

## Are Adopted Children and Their Parents at Greater Risk for Negative Outcomes?

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### **Abstract:**

Drawing from the National Survey of Families and Households data set, a group of adopted children and their parents (n = 72) and a matched group of biological children and their parents were identified. Parents' responses on items related to their own well-being, attitudes toward family life, parenting behaviors and values, and perceptions of their child's behaviors were compared. Results indicated no significant differences between the groups' responses. Findings thus challenged pathological assumptions and myths about adopted children and their parents, suggesting that deficiency models are inadequate for researching--and working with--adopted children and their families.

Key words: adoption, adopted children, child outcomes, parental well-being.

### **Article:**

A considerable body of research has been devoted to investigating whether adopted children are at greater risk for psychological, educational, and behavioral problems. For some time, much of this literature offered a decisive affirmative response. For example, results have suggested that adopted children are more likely to be diagnosed as having learning difficulties (e.g., Taichert & Harvin, 1975), including attention deficit disorder (ADD) (Deutsch et al., 1982); have more frequent school-related behavior problems (e.g., Brodzinsky, Schechter, Braff, & Singer, 1984); and have lower academic achievement (e.g., Brodzinsky et al., 1984; Stein & Hoopes, 1985) and social competence (Brodzinsky et al., 1984). In terms of psychological problems, studies consistently have found adopted children to be overrepresented in clinical settings (e.g., Jerome, 1986; Kotsopoulous et al., 1988) and more likely to manifest greater personality and emotional problems (e.g., Bohman, 1970; Brodzinsky, Radice, Huffman, & Merkler, 1987; Kotsopoulous et al., 1988; Lindholm & Toulaitos, 1980).

A few studies have begun to challenge these conclusions, at least for adopted adolescents. Marquis and Detweiler (1985), for example, found that their adopted adolescents had greater feelings of confidence and control than did the nonmatched group of non-adopted adolescents. The adoptees also viewed others more positively, including their parents, who were described as significantly more nurturant, comforting, predictable, protectively concerned, and helpful than non-adopted adolescents described their parents. In the largest adoption study conducted to date, researchers at Search Institute (Benson, Sharma, & Roehlkepartain, 1994) surveyed a random sample of adopted adolescents, their parents, and their non-adopted siblings who had been identified through adoption records of agencies in four midwestern states. The adopted adolescents reported positive identities, strong bonds with parents, and positive indicators of psychological health at the same rates as their non-adopted siblings.

A similar at-risk view is found in the limited literature on adoptive parents (see Wegar, 1995). A number of writers have focused attention on what are believed to be negative differences between adoptive and biological parents (e.g., Brodzinsky & Huffman, 1988; Helwig & Ruthven, 1990; Kirschner, 1990; Winkler, Brown, Van Keppel, & Blanchard, 1988). These writers have suggested that adoptive parents may be less confident and

more anxious than biological parents, feeling much anger and grief, and worried about their ability to bond with "someone else's child." These emotions are attributed to factors that lead to their decision to adopt, such as infertility, years of intrusive and expensive fertility treatments, and grief associated with giving up the dream of having a biological child. Some writers even have suggested that adoptive parents with unresolved anger about their situation may project that anger onto their adopted children, the constant reminder of their infertility (see Marquis & Detweiler, 1985; Wegar, 1995). In addition, the uncertainty of the adoption process (e.g., not knowing when the child will arrive), social stigma (see Bartholet, 1993; Miall, 1987), and reactions of friends and family (and even curious strangers) may affect their psychological health. Adoptive parents also are continually challenged to help the child deal with his/her loss and adoptive status at each developmental stage, a constant, nagging reminder of the "specialness" of their family configuration.

Few empirical studies of these assumptions about adoptive parents exist (Brodzinsky & Huffman, 1988; Marquis & Detweiler, 1985), however, and reviews of relevant studies have offered somewhat conflicting conclusions. Berry (1992) concluded that adoptive parents' unrealistic expectations of the adopted child, particularly in terms of their academic achievement, contributed to the child's school-related problems. In addition, those parents who seemed unable to accept their fertility and childlessness were more likely to be critical of the adopted child. In contrast, Brodzinsky and Huffman (1988) found evidence in their review that adoptive parents were rated more positively than their nonadoptive counterparts on a number of behaviors (e.g., acceptance of child, praising child). Although adoptive parents did seem to foster greater dependency during preschool years, by elementary years they were rated as being less intrusive and controlling than biological parents. Similarly, in the more recent Search Institute study, Benson et al. (1994) found strong evidence of highly functioning families in their national sample of adopted adolescents. They also reported that "very few of the parents in this study were saddled with a deep grieving about infertility, even though most adoptions in this study occurred as a partial consequence of infertility" (p. 56).

All of the empirical literature on adoption, however, must be viewed with great caution. Research questions are often based in a deficit, pathological view of adoption (Bartholet, 1993; Miall, 1996); in essence, researchers often have focused only on what are presumed to be problematic and negative differences between adoptive and biological families. In addition, as several writers (e.g., Benson et al., 1994; Brodzinsky, 1987, 1993; Miall, 1996; Warren, 1992) have noted, adoption-related studies (almost by necessity) are fraught with methodological problems. It is virtually impossible, for example, to draw a random, representative sample of adopted children or adoptive families, as no national databank of adoptions exists, and adoption records frequently are sealed and/or quite inaccessible (e.g., boxed in warehouses). As a result, small, clinical samples and/or highly select nonclinical samples have been used in many studies. In addition, control groups, particularly matched control groups, are difficult to create and thus are rarely included. Relatedly, the choice of a comparison group (e.g., biological children in intact families vs. foster children) may greatly affect a researcher's conclusions about the comparative health of adoptive children. Controlling for various mediating variables (e.g., age at placement, events in the child's life before placement, family composition) also seems important. Finally, measures used in these studies often have questionable reliability and validity.

Beyond methodological considerations, there are other explanations for some of the results, particularly those for adopted children. It may be that adoptive parents are more likely to seek psychological help, more quickly and for less serious problems, for their children (cf. Warren, 1992), or that genetics (vs. adoption status) accounts for some problem-related behaviors (e.g., ADD). Biased data (e.g., parents' and/or teachers' ratings based on their expectations of adopted children) also may contribute to the negative results. In light of these methodological flaws and competing explanations, the need for studies that use representative samples of adopted children and adoptive parents matched with samples of biological children and biological parents is quite clear.

One way to obtain a nationally-based sample of adopted children and their parents is to draw from an existing data set. We took this approach by using responses from the National Survey of Families and Households (NSFH; Sweet, Bumpass, & Call, 1988), comparing adopted children and their parents with a matched sample

of biological children and their parents. In this way, we also were able to analyze data from a study that did not focus on adoption per se, possibly lowering a biased response set (e.g., social desirability responses related to functioning of the adoptive child). Our general research question focused on the differential functioning of the adopted and biological children and their parents.

## **Methodology**

### **Participants**

Both the adopted and biological groups were drawn from the NSFH data (Sweet et al., 1988), a probability sample of adults living in households in 1987-1988 that oversampled certain groups (e.g., ethnic minorities, single-parents, stepparents). Data were collected from randomly selected adults in 13,017 U.S. households. To form the adopted group, we identified households in which the adult respondent, female or male, identified an adopted child as the focal child. Using these criteria, 72 adopted children and their parents were identified. Of the 72 children, 43 were male and 29 were female. The children's mean age was 9.88 (SD = 5.17); 15 ranged from 0 to 4 years, 27 ranged from age 6 to 11, and 30 ranged from 12 to 17 years of age (race of focal child was not available). Of the adopted focal children, 28 had adopted siblings, 21 had biological siblings, and 3 had step siblings.

Of the adoptive parents, 28 were fathers and 44 were mothers. The adoptive parents had a mean age of 42.58 (SD = 7.90; range = 24-66). Most (n = 60) were Caucasian; African-American (n = 8) and Mexican-American (n = 4) parents also were represented. Most parents (n = 62) were currently married; 10 were separated, divorced, or widowed. Their years of education ranged from 8 to 20 (mean years = 14.40; SD = 2.93). These parents had adopted on average 1.51 children (SD = .77; range = 1-5) and had an average .33 biological children (SD = .56; range = 0-2).

To create the matched group of biological parent-child dyads (28 fathers, 44 mothers), adult respondents were identified who each had a biological child similar to the adopted focal child in gender, age, and birth order position, and parent's race and educational level. However, in several cases there were not exact matches (e.g., 2 cases were not matches on sex of focal child). Parent-child pairs were selected only if the biological children had no adopted siblings. Thus, the matched group included 72 biological children (45 male, 27 female) and their parents. These children were similar in age to those in the adopted group (mean age was 10.10, SD = 5.11; 14 ranged from 0 to 4 years, 25 ranged from the ages of 6 to 11, and 33 ranged from 12 to 17 years of age). The biological parents represented the same races in the same proportions as the adopted group. These parents had a mean age of 41.10 (SD = 7.49; range = 24-65). Most were currently married (n = 61); 11 were separated, divorced, or widowed. Their educational backgrounds ranged from 3-20 years (mean years = 14.19; SD = 3.15). These parents had on average 1.78 children (SD = .79; range = 1-4).

No differences on race, total years of education, age, current marital status, or income level of parents were found between the two groups of parents.

We examined differences between fathers and mothers within the two groups. We found several differences between adopted fathers and mothers. Fathers reported lower self-esteem, more traditional beliefs about families, less involvement in children's activities, and less affection (hugs, praise) toward their children than did mothers. Only one difference was found for biological parents, with fathers reporting less involvement in child-related activities. Importantly, no differences were found in parents' reports of children's behaviors/adjustment for either group.

### **Measures**

For the purposes of this study, we selected items that had relevance to issues frequently cited in the adoption literature: parents' well-being, their attitudes toward family life, parenting behaviors and values, and perceptions of their child's behaviors. First, several sets of questions addressed parents' well-being, including level of Depression, Overall Happiness, Overall Health, and Self-esteem. Depression was measured with a 12-item scale asking respondents to report the number of weekdays they felt certain ways (e.g., had poor appetite, could not

shake off the blues, felt depressed, fearful, sad, and lonely, etc.), with higher scores indicating more depression. An alpha was calculated at .93. Two other items were used as indicators of Overall Happiness, with higher scores reflecting greater happiness. One asked, "In general, how would you say things are these days?" Responses ranged from very unhappy (1) to very happy (7). A second item asked, "Compared to others your age, how well are you doing?" Responses ranged from very poor (1) to excellent (5). One item was used to assess parents' sense of their Overall Health compared to others; responses ranged from very poor (1) to excellent (5) with higher scores indicating better health. The last indicator of well-being assessed Self-esteem. A composite was formed of two items that asked, "On the whole, I am satisfied with myself" and "I feel I am a person of worth, at least on an equal plane with others." Responses ranged from strongly disagree (1) to strongly agree (5), with higher scores reflecting higher esteem. The alpha was .57 for these two items.

Other items asked about the parents' attitudes toward family life, including Acceptance of Maternal Employment and Traditional Attitudes. Three items asked respondents to indicate their level of agreement with a series of statements about working mothers (e.g., mothers working full-time outside the home when the child is under age five). Higher scores indicate more Acceptance of Maternal Employment; the alpha was calculated to be .87. Four items measured other attitudes toward family life (e.g., "Marriage is a lifetime relationship and should never be ended except under extreme circumstances"). These were scored such that higher scores indicate more Traditional Attitudes. The alpha was calculated to be .68.

Parenting behaviors also were assessed for those whose focal child was 5-18 years of age only. In terms of Discipline Behaviors, respondents were asked how often they praised, hugged, yelled, spanked or slapped the child, or allowed the child to help set rules. Responses ranged from never (1) to very often (4), with higher scores reflecting greater use of each disciplining behavior (analyzed separately). A composite was formed of four items to assess the degree of Involvement with the Child in other activities (e.g., leisure activities, private talks). Responses ranged from never or rarely (1) to almost every day (6). High scores indicate more involvement; the alpha was calculated at .83.

Several items were used to measure parents' views of their children's adjustment. One item asked parents, "All things considered, how is your child's life going?" Responses for this measure of Child's Well-being ranged from not very well at all (1) to very well (4). Twelve items assessed how important certain Desirable Behaviors were to the parent. Sample items include "Is willing to try new things" and "Follows rules." Higher scores for this 12-item composite indicate the parents saw these Desirable Behaviors in the child as important; the alpha was .85. In addition, composites were formed from items regarding parents' perceptions of the children's behaviors. Parents were asked to indicate how true (1 = often true, 3 = not true) certain characteristics/behaviors were of the focal child (e.g., is unhappy, sad, or depressed; loses temper easily; gets along well with other kids; bullies). A composite of Problem Behaviors was formed from all nine items for focal children 0-4 years old; alpha was calculated at .73. For older focal children, two factors were identified, although the items were somewhat different for each group. For focal children 5-11, the first factor reflected Prosocial Behavior and consisted of four items (e.g., gets along well with other kids, carries out responsibilities, is cheerful); alpha for focal kids children 5-11 years was .64. A similar factor of five items measuring Prosocial Behavior was found for focal children ages 12-18 years; the additional item was "Does what you ask." The alpha was calculated at .63. The second factor reflected more difficult traits or Problem Behavior, and included 2 items (loses temper and feels anxious or fearful). For focal children ages 5-11 the alpha was .46, whereas for focal children 12-18, the alpha was .76. Lastly, one item asked about the parents' expectations for the child regarding how much Education the child would complete; response options ranged from no high school degree (1) to graduate degree (7).

### **Data Analysis**

First, descriptive statistics (i.e., frequencies, means and standard deviations, as appropriate) were computed for the items or composites formed by group (i.e., parents with adopted focal children and parents with biological focal children) selected for this study. Then, significance testing via one-way analyses of variance for individual items and/or combined factor scores was performed.

## **Results**

### **Parents' Well-being**

Regarding parents' level of Depression, results of a one-way ANOVA indicated no difference between levels of Depression for the parents with adopted children ( $M = .88$ ,  $SD = 1.06$ ) and the parents of biological children ( $M = 1.05$ ,  $SD = 1.28$ ),  $F(1,142) = .84$ ,  $p = .36$ . Regarding parents' Overall Happiness, no differences were found for parents of adopted children ( $M = 5.48$ ,  $SD = 1.39$ ) and parents of biological children ( $M = 5.51$ ,  $SD = 1.24$ ),  $F(1,118) = .02$ ,  $p = .88$ . Similar findings of no difference were evident regarding parents' sense of their Overall Health compared to others. Parents of adopted children reported similar scores ( $M = 4.37$ ,  $SD = .64$ ) to parents of biological children ( $M = 4.21$ ,  $SD = .70$ ),  $F(1,136) = 1.79$ ,  $p = .18$ . Results also indicated no difference in level of Self-esteem for the adopted and biological groups,  $F(1,137) = .61$ ,  $p = .43$ . Parents with adopted children ( $M = 8.59$ ,  $SD = 1.18$ ) reported similar self-esteem scores than did parents with biological children ( $M = 8.44$ ,  $SD = 1.09$ ).

### **Parents' Attitudes Toward Family Life**

The responses of the two groups of parents on items related to parents' Acceptance of Maternal Employment were rather similar,  $F(1,142) = .04$ ,  $p = .85$ . Regarding other Traditional Attitudes toward family life in general, findings also suggested no differences between parents of adopted children and those with only biological children,  $F(1,135) = .0034$ ,  $p = .95$ .

### **Parenting Behaviors/Values**

Results regarding the importance parents gave to various Desirable Behaviors of their children (e.g., follows rules, does well in school, is independent, carries out responsibilities) indicated no difference between the parents with adopted children ( $M = 5.69$ ,  $SD = .67$ ) and parents with biological children ( $M = 5.64$ ,  $SD = .71$ ),  $F(1,77) = .09$ ,  $p = .76$ .

Findings indicated no differences in the reported frequency of any of the parents' Discipline Behaviors of children 5-18 years of age: praise child (adoptive parents,  $M = 3.63$ ,  $SD = .59$ ; biological parents,  $M = 3.66$ ,  $SD = .55$ ),  $t(114) = -.28$ ,  $p = .78$ ; let child help set rules (adoptive parents,  $M = 2.96$ ,  $SD = .57$ ; biological parents,  $M = 2.81$ ,  $SD = .71$ ),  $t(112) = 1.27$ ,  $p = .21$ ; spank or slap child (adoptive parents,  $M = 1.79$ ,  $SD = .77$ ; biological parents,  $M = 1.53$ ,  $SD = .68$ ),  $t(113) = 1.88$ ,  $p = .06$ ; hug child (adoptive parents,  $M = 3.53$ ,  $SD = .78$ ; biological parents,  $M = 3.75$ ,  $SD = .48$ ),  $t(114) = -1.83$ ,  $p = .07$ ; yell at child (adoptive parents,  $M = 2.44$ ,  $SD = .80$ ; biological parents,  $M = 2.68$ ,  $SD = .77$ ),  $t(114) = -1.63$ ,  $p = .11$ .

Those items that asked about Involvement with the Child in activities with children ages 5-18 suggested that, overall, adoptive and biological parents were quite similar in their level of involvement in these activities (e.g., time spent having fun, helping the child with reading or homework) (adoptive parents,  $M = 16.13$ ,  $SD = 5.04$ ; biological parents,  $M = 16.47$ ,  $SD = 4.81$ ),  $F(1,112) = .14$ ,  $p = .71$ .

### **Parents' Views of Children's Adjustment**

Overall, no differences were found between the responses of parents with adopted children ( $M = 3.57$ ,  $SD = .62$ ) and parents with biological children ( $M = 3.63$ ,  $SD = .57$ ),  $F(1,143) = .31$ ,  $p = .58$ , regarding their Child's Well-being overall. Further analysis by age group showed no difference regarding Problem Behaviors (e.g., sad, gets along well with other kids) between young (0-4 years) adopted children ( $M = 1.80$ ,  $SD = .25$ ) and biological children ( $M = 1.70$ ,  $SD = .15$ ),  $F(1,24) = 1.50$ ,  $p = .23$ , of the same age. Thus, both groups of parents reported fairly positive ratings of their children ages 0-4 years.

For children ages 6-11, no differences were found between groups regarding children's Prosocial Behaviors: adopted children ( $M = 1.30$ ,  $SD = .38$ ) and biological children ( $M = 1.27$ ,  $SD = .20$ ),  $F(1,50) = .91$ ,  $p = .34$ . No differences also were found regarding their Problem Behaviors: adopted children ( $M = 2.5$ ,  $SD = .44$ ) and biological children ( $M = 2.66$ ,  $SD = .45$ ),  $F(1,50) = 1.69$ ,  $p = .20$ .

Similarly, no differences were found between groups regarding the Prosocial Behaviors or Problem Behaviors for children ages 12-18. Regarding Prosocial Behavior, adopted children ( $M = 1.45$ ,  $SD = .41$ ) and biological children ( $M = 1.38$ ,  $SD = .29$ ) were reported about equal  $F(1,61) = .54$ ,  $p = .47$ . Also, no differences were evident in reports of Problem Behaviors: adopted children ( $M = 2.40$ ,  $SD = .58$ ) and biological children ( $M = 2.39$ ,  $SD = .54$ ),  $F(1,62) = .002$ ,  $p = .97$ . Thus, parents of older children also reported similar and fairly positive ratings for their children.

An additional item asked how much Education the parent thought his/her child would achieve. Parents with adopted children reported similar expectations ( $M = 5.06$ ,  $SD = 1.70$ ) to parents with biological children ( $M = 5.44$ ,  $SD = 1.49$ ),  $F(1,142) = 2.13$ ,  $p = .15$ . Parents in each group expected their children to complete some college (4 = complete 2-year college program; 5 = complete 1-3 years toward 4-year college degree; 6 = graduate from college).

## **Discussion**

Results of this study, based on nationally-based matched groups of adopted and biological children and their parents, are in contrast with results of studies using more select samples (e.g., clinical, local) of adopted children. The adopted children were not found to be at risk on the variables measured, as there were no significant differences between their behaviors and characteristics and those of the matched group of biological children. Parents saw their adopted children as equally capable in their social interactions and desirable responsible behaviors, and as having levels of problem behaviors and well-being similar to those reported by the biological parents for their children.

Similarly, the adoptive parents themselves were not found to be more at risk than their biological counterparts. The adoptive parents reported depression, self-esteem, and overall well-being scores that were as positive as those reported by the biological parents. In fact, both groups of parents scored well within the range of psychological wellness on all of these items.

The parenting behaviors of both groups also were quite similar. In terms of their discipline behaviors, parents in both groups reported fairly frequent use of positive behaviors, such as praising and hugging their children, and said they infrequently used negative behaviors such as yelling at or spanking their children. Similarly, in terms of their attitudes toward family life, adoptive parents reported opinions much like those of their biological counterparts. For example, parents in both groups reported somewhat moderate (traditional) attitudes about parents being at home with small children, expressed similar beliefs that parents of young children should try to avoid divorcing, and were somewhat disapproving of unwed mothers. Both groups also gave similar emphasis to desirable behaviors and attitudes they tried to foster in their children (e.g., follows rules, does well in school and athletics, is involved in creative activities). Finally, parents in both groups expected their children to complete some college.

These results, then, present a consistent view of adopted children and their parents as fairly typical children and parents. This view is in stark contrast to numerous studies using more limited samples, but is quite similar to the few published reports based on nonclinical adopted children and their parents. In short, when researchers use a relatively representative sample of adopted families, these families are found to be functioning quite well, and at least as well as their biological counterparts. These cumulative findings highlight the biased viewpoints that often have been the unquestioned basis for adoption research (cf. Bartholet, 1993; Miall, 1996). When researchers frame their research questions from a deficiency perspective, they (quite logically) find deficiencies in adoptive families. It seems imperative that researchers instead begin to view adoption as one of several ways that families are formed, and begin to focus on the normal developmental issues that arise in adoptive families, as well as their strengths. As Miall (1996) indicated, all families need to be evaluated in terms of their functioning rather than their family form. In short, rather than comparing adoptive families to biological families, we need to focus on describing within group variability on adoptive families (and biological families). In this way, researchers can provide instructive insights regarding how adoptive families handle unique adoption issues (e.g., sharing birth-family information with the adopted child, involvement with birthparent(s))

in open adoption), in more or less effective ways, with their particular children (e.g., those adopted as infants and as older children, those in transcultural adoptions).

### **Limitations**

This study offers unique data in several ways. We drew our sample and items from a large, general (i.e., nonadoption-focused) survey of family life (NSFH, Sweet et al., 1988), creating matched groups of adopted and biological children and their parents. In these ways, the study design addresses several of the methodological limitations of previous adoption studies. Nevertheless, several limitations affect the generalizability of the results. Despite the large NSFH sample, for example, the sample of parents with adopted focal children was relatively small ( $n = 72$ ), and the only source of information about the parents and their focal children were the parents themselves. The results also are limited by those variables that were assessed via the NSFH. A number of variables cited in the adoption literature (e.g., referrals for counseling, school-related behavior problems) either were not included, or items related to these variables were designed to assess the behaviors of all the children in a family rather than those of the focal child only (i.e., adopted child or matched biological child). In addition, it appears that both fertile and infertile couples were included in the adoptive parents group, as some of these parents reported that they had biological children also. These parents may have differed from adoptive parents without biological children in several ways that could have influenced their responses on items selected for this study (e.g., reasons for adopting, need to cope with inability to conceive, etc.). Finally, we had no information on potentially relevant variables concerning the adopted children, such as age of placement.

### **Implications for Practitioners**

Although there is increasing empirical evidence regarding the successes of adoptive children and their families, there is reason to believe that this more positive perspective is slow to reach some practitioners (cf. Miall, 1996). Thus, there is a pressing need for educated professionals who can provide a more balanced perspective on adopted children and their parents. Although adoption status certainly should not be ignored, it also need not be overemphasized, and should not be viewed as an automatic deficit for a child, parent, or family. Social workers, family life educators, family planning specialists, and counselors need to be aware of growing evidence regarding the successes of adoption, and begin to view developmental tasks unique to adoptive families (e.g., telling the child about his/her adoption) as normal events for these families which, on average, are handled relatively well. Professionals also can challenge negative attitudes expressed by their clients, students, and colleagues.

### **Conclusion**

In sum, results from a small national sample of adopted children and their parents call into question many popular beliefs about them, and are in contrast with results from studies relying on more limited (e.g., clinical, local) samples. Clearly, efforts to locate and/or recruit national samples of adopted children and families--and matched control groups--are needed to further clarify the extent of at risk factors related to adoption, and what variables contribute to these at risk factors. Perhaps more importantly, however, it seems that there is ample evidence to suggest that researchers need to discard deficiency models for viewing and studying adopted children and their families. Given the growing evidence of their success, it may be more productive to begin identifying the characteristics of healthy adoptive families and searching for predictors of their success (cf. Benson et al., 1994).

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