Pergamon

Children and Youth Services Review, Vol. 22, No. 7, pp. 539–562, 2000

0190-7409/00/$–see front matter

PII: S0190-7409(00)00102-X

Issues Underlying Behavior Problems in At-Risk Adopted Children

Susan Livingston Smith
Jeanne A. Howard
Alan D. Monroe
Illinois State University

Research and practice literature have examined behavior problems in adopted children, and many studies have found that adoptees from about age 6 through adolescence demonstrate more behavior problems than non-adopted children (Berry, 1992; Brodzinsky, Radice, Huffman, & Merkler, 1987; Dickson, Heffron, & Parker, 1990; Grotevant, McRoy, & Jenkins, 1988; Rogeness, Hoppe, Macedo, Fischer, & Harris, 1988). In particular, special needs adoptees who have been removed from birth homes due to maltreatment are vulnerable to ongoing behavioral and emotional difficulties that often do not abate over time (Nelson, 1985; Rosenthal & Groze, 1991; Rosenthal & Groze, 1994). The most common behavior problems among these adopted children are external behavior problems indicative of children diagnosed as having "conduct disorders," who are acting out anti-socially in response to a number of internal negative feelings such as anger, powerlessness, low self-esteem, fear, and anxiety (Smith & Howard, 1991; 1994).

The practice literature in adoption recognizes that many special needs foster and adopted children exhibit self-defeating, negative behaviors that often do not respond to traditional interventions (Cline, 1992; Delaney & Kunstal, 1993; Katz, 1986; Keck & Kupecky, 1995). However, professional literature on adoption remains underdeveloped. The literature is largely based on practice wisdom rather than empirical investigation. Much of the research literature on adoption is atheoretical and is focused on infant adoptions. Through examination of families served in an adoption preservation program, this article seeks to expand our understanding of the emotional issues impacting the psychosocial adjustment of adoptees, primarily those adoptees coming to their families through the child welfare system.

Reprint requests should be sent to Susan Livingston Smith, Department of Social Work, 4650, Illinois State University, Normal, IL 61790-4650 [slsmith@rs6000.cmp.ilstu.edu]

Literature on Emotional Issues

The primary theoretical perspective of literature on the psychosocial adjustment of adoptees, particularly special needs adoptees, is psychodynamic, emphasizing the influence of critical factors in early development on later development and functioning. Also, concepts from self psychology and object-relations theories on the organizational functions of the self and intrapsychic representations of interpersonal relationships are primary in understanding attachment problems of children and the superimposing of the dynamics of early experiences on present relationships. Both the theoretical and research literature related to emotional issues impacting the adjustment of adoptees are highlighted below.

Separation/Attachment Issues and Grief. The adoption literature uses two models for understanding the struggles of adoptees, particularly those removed from birth homes through the child welfare system, in relation to attachment. Both of these models stem from the classic works of Ainsworth (1969, 1985, 1989) and Bowlby (1960, 1973, 1980). The grief and mourning model (Fahlberg, 1991; Jewett, 1982; Kubler-Ross, 1969) theorizes that lost attachments must be mourned successfully so as not to interfere with the development of new attachments. The second, which some have labeled the "negative working model," gives attention to the long-term impact on children of unhealthy attachment relationships in early childhood (Cicchetti, 1989; Cline, 1992; Delaney, 1991; Egeland, Sroufe, & Erickson, 1983). This model holds that children develop internal representations of themselves and other attachment figures based on their early interactions with the primary caretaker. When the caretaker has been unresponsive to the child's needs, inaccessible on a consistent basis, or punitive, the child develops a cynical, pessimistic "negative working model" of himself and his caretakers that results in habitually disturbed patterns of interaction in future attachment relationships.

The process by which children adopted as infants or later in life resolve the loss of fantasized or actual attachments is unclear. Much theoretical literature exists on this subject, but empirical examination of this process is very limited. Brodzinsky, Schechter, and Henig (1992) report that infant adoptees do not perceive the loss aspects of adoption until around age 8 or older. Between ages 8 and 11, children's understanding of adoption broadens markedly, and some adoptees at this stage of cognitive development experience confusion and conflicted feelings. According to Brodzinsky, et al. (1987), it is during the latency years that the normal process of adaptive grieving begins. Unlike adults who can process a loss when it occurs, children repeat the grief

process for a major loss each time they achieve a new level of cognitive development or when there are other losses in their lives (van Gulden & Bartels-Rabb, 1994).

There are many dynamics that make the resolution of separation/attachment conflicts for adoptees complex and difficult. Resolution of the loss of an attachment figure requires cognitive acceptance of the loss that is linked to a satisfactory account of the causes of the loss (Weiss, 1988). If the loss makes no sense (as is the case for many adoptees who do not know why they were placed for adoption) there is an ongoing, nagging search for an explanation and recovery is impeded. Weiss also cites other barriers to recovery from loss, which are present for many adopted children, including ambivalence toward the attachment figure, low self-esteem coupled with a feeling of dependence on the attachment figure, and feelings of responsibility to the attachment figure.

Identity Issues. The adoption literature historically has viewed identity formation in adoptees as problematic, but this literature has focused almost exclusively on infant adoption. Many terms have been coined to label the process, such as genealogical bewilderment (Sants, 1964); prolongation of the birth family romance fantasy (Rosenberg & Horner, 1991; Sorosky, Baran & Pannor, 1975); difficulty overcoming feelings of abandonment and rejection leading to the development of a shame-based identity (van Gulden & Bartels-Rabb, 1994); and a split or dichotomous identity such as Lifton's (1990) false self/forbidden self or Haimes' (1987) "false" self as an adoptee versus "real" self pertaining to the biological family. Schecter & Bertocci (1990) describe other possible complications for adoptees that have been advanced in the literature: ongoing resentment and immobilization stemming from a sense of powerlessness and disadvantage in relation to "regular" people; anxiety and ambivalence related to body-image, sexual relationships, and reproduction; and a driven need to experience human connectedness, described as a sense of not being really human or feeling real .

These views of adoptee vulnerability are not unanimous. In a small study of adolescent identity formation, Stein and Hoopes (1985) found that adopted adolescents did not have more struggles with identity issues than their non-adopted peers. A recent study conducted by the Search Institute, which surveyed a large sample of adolescent adoptees and their parents, found that adoption does not appear to have a negative impact on identity formation (Benson, Sharma, & Roehlkepartain, 1994). However, the results of both of these studies were drawn from data on children placed as infants and cannot be generalized to children placed following trauma or disrupted attachments.

Search Issues. Schechter and Bertocci (1990) emphasize that searching is an internal process that begins in childhood as children become more aware of the meaning of adoption. Adoptees may have search ideation throughout their lives, although most do not search actively. Active searches are much more common among female adoptees; studies in countries with sealed records indicate that 63 to 82% of searchers are female (Schechter and Bertocci, 1990).

A number of intrapsychic meanings for searching have been discussed in the literature, including acting out a fantasy of reattachment, rebelling against parental standards out of a need for autonomous self-definition, attempting to find reassurance that one was not given away for being bad, and repairing a sense of incompleteness (Schechter & Bertocci, 1990). For special needs adoptees the motivation for searching may differ from that of infant adoptees. Special needs adoptees may seek to reconnect with family members whom they remember and to whom they are attached. They may need to fill in gaps in their own memories of early experiences or gain reassurance of the current well-being of siblings or other attachment figures.

Depression. This is an important dynamic underlying behavior problems in many troubled adoptive children; however, it is a complicated phenomenon to identify and to understand. There has been considerable evolution in the understanding of depression in children over the past four decades, progressing first from a disbelief that clinical depression existed in children to a belief that it existed in masked form. Currently, experts recognize that it exists both in the "classic" adult-manifested form in prepubertal children as well as in differing forms related to the developmental level of the child (Harrington, 1993). The DSM-IV (American Psychiatric Association,1994) recognizes that the manifestations of depression vary with age; however, there is no consensus in the literature or diagnostic classification systems on the criteria for identifying depression among children at different developmental levels and with different overlapping conditions. Also, the identification of depression in children is partially related to their ability to identify and to communicate their emotions accurately, an ability that is limited in children generally, but particularly in many special needs adoptees.

Predisposing factors for depression include loss of a parent or other attachment figure, a history of maltreatment, family histories of psychiatric disorders, low self-esteem, negative body image, learning problems, low peer popularity, repeated experiences of rejection, stressful life events, family conflict, and emotional unavailability of parents (Kaufmann, 1991; Petersen, Compas, Brooks-Gunn, Stemmler, Ey & Grant, 1993). It is estimated that

only a small minority of depressed children are ever diagnosed or treated (Keller, Lavori, Beardslee, Wunder & Ryan, 1991).

There is research among clinical and non-clinical populations indicating that adoptees, particularly females, are more vulnerable to depression than their non-adopted peers (Brodzinsky, Radice, Huffman, & Merkler, 1987; Fullerton, Goodrich, & Berman, 1986; Senior & Himadi, 1985). In their analysis of hospitalized adoptees Fullerton, et al. (1986) found that the impulsive acting-out behaviors of these adoptees are defenses against a "depressive core," that should be addressed in treatment. In other words, the external behavior problems of these children masked the root problem of depression, which these adoptees often avoided addressing in treatment.

Post Traumatic Stress Syndrome. A primary consideration in understanding the ongoing adjustment of special needs adoptees who have experienced maltreatment in their birth families is the impact of trauma on their future development. Research-based knowledge about the initial and ongoing impact of trauma on children is developing but still rather fragmentary. There are traumatized children who meet the criteria for a diagnosis of PTSD and other traumatized children who are equally if not more disturbed overall, but who do not exhibit the same pattern of symptoms (Kiser, Heston, Millsap, & Pruitt; 1991). A number of internal and external variables mediate the impact of trauma on individual children, including the age and developmental level of the child; the availability of social support after the trauma, particularly from a family member; the relationship of the perpetrator to the victim in abuse situations; and the frequency, severity, and duration of trauma (Kinzie, Sack, Angell, Manson, & Rath, 1986; Kiser, Ackerman, Brown, Edwards, McColgan, Pugh, & Pruitt, 1988; Kiser, Heston, Millsap, & Pruitt, 1991; McLeer, Deblinger, Atkins, Foa, & Ralphe, 1988; Terr; 1991).

Classic post traumatic stress symptoms include reexperiencing behaviors (nightmares, flashbacks) avoidant behaviors (phobias, numbing, dissociative symptoms), and symptoms of autonomic hyperarousal (startle reactions, hypervigilance, difficulty sleeping). Some authors have criticized the DSM criteria for PTSD diagnosis as being too restrictive, biased toward those showing reexperiencing rather than denial symptoms, and not accurately capturing chronic forms of untreated PTSD that result in ingrained patterns of rage and antisocial behaviors (McCann, Sakheim, & Abrahamson, 1988; Scurfield, 1985). Lenore Terr (1991), who has completed numerous studies of traumatized children, advanced two typologies for children's coping patterns in experiencing trauma. The Type I pattern is related more to single-incident traumas after which children have full, detailed memories of their experience.

The Type II pattern, associated with long-standing or repeated exposure to trauma, is more likely to lead to massive denial and psychic numbing, self-hypnosis and dissociation, rage, and personality problems.

Some recent studies on PTSD in children reveal interesting findings that appear to have implications for children of "the system" who have experienced both abuse/neglect-related trauma and separation trauma. Children experiencing severe neglect as well as disturbed early attachment relationships are more vulnerable to the impact of trauma (Rutter, 1989). Early onset of abuse (prior to age 4) also is associated with developing PTSD (Famularo, Fenton, Kinscherff, Ayoub, & Barnum, 1994). Experiencing physical and emotional deprivation and experiencing severe trauma, particularly during the critical period for brain development from birth to age 3, can produce physical changes in the brain, endocrine system, and other physiological functions that may result in permanent physiological changes (Briere, 1992; Reite & Field, 1985; Ver Ellen & van Kammen, 1990). Sexual abuse is the form of maltreatment most associated with PTSD--long-lasting abuse, family dysfunction, and the father identified as perpetrator are factors that increase the likelihood of developing PTSD (Kiser, Heston, Millsap, & Pruitt, 1991; McLeer, Deblinger, Atkins, Foa, & Ralphie, 1988). In addition, a few recent studies have supported the prevalence of Terr's Type II symptomatology among children experiencing repeated abuse or presenting with a chronic duration of PTSD symptoms (Famularo, Kinscherff, & Fenton, 1990; Kiser, Ackerman, Brown, Edwards, McColgan, Pugh, & Pruitt, 1988).

In addition, theoretical literature on the impact of trauma has advanced the concept of traumagenic states, emotional states that have their origins in traumatic experiences (Finkelhor & Browne, 1986; James, 1989). The nine traumagenic states advanced by James include self-blame, powerlessness, loss and betrayal, fragmentation of bodily experiences, stigmatization, eroticization, destructiveness, dissociative disorder, and attachment disorder. An understanding of the links between specific types of trauma and specific emotional states comprising the child's experience of a trauma is key to evaluating the psychological impact of any traumatic event on a child and developing treatment plans. Hence, many negative behavior patterns may emanate from negative feeling states, which need to be addressed in successful treatment of traumatized children.

This study seeks to explore further the emotional issues underlying adjustment problems in adoptions in difficulty. It addresses the following research questions: Does the presence of each emotional issue relate to severity of child behavior problems? Does the presence of these emotional issues pose a dissolution risk for the adoptive placement?

Method

Sample

The State of Illinois began implementing the Adoption Preservation Program in the summer of 1991 to serve post-legal adoptive families at risk of child placement or adoption dissolution. Families were referred to this service through many sources—the state child welfare agency, publicity on the program enclosed with subsidy checks or in the news, and through other helping professionals. Families came to this program voluntarily and were asked to participate in this research study. Over 99% of the families agreed, and data were collected on the needs and problems of all families coming to this project from June, 1991 through November, 1994. Thus, this sample was comprised of a subset of adoptive families: those experiencing difficulty and seeking services. Because the outcomes of services also were assessed, the sample for this analysis was limited to those cases that were closed by the end of the data collection period.

Assessment data on 292 adopted children were analyzed for this report. The children ranged in age from 3 to 20: 16% were under age 8, 23% were ages 9 to 11, and 61% were age 12 or older. The gender of children served was 52% male, 48% female. The majority of children were Caucasian (53%), 36% were African American, 9% Hispanic, and 2% of other racial origin. These adopted children had been living in their current adoptive homes a considerable length of time (mean=8.8 years). The most common type of adoption represented was adoption by parents previously unknown to the child (49%). Foster parent adoptions comprised 35%, and relative adoptions 16% of the sample.

The significant majority of children served were special needs adoptees. The term "special needs," which is defined differently across states, is a designation given children for whom permanent homes may be difficult to secure due to the children's race or ethnicity, older age, sibling group status, or special mental, physical, or behavioral disabilities. The significant majority of children examined in this study meet the definition of "special needs." Seventy-three percent were former wards of the Illinois Department of Children and Family Services, and the majority of children (56%) were receiving adoption subsidies from Illinois. Of the 27% of children who were not former wards of Illinois, approximately two-thirds had been adopted domestically as infants. The remainder were special needs adoptees from other states or intercountry adoptees. The placement history of the children indicates that the majority were young when initially removed from birth families (mean=1.9 years) as well as when they were placed into the homes of their adoptive families (mean=3.5 years). The mean age at legal adoption was 5.7 years.

Measures and Procedures

The statistical data used for the current analysis come from two forms completed by the adoption preservation workers (most of whom were M.S.W.-level social workers): the Initial Family Assessment form, completed after three weeks of work with the adoptive family, and the Overview of Services form, completed at the end of the service period. In addition, qualitative data were gathered throughout the project. The authors interviewed workers and a small number of families, observed four children's and two parents' support groups, and reviewed evaluation forms completed by parents and children. Both the quantitative and qualitative data are utilized to enhance understanding of these emotional issues in adopted children and the impact of these issues on children's functioning.

Severity of Behavior Problems. A total behavior problem score drawn from a Behavior Problem Rating List on the Family Assessment form was used as a measure of the severity of child behavior problems.1 In the initial assessment, workers, in collaboration with parents, evaluated a list of 22 behavior problems (reported in the literature as present in many special needs children) as 0=not present, 1=moderate problem, or 2=severe problem. These values were summed to yield a total behavior problem score.

Dissolution Risk. A question on the Overview of Services form as to whether parents raised dissolution as an option was used as the measure of dissolution risk.

Underlying Issues. The presence of a number of internal emotional issues that might contribute to behavior problems was evaluated by workers at case closing on the Overview of Services form. In the majority of cases, workers met with the adopted children and the parents separately, as well as seeing the family together. Some workers did not rate these issues for cases they felt they could not judge, particularly for those cases with limited contact. (The majority of families, 80%, received a considerable amount of service, a mean of 52 hours per case. Fourteen percent of families were never engaged and another 5.5% received brief service, less than 10 hours. In addition, many children and parents attended support groups, facilitated by the adoption preservation workers.)

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1 Two measures were used for evaluating child behavior problems over the course of the project evaluation, the Behavior Problem Rating List on the assessment form and the Achenbach Child Behavior Checklist, which was added as a measure early in 1993 when the program was expanded to new sites. Since the CBCL data were available on many fewer closed cases, the Behavior Problem Rating List was used as the measure of behavior problems for this analysis. The Rating List was first developed for use in a previous study conducted by the authors, for which data were collected from case records (Smith & Howard, 1991; 1994). The total behavior problem score obtained from summing the values on the Behavior Problem Rating List is a measure of behavioral difficulty of the child, and does not reflect other indicators of emotional disturbance such as somatic complaints or thought disorders. A correlational analysis of the total behavior problem score from the Behavior Problem Rating List and the total problems summary score on the CBCL revealed a .68 Pearson's r correlation between the two measures. In addition, an analysis of the results on both measures is presented in a previous article (Smith & Howard, in press).

Results

Half or more of the adoptees served by this project exhibited externalizing behaviors characteristic of conduct disorders: lying and manipulation (81%), defiance (80%), verbal aggression (77%), violation of family norms (69%), peer problems (64%), tantrums (60%), physical aggression (56%), and destruction of property (50%). Other frequent behavior problems included stealing (49%), hyperactivity (45%), curfew violations (44%), and running away (33%). A significant minority of children demonstrated behaviors related to attachment problems including rejects affection (40%) and withdrawal (45%). Very serious problems present in a minority of children included sexual acting out (27%), arrests and legal difficulties (22%), suicidal behavior (21%), firesetting (17%), and sexual aggression (11%). Other behaviors included in the assessment were enuresis (15%), overcompliance (18%), and "other," a miscellaneous category checked for 25% of children.

Overall, 45% of referred families whose cases had closed expressed an interest in dissolution at some point during services. Actual legal dissolution is difficult to accomplish in Illinois. At the time of data analysis, legal dissolution had occurred or was in progress for 2% of the children. Another 16% of children were in placements outside the home at the close of services. Approximately 2/3 of them were in formal mental health or substitute care placements. The remainder were living with relatives or friends or living independently.

The ratings for the presence of the underlying issues assessed are reported in Table I. The mean behavior problem scores for children and the statistical association between specific issues and behavioral severity are reported in Table II. The associations between these issues and dissolution risk are reported in Table III. The following discussion combines these quantitative data with the life histories of special needs adoptees to illuminate the underlying emotional issues that threaten adoptees' successful integration into their adoptive families.

Table 1
Issues Underlying Child Behavior Problems

Underlying Issue	Yes/%	No/%	Unsure/%	N/Cases rated
Separation/attachment conflicts	205 (75%)	43 (16%)	26 (9%)	274
Grief	180 (71%)	42 (17%)	30 (12%)	252
Identity	159 (64%)	40 (16%)	49 (20%)	248
Need to search	75 (32%)	119 (52%)	37 (16%)	231
Depression	138 (55%)	66 (26%)	49 (19%)	253
PTSD Symptoms	87 (36%)	98 (41%)	55 (23%)	240

(Percents given are valid percents, adjusted for missing data.)

Table 2
Underlying Issues And Mean Behavior Problem Scores

Underlying Issues	*Yes*	*No*	*Unsure*	
	Mean / n	Mean / n	Mean / n	*f-score*[1]
Separation/attachment conflicts	14.53 / 178	8.19 / 36	10.40 / 20	17.87***
Grief	14.01 / 162	9.75 / 37	12.00 / 22	7.00***
Identity	14.12 / 141	11.70 / 37	11.39 / 38	3.62*
Need to search	14.38 / 63	12.54 /110	11.92 / 26	1.91
Depression	15.68 / 123	9.48 / 60	11.35 / 40	23.72***
PSTD symptoms	15.49 / 76	10.54 / 90	14.25 / 44	13.55***

[1] Analysis of variance f-scores indicating significant differences between children assessed by workers as dealing with this issue, not involved with this issue, or unsure.

* Significance level = $p<.05$

** Significance level = $p<.01$

*** Significance level = $p<.001$

Table 3
Association Between Issues And Parents' Raising Dissolution

Underlying Issue	*Chi-square*	*Significance level*
Separation/attachment conflicts	21.87	.0001
Grief	6.80	.0334
Identity	.57	.7515
Need to search	9.54	.0085
Depression	7.15	.0281
Post traumatic stress symptoms	18.61	.0001

Separation/Attachment Issues and Grief. Separation/attachment conflicts are the most commonly identified emotional issues attributed to these children (75%), and a related issue, *grief,* is the second most commonly identified (71%). These adopted children's stories include many complications arising from loss, grief, and attachment conflicts:

The 17-year-old girl who fantasizes that her birth mother will return and resists attaching to her adoptive parents.

The 11-year-old girl who is grieving the loss of her former foster family, whom she had expected to adopt her. She is afraid to trust or become attached to her adoptive family.

The 12-year-old boy placed in his adoptive home upon removal from his birth family due to serious neglect at 9 months of age. He has had significant attachment problems and behavior problems. The behavior problems escalated after his adoptive parents' divorce. Upon referral he is full of rage and physically abusive to his adoptive mother. Through services he begins to talk about the grief related to both his birth family and his adoptive parents' divorce.

A 7-year-old girl is terrified to leave her adoptive mother's side. She has experienced recent losses, including a death in the family and a move.

The presence of separation/attachment conflicts is associated both with parents' raising dissolution as an option and the severity of behavior problems. Likewise, children experiencing grief have higher behavior problem scores than those who are not so identified. However, the child's experiencing grief is not associated with parents' raising dissolution.

This perception of the loss aspect of adoption was articulated by a 9-year-old boy served by the project, who when asked by his social worker what adoption meant to him answered, "Adoption means somebody loves you and somebody doesn't love you."

According to Weiss (1988), resolution of loss is tied to a satisfactory account of the causes of the loss. Many adoptees reported difficulties in making sense of their situations. Confusion about "WHY!" and longing for both contact and information about former parents and siblings was expressed frequently by children. For example, one 15-year-old girl stated, "Since third grade, I was in pain and sad wondering why they gave me up." Also, self-blame is not an uncommon explanation among adoptees, such as the 14-year-old boy who stated that he couldn't figure out what he did wrong to make his birth parents give him up.

Another barrier to resolution of loss is conflicted feelings toward the attachment figure, including anger, guilt, or loyalty to an idealized birth parent further complicate grief. For example one 11-year-old, who had been removed from her birth mother at age 2 and who had occasional contact with her, stated that she was angry at her birth mother because she wouldn't stop drinking and get her life together. However, she worried that her mother might "be somewhere hurting or dying," and she wished that they could live together. A teenage boy had fantasized turning 18, visiting his drug-addicted birth mother (whom he had seen yearly since placement at age 5), and rejecting her as she rejected him. When she later died, he was flooded with guilt, grief, and anger

Sometimes the identity issues of adopted pre-adolescents and adolescents contribute to a resurgence of separation/attachment issues, even in children who had spent very little time in their birth families. For example, one adoptive mother reported that she had explored the underlying cause of her 10-year-old daughter's moody behaviors. The girl had been placed at age 2. In talking about what was wrong she told her mother, "If I love you, somebody's going to get hurt." When asked who might get hurt, the child responded it was her birth mother. In addition to loyalty toward birth parents, adoptees also express difficulties related to lost attachments to birth siblings or former foster families. For some children served by the project, contacting or obtaining information about these attachment figures has facilitated their coping with emotional conflicts.

For some adoptees, difficulty coming to terms with "rejection" by their birth mother (mentioned much more often than birth fathers) makes it hard for them to feel accepted by adoptive parents. For example, one 11-year-old

boy thought he wasn't wanted when he was scolded and he would run away. He stated that his birth mother didn't want him so his adoptive mother must not either. Other children indirectly communicated their feelings of being isolated within their adoptive families. For example, when asked to draw a picture of his family, one boy drew everyone in his family but himself. When this was pointed out, he drew his face but said he was "like a ghost."

Some children expressed the feelings of loss and abandonment as strong fears. A common theme was the fear of repeated loss. One young girl drew a picture of her birth family coming and stealing her (as a baby) back. A 6-year-old boy feared that someone would come and take him away; he talked about having nightmares that reflected both strong anxiety and grief. This fear seems quite reasonable given children's understanding of adoption. According to Brodzinsky, Singer, and Braff (1984), latency-age children typically are uncertain about the permanency of adoption and the biological parents' ability to reclaim their child.

An additional fear expressed by children is a fear of being kidnaped. Many special needs children have experienced moves in care, and many years later still harbor fears of strangers (professionals) coming to see them. For example, one worker reported that a young girl began crying hysterically when she first tried to talk with her; another child, who had experienced multiple moves in care, reacted to a school psychologist's coming to get him from his class by becoming distraught and running away. When one of the researchers was observing a support group for latency-age girls, a common theme of the girls' conversation was fear, and they insisted on closing the blinds so that no one could see them. They talked at length about their fears of being alone, of the dark, and for one child, a fear of being kidnaped "by my birth parents or Freddie Krueger." The worker asked them when or where they felt safe, and they all replied, "Nowhere!"

Children's grief issues and fears related to repeated loss may abate and resurface over time. Workers reported that children's birthdays were often stressful times and revived issues of grief or unanswered questions. Children experiencing a recent loss, such as the death of a family member or a divorce (either of which occurred in 29% of all families served) often demonstrated severe reactions. In the future, longitudinal research needs to examine the process of children's resolution of loss and attachment issues in children adopted at various ages, including the developmental, environmental, and individual factors influencing this process.

Identity Issues. A majority of children (64%) were found to be dealing with identity issues. These children had higher-than-average behavior prob-

lem scores; however, identity issues were not associated with parents' raising dissolution. A range of identity-related concerns, conflicts, and anxieties were expressed by the children served by the project, such as:

"I want to know more about who I am."

"I just want to know about my birth mother."

"I'm sometimes afraid that if someone finds out I'm adopted, they will make fun of me and treat me different from the others."

Among adoptees served by the Adoption Preservation Project, expression of identity-related issues varied with the age of the child (f=13.88; p<.0001). For younger children, identity issues were most common among 7 and 8 year olds; they resurfaced for 11 and 12 year olds and continued to intensify through age 16. The percentage of children identified as having identity issues for each age group is as follows: 4 to 6 years (20%); 7 to 8 years (54%); 9 to 10 years (41%); 11 to 12 years (63%); 13 to 14 years (77%); 15 to 16 years (85%); 17-and-up (54%). These results correspond to Brodzinsky and colleagues' (1984) conclusion that around age 8, children's understanding of adoption broadens and leads to a period of confusion and active searching for answers. The results also support the commonly held assumption that identity issues peak during adolescence for adopted children. In addition, identity issues were more prevalent among children placed in their first year than those placed after infancy (chi square=12.23; p<.01).

While identity evolves throughout the lifespan, adolescence is a time of active crisis and decision making related to identity issues. Adolescents are concerned with changing bodies and what they will eventually look like, sexual identity issues, how they relate to peers and family, what they want to become as adults, and other identity-related concerns. A number of these issues are much more complex for adoptees. At this period many adoptees are particularly aware of their lack of biological connectedness to others and the void of important background information on their own biological roots.

Individuation, a second developmental task of adolescence, is another element of successful identity resolution. The growing autonomy and emotional individuation of adolescents are based upon a positive and secure parental relationship. Adolescent adoptees must individuate not only from adoptive parents to whom they may feel insecurely attached but also from birth parents. Some adoptees served by this project have verbalized their recognition that they were now the age of their birth mother when she gave birth to

them or when she conceived them. Sorting through all of the information, misinformation, conflicted feelings, and missing answers is complicated further when the children's histories contain well-guarded secrets. For example, one relative adoption by grandparents involved three adoptees who had never been told that they were adopted. When the worker finally achieved a family session in which the grandparents shared this information with all three children, the oldest girl expressed great relief. She had thought she was "crazy" because she had memories of living in another house, a memory that her grandmother had denied.

Children express their frustration and desperation to resolve these issues both verbally and behaviorally. One teenage girl decided that her birth mother must have been a prostitute and that she had been conceived as a result. This adoptee began to act out sexually. Her worker obtained her case record from the state and, with her parents' permission, told the girl her background story, which was not at all what she had imagined. Subsequent to this process, the adoptee's behavior showed significant improvement.

Search Issues. Conflicts related to the need to search were reported for 32% of the children. This issue is not associated with the severity of behavior problems but is associated with parents' raising dissolution. Some of the adoptive parents served by the project have been resistant to their children's need to reconnect with birth family. One adoptive mother expressed anger that her 13-year-old daughter wanted to see her birth parents, especially when they had mistreated her. Some adoptive parents are willing to address birth family issues, but avoid the issue in order to protect the child. For example, a 15-year-old girl who was searching actively for her birth mother was unaware that her adoptive parents had information that they had never shared with their daughter. Several therapists had discouraged this sharing because the girl was having many behavioral and emotional problems, and they felt this information would only add to her conflicts. The adoption preservation worker was the first to actively encourage the parents' sharing this information with their daughter.

Sometimes workers helped to obtain pre-adoptive information from the child welfare case record for the family. This information is shared first with the parents and, with their permission or participation, then shared with the adoptee. For a few children, obtaining information has led to meeting birth relatives. Several adoptive parents of children experiencing such reunions reported that their children's behavior problems subsided after contact had been facilitated. One girl's father reported that her 15th birthday following this period was the first happy one in years; in fact, she had been in psychiat-

ric hospitalization on several preceding birthdays. (So as not to oversimplify, it is important to state that this girl's improvement came after two series of intensive services and much work with her and her parents as well as support group services.)

Among the adoptees served by this project, 59% of those who were assessed by workers as needing to search were girls, a gender difference that is significant at the .05 level. Search ideation is generally presumed to peak in adolescence, although active searchers are more likely to be young adults. For this group of children, the need to search was associated with age, being highest among older adolescents (chi square=20.42; $p<.01$). Workers reported several cases of teenagers who were running away, sometimes living on the streets, and actively searching for birth families. These teens usually expressed their desire to be reunited with birth family.

Of course, search issues interact with other emotional issues both for adoptees and their parents. In the case of a 16-year-old girl who had been placed for adoption at one month of age, identity issues, depression, suicide attempts, anger and rebellion toward her adoptive mother, and her parents' difficulty in allowing her to individuate all resulted in severe family conflicts. Many of the issues in this family centered around the parents' difficulty with allowing their daughter to be different or separate from them. The parents stated that they had not liked their daughter's choice of friends since preschool. The adoptee was caught between her upper-middle-class adoptive family's values and those she believed would be the values of her birth family. Her eventual search and meeting her birth mother helped somewhat to put her feelings in perspective.

In some families, adoptive parents are supportive of their children's need to search and actually initiate the search as a means of helping their child deal with identity and grief issues. For example, the mother of one 12-year-old boy adopted in early infancy reported that he began to ask about his birth parents at age 6 and by 7 or 8 was crying himself to sleep several times a week and asking, "Why did she give me away?" His mother searched and found the birth mother and arranged for her to speak to the boy on the phone. The crying stopped, but the desire for information, pictures, and contact did not. The birth mother has refused to meet her birth son after initially promising to do so. The boy is angry, hurt, and wants his parents to "make her follow through" with her promise.

Depression. Depression was identified as present in 55% of the adoptees. The presence of depression is significantly associated with the severity of

behavior problems and with parents' raising dissolution as an option. There is no association between gender and the prevalence of depression.

Workers report that these children express depression behaviorally both through hostile, aggressive behaviors as well as in more internalized ways such as withdrawal, anxiety, low self-esteem, and self-destructive behaviors. For example, one 16-year-old boy said that he thought his adoptive parents had been forced to put up with him and that he would be doing them a favor by killing himself. Children as young as age 6 expressed suicidal ideation. One mother reported that she found her 6-year-old daughter throwing herself against the wall in her bedroom. When stopped and given holding time, the child said, "Mommy, I want to throw myself out the window and kill myself."

Depression in the adoptees served by this project seems to stem from a host of factors, including ongoing feelings of anger and rejection, unresolved grief, lack of acceptance by peers, failure to live up to adoptive parents' expectations and feelings of being unloved by them, genetic histories of psychiatric disorders in birth families, past maltreatment, and failure in school. Some children express very negative self-images approaching self-hatred that appear to underlie their depressive feelings. For example, one handicapped boy who was in gifted classes at school struggled with feelings of anger, depression, and rejection by his birth mother and by his peers. In his view, his birth was a mistake and he just should never have been born. Another girl revealed her self-image by saying, "I'm a bad girl...all bad." A teenage boy whose parents were actively seeking to dissolve his adoption expressed feelings of hopelessness and despair. He wrote: "If only I could change my past to what I wanted it to be, then I could be 'normal.' The biggest loss in my life has been not living with my real family like normal people."

Post Traumatic Stress Symptoms. The children served by the Adoption Preservation Project who are identified as having post traumatic stress symptoms have significantly higher behavior problem scores than those not identified as having these symptoms, and their parents are more likely to raise dissolution as an option. These children usually exhibit chronic or delayed PTSD patterns and have symptoms similar to Terr's Type II trauma reactions. Also, they frequently exhibit resurfacing of trauma-related issues, often interwoven with loss-related experiences. This interaction of loss and trauma experiences and delayed surfacing or resurfacing of these issues was observed by the authors in previous studies of adoption disruption (Smith & Howard, 1991; 1994). The PTSD symptoms of many of the children served by the project seemed to be triggered by a range of factors, such as disclosure of previous abuse in therapy, experiencing a new trauma or loss, the reemergence of

birth family issues in adolescence, and the onset of puberty. Age 12 was the most common age for which PTSD symptoms were reported (chi square=6.28; $p<.05$); 59% of 12-year-old children were identified as having PTSD symptoms, compared to 35% of all other children. Sexual abuse is most strongly associated with PTSD symptoms (chi square=14.66; $p < .0001$); followed by physical abuse (chi square = 4.71; $p< .05$).

Some children served by this project have reported intrusive thoughts or nightmares about events they had not remembered previously. They often expressed feeling that they were crazy and wondered if these things really happened to them. One 13-year-old boy, who had been removed a second time from his birth home at age 3, began having memories of his younger sister's death. He himself had been severely abused by his parents and had witnessed his parents dip his sister head first in scalding water on one occasion. This younger sister had ultimately died in bed with him one night following a severe beating. His parents had blamed him for not waking up and taking care of her. As these memories came back to him while he was in therapy in a psychiatric treatment setting, this boy still expressed feelings of self-blame and recalled thinking his little sister was alive in a box under the ground. Another 12-year-old boy began reliving maltreatment by his parents, from whom he had been removed at age 4. While taking a shower one night he began screaming hysterically, "I'm locked in the closet and I can't get out."

Some children reported feeling flooded by waves of emotion over which they felt they had no control. Workers helped children and parents to identify triggers such as anniversaries or events that recalled traumatic feelings and to plan for special ways parents could meet children's needs at these times. For example, one boy had memories of his parents coming into his room at night, beating him with wires, and laughing at him. He had difficulty sleeping and said, "When I go into my room, all I can do is hear them and see them coming." His parents began putting him to bed, reading him a story, and sitting with him for a while so that he could feel safe while he went to sleep.

Some of the most severely traumatized children served by this project were foreign-born adoptees. One child, adopted from an Eastern-European institution at age 5 ½, had been targeted for severe abuse, partially because she was of "mixed blood." A year later she began disclosing frequent episodes of emotional, physical, and sexual abuse, including taking away her food, being nearly drowned in a toilet, being forced to eat feces and having it smeared on her, and being naked and held down on a table by a female care giver who instructed other children to insert objects in her body. She had been told and believed that her birth mother did not come for her because she

was a bad child and was socialized to see herself as evil and inferior. As might be expected, this child's problems in her adoptive family were extreme and reflective of severe rage against herself and others. Also, a number of children with severely traumatic histories exhibited dissociative symptoms including multiple personality disorder.

Conclusion

The generalizability of the results of this analysis is limited by several aspects of this study. First of all, the population studied is composed only of adoptive families having difficulties and therefore cannot be generalized to all adoptive families, or even all special needs adoptive families. The study is exploratory and does not contain a comparison group of families not experiencing difficulties. Also, the measures used were not standardized and were based only on worker assessments. Despite these limitations, this study does yield insights into the dynamics of emotional and behavioral problems in some adopted children.

This research supports the assertion that problem behaviors, which are labeled coping or survival behaviors by some authors, are outward signs of underlying emotional problems that have not yet been resolved, including fear of becoming attached, unresolved grief, a poor sense of identity, depression, and strong underlying feelings such as anger and fear related to past trauma. Parents and professionals must address these unresolved emotional problems as they resurface in response to adoptees' developmental changes and life events. The dynamics involved in the resolution of these emotional issues also need to be examined through longitudinal research incorporating both qualitative and quantitative methodologies. In addition, practice literature focusing on useful techniques for assisting adoptees and their parents in resolving loss, trauma, and identity-related issues needs to be incorporated in educating and training professionals who work with adopted children both before and after their adoption. Much of the groundwork for helping children and parents to confront these issues therapeutically needs to take place from the time children enter the child welfare system, such as beginning a lifebook, assessing previous attachments and traumas children have experienced, and doing disengagement work with children and previous caretakers. Hence, foster care workers, foster parents, residential treatment staff, and other professionals serving these children need to become equipped to effectively understand these issues and to address them in intervention.

References

Ainsworth, M.D.S. (1969). Object relations, dependency and attachment: A theoretical review of the infant-mother relationship. *Child Development, 40*, 969-1025.

Ainsworth, M.D.S. (1985). Attachment across the lifespan. *Bulletin of the New York Academy of Medicine, 61*, 792-812.

Ainsworth, M. (1989). Attachment beyond infancy. *American Psychologist*, 709-716.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Barth, R. P., & Berry, M. (1988). *Adoption & disruption: Rates, risks, and responses*. Hawthorne, NY: Aldine de Gruyter.

Benson, P. S., Sharma, A. R., Roehlkepartain, E. C. (1994). *Growing up adopted: A portrait of adolescents and their families*. Minneapolis, MN: The Search Institute.

Berry, M. (1992). Contributors to adjustment problems of adoptees: A review of the longitudinal research. *Child and Adolescent Social Work Journal*, 96, 525-540.

Bowlby, J. (1960). Grief and mourning in infancy and early childhood. *Psychoanalytic Study of the child, 15*, 9-52.

Bowlby, J. (1973). *Attachment and Loss, Vol. 2: Separation--anxiety and anger*. New York: Basic Books.

Bowlby, J. (1980). *Attachment and Loss, Vol. 3: Loss—sadness and depression*. New York: Basic Books.

Briere, J. (1992). *Child abuse trauma: Theory and treatment of the lasting effects*. Newbury Park, CA: Sage Publications.

Brodzinsky, D., Singer, L., & Braff, A. (1984). Children's understanding of adoption. *Child Development, 55*, 869-878.

Brodzinsky, D.M., Radice, C., Huffman, L., & Merkler, K. (1987). Prevalence of clinically significant symptomatology in a nonclinical sample of adopted and nonadopted children. *Journal of Clinical Child Psychology, 16* (4), 350-356.

Brodzinsky, D.M., Schechter, M.D., & Henig, R.M. (1992). *Being adopted: The lifelong search for self*. New York: Doubleday.

Cicchetti, D. (1989). How research on child maltreatment has informed the study of child development: Perspectives from developmental psychopathology. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 377-431). Cambridge: Cambridge University Press.

Cline, F. (1992). *Hope for High Risk and Rage Filled Children*. Evergreen, CO: Evergreen Consultants in Human Behavior.

Delaney, R. (1991). *Fostering changes: Treating attachment disordered foster children*. Fort Collins, CO: Walter J. Corbett Publishing.

Delaney, R.F., & Kunstal, F.R. (1993). *Troubled transplants: Unconventional strategies for helping disturbed foster and adopted children*. University of Southern Maine: National Child Welfare Resource Center for Management and Administration, Edmund S. Muskie Institute of Public Affairs.

Dickson, L.R., Heffron, W.M., & Parker, C. (1990). Children from disrupted and adoptive homes on an inpatient unit. *American Journal of Orthopsychiatry, 60*, 594-602.

Egeland, B.D., Sroufe, L.A., & Erickson, M. (1983). The developmental consequences of different patterns of maltreatment. *Child Abuse and Neglect, 7* (4), 459-469.

Fahlberg, V. (1991). *A child's journey through placement*. Indianapolis: Perspectives Press.

Famularo, R., Fenton, T., Kinscherff, R., Ayoub, C., & Barnum, R. (1994). Maternal and Child Posttraumatic Stress Disorder in cases of child maltreatment. *Child Abuse and Neglect, 18* (1), 27-36.

Famularo, R.; Kinscherff, R.; & Fenton, T. (1990). Symptom differences in acute and chronic presentation of childhood post-traumatic stress disorder. *Child Abuse and Neglect, 14* (3), 439-444.

Finkelhor, D., & Browne, A. (1986). Initial and long term effects: A conceptual framework. In D. Finkelhor (Ed.), *A sourcebook on child sexual abuse*. Newbury Park, CA: Sage Publications.

Fullerton, C.S., Goodrich, W., & Berman, L.B. (1986). Adoption predicts psychiatric treatment resistances in hospitalized adolescents. *Journal of the American Academy of Child Psychiatry, 25* (4), 542-551.

Grotevant, H.D., McRoy, R.G., Jenkins, V.Y. (1988). Emotionally disturbed, adopted adolescents: Early patterns of family adaptation. *Family Process, 27*, 439-457.

Haimes, E. (1987). "Now I know who I really am." Identity change and redefinitions of the self in adoption. In T. Honess & K. Yardley (Eds.), *Self and identity*. London: Routledge & Kegan Paul.

Harrington, R. (1993). *Depressive disorder in childhood and adolescence*. Chichester, England: John Wiley & Sons Ltd.

James, B. (1989). *Treating traumatized children: New insights and creative interventions*. Lexington, MA: Lexington Books.

Jewett, C.L. (1982). *Helping children cope with separation and loss*. Harvard, MA: Harvard Common Press.

Katz, M. (1986, August). Understanding and helping adopted and foster children with emotional problems. Presentation at Conference of North American Council on Adoptable Children, Toronto.

Kaufman, J. (1991). Depressive disorders in maltreated children. *Journal of American Academy of Child and Adolescent Psychiatry, 30* (2), 257-265.

Keck, G.C., & Kupecky, R.M. (1995). *Adopting the hurt child: Hope for families with special-needs kids*. Colorado Springs, CO: Pinon Press.

Keller, M.B., Lavori, P.W., Beardslee, W.R., Wunder, J., & Ryan, N. (1991). Depression in children and adolescents; new data on "undertreatment" and a literature review on the efficacy of available treatments. *Journal of Affective Disorders, 21*, 163-171.

Kinzie, J., Sack, W., Angell, R., Manson, S., & Rath, B. (1986). The psychiatric effects of massive trauma on Cambodian children: I. The children. *Journal of the American Academy of Child Psychiatry, 25* (3), 370-376.

Kiser, L., Ackerman, B.J., Brown, E., Edwards, N.B., McColgan, E.G., Pugh, R.L., & Pruitt, D.B. (1988). Post-traumatic stress disorder in young children: A reaction to purported sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry, 27* (5), 645-649.

Kiser, L., Heston, J., Millsap, P., & Pruitt, D. (1991). Physical & sexual abuse in childhood: Relationship with post-truaumatic stress disorder. *Journal of American Acadamey Child Adolescent Psychiatry, 30* (5), 776-782.

Kubler-Ross, E. (1969). *On Death and Dying*. New York: Macmillan.

Lifton, B.J. (1990). The formation of the adopted self. *Psychotherapy in Private Practice, 8* (3), 85-91.

McCann, I., Sakheim, D., & Abrahamson, D.(1988). Trauma and victimization: A model of psychological adaptation. *The Counseling Psychologist. 16* (4), 531-593.

McLeer, S., Deblinger, E., Atkins, M., Foa, E.B., & Ralphie, D. (1988). Post-traumatic stress disorder in sexually abused children. *J. Am. Acad. Child. Adolesc. Psychiatry., 27* (5), 650-654.

Nelson, K. A. (1985). *On the frontier of adoption: A study of special needs adoptive families*. NY: Child Welfare League of America.

Petersen, A.C., Compas, B.E., Brooks-Gunn, J., Stemmler, M., Ey, S., & Grant, K. (1993). Depression in adolescence. *American Psychologist, 48* (2), 155-168.

Reite, M., & Fields, T. (1985). *The psychobiology of attachment and separation*. Orlando, FL: Academic Press.

Rogeness, G.A., Hoppe, S.K. Macedo, C.A., Fischer, C., & Harris, W.R. (1988). Psychopathology in hospitalized, adopted children. *Journal of American Academy of Child and Adolescent Psychiatry, 27*, 628-631.

Rosenberg, E., & Horner, T. (1991). Birthparent romances and identity formation in adopted children. *American Journal of Orthopsychiatry, 61* (1), 70-77.

Rosenthal, J. A., & Groze, V. K. (1991). Behavioral problems of special needs adopted children. *Children and Youth Services Review, 13*, 343-361.

Rosenthal, J. A. & Groze, V.K.. (1994). A longitudinal study of special-needs adoptive families. *Child Welfare, 73* (6), 689-706.

Rutter, M. (1989). Intergenerational continuities and discontinuities in serious parenting difficulties. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of abuse and neglect* (pp. 317-348). Cambridge: Cambridge University Press.

Sants, H.J. (1964). Genealogical bewilderment in children with substitute parents. *British Journal of Medical Psychology, 37*, 133-141.

Schechter, M.D., & Bertocci, D. (1990). The meaning of the search. In D.M. Brodzinsky & M.D. Schechter (Eds.), *The psychology of adoption* (pp. 62-90). New York: Oxford University Press.

Scurfield, R.M. (1985). Post-trauma assessment and treatment: Overview and formulations. In C.R. Figley (Ed.) *Trauma and its wake: The study and treatment of post-traumatic stress disorder* (pp. 219-256). New York: Brunner/Mazel.

Senior, N., & Himadi, E. (1985). Emotionally disturbed, adopted, inpatient adolescents. *Child Psychiatry and Human Development, 15* (3), 189-197.

Smith, S.L., & Howard, J.A. (1991). A comparative study of successful and disrupted adoptions. *Social Service Review, 65* (2), 248-265.

Smith, S.L., & Howard, J.A. (1994). The impact of previous sexual abuse on children's adjustment in adoptive placement. *Social Work, 39* (5), 491-501.

Sorosky, A., Baran, A., & Pannor, R. (1975). Identity conflicts in adoptees. *American Journal of Orthopsychiatry, 45* (1), 18-27.

Stein, L.M., & Hoopes, J.L. (1985). *Identity formation in the adopted adolescent.* New York: Child Welfare League of America.

Terr, L. (1991). Childhood traumas: An outline & overview. *American Journal of Psychiatry, 148* (1),10-20.

van Gulden, H., & Bartels-Rabb, L.M. (1994). *Real parents, real children: Parenting the adopted child.* New York: Crossroad.

Ver Ellen, P., & van Kammen, D. (1990). The biological findings in posttraumatic stress disorder: A review. *Journal of Applied Social Psychology, 20*, 1789-1821.

Weiss, R. (1988). Loss and recovery. *Journal of Social Issues, 44* (3), 37-52.