EANES, ANGELLA YOUNG, Ph.D. Impact of Open Adoption and Contact with Biological Mothers on Perceptions of Parenting Competence and Parenting Efficacy among Adoptive Mothers. (2005)
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The purpose of the current study is to examine open adoption and contact with biological mothers, as well as children's problem behavior, as predictors of perceived parenting competence and parenting efficacy among adoptive mothers of older children. Seventy-two adoptive mothers of children adopted after their 4th birthday participated in interviews in which they discussed their adoption experiences including issues of open adoption and contact with biological family members. Mothers also completed quantitative measures of children's problem behavior, perceived parenting competence, and perceived parenting efficacy. No direct relationships were found between open adoption and parenting. However, open adoption moderated the relationship between children's internalizing behavior and adoptive mothers' perceived parenting efficacy. Mothers in closed adoptions whose children exhibited higher levels of internalizing behavior reported lower levels of perceived parenting efficacy. For mothers in open adoptions, no relationship was found between children's internalizing behavior and perceived parenting efficacy. Findings indicated that Black adoptive mothers and White adoptive mothers experience contact with biological mothers differently. For Black adoptive mothers, contact with biological mothers was associated with higher levels of perceived parenting efficacy. For White adoptive mothers, contact with biological mothers was associated with lower levels of perceived parenting competence. These

findings suggest that open adoption impacts adoptive mothers' perceptions of their family systems and their own parenting differently based on whether biological mothers are included in open adoption arrangements.

IMPACT OF OPEN ADOPTION AND CONTACT WITH BIOLOGICAL

MOTHERS ON PERCEPTIONS OF PARENTING COMPETENCE

AND PARENTING EFFICACY AMONG

ADOPTIVE MOTHERS

by

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TABLE OF CONTENTS

LIST OF TABLES

Page

LIST OF FIGURES

Page

CHAPTER I

INTRODUCTION

Statement of the Problem

At the beginning of the twentieth century, most adoptions were informal and

negotiated directly between biological and adoptive parents (Adamec & Pierce, 1991).

Although confidentiality laws were passed as early as 1917, until the 1930s most

adoptive families and biological families maintained open contact, at least during initial

adoption processes (Adamec & Pierce, 1991). By 1950, most states required confidential

adoptions, and adoption records were sealed by the courts. These laws were enacted in

order to protect all individuals associated with adoption. Confidentiality provided

anonymity and protection from stigmatization for unwed mothers, illegitimate children,

and infertile couples adopting illegitimate children in order to create a family. Sealed

records allowed couples to take infants into their homes as their own without concern that

adoption records might be publicly exposed. Many adoptive parents never told their

children about their adoptive status (Adamec & Pierce, 1991; Grotevant & McRoy,

1998).

Due in part to historical biases suggesting illegitimate children were somehow

defective or had "bad blood" (Miall, 1987), much of the research on adopted children has

examined problems among adopted children, often comparing outcomes among adopted

children to outcomes among "normal," nonadopted, children. Areas of interest include

1

prevalence of behavioral and psychological problems (Brodzinsky, Smith, & Brodzinsky, 1998; Groze, 1994; Groze & Rosenthal, 1991; Rosenthal & Groze, 1994; Sharma, McGue, & Benson, 1996; Warren, 1992) and problematic identity development among adopted children (Bird, Peterson, & Miller, 2002; Grotevant, 1997; Kools, 1997; Kryder, 1999; Lyman & Bird, 1996; McRoy, Grotevant, Lopez, & Futura, 1990; Salahu-Din & Bollman, 1994; Starwarski, Fritz, & Kreutzer, 1990). Reviews of adoption research present similar numbers of studies reporting higher rates of clinical treatment among adopted children as compared to nonadopted children and studies reporting no differences in rates of clinical treatment.

Several explanations have been offered to explain the disproportionate representation of adopted children receiving clinical treatment and appearing in juvenile court records. Assumptions that adopted children are likely to have problems might influence parents', teachers', and others' sensitivities to behavior exhibited by adopted children. Adoptive parents, as compared to nonadoptive parents, might be more likely to perceive their children's problems as disruptive to their families(Warren, 1992). Studies have examined whether problematic identity development, particularly adopted individuals' confusion about their identities, also might explain problem behavior (Brodzinsky, 1990; Grotevant, 1997; McRoy et al., 1990). Although any adolescent might experience problematic identity development, adopted adolescents seem to face a more complex task in developing a sense of self (Grotevant, 1997). Adopted children's loss of biological parents and/or families might lead to feelings of missing part of themselves. These feelings might hinder adopted children's abilities to develop positive

identities (Hoopes, 1990). Researchers have suggested that desire for connection with biological families might be associated with problematic identity development among adopted individuals (Kohler, Grotevant, & McRoy, 2002).

An experience unique for adoptive parents is knowledge that adopted children have another set of parents. Recent studies involving adoptive families have focused on experiences of negotiating relationships between adoptive families and biological families (Avery, 1998; Blanton & Deschner, 1990; Fravel, McRoy, & Grotevant, 2000; Grotevant, McRoy, Elde, & Fravel, 1994; Kraft, Palombo, Woods, Mitchell, & Schmidt, 1985; McRoy & Grotevant, 1991). Most adoption agencies urge biological parents to provide genetic and medical information for children they relinquish for adoption. However, identifying information has been traditionally discouraged (Adamec & Pierce, 1991). Supporters of open adoption, or sharing of identifying information between biological and adoptive families, suggest that adopted children who have contact with their biological families are more likely to understand why they were relinquished by their biological parents and see biological parents' limitations and problems that might have led to adoptive placement (Blanton & Deschner, 1990; Fravel et al., 2000; McRoy & Grotevant, 1991). Contact with biological parents as "real people" might also reduce idealization by adopted children or villianization by adoptive parents (Berry, Dylla, Barth, & Needell, 1998; Howard & Smith, 2003).   Adoptive parents in open adoptions generally report more positive parenting experiences and fewer fears regarding biological families than do adoptive parents in confidential adoptions (Berry et al., 1998; Frasch, Brooks, & Barth, 2000; Grotevant et al., 1994). Supporters of open adoption also argue

for the importance of contact with biological families for older adopted children (Howard & Smith, 2003). Older adopted children are more likely to have had meaningful relationships with their biological families prior to adoption than are children adopted in infancy. Many professionals believe that contact with biological families after adoptive placement might reduce older adopted children's sense of loss and/or shame and feelings of responsibility for separation from biological families (Howard & Smith, 2003). In addition, many older children are adopted by their foster parents who might have had contact with biological families during foster placement and efforts at reunification (Frasch et al., 2000). Parents of adopted foster children are more likely to report contact with biological parents as harmful to adopted children, but contact with biological siblings or biological grandparents generally is considered beneficial to adopted children (Howard & Smith, 2003).

No studies could be found that examined the impact of contact with biological families on the adoptive family system or adoptive parenting among adoptive families of older children. The inclusion of biological mothers in adoptive family systems might cause adoptive mothers to feel unsure of their place in their adopted children's lives (Blanton & Deschner, 1990; Fravel et al., 2000). Societal views that biological parents are the best parents to raise children - that adoptive parents are not their children's "real" parents – might cause adoptive mothers to experience difficulties parenting their children when biological mothers are present in family systems (Miall, 1987; Wegar, 2000). Inclusion of other biological family members such as biological siblings or biological grandparents in adoptive family systems may be viewed as more positive for adopted

children may have less of an impact on adoptive mothers' feelings with regards to parenting their children because these biological family members are less likely to be perceived as competitors in the mothering role (Waterman, 2003). The purpose of the current study is to examine open adoption and contact with biological mothers, as well as children's problem behavior, as predictors of perceived parenting competence and perceived parenting efficacy among adoptive mothers of older children.

CHAPTER II

REVIEW OF LITERATURE

Theoretical Framework

The current project is framed by systems theory as applied to the experiences of

older child adoptive families. General systems theory is based on the belief that a

universal set of principles can be applied to phenomena observed within a variety of

disciplines, i.e. biology, social science, physics (Klein & White, 1996). These principles

provide a way of organizing experiences and information into a model of the

phenomenon under study. The constructivist perspective of general systems theory

emphasizes that models or systems are not a picture of objective reality but rather one

individual's (the theorist's) view of the phenomenon (Klein & White, 1996). The

definition of a phenomenon as a system assumes that all parts of the phenomenon are

interconnected. The parts of the system produce inputs and outputs that potentially

impact all other components of the system (Whitchurch & Constantine, 1993). As a

result, general systems theory subscribes to the gestalt concept of "the whole is greater

than the sum of its parts" (Whitchurch & Constantine, 1993). It is the wholeness of the

system that is under investigation and the system can only be understood as a whole.

Examination of individual components cannot provide an understanding of the whole.

General systems theory as applied to the family, known as family systems theory,

creates systems, or models, of the family based on perceptions of the family provided by

an individual or individuals, i.e. member of the family system, outside observer, researcher, or therapist. Although all individuals within the family system may follow common rules of interaction and maintain common boundaries, each individual may have a different understanding of the system (Becvar & Becvar, 2000). Research framed by family systems theory often examines individuals' perspectives regarding their family systems across families to find patterns in how families function. It is understood that findings from such studies are based on participants' perspectives, and other members of the family systems may perceive the system as functioning in a different way. Family systems theorists view the family as a goal-oriented system with a control subsystem (Whitchurch & Constantine, 1993). Parents, as individuals with power and authority, generally make up the control subsystem in the family system. Family systems theory assumes that human systems are self-reflexive and self-monitoring, able to establish goals and examine behaviors, inputs, outputs, and feedback as achieving or failing to achieve the set goals (Klein & White, 1996; Whitchurch & Constantine, 1993). In striving to achieve its goals, the family system focuses on the establishment and maintenance of relationships and boundaries within the family and between the family and its environment (Klein & White, 1996).

Within family systems theory, boundaries designate those individuals who are included in the system, those who are part of the outside environment, the patterns of behavior within and between system components and subsystems, and the flow of information into and out of the system (Klein & White, 1996; Whitchurch & Constantine, 1993). Boundaries are described on the dimension of permeability. Relatively closed

systems with rigid boundaries are characterized by the absence of flow of information

and lack of movement of individuals into or out of the system. Relatively open systems

with diffused boundaries are characterized by uncontrolled flow of information and

movement of individuals into or out of the system. Balanced systems with clear

boundaries are characterized by controlled flow of information and well-defined

parameters for individuals' movement into and out of the system (Klein & White, 1996;

Whitchurch & Constantine, 1993). Boundaries often are sources of confusion and stress

in adoptive families as the membership of the family system is negotiated and/or

established and relationships are formed, dissolved, or altered.

Family systems theory has been applied to the experience of older child adoptive

families looking at issues such as stressors and buffers within the family system

(Brodzinsky, 1990), resilience of the family system (Groze, 1994), and the extended

family system involving the inclusion of members of adopted children's biological

families (Grotevant et al., 1994). When an adopted child enters the family, patterns of

functioning within the system are disrupted and must be modified (Brodzinsky &

Pinderhughes, 2002). Modifications include new roles and responsibilities for the

parental subsystem, formation of new dyadic relationships, and the negotiation of new

boundaries. New boundaries include decisions concerning who is included and/or

excluded in the family system. Unlike traditional infant adoptions in which records are

sealed and no contact occurs between biological families and adoptive families, older

child adoptions potentially involve knowledge of biological families' identity and/or

location and contact between adoptive families and biological families during the

placement process and possibly after finalization of the adoption (Brodzinsky & Pinderhughes, 2002). Many older adopted children have experience living in poorly functioning or unhealthy family systems (Brodzinsky & Pinderhughes, 2002) and often must learn new, healthier, perhaps more socially appropriate, behavior, roles, and/or interpersonal skills within their adoptive families. When biological families are involved in adoptive family systems, learning processes might be hindered as adopted children experience continual reminders of their former family systems. Older adopted children, their adoptive families, and possibly their biological families, might have difficulty adjusting to roles, boundaries, and patterns of interaction within new family systems. Many older child adoptive families struggle to establish healthy, stable family systems (Groze, 1994).

The development of healthy, stable older child adoptive family systems is impacted by the manner in which families deal with issues surrounding contact with biological families. Construction and maintenance of boundaries within older child adoptive family systems involve decisions concerning inclusion or exclusion of biological family members and the amount of openness or permeability of the boundaries between subsystems such as the adoptive family subsystem of adoptive parents and adopted child, the biological family system of adopted child and biological family members, and the adult subsystems of adoptive parents and biological family members (Groze, 1994). The current project focuses on adoptive mothers' perceptions of their family systems, specifically how inclusion or exclusion of biological family members (the potential creation of adult subsystems of adoptive parents and biological family

members) might impact adoptive mothers' perceptions of their own roles as parents in their adoptive family subsystems. It is also of interest to question whether the creation and maintenance of subsystems of adoptive mothers and biological mothers might impact adoptive mothers' perceptions of their family systems differently than adoptive family – biological family subsystems which do not include biological mothers. Adoptive mothers might experience more difficulty in their roles as parents when presented with additional mothers in their adoptive family systems.

Literature Review

Introduction to Foster Care and Adoption

In order to understand open adoption and its impact on adoptive mothers of older children, an introduction to adoption and foster care is needed to explain terms, concepts, and issues important to the discussion. The following section provides an explanation of terms used in discussing foster care and adoption, a brief history of foster care and adoption in the United States, and a discussion of policies that have shaped and continue to shape the faces of foster care and adoption in the United States. It is important to consider issues involved in foster care as well as adoption in order to understand the experiences of children adopted out of foster care and parents who adopt these children.

Definitions of Foster Care and Adoption

Adoption is defined as the lawful transfer of parental rights and obligations for a child from one parent/set of parents (or from state custody) to another. Throughout most of the world, adoption is understood as the relinquishment of children by biological

mothers and/or fathers and the acceptance of children by nonbiological mothers and/or fathers (Adamec & Pierce, 1991). Foster care is a system established to protect abused, neglected, or abandoned children and/or children whose parents or primary caretakers are unable or unwilling to fulfill their parenting obligations due to illness, emotional problems, drug use, or other difficulties. Children may be placed in foster care temporarily until their parents are willing and able to care for them properly. If a court determines that a child's parents are unwilling or unable to care for the child, parental rights may be terminated and the child becomes a ward of the state until placed with an adoptive family (Adamec & Pierce, 1991).

Adoption and foster care often are conceptualized as monolithic entities, with the assumption that all adoptions are the same and all individuals involved in adoption and/or foster care share the same set of experiences. However, there are several types of adoption, each type involving a specific set of circumstances and experiences. Foster care also involves several different types of arrangements which have varying implications for foster children, foster parents, children adopted out of foster care, and parents adopting children out of foster care. Adoptions are often categorized as international (children born outside the country in which their adoptive parents live) or domestic (children born and adopted in the same country as their adoptive parents). Each type of adoption can be divided further into the adoption of healthy infants versus the adoption of special needs/older children. In the United States, special needs adoptions generally involve the adoption of children out of foster care. Within the foster care system, special needs children are defined as children with physical, psychological,

and/or learning disabilities, minority children, children to be placed as a sibling group, and older children (Adamec & Pierce, 1991). The designated age at which a child becomes labeled as an 'older child' varies from state to state and county to county and ranges from 2 to 8 years of age. Foster care experiences can be divided into family foster care, group home foster care, and kinship care (Adamec & Pierce, 1991). Family foster care involves the temporary placement of children removed from the homes of their biological families into the homes of families licensed by the state to care for them. Children placed in family foster care have the opportunity to experience care within a family unit. Group home foster care involves the placement of children in residential facilities. These facilities might be managed by federal or state governments or by private organizations such as religious groups. Group home foster placements often are recommended for children who have experienced adoption disruption (the dissolution of an adoptive placement before it is finalized) due to problematic child behavior. Such disruptions often are associated with issues related to the loss of adoptive families for foster children (Adamec & Pierce, 1991). Children who have experienced severe physical or sexual abuse often have difficulties functioning in family environments and are placed in group home foster care as an alternative to family foster care (Adamec & Pierce, 1991). Children placed in group home foster care generally receive supervision and care from a variety of houseparents/caretakers but do not experience the family home environment (Adamec & Pierce, 1991). Kinship foster care involves the placement of foster children with biological family members other than their biological parents such as older siblings, aunts/uncles, cousins, and, most often, grandparents. Supporters of

kinship foster care argue that placement with biological families allows foster children to continue ties with individuals they know and with whom they have existing relationships, providing some stability for children during foster placement (Chipman, Wells, & Johnson, 2002). Because kinship foster caregivers often are not required to meet foster parenting licensing requirements, some foster care professionals argue that children in kinship foster placements might be at higher risk for continued maltreatment (Berrick, Barth, & Needell, 1994; Chipman et al., 2002). Across the different types of adoption and foster care, the experiences of individuals involved in adoption and foster care in the United States have been shaped by social and political forces. Social definitions of adoption and foster care and societal views regarding appropriate ways to deal with parentless children have shifted over time in concert with changes in beliefs about what constitutes "family."

Brief History of Foster Care and Adoption

Historically, adoption has served several functions such as providing indentured servants or heirs to adoptive parents, meeting the parenting needs and desires of infertile couples, providing solutions to parents unable to care for their children, and providing families for orphaned children (Grotevant & McRoy, 1998). Until the mid-1800s, federal and state governments had little interest in the welfare of parentless children. However, since the first adoption law was established in 1851, U.S. policies regarding foster care and adoption have been shaped by prevailing social and political agendas. For example, the adoption of older children was common during the 1800s and early 1900s until adoption as indentured servitude became illegal and child labor laws were enacted

(Adamec & Pierce, 1991). When the adoption of older children was no longer a source of inexpensive labor, the demand for older children diminished and older children began to be labeled 'unadoptable' (Adamec & Pierce, 1991).

In 1851 the state of Massachusetts created the first modern U.S. law involving adoption. This law was created to provide for the adoption of children. Before the 1851 law, little attention had been paid to children without parents or families. The Massachusetts law focused on severing children's ties with biological families when children were adopted (Grotevant & McRoy, 1998). However, it was not until 1874 that formal child protection laws were created. In 1874, the New York Society for the Prevention of Cruelty to Animals responded to outraged neighbors who could not convince local authorities to intervene on behalf of Mary Ellen Wilson who was being severely beaten and abused by her parents. This incident resulted in the creation of the New York Society for the Prevention of Cruelty to Children (Adamec & Pierce, 1991). Following this and other similar incidents, social policies were enacted and institutions, such as almshouses, were established to deal with the problem of homeless children and families.

Rise and fall of almshouses. Almshouses were created to house and care for homeless individuals and families. Throughout Colonial times, poor and homeless individuals were often cared for by the community through offers of food and clothing. These provisions were called "outside relief." By the 1800s, social activists had become concerned that outside relief did not provide enough support for some individuals, leaving them improperly clothed and hungry, but provided too much support for others,

encouraging them to be indolent and uninterested in helping themselves. Those receiving too little support were auctioning themselves and their children into slavery or indentured service. The creators of almshouses argued that the institutions would be places which required the development of better character and discouraged indolence (Adamec & Pierce, 1991).

The noble idea of almshouses did not materialize. Almshouses were generally overcrowded, under-supported, and rat-infested institutions. Children suffered most in almshouses and many died. Infants were at particular risk. Mothers living in almshouses began to board their children with foster parents in the 1870s. This version of foster care was so successful in lowering the mortality rates of poor children that in 1900 New York began to foster all abandoned or orphaned children (Adamec & Pierce, 1991). At this time, private agencies began offering board payments to parents who fostered children (Hacsi, 1995).

As the popularity of almshouses waned, many child welfare experts began to campaign for the return of orphanages to care for abandoned, neglected, or abused infants and children. However, some states continued to express reluctance to create orphanages. A biennial report from California's State Board of Charities and Corrections reflected many states' attitudes when it announced that a good home was the best place for a child to be raised and orphanages were unnatural and could not adequately parent children (1906). During this time, orphanages often placed children in their charge as apprentices or indentured servants to childless couples (Hacsi, 1995). These children rarely took their masters' names, and masters' relationships with children generally ended

when children reached adulthood. Indentured servitude and orphanages were not sufficient to care for the growing number of homeless, abandoned, or poor children. By the mid-1800s, there were countless thousands of homeless children in the United States, including more than 10,000 in New York City alone (Adamec & Pierce, 1991).

Orphan trains of the 1800s. Based on the abundance of parentless children, tight labor markets in the Eastern states, and severe labor shortages in the Midwest, Charles Loring Brace, the founder of the Children's Aid Society, instituted the orphan trains. He believed that sending seemingly unwanted children to distant families solved two problems: children's needs for families and families' desires for children. It is estimated that 150,000 children rode orphan trains between 1854 and 1929 to families and farms in the Midwest, South, and West (Adamec & Pierce, 1991).

Despite the longevity of the practice of transporting children from overcrowded eastern states to more rural areas of the Midwest, South, and West, there were several criticisms of orphan trains. Little follow up was conducted once children were placed in homes. It was not clear whether all the children on orphan trains were without parents, and few searches for parents or families were conducted. The majority of children on the orphan trains were from Jewish or Catholic backgrounds, while the majority of families who adopted orphan train children were of Protestant faith. This problem brought about laws that mandated or strongly suggested religious matching between adopted children's backgrounds and the religious beliefs of adoptive parents (Adamec & Pierce, 1991). A survey conducted in 1884 found that children placed in foster care or adoptive homes before the age of 12 were more likely to stay with their foster or adoptive families than

were children placed at older ages. However, more than 75% of children placed by the orphan trains were 10 years old or older (Hacsi, 1995). This suggested that many of the children placed by the orphan trains might have run away from their foster or adoptive placements to find themselves poor and homeless again.

Twentieth century adoption: 1900 to 1980. At the beginning of the twentieth century, most adoptions were informal and negotiated directly between biological and adoptive parents. Informal adoption arrangements were similar to the foster care arrangements of present day. Children often were placed in informal adoptive homes when their biological parents could not provide for their needs. If and/or when biological parents' circumstances changed, they would often try to reclaim their children from adoptive homes. Many informal adoptions involved the buying and selling of babies and children. Unwed mothers often advertised their children in the newspapers (Adamec & Pierce, 1991). However, lawful adoptions sanctioned by state authorities did occur. Formal adoptions were arranged privately between biological and adoptive parents and handled by physicians or attorneys who would complete necessary paperwork and appeared in court on the behalf of biological and adoptive parents (Adamec & Pierce, 1991). When infants were placed in adoptive homes through formal arrangements, policy as well as social conventions required that placements not occur immediately following birth. Many states required biological mothers to care for their infants a minimum of 3 months before infants could be adopted. This practice ensured that biological mothers did not want to keep their infants and that infants were not "defective" in any way (Adamec & Pierce, 1991).

A research article published in 1933 described the process of formal adoption in the early twentieth century (Leahy, 1933). Prospective adoptive parents would appear before a judge to announce their desire and intention to adopt a child. The chosen child would be 'inspected' to ensure that he/she was an acceptable candidate to be placed in an adoptive home. Infants tended to be adopted by infertile couples with higher than average educational attainment (having completed education above the 8th grade) who had been married for approximately 10 years. Adoptive fathers of infants were more likely to be in professional careers. However, older children, (those over the age of two when adopted) were more likely to be adopted by first generation immigrants and farmers. The author speculated that farmers adopted older children due to the shorter time of dependence or in order to use the children as indentured servants (Leahy, 1933).

In the 1930s, several changes took place in the areas of adoption and foster care. Labor laws and child psychologists began to discourage the adoption of children as a source of inexpensive labor and general society began to view adoption a pathway to parenthood for those who desired children but could not have them. Infant adoptions became the norm and most states discouraged the adoption of older children, particularly those in foster care. After World War II when adoption agencies became prominent, more formal guidelines for adoption were established and foster family care began to replace orphanages and informal adoption arrangements (Adamec & Pierce, 1991; Hacsi, 1995).

Although confidentiality laws were passed as early as 1917, until the 1930s most adoptive and biological families maintained open contact, at least during the initial adoption process. By 1950, most states required confidential adoptions and adoption

records were sealed by the courts. These laws were enacted in order to protect all

individuals associated with the adoption (Adamec & Pierce, 1991). Illegitimacy was a

legal status often noted on birth certificates. In a research article published in 1929,

illegitimate children were described as mentally deficient, backwards, insane, and feeble

minded, or exhibiting subnormal or abnormal mental conditions (Popenoe, 1929). These

conditions were regarded as outcomes of illegitimacy. Sealed records provided

anonymity for unwed mothers and protection for illegitimate children. In addition,

infertile couples who adopted illegitimate children in order to create a family often were

stigmatized and not considered 'real' parents. Sealed records allowed couples to take

infants into their homes as their own without concern that adoption records might be

exposed to the public. Many adoptive parents never told their children about the

adoption (Adamec & Pierce, 1991; Grotevant & McRoy, 1998).

Adoption laws and changes in adoption to this point involved only White parents

and children. Parentless children of racial or ethnic minorities were either raised by their

extended families or through provisions provided by members of the community

(Adamec & Pierce, 1991). In addition, unwed mothers in minority communities were

more likely to keep their children without experiencing stigmatization and minority

communities were less likely to support formal adoption arrangements (Adamec &

Pierce, 1991). Only in recent years have adoption agencies begun to encourage White

parents to adopt racial or ethnic minority children or to work with prospective adoptive

parents of racial or ethnic minority status.

Until the 1970s, it seemed that the adoption system was in equilibrium. The number of unwed mothers encouraged to relinquish their infants roughly equaled the number of infertile couples who wished to adopt. However, social changes in the 1970s altered the face of adoption and destroyed this delicately balanced system (Adamec & Pierce, 1991). The legalization of abortion in 1973 diminished the number of unwanted pregnancies and in turn the number of adoptable infants. Changes in contraceptive use and effectiveness also led to fewer unwanted infants. Civil rights legislation and the feminist movement began to change the social stigmatism of illegitimacy. The Aid to Families with Dependent Children Act and the rise in numbers of divorced women raising children made single motherhood more acceptable. During this time, many White couples began to adopt racial or ethnic minority infants. Most often transracial adoptions involved the adoption of Black or biracial children by White couples (Adamec & Pierce, 1991). During the 1960s and 1970s, transracial adoption was seen as a "liberal" and "positive" act by White families to help less fortunate minority children (Adamec & Pierce, 1991). Although the practice continued, the rate of transracial adoptions dropped dramatically in the late 1970s when White foster children became available for adoption. More recently, some social workers and the Black community have begun to question the appropriateness of Black children being adopted and raised by White families (Alexander & Curtis, 1996). Supporters of transracial adoption believe that children are better off in a permanent home, regardless of racial matching, than they are living in the instability of foster care. However, arguments against transracial adoption suggest that social service and adoption agencies should increase recruitment of Black adoptive parents (Alexander

& Curtis, 1996). Some social workers argue that many prospective Black adoptive

parents are excluded from consideration because standards for adopting are too high;

making Black parents ineligible due to age, income, and other demographic factors

despite the number of waiting Black children. In 2001, 47% of children in foster care

waiting to be adopted were Black or biracial (AFCARS, 2001). Although 35% of

children adopted in 2001 were Black or biracial, no national records could be found to

indicate how many were adopted by White parents versus Black parents.

As the number of infants available for adoption decreased in the 1960s and 1970s,

the number of older children in foster care was growing rapidly (Adamec & Pierce,

1991). Approximately 500,000 children were in foster care in 1975. The cost of

maintaining these children and concerns about children spending their childhoods in

foster care caused policy makers to reconsider the adoptability of children in foster care

(Adamec & Pierce, 1991).

Foster Care and Adoption Since 1980

Two policies created since 1980 have changed the face of adoption and foster

care: the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) and

the Adoption and Safe Families Act of 1997 (Public Law 105-89). The Adoption

Assistance and Child Welfare Act was created to alleviate problems in the foster care

system by promoting permanent placements for foster children rather than multiple foster

placements. The Adoption and Safe Families Act was created to decrease children's time

spent in foster care and to emphasize the need for foster care and adoptive placement to

support positive development among children removed from the homes of their biological families.

The Adoption Assistance and Child Welfare Act of 1980. The Adoption Assistance and Child Welfare Act (Public Law 96-272) had several goals. It encouraged social workers to reunify families rather than leave children in foster care indefinitely. If children could not be returned to biological families, parental rights should be terminated so that children could be placed in adoptive homes. According to the law, children were to stay in foster care for no more than 18 months without reunification or termination of parental rights. In 1990, the North American Council on Adoptable Children (NACAC) reported that the average time a child spent in foster care had dropped from 31 months in 1977 to 17 months in 1985 (NACAC, 1990). The act also created the Adoption Assistance Program which enabled adoptive parents to receive federal subsidies for adopting children out of foster care. Until 1980, there were few incentives for adopting foster children, particularly for foster parents. Foster parents received monthly subsidies to provide for the needs of foster children who were wards of the state. However, when children were adopted, subsidies ended. Many foster parents wished to keep their foster children but would not finalize adoptions because they did not want to lose foster care subsidies (Hacsi, 1995). The Adoption Assistance Program allowed foster parents to continue to receive subsidies after adoption finalizations of foster children. Subsidies also were offered to prospective adoptive parents as incentives to adopt children out of foster care.

Implementation of The Adoption Assistance and Child Welfare Act suffered

several difficulties. One problem was due to misunderstanding of the law by judges. The

law required a review of foster children's cases every 6 months while children remained

in foster care. When children had been in foster care for 18 continuous months, courts

were required to terminate parental rights and make children eligible for adoption. Many

judges viewed the 18-month review as a routine review and many never made final

decisions about children's ongoing placement in foster care (Adamec & Pierce, 1991).

Another difficulty in implementation of the law was due to a lack of sufficient accounting

by state and county agencies. Federal governmental offices have never documented the

number of adoptions conducted each year or the number of children in foster care. Such

offices may request information from states regarding foster care and adoption.

However, many states do not keep accurate records due to differing record keeping

practices among county social service departments (Adamec & Pierce, 1991). The

General Accounting Office reported in 1989 that according to available records, no states

were in complete compliance with the law (General Accounting Office, 1989). Although

children's average length of stay in foster care has dropped considerably, there are many

children; particularly those designated as special needs children, who remain in foster

care until they age out on their 18th birthdays.

The Adoption and Safe Families Act of 1997. The Adoption and Safe Families

Act of 1997 (Public Law 105-89) is "an act to promote the adoption of children in foster

care" (p. 1) by focusing on social workers' efforts to place foster children in adoptive

families, guarantee children's safety in these homes, and provide incentives for families

to adopt foster children. Social workers are expected to endeavor to return children to their biological families, but only if biological families are considered safe and healthy environments for children. If children can not be safely reunified with their biological families after 15 continuous months in foster care, courts are to terminate parental rights and a permanency hearing is to be held within 30 days. A report written for the Department of Health and Human Services in 2002 suggested that the true benefits of the Adoption and Safe Families Act would not be visible until at least 2003. This was based on the statistics suggesting that children in foster care from 1 to 6 years have similar likelihoods of being adopted. However, after the 6th year, likelihood of adoption decreases dramatically. Children placed in foster care during 1998, when the law was enacted, reached their 6th year of placement in 2003 (Wulczyn, 2002). No current reports on the effectiveness of the Adoption and Safe Families Act have been published. However, statistics published by the National Adoption and Foster Care Analysis and Reporting System (AFCARS) indicate that the number of foster children available for adoption was stable between 1998 and 2002 but the number of children adopted out of foster care has steadily risen (AFCARS, 2002).

Overview of Research on Adoption

Adoption research has focused on a wide range of topics, including experiences of adoptive parents and adopted children in countries other than the United States (Andreson, 1992; Cederblad, Hook, Irhammar, & Mercke, 1999; Priel, Melamed-Hass, Besser, & Bela, 2000), experiences of adoptive parents and adopted children involved in international adoptions (Groze & Ileana, 1996; McGuinness & Pallansch, 2000), and

experiences of adoptive parents and adopted children involved in domestic adoptions

(children born and adopted in the United States). Each of these types can be divided

further into the adoption of healthy infants and the adoption of special needs/older

children. Due to my focus on the experiences of parents involved in the adoption of older

children from within the U.S. foster care system, the following reviews research findings

about domestic adoptions of infants and special needs/older children.

Research on adoption has focused primarily on the well-being of adopted

children. Few studies have examined the experiences of adoptive parents. The following

section discusses research findings focused on adopted child outcomes and the

experiences of adoptive parents, as well as studies focused on foster care issues pertinent

to understanding older child adoptions.

Adopted Child Well-being

Due to historical biases suggesting that illegitimate children were somehow

defective or had "bad blood" (Miall, 1987), most adoption researchers have examined

problems among adopted children, often comparing outcomes among adopted children to

outcomes among "normal," nonadopted, children. Three main areas of interest are

behavioral and psychological problems among adopted children (Barth & Berry, 1988;

Borders, Black, & Pasley, 1998, Brodzinsky et al., 1998; Fergusson, Lynskey, &

Horwood, 1995; Groze, 1994; Haugaard, Wojslawowics, & Palmer, 1999, Kim, Zrull,

Davenport, & Weaver, 1992, McDonald, Propp, & Murphy, 2001; Rosenthal & Groze,

1990; Sharma et al., 1996; Warren, 1992), problematic identity development among

adopted children (Grotevant, 1997; Hoopes, 1990; McRoy et al., 1990), and problems or

issues involving knowledge of, search for, and/or reunion with biological families of adopted children (Campbell, Silverman, & Patti, 1991; Kohler et al., 2002; Kryder, 1999; McRoy et al., 1990; Pachenco & Eme, 1993; Silverman, Campbell, & Patti, 1994; Starwarsku, Fritz, & Kreutzer, 1990).

Prevalence of behavioral and psychological problems among adopted children. Greater perceived prevalence of psychological or psychiatric treatment among adopted children as compared to nonadopted children has prompted examination of behavior and psychological problems among adopted children. A variety of studies have provided descriptions, rates of prevalence and severity, and predictors of behavior and psychological problems among adopted children.

An examination of research conducted with adopted children reveals disagreement about the extent to which adopted children are at risk for psychological or behavior problems. Reviews of adoption research present nearly equal numbers of studies reporting higher rates of clinical treatment among adopted children as compared to nonadopted children and studies reporting no differences in rates of clinical treatment (Brinich & Brinich, 1982; McRoy, Grotevant, & Zurcher, 1988). Studies supporting the claim that a greater percentage of adopted children receive clinical treatment for behavior and psychological problems report that adopted children are at particularly high risk for hyperactivity and externalizing behavior such as aggressiveness or acting out. More recent studies have continued the debate regarding the extent to which adopted children are at risk for psychological and behavior problems. A longitudinal study of special needs adopted children compared adopted children's problem behavior scores to clinical

norms and found nonclinical levels of externalizing and internalizing behavior among adopted children (Rosenthal & Groze, 1994). However, levels of problem behavior rose as adopted children entered adolescence. It should be noted that the majority of studies that report differences in levels of problem behavior between adopted and nonadopted individuals focus on adopted adolescents. A study using a large, nationally representative sample compared mean levels of problem behavior for adopted and nonadopted adolescents. Small but significant differences indicated that adopted adolescents exhibited higher levels of drug use and antisocial behavior and lower levels of academic achievement than did nonadopted adolescents (Sharma et al., 1996).

Another comparison study found adoption predicted psychiatric treatment. Adopted adolescents displayed higher levels of problem behavior such as running away, suspension or expulsion from school, and delinquency, and received treatment at higher rates than did nonadopted adolescents (Warren, 1992). Adopted adolescents also were more likely to receive treatment for minimal levels of problem behavior than were nonadopted adolescents which might account for higher overall rates of treatment among adopted adolescents (Warren, 1992). A study of juvenile court records found a greater percentage of adopted adolescents were reported to juvenile court than were nonadopted adolescents and that adopted adolescents were more likely to be reported to authorities by their adoptive parents than were nonadopted adolescents (Kim et al., 1992). Several explanations have been offered to explain greater percentages of adopted adolescents receiving clinical treatment and appearing in juvenile court records. The assumption that all adopted children have problems might influence parents', teachers', and others'

sensitivities to problem behavior exhibited by adopted children. Adoptive parents might be more likely to perceive their children's problem behavior as disruptive to their families than nonadoptive parents, particularly problem behavior emerging during adolescence among adopted children who had not exhibited problem behavior during childhood (Warren, 1992). In the cases of parents who adopt foster children, these parents have greater experience with social service agencies and might be particularly willing to utilize these services (Brodzinsky et al., 1998; Groze, 1994). However, a study which compared adoptive parents' and nonadoptive parents' reports of their children's adjustment indicated no group differences in parents' perceptions of children's well-being, prosocial behavior, or problem behavior (Borders et al., 1998).

Although much attention has been given to the problematic adjustment of adopted children and adolescents, few studies have examined well-being among adopted adults. Two exceptions are a study that compared middle-aged adopted and nonadopted individuals (Borders, Penny, & Portnoy, 2000) and a study that compared adults who were adopted out of foster care, who aged out of long-term family foster care, and who aged out of long-term residential foster care (Triseliotis & Hill, 1990). In the study comparing middle-aged adopted and nonadopted individuals, no group differences were observed with regards to satisfaction with life, purpose in life, life regrets, and marital satisfaction (Borders et al., 2000). However, adopted individuals reported higher levels of depression, lower levels of self-esteem, and higher rates of seeking counseling than did nonadopted individuals. In the comparison of adults who had been adopted out of foster care and those had who aged out of family or residential foster care, few differences were

found between those adopted out of foster care and those who aged out of family foster care. Both groups reported feeling close to their adoptive/foster families and positive adjustment to adult life. However, adopted adults were more likely to express feelings of entitlement to their adoptive parents and feelings of permanence and belonging in their adopted families. Foster children expressed attachment to their foster families but acknowledge an ever-present feeling of impermanence: always being conscious of their foster status. Adults raised in residential care seemed to fare less well than those adopted out of foster care or raised in family foster care. They expressed more bitterness with regards to their childhood and reported more difficulties in developing close relationships which they attributed to the absence of close adult relationships in residential care. They also were more likely than adopted adults and adults raised in foster families to describe themselves as "different," "not normal," or "inferior" due to their long-term foster status (Trisoliotis & Hill, 1990). Although studies examining risk of poor adjustment among adopted individuals generally involve comparison of outcomes among adopted and nonadopted children, many researchers have moved beyond comparison studies to examine factors that might predict problem behavior in adopted children and protective factors that might buffer adopted children from poor developmental outcomes.

Predictors of problem behavior among adopted children. Studies focused on factors associated with adjustment among adopted children cover a variety of issues. The most common include adoptive placement factors, such as age at placement and time in foster care (McDonald at al., 2001; Rosenthal & Groze, 1990; Sharma et al., 1996), adoptive family factors, such as parental education and family resources (Fergusson et

al., 1995; Rosenthal & Groze, 1990, 1994), and genetic or biological factors, such as prenatal conditions and biological parent characteristics (Fergusson et al., 1995).

Several studies have found aspects of the adoptive experience (age at adoption, time in foster care, and experience of neglect and/or abuse) were associated with poorer adjustment among adopted children. Sharma and colleagues (1996) examined levels of problem behavior among adopted children and nonadopted children. Adopted children were divided into groups based on age at adoption. Children adopted before one year of age exhibited levels of problem behavior similar to nonadopted children. Children adopted between 2 and 10 years of age exhibited higher levels of antisocial behavior, lower levels of school adjustment, and similar levels of drug use as compared to children adopted as infants and nonadopted children. Children adopted over 10 years of age exhibited the most problem behavior including the highest levels of drug use and antisocial behavior and the lowest levels of school adjustment among participating children. About five percent of adoptions involving children placed before their 4th birthdays disrupt. For children adopted between 4 and 9 years of age, adoption disruption rates climb to approximately fifteen percent. For children adopted after their 9th birthdays, disruption rates rise to approximately fifty percent (Barth & Berry, 1988; Festinger, 1990; Rosenthal, 1993). These statistics suggest that children adopted at older ages experience more difficulties adjusting to adoptive families. However, age at adoption often is confounded with factors such as time in foster care and experiences of abuse and/or neglect. Children adopted over 10 years of age are likely to have spent more time in foster care and/or experienced more severe abuse and/or neglect with their

biological families (Haugaard et al., 1999). Children who spend more time in foster care, those who experience more foster care placements, and those who experience higher levels of abuse and/or neglect with their biological families exhibit greater adjustment problems in their adoptive families and higher levels of problem behavior (Barth & Berry, 1988; Haugaard et al., 1999; Rosenthal & Groze, 1990) than do children who spend less time in foster care, experience fewer foster care placements, and experience lower levels of abuse and/or neglect with their biological families.

In addition to children's experiences, several family factors are associated with problem behavior among adopted children. Adoptive parents' level of education has been examined as a predictor of problem behavior among adopted children. Children of adoptive parents with higher levels of education tend to exhibit higher levels of problem behavior (Rosenthal & Groze, 1990, 1994). It might be that better educated adoptive parents are more likely to seek help for their adopted children who exhibit problem behavior. Parents with higher levels of education tend to have greater access to resources, making them more easily able to secure needed help or treatment for their children (Warren, 1992). In addition, better educated parents tend to have higher expectations for their children. Adoptive parents with higher levels of education and high expectations for their adopted children might be less tolerant of minimal levels of problem behavior or perceive problems as more extreme than would adoptive parents with lower levels of education (Brodzinsky et al., 1998).

Genetics and prenatal experiences also have been examined as predictors of problem behavior among adopted children. A longitudinal study comparing children

adopted at birth by married couples, children raised by single biological mothers, and children raised by both biological parents, found that adopted children's neonatal experiences were similar to the experiences of children raised by single biological mothers. Biological mothers of adopted children and single mothers raising their biological children reported similar levels of education, neonatal care, mean weeks' gestation, smoking during pregnancy, and families of origin with similar socioeconomic backgrounds. On the basis of genetics and neonatal experiences, adopted children were expected to exhibit similar levels of problem behavior to children raise by single biological mothers. Adoptive families were similar to two-parent biological families with regards to mothers' level of education, family socioeconomic status, preventive health care provided to children, and family stability. On the basis of adoptive family characteristics, adopted children were expected to exhibit levels of problem behavior similar to those exhibited by children raised by both biological parents. Levels of problem behavior were assessed when children reached adolescence. Observed levels of problem behavior among adopted adolescents were higher than levels of problem behavior observed among adolescents raised by both biological parents but lower than levels of problem behavior observed among adolescents raised by single biological mothers. These results suggest that adopted children might be at higher risk for problem behaviors due to genetic or prenatal factors but protected from risk by characteristics of their adoptive families (Fergusson et al., 1995).

Identity development among adopted children. Many researchers have questioned whether problematic identity development, particularly adopted individuals' confusion

about identity, might be a predictor of problem behavior. The majority of studies examining identity development among adopted children have focused on children adopted as infants. Identity development research has focused on adoption as a key factor impacting adopted adolescents' sense of self (Grotevant, 1997), adoptive parents' approaches to revealing adoptive status to children (Kryder, 1999; McRoy et al., 1990), and adopted children's preoccupation with biological parents (Kohler et al., 2002; Stawarski et al., 1990). Although research has been conducted examining identity development among children in foster care (Kools, 1997; Lyman & Bird, 1996; Salahu-Din & Bollman, 1994), no studies could be found focusing on identity development among children adopted out of foster care.

Although any adolescent might experience problematic identity development, adopted adolescents seem to face a more complex task in developing a sense of self. Adopted adolescents' loss of biological parents and/or biological families might lead to feelings of missing part of themselves. These feelings might hinder adopted adolescents' abilities to develop positive identities (Hoopes, 1990). The experience of being adopted (Borders et al., 2000; Brodzinsky & Pinderhughes, 2002; Miall, 1987), adoptive parents' revelations of adoptive status to their children (Kryder, 1999; McRoy et al., 1990), adopted children's preoccupation with biological families (Kohler et al., 2002), and the experiences of adopted individuals' searching for and reuniting with biological families (Borders et al., 2000; Campbell et al., 1991; Pachenco & Eme, 1993; Silverman et al., 1994; Starwarski et al., 1990) are factors that impact identity development among adopted adolescents.

The majority of adopted individuals report that being adopted has affected their lives in some way (Borders et al., 2000). Some adopted individuals report that being adopted has affected their lives negatively due to the social stigma associated with adoption and feelings of being different from or not belonging in their adoptive families. Some adopted individuals experience stigmatization due to beliefs that adopted children have 'bad blood' due to illegitimacy and/or disreputable biological roots and that adoptive families are not 'real' families because they are not biologically related (Miall, 1987). Others feel acute awareness that they are not similar to their adoptive families in physical appearance and/or personality (Brodzinsky, 1990). Being aware of differences between themselves and their adoptive families can cause adopted adolescents to question their place in the world and to desire finding biological connections in order to fit in (Brodzinsky & Pinderhughes, 2002). Researchers suggest that social stigmatization and feelings of differences from adoptive families might hinder adopted adolescents' development of sense of self (Grotevant, 1997).

Transracially adopted adolescents face an additional task of developing an ethnic identity (Frasch & Brooks, 2003). Although much debate has been published surrounding the practice of placing Black or biracial children with White adoptive families (Alexander & Curtis, 1996; Goddard, 1996; Gopaul-McNicol, 1996; Lovett-Tisdale & Purnell, 1996; Penn & Coverdale, 1996; Taylor & Thornton, 1996; Turner & Taylor, 1996; Willis, 1996), little research has examined the impact of transracial adoption on ethnic identity development. Several studies from the mid-1980s compared well-being and ethnic identity among transracially and in-racially adopted children

(Johnson, Shireman, & Watson, 1987; McRoy, Zurcher, Lauderdale, & Anderson, 1982; Shireman & Johnson, 1986). These studies found little difference between the groups with regards to well-being. Comparing the ethnic identity of Black children raised in White adoptive families to Black children raised in Black adoptive families during early adolescence, McRoy and colleagues (1986) found that transracially adopted children were more likely to identify themselves as adopted and to use racial self-referents. These differences might be due to transracial adoptive families being forced to acknowledge their adoptive status, being more comfortable discussing adoption openly, explaining racial differences within their adoptive families. Unlike many in-racially adopted children, transracially adopted children are generally told about their adopted status early in life and confronted with differences among their families on a daily basis.

For children adopted as infants, revelations about their adopted statuses often are their first exposure to the experience of being adopted. Revelation about adopted status can be is a difficult subject for parents to communicate to adopted children. Although many adopted children report that they have 'always known' they were adopted (McRoy et al., 1990), others report being told as late as adolescence. Children's reactions to revelations of their adopted status range from smooth integrations of knowledge to extremely traumatic experiences (Kryder, 1999). Interviews with adopted young adults suggest that effects of revelation experiences are often moderated by adopted children's cognitive abilities at the time of revelation. When the amount and complexity of information provided to adopted children during revelation exceeded children's cognitive ability to process, the experience of revelation tended to be problematic and disruptive to

adopted children and their families. In addition, adoptive parents and adopted children often perceive revelation experiences differently. In a study of 50 adoptive families, 42% of parents reported that their children had 'always known' about the adoption or were told before age 4 (McRoy et al., 1990). Yet, only 28% of adopted children reported having 'always known' or being told before age 4. Almost half of children indicated they were told about their adoption between 4 and 11 years of age. Many of these children expressed confusion, anger, disbelief, rejection, and/or embarrassment associated with revelations. Some adoptive parents admitted never discussing adoption with their children after initial revelations and several adopted children indicated they were told about the adoption but given no further information. However, two-thirds of adoptive parents had established open communication about adoption and their adopted children felt comfortable talking and asking questions about adoption. Adopted children in families that found effective ways to communicate about adoption tended to report more positive identity development.

Adoptive families' management of revelation and other communication about adoption often impacts adopted children's preoccupation (or lack thereof) with their biological families. Generally, adopted children's preoccupation with biological families is measured by the frequency with which adopted children think about their biological families. A study of adopted children's preoccupation with biological families classified thinking about biological families once a week or more often as high preoccupation (Kohler et al., 2002). Thinking about biological parents less than once a week but more than once a month was classified as moderate preoccupation. Thinking about biological

parents less than once a month was classified as low preoccupation. Female adopted adolescents tended to have higher levels of preoccupation than did male adopted adolescents. Adopted adolescents who reported higher preoccupation also reported greater alienation from and lower levels of trust in their adoptive parents. Children who desired more information about their biological families tend to report higher preoccupation (Stawarski et al., 1990).

Preoccupation also has been associated with adopted children's tendency to fantasize about biological families. In a study of adopted adults, 93% reported having fantasized about their biological parents (Stawarski et al., 1990). Adopted adults reported that their fantasies about biological parents generally focused on physical appearances and personality traits. These reports suggest that many adopted individuals feel they do not look and/or act like their adoptive families and wish to find individuals more like themselves. Often, preoccupation with and fantasizing about biological families lead adopted adults to search for their biological roots. Many adopted adults hope that reunion with biological families will enable them to regain part of themselves lost due to adoption and find individuals with whom they feel close due to similarities in physical appearances and personalities.

Feelings of difference from adoptive families and desires to find individuals similar to themselves might complicate adopted adolescents' identity development (Grotevant, 1997). Researchers suggest that desire for connection with biological families might be associated with problematic identity development among adopted adolescents. Studies of desires for connection and contact with biological families have

examined characteristics of adopted adults who choose to search or not to search for biological families (Borders et al., 2000), reasons adopted adults choose to search or not to search for biological families (Campbell et al., 1991; Pachenco & Eme, 1993; Silverman et al., 1994; Stawarski et al., 1990), and adopted adults' experiences of reunion with biological families (Campbell et al., 1991; Pachenco & Eme, 1993; Silverman et al., 1994).

A comparison study examined life outcomes of middle-aged adopted adults who searched for biological families and adopted adults who did not search for biological families. Group differences were reported in levels of social support and emotional/ psychological well-being (Borders et al., 2000). Adopted adults who had not searched for biological families reported higher levels of social support and higher levels of family support than did adopted adults who had searched for biological families. Adopted adults who did not search for biological families also reported higher levels of self-esteem and lower levels of depression than did adopted adults who searched for biological families. These results suggest that adopted adults who choose not to search for biological families might have experienced more positive development and might not feel the necessity of finding biological families to assist them in establishing a sense of identity.

Many adopted adults who search for biological families report that they 'needed' to search but waited until they felt ready to deal with reunions (Campbell et al., 1991). Readiness often involved a level of independence (psychological, emotional, and financial) from adoptive families. Although most adoptive parents support, or at least accept, their children's decisions to search for biological families, some adopted adults

report negative reactions from adoptive parents with regard to their search for biological families. Some adoptive parents feel threatened by the presence of biological families in their adopted children's lives. However, the majority of adopted adults who have searched for biological families reported that they love their adoptive parents and feel they belong with their adoptive families. Few adopted adults who searched for biological families desired to replace their adoptive families with biological families (Pachenco & Eme, 1993). Some adopted adults reported that they did not want to hurt their adoptive parents and waited to search for biological families until their adoptive parents had died (Pachenco & Eme, 1993).

Silverman and colleagues (1994) suggested that level of and comfort with communication about adoption was associated with adoptive parents' reactions to their adopted children's searches for biological families such that adoptive parents who rejected the idea that their adoptive families were different from biological families and discouraged discussion about adoption could be classified as closed families. These families often were unwilling to acknowledge that adopted children might be different from their adoptive families in any way. When adopted children from closed adoptive families chose to search for their biological families, adoptive parents often reacted with hostility or tried to prevent the search. Open families were characterized by comfortable, positive communication about adoption. Adoptive parents in open families encouraged and/or helped their adopted children search and many of these parents developed relationships with their children's biological families. Adoptive parents in open families were more likely to report that they did not feel they owned their adopted children and

that their adopted children could have caring relationships with biological families without diminishing connections with adoptive families.

Several studies have examined the specific reasons adopted adults search for biological families. The most common reason was life transitions such as getting married or having children. Adopted adults who report life transitions as the reason for searching for biological families generally are seeking medical information or a better understanding of themselves (Campbell et al., 1991; Pachenco & Eme, 1993). Other adopted adults report that they searched simply to contact and meet individuals with whom they were biologically related (Stawarski et al., 1990).

Reunions between adopted adults and biological families also have been studied. Most adopted adults report that reunions with biological families (usually biological mothers) were positive experiences involving warm, welcoming initial contacts. Others report feeling disappointed with their contact with biological families. A small percentage of biological families members reject adopted adults or refuse to accept contact (Campbell et al., 1991). Disappointment might be associated with high expectations developed by adopted adults based on high preoccupation with and greater fantasizing about biological families (Grotevant, 1997; Stawarski et al., 1990). Many adopted adults report that contact with biological families increased their self-esteem and improved communication and support within their adoptive families (Starwarski et al., 1990).

All the studies discussed in the previous section involved individuals adopted in infancy. No studies have examined identity development among special needs/older

adopted children. The following section reviews information regarding identity

development among children in foster care in order to understand the experiences of

children adopted out of foster care and factors that potentially influence their identity

development.

Studies of identity development among children in foster care have focused on

negative self-identities often developed by these children and factors linked with the

development of negative self-identity. Several studies of adolescents in long-term foster

care (foster care continuing for more than 1 year) have indicated that foster care has a

detrimental impact on identity development (Kools, 1997; Lyman & Bird, 1996; Saladu-

Din & Bollman, 1994). In a study of 116 adolescents in long-term care, participants were

asked whether they agreed or disagreed with statements regarding self-esteem and self-

worth (Salahu-Din & Bollman, 1994). Over half of foster care adolescents agreed with

statements such as "I am no good," "There's a lot wrong with me," and "I'm not much

good at anything." However, over 70% of foster care adolescents disagreed with the

statement "I think I am no good at all." This contradiction was addressed in a similar

study examining the self-perceptions of adolescents in foster care. In qualitative

interviews, foster care adolescents emphasized the devaluation they experienced due to

the institutional structure of foster care and stereotypical views of foster children (Kools,

1997). Adolescents perceived the institution of foster care as focusing on pathology and

deviance, with little consideration of or respect for individuals in foster care, which

impacted the ability of foster adolescents to develop positive identities. Adolescents

described 'foster child' as a label which ascribed innate abnormality, damage, or badness

and felt that others assumed they were delinquent or psychologically impaired and these characteristics had led to their placement in foster care. Such experiences of devaluation might explain the contradiction of foster adolescents' agreement with statements such as 'I am no good' and disagreement with the statement 'I think I am no good at all.' These adolescents might have been told by others that they are no good or good for nothing because of their foster child status and might believe that the world views them as valueless. However, they might personally feel themselves to be worthy and valuable individuals, prompting them to disagree with a statement focusing on their perceptions of themselves rather than others' perceptions of them. In addition, positive identity development among adolescents in foster care has been linked with fewer foster care placements and shorter overall stays in foster care (Lyman & Bird, 1996). It might be that adolescents who spend less time in foster care or experience more stable placements face fewer incidences of devaluation than do those who spend more time in foster care and/or experience multiple placements.

Having considered research focusing on the well-being of adopted children and factors linked with well-being, I now turn to an examination of parenting in special needs adoptive families.

Adoptive Parenting

Studies of adoptive parenting have focused primarily on adoptive parents'

characteristics, psychological adjustment to adoption, and experiences of parenting. A

growing body of literature has established the bi-directional nature of parent-child

relationships indicating that not only do parents impact their children's development and

behavior, but children's attitudes, personalities, attributes, and behavior affect parents'

well-being (Abidin, 1990; August, Braswell, & Thuras, 1998; August, Realmuto,

MacDonald, Nugent, & Crosby, 1996; Bell, 1971; Bell & Chapman, 1986; Frankel &

Harman, 1996; Lamb, 1999). However, few researchers have examined the impact of

adopted children's attributes and behavior on adoptive parents; particularly how adoptive

parents view their families and their own parenting.

The majority of available data concerning adoptive parents relies on adoptive

mothers' reports. No studies could be found focusing on the experiences of adoptive

fathers. However, one researcher interviewed foster fathers regarding their views

concerning fathering foster children. Many fathers felt that parenting foster children was

similar to parenting biological children. Good fathers were described as dependable,

supportive, protective, providing children with guidance, and teaching appropriate

societal values. However, fathers stressed that foster children often need special attention

and clear examples of positive father-child relationships (Inch, 1999).

Adoptive parent characteristics. Parents adopting infants are most likely to be

White married couples. They are likely to be older, have greater educational attainment,

and have higher incomes than biological parents with children of similar ages (Adamec &

Pierce, 1990). Infertility is the most common reason couples choose to adopt infants. Many infertile couples undergo years of fertility tests and procedures that often are physically and psychologically painful before making the decision to adopt. Some professionals suggest that infertile couples often choose adoption as a last alternative for family formation and might not have dealt with the pain and loss associated with the inability to have biological children (Adamec & Pierce, 1990). As a result, adoptive parents might feel insecure about parenting 'someone else's children;' a feeling exacerbated by social perceptions that adoptive parents are not 'real' parents because they are not linked genetically to their adopted children (Miall, 1987).

Although still limited, the majority of adoptive parenting research has examined characteristics and experiences of parents who adopt special needs children. Adoptive parents of special needs children, as compared to adoptive parents of infants, tend to be older, have lower education attainment, and lower incomes. The majority of parents who adopt special needs children have biological children in their families and were foster parents to their adopted children. Single parents and minority parents are more likely to adopt special needs children than to adopt infants (Adamec & Pierce, 1990). Altruism is the most common reason given by adoptive parent for adopting special needs children. Adoptive parents of special needs children often report feeling socially responsible, responsible for helping others in need, obliged to be useful to the community, and that they have good families and stable homes to offer children without homes or families (Unger, Deiner, & Wilson, 1991).

Demographic characteristics of parents have been associated with adjustment among adoptive families of special needs children. Specifically, minority parents, parents with lower educational attainment, parents of lower socioeconomic backgrounds, and single parents report higher levels of family adjustment among special needs adoptive families (McDonald et al., 2001; Rosenthal & Groze, 1990). Parents who adopt their foster children have extremely low adoption disruption rates (Festinger, 1990). In addition to demographic characteristics, personal characteristics, abilities, and experiences among adoptive parents have been linked to more positive outcomes for special needs children.

In a study of special needs adoptive families, parents were asked what characteristics or experiences they felt were necessary for parents adopting special needs children. The majority of adoptive parents stressed that patience was essential for parenting special needs/older children. In addition, 30% of parents felt that developmental training and experience with special needs individuals were desirable for parents adopting children out of foster care (Unger et al., 1991). Almost three-quarters of parents who adopt special needs children report being active in church and feeling that church membership and activities provide them emotional and instrumental support (Erich & Leung, 1998; Unger et al., 1991). Religious involvement has been linked to more positive family functioning in special needs adoptive families.

Experiences of parenting among adoptive parents. Strong social support networks have also been associated with more positive outcomes for parents who adopt special needs children (MacDonald et al., 2001; Rosenthal & Groze, 1990; Unger et al.,

1988). The social networks of special needs adoptive mothers are similar to those of

other mothers in that they are made up primarily of family and friends (Kramer &

Houston, 1998). However, special needs adoptive mothers tend to include a greater

number of formal support relationships in their social networks than do other types of

mothers (Bird et al., 2002). Kramer and Houston (1998) indicated that special needs

adoptive mothers often turn to doctors, therapists, caseworkers, and teachers for

instrumental and informational support on parenting their adopted children. For special

needs adoptive mothers, social support from family and friends has been found to

mediate as well as moderate the association between special needs adopted children's

problem behavior and adoptive mothers' levels of parenting stress (Suarez & Baker,

1997). In the moderated association, for adoptive mothers who reported lower levels of

social support, higher levels of children's problem behavior were associated with higher

levels of parenting stress. However, for mothers who reported higher levels of social

support, no association was found between children's problem behavior and levels of

parenting stress. This suggests that social support might buffer adoptive mothers

parenting particularly difficult children. In the mediated association, higher levels of

children's problem behavior were associated with lower levels of social support, which in

turn were associated with higher levels of parenting stress. This relationship suggests

that the behavior of particularly difficult children might discourage adoptive mothers'

social network members from offering adoptive mothers support they need to cope with

their children's problem behavior. However, these mothers are in most need of strong

support networks. Some adoptive mothers blame their closest family and friends for the

lack of support offered. In interviews discussing social support, adoptive mothers reported that social network members mistakenly perceived them as competent parents and withheld much needed support (Bird et al., 2002).

In addition to stress experienced due to inadequate social support, special needs adoptive parents often report high levels of parental stress due to their children's special needs and/or problem behavior. Many adoptive parents do not feel prepared to deal with their adopted children's special needs and/or behavior problems. Some parents report that they disregarded warnings from their social workers about possible difficulties (Valentine, Conway, & Randolph, 1988). However, most special needs adoptive parents feel that their social workers did not give them complete information about their children's special needs and/or problem behavior. A study of 797 adoptive parents found that 1 in 3 parents felt they were given insufficient background information about their children (Rosenthal & Groze, 1990). These parents reported more negative feelings about their adopted children and poor family adjustment to adoption. Adopted children's problem behavior, particularly attention problems and internalizing behavior, have been linked with parental stress among adoptive parents. Previous analyses of the data set used in the current project indicated that adoptive mothers whose children exhibit higher levels of attention problems report higher levels of parental stress. In turn, adoptive mothers who report higher levels of parental stress also report lower feelings of parenting competence. For adoptive mothers whose children exhibit higher levels of internalizing behavior such as depression or anxiety, higher levels of stress are associated with lower feelings of competence. However, for adoptive mothers who did not report higher levels

of stress associated with their children's internalizing behavior, parental stress was not associated with competence. This suggests that adoptive mothers who experience higher levels of parental stress and whose children exhibit more problem behavior might feel less capable of parenting their children (Eanes & Fletcher, In Press). Lower feelings of competence associated with children's problem behavior might impact parent-child relationships among adopted children and adoptive parents.

Several studies have examined parent-child relationships among families who adopt special needs children. Unger and colleagues (1991) reported that about 70% of adoptive parents report that emotional attachment to children was their primary reason for adopting. The majority of special needs children are adopted by their foster parents. In interviews, foster fathers reported that they knew they should not become attached to their foster children because most foster care arrangements are temporary (Inch, 1999). However, most foster fathers found that they quickly became attached to the children placed in their homes. It might be that foster parents who have become attached to their foster children are more likely to adopt when the children become available for adoption.

In a longitudinal study of special needs adoptive families, most parents reported positive relationships with their adopted children. About 60% of parents reported that they felt close to and got along very well with their children. Three years later, parents continued to report slightly lower, but still positive, relationships with their children. Rosenthal and Groze (1994) suggested that this slight reduction in positive relationships might be due to children having reached adolescence between the two time points. However, parents who reported positive relationships with their children at Time 1

48

tended to report continued positive relationships with their children at Time 2. Parents who reported negative parent-child relationships at Time 1 tended to report more negative relationships at Time 2. Negative parent-child relationships have been linked with parents' feelings of control with respect to their children in nonadoptive families (Lovejoy, Verda, & Hays, 1997). However, adoptive parents' feelings of control in the parent-child relationship have been examined primarily in the context of open adoption. The open adoption literature suggests that the addition of biological families into adoptive family systems impacts the control adoptive parents' feel they have with respect to their adopted children's behavior, attitudes, and development.

Open Adoption

An experience unique to adoptive parents is knowledge that adopted children have another set of parents. Most research on open adoptions (adoptions in which adoptive and biological families of adopted children maintain contact or share identifying information) has involved families adopting infants. These studies have focused on frequency and type of contact between adoptive and biological families, adopted children's adjustment as associated with open adoptions, and adoptive parents' experiences and feelings with regards to parenting in open adoptions.

Definitions of Openness

Confidential adoptions are adoptions in which records and identification of adoptive and biological families are sealed and can not be accessed without a court order. Often court orders only allow access to nonidentifying information such as medical or health records or heritage information. Open adoptions are adoptions in which adoptive

and biological families have some form of contact either before or after children are

placed in adoptive homes. However, open adoptions may differ based on type of contact,

who is involved in contact, and form of contact. Type of contact in open adoptions often

is discussed in term of openness which is a continuum that ranges from biological

mothers selecting adoptive parents for their infants, to adoptive and biological families

meeting without exchanging identifying information, to exchanges of letters,

photographs, and/or telephone calls with or without mediators such as the adoption

agencies, to frequent, unmediated, face-to-face contacts (Grotevant & McRoy, 1998).

The extent and duration of openness often is designated before adopted children are

placed with adoptive families. However, openness often fluctuates over time. The most

common change is a decrease in contact between families. Adoptive parents report that

biological mothers often make decisions to end contact a few years after placement

(Grotevant & McRoy, 1998). Many open adoptions involve provision of identifying

information about adoptive parents to biological mothers who select adoptive families for

their infants (Adamec & Pierce, 1991). In these cases, either adoptive parents are given

only nonidentifying information about biological mothers and families rarely have actual

contact, or adoptive parents and biological mothers meet face-to-face a few times but do

not share any additional information. Most open adoptions involve the exchange of

letters, information, photographs, and possibly telephone calls. These exchanges often

occur between adoptive parents and biological families without adopted children's

knowledge (Grotevant & McRoy, 1998). Although openness generally involves contact

among adoptive and biological mothers, other biological family members also might have contact with adoptive parents.

Brief History of Issues Surrounding Closed and Open Adoption

Historically, adoptions were open processes not only among biological parents and adoptive parents but also within the community. Due to the prevalence of unwed mothers and infertile couples involved in adoptions early in the twentieth century and the stigma associated with illegitimacy and infertility, state policies began to require adoptions be confidential to protect the reputations of biological mothers, their 'illegitimate' children, and the families that adopted children. By the 1930s, adoption records were ordered by courts to be sealed in most states. In confidential, or closed, adoptions, biological parents and adoptive parents shared no identifying information, such as names, addresses, or specific occupations with each other or adopted children. When adoptions were finalized, original birth certificates were sealed and new birth certificates were issued with adoptive parents recorded as birth parents. Sealed records can be opened only by a court order (Adamec & Pierce, 1991).

In the 1970s, adopted adults began to meet in small groups around the country to discuss feelings of loss with regards to family histories and personal identities. At the same time, groups of biological parents who had relinquished children began to meet to share concerns and curiosities about their 'lost' children. The result of these meetings was a campaign for opening of adoption records without the need of court orders (Adamec & Pierce, 1991).

A growing body of research has been generated on both sides of this debate. Individuals who argue against opening adoption records believe that open records are an invasion of privacy. Advocates of sealed records believe that confidentiality allows biological parents to move on with their lives without the continued reminders and pain associated with the loss of relinquished children and allows adoptive parents to feel that their adopted children are truly their own. Proponents of open adoption records believe that all current adoptions should be open, meaning that biological parents and adoptive parents should share identifying information from the beginning of adoption processes. Advocates of this position argue that open adoptions allow biological parents to know that their relinquished children are safe and happy and provide adopted children access to information about their family backgrounds (Adamec & Pierce, 1991).

Current Arguments and Research For and Against Open Adoptions

Most agencies urge biological parents to provide genetic and medical information for the children they relinquish for adoption. However, providing identifying information traditionally has been discouraged. Those against mandatory or suggested open adoption consider open records an invasion of biological parents' privacy and argue that continued connection with relinquished children is a constant reminder of loss that inhibits biological parents' abilities to move on with their lives. Confidentiality is said to protect biological mothers' rights to privacy by allowing them to sever ties with their relinquished children and guaranteeing that children cannot intrude on their lives in the future (Avery, 1998). Some biological mothers in open adoptions experience longer grieving periods because their relinquished children continue to be physically and

psychological present (Partridge et al., 1986). Because many adoptive couples have experienced fertility problems, confidential adoptions also are seen as protecting the privacy of parents who might not wish to share personal matters with the general public by announcing that their children are adopted. Some adoptive parents have expressed concerns regarding issues that originally prompted the sealing of adoption records: biological mothers advertising and selling their children, biological families reclaiming adopted children, adoptive parents experiencing stigmatism due to infertility, and adopted children experiencing stigmatism due to illegitimacy. Opponents argue that open adoption causes confusion of family roles and boundaries (who is "in" the family and who is not) (Blanton & Deschner, 1990; Fravel et al., 2000). In addition, open adoption is said to lead to adopted children struggling with loyalties and allegiances involving their biological and adoptive families as well as asking "Whose child am I?" (McRoy & Grotevant, 1991; Partridge et al., 1986). Conflicting value systems between adoptive parents and biological parents might add to adopted children's confusion (Avery, 1998). Many professionals believe that when biological parents continue contact with relinquished children, adoptive parents feel less entitled to parent their children, greater insecurity that biological parents might reclaim their children or replace them in the lives of their children, and greater difficulty developing attachments to their children (Grotevant et al., 1994; Kaye & Warren, 1988; Kraft et al., 1985; Partridge et al., 1986). Adoptive parents in closed adoptions have reported that the confidentiality in adoptions and control over information are important factors in their comfort with adoption (Grotevant et al., 1994). Other adoptive parents in open adoptions complain about the

53

time and energy required to maintain open contact because biological mothers begin to feel like extended family and young biological mothers often look to the adoptive parents of their infants as surrogate parents (Berry et al., 1998; Churchman, 1986; Silber & Dorner, 1990). In addition, the presence of biological parents potentially hinders bonding and attachment processes between adoptive parents and their children (Avery, 1998).

Supporters of open adoptions often refer to adoption situations before the 1930s when adoptive parents and biological parents negotiated terms of adoption face to face. Arguments for open adoptions suggest that the problems of adoption present before the sealing of records, such as the selling of infants and biological parent reclamation, can be avoided in today's 'enlightened' society. Open adoptions are seen as positive alternatives for everyone involved in adoption processes: biological parents, adopted children, and adoptive parents. For example, biological parents relinquishing infants often have more control with regards to the adoptive families of their children and fewer worries about the well-being of their children (Frasch et al., 2000; Fravel et al., 2000; Sobol, Daly, & Kelloway, 2000). Many professionals believe open adoption is a more humane approach to adoption than the sealing of records. They argue that adopted individuals should not have to struggle with issues of identity or biological parent searches but instead should have access to information about their biological roots as questions arise rather than retrospectively in adulthood when they are allowed to search for biological parents (Berry et al., 1998). Kuhns (1994) argues that biological family information belongs to adopted children and that sealed records take away adopted children's right to privacy by denying access to personal information based on a legal process completed without children's

consent. Adopted adolescents report fewer difficulties with identity development when information about biological parents is available (Wrobel, Ayers-Lopez, Grotevant, McRoy, & Freidrick, 1996). Supporters of open adoptions suggest that adopted children who have contact with their biological families are more likely to understand why they were relinquished and see biological parents' limitations and problems that might have led to adoptive placement (Berry et al., 1998; Howard & Smith, 2003).   Adoptive parents in open adoptions generally report more positive parenting experiences and fewer fears regarding biological families than do adoptive parents in closed adoptions. Several studies focusing on adoptive parents' fear of biological parent reclamation found that adoptive parents in open adoptions have fewer fears of reclamation than do parents in closed adoptions (Berry, 1993; Grotevant et al., 1994).

Supporters of open adoption also stress the importance of contact with biological families for children adopted at older ages. Often, these children have had meaningful relationships with their biological families. Many professionals believe that contact with biological families after adoptive placement might reduce adopted children's sense of loss and/or shame and feelings of responsibility for separation from biological families (Howard & Smith, 2003). In addition, many children adopted at older ages are adopted by their foster parents who might have had contact with biological families during foster placement and efforts at reunification (Frasch et al., 2000). Few studies have focused on open adoption of former foster children. Studies examining parental contact during foster care can offer some insight into the impact of open adoption in older/foster child adoption. Colon (1978) argued that contact with biological parents during foster care is

similar to that occurring after adoption with regards to children's perception of biological

parents as 'real people.' Contact increases the possibility that foster and adopted children

see and understand the problems and limitations of their biological parents. Several

studies indicated that contact with biological parents improves children's adaptation to

foster care placement and reduces emotional and behavior problems for children in short-

term foster care (Cantos, Gries, & Slis, 1997; Fanshel, Finch, & Grundy, 1990; Fanshel &

Shinn, 1978). Berry (1993) reported similar results for children adopted at older ages.

However, children in long term care, which could be compared to adoption, exhibited

more problematic behavior when experiencing contact with biological parents. It has

been hypothesized that children with behavior problems might come from more

dysfunctional biological families which in turn could increase the likelihood of long-term

foster care and termination of parental rights (Fanshel et al., 1990; Leathers, 2003).

However, no research studies examining this possibility could be found.

Prevalence of Closed Adoptions versus Open Adoptions

Open adoptions generally consist of informal agreements between adoptive

families and biological families. Without formal record keeping, it is difficult to know

how prevalent open adoption might be among adoptive families. Although several

studies, including the Minnesota-Texas Adoption Research Project (MTARP), have

examined open adoption among infant adoptions (Grotevant & McRoy, 1998), only one

study, the California Long-Range Adoption Study (CLAS), was found that examined

open adoption among adoptive families of special needs, foster, or older children. Within

the CLAS sample of 1,396 adoptive families (most adopting special needs or foster

infants), about 66% of families reported some contact with biological families (Berry, 1991). Thirty-five percent of adoptive families reported face-to-face contact with biological families. More common, about 80% of families with contact shared pictures and letters with biological families. A more recent study using data from the CLAS project focused on 231 families who adopted foster children (Frasch et al., 2000). Most of the adopted foster children were adopted before their first birthdays. Forty-eight percent of these families reported having contact with biological families. Contact was most likely to be through letters or telephone calls and to involve biological siblings and biological grandparents rather than biological mothers and fathers.

Demographic Characteristics of Adoptive Families Associated with Type of Adoption

The absence of formal records creates difficulty in ascertaining demographic characteristics of adoptive families who choose open adoptions. Examination of samples from research studies indicates that White adoptive families are more likely than minority families to have open adoptions (Avery, 1998; Frasch et al., 2000). Although children adopted as infants are more likely to be in open adoptions, among children with contact, children adopted at older ages are more likely to have face-to-face contact with biological families rather than contact via letter or telephone calls (Berry et al., 1998; Frasch et al., 2000). Parents with higher levels of education are less likely to have contact with their adopted children's biological families (Avery, 1998). Although foster parents are more likely to have had contact with biological families during foster care placement, adoptive foster parents are not more likely to have contact with biological families after placement.

In the sample of 1,396 adoptive families, only 28% of adoptive foster parents reported contact with their adopted children's biological families (Berry, 1993).

Experiences of Parenting Associated with Type of Adoption

Studies examining adoptive parenting as related to open versus closed adoptions most often focus on aspects of adoptive parent-adopted child relationships, specifically adoptive parents' sense of entitlement, permanence, and control in parent-child relationships. Findings regarding associations between adoptive parenting and open adoption in adoptive families have been contradictory. Many studies find no differences in parent-child relationships within adoptive families in closed adoptions versus open adoptions (Berry et al., 1998; Frasch et al., 2000). Grotevant and colleagues (1994) found no differences in adoptive parents' sense of power and control within families in closed adoptions versus open adoptions. Other researchers found that parents with open adoptions report more positive parent-child relationships, including a greater sense of permanence in the relationship (Grotevant et al., 1994), greater feelings of entitlement (McRoy et al., 1988), and a greater sense of control and empowerment as parents (Berry, 1993, Berry et al., 1998). Differences in parenting among parents in closed versus open adoptions might be due to parent characteristics. Parents who feel greater entitlement to parent their adopted children and greater control in their lives might be more likely to choose open adoption. In addition, the experience of open adoption and having specific knowledge of adopted children's biological parents might ease doubts among adoptive parents whereas lack of information in confidential adoptions might cause adoptive parents to worry about, and perhaps fear, unknown biological families.

Contact with Biological Mothers versus Contact with Biological Families

The majority of open adoption research has focused on contact with biological

mothers (Avery, 1993; Berry, 1991; Berry, 1993; Berry et al., 1998; Grotevant & McRoy,

1998; Grotevant et al., 1994). Although contact with biological mothers is more common

than contact with other biological family members among open infant adoptions

(Grotevant & McRoy, 1998), adopted foster children are more likely to have contact with

biological siblings or biological grandparents (Frasch et al., 2000). Among adoptive

families of infants the majority of parents in open adoptions report positive relationships

with biological mothers (Berry, 1991; Berry, 1993; Frasch et al., 2000). Parents of

adopted foster children are more likely to report contact with biological parents as

harmful to adopted children, whereas contact with biological siblings or biological

grandparents generally is considered beneficial to adopted children (Howard & Smith,

2003). No studies could be found that examined the impact of contact with biological

families on the adoptive family system or adoptive parenting among adoptive families of

older children. For adoptive mothers, the inclusion of biological mothers in adoptive

family systems might cause adoptive mothers to feel unsure of their place in their adopted

children's lives (Blanton & Deschner, 1990; Fravel et al., 2000). Societal views that

biological parents are the best parents to raise children - that adoptive parents are not

their children's 'real' parents – might cause adoptive mothers to experience difficulties

parenting their children when biological mothers are present in family systems (Miall,

1987; Wegar, 2000). Inclusion of other biological family members such as biological

siblings or biological grandparents in adoptive family systems might have less of an

impact on adoptive mothers' feelings with regards to parenting their children because these biological family members are less likely to be perceived as competitors in the mothering role (Waterman, 2003).

<div align="center">*Conclusion and Purpose*</div>

Adoption literature indicates that adopted children are at higher risk for a variety of problematic outcomes, particularly problem behavior and difficulties with identity development. Many practitioners and researchers argue that these problems might be exacerbated by adopted children's feelings of loss with regards to their biological parents and propose that these problems might be reduced by open adoption, or adopted children's contact with biological families. Although research studies indicate that children adopted at older ages are at higher risk for problematic outcomes than children adopted in infancy, little is known about open adoptions among families who adopt older children. The purpose of the current study is to examine open adoptions, contact with biological mothers, and children's problem behavior as predictors of perceived parenting competence and perceived parenting efficacy among older child adoptive mothers. Systems theory offers a framework within which to examine adoptive mothers' perspective of open adoption. The creation and maintenance of adoptive family – biological family subsystems, the reminder of their adopted children's former family systems, might impact adoptive mothers' perceptions of their family systems, and their own parenting within adoptive family systems. However, it might be adoptive mother – biological mother subsystems, the presence of additional mothers in adoptive family systems rather than biological families in general, that impact adoptive mothers'

parenting experiences. However, most research that has examined open adoption among infant adoptions and older child adoptions has focused on contact with biological mothers. Of interest is the possibility that additional mothers, rather than additional family members, are disruptive to adoptive mothers' perceptions of their adoptive family systems.

Research Aim 1

Examine adopted children's problem behavior (internalizing, externalizing) and type of adoption (open, closed) as predictors of perceived parenting competence and perceived parenting efficacy among adoptive mothers.

Hypothesis 1

Higher levels of children's problem behavior (internalizing, externalizing) and open adoption will both be associated with lower perceived parenting competence and less perceived parenting efficacy among adoptive mothers.

Hypothesis 2

Open adoption status will moderate associations between children's problem behaviors (internalizing, externalizing) and perceived parenting competence and perceived parenting efficacy.

- For adoptive mothers with open adoptions, higher levels of children's problem behaviors will be associated with lower perceived parenting competence and less parenting efficacy.

- For adoptive mothers with closed adoptions, levels of children's problem behavior will not be associated with perceived parenting competence or perceived parenting efficacy.

Research Aim 2

Examine adopted children's problem behavior (internalizing, externalizing) and contact with biological mothers as predictors of perceived parenting competence and perceived parenting efficacy among adoptive mothers.

Hypothesis 3

Higher levels of children's problem behaviors (internalizing, externalizing) and contact with biological mothers will both be associated with lower levels of perceived parenting competence and less perceived parenting efficacy among adoptive mothers.

Hypothesis 4

Contact with biological mothers will moderate the association between children's problem behaviors (internalizing, externalizing) and both perceive parenting competence and perceived parenting efficacy.

- For adoptive mothers who report contact with biological mothers, higher levels of children's problem behaviors will be associated with lower perceived parenting competence and less perceived parenting efficacy.
- For adoptive mothers who report no contact with biological mothers, children's problem behavior will not be associated with perceived parenting competence, or perceived parenting efficacy.

CHAPTER III

METHODOLOGY

Sample

Participants were 72 adoptive mothers who adopted children between 4 and 16

years of age in two counties in North Carolina. All parents who received adoption

subsidies through the participating counties were contacted by mail, regardless of the age

of their children at adoption. Parents were asked to return a self-addressed stamped

postcard if they had adopted a child over four years old and were willing to participate in

the study. Six hundred and two letters were mailed. Twelve were returned as

undeliverable. One hundred and seventy-five postcards were returned. Nine responses

indicated parents were not interested in participating in the study. Responding parents

who indicated interest in the study were contacted by telephone to determine whether

they had adopted a child over four years of age. Fifty-six parents were not eligible to

participate because their children were adopted before their 4th birthdays. I was unable to

contact 25 families who had indicated interest in the project. Eleven responses were

received after data collection was completed. Seventy-five families fit the criteria for the

study and were asked to participate. Due to the record keeping systems in the

participating counties, response rates are difficult to calculate. Based on state

percentages of children adopted out of foster care after their fourth birthday,

approximately 50% of the 602 families contacted would have been eligible for the study

resulting in 301 possible participating families (AFCARS, 2002). Recruitment of 75

participating families indicates a 25% participation rate. For 29 families, both mothers

and fathers participated in the project. Nineteen married mothers participated without

their spouses, twenty-four single mothers, two single fathers, and one married father

without his spouse participated. For the current study, only mothers' data were analyzed.

Parents who participated in the study received a $10 gift certificate to a local department

store as compensation for their time. Mothers ranged in age from 30 to 75 years, with

children ranging in age from 4 to 19 years. Socioeconomic status (SES) was determined

using the Hollingshead (1975) procedure. Scores ranged from nine (unskilled laborers)

to 66 (major business persons and professionals) with an average of 40.18 (medium

business, minor professional, technical). Sixty-seven percent (n = 48) of the adoptive

mothers who participated were married and 33% (n = 24) were single. The sample was

60% (n = 43) White mothers and 40% (n = 29) Black mothers. Fifty-seven percent (n =

41) of mothers adopted their foster children. Fifteen percent (n = 11) of families had

been involved in transracial adoptions with White mothers adopting Black or biracial

children.

　　　Fifty-eight percent (n = 42) of the sample had open adoptions. Adoptive mothers

most often reported contact with biological mothers (76% of those who reported contact;

n = 32), followed by biological siblings (57% of those who reported contact; n = 24),

extended biological family members (43% of those who reported contact; n = 18), and

biological fathers (29% of those who reported contact; n = 12). Figure 1 shows the

variety of combinations of biological family member with whom adoptive families had

contact: most common was contact with biological mothers and siblings (21% of those

who reported contact; n = 9) and contact with biological mothers and extended family members (17% of those who reported contact; n = 7).

<center>*Procedure*</center>

Adoptive mothers living within 2-hours driving distance of the researcher (*n* = 65) provided demographic information about their families and completed questionnaires and a qualitative interview in their own homes. Mothers living outside of North Carolina or at too great a distance to drive (*n* = 7) provided questionnaire, qualitative interview, and demographic information during a telephone interview with the researcher.

<center>*Measures*</center>

Demographic Information.

Demographic information was obtained during parental interviews and included information about parents' ages, ethnicity, educational levels, and occupations. A family roster of individuals living in the household was completed, including ages and ethnicity of children and children's relationships to parents (biological child, adopted child, foster child, other relative), length of time children had been in the home, length of time children had been adopted (for adopted children), and the presence or absence of special needs. For households containing more than one older adopted child, the older adopted child closest to the age of 12 years was identified as the target child for the study.

SES was calculated using Hollingshead's (1975; see Appendix B) procedure. Parents' educational levels were coded on a 7-point scale ranging from *did not attend beyond 7th grade* (*1*) to *graduate degree obtained* (*7*). Occupations were coded on a 9-point scale from *unskilled laborers* (*1*) to *major business persons and professionals* (*9*).

Educational level was weighted (multiplied) by three and occupation codes were weighted by five. The weighted educational level and occupation codes were summed for each parent and divided by the number of parents in the household to obtain family SES scores. Final SES scores range from 9 to 66.

Although single mothers' marital statuses included single-never married, single-divorced, and single-widowed, these were all coded as *single* (*0*) because, regardless of status, all single mothers in this study adopted their children as single parents. Married mothers' status was coded as (*1*). Ethnicity for mothers was coded as *Black* (*0*) and *White* (*1*). Comparison of mothers' and target children's ethnicity was used to code adoption type as *same racial* (*0*) or *transracial* (*1*).

Open Adoption and Contact with Biological Families.

Type of adoption (open, closed) was obtained during qualitative interviews based on mothers' answers to the qualitative interview question, "Do you or your adopted child have contact with his/her biological family?" Follow up questions varied based on mothers' answer to the initial question. Type of adoption was coded as *closed adoption* (*0*) or *open adoption* (*1*). Open adoptions present potential relationships with four individuals or groups of individuals: biological mothers, biological fathers, biological siblings, and extended biological family (i.e., grandparents, aunts, uncles, cousins). Whether there was knowledge of/contact with each biological family member or group of members was coded as *no knowledge of/contact with (0)* or *have knowledge of/contact with (1)*.

Children's Problem Behavior.

Children's internalizing behavior and externalizing behavior was measured by mothers' reports on the 118-item Problem Item questions of the *Child Behavior Checklist (CBCL)* (Achenbach & Edelbrock, 1983; see Appendix C). The *CBCL* is a standardized clinical measure used in a variety of settings to assess a broad spectrum of child problems. The Problem Items questions yield two subscales: Internalizing behavior subscale (alpha = .85) and Externalizing behavior subscale (alpha = .92). Sample items for the internalizing subscale include "clings to adults or too dependent," "doesn't eat well," and "refuses to talk." Sample items for the externalizing subscale include "acts too young for his/her age," "destroys things belonging to his/her family or others," "impulsive or acts without thinking," and "poor schoolwork." For all items on all scales, mothers indicated whether their child exhibited a given behavior on a 3-point scale ranging with *not true (as far as you know) (0), somewhat or sometimes true (1)*, *and very true or often true (2)*. Item scores were summed to create subscales. Higher scores on these subscales indicated higher levels of problem behavior.

Perceived Parenting Competence.

Mothers completed the 13-item Parenting Competence subscale (alpha = .78) of the *Parenting Stress Index (PSI)* (Abidin, 1990; See Appendix D). The *PSI* has been used to assess parenting stress in a variety of families including adoptive families (Mainemer et al., 1998). The Parenting Competence subscale assesses parents' feelings regarding their ability to parent their children. Mothers responded to statements on a 5 point Likert type scale ranging from *strongly disagree (1) to strongly agree (5)*. Sample

statements include: "Being a parent is harder than I thought it would be," "I feel that I am

successful most of the time when I try to get my child to do or not to do something," and

"I feel capable and on top of things when I am caring for my child." Higher scores

indicated greater perceived parenting competence.

Perceived Parenting Efficacy.

Mothers completed the 19-item *Parental Locus of Control Index* (Campis,

Lyman, Prentice-Dunn, 1986; alpha = .80; see Appendix E). This scale assesses parents'

feelings of efficacy with regards to target children. Mothers rated agreement with

statements about parental efficacy of children on a 6-point Likert type scale ranging from

disagree strongly (*1*) to *agree strongly* (*6*). Item scores were summed. Higher scores

indicated feelings of greater perceived parental efficacy with respect to target children.

Sample statements include "I am often able to predict my child's behavior in certain

situations" and "It is not too difficult to change my child's mind about something."

Plan of Analysis

Hierarchical linear regression analyses were conducted predicting perceived parenting

competence and perceived parenting efficacy controlling for demographic and family

characteristics (adoptive mother ethnicity, adopted child age, adoptive family SES,

adoptive family transracial adoptive status, adoptive mother foster parent status). Prior to

regression analyses involving interaction variables, continuous variables of children's

internalizing behavior, children's externalizing behavior, parenting competence, and

parenting efficacy were centered to zero by subtracting the sample mean score (for each

variable) from each mothers' score (for each variable).

Research Aim 1

For Step 1 of each analysis, demographic characteristics were entered as predictors of perceived parenting competence and perceived parenting efficacy. Demographic characteristics not associated with perceived parenting competence or perceived parenting efficacy were dropped for subsequent steps of analyses. For Step 2, children's problem behavior (externalizing or internalizing) and type of adoption were entered as predictors of perceived parenting competence and perceived parenting efficacy. For Step 3, interactions of children's problem behavior and type of adoption were entered as predictors of perceived parenting competence and perceived parenting efficacy.

Research Aim 2

For Step 1 of each analysis, demographic characteristics were entered as predictors of perceived parenting competence and perceived parenting efficacy. Demographic characteristics not associated with perceived parenting competence or perceived parenting efficacy were dropped for subsequent steps of analyses. For Step 2, children's problem behavior (externalizing or internalizing) and contact with biological mother were entered as predictors of perceived parenting competence or perceived parenting efficacy. For Step 3, interactions of children's problem behavior and contact with biological mother were entered as predictors of perceived parenting competence and perceived parenting efficacy.

CHAPTER IV

RESULTS

Rosnoe and Rosenthal (1989) argued that in social science research, important findings might be overlooked based on the traditional use of *p* values less than 0.05 as the basis upon which null hypotheses are accepted. Due to the small sample size of the current project, resulting in low power for statistical analyses, as well as the exploratory nature of the project, $p < .10$ was adopted as the criterion for failing to accept the null hypothesis.

Descriptive Statistics and Bivariate Correlations among Children's Problem Behavior

and Perceived Parenting Variables

Table 1 presents means, standard deviations, and ranges for children's internalizing behavior, children's externalizing behavior, perceived parenting competence, and perceived parenting efficacy for the full sample (n=72). Point biserial correlations were calculated for dichotomous variables (open adoption, contact with biological mothers, adoptive mother ethnicity, foster parent status, and transracial adoptive status). Pearson correlations were calculated for continuous variables (adopted child age, adopted family SES, children's internalizing behavior, children's externalizing behavior, perceived parenting competence, and perceived parenting efficacy). Table 2 presents patterns of intercorrelation for open adoption, contact with biological mothers, adoptive mother ethnicity, adopted child age, adoptive family SES, foster parent status,

transracial adoptive status, children's internalizing behavior, children's externalizing behavior, perceived parenting competence, and perceived parenting efficacy for the full sample (n=72). Mother ethnicity was associated with open adoption indicating that White mothers are more likely to have open adoptions than are Black mothers. However, mother ethnicity was not associated with contact with biological mothers indicating that there were no ethnic differences in contact with biological mothers. Child age was positively associated with contact with biological mothers indicating that adoptive mothers with older children were more likely to have contact with biological mothers than were adoptive mothers with younger children. Mother ethnicity was associated with children's internalizing behavior, children's externalizing behavior, parenting competence, and parenting efficacy. White mothers were reported that their children exhibited higher levels of internalizing and externalizing behavior than did Black mothers. White mothers also reported lower levels of parenting competence and parenting efficacy than did Black mothers. SES was positively associated with children's internalizing behavior, parenting competence, and parenting efficacy. Mothers from higher SES families reported that their children exhibited higher levels of internalizing behavior and perceived themselves as being less competence and less efficacious as parents. Children's internalizing behavior and children's externalizing behavior were positively associated, indicating that adopted children who exhibited higher levels of internalizing behavior tended to exhibit higher levels of externalizing behavior. Perceived parenting competence and perceived parenting efficacy were positively associated. Adoptive mothers who reported greater perceived parenting competence

71

reported greater perceived parenting efficacy. Perceived parenting competence and perceived parenting efficacy were negatively associated with both problem behaviors. Adoptive mothers who reported higher levels of perceived parenting competence and perceived parenting efficacy tended to have children who exhibited lower levels of problem behavior.

Table 3 presents means, standard deviations, and t-tests for target child age, family SES, children's internalizing behavior, children's externalizing behavior, perceived parenting competence, and perceived parenting efficacy comparing mothers in closed adoptions (n=30) and mothers in open adoptions (n=42). T-tests indicated no differences between mothers in closed adoptions and mothers in open adoptions. Table 4 presents means, standard deviations, and t-test results for target child age, family SES, children's internalizing behavior, children's externalizing behavior, perceived parenting competence, and perceived parenting efficacy comparing mothers with no contact with biological mothers (n=40) and mothers with contact with biological mothers (n=32). T-tests indicated that the mean child age among mothers with contact with biological mothers was higher than the mean child age among mothers with no contact with biological mothers, t (70)=-1.83, $p<0.10$, suggesting that mothers of older children are more likely to have contact with biological mothers.

Demographic and Family Characteristics as Potential Moderators of Associations

between Open Adoption and Contact with Biological Mothers

and Perceived Parenting Variables

Hierarchical linear regressions were conducted to examine whether demographic or family characteristics (adoptive mother's ethnicity, adopted child's age, adoptive family's SES, foster parent status, and transracial adoption status) might moderate associations between open adoption/contact with biological mothers and perceived parenting competence/perceived parenting efficacy. In Step 1 of each regression, demographic/family characteristics and open adoption or contact with biological mothers were entered as predictors of perceived parenting competence and perceived parenting efficacy. In step 2, the interaction of each demographic/family characteristics and both open adoption and contact with biological mothers was entered. If an interaction was significant, t-tests were conducted to compare the means of perceived parenting competence or perceived parenting efficacy across demographic/family characteristic groups. Table 5 shows the unstandardized regression coefficients, standard errors, and standardized regression coefficients for regression analyses conducted to examine adoptive mother's ethnicity, adopted child's age, family SES, foster parent status, and transracial adoption status as possible moderators of the relationship between open adoption/contact with biological mothers and perceived parenting variable. Table 6 shows means and standard deviations for follow-up t-tests.

No demographic or family characteristics moderated the relationship between open adoption and perceived parenting competence or perceived parenting efficacy.

Child age, family SES, foster parent status, and transracial adoptive status did not moderate the associations between contact with biological mothers and perceived parenting competence or perceived parenting efficacy. Adoptive mother ethnicity moderated the association between perceived parenting competence and contact with biological mothers, $t(68) = -1.86$, $p < 0.10$, and perceived parenting efficacy and contact with biological mothers, $t(68) = -2.13$, $p < 0.05$. T-tests indicated that White adoptive mothers who reported contact with biological mothers reported lower perceived parenting competence than White adoptive mothers who reported no contact with biological mothers, $t(41) = 2.27$, $p < 0.05$. No differences were found in perceived parenting competence among Black adoptive mothers. However, Black adoptive mothers who reported contact with biological mothers reported higher feelings of perceived parenting efficacy than did Black adoptive mothers who reported no contact with biological mothers, $t(27) = -1.80$, $p < 0.10$. Based on these findings, Black adoptive mothers and White adoptive mothers were examined separately in subsequent analyses involving perceived parenting competence and perceived parenting efficacy.

Demographic and Family Characteristics Associated with Perceived Parenting Variables

Table 7 and Table 8 show unstandardized regression coefficients, standard errors, and standardized regression coefficients for regression analyses predicting perceived parenting competence and perceived parenting efficacy, respectively. No demographic or family characteristics were associated with perceived parenting competence within the full sample. When the sample was split by adoptive mother's ethnicity, no demographic or family characteristics were associated with perceived parenting competence among

74

Black adoptive mothers. Among White adoptive mothers, adoptive family SES, t (38) = 1.83, $p < 0.10$, and child age, t (38) =- 2.06, $p < 0.05$, were associated with perceived parenting competence. White adoptive mothers from more disadvantaged backgrounds and White adoptive mothers with older adopted children reported lower levels of perceived parenting competence. In the regression analysis (using the whole sample) in which open adoption was entered as a predictor of perceived parenting competence, no demographic controls were entered. When the sample was split by adoptive mother ethnicity in order to conduct the regression analyses in which contact with biological mothers was entered as a predictor of perceived parenting competence, no demographic controls were entered for Black adoptive mothers. Child age and adoptive family SES were entered as demographic controls for White adoptive mothers.

In the full sample, adoptive family SES and child age were associated with perceived parenting efficacy such that adoptive mothers from more disadvantaged backgrounds, t (66) = 1.81, $p < 0.10$, and adoptive mothers of older adopted children, t (66) = -1.72, $p < 0.10$, reported lower levels of perceived parenting efficacy. When the sample was split by mother ethnicity, no demographic or family characteristics were associated with perceived parenting efficacy for Black adoptive mothers. White adoptive mothers of older adopted children, t (38) =- 2.17, $p < 0.05$, reported lower levels of perceived parenting efficacy. In the regression analysis (using the whole sample) in which open adoption was entered as a predictor of perceived parenting efficacy, adoptive family SES and child age were entered as demographic controls. In regression analyses in which the sample was split by mother ethnicity in order to examine contact with

biological mothers as a predictor of perceived parenting efficacy, child age and adoptive family SES were entered as demographic controls for White adoptive mothers. For Black adoptive no demographic controls were entered.

Direct Associations between Children's Problem Behavior and Perceived Parenting

Variables

Table 8 shows unstandardized regression coefficients, standard errors, and standardized regression coefficients for regression analyses examining children's internalizing behavior, children's externalizing behavior, and open adoption as predictors of perceived parenting competence and perceived parenting efficacy for the full sample (n=72). In the full sample, mothers whose children exhibited more internalizing and externalizing behavior reported lower perceived parenting competence (internalizing: t (69) = -1.84, $p < 0.10$; externalizing: t (69) =- 2.31, $p < 0.05$) and lower perceived parenting efficacy (internalizing: t (67) = -2.53, $p < 0.05$; externalizing: t (67) = -4.76, $p < 0.01$). When the sample was split by mother ethnicity, internalizing and externalizing behavior predicted perceived parenting competence (internalizing: t (38) =- 2.38, $p < 0.05$; externalizing: t (38) = -1.89, $p < 0.10$) and perceived parenting efficacy (internalizing: t (39) =- 1.97, $p < 0.10$; externalizing: t (39) =- 3.70, $p < 0.05$) for White adoptive mothers. White adoptive mothers whose children exhibited higher levels of internalizing and higher externalizing behavior reported lower levels of perceived parenting competence and perceived parenting efficacy. For Black adoptive mothers, externalizing behavior predicted perceived parenting efficacy such that Black adoptive

mothers whose children exhibited more externalizing behavior reported lower levels of perceived parenting efficacy, t (26) =- 2.38, $p < 0.05$.

Direct Associations between Open Adoption, Contact with Biological Mothers, and

Perceived Parenting Variables

No direct associations were found between open adoption and perceived parenting variables (See Table 8 and Table 9). White adoptive mothers who reported contact with biological mothers reported lower levels of perceived parenting competence than did White adoptive mothers who reported no contact with biological mothers, t (38) = -2.34, $p < 0.05$. No association between contact with biological mothers and perceived parenting competence was present among Black adoptive mothers. However, Black adoptive mothers who reported contact with biological mothers reported higher levels of perceived parenting efficacy than did Black adoptive mothers who reported no contact with biological mothers. No association between contact with biological mothers and perceived parenting efficacy was found among White adoptive mothers.

Open Adoption and Contact with Biological Mothers as Potential Moderators of

Associations between Children's Problem Behavior and Perceived Parenting Variables

Table 9 shows unstandardized regression coefficients, standard errors, and standardized regression coefficients for regression analyses examining children's internalizing behavior, children's externalizing behavior, and contact with biological mothers as predictors of perceived parenting competence and perceived parenting efficacy for White mothers and for Black mothers. Open adoption did not moderate associations between children's problem behavior and perceived parenting competence.

Open adoption moderated the association between children's internalizing behavior and perceived parenting efficacy, $t(66) = 2.13$, $p < 0.05$, such that mothers in closed adoptions whose children exhibited more internalizing behavior reported lower perceived parenting efficacy, $r = -0.57$, $p < 0.01$. Among mothers in open adoptions, no association was found between children's internalizing behavior and perceived parenting efficacy. Contact with biological mothers did not moderate associations between children's problem behavior and perceived parenting competence or perceived parenting efficacy.

CHAPTER V

DISCUSSION

The current project examined open adoption and contact with biological mothers, as well as children's problem behavior, as predictors of perceived parenting competence and perceived parenting efficacy among adoptive mothers. Open adoption and contact with biological mothers were also examined as potential moderators of relationships between children's problem behavior and perceived parenting variables. Results of the current project indicate that open adoption and contact with biological mothers impact parenting differently. No direct relationships were found between open adoption and perceived parenting variables. However, open adoption moderated the relationship between children's problem behavior and perceived parenting. Preliminary analyses indicated that Black adoptive mothers and White adoptive mothers experience contact with biological mothers differently. Contact with biological mothers was directly associated with parenting among Black adoptive mothers and White adoptive mothers. However, among Black adoptive mothers, contact with biological mothers was associated with more positive perceptions of parenting efficacy. Among White adoptive mothers, contact with biological mothers was associated with more negative perceptions of parenting competence.

Open adoption was not directly associated with perceived parenting competence or perceived parenting efficacy. Also, open adoption did not moderate associations between children's problem behavior and perceived parenting competence. Open

adoption did moderate the association between children's internalizing behavior and perceived parenting efficacy. In closed adoptions, mothers whose children exhibited more internalizing behavior reported lower levels of perceived parenting efficacy. Children's internalizing behavior was not associated with perceived parenting efficacy for mothers in open adoptions. Open adoption did not moderate the association between children's externalizing behavior and perceived parenting efficacy.

Adoptive mother ethnicity moderated associations between contact with biological mothers and both perceived parenting variables. White adoptive mothers who reported contact with biological mothers reported lower levels of perceived parenting competence than did White adoptive mothers who reported no contact with biological mothers. No contact with biological mother differences were found for Black adoptive mothers' reports of perceived parenting competence. Black adoptive mothers who reported contact with biological mothers reported higher levels of perceived parenting efficacy than did Black adoptive mothers who reported no contact with biological mothers. No contact with biological mother differences were found for White adoptive mothers' reports of perceived parenting efficacy.

Demographic and Family Characteristics Linked to Perceived Parenting Variables

among Adoptive Mothers

Demographic and family characteristics of child's age, mother's ethnicity, and family SES were linked to parenting among adoptive mothers. Among White adoptive mothers, child's age was associated with perceived parenting competence and perceived parenting efficacy such that White adoptive mothers of older children reported lower

80

levels of perceived parenting competence and lower levels of perceived parenting efficacy than did White adoptive mothers of younger children. Studies of adoptive parents indicate that parents of adolescents experience more difficulties with behavior problems than do parents of younger children (Brodzinsky, 1990; Gortevant, Dunbar, Kohler, & Lash Esau, 2000; and Rosenthal & Groze, 1991). In addition, mild behavior problems exhibited in childhood tend to worsen as adopted children enter adolescence (Brodzinsky, 1990; Festinger, 1990; Grotevant et al., 2000; Rosenthal & Groze, 1991). Increasing behavior problems among adopted adolescents might impact their adoptive parents' perceptions of control in parent-child relationships. No association between adopted child's age and parenting was found among Black adoptive mothers. Research suggests that White mothers tend to gradually lose or relinquish parenting efficacy as their children mature (Finkelstein, Donenberg, Martonovich, 2001). Diminishing parenting efficacy has been associated with lower feelings of competence among parents (Lamb, 1999). However, Black mothers are more likely to retain or increase parenting efficacy as their children reach adolescence (Finkelstein et al., 2001). The absence of relationship between child age and parenting among Black mothers might reflect high levels of parenting efficacy among mothers of adolescents as well as children.

White adoptive mothers from more disadvantaged backgrounds reported lower levels of perceived parenting efficacy. Parents struggling due to lack of financial resources are more likely to report feelings of inadequacy in parenting their children (Brooks-Gunn, Britto, & Brady, 1999; Lamb 1999). Although most special needs/older child adoptive families receive support (both monetary and services) for their adopted

children's psychological, medical, developmental, and educational needs, day to day expenses are rarely covered (Kramer & Houston, 1998). The gap between resources and needs might cause adoptive parents to feel out of efficacy in parenting situations. No association between SES and parenting was found among Black adoptive mothers. Black mothers are more likely to have been raised in less advantaged families that White mothers and to have developed resilience and resourcefulness in coping with economic need (McAdoo, 2002; Staples, 1999). These traits might buffer Black mothers such that lack of money or resources might not impact Black mothers' perceptions of their ability to parent or control their children.

Adopted Children's Problem Behavior Linked with Perceived Parenting Variables

among Adoptive Mothers

It was hypothesized that higher levels of adopted children's problem behavior would be associated with lower levels of perceived parenting competence and lower levels of perceived parenting efficacy. Children's problem behavior was associated with perceived parenting competence and perceived parenting efficacy among White adoptive mothers. Among Black adoptive mothers, only children's externalizing behavior was associated with perceived parenting efficacy.

Adopted Children's Internalizing Behavior as Linked with Perceived Parenting Variables among White Adoptive Mothers.

Among White adoptive mothers, children's internalizing behavior was associated with perceived parenting competence and perceived parenting efficacy such that White adoptive mothers whose children exhibited higher levels of internalizing behavior

reported lower levels of perceived parenting competence and lower levels of perceived parenting efficacy than did White adoptive mothers whose children's exhibited lower levels of internalizing behavior. It is difficult to feel in efficacy of children who exhibit internalizing behavior. Often adoptive mothers feel they should be able to fix every child or be in control of every situation (Phares & Danforth, 1994). Mothers whose children exhibit internalizing behavior are confronted with behavior that cannot be restrained, disciplined, or controlled. Mothers who feel helpless in their abilities to support or comfort children exhibiting internalizing behavior, or who cannot eliminate the cause of the internalizing behavior, might question their ability to parent their children well and perceive themselves as less capable parents. Interestingly, no association between adopted children's internalizing behavior and perceived parenting variables were found for Black adoptive mothers. Some researchers have suggested that experiences of racism and discrimination often produce depression and withdrawal among Black individuals, particularly Black children (Staples, 1999). Therefore, Black mothers might be less likely to attribute children's internalizing behavior to their own parenting than to external or societal forces. McAdoo, Martinez, and Hughes (2004) also suggest that due to differences in cultural norms and beliefs, what is considered acceptable or unacceptable behavior and desirable or undesirable parenting might be different among Black mothers than among White mothers. The results of the current project suggest that perhaps among Black mothers, children's internalizing behavior was not perceived as an indicator of parenting abilities as it was among White mothers, but instead, was believed to be a product of forces outside the family system. Based on differing beliefs about parenting

83

and children's problem behavior, Black mothers might not perceive themselves as less able or capable parents when their children exhibit internalizing behavior as do White mothers.

Adopted Children's Externalizing Behavior as Linked with Perceived Parenting Variables among Adoptive Mothers

Children's externalizing behavior was associated with perceived parenting competence among White adoptive mothers, and perceived parenting efficacy among all adoptive mothers. White adoptive mothers whose children exhibited higher levels of externalizing behavior reported lower levels of perceived parenting competence than did White adoptive mothers whose children exhibited lower levels of externalizing behavior. Adoptive mothers (Black mothers and White mothers) whose children exhibited higher levels of externalizing behavior reported lower levels of perceived parenting efficacy than did adoptive mothers whose children exhibited lower levels of externalizing behavior. Many researchers have reported that adopted children are at greater risk for externalizing behavior than nonadopted children (Brodzinsky et al., 1984; McRoy et al., 1988; Rosenthal & Groze, 1990). When children exhibit externalizing behavior, mothers might feel that they cannot influence their children's behavior or actions or that their children are beyond their control (Morton, 1997). Mothers who feel out of control of their children also are more likely to feel less capable of parenting their children well (Morton, 1997). With regard to adopted children's higher risk for problem behavior, Brodzinsky (1987) urges perspective by emphasizing that a higher percentage of adopted children might exhibit clinical levels of problem behavior but the majority of adopted

children function normally. In the current sample, only two children exhibited clinical levels of externalizing behavior.

Open Adoption and Perceived Parenting

It was hypothesized that open adoption would be associated with perceived parenting competence and perceived parenting efficacy such that mothers in open adoptions would report lower levels of perceived parenting competence and lower levels of perceived parenting efficacy. This hypothesis was not supported. Open adoption was not directly associated with perceived parenting variables. It might be that adoptive mothers who choose to adopt older children approach the finalization of the adoption of their children with the knowledge that biological families have knowledge of the adoptive family (especially in cases of foster adoptive mothers who have worked with biological families during reunification procedures: Berry, 1991). Mothers who are uncomfortable with open adoption might choose not to adopt children who continue to have contact with biological family members or to discourage and/or discontinue contact when children are placed in their homes.

It was hypothesized that open adoption would moderate the association between adopted children's behavior problems and perceived parenting variables such that among adoptive mothers in open adoptions, higher levels of children's problem behavior would be associated with lower levels of perceived parenting competence and lower levels of perceived parenting efficacy but among adoptive mothers in closed adoptions, there would be no association between children's problem behavior and perceived parenting. This hypothesis was not supported. It might be that among adoptive mothers whose

children exhibit higher levels of problem behavior, mothers report lower levels of perceived parenting competence and feelings of efficacy regardless of other circumstances in their family systems. Additional family members, whether biologically related to adopted children or biologically related to adoptive parents, might have little impact on how adoptive mothers perceive their family systems and their ability to function in those systems.

However, open adoption did moderate the association between adopted children's internalizing behavior and perceived parenting efficacy such that among adoptive mothers in closed adoptions, higher levels of children's internalizing behavior was associated with lower levels of perceived parenting efficacy but for adoptive mothers in open adoptions, there was no association between children's internalizing behavior and perceived parenting efficacy. It might be that adoptive mothers in open adoptions have first-hand knowledge of their children's biological families and the situations which lead to their children's removal from biological homes (Blanton & Deschner, 1990; Fravel et al., 2000; McRoy & Grotevant, 1991). This knowledge might enable adoptive mothers in open adoptions to perceive their children's internalizing behavior as an outcome of problematic biological family histories and experiences rather than their own parenting abilities. Understanding the basis of behavior that is difficult to impact or change might eliminate feelings among adoptive mothers in open adoptions that they should be able to control and/or fix their children's behavior or that they are the cause of the behavior (Berry, Dylla, Barth, & Needell, 1998; Howard & Smith, 2003). Adoptive mothers in closed adoptions might not have direct knowledge of their children's background and

biological families and might feel responsible for their children's internalizing behavior or feel that they have little parental efficacy because they have no way to alleviate their children's distress (McRoy & Grotevant, 1991).

Associations between Contact with Biological Mothers and Perceived Parenting

Variables among Adoptive Mothers

It was hypothesized that contact with biological mothers would be associated with lower levels of perceived parenting competence and lower levels of perceived parenting efficacy among adoptive mothers. This hypothesis was supported only for White adoptive mothers' perceived parenting competence. It might be that White adoptive mothers who have contact with biological mothers struggle with feelings of displacement by or competition with biological mothers who is their adopted children's 'real' mother (Wegar, 2000). Societal emphasis on biological mothers as the best individuals to raise children might cause White adoptive mothers whose children's biological mothers are part of their family systems to feel that they are less capable or entitled to parent their children than are biological mothers (Miall, 1987; Wegar, 2000). Black adoptive mothers might not experience contact with biological mothers as threatening due to different societal views within the Black community. The Black community is more likely than the White community to encourage co-parenting or communal parenting of children (McAdoo, 2002; Hollingsworth, 1998; Hollingsworth, 1999; Jackson-White, Dozier, Oliver, & Gardner, 1997; Staples, 1999). Within this type of community, Black adoptive mothers might be less likely to experience the addition of biological mothers to their family systems as threatening or undermining their ability to parent their children well.

Contact with biological mothers was associated with perceived parenting efficacy among Black adoptive mothers such that Black adoptive mothers who had contact with biological mothers reported higher levels of perceived parenting efficacy than did Black adoptive mothers who had no contact with biological mothers. Because Black family systems are more likely to include extended family members than are White family systems and Black mothers more likely to rely on extended family and community support than are White mothers, Black adoptive mothers might perceive additional biological mothers in family systems as additional sources of support to their family systems and/or their parenting (McAdoo, 2002; Staples, 1999). In addition, Black adoptive mothers might receive more support and affirmation of their adoptive status within their community, particularly from biological mothers (Hollingsworth, 1998). Although historically, Black communities favored more informal adoption arrangements, rejection of transracial adoption and concern regarding the numbers of Black children waiting to be adopted might have contributed to recent perceptions that Black adoptive parents are 'saving' Black children from the foster care system as well as from transracial adoptions (Hollingsworth, 1998). Appreciation of adoptive mothers might be expressed within the community and especially by biological mothers. This affirmation and support might allow Black adoptive mothers to feel that they have more efficacy with respect to their children. Black adopted children raised within a community that encourages communal parenting also might be less likely to emphasize differences between their adoptive mothers and their biological mothers or refer to their biological mothers as "real" mothers (Scott & Black, 1999; Stack, 1974). In addition, Black adoptive mothers

who feel that they have lower levels of parental efficacy with respect to their children also might be less likely to allow or accept contact with biological mothers.

The findings of the current project suggest that inclusion of biological family members in adoptive family systems does not impact adoptive mothers' perceptions of their family systems negatively. Open adoption, that is, presence of biological family members in adoptive family systems, moderated the association between children's internalizing behavior and adoptive mothers' perceived parenting efficacy such that in the absence of biological family members in the adoptive family system, higher levels of internalizing behavior were associated with lower levels of parenting efficacy. But in the presence of biological family members in adoptive family systems, children's internalizing behavior was not associated with parenting efficacy. This suggests that the presence of biological family members in adoptive family systems allows adoptive mothers to interpret their children's behavior differently than when biological family members are absent. Findings also suggest that White adoptive mothers and Black adoptive mothers experience adoptive mother-biological mother subsystems differently. Among White mothers, creation and maintenance of adoptive mother-biological mother subsystems are associated with less positive parenting experiences. Specifically, White mothers feel less competent as parents when their adopted children's biological mothers are included in their family systems. Among Black mothers, creation and maintenance of adoptive mother-biological mother subsystems are associated with more positive parenting experiences. Specifically, Black mothers feel more efficacious with regards to

their parenting when their adopted children's biological mothers are included in their family systems.

Limitations

This study is not without its limitations. Of greatest concern are issues related to the small sample size within the study. This sample size limits the variety of open adoption/contact with biological family member situations that can be examined. This study focused on open versus closed adoption and whether open adoptions involved contact with biological mothers (with or without other biological family members) or contact with biological families without biological mothers. Figure 1 shows the variety of open adoption arrangements present in the current sample. A larger sample, involving adequate numbers of families for each configuration of biological family contact would allow comparisons across the variety of open adoption arrangements present in the lives of adoptive families. In addition, a larger sample potentially would result in larger variances for individual variables, allowing detection of relationships which might not be apparent with a smaller sample. The use of a less conservative p-value allowed detection of smaller associations among variables but created greater possibilities for Type-I Errors. However, the current project was exploratory in nature with regards to the impact of open adoption/contact with biological mothers among adoptive mothers of older children. Findings reported here can inform future research efforts in examining open adoption within this population.

Mothers who chose to participate in this study might not be representative of the larger population of adoptive parents of older children. Mothers with children exhibiting

90

higher levels of behavior problems, those feeling lower levels of perceived parenting competence and/or perceived parenting efficacy, or those with particularly negative experiences within their adoptions might have chosen not to respond to the invitation to participate in this project, restricting the variance in children's behavior problems and parenting. It is possible that the nonrepresentative nature of the sample included in this project could account for the absence of associations between open adoption and parenting.

The diversity of the families participating in this project with respect to ages of children at the time of interviews, types of open adoption arrangements/contact with biological family members, and placements, such as foster adoptive parents and transracial adoptive parents, is potentially problematic. However, difficulties in recruiting adoptive families due to confidentiality issues, as well as difficulties obtaining a homogenous sample, are inherent to adoption research. Recruitment of adoptive families of older children often is limited by the amount of support available from participating agencies. In addition, adoptive families are not a homogenous group. Each child and family comes to the adoption process with unique circumstances and experiences. The diversity of the sample of adoptive families of older children in this study reflects the diversity found among adoptive families in general. Only children adopted through the foster care system after the age of four were included in this sample. In addition, relationships among demographic and family characteristics and perceived parenting were examined and those characteristics associated with perceived parenting

91

were controlled for in subsequent analyses. Inclusion of such controls increases confidence regarding the conclusions reached in this research.

The directionality of the association reported here is unclear due to the cross-sectional nature of this study which provides only a snapshot of adoptive mothers' experiences. The bi-directional nature of parent-child relationships is well established (Bell, 1971). It is impossible to ascertain whether higher levels of children's problem behavior cause mothers to experience lower levels of perceived parenting competence and perceived parenting efficacy (Loyd & Abidin, 1985) or if less competent mothers and mothers who report lower levels of perceived parenting efficacy cause their children to exhibit higher levels of problem behavior (Stice & Barrera, 1995). In addition, White adoptive mothers who feel more competent and in control as parents might be more likely to choose contact with biological mothers or contact with biological mothers might cause White adoptive mothers to feel less competent and in control as parents. Factors not emphasized within the current project also might account for associations (or lack of associations) between children's problem behavior, perceived parenting, and open adoption/contact with biological mothers. For example, amounts of spousal or social support, characteristics of other children in the household, or experiences with biological families of other adopted children within the families might influence adoptive mothers' perceptions of their children's problem behavior and/or their experiences in open adoption/contact with biological mothers. Longitudinal data are needed to better understand relations among these variables.

Conclusion

The majority of researchers who have focused on adoption types among adoptive families of infants have defined open adoption as the sharing of identifying information between adoptive parents and biological mothers. Contact with other biological family members may be included in open adoption arrangements but biological mothers are assumed to be primary contacts. However, among adoptive families of older children, open adoption is more likely to involve contact with biological siblings or grandparents than contact with biological mothers. Although 76% of open adoptions within the current sample involved contact with biological mothers, open adoption arrangements which include contact with biological mothers (with or without contact with other biological family members) seem to impact adoptive mothers' perceived parenting differently than open adoption arrangements which do not include contact with biological mothers. Although open adoption did moderate the relationship between children's internalizing behavior and adoptive mothers' perceived parenting efficacy, no direct relationships between open adoption and adoptive mothers' perceived parenting were found. It might be that for adoptive mothers, the adoption of biological fathers, siblings, and/or grandparents to the family system is perceived similarly to other extended family in that is has some positive and some negative aspects. However, the addition of biological mothers does appear to impact adoptive mothers' perceptions of their family systems, although Black mothers and White mothers experience this impact differently. For White mothers, contact with biological mothers is disruptive to their perceived abilities to parent their children well. For Black mothers, contact with biological mothers supports or

affirms their role as mothers to their adopted children. These findings suggest that open adoption impacts adoptive mothers' perceptions of their family systems and their own parenting differently based on whether biological mothers are included in open adoption arrangements.

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APPENDIX A

Tables and Figures

Table 1 Means, standard deviations, and ranges for children's internalizing behavior (INT), children's externalizing behavior (EXT), perceived parenting competence (COMP), and perceived parenting efficacy (PC) among the full sample (n=72).

	Mean	Std Dev	Minimum	Maximum
INT[a]	9.63/56.60	6.96/9.70	0.00/33.00	34.00/79.00
EXT[a]	13.72/59.25	9.59/11.34	0.00/34.00	54.00/86.00
COMP	37.04	6.34	14.00	50.00
PC	87.14	11.21	61.00	113.00

[a] For children's internalizing and children's externalizing scores, raw scores are given first, then T-scores (raw scores/T-scores).

Table 2 Patterns of intercorrelation among all variables: Open adoption (OPEN), contact with biological mothers (CMOM), adoptive mother ethnicity (ETH), adopted child age (AGE), family SES, foster parent status (FOSTER), transracial adoptive status (TRANS), children's internalizing behavior (INT), children's externalizing behavior (EXT), parenting competence (COMP), and parenting efficacy (EFF) for the full sample (n=72).

	1	2	3	4	5	6	7	8	9	10	11
1 OPEN											
2 CMOM	0.76^{**}										
3 ETH	$0.23^{\dagger}$	0.17									
4 AGE	0.06	$0.21^{\dagger}$	0.14								
5 SES	-0.00	-0.01	0.40^{**}	0.01							
6 FOSTER	0.18	0.10	0.14	-0.06	-0.17						
7 TRANS	0.12	0.09	0.35^{**}	-0.18	0.01	0.23^{*}					
8 INT	-0.08	-0.11	0.26^{*}	0.18	0.24^{*}	0.01	0.07				
9 EXT	-0.12	-0.08	$0.21^{\dagger}$	0.06	-0.01	0.08	0.10	0.50^{**}			
10 COMP	0.03	-0.11	$-0.22^{\dagger}$	-0.17	$0.23^{\dagger}$	-0.13	-0.04	$-0.22^{\dagger}$	-0.27^{*}		
11 EFF	-0.08	0.01	-0.24^{*}	-0.19	$0.23^{\dagger}$	$-0.20^{\dagger}$	-0.12	-0.24^{*}	-0.48^{**}	0.58^{**}	

Table 3. Means, standard deviations (SD), and t-tests for child age (AGE), family SES, children's internalizing behavior (INT), children's externalizing behavior (EXT), perceived parenting competence (COMP), and perceived parenting efficacy (EFF) for comparing mothers in closed adoptions (CLOSED) and mothers in open adoptions (OPEN).

Variable	CLOSED (n=30)		OPEN (n=42)		t
	Mean	SD	Mean	SD	
AGE	10.73	3.95	11.20	4.07	-0.49
SES	40.80	10.72	40.73	12.92	0.03
INT	10.30	6.19	9.14	7.49	1.03
EXT	15.10	8.92	12.74	10.03	0.69
COMP	3.80	7.87	37.21	5.07	-0.25
EFF	88.20	11.12	86.38	11.35	0.68

Table 4. Means, standard deviations (SD), and t-tests for child age (AGE), family SES, children's internalizing behavior (INT), children's externalizing behavior (EXT), perceived parenting competence (COMP), and perceived parenting efficacy (EFF) for comparing mothers with no contact with biological mothers (NOCONTACT) and mothers with contact with biological mothers (CONTACT).

Variable	NOCONTACT (n=40)		CONTACT (n=32)		t
	Mean	SD	Mean	SD	
AGE	10.25	4.07	11.95	4.07	-1.83†
SES	40.86	12.40	40.63	12.92	0.08
INT	10.33	7.68	8.75	5.94	0.67
EXT	14.40	8.83	12.88	10.55	0.98
COMP	37.65	7.13	36.28	5.19	0.91
EFF	87.00	11.74	87.31	10.70	-0.12

† $p<.10$

Table 5 Unstandardized regression coefficients, standard errors, and standardized

regression coefficients for regression analyses examining demographic and family

characteristics: adoptive mother ethnicity (ETH), adopted child age (AGE), family SES,

foster parent status (FOSTER), transracial adoptive status (TRANS), as moderators of

open adoption (OPEN) and contact with biological mothers (CONTACT) as predictors of

perceived parenting competence (COMP), perceived parenting efficacy (EFF) among the

total sample (n=72).

	COMP				EFF			
	B	SE	β	VIF	B	SE	β	VIF
ETH	0.46	1.58	0.04	1.05	-0.90	2.79	-0.04	1.05
OPEN	0.31	1.58	0.02	1.05	-1.62	2.78	-0.7	1.05
ETH*OPEN	-4.50	3.16	-0.87		-1.46	5.65	-0.16	
AGE	-0.27	0.19	-0.17	1.00	-0.52	0.33	-0.19	1.00
OPEN	0.54	1.52	0.04	1.00	-1.57	2.67	-0.70	1.00
AGE*OPEN	0.30	0.39	0.41		0.79	0.67	0.62	
SES	0.12	0.06	0.23	1.00	0.22	0.11	0.23	1.00
OPEN	0.42	1.50	0.03	1.00	-1.80	2.64	-0.08	1.00
SES*OPEN	-0.19	0.13	-0.87		-0.19	0.23	-0.50	
FOSTER	-1.75	1.54	-0.14	1.03	-4.33	2.69	-0.19	1.03
OPEN	0.72	1.55	0.06	1.03	-1.06	2.70	-0.05	1.03
FOSTER*OPEN	-2.35	3.11	-0.45		-0.60	5.47	-0.07	
TRANS	-0.78	2.12	-0.04	1.02	-3.34	3.72	-0.11	1.02

OPEN	0.48	1.54	0.04	1.02	-1.52	2.72	-0.07	1.02
TRANS*OPEN	0.16	4.69	0.02	30.08	-1.79	8.22	-0.14	30.08
ETH	-1.50	1.53	-0.12	1.03	0.53	2.73	0.02	1.03
CONTACT	0.78	1.55	0.06	1.03	-1.36	2.77	-0.06	1.03
ETH*CONTACT	-5.79	3.11	-1.08†		-11.68	5.49	-1.23*	
AGE	-0.24	0.19	-0.15	1.05	-0.57	0.34	-0.20	1.05
CONTACT	-0.96	1.54	-0.08	1.05	1.28	2.71	0.06	1.05
AGE*CONTACT	0.41	0.39	0.58		0.18	0.70	0.14	
SES	0.12	0.06	0.23	1.00	0.22	0.11	0.23	1.00
CONTACT	-1.34	-0.11	-0.91	1.00	0.34	2.63	0.02	1.00
SES*CONTACT	-0.09	0.13	-0.38		-0.20	0.22	-0.47	
FOSTER	-1.50	1.52	-0.12	1.01	-4.59	2.66	-0.20	1.01
CONTACT	-1.22	1.51	-0.10	1.01	0.77	2.66	0.03	1.01
FOSTER*CONTACT	-4.75	3.04	-0.86		2.85	5.41	0.29	
TRANS	-0.53	2.10	-0.03	1.01	-3.66	3.73	-0.12	1.01
CONTACT	-1.34	1.52	-0.11	1.01	0.54	2.69	0.02	1.01
TRANS*CONTACT	-2.21	4.23	-0.30		-2.61	7.49	-0.20	

† $p < 0.10$ * $p < 0.05$

Table 6 Means and standard deviations of follow-up t-tests for adoptive mother ethnicity as a moderator of the association between contact with biological mothers and perceived parenting competence and the association between contact with biological mothers and perceived parenting efficacy.

		N	Mean	Std Dev	t
Parenting competence					
Black					
	No contact	19	36.00	8.41	-0.72
	Contact	10	38.10	5.09	
White					
	No contact	21	39.14	5.53	2.27*
	Contact	22	35.45	5.13	
Parenting efficacy					
Black					
	No contact	19	85.21	11.97	-1.80[†]
	Contact	10	93.00	9.00	
White					
	No contact	21	88.62	11.58	1.15
	Contact	22	84.73	10.58	

† $p < 0.10$ * $p < 0.05$

Table 7 Unstandardized regression coefficients, standard errors, and standardized regression coefficients for demographic and family characteristics: adoptive mother ethnicity (ETH), adopted child age (AGE), adoptive family SES, foster parent status (FOSTER), transracial adoptive status (TRANS), associated with perceived parenting competence and perceived parenting efficacy for full sample (n=72), White mothers (n=43), and Black mothers (n=29).

Parenting competence

	Whole Sample				Black				White			
	B	SE	β	VIF	B	SE	β	VIF	B	SE	β	VIF
ETH	0.20	1.85	0.02	1.51	-	-	-	-	-	-	-	-
AGE	-0.29	0.20	-0.19	1.10	-0.09	0.36	-0.05	1.03	-0.46	0.22	-0.32*	1.14
SES	0.11	0.07	0.21	1.30	0.07	0.16	0.10	1.54	0.14	0.08	0.27[†]	1.07
FOSTER	-1.18	1.60	-0.09	1.16	-1.02	3.58	-0.07	1.55	-1.51	1.77	-0.13	1.14
TRANS	-0.94	2.35	-0.05	1.31	-[a]	-	-	-	-1.10	2.13	-0.09	1.35

Parenting efficacy

	Whole Sample				Black				White			
	B	SE	β	VIF	B	SE	β	VIF	B	SE	β	VIF
ETH	-1.63	3.20	-0.07	1.50	-	-	-	-	-	-	-	-
AGE	-0.58	0.34	-0.21[†]	1.10	-0.16	0.50	-0.06	1.54	-1.00	0.46	-0.35*	1.14
SES	0.22	0.12	0.24[†]	1.30	0.33	0.22	0.33	1.54	0.09	0.16	0.09	1.07
FOSTER	-3.02	2.77	-0.13	1.16	-4.27	4.97	-0.19	1.55	-0.15	3.65	-0.01	1.14

TRANS	-2.80	4.06	-0.09	1.31	-[a]-	-	-	-5.77	4.39	-0.23	1.35

† $p < 0.10$ * $p < 0.05$ ** $p < 0.01$

a Transracial adoptive status was not entered as a predictor of perceived parenting competence or perceived parenting locus of efficacy for Black adoptive mothers because all transracial adoptive mothers were White.

Table 8 Unstandardized regression coefficients, standard errors, and standardized regression coefficients for regression analyses examining children's problem behavior: internalizing behavior (INT), externalizing behavior (EXT); and open adoption (OPEN) as predictors of perceived parenting competence and perceived parenting efficacy for the full sample (n=72).

Parenting Competence

	Step 1				Step 2				Step 3			
	B	SE	β	VIF	B	SE	β	VIF	B	SE	β	R^2
INT					-0.20	0.11	-0.22†	1.01	-0.55	0.40	-0.60	0.05
OPEN					0.19	1.51	0.02	1.01	0.10	1.51	0.01	
INT*OPEN									0.21	0.23	0.40	0.06
EXT					-0.18	0.08	-0.27*	1.02	-0.31	0.28	-0.48	0.07
OPEN					0.01	1.49	0.00	1.02	0.06	1.50	-0.01	
EXT*OPEN									0.08	0.16	0.21	0.08

Parenting Efficacy

	B	SE	β	VIF	B	SE	β	VIP	B	SE	β	R^2
AGE	-0.54	0.32	-0.19	1.00	-0.37	0.32	-0.13	1.04	-0.25	0.32	-0.09	0.09
SES	0.22	0.11	0.23	1.00	0.28	0.11	0.30	1.06	0.27	0.11	0.29	
INT					-0.48	0.19	-0.30*	1.11	-1.84	0.67	-1.14	0.17
OPEN					-2.18	2.53	-0.10	1.01	-2.59	2.47	-0.12	
INT*OPEN									0.81	0.38	0.87*	0.23

AGE	-0.54	0.32	0.19	1.00	-0.44	0.28	-0.16	1.01	-0.43	0.29	-0.15	0.09
SES	0.22	0.11	0.23	1.00	0.21	0.09	0.23	1.00	0.21	0.10	0.22	
EXT					-0.57	0.12	-0.48**	1.02	-0.65	0.43	-0.56	0.32
OPEN					-2.93	2.29	-.13	1.02	-2.97	2.32	-.13	
EXT*OPEN									0.05	0.25	0.08	0.32

† p < 0.10   * p < 0.05   ** p < 0.01

Table 9 Unstandardized regression coefficients, standard errors, and standardized regression coefficients for regression analyses examining children's problem behavior: internalizing behavior (INT) and externalizing behavior (EXT); and contact with biological mothers (CONTACT) as predictors of perceived parenting competence and perceived parenting efficacy.

Parenting Competence

	Black											
	Step 1				Step 2				Step 3			
	B	SE	β	VIF	B	SE	β	VIF	B	SE	β	R^2
INT					-0.33	0.28	-0.23	1.01	-1.29	0.91	-0.88	0.07
CONTACT					1.82	2.91	0.12	1.01	3.82	3.40	0.25	
INT*CONTACT									0.82	0.73	0.71	0.11
EXT					-0.41	0.25	-0.33	1.18	-0.82	0.80	-0.65	0.11
CONTACT					0.11	3.08	0.07	1.18	1.55	4.13	0.10	
EXT*CONTACT									0.33	0.62	0.38	0.12

	White											
	Step 1				Step 2				Step 3			
	B	SE	β	VIF	B	SE	B	VIF	B	SE	B	R^2
SES	0.15	0.08	0.30	1.00	0.15	0.07	0.30	1.09	0.15	0.07	0.29	0.17
AGE	-0.40	0.21	-0.28	1.00	-0.24	0.20	-0.17	1.10	-0.25	0.20	-0.17	
INT					-0.25	0.10	-0.34*	1.17	-0.13	0.31	-0.18	0.34
CONTACT					-3.58	1.53	-0.32*	1.10	-3.49	1.56	-0.32	

118

	B	SE	β	VIF	B	SE	β	VIF	B	SE	B	R^2
INT*CONTACT									-0.08	0.21	-0.16	0.34
SES	0.15	0.08	0.30	1.00	0.10	0.07	0.20	1.08	0.10	0.07	0.20	0.17
AGE	-0.40	0.21	-0.28	1.00	-0.35	0.20	-0.24	1.02	-0.33	0.20	-0.23	
EXT					-0.13	0.07	-0.26†	1.04	-0.22	0.23	-0.45	0.30
CONTACT					-3.08	1.54	-0.28†	1.06	-3.19	1.58	-0.29	
EXT*CONTACT									0.06	0.14	0.20	0.31

Parenting efficacy

Black

	B	SE	β	VIF	B	SE	β	VIF	B	SE	B	R^2
INT					-0.16	0.42	-0.07	1.01	-2.04	1.35	-0.89	0.11
CONTACT					7.66	4.41	0.32†	1.01	11.57	5.07	0.49	
INT*CONTACT									1.60	1.09	0.89	0.18
EXT					-0.85	0.36	-0.44*	1.18	-0.91	1.13	-0.47	0.27
CONTACT					3.72	4.34	0.16	1.18	3.95	5.86	0.17	
EXT*CONTACT									0.05	0.88	0.04	0.27

White

	B	SE	β	VIF	B	SE	β	VIF	B	SE	B	R^2
AGE	-0.80	0.43	-0.28	1.00	-0.52	0.43	-0.18	1.09	-0.50	0.44	-0.17	0.08
INT					-0.44	0.22	0.30†	1.13	-0.75	0.66	-0.52	0.18
CONTACT					-4.93	3.28	-0.22	1.06	-5.24	3.37	-0.24	
INT*CONTACT									0.23	0.45	0.23	0.19

AGE	-0.80	0.43	-0.28	1.00	-0.63	0.38	-0.22	1.02	0.65	0.39	-0.23	0.08
EXT					-0.48	0.13	-0.49[*]	1.01	-0.39	0.44	-0.39	0.34
CONTACT					-3.83	2.88	-0.17	1.01	-3.72	2.96	-0.17	
EXT*CONTACT									-0.06	-0.27	-0.10	0.34

† p < 0.10   * p < 0.05   ** p < 0.01

Figure 1 Diagram to show the variety and complexity of open adoption and contact with

biological family arrangements among adoptive families of the current sample (n=42)
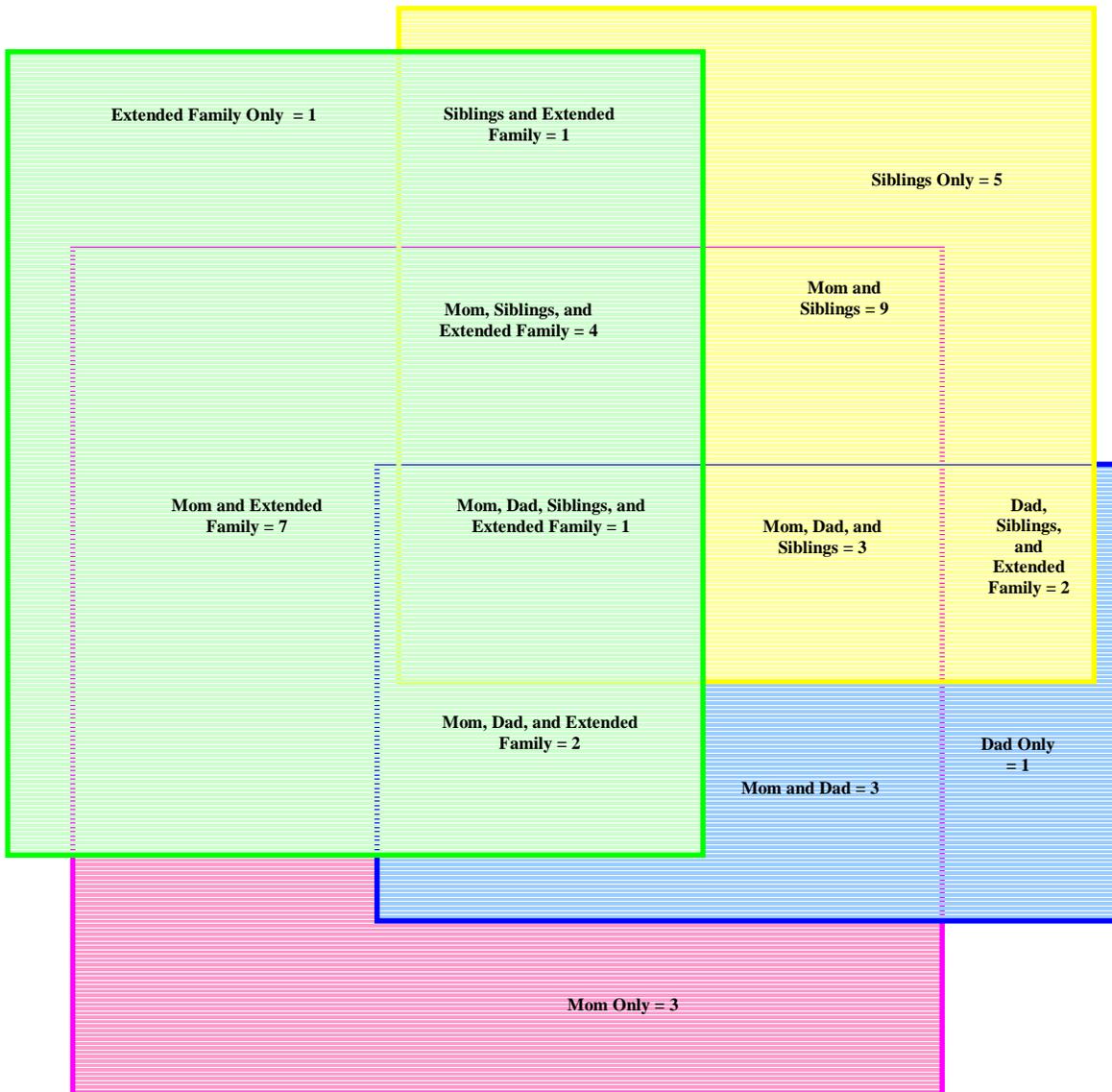
Legend for Figure 1

- The pink box represents families who have contact with biological mothers (n=32). Each combination of contact with biological family members that is contained within the pink box includes contact with biological mother.

- The blue box represents families who have contact with biological fathers (n=12). Each combination of contact with biological family members that is contained within the blue box includes contact with biological father.

- The yellow box represents families who have contact with biological siblings (n=24). Each combination of contact with biological family members that is contained within the yellow box includes contact with biological siblings.

- The green box represents families who have contact with biological extended family (n=18). Each combination of contact with biological family members that is contained within the green box includes contact with biological extended family.

APPENDIX B

Hollingshead Four-Factor Index of Social Status

Education Level	Score
Less than seventh grade	1
Junior high school (9th grade)	2
Partial high school (10th or 11th grade)	3
High school graduate or GED	4
Partial college (at least one year)	5
College or university graduation	6
Graduate degree	7

Occupational Scale	Score
Farm laborers/menial service workers	1
Unskilled workers	2
Machine operators and semiskilled workers	3
Smaller business owners, skilled manual workers, craftsmen, and tenant farmers	4
Clerical and sales workers, small farm and business owners	5
Technicians, semiprofessionals, small business owners	6
Smaller business owners, farm owners, minor professionals	7
Administrators, lesser professionals, proprietors of medium-sized businesses	8
Higher executives, proprietors or large businesses, and major professionals	9

Social Strata	Computed Scores
Unskilled laborers, menial service workers	9-19
Machine operators, semiskilled workers	20-29
Skilled craftsmen, clerical, sales workers	30-39
Medium business, minor professional, technical	40-54
Major business and professional	55-66

APPENDIX C

Child Behavior Checklist

Problem Items

Below is a list of items that describe children and youth. For each item that describes your child ***now or within the past 6 months***, please circle the ***2*** if the item is ***very true or often true*** of your child. Circle the ***1*** if the item is ***somewhat or sometimes true*** of your child. If the item is ***not true*** of your child, circle the ***0***. Please answer all items as well as you can, even if some do not seem to apply to your child.

Internalizing Behavior

1. Complains of loneliness
2. Cries a lot
3. Fears he/she might think or do something bad
4. Feels he/she has to be perfect
5. Feels or complains that no one loves him/her
6. Feels others are out to get him/her
7. Feels worthless or inferior
8. Nervous, high strung, or tense
9. Too fearful or anxious
10. Feels too guilty
11. Overtired
12. Physical problems ***without known medical cause***
    a. aches or pains (***not*** stomach or headaches)
    b. headaches
    c. nausea, feels sick
    d. problems with eyes (***not*** if corrected by glasses)(describe)
    e. rashes or other skin problems
    f. stomachaches or cramps
    g. vomiting, throwing up
13. Refuses to talk
14. Secretive, keeps things to self
15. Self-conscious or easily embarrassed
16. Shy or timid
17. Stares blankly
18. Underactive, slow moving, or lacks energy
19. Unhappy, sad, or depressed
20. Sulks a lot
21. Suspicious
22. Withdrawn, doesn't get involved with others
23. Worries

Externalizing Behavior

1. Argues alot
2. Bragging, boasting
3. Cruelty, bullying, or meanness to others
4. Demands a lot of attention
5. Destroys his/her own things
6. Destroys things belonging to his/her family or others
7. Disobedient at home
8. Disobedient at school
9. Gets in many fights
10. Hangs around with others who get in trouble
11. Lying or cheating
12. Physically attacks people
13. Prefers to be with older kids
14. Runs away from home
15. Screams a lot
16. Sets fires
17. Showing off or clowning
18. Steals at home
19. Steals outside the home
20. Stubborn, sullen, irritable
21. Sudden changes in mood or feelings
22. Swearing or obscene language
23. Talks too much
24. Teases a lot
25. Temper tantrums or hot temper
26. Thinks about sex too much
27. Threatens people
28. Truancy, skips school
29. Unusually loud
30. Uses alcohol or drugs for nonmedical purposes (describe)
31. Vandalism

APPENDIX D

Parenting Competence Index

For each statement, please focus on the target child, and circle the response which best represents your opinion.

Circle the **SA** if you <u>strongly agree </u>with the statement.
Circle the **A** if you <u>agree</u> with the statement.
Circle the **NS** if you are <u>not sure</u>.
Circle the **D** is you <u>disagree</u> with the statement.
Circle the **SD** if you <u>strongly disagree </u>with the statement.

1. When I adopted my child, I had doubtful feelings about my ability to handle being a parent.
2. Being a parent is harder than I thought it would be.
3. I feel capable and on top of things when I am caring for my child.
4. I can't make decisions without help.
5. I have had many more problems raising children than I expected.
6. I enjoy being a parent.
7. I feel that I am successful most of the time when I try to get my child to do or not do something.
8. Since I adopted or brought my last child home form the hospital, I find that I am not able to take care of this child as well as I thought I could. I need help.
9. I often have the feeling that I cannot handle things very well.

For Statement 10, choose from choices 1 to 5 below.

10. When I think about myself as a parent I believe:
    1. I can handle anything that happens
    2. I can handle most things pretty well
    3. Sometimes I have doubts, but find that I handle most things without any problems
    4. I have some doubts about being able to handle things
    5. I don't think I handle things very well at all

For Statement 11, choose from choices 1 to 5 below.

11. I feel that I am:
    1. a very good parent
    2. a better than average parent
    3. an average parent
    4. a person who has some trouble being a parent
    5. not very good at being a parent

For questions 12 and 13, choose from choices 1 to 5 below.

12. What were the highest levels of school or college you and the child's father/mother have completed?
    Mother:

126

1. 1st to 8th grade
2. 9th to 12th grade
3. vocational or some college
4. college graduate
5. graduate school or professional school

13. Father:
   1. 1st to 8th grade
   2. 9th to 12th grade
   3. vocational or some college
   4. college graduate
   5. graduate school or professional school

Parental Locus of Control Index

Rate your agreement with each of the following statements using this scale.
Circle the **SD** if you **strongly disagree** with the statement
Circle the **D** if you **disagree** with the statement
Circle the **SWD** if you **somewhat disagree** with the statement
Circle the **SWA** if you **somewhat agree** with the statement
Circle the **A** if you **agree** with the statement
Circle the **SA** if you **strongly agree** with the statement

1. What I do has little effect on my child's behavior.
2. When something goes wrong between me and my child, there is little I can do to correct it.
3. Parents should address problems with their children because ignoring them won't make them go away.
4. If your child fights with you no matter what you try, you might as well give up.
5. No matter how hard a parent tries, some children will never learn to mind.
6. I am often able to predict my child's behavior in situations.
7. It is not always wise to expect too much from my child because many things turn out to be a matter of good or bad luck anyway.
8. When my child gets angry, I can usually deal with him/her if I stay calm.
9. When I set expectations for my child, I am almost certain that I can help him/her meet them.
10. I always feel in control when it comes to my child.
11. My child's behavior is sometimes more than I can handle.
12. Sometimes I feel that my child's behavior is hopeless.
13. It is often easier to let my child have his/her way than to put up a fight.
14. I find that sometimes my child can get me to do things I really did not want to do.
15. My child often behaves in a manner very different from the way I would want him/her to behave.
16. Sometimes when I'm tired I let my child do things I normally wouldn't.
17. Sometimes I feel that I do not have enough control over the direction my child's life is taking.
18. I allow my child to get away with things.
19. It is not too difficult to change my child's mind about something.