing their stories in a narrative therapy group intervention to understand their views of the helpfulness and meaningfulness of the intervention.

Research Approach

A phenomenological research method allows researchers to look subjectively for the essentials and ways of being that originate from others (Errasti-Ibarrondo et al., 2018). Further, this research allows for a description of their experiences to unearth the meaning and representations while preserving their voices (Errasti-Ibarrondo et al., 2018). By using transcendental phenomenology methods (Moustakas, 1994) as a way to identify rich and

meaningful descriptions, this qualitative study can remain both objective, removing research biases and expectations, and subjective, through viewing the phenomena of the lived experiences shared by the participants. Specifically, the collection of data includes both written evaluations after group participation, recorded group sharing, and individual recorded personal interviews. Transcriptions were then analyzed using steps outlined by Moustakas (1994). More details of this process are in Chapter 3.

Situation to Self

Transparency in phenomenological research takes into consideration the intersectionality of the researcher playing dual roles (Ravitch & Carl, 2021). By examining these roles throughout the study and making deliberate choices to maintain transparency, the researcher increases validity by staying alert to bias (Moustakas, 1994). This need for transparency holds true for transcendental phenomenological research as the nature of personal connection drives the passion to dive deep into the material (Moustakas, 1994). For me, exploring the distress of adoptive parents brings out a desire to understand and advocate with the knowledge gained.

As a mother who added two older international children to our family through adoption, my family and I experienced significant distress after the trauma symptoms of our adoptive sons brought chaos and pain into our family. While both of our adopted sons had experienced trauma to some extent, one of our sons was particularly traumatized, and the impact was obvious as his behaviors seemed erratic and confusing to us. My husband described our life as having a “nuclear bomb explode” in our family. We all felt torn apart including our marriage relationship and the bonds that we had with our three biological children. As we were challenged through the years following the adoption, we encountered similar stories from other adoptive families. Although we had received extensive pre-adoptive training, nothing had prepared us for this

reality. Further, we experienced a disconnection from much of our support system as others near us could not understand what we were experiencing.

Finding help, even with mental health providers, was difficult. Very few counselors were familiar with adoption and because our sons had only recently begun learning English, their ability to communicate their emotions was limited. As time went on, both of our younger biological children began to demonstrate concerning behaviors and once again, finding a counselor for each of them was quite difficult, especially in our rural area.

This experience led me to pursue my MA in clinical mental health counseling and now my PhD in counselor education and supervision. My desire to understand and make sense of our experience and then a drive to help other families who have had similar experiences led me to this point: pursuing a dissertation on distress in adoption. While this experience and the past information I have gotten from other families motivated me to study this topic, I also understand that I needed to set aside these pre-study expectations and begin from an unbiased perspective. As such, practicing epoché—purposefully setting aside my preconceived ideas during all research—helped assess with an unbiased lens (Moustakas, 1994). Of course, no researcher can do this perfectly (Fischer, 2014). However, to support my objectivity, I wrote down my thoughts, beliefs and expectations in a research journal throughout the process so that I might distinguish them from those of my participants (Ravitch & Carl, 2021). For the sake of transparency, I will include excerpts from the journal in Appendix H. Chapter 3 details additional quality and rigor procedures.

Assumptions and Limitations

As highlighted, pre-existing understandings and assumptions are a factor in any qualitative study (Ravitch & Carl, 2021); transcendental phenomenology is no exception.

Documenting these preexisting understandings and assumptions to both identify and acknowledge them helps to provide bracketing to minimize the influence on the study's data. To bracket identifying "vested interests, personal experiences, cultural factors, assumptions, and hunches" (Fischer, 2021, p. 364), and then set them aside temporarily decreases, but cannot eliminate, all potential confounds (Errasti-Ibarrondo et al., 2018).

Assumptions

All studies include both assumptions and limitations. Based on previous literature and personal experience, it was assumed that the adoption of older, international orphaned children will impact parents causing distress (Blake, 2022; Brodzinsky, 2022; Canzi et al., 2019; Hambrick, 2019; Mariscal et al., 2016; Palacios et al., 2019; Russo, 2023; Waid & Alewine, 2018). It was also assumed that providing a space for parents to share their stories within a group of similar peers will offer some healing based on belonging, connection, and coregulation with others (DeLuna & Want, 2021; Mahar, et al., 2013; Pivnick, 2023; Roy, 2022; Shelton & Bridges, 2022). Further, in using this format, it was assumed that the benefits will outweigh the risks and discomfort of participation (Bird et al., 2002; Dawson, 2021; Downes et al., 2022). Additionally, it was assumed that participants will provide honest answers to questions in all forms, written and verbal, along with honest feedback during all parts of the study.

As part of the phenomenological method, the researcher's assumptions, preunderstanding, and biases are identified and addressed before engaging in the analysis and processing of the data (Moustakas, 1994, van Manen, 2014). In preparing to derive new knowledge about the phenomena, setting these assumptions and biases begins a fresh start to hear the voices of the present with openness rather than listening to the voices of the past (Moustakas, 1994). In Chapter 3, a more detailed understanding of this process will be presented.

Limitations

While honesty is assumed of all participants, the study is limited by the nature of self-reported data. Additionally, despite the intention to use epoché, limits on personal bias cannot completely be eliminated, which can impact the results. Along with researcher bias, the bias of the participants may be another limiting factor compounded by the small sample size. Past experiences with other adoptive groups, the impact of trauma, or biases about research are all possible limitations in collecting unbiased findings.

Although the design has inherent limitations as a qualitative study with a small sample, generalizability was not the goal of the current research. Instead, the goal was to gain an in-depth understanding of the lived experience of the parenting phenomenon, rather than identifying generalizations as one would find in quantitative research (Giorgi, 2012). Such deep and preliminary understanding provides a starting point for further inquiry, a foundation for supporting adoptive parents, and information for counselors who work with them.

As the conceptual framework is based on the ecological model of development, which includes the community surrounding the family (Bronfenbrenner, 1994), the geographic region is an additional consideration. As such, limitations include the geographic region drawn from central Pennsylvania only, allowing for in-person participation. Participants were also limited to parents with other children in the family before adopting. Considering the location and family structure, the experiences of this group may differ from other family configurations and different geographic locations.

Definition of Terms

Identifying the relevant terms used within the framework of this study will help to clarify a working knowledge of the framework. This section includes the operational definitions of key

concepts used in this study.

Adoptive Family

A family that includes at least one child by adoption due to the biological parents' inability to provide appropriate care. This new family is to be a nurturing, permanent place meeting the physical, emotional, relational, and educational needs of the child (Brodzinsky et al., 2022).

Attachment Deficits

The resulting interruption of the bonding process when a child has no caregiver to turn to during perceived danger due to the loss of a parent from trauma or when a caregiver is abusive or neglectful of a child (Owen, 2020). This deficit may also be a factor of early developmental trauma that later impacts the neurological functioning of the brain's ability to form healthy attachments (Perry, 2009).

Belonging

Belonging is a subjective feeling of value and respect in reciprocal relationships built on a foundation of shared experiences, beliefs, and personal characteristics with connectedness through a choice to participate and be accepted by others (Mahar, 2013).

Felt Safety

Felt safety is the state of internal physiological calm within the autonomic nervous system enabling interpersonal accessibility and homeostatic functioning (Porges, 2022). This biological imperative influences both mental and physical health and provides a foundation for social cooperation and trust that allows meaningful connections to others (Porges, 2022; van der Kolk, 2014).

Moral Injury

Moral injury occurs when an individual's actions transgress deeply held moral beliefs and expectations or if individuals view themselves as victims of another's transgressions such as through betrayal by an authority figure preventing the individual from intervening on behalf of someone else (Griffin et al., 2019).

Survival Behaviors

Because of early disruptions in attachment and healthy brain development, children with trauma exposure have differences in their threat-processing pathways leading to adaptations for early survival (McLaughlin & Lamberty, 2017; Wilcox & Baim, 2016). While these early adaptations are made to promote safety in dangerous environments they also create bias in social information processing, altered emotional learning, greater emotional reactivity, and increased difficulty in regulating emotions (McLaughlin & Lamberty, 2017). Later these children continue using these strategies in contexts where they are no longer in danger but are not able to adapt to the new situation (Wilcox & Baim, 2016).

Trauma

While this word is defined in various ways by different groups, for the purpose of this study the definition created by the Substance Abuse and Mental Health Services Administration (2014) will be used:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (p. 7)

Significance of the Study

The mental health needs of parents who have adopted children internationally are different from nonadoptive parents and have little representation in the counseling literature (Liu et al., 2019). Further, the spotlight is nearly always on the child's needs within the family system without consideration of the impact that distress has on the parents and their ability to provide a healing environment for the adoptive child (Barrett et al., 2021). By providing training, support, and opportunities to make sense of the distress through sharing their story, adoptive parents can improve their mental health and resilience to facilitate change in the adoptive children (Archard et al., 2022; Barbato et al., 2020; Canzi et al., 2021; Downes et al., 2022; Pivnick, 2023; Roy, 2022). This study contributes to the literature on adoption regarding understanding, supporting, training, and facilitating connection for adoptive parents. It also provides an opportunity to further discover the needs that the field of counseling should address in the adoptive community, highlighting possible avenues for parents to gain connection and healing. The efficacy of a group setting for parents to share their narratives is also analyzed when exploring the lived experience of group members providing data for counselors to increase their understanding of adoptive parents' distress.

To address the cycle of emotional suffering in adoption contexts, there is a need for psychological support for adoptive parents by clinicians with specific skills in adoptive family dynamics (Almeida, 2021; Archard et al., 2022; Brodzinsky et al., 2022). Focusing the current and future research on the evaluation of interventions including training and support for adoptive parents begins with gaining a greater understanding of the interaction of child and caregiver distress and parent needs (Canzi et al., 2019; Cervin et al., 2021; Hornfeck et al., 2019; Kohne et al., 2023). Through effective pre-adoption preparation, ongoing support, and improved follow-up

post-adoption, parents can work through their distress. They further require their own safe, healing environment to provide the parallel safe, healing environment that children need to work through their developmental traumas (Hunsley et al., 2022; Jaffrani et al., 2020; Kiser et al., 2020; Leake et al., 2019; Pivnick, 2023).

Organization of the Remaining Chapters

Beginning with the history and background of the problem, Chapter 1 covered the nature and purpose of the study, the theoretical and conceptual framework, and defined key terms as well as identifying assumptions and limitations for the study. Next in Chapter 2, a more extensive literature review provides further key concepts included in the background, the current status of research, and study methods. Chapter 3 details the research in sections that include data collection, analysis procedures, and trustworthiness. Chapter 4 includes the findings of the study. Finally, Chapter 5 investigates the significance of the findings and recommendations for further research.

CHAPTER TWO: LITERATURE REVIEW

Beginning with Bronfenbrenner's EMHD and IPNB, as integrated with group psychotherapy, the framework of the study draws from the literature supporting this foundation. The complexity of this topic requires understanding the interaction of the different parts of the family system using the Bronfenbrenner EMHD, and the underlying concepts of IPNB help to make sense of the attachment and other biological foundations for the context of the study. The ecological model provides examples of interactions in family systems from the smaller microsystem through the broader macrosystem to the outlying chronosystem (Bronfenbrenner, 1996). The adoptive family centers on the parent-child dyad and then expands to the greater community surrounding the family (Kohne et al., 2023). IPNB adds the dimension of behavioral complexity often caused by trauma (Schoore, 2000), and IPNB groupwork provides attunement and repair to patterns (Badenoch & Cox, 2010). Within the literature review, a general understanding of the theoretical framework guiding this study provides a foundation for shaping and highlighting the models that support the study.

Because this study focuses on the impact of distress on parents who adopt older children with trauma from international regions, the literature review examines the existing literature on adoption history as it evolved from placing domestic infants to placing older international children and covers how trauma impacts these adoptions. Adoption preparation and training practices describe the early parts of an adoption story. Another aspect of this review includes a focus on adoptive parents as individuals who have their own needs and concerns. Further, the greater challenges of international older child adoption include placement disruption (removal of a child from a family) and parent distress, covering a wide variety of difficulties faced by adoptive parents. Reviews of the adoptive family system, which puts each member in context

and support for adoptive families as a system, highlight the complex needs of adoptive families. Finally, interventions for adoptive families give attention to some available options currently in place.

Theoretical Framework

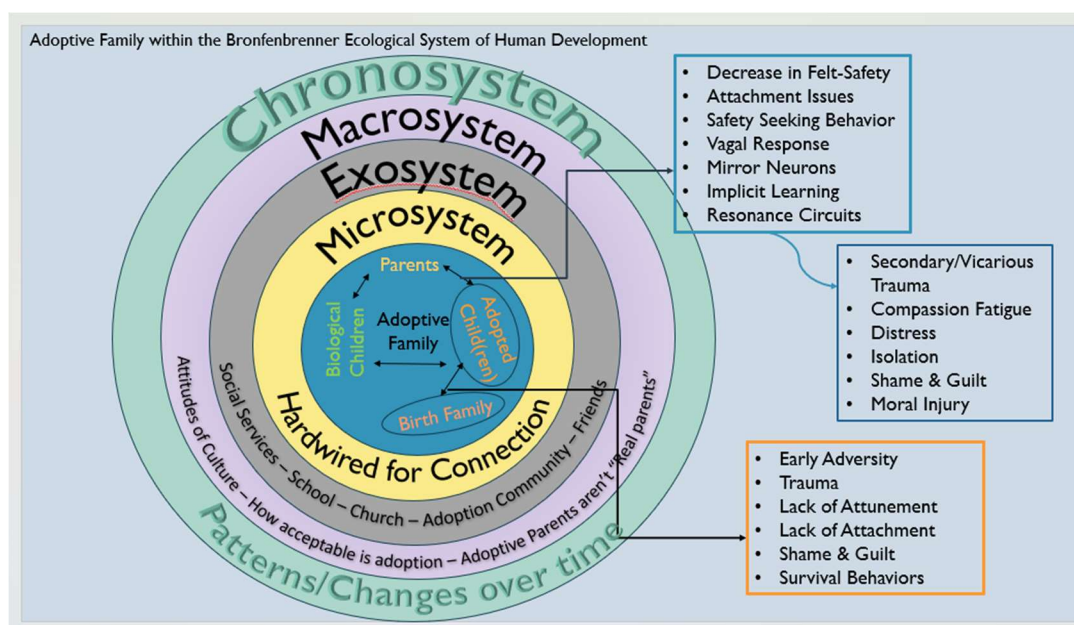
Having multiple lenses within the theoretical framework provides various aspects of the phenomena to be viewed from different angles. With additional theoretical frameworks from both Bronfenbrenner's (1994) ecological model and IPNB, integrated with group psychotherapy (Badenoch & Cox, 2010), this section reviews the EMHD as a foundation for examining further concepts. Beginning with the ecological model and then addressing IPNB and group dynamics offers differing perspectives that allow for a fuller view of the phenomena of distress for adoptive parents.

EMHD

Bronfenbrenner (1994) developed his ecological models over a span of time, basing his theory on earlier studies beginning in 1870 through the 1900s. He continued to refine the theory from the 1970s to the early 2000s. He proposed that human development is progressively more complex as it includes reciprocal interactions between humans who are ever-evolving with their environment over time. These proximal, interactional processes repeat regularly over a lifetime. According to Bronfenbrenner, these proximal processes vary as a function of the person's development, the environment, and the nature of the developmental outcomes (Ashiabi & O'Neal, 2015). These two propositions are interdependent such that when the general effect of one is positive there can be a buffering against environmental difference. He also noted that in poorer environments the greater the developmental impact, the greater the expectation of dysfunction especially in childhood (Bronfenbrenner, 1994).

Bronfenbrenner (1996) further described the ecological environment as nested, beginning with the inner microsystem, where individuals experience face-to-face interactions and where the proximal processes occur. Next, the mesosystem links the processes between the settings, a virtual system of microsystems. The exosystem reaches further out where there are linkage and processes taking place that indirectly influence the individual's immediate environment outside of the individual's presence (such as the parents' spheres of influence). Macrosystems include the overarching collection of the other systems, the culture, and the broader systems in overview. Besides these nested systems, Bronfenbrenner identified a chronosystem that adds the dimension of time with its changes and or consistencies.

Bronfenbrenner's ecological model applies to the adoptive family. The complexity of an adoptive family results from the nesting of the macrosystems and is influenced by several microsystems: parent-adoptive child, adoptive child-sibling, and adoptive child-birth family (Brodzinsky et al., 2022; Kernreiter et al., 2020). These dyads interact and form the mesosystem where proximal processes occur and reciprocal influences create family dynamics where development happens (Crittenden et al., 2017; Dallos et al., 2020; Wingfield & Gurney-Smith, 2019). Further, the mesosystems of the internationally adopted older child add another dimension with not only the family of origin but also the culture and community of origin (Kohne et al., 2023). In respect to the chronosystem, international older child adoption includes several non-normative transitions over time: the loss of the birth family, loss of culture, moving to a new culture, moving to a new home, and joining a new family already formed (Bovenschen et al., 2023). The influence on family processes can be indirectly affected by this developmental impact (Liao, 2016). Applying this framework to an adoptive family is demonstrated in Figure 2.1.

Figure 2.1*Adoptive Family within the Bronfenbrenner Ecological System of Human Development*

The literature supports these descriptions of an adoptive family system and how the interactions of a child with trauma impact the parents (Shelton & Bridges, 2022). Along with the family microsystem, the exosystem and beyond can also play a part (Bronfenbrenner, 1986). The literature review relates additional considerations to EMHD in later sections.

IPNB

The second theory informing this study is IPNB. In adding the concepts from IPNB, a brief review of the works by Siegal (2006), Perry (2009), and Porges (2022) offers insight into attachment and neurodevelopmental concepts that impact adoption. Further, recognizing the work of Badenoch and Cox (2010) as a means to apply IPNB to groups enlightens both the interactions of EMHD and the group setting for growth and healing. Through the lens of IPNB, the complexity of behaviors due to developmental trauma makes more sense, providing the framework to define and offer options for helping adoptive families in distress (Corbin &

Norton, 2020).

Pioneering the field of IPNB, Siegal (2010) worked to integrate what was known about attachment and relate it to the field of neuroscience through functional magnetic resonance imaging discoveries. This connection of human relationships to brain structure, function, and development deepened the dimensions begun by the ecological model. The IPNB framework allows recognition of how trauma impacts the individual in their development, behaviors, and interactions within the emotional exchanges from parenting (Schore, 2000). Siegal (2006) described the importance of healthy development of the mind to promote mental well-being through organization and integration. A healthy mind should be “flexible, adaptive, coherent, energized, and stable,” providing the ability for empathic relationships (Siegal, 2006, p. 249). Siegal (2019) also noted that when a brain system is not organized optimally, chaos or rigidity often results from developmental trauma as neural integration is disrupted. Developmental trauma and the resulting behaviors impact caregivers’ distress (Staines et al., 2019).

Similarly, Perry (2014) developed the neurosequential model when he recognized that the timing of developmental trauma impacts functioning in different ways based on the brain’s bottom-up organization. He noted that trauma that occurs earlier in development has a different impact than trauma later in life (Perry, 2000). Perry’s question of “What happened to you?” (Perry & Winfrey, 2021) should also include the question of when it happened to help adoptive parents make sense of their children’s needs and allow for focused attention on filling those missed developmental needs (McCullough & Mathura, 2019). Taking a broader focus that included epigenetics, experiences, and relationships as they relate to brain functioning, the development of treatments based on deficits in the four domains of sensory integration, self-regulation, relationship, and cognition provides better insight into a starting point (Vinke, 2022).

Looking further into the brain and body connection, Porges (2022) emphasized the importance of feelings of safety derived from connections within the nervous system. His polyvagal theory supports the importance of developing a safe place, not only physically, but emotionally for the child (Roy, 2022). Being programmed for survival, regulation of neural circuits drives reactions to threats and these cues trigger state changes that associate thoughts and behaviors (Porges, 2022). Over time, an environment that poses continual threats causes the development of (mal)adaptive patterns that stay even when the threat is gone, making self-regulation difficult in new circumstances (Vinke, 2022). Further, neuroception provides the information needed to respond to circumstances that are state-dependent (Porges, 2022). The parasympathetic system (ventral vagal) can be described as being online and creating calm, connection, empathy, and mutual regulation with sensed safety. When danger is sensed, sympathetic activation provides threat defense (i.e., fight or flight), taking social engagement offline (no connection). However, when there is a life-threatening situation, the parasympathetic system (dorsal vagal) provides dissociation, shutting down, cutting off connection, and decreasing consciousness and response to pain. Further, regulation in the parasympathetic system involves vertical integration of the body, limbic, and neocortex linked to connect and integrate memories providing the ability to make meaning. Then with horizontal integration, the right hemisphere's visceral and emotional centers link to the left hemisphere, providing words and development of a coherent narrative. This combination of the vertical and horizontal facilitates both meaning-making and narrative understanding (Porges, 2022).

The emphasis on relationships and interaction for neural development continues throughout the lifespan. Using an IPNB framework within groups can benefit new healthy neural development (Badenoch & Cox, 2010). Badenoch and Cox (2010) recognized that early

relational templates result from interactions with those around us and can be influenced by a rich interpersonal environment of others who provide support and regulation. They harnessed this understanding to use the group experience as an opportunity for attunement to repair regulatory circuits as implicitly held beliefs are disconfirmed with group experiences.

Similarly, IPNB supports the EMHD through explanations of mirror neurons and resonance circuits. Mirror neurons work to inform motor perception and interpersonal cognition (Siegel, 2010). These neurons register shared intentions, goals, and emotions that impact cohesion and affect. Siegal (2010) termed the pathway from the mirror neurons to other parts of the brain resonance “circuits”. Over time, repeated cycles of resonance circuits fall into sync with the internal state of others producing stronger connections. When attunement and responses are healthy, attachment patterns develop that allow for improved relationship strategies in the future with others as well. The opposite is true when attunement is off, or abuse and neglect produce resonance circuits that set patterns of maladaptive behaviors in future relationships (Crittenden & Heller, 2017). Further, with repetition, these resonance circuits develop inner representations of another person’s body, brain, and nervous system through the nervous system, internalizing their state of mind (Siegel, 2010).

This internalization of emotional learning also becomes imprinted when emotional arousal is high, disconnecting the brain areas that allow for normal integration of information and instead storing information as fragmented sensory and emotional traces of images, sound, and physical sensations (van der Kolk, 2014). Without proper integration of memories that make sense, the body holds onto this information and when triggered, responds as if the situation is happening again in the present, but without a cognitive understanding of the meaning of the feeling or behavioral response (Crittenden & Heller, 2017). Traumatic memories interfere with

implicit and explicit memory, and this disintegration leads to confusion and what seems to be maladaptive behavior and then shame (Thompson, 2015). The sympathetic nervous system takes over sending out fight, flight, freeze, or fawn responses depending on the situation without any executive functioning available (van der Kolk, 2014). Individuals with histories of trauma need an understanding of how to manage their emotional regulation system, be mindful and self-aware, have supportive relationships offering healthy co-regulation, participate in community rhythms and integration, experience safe touch, and practice powerful movements to counter the impact of the trauma (van der Kolk, 2014). Within this protected space, trauma memories can be drawn out, emotional learning identified, accessed, and replaced with beliefs that offer neural change and empowerment over maladaptive behaviors (Ecker et al., 2012).

This neuroplasticity is a key discovery in IPNB that gives hope to adoptive families (Brodzinsky et al., 2022). The possibility exists that brain development and attachment patterns can be affected and to some extent repaired within healthy relationships. Creating connection between the individual and interpersonal (e.g., being part of a supportive psychotherapy group), the system can be impacted in positive ways, creating a safe space for attunement, co-regulation, and improving neural integration (Badenoch & Cox, 2010).

Literature Review

Adoption History

Adoption is described as providing the rights and responsibilities for an orphaned child to new parents separate from the original biological family (Kohne et al., 2023). In the United States, adoption may have been modeled from the Massachusetts Adoption Act (1851) to provide the connection of children without families with suitable families. Adoption trends have varied since those early efforts to keep pace with society's needs (Watson & Hegar, 2014). During the

1970s international adoptions slowly increased as domestic infant adoption rates decreased (Watson & Hegar, 2014). In the 1990s international adoptions then caught greater momentum trending to 22,987 international adoptions in 2004 (U.S. Department of State, n.d.). During COVID-19, international adoptions sharply decreased (27%) in 2019, falling sharply (45%) in the next 2 years with only 1,622 international adoptions in 2020 (National Council for Adoption, 2022).

Older Child Adoption

Due to wars, natural disasters, and the fall of communism, as well as greater numbers of children removed from families due to abuse and/or neglect, the typical age at adoption began increasing with fewer adoptable infants and more need for older child placements (Brumble & Kampfe, 2011; Child Abuse Prevention and Treatment Act, 1974; Schilling & Christian, 2014). Children adopted from age 3 and older generally are more difficult to be placed in families and often introduce greater challenges thus considered special needs adoptions (Berry, 1990; O'Dell et al., 2015). There is a higher risk for these older children who are often exposed to greater adversity than for infants placed in families (O'Dell, 2015; Palacios et al., 2019).

International Adoption

Within international adoption, the tasks of parents include legitimizing their parenthood and shaping family identity (Canzi et al., 2021). Age of the child at adoption, the gender of the child, whether first-time parents or experienced parents, and the originating country of the child all affect the task of adjustment for parents (Canzi et al., 2021). For families experiencing emotional-behavioral challenges with their adopted children, the use of a phone-based support system was used disproportionately by parents who adopted internationally (Waid & Alewine, 2018). The challenges reported by this support line highlighted a greater need for adoption

resources and assistance due to higher caregiver strain along with other demanding factors.

Further, those adopting internationally often neglect considerations of early adversities experienced by children such as neglect and the loss of their first caregivers, frequently overlooking the child's biological family and unaware of undiagnosed conditions (Lasio et al., 2021; Mounts & Bradley, 2020). Often international adoptions include many children deemed "special needs," referring to the difficulty in placing them into appropriate families (O'Dell et al., 2015). These children, including older children, sibling groups, or those with diagnosed conditions, have additional challenges when placed in an adoptive home. Many of these conditions are not found until post-adoption and often whether acknowledged before or after placement can result in a greater risk for placement stability, an increased need for support services, and difficulties with attachment (O'Dell et al., 2015). Along with these risks comes the stigma attached to adoption, particularly for intercountry and transracial adoptions (White et al., 2022). Stigma and microaggressions commonly occurred as themes for adoptees that "biology is better" or they are "bad seed(s)" and should be "grateful" to be adopted (White et al. 2022, p. 1324). A stereotype of "shameful/inadequate birth parents" evoke feelings of adoption microaggressions in adoptees, which are compounded by racial differences for those adopted transracially by White families (White et al., 2022, p. 1324).

Adopted children also have the task of integrating into a new family and culture (Zelege et al., 2018), underscoring the need for cultural sensitivity (Watson & Hegar, 2014). For some internationally adopted children, there have been lower scores in coherence, security, and internal working models, with higher scores in dismissiveness and disorganization likely due to early attachment adversity (Peñarrubia et al., 2023). Internationally adopted children have shown communication discrepancies between them and their parents, with parents perceiving greater

disclosure and cohesion than reported by the adoptive children (Ranieri et al., 2022). Beginning with parents' openness to curiosity and empathy, allowing the child to be co-regulated by a parent who has done their own work, it is important to treat developmental trauma for internationally adopted children, such as through neuro-informed strategies (Vinke, 2022).

Adoptive Parents

Studies on parents have varied beginning with observations of their pre-adoption experience, factors of different stages in the adoption, impact of adoption on their stress and satisfaction, along with research on dissolution and disruption and other areas of focus. Specifically, parent assessments on training, education, and preparation for adoption showed that this area was often lacking (Mounts & Bradley, 2020; Russu, 2023). In evaluating satisfaction with parenting (Almeida et al., 2021; Santos-Nunes et al., 2018), their experience of stress in parenting or caregiver strain (Barrett et al., 2021; Blake et al., 2021; Bovenschen et al., 2023; Hornfeck et al., 2019; Leake et al., 2019; Melançon et al., 2019; Santos-Nunes et al., 2018), competencies (Day et al., 2022; Hornfeck et al., 2019) and experience of support (Dawson, 2021; Di Lorenzo et al., 2021; Downes et al., 2022; Miller et al., 2021; Shelton & Bridges, 2022) were considered. Further, researchers have explored the impact of the parent's mental health on the adoptive child's mental health (Kernreiter et al., 2020).

Adoption Preparation/Training

How parents decide and prepare to adopt is varied. Media portrayal and stigma sometimes impact adoptive parents in ways such as if, from where, and whom to adopt (Farr & Vázquez, 2020; Jacobson, 2014). Within the preparation/pre-placement phase, beginning with a clinical consultation, trauma knowledge, motivation, connections, adoption tasks, and making decisions are all explored (Archard et al., 2022; Frost & Goldberg, 2020; Miller et al., 2018;

Riggs, 2021). In particular, those adopting internationally need specialized training in both trauma and cultural implications as there is often little information about the child's history (Felnhofer et al., 2023; Lasio et al., 2021; Mounts & Bradley, 2020; Peñarrubia et al., 2023; Roy, 2022). Additionally, to prepare parents, potential training opportunities and community partnerships should be explored that include information on trauma (Hartinger-Saunders et al., 2019). Trauma and early adversities and the implication of the child's age, time spent in care, and the impacts on children's development highlight the need for deepening parents' understanding of trauma, along with exploring the potential impact on distal relationships and family dynamics (Barrett et al., 2021; Lasio et al., 2021; Mariscal et al., 2016; Russu, 2023). Training of professionals needs improvement as well as understanding the needs of adoptive families and providing specific education on their challenges (LaBrenz et al., 2020; Lyttle et al., 2021; Shelton & Bridges, 2022). Because inconsistent preparation leads to challenges and possibly dissolution of the adoption (Mounts & Bradley, 2020), using this information when recruiting and preparing adoptive parents to normalize stress and expectations of help-seeking can aid parents in caring for these children and provide protective factors for their own mental health (Bird et al., 2002; Neil et al., 2020).

Placement Disruptions

When preparation and training efforts fail, dissolution or disruption brings further trauma to both the child and parents, which happens in about 10% to 25% of international adoptions (Verbovaya, 2016). Terms such as adoption breakdown, disruption, or dissolution speak of ending the adoption, and placing a child elsewhere can be a result of insufficient parental preparation (Palacios et al., 2019). Unprepared parents often have unrealistic expectations, inflexibility, and difficulty with attachments. When expectations are more in line with reality,

perceptions of difficulty and problematic behavior are related to less parental stress and more satisfaction, while unrealistic expectations increase stress and dissatisfaction (Santos-Nunes et al., 2018). Additionally, parents often neglect to consider the impact of early adversities experienced by children prior to placement, the loss and suffering due to separation from their first caregivers, or realistic ways of addressing future problems (Hartinger-Saunders et al., 2019; Lasio et al., 2021).

While factors involved in dissolution or disruption are complex, prolonged institutionalization, family distress, age of the child at adoption, special needs of the child, and previous trauma tend to top the list for international adoptions (Verbovaya, 2016). When considering disruption factors, the combination of child factors, such as older age at adoption; parent factors, such as unrealistic expectations; and provider factors, such as inadequate support provided have been reported (Lyttle et al., 2021). Further, adoptive families whose adoptions had disrupted reported negative impacts on relationships, compassion fatigue, distrust of social workers, and suffering of the family. Maltreatment and other adverse risk factors are linked to poorer outcomes when compared to other factors such as gender, birth parent mental illness, or length of time in the adoptive family (Neil et al., 2020). Highlighted is the need to develop trauma-informed approaches and improve support through researching adoption disruptions and dissolutions (Lyttle et al., 2021; Palacios et al., 2019). Research also indicates a need for more studies and better training for both prospective adoptive parents and family counselors surrounding international adoptions (Brumble & Kampfe, 2011; Mounts & Bradley, 2020).

Parent Distress

While adoption is a solution to providing care to children whose biological families are unable to care for them, there are costs including distress for the child and families involved

(Barrett et al., 2021; Brodzinsky et al., 2022; Riggs, 2021). While disability and medical conditions are sources of distress for adoptive parents, concerns for their child's mental health cause the most parental distress (Ryan, 2022). Further, families who adopt older and greater numbers of children, often from the foster system or internationally, usually report the greatest distress (Bird et al., 2002). The child's age at adoption and the parent's perception of the child's difficulties both had positive correlations with increased parent distress especially during the early years (Canzi et al., 2019). The child's difficulties in adjustment also significantly impact parental distress (Costa et al., 2020). The high emotional burden of enmeshing or attuning to a child's emotional distress can lead to either compassion fatigue or burnout (Lyttle et al., 2021; Riggs, 2021).

Distress in parents has also been correlated with children's externalizing behaviors and negative relationships between spouses (Sellers et al., 2019). When linking childhood PTSD and caregiver distress, there is a strong association between children's externalizing symptoms and caregiver distress (Cervin et al., 2021). Moreover, child incompatibility and outside stressors (such as social, health, or employment difficulties) predict distress in fathers, while distress for mothers may be limited to outside factors. Similarly, children's behavior problems and even accessing resources for support are other causes of distress to parents (Barrett et al., 2021). While social support could be a means of relief, feeling judged by friends, relatives, and strangers brought increased distress to adoptive parents (Barrett et al., 2021). Roy (2022) described part of this distress as "persecutory anxiety" as parents struggle to make sense of the expectations placed on them by the child and social services to integrate two different worlds, feeling shame when feelings of attachment don't happen naturally (p. 352). Social services can undermine parental roles when pursuing investigations with unfounded allegations (Lyttle et al., 2021). This distress

brings feelings of guilt, shame, and failure for parents with a potential negative impact on marriages and other family dynamics.

The risk of this postadoption stress impacts not only parents but the youth as well. As parent distress increases with the interactive effects of preadoption risk, this parent stress also impacts the risk for adopted children's susceptibility to substance use, which amplifies parent distress (Blake et al., 2021). This specific interaction relates to the EMHD model of microsystems. For children adopted at younger ages, there is less bidirectional impact of children's emotional and behavioral difficulties with an increase in parent distress, but no determined impact on the children's later outcomes (Bovenschen et al., 2023). Alternately, prenatal and pre-adoptive risks combined with difficulties in stress regulation of caregivers are risk contributors for adopted children (Hornfeck et al., 2019), consistent with a bidirectional impact. In a study of mothers and internationally adopted adolescent daughters, findings pointed to a bidirectional impact on parenting stress and parent-child conflict leading to adolescent externalizing symptoms (Melançon et al., 2019).

In summary, various factors contribute to both distress as well as provide protective factors. The higher quality of family relationships corresponds to decreased parenting stress for adoptive parents (Canzi et al., 2019). Religious motivation to adopt also seems to offer a protective factor for some parents by offering positive coping strategies (Helder et al., 2020; Shelton & Bridges, 2022). Positive expectations for adoption are associated with lower parental stress and higher satisfaction, which in turn impact children's adjustments, highlighting the interactive nature and need for parent preparation (Santos-Nunes et al., 2018).

Adoptive Family Systems

Observing and treating the adoptive family system follows logically after gaining

knowledge of the family system (Hunsley et al., 2022; Ranieri et al., 2022; Sellers et al., 2019). Within the family system, addressing the needs of every member of the adoptive family impacts trauma-related emotional and behavioral struggles and demonstrates improved family functioning (Hunsley et al., 2022). Further, family cohesion may be a protective factor for the adjustment of adolescent adoptees when studying the variables of adoption communication openness, family functioning, and children's emotional and behavioral problems (Ranieri et al., 2022). This again stresses the importance of the family system in the context of adoption.

In addition to the family system as a protective factor, social support is a protective factor for adoptive parents (Taragan et al., 2019). Similarly, family dynamics and outside stressors can impact the adoptive parent's psychological distress as described in the EMHD, highlighting the need to address the family system functioning (Sellers et al., 2019). Multiple levels of impact including individual, family, community, and societal demonstrate the complexity of adoption and the need to view beyond the individual level (Shelton & Bridges, 2022).

The birth family also deserves consideration as part of the family system. While some open adoptions allow for contact with birth families, for international adoptions, this generally does not happen. However, the questions and history of the birth family continue to play a part in the adoptive child's life (Kim & Tucker, 2020). A proposed inclusive family support model would open dialogue, build trust, and help children develop a more positive identity surrounding their family of origin (Kim & Tucker, 2020).

Support for Adoptive Families

There is a significant amount of research that points to the need for support for adoptive parents. As parental satisfaction links with parental expectations and children's behavior, supporting adoptive parents to help shape accurate expectations could improve outcomes

(Santos-Nunes et al., 2018). Parents need support throughout the adoption process by building a realistic view of potential challenges while offering a sense of optimism by giving parents knowledge of risk factors, normalizing expectations, and providing tools and strategies based on the specific needs of the child and family (Neal et al., 2020). Support within education helps adoptive parents partner with schools to build trust (Dawson, 2021).

Research on the types of services needed by adoptive parents demonstrates concerns with mental health support services to support childrens' mental health needs in an adoption-informed, affordable manner (Ryan, 2022). A pilot study of an online support group for adoptive parents produced minimally significant decreases in parental stress and some improvements in parent competency (Miller et al., 2021), which suggests that greater effectiveness may occur if the group content is tailored to the needs of the participants. Inter-service coordination combined with therapy and support provides better outcomes than therapy alone (King et al., 2019). It is also important to raise awareness of the needs of adoptive families within multidisciplinary services, political and economic contexts, and society in general to procure more resources. Occupational therapists need to become an adoption-informed part of an interdisciplinary team (Ryan, 2022). Financial support also mitigates some caregiver distress when coupled with parents being integrated into their child's care team and provided with service from adoption-competent providers (Leake et al., 2019). Support needs to be ongoing, lasting long-term, and individualized through interventions, to address the complex challenges encountered by adoptive families by professionals trained for their unique needs (O'Dell et al., 2015). Finally, agencies need to take responsibility for providing access to support for parents by helping them understand their child's needs, what services are available, and how to find those services (Hartinger-Saunders et al., 2019).

Interventions for Adoptive Parents

Interventions for adoptive families often focus on treating the adopted child. Clinical specialists provide support to parents through psychoeducation and group-based interventions as options to help them better understand their children and the impacts of early adversity (Archard et al., 2022). Attachment-based parenting interventions can increase the overall psychosocial adjustment of adopted children; however, the findings are not conclusive for parent outcomes (Dalgaard et al., 2022). To address the needs of adoptive families, alternative treatments that are attachment-sensitive may enhance parent-child relationships along with incorporating broader strategies of evidence-based interventions (Barth et al., 2004). For example, parent-child interaction therapy provides parents the opportunity to learn to address child behavior problems due to early trauma through behavior management strategies (Agazzi et al., 2023; Chakawa et al., 2020). But these interventions focus on parenting skills rather than how to better help parents with their own needs. Parents need to do their own work while using methods such as neuro-informed treatments with their children (Vinke, 2022). Within this context, the study of a psychodynamic couple intervention for adoptive couples provided improvements in couple relationship satisfaction and indirectly resulted in improvements in the adopted children's psychological well-being (Polek & McCann, 2020).

Rationale for Research Method

As counselors and counselor educators understand the lived experiences of adoptive parents, avenues open for empathically building rapport and connection. Parents, who often feel isolated and misunderstood, need this relationship established first. With support and resources provided by better-trained professionals, caregivers might improve in meeting the needs of the child. To better build these relationships, the literature suggests that counseling professionals

become aware of adoption and the challenges faced by both children and their parents (Branco et al., 2020; LaBrenz et al., 2020; Leake et al., 2019; Murray et al., 2022; Zeleke et al., 2018). To facilitate this awareness requires inquiry into the lived experiences and needs as defined by adoptive parents. This study allowed adoptive parents to describe their experiences, distress, isolation, compassion fatigue, moral injuries, and any other details that they feel necessary to share in order to be understood. The intervention in this study provides an opportunity for experienced adoptive parents to meet in a small group (Badenoch & Cox, 2010; Miller et al., 2021), give a narrative of their adoption story (Kalus, 2014; Pivnick, 2023), and respond to the narratives of others (Thompson, 2021). Within the following days of the initial group experience, parents were interviewed as couples for their feedback on the intervention with a focus on their lived experience of distress as adoptive parents (Moustakas, 1994; Ravitch & Carl, 2021; Shelton & Bridges, 2022). They were also encouraged to discuss their needs and concerns along with advice they might give to professionals working with adoptive families (Archard et al., 2022).

Using a phenomenological research method allows for the exploration of a phenomenon of a group of individuals (Ravitch & Carl, 2021). Within this method, discovering and describing the essence of the given experience, both as an experience and how experienced by participants allows for perceptions to be brought to awareness and applications extrapolated (Ravitch & Carl, 2021). Shelton and Bridges (2022) provide an example of phenomenology research with adoptive families as a means to gain a broader understanding of adoptive parents' experiences of support. Further, Brodzinsky et al. (2022) addressed concerns that adoption occurs through different pathways and can be experienced differently depending on the context highlighting the need for phenomenological inquiry of different groups of adoptive parents. Finally, the call to qualitative research that expands clinical training and adoption-competent practices highlights

the current need for multicultural competency in understanding the needs of adoptive families (Wiley, 2017).

Summary

Much is currently known about adopted children, their adverse experiences, and potential outcomes. What is not as well-known is the lived experiences of their parents, the challenges they face, and the long-term outcomes of parents who have adopted children. Through using the EMHD and IPNB as frameworks to understand the complex interactions within the adoptive family system, the distress of parents marks one way of focusing on part of the system that needs attention (Shelton & Bridges, 2022). While each system impacts individuals in different ways, the microsystem of the parent-child dyad has ripple effects into the community and even the chronosystem over time (Kohne et al., 2023). The impact of trauma on a child who has been adopted internationally at an older age causes distress for not only the child but also the family (Roy, 2022). Since adoption brings non-normative changes over time, including significant losses for the adopted child, children (and their families) experience traumas that then impact the developmental trajectories (Liao, 2016).

Though historically, adoption existed for many years, the current trends of older child, international adoption present new challenges for families, communities, and society (Brumble & Kampfe, 2011; Palacios et al., 2019). As older children who are adopted cross-culturally, their exposure to greater adversity poses greater risks and challenges (O'Dell, 2015; Waid & Alewine, 2018), which then impacts parents, increasing their distress (Melançon et al., 2019) and magnifying the need for parents to do their own work (Vinke, 2022). While pre-adoption preparation and ongoing training help parents explore some adoption issues, some things remain unknown about their child's history and traumatic experiences (Felnhofer et al., 2023). Gaps in

training and trauma education exist as well for adoptive parents, as many professionals lack the needed expertise to help adoptive families (Lyttle et al., 2021; Shelton & Bridges, 2022).

Without support and intervention, up to one-quarter of families with significant distress break down through adoption disruption or dissolution adding to the existing distress and trauma already experienced (Verbovaya, 2016).

Parental distress originates in several ways. The adoption of older children, those from the foster system, or international origins are all correlated with an increased risk of parental distress (Bird et al., 2002). Parental expectations and even education levels impact the risk of distress for adoptive parents (Leake et al., 2019; Santos-Nunes et al., 2018). Medical, behavioral, and mental health concerns influence the amount of distress (Barrett et al., 2021; Ryan, 2022). This distress can lead to feelings of guilt and shame, with potential compassion fatigue (Lyttle et al., 2021), secondary or vicarious trauma (Riggs, 2021), and even moral injury depending on the situation (Haight et al., 2017). Conversely, spiritual or faith connections appear to be protective factors (Shelton & Bridges, 2022), along with the quality of family relationships (Canzi et al., 2019). Though many current interventions target the adoptive child, some interventions for parents show promise (Polek & McCann, 2020), including those that involve the parents and children together (Chakawa et al., 2020; Agazzi et al., 2023).

Finding additional ways to support and strengthen these adoptive parents within the adoptive family system from various sources will make stronger families, stronger communities and a stronger society. The impact of distress on adoptive parents requires a review of the history of adoption, the shift to international, older child adoption, and how adoption training and preparation fall short of the needs of many adoptive families. Further, viewing adoptive parents and the challenges that they face sometimes leading to disruptions and distress within the

adoptive system helps to provide better support and identify possible effective interventions.

This phenomenological study of the distress of adoptive parents who adopt children with trauma was conducted to explore the experiences of a group of parents who have older children adopted internationally. The results of this study provide a foundation for further research into interventions that can support and strengthen these parents to offer the safe environment needed for the healing of the children's trauma and decrease of parental distress. Based on the call for additional awareness of professionals to be more competent in providing care to adoptive families, this study expands the knowledge base and provides direction for further addressing their needs.

CHAPTER THREE: RESEARCH METHOD

The purpose of this study was to explore the lived experience of distress for parents who have internationally adopted older children with trauma as they interacted in a group narrative opportunity. The data collection began with a group experience that provided an opportunity for individuals to share their adoption narrative (Canzi et al., 2021; Pivnick, 2023; Roy, 2022). A transcendental phenomenological research design was used for gaining a deeper understanding of the participants' lived experiences through both subjectivity and knowledge of the essence of the experience (Moustakas, 1994). This method combined well with the ecological model's multilayered, interactive focus (Bronfenbrenner, 1996; Shelton & Bridges, 2022).

This chapter provides a background of phenomenology to detail the appropriateness as a research method for this study. Specifically, the chapter includes descriptive information about the research design, the role of the researcher, research questions, participant selection, and the data collection process and analysis. Descriptions of both ethical considerations and trustworthiness follow these topics.

Research Design

While quantitative studies provide data to support or disconfirm a hypothesis through manipulating variables and empirically solving problems (Jackson, 2016), qualitative research is used to identify phenomena through systemized and contextual processes to understand how people make meaning and interpret their own experiences (Ravitch & Carl, 2021). As adoptive parents, finding meaning in difficult circumstances brings a sense of importance for their investment as parents and validation of their efforts (Kiser et al., 2020; Roy, 2022). As the current literature provided limited information about adoptive parents' experiences of distress needed to address these issues (Liu et al., 2019), this study benefited from the qualitative

process. Further, the need for intersubjective communication of the lived experiences often provided within a group afforded relief from the distress of isolation for adoptive parents; this intersubjective group communication also aligned with the goals of phenomenological studies (Moustakas, 1994).

Phenomenology

Phenomenological studies are used to provide a reorientation of the scientific perspective within a subjective role to view the individual with a holistic view (Larson & Adu, 2022). Just as in the EMHD, the holistic view requires observation of the individual in relation to others in the system, which reveals the essences and meanings of their human experiences (Moustakas, 1994). Husserl first developed a radical approach to a subjective philosophical system based on the contribution of Descartes—"I think therefore I am"—as a way of exploring perception that is self-evident and immune to doubt (Larson & Adu, 2022). This contrasted with Heidegger's focus on the being of inhabitants as related to engagement to acquire meaning, rejecting subjectivity as suggested by Husserl (Larson & Adu, 2022).

Moustakas (1994) carried on Husserl's early pioneer efforts by beginning with phenomenon as a starting point to address intentionality, the internal experience of being conscious of something comprised of noema and noesis. Combining the noema (as the appearance, rather than the actual object) with the noesis (the underlying meaning) as correlates provides a textural and structural dimension of a phenomenon. Along with the correlation of noema and noesis, Moustakas highlighted the importance of intuition based on Descartes's and Husserl's use of an intuitive-reflective process to transform what is seen, stripping away the natural, usual way of knowing to find the essence. This necessary removal of natural, everyday thinking comes through the process of epoché, setting ordinary perceptions aside and refraining

from judgment and presuppositions (Moustakas, 1994). After this bracketing to suspend judgment, Moustakas directs researchers to the next step of phenomenological reduction, considering each experience as a singularity in itself. Then he follows with imaginative variation to differentiate and arrive at the structural essences of the experience (Moustakas, 1994).

Pursuing a more heuristic form of phenomenology, van Manen (2017) recommended an “inceptual process of reflective wondering, deep questioning, attentive reminiscing, and sensitively interpreting the primal meanings of human experiences” (p. 819). He also noted that descriptions of lived experiences that include “anecdotes, stories, narratives, vignettes, or concrete accounts” (p. 814) are phenomenological examples of the paradigmatic data in the qualitative study. Van Manen strove to dig beneath the surface and find the multiple views of experience to help orient the information to living meaning from the experience.

Based on van Manen (2017), a six-step process enriches a shift from facts to being connected to what matters by deepening the search into consciousness and self-awareness (Errasti-Ibarrondo, 2018; van Manen, 2016). With a topic in mind, the first step is to turn to the nature of the lived experience to explicate the assumptions and preunderstandings with an invitation to openness, like Moustakas, through epoché-reduction (Errasti-Ibarrondo, 2018; van Manen, 2016). Second, rather than investigating conceptualizations, researchers gather material essential to the nature of the lived experience. The third step requires uncovering thematic aspects in lived descriptions by analyzing reflectively and writing on these essential themes to characterize the phenomenon (Errasti-Ibarrondo, 2018; van Manen, 2016). The fourth step is to engage in hermeneutic phenomenological writing, borrowing words from participants to describe their experience (Errasti-Ibarrondo, 2018; van Manen, 2016). In the fifth step, careful attention is given to the maintenance of the relation to the phenomenon by being sensitive to the ultimate

purpose. In this way, the writing allows the researcher's voice to be heard while seeking to orient a strong and rich text (Errasti-Ibarrondo, 2018; van Manen, 2016). Finally, in Step 6, the researcher constructs a text with a balance of the research context aiming to dialogically provide an argumentative organization in which the significance of the parts plays a role in the total textual structure (Errasti-Ibarrondo, 2018; van Manen, 2016). While van Manen's six steps could offer the research a suitable framework, the choice of transcendental phenomenological research with adoptive parents fit well (Moustakas, 1994).

Role of the Researcher

Moustakas (1994) instructed the researcher to discover a topic and question with autobiographical meaning that reflects interest, involvement, and personal commitment. Then, when well-defined, he recommended exploring personal biases, prejudgments, or any predispositions to allow things, events, and people to enter consciousness as if for the first time. As such, to bracket my pre-understandings, I engaged in thoughtful reflection and kept a record of my perspectives and personal adoption experiences. Over the years, I recorded personal stories of our adoption and the struggles that we faced, which I included in the journal record. I have also kept notes on the information collected at conferences on topics relevant to adoption including how my views developed.

Pre-Understandings

As both van Manen (2016) and Moustakas (1994) recommended for qualitative research, choosing a topic of interest begins the study in a way that ensures the personal commitment of the researcher. Going through many difficult years following the adoption of our sons motivated me to pursue counseling and hopefully find ways to alleviate the pain for others that our family experienced. My commitment to researching and finding ways to address the wounds of adoptive

parents and validate their narratives includes hope that one day enough understanding leads to interventions that prevent the deep wounds that many parents currently experience. Many adoptive or foster families describe their struggle to find professionals with experience in adoption who understand their circumstances and know how to provide trauma-informed interventions. Early on Dr. Karen Purvis inspired me with her development and use of trust-based relational interventions (Purvis et al., 2018). Even before I started in the counseling field, as an adoptive parent, I explored her resources, heard her speak, and worked through much of her training material. While she offers help for parents to better relate to their struggling children, the parents themselves still struggle and need helpers of their own to come alongside them in the journey.

With being a helper to the parents in mind, Thompson (2021) speaks about IPNB and the value of being known by others through “confessional communities” which resonated for the needs of adoptive parents. Thompson uses these groups as a way to bring healing, so the idea of providing adoptive parents with a safe place to share their narratives and “be known” by others seemed to make sense. His experience as a psychiatrist in understanding IPNB combined with his faith in God integrated the two into something sacred to release people from the shame of trauma, moral injury, and distress (Thompson, 2021). While my bias is the belief that this experience can bring some healing, I also realized that adoptive parents need a longer process over time to heal. However, starting with a supportive group experience and offering future opportunities to continue and then expanding this research into interventions evaluated over time offered hope.

My perspectives and pre-understanding cannot be separated from my position as an adoptive mother. I also experience privilege as a doctoral student of White ethnicity. My

advantage of middle-class socioeconomic status, along with my education level, provides social power and opportunities for additional perspectives in many contexts. I traveled and lived abroad, giving me cultural experiences unusual for adoptive parents. I experienced my own trauma in several contexts besides the adoption of our two sons. This awareness of trauma and its impact on attachment might have biased my experiences and the evaluation of those experiences as related to the possible trauma involved in participant stories.

Bracketing

Based on this positionality and personal history, I bracketed or practiced epoché to promote awareness of my biases and preconceptions. According to Moustakas (1994) this allowed a more pure essence to emerge. To undertake bracketing systematically, Tufford and Newman (2012) provided guidelines for my study. First, I maintained a reflexive journal during the entire research process, including identifying unacknowledged preconceptions and bringing them into awareness. Next, I examined the research questions, noticing how they might predispose participants to a certain perspective, and then shared this information with an unbiased colleague for exploration. The next recommendation of bracketing through memo writing after data collection provided a means to enhance the iterative process and brought the opportunity to more deeply engage with the data. Next, during data analysis, bracketing permitted opening additional avenues for exploration requiring me to look at preconceived notions and how this might influence what I heard in the participant voices and seek alternative explanations of overarching themes and nuances). Finally, when writing the results of the study, bracketing helped portray participants' voices accurately, giving priority to the themes, quotes, and context of participants and not researcher preconceptions. Through the data collection process, I kept these suggestions in mind to enhance awareness and provide increased

trustworthiness.

Establishing Researcher-Participant Working Relationship

As both an adoptive mother and a licensed professional counselor, I counsel professionally and speak informally about the topic of distress in adoptive parents. Many clients who were adoptive parents, foster parents, or kinship caregivers struggled with distress within themselves as parents and in challenges with their children. This experience both helped and distracted my research as I more quickly developed a rapport with participants but also may have built barriers because of the power differential. To address power differentials, bracketing and emphasizing the co-researcher identity of all participants cultivated an essential, respectful, and mutually beneficial research relationship (Ravitch & Carl, 2012). Using reflective introspection and writing in the ongoing journal on this topic also kept professional boundaries and perceptions balanced (Moustakas, 1994).

Research Questions

The research objectives were to explore the lived experiences of distress for adoptive parents and how connection impacted this distress. Specifically, the first research objective was to explore adoptive parents' experience of distress when parenting children with trauma histories to determine themes that might inform practical applications to support them. The second objective was to explore how the adoptive parents described the experience of sharing their stories, as a means for the researcher to understand their views of the helpfulness and meaningfulness of the experience. Therefore, the overarching research questions framing this study were "How do adoptive parents describe the experience of distress when parenting children with trauma histories?" and "How do adoptive parents describe their experience of sharing their stories?"

Adoptive Parent Narrative Reflection Group

Site

The choice of a site included consideration of interactions with the adoptive parents at a neutral location such as a local church central to the individuals who have agreed to participate (Ravitch & Carl, 2021). A site in central Pennsylvania allowed all participants to avoid lengthy travel and still be able to meet in person for the experience enhancing the opportunity for non-verbal communication and emotional connections (Archard et al., 2022; Mahar et al., 2013). The size of the room accommodated eight adoptive parents and one researcher with space for participants to relax and access other areas to seek solitude if needed. Due to the emotional nature of the topic, providing a warm, welcoming space afforded an environment of felt safety as much as possible (Jaffrani et al., 2020). Equally important, an alternate area with easy access adjacent to the room allowed participants a space to retreat and process emotions with or without therapeutic support if they had felt overwhelmed in a group setting (Moustakas, 1994). Further, the site provided confidentiality as other uses of the space occurred at different times than the group meeting time. Just as pseudonyms were used for participants throughout the study, the location was referenced with only general terms containing no identifying details in the study.

The second part of the study included interviews with adoptive couples individually at a location of their choice that provided the most comfortable option for them to share the details of the group experience. All clients chose virtual contact, and we used a secure video connection in a private space where the participant felt comfortable responding honestly and comprehensively (Moustakas, 1994).

Participants

Participants for this study provided data to answer the research questions effectively.

While recommendations for the number of qualitative participants required purposeful sampling (Ravitch & Carl, 2021), groupwork varies with ideally five to nine members (Gladding, 2020; Yalom & Leszcz, 2020). Given the nature of qualitative research, the number of participants was capped at eight to accommodate the depth of inquiry needed in this study. Before recruiting participants for this phenomenological study, I gained institutional review board (IRB) approval through Liberty University. Once I gained IRB approval (Appendix A), I began to recruit participants.

First, I solicited recommendations from other adoptive parents and through an adoption social media support group by describing my study and asking interested parents to contact me via email. Then I contacted interested parents by email and confirmed that they had reviewed the provided information about the purpose and format of the research. I screened interested individuals through an information form and three questionnaires to determine if they met the criteria for the study and were appropriate for a narrative group.

Criteria for research participation in this transcendental phenomenological study included having experienced the phenomenon (specifically, distress as a result of parenting an older, internationally adopted child with trauma), an interest in understanding this distress including the nature and meaning of the phenomenon, and a willingness to participate in the group and the study by having their information recorded and the data published (see Moustakas, 1994). Additional criteria for participation included being a parent over the age of 18 who internationally adopted an older child or children. Criteria also included that at least one adopted child had experienced trauma before being adopted and the parents had experienced distress as a result of parenting the child(ren).

Criteria that excluded participation included parents who experienced unresolved

significant trauma prior to the adoption of their children as determined by the Severity of Posttraumatic Stress Symptoms—Adult (National Stressful Events Survey PTSD Short Scale; American Psychiatric Association, 2013). Also excluded were parents who had only adopted domestically or had adopted children at ages below 3 years at the time of placement.

Potential participants were given a packet with information about the study including an information form (Appendix C), a demographic collection form (Appendix D), group guidelines (Appendix E), the World Health Organization Disability Assessment Schedule (World Health Organization, 2012), the DSM-5-TR Self-Rated Level 1 Cross-Cutting Symptom Measure- Adult (American Psychiatric Association, 2013), and the Severity of Posttraumatic Stress Symptoms—Adult (American Psychiatric Association, 2013). After completion of all forms, to ensure that appropriate criteria have been met, screening was verified first by confirming the details on the demographic form which screens for inclusionary criteria (Hughes et al., 2016) and then through an interview and conversations with each potential participant couple.

The additional screening of participants through the World Health Organization Disability Assessment Schedule allowed evaluation of participant disabilities in physical or mental health that might have required the need for ancillary services, disability accommodations, or prevented them from being able to participate in the study. Next, the DSM-5-TR Self-Rated Level 1 Cross-Cutting Symptom Measure-Adult screened for any psychiatric diagnoses that should be addressed before participating in the study or prohibited participation in the study. Finally, screening participants using the National Stressful Events Survey PTSD Short Scale helped identify any significant or problematic symptoms that needed attention before participating in the study.

During the screening interview, these self-report measure results were reviewed with

each participant. No participants had any of these ancillary requirements or need of accommodations, nor were any concerns encountered with the first four couples who chose to move forward to participate. Since the screening results showed no impairments that would not allow for participation, the potential participant did not need to be referred to appropriate follow-up care resources.

Data Collection

As qualitative inquiry requires rigorous data collection techniques, this section describes the procedures for data collection, including instruments and the process of collecting and storing the data. The first phase of data collection began with compiling a list of names of potential participants. Next, I contacted these participants requesting information and interest in participation. The collected information included the demographic information form and the completed assessment forms.

The second phase of data collection was during the screening as documents were reviewed with participants. Notes were collected and securely stored referring to each participant only by their pseudonym. After reviewing the notes and confirming with selected participants, Phase 3 began.

Data collection continued with the group narrative experience. The participants were provided with a copy of the group guidelines and verbally agreed on the day of the experience that they understood that confidentiality cannot be guaranteed as a member of a group. During this phase, data were also collected through an audio recording of the experience capturing the stories and comments of the participants. Each participating couple was asked to tell their adoption story. After their time of sharing, the members of the group were asked to react and share the feelings that hearing the story evoked in them. Then the individual who originally

shared had the opportunity to reflect on the other group members' reactions. Again, these narratives and reactions were collected as audio data during the group experience. Additional data were collected during individual interviews with participants at a date shortly after the group experience. I collected data through both audio recording and written notes and for those willing, provided by the participant from the participant feedback form.

I stored all collected data on a password-protected hard drive ensuring confidentiality while affording access to the researcher (Ravitch & Carl, 2021). Any information considered private or potentially damaging to a participant was removed to ensure protection for the participant's identity (Moustakas, 1994). Confidentiality for participants included sharing only relevant information the participant had agreed to and other data kept private (Moustakas, 1994).

Data

Participant Feedback Form

Each participant received a feedback form (Appendix B) with prompts to make notes of any thoughts, feelings, questions, or concerns brought up by the group experience. The prompts offered an opportunity to reflect on and continue their narrative, developing more understanding of the meaning of their experience (Roy, 2022). During individual interviews, participants had the option to share journaled feedback form entries with the researcher as part of data collection. The use of participant feedback forms allowed for the voice of the participants to respond with a more authentic representation of their experience helping build the individual stories that could later be combined into a composite depiction of the phenomenon (Moustakas, 1994). These journal entries along with interview transcripts allowed for verbatim examples within individual textural descriptions (Moustakas, 1994).

Audio Recordings

With verbal consent provided by each participant, the group experience and individual interviews were audio-recorded. The rich data provided by recordings combined with written notes captured both the words and at times the emotion, tone, and interactions of participants. As the group leader, I sought to help each participant have the opportunity to freely share their story within a supportive, safe place. As this attunement to the group required priority attention, reviewing the audio recordings later afforded a greater depth of observation in reviewing and confirming the understanding of the lived experiences of the participants. As expected in transcendental phenomenological research, the practice of epoché continued through researcher notes during data collection to help illuminate and set aside personal judgments (Moustakas, 1994).

Interviews

Interview questions emphasized deeper topics and multiple views of experiences, which helped orient the information to living meaning from the experience (van Manen, 2017). During the group experience participants shared their adoption story from their beginning thoughts about adoption, through the preparation phase, and on to the placement and following years. This shaped a framework for the lived experience of the adoptive parents.

During the individual interviews, additional follow-up questions helped deepen the understanding and meaning of the experience. Additional questions such as those that follow were used to help the participants' stories tap into their qualitative experience providing sufficient meaning and depth (Moustakas, 1994).

Standardized Open-Ended Semistructured Interview Questions

1. Please introduce yourself to me, as if we just met one another.

2. How did the group experience affect you?
3. What feelings were generated by the group experience?
4. Describe the impact of the group/adoption experience on your mental health.

(Optional follow up) What methods if any, have you used to cope with difficulties?

5. What have you learned about yourselves through the group experience/adoption experience?
6. How did the group/adoption experience affect significant others in your life (ie. spouse, other biological children, extended family, friendships, faith community)?
7. What role does having your international child(ren) as part of your family play in your view of culture? How has that impacted you?
8. What changes do you associate with your adoption experience?
9. What was your preparation level to adopt? (optional follow up) What if anything did you feel was missing from your preparation?
10. What thoughts stand out to you?
11. Have you shared all that is significant concerning the experience/adoption?

Questions 1 through 6 are broad open-ended questions designed to obtain rich, vital, substantive descriptions of the participants' experience (Moustakas, 1994). The first question, in particular, served to develop rapport between the participants and me in a relational and non-threatening way (Ravitch & Carl, 2021). The second through sixth questions explored the impact of the group experience as suggested by several research studies (Archard et al., 2022; Barrett et al., 2021; Dawson, 2021; Downes et al., 2022; LaBrenz et al., 2020). Questions 4 through 8 provided further opportunities for participants to speak in greater depth about their adoption experience one-on-one with the researcher furthering a more comprehensive view of the

phenomenon (Moustakas, 1994). Additionally, I adjusted the questions as necessary to customize for each participant, based on a relational quality to respect their opinions, feelings, and ideas (Ravitch & Carl, 2021).

Question 6 related to the EMHD, investigating the impact of the experience at different system levels (Bronfenbrenner, 1986). Question 7 continued the line of EMHD investigation looking at the cultural impact within the exosystem, while Question 8 addressed the chronosystem's impact over time (Bronfenbrenner, 1994; Cervin et al., 2021). The ninth and 10th questions invited participants to share any further information that might have been previously overlooked (Moustakas, 1994), seeking to deepen and broaden the material available to provide comprehensive, textured descriptions of the phenomena.

Data Analysis

As Moustakas (1994) suggested, I used a modification of the Van Kaam method of analysis to process and analyze all the data, as it allowed a more holistic view of the data. First, listing and preliminary grouping through horizontalization, I listed all relevant expressions regarding the experience. Next, in reduction and elimination, I tested expressions to evaluate if they contained a moment of the experience necessary for understanding with sufficient constituency and then abstracted and labeled these to provide a wide horizon with each statement holding equal value. Statements that did not meet the conditions or were vague, overlapping, or repetitious were eliminated. The third step involved clustering and thematizing the invariant constituents to highlight the core themes of the experience. In the fourth step, the final identification of the invariant constituents and themes by application validated the invariant constituents and themes by searching the complete participant records to confirm explicit expression within the transcriptions or compatibility if not explicitly expressed. If neither of

these restrictions were met, irrelevancy dictated deletion.

I constructed individual textural descriptions of the experience for each co-researcher from the relevant invariant constituents and themes in Step 5. Then in Step 6, I constructed individual structural descriptions of each co-researcher's experience based on their individual textural description and then used imaginative variation which comes from various possibilities viewed from multiple perspectives. The seventh step incorporated the invariant constituents and themes to construct a textural-structural description for each research participant of the meanings and essences of the experience. Merging all seven of the previous steps, I created a composite description of the meanings and essences of the experience to represent the group as a whole. This Van Kaam data analysis provided a means of searching through the data to distill the essence of the phenomena as experienced by adoptive parents.

Trustworthiness

Regarding trustworthiness, within the transcendental phenomenological study, self-evident knowledge comes first through intentional seeking out and then validating through sharing the work with others for their perspective (Moustakas, 1994). Qualities necessary for trustworthiness in qualitative research include sufficiency of and immersion in the data and attending to subjectivity and reflexivity (Morrow, 2005). These factors can be evaluated by addressing credibility, transferability, dependability, and confirmability (Ravitch & Carl, 2021), which are covered in the next sections.

Credibility

Credibility depends on the researcher accounting for complexities through structuring a study that attends to recursive design implementing triangulation, participant validation, thick descriptions, noting negative cases, and prolonged engagement with the data (Ravitch & Carl,

2021). First, I journaled pre-suppositions and biases, practicing epoché to open myself to possibilities from the data. Second, I triangulated data by examining the phenomenon from multiple sources. Third, through member checking, participants validated the interpretations and descriptions to confirm resonance. Finally, I chose direct quotations of participants when appropriate to further allow their voices to be heard.

Transferability

While the primary goal of qualitative research focuses on fidelity to participant voices, transferability in other contexts happens as detailed descriptions offer comparisons to other contexts (Ravitch & Carl, 2021). Generalization to the phenomenon provides a type of transferability making qualitative research more useful (Levitt, 2021). In this study, the thick descriptions within contextual framing allowed me to provide relevance for other audiences of the research to build on and expand knowledge of the phenomenon (Ravitch & Carl, 2021).

Dependability

The stability of the data over time using a reasoned argument for collecting data to answer the research question provides dependability (Ravitch & Carl, 2021). I presented a rationale to answer the core constructs and concepts of the phenomena with a solid research design. I also used triangulation and an audit trail with an explanation of data collection, analysis, and organization to provide dependability for the study.

Confirmability

While not fully objective, qualitative research strives to seek confirmable data by acknowledging and exploring biases and prejudices by challenging views systematically (Ravitch & Carl, 2021). Through structured reflexivity and external audits, I sought out dialogic engagement with my dissertation chair and mentors familiar with the phenomenon allowing them

to challenge me throughout the research process.

Ethical Considerations

All work in the field of counseling requires the highest standards of ethics. The American Counseling Association (ACA) sets specific guidelines for ethical practice (ACA, 2014). The values highlighted in the ACA (2014) code include nonmaleficence, autonomy, and beneficence: to prevent harm, promote individual control of one's life, and seek the health and well-being of others. This ideal was inherent within the study design to protect the participants (co-researchers) in the study by establishing clear agreements with all participants (Moustakas, 1994). Within the information form, participants had details about the purposes of the study, the requirements and time commitment, the benefits and possible risks, the confidentiality, directions on how to withdraw from participation, and contact information for myself, my chair, and Liberty's IRB. Participants were encouraged to contact these resources for any questions or concerns about the study. Verbal instruction at the time of each participant encounter was repeated on these important ethical points. Further, participants were informed that they would have the opportunity to review the study results and offer clarifications if needed.

Confidentiality, part of the commitment to the participants, was another ethical consideration (Moustakas, 1994). To ensure confidentiality, the use of pseudonyms for all names and the deidentification of any details for participant protection was used. Data were stored on a password-protected computer and password-protected external hard drive. This confidentiality procedure was reviewed with participants when presented with the information form used in this study. Participants were informed that during the group sessions, confidentiality could not be guaranteed by the researcher, and each member of the group was responsible for keeping information confidential as disclosed in the IRB application and the information form. To

increase the prospects of confidentiality in the group setting, precautions to provide this information during the screening interviews and emphasizing the importance of confidentiality when explaining group guidelines were provided. Further, a commitment from each participant to maintain confidentiality and a review of these guidelines was discussed at the beginning of the group experience.

Part of the risks of discussing distressing memories includes the risk of discomfort when exploring past traumatic experiences. These risks were identified in the IRB approval process and provided to participants in the information documents both in writing and verbally reviewed before their participation. Participants had the option to seek additional counseling should this discomfort prove overly distressful with a list of possible mental health professionals provided on request.

Summary

The purpose of this transcendental phenomenological study was to describe the experiences of distress for parents who adopted children with trauma. To accomplish this, transcendental phenomenology, as detailed in this chapter, was chosen to seek out the voices of these parents and distill the depth of their experience. As addressed by Moustakas (1994), in qualitative research, the researcher is the instrument, and thus the importance of the researcher's role was discussed including the use of epoché. Practicing bracketing and intentionally identifying biases and presuppositions puts the researcher in the background and the participant voices in the foreground. The relationship between the researcher and participants as co-researchers is developed through mutual respect as rapport is built on honesty and understanding.

The research questions that directed the study and the steps for each part of the study were also discussed, including a rationale for each research question. The choice of site and

participant selection through purposeful sampling were detailed and reasoning was provided. The process of data collection including screening, feedback forms, and interviews that were audio recorded was delineated. The method of data analysis as suggested by Moustakas (1994) was outlined along with ways that the study is trustworthy including credibility, transferability, dependability, and confirmability. Finally, ethical considerations were reviewed with steps to ensure ethical practice such as consent forms, IRB approval, and discussions on increasing confidentiality.

CHAPTER FOUR: FINDINGS

Overview

This study explored two research questions: How do adoptive parents describe the experience of parenting children with trauma histories? How do adoptive parents describe their experience of sharing their stories? To answer these questions, I explored data from eight group members through an audio recording of a group experience and audio recordings of follow-up individual interviews. Optional written feedback forms (Appendix B) supplied to participants provided further data for evaluation. The participants as co-researchers, per phenomenological guidelines (Moustakas, 1994), joined in investigating the phenomena.

This chapter describes the findings from the group experience and the individual interviews beginning with an introduction to the eight participants. Next, I present the results of the demographic questionnaires, group experience, individual interviews, and feedback forms, including theme development broken down into two different focus areas. Finally, the discussion of the development of these themes includes how they relate to the theoretical framework of the study, EMHD.

Participants

Eight participants contributed their experiences through group sharing, individual interviews, and feedback forms. I recruited participants through a personal social media post on an adoption support group page and shared by personal friends within the adoption community (see Appendix F). Three of the couples saw the post on the adoption support group page, and a friend referred the other. Screening questions based on the study information form confirmed that each participant met the criteria for the study. Additional screening assessments allowed for the evaluation of ancillary services, disability accommodations, and mental health/distress

vulnerability. Additional couples who expressed interest in the study included one couple who adopted internationally but did not experience distress parenting the international child; rather, their distress was due to parenting a child adopted domestically. A second couple did meet the criteria but were not able to commit to an in-person study at this time. Other leads were followed, but no other couples contacted me for additional information.

Demographics

Of the eight participants, there were four couples of husband-and-wife pairs, all Caucasian and all are currently married. Table 1 presents participants' demographic information. All couples indicated their religious affiliation as Christian. Participant ages ranged from one couple in their 40s to couples in their 60s with a mean age of 55. Parents reported a range of socioeconomic levels with three couples identifying as middle-class and a fourth as working-class. Their adoptions were finalized between 9 and 14 years prior. Children were between the ages of 3 and 16 at the time of placement. Each participant chose a pseudonym based on their preference from a list of geographic names.

Table 1

Demographics

Pseudonym	Gender	Age	Child Origin	Age of Child at Adoption	Total Number of Children	Years Parenting
Austin	Male	65	Eastern Europe	13 & 15	4	30+
Cheyenne	Female	66	Eastern Europe	13 & 15	4	30+
Bristol	Male	50	Caribbean Island	3.25	3	18
Asia	Female	48	Caribbean Island	3.25	3	18
Roman	Male	62	Eastern Europe	16	2	11
Derry	Female	60	Eastern Europe	16	2	11
Alaska	Male	47	Eastern Africa	10, 12, 14	5	19
Carolina	Female	45	Eastern Africa	10, 12, 14	5	19

Screening of Participants

All participants filled out the required assessments and returned them by email. I reviewed each assessment, searching for any disqualifying results. During screening, all co-researchers expressed some degree of distress experienced during their parenting of the adopted children motivating their interest in the study. During the screening process, one mother questioned the definition of distress asking if the following qualified: “Fearing for my life - walking on eggshells to avoid crisis? That is what I lived through.” Another couple noted the continued distress of parenting, including police involvement due to their child’s behaviors. Further conversations answered any questions and provided clarifications for me and the participants. Finally, I notified participants of the results and confirmed their continued interest in participating in the study.

Description of Couples

The first couple, Austin and Cheyenne, are in their mid-60s, live in southcentral Pennsylvania, and describe themselves as middle class. They adopted their two sons almost 10 years ago during the boys’ early teen years from a large country in Eastern Europe. The couple had already parented two biological children who were grown and no longer living at home at the time the adopted children were placed in the home. The couple has a strong spiritual faith and wanted to adopt to have a larger family and provide a safe home for children they had met when hosting them as part of a mission outreach. The couple had some training in trauma-informed care but no prior experience parenting children with trauma histories.

The second couple, Bristol and Asia, are in their late 40s and early 50s, live just south of the Pennsylvania border, and describe themselves as middle class. Their daughter came from an island in the Caribbean and was placed between her third and fourth birthday. They described a

lengthy wait as the social services from the originating country took several years to process all the legal requirements even though their daughter had been identified for placement with the family when she was just a few months old. At the time of adoption over 10 years ago, the couple was parenting a 4-year-old biological child and an infant adopted domestically.

The third couple, Alaska and Carolina, are in their mid and late 40s and adopted a sibling set of two sisters and one brother from a country in Eastern Africa. When placed in their central Pennsylvania home, the sibling set ranged in age from preteen to teen. At the time of placement, Alaska and Carolina were also parents of two elementary-aged biological children. The couple identifies as working class and has a strong Christian faith and felt called to adopt as they believed God was leading them to care for orphans. Alaska noted that his heart went out to vulnerable children whom he had met on several mission trips both internationally and domestically.

The fourth couple, Roman and Derry, are in their early 60s living in eastern Pennsylvania and described themselves as middle class. Derry has been the guardian of a young man with intellectual disabilities since he was a teenager. Roman and Derry married later in life after each had been divorced, with Derry bringing her “son” into the marriage. The couple wanted to adopt an older child of their own together. They first hosted an older girl for a month who provided some helpful experience before later adopting a son. This son was adopted around 10 years ago from a small Eastern European country when he was in his late teen years. This couple was also continuing in-home care for their adult “son” at the time of their adoption placement.

Theme Development

As detailed in Chapter 3, data analysis included bracketing to silence the researcher’s voice and highlight participant voices through respectful interactions (Moustakas, 1994). After

contacting interested participants, I screened each participant using assessments and personal communication to verify that the eight participants were all appropriate candidates for the study. Following the screening, all participants were invited to the neutral location, and I provided details and expectations for the group experience.

During the group experience, I audio-recorded all conversations for later review. I reminded the participants of the limits of confidentiality and provided the Group Guidelines Form (Appendix E) as a copy of this information. I shared expectations and instructions for how the group experience worked. During the group, I facilitated the conversation, keeping the focus on their stories, and helped couples make connections with the other group members. The first couple shared their adoption story and then the other members of the group reflected on how this impacted them. Next, the sharing couple had the opportunity to react to the support provided by the rest of the group. This procedure was repeated for each couple until all eight participants had a chance to share their adoption stories. Finally, I gave all participants a feedback form to provide the opportunity to reflect on their group experience (see Appendix B). As a follow-up to the group experience, I set times to interview each couple.

All couples chose to meet virtually for their follow-up interviews. I audio-recorded each interview after reminding couples of the confidentiality and purpose of the study. The interviews lasted 90 minutes for the first two couples and 45 minutes for the last two couples. The semi-structured follow-up interview provided additional data for both gaining information about the lived experience of distress and the experience of group participation (see Appendix G). During these interviews, I took notes and began to notice groupings of themes that I recorded.

To begin the next step of analysis and to ensure sufficient interaction with the data, I verified transcriptions of all audio recordings to immerse myself in the data. With this

immersion, Moustakas (1994) advised first listing and generating a preliminary grouping through horizontalization, then reducing and eliminating irrelevant statements. Clustering and thematization provided the content for the final identification of the invariant constituents and themes. Through continued interaction with the data, I constructed individual textural and individual structural descriptions, then combined these into textural-structural descriptions of meanings and essences of the experience. Merging these descriptions allowed composites of the individuals to combine as representations of the group as a whole.

I stored the data of the transcripts on a password-protected computer file to enhance confidentiality and privacy for participants while providing ongoing access for continued personal reviewing. I also used pseudonyms for each participant and removed any identifying details to increase confidentiality. Similarly, I stored the electronic copies of documents from co-researchers also stored in a separate file on the password-protected computer. Through ongoing familiarity with the reviews of the data, I identified individual textural-structural descriptions that could then be used for the composite representations to detail the two focus areas of the study.

Themes Found in Data

After immersing myself in the data and highlighting passages that reflected participants' experiences, themes centering around four factors emerged: the process of adoption (Figure 4.1), child factors (Figure 4.2), parent factors (Figure 4.3), and social factors (Figure 4.4). Each of these factors included themes and subthemes that surfaced among all four of the couples. These themes and subthemes are identified through narrative descriptions, quotes, and summary statements. While overlap of themes occurred in some responses, the descriptions that most exemplify the particular subthemes are presented.

Research Question 1: The Lived Experience of Distress Parenting Adopted Children with Trauma

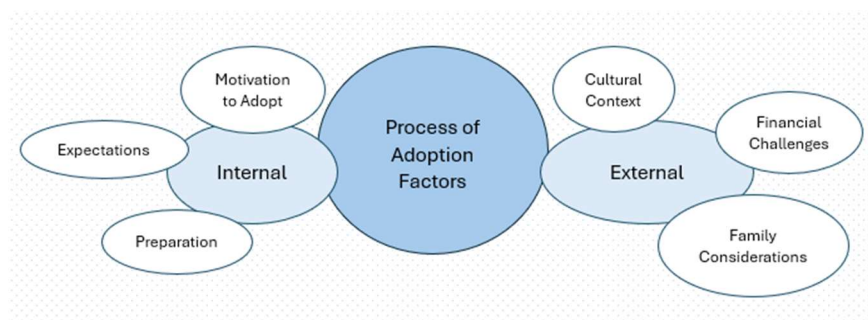
After an extensive review, I developed overall themes from the data. To begin, I focused first on exploring the lived experience of distress as adoptive parents, identifying the following themes: motivation to help vulnerable children, expectations, and lack of preparation as internal factors in the process of adoption. As external factors in the adoption process, themes included cultural context, financial challenges, attachment and bonding issues, and family consideration. Parent factors with subthemes of action and reaction included actions such as self-care and perseverance. Reaction factors encompassed safety concerns, confusion, doubts, isolation, physical and mental health issues, guilt and shame, and marriage concerns. Child factors comprised of trauma experiences that lead to attachment wounds, undiagnosed issues, developmental impacts, and sibling bond issues along with child reactions including survival behaviors such as lies, fear, control, hyperarousal, and relationship difficulties. Finally, social factors impact parent distress in three areas: amount of community support, resource availability, and understanding from community members. These themes derived from lived experiences provide a voice for the participants.

Process of Adoption

The process of adoption involved several themes illustrated in Figure 4.1. Most parents adopt after lengthy consideration and preparation. Reasons for adoption vary but usually precede preparation and placement factors. Expectations are often formulated about what their new family system will be like. The media and societal influence can also impact these decisions (Farr & Vázquez, 2020; Jacobson, 2014). This process also involves cultural, financial, and current family constellation factors.

Figure 4.1

Process of Adoption Factors with Themes and Subthemes



Motivation to Adopt. Many participants in this study shared a religious motivation to adopt, hoping to grow their families while also providing for the needs of orphaned children.

Alaska noted:

We had a few biological children and just kept feeling ... I've been on a lot of mission trips to different countries, and I've seen a lot of just kids that, just, you just your heart breaks for them. It's just like they have nothing and even in the US, it's just it's way better than all these countries. We talked about adoption for a long time ... We just couldn't avoid it. It seemed like everywhere we turned, that adoption was on the radio and whatever you're doing, it was as though it was trying to get us to just ... felt like everything was pointing that way.

Others, like Austin, described his motivation as a feeling that "God was leading us with these boys" and Asia noted that, "God keeps telling [Bristol] that we're going to adopt. He keeps telling me and I'm like, well, he's gonna have to tell me himself." Cheyenne shared her motivation for helping give children a family: "We thought we had this great family when we raised our kids and we thought we were gonna do it again and have another great family."

Expectations. Parents described several expectations of adoption that often were not realistic. These unrealistic expectations were discovered sometimes early on and sometimes after

years of difficulties. Derry reported that she “expected to adopt an *older child* [emphasis added] of eight, not a teenager.” Asia, too, believed their adopted daughter would be much younger: “we thought we were getting like a 7-month-old ... she was a little over 3.” Cheyenne and Austin had discussed their expectations of their children: “We didn’t think we could handle fetal alcohol syndrome ... but that’s what we got.” There were also expectations about resources that would be available as Cheyenne shared, “I had this idea that in America we have all these resources available to us.” Parent distress followed when reality did not match these expectations.

Preparation to Adopt. Most parents expressed that they had good preparation going into their adoption journey. Alaska and Carolina, as well as Bristol and Asia, had a lengthy wait, allowing them to gain extensive training. Carolina noted that “we had a lot of training, our social worker joked around about us, like, getting the most hours, because we were in the process like, what, 5 years?” Her husband shared from his perspective: “We did try to make it to everything we could get to as far as the trainings and stuff. I think that part was good. They had a lot of training and that was good.”

Parents also mentioned that mostly the wives were the ones to seek out adoption books in preparation for their adoption and for ongoing issues. Alaska admits that “we have mountains of books that she has read, and I haven’t touched.” Derry commented that they have a “pile of books. I mean, I read every one; he read none of them,” speaking of her husband, Roman. Cheyenne compared her and her husband: “Austin has a lot of wisdom ... I did a lot of book learning and knowledge stuff.” Along with books, websites were helpful as Derry described the Connected Parenting literature/website and how she “devoured everything on it.” Cheyenne included conferences as another option to prepare and develop a support network: “I learned through the training things that you read and do ... Empowered to Connect ... I read everything I

could find to read ... went to conferences ... to try to get a support network.”

Cultural Context. Asia reported that during their first adoption experience, “our case manager ... said ... you need to get another child of color because you can’t sandwich ... one in between” because of their birth child being White. Cheyenne said their cultural adjustment would be easy since,

We grew up with some traditions and foods and things like that (from our adopted sons’ culture) and thought, uh, we can, you know, we’ll go, we’ll get kids from [that country] because we understand the culture well. That was ridiculous because the culture is so different now than it was. [Since what] my family brought over or continued to carry on was Americanized [culture.]

Derry also noted the importance of cultural considerations, “I think with an international adoption really, really understanding and learning about their culture is super important and also connecting with other families that are sharing that culture was really important.” Knowledge of culture prior to adoption was an aspect the parents felt was important in preparing for the adoption.

Financial Challenges. Adoption is expensive, and many parents related challenges regarding the financial aspects of adopting children. Alaska shared their experience:

So, we started checking into it and basically came down to the choice of Eastern Africa for financial reasons and just, we couldn’t afford anything else ... everything that we were told, was don’t let them in the orphanage alone. So we were financially ... We’re trying to get money out of where we could get it, you know, we used credit cards, whatever we had to do to keep the process moving, and we’re hurting financially and just did what we had to do to get keep the process moving ... we had a lot of people that

helped out - a lot of family [members] and so eventually got everything to their country. Austin discussed the initial outlay in context of the overall cost for their family, “for example, we probably put up \$50,000 upfront to get them over here and then there are ongoing expenses of, you know having a family all over again at our age and postponing our retirement.” These families started with financial challenges that continued during the later years, setting up financial distress from the start.

Family Considerations. Considering the importance of support from both immediate family and extended family, unlike bringing home a newborn, bringing home an adopted child sometimes has mixed reactions (Shelton & Bridges, 2021). Parents reported differing reactions from family members about their adoption plans. Cheyenne and Austin described reactions from their two grown children:

It was when we were looking at doing the adoption, that our daughter [Shiloh] was all for it. You know, she had a heart for the idea that we were going to do this. But [Cyprus] [our son] was very against it. I don’t think he could really express what was inside, but I suspect it was: Aren’t I enough for you?

In contrast, Alaska and Carolina had children younger than those they adopted, and their daughter “was looking forward to having older sisters.” Others noted varying responses from extended family members. Cheyenne shared that her mother “wasn’t real sure about it at first.” Derry was able to share that “two of my sisters, you know, have adopted kids” making it easy for them to gain support from her family.

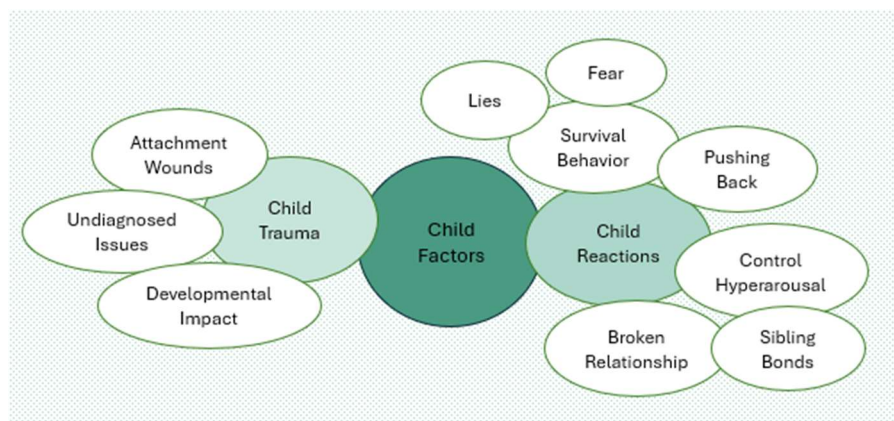
Parents’ Descriptions of Distress Due to Child Factors

Within the conversations of the co-researchers, trauma experienced by the children factored highly in the parents’ distress. Figure 4.2 highlights the themes and subthemes of child

factors including trauma experiences and the child's reactions to the trauma.

Figure 3.2

Child Factors with Themes and Subthemes



As explained in the literature review, adoption begins with a loss. Children experience some type of trauma when they are removed from their primary caregivers (Brodzinsky et al., 2022) and placed in a new home. While this home may offer safety and security, the attachment wounds have already predisposed the child to survival behaviors (McLaughlin & Lambert, 2017), complicating the possibility of bonding with the new family (Perry & Szalavitz, 2006). While some participants reported a brief time of bonding and attachment at first, some noted difficulties from the time the child was placed in their family: sometimes in the country of origin or during the trip to America.

Child Trauma. Beginning even before birth, the impact of trauma on children can be seen in developmental factors impacting a child's ability to form healthy attachments (Perry, 2009). Sometimes these factors are undiagnosed and take the parents by surprise as Cheyenne related that the diagnosis of fetal alcohol syndrome for both of their sons was not identified until several years into the adoption: "[Denver] was seriously affected ... [Kent] has more features [of fetal alcohol syndrome] but Kent ... was doing better than [Denver] in coping with life or

adjusting to life.” This diagnosis helped them understand why they had so many difficulties with their sons. It also explained the childlike behavior described by Cheyenne of their teenage son, “He was like a little child ... taking the bottles off the [hairstylist’s] counter and spraying them ... just like a 3-year-old or 4-year-old would be. [He] reverted back to childhood.” She understood the need for “rebuilding the wall, foundation, finding the places that you know they never learned or never experienced some of these normal developmental things.”

Similarly, Asia and Bristol shared about their daughter being separated from her mother early on followed by numerous other traumatic experiences:

Our daughter was removed from her mother’s care ... we were matched with her when she was like a month old ... her parents weren’t able to care for her so she was at the orphanage ... later, they couldn’t find her mom [to sign off the paperwork] ... so after searching for quite a while, they determined she had passed away ... [the wait] dragged on for the next 2-and-a-half years. [After multiple attempts to have her paperwork signed off by officials] she was a little over 3 ... then, the earthquake happened ... anybody that was already in process ... they sent [the children] ... to that country to facilitate and finish [the adoption]. After the earthquake ... a couple weeks later ... we met her in Florida and took her home ... she didn’t know any English ... she didn’t know how to communicate.

Roman and Derry commented on the traumatization from their son’s birth parents, noting that “his mother was particularly cruel.” Alaska and Carolina described the experiences that their children lived through before their placement was finally completed as “trauma beyond belief”:

Our children were actually living with their grandmother, both their parents had died within 5 years of each other. There were two older girls and a boy. They lived in a small

country in Eastern Africa, that's mostly Muslim, and there was a war going on between their country and one next door. This country was rounding up any foreigners that were there that were of military age ... so they left to go to another country. They went through the other county trying to get into safety. They went through the whole process of the camps and traveling.

All of these traumatic experiences take their toll. The children are impacted in different ways, but the impact usually carries over to the adoption.

Child Reactions. The impact of trauma on the children created a variety of fear-based survival behaviors including lying, opposition to authority, a need for control, and often rejection of those close to them. Austin described his son using confabulation: "he's kind of a pathological liar ... he makes up stories according to what he thinks you want to hear." Carolina noted of her adopted children that "you couldn't trust, they did lie, and you catch them red-handed and it was just a natural thing for them ... just like word after word ... was a lie ... I don't think they even know what's real and what isn't sometimes." Others saw the fear come out as pushing back against relationships. Austin and Cheyenne experienced this while still in the sending country. First Denver was hesitant to agree to the adoption, declining the adoption the first time Austin and Cheyenne came to the country and then as they describe the rocky experience days before they were to return to America:

the first day we got to the capital city ... [Denver] ran away from us, and we're chasing him all through the streets of downtown ... once in a while, he'd stop and ... make sure we were still [following him] and hadn't lost him totally ... Flags ... it's [red] flags"

They noted this as one of the first warning signs of difficulty in their relationship. There was also pushback against any authority. Austin shared:

We couldn't teach either of them anything ... there's the crash-and-burn type and they just have to learn by making their own mistakes and nothing you say to them is going to be absorbed. It's going to bounce right off of them and both of our kids were kind of like that ... [Kent] ... is in the Marines and he still won't listen to wisdom and he won't listen to his sergeant and he just got in big trouble with drunk driving ... lost his license ... could have gotten thrown out [of the Marines] but he didn't.

Alaska noted similarities with their children both pushing back and the children wanting control. He gave an example of their middle daughter:

We tried ... counseling, for the middle daughter and she would not ... She wouldn't listen to anything, she just would do her own thing ... she was destroying our family. I mean, just to the point that we couldn't do anything ... she would just avoid her family... it's control. Yeah, she didn't have it.

Following up on the issue of control, Asia added, "Then there's control. They don't have it so they're going to take it where they can." Roman noted asking his son, is "this working for you. This is not really. I mean you think it's working for you, you think you're in control? But no, you're not. You're not doing yourself any favors." Asia continued describing that control is "such a huge thing for our kids. ... they don't want to listen to us, they want to do whatever they want to do ... 'I want to make my own choice' ... not any of the choices that [we're] giving [them]." Austin extended the idea of control to other relationships, "girlfriends ... [Kent] tends to be extremely controlling over them."

At some point, the pushing back on authority and unmet need for control led to broken relationships. Within sibling groups, the trauma can create unhealthy bonds as described by Cheyenne and Austin:

We learned that when they were in [their home country], they were like a codependent pair. [Denver] was the brawn and [Kent] was the brains; they kind of walked together. Now they're sort of going in separate directions. They're in two different schools, developing different interests. [Because of the separation] [Denver] was on his own and he occasionally got angry. And he kept wanting to leave the house and run away.

Alaska and Carolina noted similar bonds with their adopted sibling group, viewing the history the children had together before the adoption and each child taking specific roles:

The oldest daughter, like I said, has some issues that she has to overcome. She's super sweet but she has her trouble. I mean, we had trouble with her but not near like [the others]. She's always been obedient and she was their slave. Yeah, she did everything for them. [The other two siblings] were thoroughly awful to her. The next daughter was actually, what we found out was, she was actually the leader, she would be the one that told everybody else what to do and when we started stepping into the family and she wasn't in charge anymore, then we got a lot of pushback from her. You didn't know what all you were dealing with ... when you start attaching or getting relationships with one of them, it can make them go against each other ... and try to undermine your progress.

Parents who adopted sibling groups noted the impact of trauma on the sibling bonds. As the children got older, separation and relationship problems became more evident. Cheyenne followed up on the relationship changes of their sons,

I don't mind that they don't even talk to each other anymore. [They have] gone their own ways. [Kent] is like "well, he knows if he wants to reach me, he can"... I think that's a success since they were so codependent ... to have a life ... their own life.

Carolina also shared of their adopted sibling group:

Yeah, I think it's good for siblings to be together, but it's also very hard to make progress if they have [attachment issues] ... when [our middle daughter] first moved out, she did not reach out to them at all. For two years, she didn't talk to [her siblings]. The three of them do things together, but it doesn't take long for them to get back into their heads the way they treat each other and it's sad to watch.

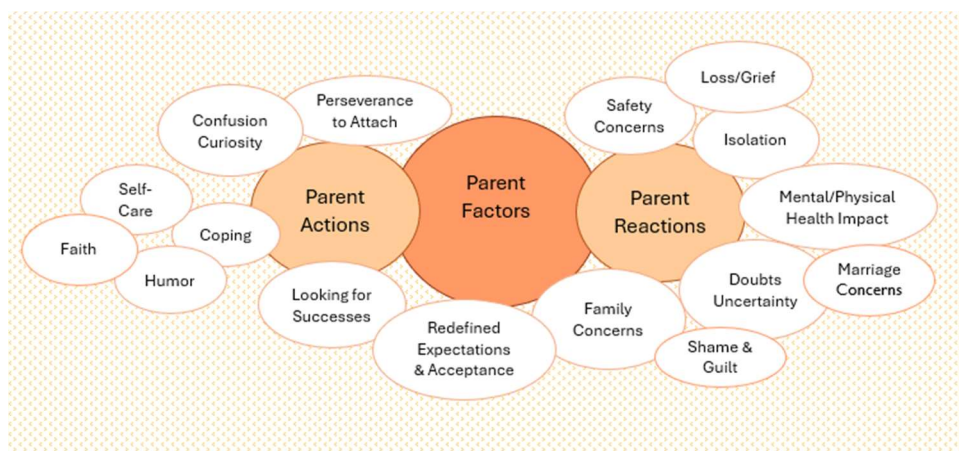
The trauma that each child experienced created complex concerns for parents. There was often confusion about the different pieces and how differing parts might be impacting the child's behavior. At one point, Asia described this difficulty for "our kids, it's not just adoption, it's trauma, it's fetal alcohol; what are you getting like, which therapy specialist can help best?" The interaction of all these parts complicated life for not just the child, but the parents as well, leading to increased distress.

Parent Factors

As children enter the family, parents already have expectations and their own context for transitioning a child into the family. Figure 4.3 presents the themes and subthemes that parents bring into the relationship.

Figure 4.3

Parent Factors with Themes and Subthemes



Parents did their best to be prepared and have realistic expectations, but that was not always enough. The group described the need for perseverance, acceptance, and curiosity as some ways to make it through each day. Parents also described their need for self-care, often using coping skills and humor to get through. Despite the heaviness of our topic, during the group parents often laughed together, in solidarity with the others as they recalled different moments of their experiences. They also described looking for successes and small victories to give them purpose and described wanting to make a difference for others as a way to make meaning from their distress. Roman summarized much of this for the group:

It's really hard. I mean, it's tough enough being a parent for "normal" kids, right; let alone someone who's got trauma, fetal alcohol syndrome, language issues, and God knows what else. I mean, you just don't know. I don't know how to handle this. Let's try this. Let's hope we don't scar them too much and we have to see how this whole [thing works]. Yeah, Steve Jobs once said, "You can only connect the dots looking backward," right? Yeah. So, you don't know, how what I'm doing now, even though I'm not seeing much if any, positive things happening here, I have to trust in the process. That if I continue to do this thing, the best I can with the good, the best of intentions, am I gonna mess up? Absolutely! I'm gonna mess up. Am I gonna lose my patience and lose my cool? Yes. But I have to believe that if I just stick this out, that in the end, even though they may have gone off somewhere else, that something, that somewhere, someday, they will be able to tap into something that I did or had a part in that made a difference in that particular moment and that's all [we can hope for].

Knowing the interactive complexity of their children, Austin also noted that he learned, "that a different parenting style is required for adopted children." The parents described the need

to adjust their parenting especially as it related to taking in older children while also keeping in mind that “we all need [belonging,] I mean, it’s a basic human need” as Cheyenne put it. Bristol described the need to be able to pivot, to constantly negotiate based on their overall goals to get through the day. Austin pointed out the need for the children to adjust to them as the parents, highlighting the parents’ need for empathy of the children’s position. Maintaining that curiosity about what is happening with their child as Asia noted, “like any kid: you have to figure out how each kid is going to be different ... you have to try to figure out their secret code.”

As older children, especially those adopted during adolescence, parents needed to be curious and accepting of the developmental stage. Austin recognized that their sons were adopted “at the age when they’re trying to fly the nest fast and we’re trying to get them to come into the nest ... they came from the orphanage ... they were used to [not needing parents] ... but they needed parents.” Alaska described understanding their challenge to help transition their adopted children: “We knew from the get-go; this is going to be tough because both of the girls [were starting puberty].”

Because they were experiencing this challenge with their children, parents also expressed ways that coping got them through. Many of the participants talked about spending time outdoors doing such things as taking walks or running. Bristol noted the importance of getting enough sleep. The idea of “hiding” from their kids, whether by taking a bath or as Derry shared, “hiding in the car, wherever you need to hide, you know. I hid under the car so many times.” Austin agreed, “I hid under the car, yeah.” Alaska and Carolina described that they “would hide at night and watch a movie and eat.” Alaska laughed, “We say that chicken dip saved our marriage,” as they used this time away from the kids to connect as a couple.

This thread of hiding brought a confession from Austin,

You know what's interesting is, you can't control your daydreams. The thoughts that come into your mind, and I thought repetitively, should we just like, run away and tell nobody where we're going, to go somewhere so they just can't find us?

As he shared his daydream, I saw every couple exchange knowing looks and they chuckled. Bristol admitted that they had just talked about the same thing a few nights prior. Derry confirmed "can we just go away?" Cheyenne chimed in, "of course!" Despite their thoughts of running away, they found more realistic ways to "escape."

Nearly all of them described watching Netflix or movies to relax. Spiritual practices brought consolation to participants. Carolina noted that "worship music was a big one for me" for coping. Her husband, Alaska, shared that along with spiritual practices, depending on his extended family were ways that he coped: "just a lot of prayer and I have a good relationship with my mom, dad, and my one brother, for sure, that I definitely leaned on a few times to vent." Several saw a therapist regularly. However, Derry felt that therapists would be more irritating as they could not understand what she was going through. Instead, for Roman and Derry, humor kept them going:

We had to just dig down. Our superpower was a sense of humor. Yeah. And not responding ... like you think you could wait us out. You've picked the two most stubborn people on the planet to pick this game with. But like in the moment like we just, we laughed a lot about it. We made a lot of jokes because otherwise we would crumble, like we would fall freaking apart, if we like, didn't find some kind of joy in what was going on because it was just nutty, like it was insane. It was insane.

Along with humor, looking for small successes and victories helped to keep them going and find purpose in their distress. Derry noted her "gratitude for the fact that ...[Chad] came into

our life ... it wasn't just about what we did for him, what he brought to our family was important, just important ... to be a part of a family." Alaska speaking of their adopted son's experience at a boys' camp:

It was good for him, but it was constantly, you know ... working through things there. They have leaders that live with the boys and this kind of thing picking up on that and dealing with, you know, working through things. And he definitely made progress, so he came home ... it wasn't really long till he did not live out of the things he had learned, his ability and you know, and try to remind him of and just didn't care. He's not doing great, but he's got a job. He's very industrious.

Austin and Cheyenne noted their son has a "good heart" and is "such a sweetheart." They spoke of a situation where he was helping strangers after a bombing in their country and told him "That's because you have a good heart for people." She recognized that "even though I'm here and he's there, I could still support the good that's in him." The group supported her in her realization, reminding her that this demonstrated a connection between them as it was important for him to share with her and for him to know that she was proud of him. Derry too, described their son as "having a heart for people," noting that he brought them closer to their neighbors when he went out and shoveled snow in the winters or helped others with small tasks throughout the year. Parents agreed with Carolina that "our kids were good at putting on a front for other people but at home they're entirely different."

As parents experienced distress at home, fear for their own or their family's safety became a concern. This was particularly difficult as they hoped to provide a safe, loving home for a vulnerable child. Instead, their loving home (or car) became a place where parents became fearful and at times required police involvement. There were frequent mentions of the

destruction of their homes: holes in walls and doors, things thrown around the house, dishes broken, and furniture pushed down the stairs. Austin and Cheyenne described a situation where Austin was “trying to calm [his son] down and keep him from leaving the house [to run away.] He tried to throttle me with his hands.” They noted how fear motivated the measures that they took, “We kept our room locked ... [when] we would go to bed at night ... we needed to survive” while her husband spoke about how it was “pretty traumatic at points, so I still have a ... knife in my ... drawer right next to the bed. We had a revolver in there for a short time.” Even so, Cheyenne “was petrified the whole time. I just didn’t know if he was going to throttle me like he did Austin ... were we gonna make it through the day?” Alaska described “I never felt afraid for myself physically, but I’ve always felt afraid for my kids and my wife, and that was the hardest thing ... when I couldn’t be there at the house, if they were acting up or something like that.” Bristol shared his fears of:

PTSD - like when you talked about locking the door at night, I need rest. And even when you’re sleeping, you’re not at rest. It hangs on you and in the pit of your stomach. Like when I hear something go bang in the house, like ... there’s that boom and everything in me tightens up and it’s not like it just dissipates, it, like stays.

Cheyenne responded to Bristol describing this as “walking on eggshells all the time, waiting for something to happen.” This hypervigilance was shared by each member of the group indicating the impact of the trauma parenting traumatized children.

They described the inability to find safety even in their cars. Bristol shared the following about being in the car:

It would be absolute chaos and you’re driving down the road. It’s dark and you’re like, this is dangerous or insane ... how do we rearrange the car so that we can get home safely

without causing an accident or being in an accident ourselves?

Derry noted her feelings of not “being safe in the car” and shared how their son “just started losing it.” He threatened to jump out of the car and run away while she was driving. “I remember being really scared” but calmly told him “I will not chase you.” He insisted that she stop and then he jumped out and ran. Derry continued, “I called the police and there was a state policeman that was there in like 2 minutes. It was really scary, like I was terrified.” Alaska and Carolina noted their solution to car travel: “We bought a Ford Excursion 9 passenger like a week before we went to get them” to provide space to give the children some distance from each other.

Isolation also became a way of dealing with this fear as well. Being “on your guard and you just don’t want to hurt again. So, it’s like you keep your walls up.” Alaska and Carolina further shared that, “it made us even more introverted. Just not going out and doing more. You know, we just shut down.” Similarly, Bristol and Asia explained that when they tried to get time with a few selected friends, they often had to cancel at the last minute, discouraging them from even trying to make friends. When an acquaintance suggested to Bristol, “Let’s be friends,” he responded, “I’m like, we can’t.” Alaska continued the idea of isolation:

You [mentioned] about not having people over and stuff like that. Just people don’t get it. It’s like you came to a point where you just stop trying because it’s like, don’t bother, [they’re] never going to get it. And so, you just kind of grow further deeper into your cave. You just stop, you know, letting anyone in.

Following this isolation, mental and physical health degraded. Alaska conveyed that “for me, it definitely took me as low as I’ve ever been as far as the adoption, I never thought I’d get that low.” Carolina agreed that it was “really hard mentally” and that she felt “very alone” and gained weight from the stress. Asia described the impact more on her physical health and getting

unhelpful advice from her physical therapist, “you need to reduce your stress, [asking them] ‘Are you gonna take my three children?’” She noted in the past, “I was the most chill laid-back person ever before I had children. I couldn’t really think of a trauma.” But now, she has

issues because of the, you know, the stress that has caused like eating [issues] and other physical stuff. And so, then you can’t do the exercise or the stuff that you should do to make you feel better. And yeah, it’s just like, how do you release all that stress?

Their mental and physical health struggles combined with doubts and uncertainty led to guilt and shame for each of them.

Even early on, Cheyenne questioned, “Did we make a mistake? We’re getting into something here and [we could] just reverse it all now, but we didn’t because we had already committed.” For Austin, this questioning also brought shame, “What kind of person am I, that I’m thinking of ... trying to reverse this. Stop this. End this.” Bristol encountered a type of moral injury as he blamed himself, “There’s moments I’ve fallen way short” and felt, “shame and guilt and shock that I am behaving this poorly, for handling situations as badly as I have.”

Roman, too, questioned, “I don’t know if I ... I’m going to have a positive effect on him later on, right? Or is it? Or am I scarring him even more than he’s already been scarred? I kind of quickly dismissed that. Like now, I’m no way... I can’t make it any worse.” Derry helped with some perspective on the guilt and shame:

Yeah, because leaving them where they were. Did I do more? Did I do any damage by taking them out of where they were? I can say for a fact: no. And I’m going to answer that for you guys, too. No. You know, because where would our kids be? You know, they’d be on the street, they’d be drugged, they’d be dead, or in jail. You took them out of the dire situation and gave it a chance and I think that’s commendable.

The guilt and shame of parenting children with trauma also spilled over to guilt of what impact adoption is having on the rest of the family. Parents described ways that they feared for their other children's mental health along with some fearing for their physical safety. Alaska described it this way:

It was the hardest thing for me that I felt like I was constantly trying to hold the family together: keep this person OK. I don't know if you've heard the term, the glass children with your biological kids. They just weren't causing problems, so, you didn't see them because it's like you're constantly focused on the [others]. Which of the three [adopted children] was causing the problem today or were all three of them? So, the biological kids just kind of stayed hidden in the background. That was very hard.

He spoke of his biological kids who, "got used to being in the background, so they kind of became independent that way, but they just knew when stuff was going down. They just kind of disappeared." Asia described fear for her youngest child and the lengths she went to protect him:

When he was younger, and everybody was freaking out ... I would take [York] somewhere else or [have him] go to [his] room and shut the door. Then as he got older, he exhibited all of the behaviors that his brother and [internationally adopted] sister had. So, despite doing their best to prevent the youngest from the impact of the survival behaviors of his older siblings, they found their youngest son completely changed in middle school. Asia and Bristol questioned, "Was it bad for the youngest that we did this to him because of the others or, you know, like that kind of worry about that? What was it? Trickle down, effect?"

As the parents shared their disappointments and feelings of loss, comparisons to others came up frequently, as well. Asia struggled with these difficulties:

I would love to be able to go watch my son play on the team, but he's just not capable or

like friends, friendships like, I was encouraged by you, how you were: “you have to just let them kind of make their own decisions,” cause it’s hard because I’m like, oh, but don’t act like that to your friend because you’re gonna lose that friend. Sometimes it’s sad because we look at our friends and they can do these vacations or they can go these places and you can’t, your family can’t do [those things]. It’s hard not to be jealous of other people, it’s very hard not to compare yourself, right, to other families and others’ situations.

Her husband, Bristol, expanded on his feelings of disappointment, “there’s this loss. The loss of like, you know, I’ll never get to walk her down the aisle [like other fathers.]” Derry, too, shared this sentiment of loss as she “knew ... there are certain things that we were never going to be able to do.” Alaska felt this frustration of unmet relationship expectations:

Being that we’re kind of on the other side of it now, just the frustration of not being able to do more for them at this [point] and how it all went down. Just, it’s frustrating ... The expectation of, you know, having a normal, fairly normal relationship and then ending up where we are now. Where it’s just like the oldest child is about the only one, we even had even a remotely normal relationship with.

While their expectations may have been unrealistic, adjusting these expectations to see a new way of finding success helped many parents through their distress. For Derry and Roman, recognizing that “it’s going to be what it’s going to be, was an acceptance we each had to come to.” Austin and Cheyenne recalled learning:

love is not enough. It’s a good start. We did other stuff. We recycled all of [those things we did with our bio-kids] with the [adopted] boys too. [We] took them camping, skiing, boating, you know, motorcycling, whatever beach anyway, but their journey is their own.

And we have to have open hands. We have to allow them to run.

Cheyenne added, “I just figured we were in it for the long haul: parenting them and helping them to become employable citizens who can support themselves and have a good life is quite the challenge.” Alaska too, acknowledged, “we can’t do everything on our own. We couldn’t handle everything.”

Part of the participants’ strength to not do it all on their own was their faith in God.

Carolina and Alaska discussed their faith from the start:

We can trust God. When we started, at least I, [Alaska] for myself, it was definitely a faith thing. Like I said, I mean I honestly would have brought home more kids if they would let me and just wanted to help kids and I just, I didn’t know how we were gonna do it unless God would help us do it.

Cheyenne expressed her insight that “we’re all adopted into God’s family ... I had to look at myself and say, what do I do that is parallel to [what annoyed me about our boys] ... I would never have thought about that had we not been down this road.” Derry resonated with her, responding:

I connected with what you were expressing ... about like how we are in relation as God’s adopted child. Am I willful, or disobedient? Absolutely, all the time, you know! I think about how God is with me when I’m like this, that must give you a lot of comfort ... I can see that it does give you comfort ... but I also see ... even talking about it ... it feels like you’re right back there ... even though many years have gone by.

Cheyenne confirmed Derry’s observation with a feeling that she “had the last edge of the last thread hanging off of [Jesus]” referring to a story from the Bible of a desperate woman grabbing for just a touch of Jesus’ power.

The strength of their marriages along with their faith was another factor for the couples. Even though at times it was difficult, couples shared how when one had difficulty, their partner would give them strength. Asia observed of the couples:

It seems like you guys have good marriages. You know, I'm sure everybody goes through ups and downs, but I think that's one of the hugest things too, because we're like, at least this relationship [our marriage] is, you know, working alright. Otherwise, it's like [too hard].

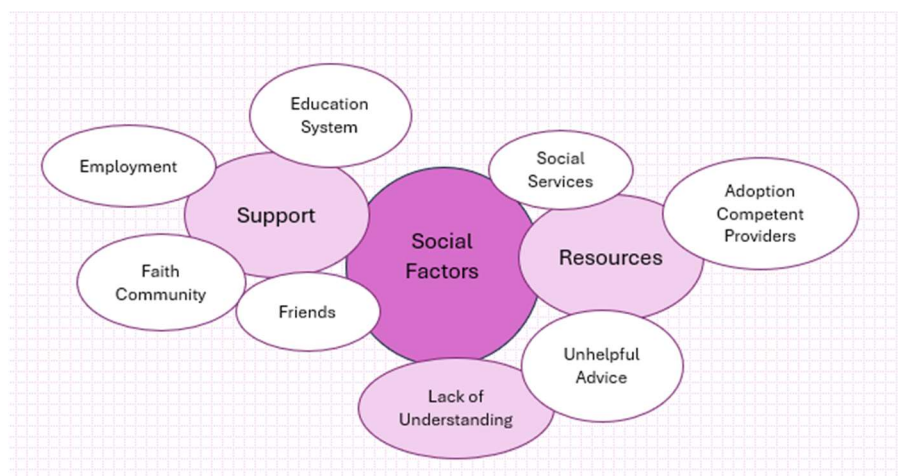
Cheyenne shared about her husband and their marriage, “at the end of the day he would say we need to still survive and be a couple, even once the kids are gone, we still need to have something left. So, I mean that always refocuses us.”

Social Factors

Beyond the microsystem, the exosystem contained factors related to the community surrounding the family microsystem. Figure 4.4 demonstrates some of the exosystem social factor themes and subthemes related to social services and various community components.

Figure 4.4

Social Factors with Themes and Subthemes



Community support could either be helpful or hard to find. Parents encountered systems

and individuals that were mostly unhelpful, noting a few exceptions. They felt frustrated with the lack of resources, support, and understanding needed to deal with their distress. Rather, difficulties with their community often added to their distress, finding school staff or employers hostile to their efforts at providing for their adoptive families.

As noted before, Cheyenne assumed there would be resources available to meet the needs that they would encounter. Instead, she described how she:

worked extensively with the schools to try to get him classified as a special needs child [after the fetal alcohol syndrome diagnosis] and [the school] just blamed everything on ... the language ... they just absolutely refused [to help]. I mean, we tried to fight it graciously ... we got nowhere.

Cheyenne further described the “professional help” they got as rejected by the school even after recommendations from a psychologist and a psychiatrist: “I think what sunk [Denver] in terms of school: the school psychologist was convinced that it was just a language problem. She would repetitively say it takes 7 years for somebody to learn the English language, but he was not picking up the language.” Asia and Bristol encountered the same from their school system:

every time we would try to get tested for something ... It’s a language thing ... It’s like a kind of trauma thing or something. So, we go to another place and just kept getting knocked down, knocked down year after year. [Finally our daughter was] placed in a special need [class] for language [and later] put in regular general education population [which] turned out to be a hot mess. They’d have to evacuate the classroom ... because she was freaking out, you know, destroying things ... she was always in trouble. [Before] when she was acting out, she would be punished. But because of [her Autism] diagnosis, our daughter was no longer a behavioral issue ... it was like, what resources do we need

to surround her with?

For Asia and Bristol, after the diagnosis, they described the staff as “fantastic for us, we always had great people working with us and trying hard to help our daughter.” This was different than what the others experienced.

Half of the couples found their employment as another source of distress due to the adoption. Roman lost his job because they left for their adoption trip a day early. Austin resigned from his position as pastor at a church when they felt hostility from the board and other staff. Austin noted a conversation shortly after the adoption when a board representative came to him and “asked me all these questions like, how can you be our pastor?” Pushing him to quit or resign. He shared feelings of resistance from the church that “was very discouraging.” He described asking the church for support for their son after reports in the news of a school shooter from a different part of the country was identified as having fetal alcohol syndrome. This made him concerned for his son’s welfare as he thought without support, his son could go down a similar path:

There was a youth worker who had a hard time respecting me or working for me ... we thought the church and the church youth group would be a safe place. [Instead], the youth worker ... called the state police They showed up at our door at 2:00 in the morning ... with guns claiming they were there for the shooter ... I’m like, “no, he won’t even let me kill a stink bug.” I resigned immediately after our youth pastor alleged that our older boy was a potential school shooter.

They were so discouraged that their church would not support their family and realized he could not serve there if they were not supportive. While the majority at their church were not supportive, they did note some exceptions, as some people had provided funds toward the

adoption costs.

While the overall sense from the group included limited support from the community, there were still exceptions that helped them along the way. Derry and Carolina singled out teachers in their son's school who took an interest in helping. For Derry, the art teacher became their ears for them as their son shared his thoughts during school. Since they were friends outside of school, the art teacher could relay this to Roman and Derry. Carolina noted that their ESL teacher provided similar insight, "the ESL teacher worked one-on-one with kids. [She would] find out what's going on and share with us, [so we could] work on the same page."

Parents also noted key people in their lives who provided either support to the kids or to the parents. Austin remembered that "we had a friend who adopted an inner-city teenager. He was the best support for all the things we went through. He'd take the boys for the weekend. He was our respite guy." Asia and Bristol noted a few special friends as well, thankful for finding "somebody that's patient with you, that loves you, no matter what. It's beautiful because we have our friends." They also described a different friend as tolerating their kids and being a "safe" and "rare" find. A neighbor who was a state trooper was on call for Austin and Cheyenne, providing a sense of safety when they were distressed. For Alaska and Carolina, their faith community and extended family were their sources of help. The small group from their previous church rallied around them and continued to be close to them throughout the adoption journey. Each couple noted the struggle to find support but also highlighted a few places that did provide the support they needed.

Along with support, resources from social services often started off well during the pre-adoption phase, but quickly dropped away after the children were in the home. Alaska and Carolina spoke of their "original social worker [as] excellent. She was very good at talking us

through things and going over stuff. I think the training leading up to it was good.” But then Alaska noted, “Our eyes were opened. We really struggled a lot with how little our adoption agency did for us after we got home.” Similarly, Austin spoke of the difficulty “After the boys got here, we really didn’t have any resources, like counseling resources. You know, people who could help us with the different, you know, problems we were facing. We had to dig hard to find resources.” On the other hand, Bristol and Asia noted their geographic region as having better resources, “I’m sure she’ll be with us for [her adulthood] like, either [in our home or] in a group home setting. We’ll never be able to leave Maryland because of all the resources that they have.

Participants gave examples of how the lack of resources seemed to stem from a lack of understanding. Derry shared this example:

Again, I think it goes back to thinking that the people who are going to help us: they’re clueless. Like when you have to [supply the education to the resource people for example]: right here, you know, here’s an article. And that’s got to be frustrating, especially if you’re in the middle of a crisis with a sibling group. Whoa, that’s a lot. That’s a lot.

There were numerous examples of social workers, education staff, and even therapists who could not comprehend what the parents were going through. Whether in the professional community or among friends, the phrase, “they just don’t get it” was repeated by the participants describing those around them. Cheyenne talked about a woman from church who noticed her distress. Rather than offer empathy, the woman accused Cheyenne: “You chose to adopt them.” Along with a lack of empathy was a lack of helpful answers or suggestions. More often, it was unhelpful advice as Austin shared:

I had a social worker that told me that you should each have your own therapist. I can’t

afford one therapist. It's 7 [of us] and just stuff like that. That was just not helpful at all from social workers. We are basically just, we're done talking to him. We're not going to talk to any more social workers.

Other participants shared how family members tried to give advice on what to do or how they were doing things the wrong way. Most of the group just laughed at the "helpful advice" others who knew nothing about adoption recommended. They wanted help from those who were knowledgeable and competent about adoption issues.

Asia noted a few therapists over the years that had been helpful. Cheyenne also mentioned finding a woman who tried to help their sons, but when the boys were not interested in participating in therapy, Cheyenne and Austin chose to see her instead. But because of the cost, those visits were limited. Cheyenne wondered if part of their problem was the community, living in a small town rather than an urban area. Alaska and Carolina found this to be true in their rural community, finding no one to help them.

Summary of Findings for Research Question 1

The findings of this section described the themes of the lived experience of distress for parents of adopted children with trauma. Beginning with the process of adoption, child and parent factors, and social factors as themes were outlined. Motivation to adopt, expectations and preparation were all internal subthemes of the process of adoption. The external subthemes included cultural context and financial challenges. Each of these descriptions involved aspects that added to parents' distress either directly or indirectly.

Child factors seemed to contribute the most to parent distress. The foundational trauma experienced by children along with undiagnosed issues and early attachment wounds caused significant developmental issues. The resulting reactions included survival behaviors such as

lying, pushing back, and wanting control that all led to broken relationships.

Next, parent factors were explored for both their actions and reactions. Parents described the need for perseverance as they encountered confusing behaviors, using curiosity and coping strategies such as self-care and humor helped to get them through. Looking for small successes despite safety concerns and isolation, they worked to overcome mental and physical health problems, doubts, and uncertainty, juggling extended family concerns by redefining expectations and coming to accepting their situation. Their faith played a part in helping them maintain a strong marriage as they worked as a team to parent through the distress.

Social factors were the next area of exploration, focusing on support, resources, and the lack of understanding as areas contributing to parent distress. Both the education system and employers complicated things for parents who hoped to find support in those areas. Other areas where they had hoped for support from people in their faith community and friend networks had mixed reactions, often more blaming or rejecting than supportive. Rare exceptions provided hope to parents in each of these areas including social services, where they often found a lack of understanding. Their search for adoption-competent providers proved difficult and they were mostly met with unhelpful advice. Throughout this section, the distress parents experienced was evident with little hope to buffer them through the storms of adoption. In the next section, the group experience will be described as a platform for parents to discuss their stories of distress along with their fears and guilt in a safe environment.

Research Question 2: The Experience of Sharing Adoption Stories with a Group of Other Distressed Parents

Developing a coherent narrative requires the integration of the left and right hemispheres of the brain (Porges, 2022). This integration facilitates meaning making, leading to the regulation

of the parasympathetic nervous system and easing distress (Porges, 2022). As adoptive parents who have experienced significant distress in parenting their children with trauma, telling their narrative within a group that provides safety and validation provides the opportunity to make meaning of their experience (Kalus, 2014; Pivnick, 2023; Thompson, 2023).

Co-Researchers Descriptions of the Narrative Group Experience

Parents expressed numerous themes during both the group experience itself and the individual interviews. Figure 4.5 illustrates the dynamics of the group experience and the themes drawn from the data.

Figure 4.5

Narrative Group Experience Themes



All expressed apprehension in anticipating participating, knowing they would need to bring up painful memories. In the end, they were appreciative of being able to participate and were open to sharing the impact of their group experience. Ideas such as relief, being understood, being known, validation, connection, self-compassion, safety, decreased isolation, vulnerability, camaraderie, and community reinforced the need for adoptive parents to have opportunities to connect with other parents who share their experience of distress.

Fear and Anxiety. Common thoughts on being part of the group and reliving the memories brought increased fear and anxiety. Upon arrival at the group site, several participants noted their anxiety as they drove to the location. Some even described a physical reaction of distress in their stomach or bodies. It was evident that the trauma parents experienced was still producing active emotions in them. Derry shared in the feedback form, “I did experience some of the feelings of fear and terror as I recounted some of the harder parts of our story.” Cheyenne noted in her feedback that she was glad it was over but glad to have done it. Alaska noted his feelings of frustration returning during the group experience:

[The group experience] definitely brought up some old feelings that, as far as the frustration of it, I think just hearing everyone else’s stories. I think it’s been a while for me since we’ve talked about it much, so it was kind of a, I don’t know, it was hard in a way, but, yet, it was also kind of encouraging in a way to, you know, just to talk about it again.

As Alaska noted the encouragement of the time seemed to far outweigh the negative feelings.

Connection/Community. By far, the parents all noted the encouragement of being able to share their stories with others who understood. As participants talked, body language indicated immediate connections. Austin expressed it this way, “It’s good to be with a group that understands the events.” Alaksa noted, “It’s nice that people understand.” Derry related her perspective on the impact of other’s stories when she contrasted the reactions of others outside the adoption community:

[I hear] underlying sadness. You want to support your kid, you want to be supported by your church, but when those things don’t happen ... it goes differently ... that disappointment of places that we felt we could get support [are where] you got the least

amount of understanding.

Her statement hinted at the shared experiences creating increased empathy for others in the group as a community.

This sense of community countered the feelings of isolation described by participants previously as part of their adoption stories. While those who have not adopted often offer advice and well-meaning comments that can hurt, those who share the adoption distress provided validation rather than disconnection. Often the feelings of distance from those who were once their closest friends caught adoptive parents off guard as their support network shrank. The connections created during the narrative group storytelling offered hope to reverse the experience of past isolation and provide an understanding community with empathy.

Empathy. This empathy was evident as Asia reflected, “It makes me sad to hear other people talk about [the lack of support] from the schools.” Bristol supported Cheyenne and Austin, “I’m sorry that you didn’t get more support for fetal alcohol syndrome.” Derry summed up the discouragement expressed by the group:

I really hear a lot of grief, you know, of just the loss of what you thought it would be. You know, for everybody, for your biological kids, for your adopted kids, and, also, like the lack of resources. I mean, I work with the special needs population, you know, and there’s such an overlap of trauma. It’s an overlap of, you know, mental health and there’s such a gap for services. [It’s] very hard to get services.

Cheyenne resonated, “Your loss of expectations of what you had hoped your family would be; I really get that.” Roman continued with “I would agree, the same. You know you have this Hollywood version of what family is supposed to be like, and it’s like, you know: this is far from that as you know.”

There was empathy not just for the losses of support or unmet expectations, there was also empathy for the impact on the parents' lives. Cheyenne shared, "And flip that: How is your life being ruined by what happened? It's not right, but it feels like you know. Who am I now? I'm not the person I was." Participants all resonated with the loss of their sense of identity and who they had become. The shame and guilt of their responses to the difficulties of adoption haunted them. The group offered them the opportunity to expose these thoughts in a safe place.

Camaraderie. It seemed that the vulnerability and transparency also fostered camaraderie as participants made strong connections with each other. There was a focus on the present and future after considering their past. Austin put it this way:

All I can come up with is we're not so bad and we didn't have it so bad. Well, what we went through was normal. Of course, we're not going through it anymore. It's all kind of in the rearview mirror now, so it's not very fresh.

Alaska spoke of a comparison with soldiers:

You know, being around people who are going through what you're going through is the biggest thing. To me it was, I'm sure it's similar for soldiers, you know, dealing with PTSD and stuff. I got like, yeah, you just don't want to talk to people that haven't lived through it.

The camaraderie of sharing traumatic experiences with others decreased their distress. Alaska seemed to have hit on a key factor for processing the trauma and distress of adoption. Derry, too, was aware of this "club" she had unwittingly joined:

Feelings of compassion, empathy, and comradery were strong feelings. Being part of a club we might not have willingly joined if we [had known] the future. Was our experience helpful to others? The loss of friendships and relationships I thought were

cemented was a feeling [which] I hadn't expected to come up and was experienced as others shared.

Cheyenne also asked, "How would the adoption experience be different if there were others who understood: families, therapists, educators, coaches, etc.?" She, too, recognized the need to be part of something bigger than just their nuclear family. Roman was aware of his own apprehension going into the group, but after hearing about the struggles of others, he "internally let out a big sigh" knowing their stories could have been his story. Participants described a better understanding that their experience was not an anomaly and they recognized that others had experienced very similar challenges. When they discovered this similarity, they felt that they could offer themselves more compassion, resolving some of the feelings of moral injury with a better understanding that they parented the best that they could. For each person, the group experience seemed helpful, and all participants expressed appreciation for the opportunity. While at first there was fear and anxiety as they anticipated what might happen, the understanding, connection, empathy, and camaraderie overshadowed the negative. Hopes that through sharing their experience as part of my research, they would not only be helping those in the group but also helping other adoptive and future adoptive parents in the future.

Summary

This chapter covered the findings, exploring the topics of how adoptive parents describe the experience of parenting children with trauma histories and how do adoptive parents describe their experience of sharing their stories. First, the overview details the participants and their demographics. It describes the screening process and the four couples chosen to participate. Next, a brief description of how the data was collected and then used to develop themes is presented. The first topic of focus is broken down into four themes each with several subthemes.

The answer to the first research question provided a description of parents' distress and the process of adoption. This was broken down into subthemes of internal and external factors including things like motivation to adopt and expectations along with cultural considerations. The second factor was broken down into child actions and reactions that covered examples of child trauma and the resulting behaviors encountered by families. In considering the parent factors, both parent actions and parent reactions covered the distress requiring perseverance, curiosity, and self-care, along with concerns for safety, guilt, and shame among others. Finally, social factors were the fourth theme with subthemes of support, resources, and lack of understanding. This section discussed education, employment, friends, social services, and the way each impacted the families and the parent's distress in particular.

The second research question related to how the group experience impacted distressed parents. This final section detailed the fears and anxieties going into the group and at times experienced during the group when recalling traumatic memories, along with community, empathy, and camaraderie created by the group experience that helped to calm the fear and anxiety. The group experience became a sounding board for parents to have a voice and resonate with others who truly understood their adoption experiences.

CHAPTER FIVE: DISCUSSION

Overview

This study was conducted to explore the lived experiences of four couples' distress in parenting older, internationally adopted children with trauma. The study focused on two objectives. First, to explore adoptive parents' lived experience of parenting children with trauma histories to determine themes that might inform practical applications to support them. Second, to explore how the adoptive parents described the experience of sharing their stories in a narrative therapy group intervention to understand their views of the helpfulness and meaningfulness of the intervention. This chapter includes an interpretation of the findings presented in Chapter 4 and a discussion of how these interpretations relate to the literature discussed in Chapter 2. This chapter also relates how the findings integrate within the EMHD framework (Bronfenbrenner, 1994). Following this discussion, implications are discussed for adoptive parents, counselors working with adoptive families, and the training of new counselors within a multicultural competency lens. Finally, after reviewing the study's limitations, recommendations for future research are provided. A researcher statement concludes the chapter.

Interpretation of Findings

This study explores the lived experiences of distress for adoptive parents who adopt children with trauma along with an exploration of their experiences in sharing their adoptive stories in a narrative group with other adoptive parents. Through this exploration, the identified themes included the adoption process (Frost & Goldberg, 2020; Lasio et al., 2021), child factors (Mariscal et al., 2016; Wilcoxon et al., 2021), parent factors (Barrett et al., 2021; Russu, 2023; Wilcoxon et al., 2021), and social factors (Archard et al., 2022; Canzi et al., 2019).

Findings Related to Current Literature

Current literature suggests that older, internationally adopted children struggle to attach to their new parents (Palacios et al., 2019). This resonated with participants as they worked to build a relationship with their adoptive child who was nearing adulthood and developmentally seeking to build more independence. Austin described it this way: “we adopted them at the age when they’re trying to fly the nest fast and we’re trying to get them to come into the nest.”

Not having sufficient knowledge about the child’s background was another concern expressed by parents. Austin and Cheyenne knew nothing about their children’s fetal alcohol syndrome until years after the children were in their home and they were experiencing significant difficulties. The co-researchers described the difficulties they encountered because of insufficient knowledge combined with special needs diagnoses complicating parenting and increasing distress (Felnhofer et al., 2023; Lasio et al., 2021; Mounts & Bradley, 2020). Co-researchers also discussed the trauma and early adversities encountered by the children before being placed in their families, noting the impact those experiences had on the children hindering their ability to trust and give up control (Lasio et al., 2021; Mariscal et al., 2016; Russu, 2023).

Parents also encountered distress when overwhelmed by the trauma behaviors that they were not prepared to address (Barrett et al., 2021). For Alaska and Carolina this led to adoption disruption, with two of their children being placed in care outside their home (Mounts & Bradley, 2020; Palacios et al., 2019). They also expressed how the disruptions impacted relationships not just with their adopted children but also with their extended family who took the disrupted child into their home (see Lyttle et al., 2021).

Others were overwhelmed by their children’s mental health issues when combined with the impact of trauma (Ryan, 2022). Derry commented, “It’s an overlap of mental health [and

trauma with] a gap in services.” The other couples, too, noted their difficulty in finding help for their children’s complex mental health needs. Parents also spoke of the difficulties for children in adjusting to their new family and culture as a source of distress (Costa et al., 2020). Foods, customs, and even the expectations children had for what life in America would be like were all barriers to children’s adjustment. Derry quoted her son, “In my country we...” as he often compared his new home to his country of origin. Carolina discussed how she completely changed her family’s diet based on the adopted children’s preferences. Austin described their sons’ difficulty in accepting help from them as parents when the boys had previously not been accustomed to having parents. Many of these behaviors brought distress and compassion fatigue for parents (Lyttle et al., 2021; Riggs, 2021).

Another distressing factor included employment issues (Sellers et al., 2019), as two out of the four couples were impacted by either losing their jobs or feeling forced to resign. Accessing resources and support were commonly mentioned as sources of distress (Barrett et al., 2021). Austin noted having to search hard to find resources and Cheyenne described herself as, “a kind of a bulldog about trying to find things” to help their sons. Parents were also distressed when the education system refused help, claiming the children did not know English well enough to be tested for services (see Barrett et al., 2021).

Guilt and shame brought distress to parents frequently asking, “What’s wrong with me [as a parent]?” as they compared themselves to other parents or their own unmet expectations (see Roy 2022). Often their faith helped them get through this difficulty, as noted in previous research (Helder et al., 2020; Shelton & Bridges, 2022). Co-researchers spoke of their spiritual motivation to adopt and feelings of being called by God to these children. When they questioned their decision to adopt, the answer was always their belief that this was what God wanted them to

do. None of them doubted their choice to adopt; rather, they at times questioned how they were parenting and dealing with the challenges.

At times these challenges included community involvement, sometimes for the better, and sometimes causing increased distress (Shelton & Bridges, 2022). Co-researchers mentioned many instances of frustration at the lack of community support. Alaska and Carolina were discouraged as they could find no respite to give their family a break from the constant distress. Cheyenne lamented that “we were not able to get anywhere with services in our community at all.” She and Austin both related the lack of support from their faith community and how some people in their church were hostile toward their family. Lack of social service assistance post-adoption frustrated parents as they felt abandoned after the children were in the home post-adoption (see Lyttle et al., 2021). Rather than providing help, a social worker commented to Alaska that they “should each have [their] own therapist,” which was “not helpful at all” since no therapists were provided to the family. Current recommendations demonstrate the need for parents to have the ability to find and have access to mental health support services in an adoption-informed, affordable manner (Hartinger-Saunders et al., 2019; Leake et al., 2019; Ryan, 2022). Having this support for their families could have decreased much of the distress for the couples in the study, especially if this support included inter-service coordination of multidisciplinary services (King et al., 2019).

Some interventions focus on the needs of adoptive families, but most address the adopted child as the focus of the work. Some group-based interventions for parents show promise (Miller, 2021). Participants of this group provided encouraging feedback, discussing how they felt understood and thankful for the opportunity to connect with other adoptive parents. Austin shared, “It’s good to be with a group that understands the events” confirming his experience as

helpful. Alaska, too, commented, “It’s nice that people understand.” These comments come from a place of often feeling misunderstood or unsupported, but instead, this experience normalized much of what felt so abnormal to them. It also offered a platform to address areas they would like to see changed (Archard et al., 2022; Wiley, 2017).

Much of the findings resonated with the current literature, noting the difficulty of attachment for children who experienced trauma. Further, as the literature highlighted, this is complicated by the insufficient knowledge of children’s backgrounds and undiagnosed developmental impairments as experienced by co-researchers. Similar to the findings in previous studies, adoption disruption was a source of difficulty for one of the families. Unlike the literature projections, other families with similar challenges had few formal disruptions; rather, they faced relational disconnection. In agreement with the literature, finding appropriate, adoption-competent resources such as counseling or educational accommodations was difficult for the adoptive families. While the experience of support from adoptive parents’ faith communities was inconsistent, the faith held by the co-researchers was a source of strength getting them through the distress as described in the literature. Finally, the findings on isolation consistently aligned with the literature, as the lack of community support and acceptance held families at a distance from the connections they desperately needed.

Findings Related to EMHD Theoretical Framework

Co-researchers discussed topics relevant to each layer of the EMHD. To begin, the impact of the birth family on adopted children as traumatic formed the foundation for the need for children to be moved from their caregivers and predisposed them to increased difficulties (Neil et al., 2020). Alaska and Carolina noted that their oldest daughter was not treated nicely by her biological mother. Roman and Derry reported that their son’s biological mother was

“particularly cruel.” Bristol and Asia noted that their daughter’s biological mother could not care for her and disappeared from her life. Finally, Austin and Cheyenne reported their sons were diagnosed with fetal alcohol syndrome, indicating their biological mother exposed them to alcohol before birth. These types of experiences at an early age impact the child’s mental health and potential attachments to adoptive parents (Kernreiter et al., 2020).

Once the child is placed in the adoptive family, the new microsystem creates both parent-child dyads along with sibling relationship interactions all creating bidirectional impacts (Felnhofer et al., 2023; Hunsley et al., 2022; Shelton & Bridges, 2022). Many of the participants spoke of the transition of adopted child or children into their families, noting the difficulty of the transition, not just for the children, but for the parents as well. Austin noted, “It was an adjustment for them to learn to have us as parents.” Bristol described it as a constant negotiation with the need to pivot. Derry discussed her son’s difficulty even knowing “how to have a relationship with another human being.” These speak to the difficulty the adopted children had with attachment (Downes et al., 2022; Kernreiter et al., 2020).

While attachment was difficult, parents took measures to develop safe relationships, providing anecdotes of children seeking out connections with them (Lo & Grotevant, 2020). Cheyenne related a story where their son reached out to let them know he was safe and that he had helped other people in distress. Derry recounted stories of their son trying to make connections by giving extraordinary gifts as ways to apologize, describing him bringing home “50 rolls of paper towels or 50 pounds of potatoes!” Austin noted that his son promised to take care of them in their old age.

Participants discussed sibling impact as interactions that particularly demonstrated bidirectional impact as described in the EMHD (see Selwyn, 2019). Alaska and Carolina noted

various behavioral patterns in their adopted sibling group such as leadership, protection, and discipline; that were not always for the best. All co-researchers noted fears that the adopted children impacted the other siblings detrimentally (see Lyttle et al., (2021). Alaska in particular noted that “it was the hardest thing for me to do, trying to hold the family together” and described their biological children as unseen “glass children,” who went unnoticed while the attention was focused on the adopted kids.

Parents experienced distress in the exosystem as well (Lyttle et al., 2021; Mounts & Bradley, 2020). Difficulties in finding social services offering adoption-competent care caused frustration, impeding improvements in the children (Kim, 2022; Leake et al., 2019). Carolina expressed her frustration, “one weekend we were struggling with our middle, adopted daughter, we called, and they would not do anything.” Lack of appropriate mental health services discouraged parents as well (LaBrenz et al., 2020; Mariscal et al., 2016). Derry noted the gap in services for mental health when overlapped with trauma. The education system often disappointed parents by refusing services (Dawson, 2021). Carolina discussed their dilemma:

The county told us [our adopted children] had to be in the language for 5 years till they were tested [for services]. So I’m like, she’s only 4 feet tall, so she obviously had some delays for being [14 years old], and waiting 5 years will mean she won’t have much time left to catch up.

Austin and Cheyenne found similar resistance from their school district as well. Their school psychologist maintained that it took 7 years for someone to learn the language. Cheyenne also noted that the high school would not evaluate for an IEP as she believed those accommodations usually started in elementary school.

Employers could be understanding and supportive as Alaska experienced, “I had a boss

that understood enough to let me go [take care of my family] when I had to.” However, some participants lost their jobs because of adoption-related issues. Roman was fired for leaving a day early for the adoption trip. Austin quit his job as a pastor, finding the church leadership hostile to their family after adoption. These types of losses caused significant distress in a place where support was most needed (Lyttle et al., 2021). Mixed reactions from the faith community sometimes kept parents from trusting and often encouraged isolation more than connection (Kohne et al., 2023). Austin and Cheyenne described their church community as suspicious, with only a handful of people supporting them. Other participants reported support from their Bible study small groups who were closest to them at church. Carolina noted that “even though our church friends didn’t understand, they were very helpful.”

In the macrosystem, cultural considerations impact distress in adoptive families. Stigma against adoption or adopted children can be a barrier for parents (Mariscal et al., 2016). This was the type of reaction Austin and Cheyenne received from their church. Families encounter resistance against adoption as a way to grow their family (Farr & Vasquez, 2020). Even being told by professionals to just “send them back.” Bristol became agitated at this topic commenting, “Nobody would tell you ... that about your biological children ... don’t even start talking that way.” Other cultural issues encountered by families caused distress (Kohne et al., 2023). Asia noted her difficulty in understanding her children’s experience of being a different race and not wanting to feel that her children are “othered” or seen as different. Bristol also described an increased sensitivity to culture after encountering microaggressions from a family member, noting that “my guard is even up a little bit more” to defend his children against cruel comments. Cheyenne described a situation at school where culture was not obvious: “The opposite of this race thing [happened], because [our son] was White and looked like anybody else. And you

know when we registered him in school the first year, he was in ninth grade.” In the fourth week of school, his teacher assigned a research paper. When Cheyenne asked the teacher how her son was supposed to do the assignment, the teacher’s response was “Why can’t he do what all the other kids do?” After Cheyenne explained, the teacher replied, “I didn’t know he had a language [that] I didn’t know.”

Finally, the chronosystem follows changes over time as some families noted relief as their adopted children left home. Alaska and Cheyenne described how wonderful it was to reconnect with their biological children when the adopted siblings moved out. Austin and Cheyenne spoke of their ability to focus on rebuilding their marriage relationship once their sons no longer lived at home. Derry put it into perspective, to “forgive ourselves for mistakes that we made and move forward because it’s too hard to look back.” Evaluating their experience over time also brought some resolve that what they had done was the right thing to do, despite the distress (Bovenschen et al., 2023). The consensus from the group was summed up by Bristol: “I would do it again. Yeah, but you know, it’s hard as hell. But you know, if that’s what you’re supposed to do, you should do it.”

In summary, evaluating adoptive families’ experiences within an EMHD framework provides an overview of how systems interact to either increase or decrease distress. Within the microsystem, parents and children have a bidirectional impact often increasing distress without proper interventions. The exosystem and macrosystem also impact distress depending on the support and attitudes of those within the systems. Over time, the impact of the chronosystem sometimes alleviates distress as children move out of the nuclear family home. However, this can also cause increased distress if relationship factors are never resolved.

Implications

Distress for adoptive parents impacts not only the parents but the family system as well. Helping parents decrease their distress influences the entire system. As such, information from this study has implications for adoptive parents, counselors working with adoptive families, and training for adoption-competent counselors. Each of these can impact the system and provide an environment for healing. This study highlights the importance of focusing on the experience of parents as part of the adoptive system, contributing to the current literature.

Adoptive Parents

The implications for adoptive parents became apparent as participants reported a positive impact from the group experience. Using empathic connections to build community can provide relief in overcoming continued experiences of distress. Just as attachment security helps children feel safe and build resiliency, adults need feelings of safety through connection and secure relationships as well (Feeney & Collins, 2019). The group experience normalized feelings of guilt and shame reducing the distress experienced. Further opportunities for adoptive parents to connect in various contexts can provide additional reduction of distress. Ways of connecting included the opportunity for narrative sharing indicating a process of making meaning to reduce distress as well (Canzi et al., 2021; Pivnick, 2023; Roy, 2022).

This call to build empathy in community can also be fulfilled by the church. The call to believers that true religion involves caring for orphans (James 1:27) should extend to caring for parents of adopted children. If the faith community rallied around parents to support them by providing respite, meals, even a place to talk without judgment or advice, adoptive parents could be re-energized to provide better care for their children.

Counselors Working with Adoptive Families

Many parents described their difficulty in finding counselors who understood the dynamics of adoptive families, implying the need to increase the number of adoption-competent counselors (Leake et al., 2019). Parenting adopted children with trauma requires different skills and as such, counseling these parents and children requires specific skills and mindset as well (Murray et al., 2022). Normal developmental trajectories that counselors learn during their master's program cannot be assumed with adopted children (Staines et al., 2019; Vinke, 2022). The unique adaptive survival behaviors keep these children alive but often confuse parents who seek help from counselors (McLaughlin & Lambert, 2017). When counselors have no answers for parents, discouragement and isolation continue, leading to further distress for parents.

Recognizing the adoption community as having its own culture, needs, and norms, highlights the importance of including competency development within a multicultural lens. The ACA Code of Ethics addresses the need to be culturally sensitive and develop skills to ensure competence in specialty areas (ACA, 2014, Standard C.3.b.). To meet this requirement, counselors should seek out training opportunities to develop these competencies when working with adoptive families. Being trauma-informed is not enough to understand the complexities of adoptive families and provide quality care (LaBrenz et al., 2020).

Training Adoption-Competent Counselors

Increasing the number of adoption-competent counselors implies the need for effective training (Brodzinsky et al., 2022; LaBrenz et al., 2020). Adoptive families need adoption-competent counselors who understand their challenges (Lyttle et al., 2021). While understanding attachment and trauma-informed care, familiarity with adoptive parents' experiences and challenges provides insight for counselors to better help parents and the children in their care.

Exposing counselors in training to the realities of adoption through focused education provides the potential for adoptive families to find hope (Mounts & Bradley, 2020).

According to the Council for Accreditation of Counseling and Related Educational Programs (2015) counseling curriculum requires covering multicultural counseling competencies (2.F.2.c.) and theories of abnormal personality development (2.F.3.c.); along with factors that affect human development (2.F.3.e.); systemic factors that affect human development, functioning, and behavior (2.F.3.f.); effects of trauma (2.F.3.g.); and relevant strategies for promoting resilience and optimum development (2.F.3.i.). All of these requirements speak to the need for training counselors to be sensitive and aware of the complex needs of adoptive families. Additionally, supervisors aware of the complexity of adoptive family's needs should be prepared to provide more effective supervision to counselors in training as they encounter these individuals and families in distress.

Limitations and Assumptions

Increasing trustworthiness includes transparency in communicating the limitations of the study: both limitations that are chosen by the researcher and those outside of the researcher's control (Ross & Bibler Zaidi, 2019). Further, in phenomenological research, soundness requires assuming the phenomenon is commonly experienced; having a shared understanding of the fundamental elements for both researcher and participants; and a mutual trust between both parties (Moreno, 2002). As such, I worked to ensure meeting these assumptions by defining the purpose and setting the bounds of the research to include those who had experienced the phenomena. A further limit was to include parents who had adopted internationally, with hopes of finding adoptive children from different parts of the world to increase the common experience beyond one particular sending country. This limitation also increased the shared experience

between the participants and myself as the researcher, as I had adopted children internationally. The limitation of a set geographic region increased the ability to conduct the research in person, adding to the ability to develop trust and rapport.

On the other hand, the limitations out of my control included a lack of diversity in participants, as all couples were Caucasian. Additionally, all were of similar socioeconomic circumstances and religious beliefs. A further limitation was the recruitment strategy of pulling only from my social media and friend networks. Bias is another limitation that cannot be completely controlled. While I worked to use bracketing, personal bias and previous history related to the phenomenon in addition to the biases of the participants could have interfered with the findings.

Finally, an inherent limitation common to all phenomenological research includes the transferability of the study to generalize the findings (Moreno, 2002). Having greater diversity and replication with additional participants could increase the ability to generalize and transfer the findings. Additionally, replication of the study in different geographic regions could also increase transferability. However, phenomenological research purposefully provides more qualitative data for expanding this area of research rather than seeking transferability, making this limitation less relevant to the study outcome.

Recommendations for Future Research

The purpose of this study included exploring the lived experiences of adoptive parents and their response to a group narrative therapy intervention. This section contains several recommendations for future study from the study data and analysis. The need for ongoing research with adoptive parents became clear as I struggled to find literature supporting my study. While research on adoptive children is plentiful, the studies focused on adoptive parents, their

experiences, and their needs are limited (Barrett et al., 2021).

Further, the necessity for competent counselors to use evidence-based treatments emphasizes that prerequisite research must be in place to make this possible. Much of the literature on adoption included information on the challenges and difficulties, but few articles reported on interventions for parents. Those that did were more exploratory or directed at the children and did not contain evaluative information to confirm the validity of the intervention. Following through with quantitative research demonstrating effective interventions could make a difference for struggling adoptive parents (Di Lorenzo et al., 2021; Downes et al., 2022).

The positive response from parents to this short 1-day intervention provides a foundation for further research in longer group interventions. Expanding the narrative therapy group into an ongoing intervention that included additional psychoeducational components within sessions combined with sharing participant narratives could also be evaluated with a qualitative, quantitative, or mixed methods study. I suggest exploring interventions like Christian Self-Compassion (Carter et al., 2023) for Christian adoptive parents to evaluate the effectiveness of mitigating their moral injuries and vicarious trauma. Further expanding this research with adoptive and foster parents from other geographic areas and cultural, racial, and ethnic backgrounds would increase the possibility of inferences and transferability limited by the small sample size and homogeneity of the current study.

Future studies could also explore how adoptive-focused community support impacts adoptive parents' mental health, decreasing feelings of isolation. Other studies on adoptive parent attachment styles could identify potential deficits in their feelings of security and how to best help them develop a secure attachment style. Investigating the preparation levels of adoptive parents and what preparation methods provide the most resiliency could be another area of focus.

Continued research in this area could inspire others to explore ways to support and provide interventions that meet the needs of adoptive parents to help adopted children (Cervin et al., 2021).

Researcher Statement

The opportunity to provide adoptive parents with a normalizing experience while delving into this phenomenological study provided me with an opportunity to make meaning out of my own narrative. Despite not sharing my story in the group, it was fulfilling to see the connections between the group members that led to healing. Even as I spent months preparing, researching, and dreaming of ways to bring attention to the needs of adoptive parents, I felt empowered to have my own voice by sharing this topic with others.

The experience has solidified my identity as not only a counselor educator but also as a researcher. I can evaluate a gap in the literature, envision a method of research, and carry out this research to completion. While other adoptive parents may not have the ability to advocate for their needs, I can be the one to shine a spotlight on this overlooked population. In some ways, I feel a bit like Horton (Geisel, 1954) letting others know the quiet cry of adoptive parents: “We are here ... we are here!” and we need help.

Closing Summary

This study began with an overview of adoption in Chapter 1, providing background on how adopting children with trauma can lead to distress for parents. As this final chapter demonstrates, the findings of the study could help reduce this distress. Chapter 5 also relates the findings to current literature within an EMHD framework. Comparisons of the findings to this literature provide a scaffold for the implications described next in this chapter. These implications apply to adoptive parents, counselors, and those who train the counselors. I also

discussed the limitations and assumptions to provide context. Finally, recommendations for future research and a researcher statement conclude the chapter.

This research addressed a gap in the literature focusing on the experience of adoptive parents and their distress, as well as, how sharing a narrative of their experience within a group of other adoptive parents impacted them. The first chapter explored adoption history and the background of the problem including both a theoretical and conceptual framework to describe the purpose, nature, and significance of the study. The second chapter included a literature review exploring the theoretical framework and adoption in relation to adoptive parents. The research method in the third chapter provided an outline of the phenomenological design, the role of the researcher, the research questions, and how data was collected and analyzed. The fourth chapter outlines the findings focusing on the descriptions of the lived experiences of distress and the experiences of sharing their adoption narrative within a group. Finally, Chapter 5 concluded with a discussion of the findings and implications.

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Appendix A: IRB Approval Letter

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

February 7, 2024

Erica Rhoads
Lisa Sosin

Re: IRB Exemption - IRB-FY23-24-1292 How Did We Get Here: A Phenomenology of Adoptive Pa

Dear Erica Rhoads, Lisa Sosin,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and to be exempt from further IRB review. This means you may begin your research with the data safe mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(ii). Research that only includes interactions involving educational tests (cognitive, diagnostic achievement), survey procedures, interview procedures, or observation of public behavior (including auditory recording) if at least one of the following criteria is met:

Any disclosure of the human subjects' responses outside the research would not reasonably place risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse account. Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your draft sheet and final versions of your study documents can also be found on the same page under the /

Please note that this exemption only applies to your current research application, and any modification to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. Please report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at irb@liberty.edu.

Appendix B: Participant Feedback Form

Please use these questions as starters for journaling about your experience in the adoptive parent narrative group.

- ❖ What thoughts did you notice during the time you were sharing your story and the times that others shared their stories? What thoughts have come up related to this experience that you have noticed since being a part of this group?
- ❖ What were some of the feelings that you experienced during the telling of your story? What feelings came up as others shared their stories? Have you noticed any other strong feelings connected with the group experience in the days since you participated?
- ❖ Have you noticed any questions as a result of participating in this experience that weren't answered during the group sharing? If so, what were those questions?
- ❖ Describe any noticeable changes in yourself, your spouse, your marriage, and/or your children since participating in the group.
- ❖ Describe your overall experience during and since the group sharing opportunity.

Appendix C: Information Form

Title of the Project: How Did We Get Here: A Phenomenology of Adoptive Parents' Distress

Principal Investigator: Erica Rhoads, MA, LPC, Doctoral Candidate, Department of Counselor Education and Family Studies, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age or older, a parent who has adopted an international older child (over the age of 3) who has experienced trauma, and have experienced distress as a parent of an adopted child. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to explore the lived experiences of distress in parents who have adopted internationally. An additional goal is to evaluate how the experience of sharing your adoption story within a parent adoption support group could help alleviate some of your distress.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Participate in an in-person, audio-recorded group experience of 4 adoptive couples that will be estimated to take approximately 4 hours.
2. The second task will be an in-person/virtual audio-recorded interview discussing your experience that will last no more than one hour. This interview will consist of the researcher and one adoptive couple.
3. Finally, each participant will be asked to review their interview transcripts, the developed themes, etc. to check for accuracy or confirm agreement with the researcher's results. This should take no longer than 30 minutes.

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study include feeling heard and understood as the adoption story is told to a group of people with similar distress. Participants may also increase their understanding of trauma and its impact on mental health.

Benefits to society include bringing awareness to the complex needs of adoptive families, especially for adoptive parents.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include the possibility of psychological stress from being asked to recall and discuss prior trauma. To reduce risk, I will monitor participants, discontinue the interview if needed, and provide referral information for counseling services.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Confidentiality cannot be guaranteed in group settings. While discouraged, other members of the group may share what was discussed with persons outside of the group.
- Data will be stored on a password-locked computer and password-protected external hard drive. Hardcopy records will be scanned and stored electronically. After three years, all electronic records will be deleted; all hardcopy records will be shredded.
- Recordings will be stored on a password-locked computer until participants have reviewed and confirmed the accuracy of the transcripts and then deleted. The researcher and faculty chair will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be provided refreshments during the group experience.

Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether to participate will not affect your current or future relations with Liberty University or Richfield Life Ministries Church. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study. Parent

group data will not be destroyed, but your contributions to the parent group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Erica Rhoads. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] edu ([REDACTED]). You may also contact the researcher's faculty sponsor, Dr. Lisa Sosin, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, [REDACTED]. [REDACTED] our phone number is [REDACTED], and our email address is [REDACTED].

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Appendix D: Demographic Information Form

1. Age in years: _____ ☐ I prefer not to answer.

2. Which categories describe you? Select all that apply to you:

☐ American Indian or Alaska Native—For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community

☐ Asian—For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese

☐ Black or African American—For example, Jamaican, Haitian, Nigerian, Ethiopian, Somali

☐ Hispanic, Latino, or Spanish Origin—For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian

☐ Middle Eastern or North African—For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian

☐ Native Hawaiian or Other Pacific Islander—For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese

☐ White—For example, German, Irish, English, Italian, Polish, French

☐ Some other race, ethnicity, or origin, please specify: _____

☐ I prefer not to answer.

3. How do you currently describe your gender identity?

☐ _____

☐ I prefer not to answer.

4. Are you currently in a romantic relationship with a partner or partners?

☐ No

☐ Yes, one partner

☐ Yes, I have multiple partners

If you answered yes, are you? (Mark all that apply) :

☐ Not applicable

☐ Married or in a civil union, and living together

☐ Married or in a civil union, and living apart

☐ Not married or in a civil union, and living together

☐ Not married or in a civil union, and living apart

5. Do you have biological, adopted, foster, or stepchildren?

☐ No

☐ No, but I am (or my partner is) pregnant or in the process of adopting

☐ Yes, one child

☐ Yes, two children

☐ Yes, three children

☐ Yes, four or more children

6. If you have children, what are the ages of your children, and do they live with you?

(Mark all that apply) If adopted, at what age did you adopt them and what is their country of origin?

	They live with me full-time	They live with me part- time	They do not live with me	If adopted, at what age did you adopt them?	If adopted, country of origin?
Preschool (birth to 5 years old)					
Elementary (6 to 13 years old)					
Adolescent (14 to 18 years old)					
Adult Children (19+ years old)					

7. Do you have a long-lasting or chronic condition (physical, visual, auditory, cognitive or mental, emotional, or other) that substantially limits one or more of your major life activities (your ability to see, hear, or speak; to learn, remember, or concentrate)?

☐ Yes

☐ No

☐ I prefer not to answer.

If yes, please indicate the terms that best describe the condition(s) you experience:

☐ Please specify: _____

☐ I prefer not to answer

8. Which categories describe you? Select all that apply to you:

☐ Some high school

☐ High school diploma or equivalent

☐ Vocational training

☐ Some college

☐ Associate's degree (e.g., AA, AE, AFA, AS, ASN)

☐ Bachelor's degree (e.g., BA, BBA BFA, BS)

☐ Some post-undergraduate work

☐ Master's degree (e.g., MA, MBA, MFA, MS, MSW)

- ☐ Specialist degree (e.g., EdS)
- ☐ Applied or professional doctorate degree (e.g., MD, DDC, DDS, JD, PharmD)
- ☐ Doctorate degree (e.g., EdD, PhD)
- ☐ Other, please specify: _____

9. Marital status of parents:

- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Not married
- ☐ Other, please specify: _____
- ☐ I prefer not to answer

10. How do you describe your religion, spiritual practice, or existential worldview?

- ☐ Please specify: _____ ☐ I prefer not to answer
- ☐ I am actively practicing my faith.
- ☐ I no longer practice my faith.
- ☐ I prefer not to answer

11. Are you employed? If employed, on average, how many hours do you work a week, including time at an office, in the field, or working at home for your employer?

- ☐ 35 or more hours
- ☐ Less than 35 hours
- ☐ I am not employed
- ☐ I prefer not to answer

12. Which of the following categories best describes the industry you primarily work in (regardless of your actual position)?

<input type="checkbox"/> Not employed	<input type="checkbox"/> Legal services
<input type="checkbox"/> Retired	<input type="checkbox"/> Manufacturing—Computer and electronics
<input type="checkbox"/> Agriculture, forestry, fishing, or hunting	<input type="checkbox"/> Manufacturing—Other
<input type="checkbox"/> Arts, entertainment, or recreation	<input type="checkbox"/> Military
<input type="checkbox"/> Broadcasting	<input type="checkbox"/> Mining
<input type="checkbox"/> Education—College, university, or	<input type="checkbox"/> Publishing

<p>adult</p> <p><input type="checkbox"/> Education—Primary/Secondary (K-12)</p> <p><input type="checkbox"/> Education—Other</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Finance and insurance</p> <p><input type="checkbox"/> Government and public administration</p> <p><input type="checkbox"/> Health care and social assistance</p> <p><input type="checkbox"/> Hotel and food services</p> <p><input type="checkbox"/> Information—Services and data</p> <p><input type="checkbox"/> Information—Other</p> <p><input type="checkbox"/> Processing</p>	<p><input type="checkbox"/> Real estate, rental, or leasing</p> <p><input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Retail</p> <p><input type="checkbox"/> Scientific or technical services</p> <p><input type="checkbox"/> Software</p> <p><input type="checkbox"/> Telecommunications</p> <p><input type="checkbox"/> Transportation and warehousing</p> <p><input type="checkbox"/> Utilities</p> <p><input type="checkbox"/> Wholesale</p> <p><input type="checkbox"/> Other industries, please specify: _____</p>
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13. Which social class group do you identify with?

- ☐ Poor
- ☐ Working class
- ☐ Middle class
- ☐ Affluent

14. Any other demographic information you'd like to share:

Thank you!

Appendix E: Group Guidelines Form

- Please be timely to start and return from breaks promptly.
- Please be fully present in the group (instead of using cell or other devices during group).

We need your input and presence.

- Please understand my role as a leader. Don't take it personally if I:
 - Scan the group when you are sharing, I am checking to see how our group is reacting, and who wants to speak next, keeping all involved. I am still actively listening to you
 - Refocus on the purpose of the group if someone takes us off track
 - "Cut off" a member if they've shared too long. This is to make sure everyone has a chance to share
- Please be a part of making this a safe supportive group by being kind, thoughtful, inclusive, and non-pressuring.
- Moreover, when sharing with the entire group look around at everyone not just the leader. (I will be modeling this, too, to make sure everyone feels included.)
- Please honor the confidentiality of group members by not discussing personal things shared in the group with people outside of the group. Feel free to discuss what you are learning with others, just avoid talking about other people who are in the group with you.
- Confidentiality can only be as strong as each member of the group. You are acknowledging that you understand your role to keep information confidential and acknowledging that I as leader can make no promises of confidentiality from the other members of the group.

Signature: _____ Date: _____

Signature of Leader: _____ Date: _____

Appendix F: Social Media Recruitment Post

ATTENTION ADOPTIVE PARENT FRIENDS: I am conducting research as part of the requirements for a doctor of education degree at Liberty University. The purpose of my research is to better understand the distress of parents who adopt older children with trauma. To participate, you must be a couple who has adopted an international older child with trauma. Participants will be part of a one-day narrative therapy group (5.5-6 hrs.) and be interviewed (45-60 mins). If you would like to participate and meet the study criteria, please direct message me or email me at [REDACTED] for more information or with any questions concerning the study. A consent document will be emailed to you, and you will need to sign and return it to participate.

Appendix G: Semistructured Interview Questions

1. Please introduce yourself to me, as if we just met one another.
2. How did the group experience affect you?
3. What feelings were generated by the group experience?
4. Describe the impact of the group/adoption experience on your mental health.

(Optional follow up) What methods if any, have you used to cope with difficulties?

5. What have you learned about yourselves through the group experience/adoption experience?
6. How did the group/adoption experience affect significant others in your life (ie. spouse, other biological children, extended family, friendships, faith community)?
7. What role does having your international child(ren) as part of your family play in your view of culture? How has that impacted you?
8. What changes do you associate with your adoption experience?
9. What was your preparation level to adopt? (optional follow up) What if anything did you feel was missing from your preparation?
10. What thoughts stand out to you?
11. Have you shared all that is significant concerning the experience/adoption? If not, please share now.

Appendix H: Reflection Journal Highlights

8/31/2023

As I think about the fruition of all the work over the past years, I marvel at God's grace and leading. I never would have thought that in my desire to add to our family through adoption, I would one day be sitting here proposing a research study on adoptive parents for a doctoral dissertation!!

10/19/2023

During ACES several people questioned me about my dissertation topic when they found out I was finishing up my PhD. After sharing, I was encouraged that most agreed that this was a very important topic to cover and believed that this could be a help to our field. It was also interesting to speak to those who are aware of the challenges for adoptive and foster families and understand there are unique needs often missed by mainstream counselors. This reaction seems to coincide with the research that I have found so far. Those within the adoption community see the need, while those outside are unaware of the challenges faced by adoptive parents.

2/24/2024

As I interact with potential participants, I am not surprised at the responses, but certainly heartbroken at the responses from parents who have stories of significant distress. One mom described, "fearing for her life" and "walking on eggshells" and another couple reported police involvement with their adopted child. Both of these statements resonate with me, as our family had to call 911 when we feared for the safety of our biological child when threatened by our adoptive son. We always felt that we were walking on eggshells never quite comfortable letting our guard down, anticipating some over-the-top reaction from our adopted son. We had multiple interactions with the police bringing him home after he ran away. He would accuse us of being bad parents, but we were fortunate that the police would always take our side.

3/2/24

The group experience went so well. All of the couples were able to find the location and arrived early. None of the couples knew each other previously. They made informal introductions and got some coffee and drinks before the group started.

During the sharing time, I worked to facilitate connections and encourage all of the participants to share. As the first couple shared, others were nodding and reacting with empathy. The emotions were obvious on their faces as participants' memories were evoked by the person talking. The first couple shared their story and after they finished, the others related how they were impacted by what they heard. They shared how they had similar feelings and could empathize with the things that they heard.

3/22/24

As I write the final pages of the manuscript, I can't help but feel bittersweet emotions as I am able to tell the story of other families. Our story, however, is only part of this journal. I purposely

held back personal vignettes during the group experience and interviews, especially in the manuscript to keep the focus on the participants and their voices. Ironically, much of what they expressed could have been shared by my husband or myself. The bonds built by the group in just a few short hours could have been a healing balm to our family if this had been part of our experience years earlier. I believe that this line of research into narrative group interventions for parents could be the fulfillment of what I had hoped in giving purpose to the distress that we experienced. I have wanted to be the person to help others heal from their wounds caused by parenting children with trauma and to let them know that they are not alone.