Research Analysis(DISCUSSION 1)

Note: Before engaging in this discussion, complete the unit studies and review the unit assignment.
Select a scholarly research study that meets the criteria for the assignment in this unit. (Transnational Adoption Challenges:))You may use one that you will use for the assignment in this unit. Write a thorough summary of the study that includes the purpose of the study, the design and methods used by the researchers, and the results of the research. Complete a preliminary analysis of how the research relates to the case study you selected. Post your summary and analysis in the discussion area for peer review by Wednesday. You may give direction to your peer reviewers about the specific feedback you would like to receive. By giving your peers some direction, the feedback you receive can be more valuable to you as you move toward finalizing your paper. This discussion will prepare you for the first assignment, which you will submit at the end of this unit.

Post your article summary and analysis for peer review by Wednesday.

Research Data Analysis(PAPER)

Note: Complete the first discussion in this unit before completing this assignment. After completing the assignment preparation study in Unit 1, write a 6–8-page paper in which you complete the following:

- Create a title page: Give your paper a title that reflects the purpose of your work. Use the APA Paper Template to format your paper according to the APA manual (sixth edition).
- Write an introduction: For the introduction section of your paper, include the title at the top of the first page and begin your introduction two spaces beneath your title. (In APA format, the word *Introduction* is not used as a heading.) Briefly summarize:
  - The case you have chosen.
  - How theories and research, in general terms, explain the problem and point toward solutions.
  - How the case relates to a larger societal problem or problems.
- Create a heading titled *Theoretical Framework*: Analyze how two or three psychological theories help explain the problem and point toward potential solutions. In so doing, cite relevant principles or concepts derived from these theories. For example:
  - Let us say that we are assisting an adolescent from Germany who has moved to United States, and is having a rough time adjusting to her new high school. In addition to information gathered from her, her parents, and the school, we could

consider Erikson's psychosocial theory and the stage of identity and role confusion in which adolescents search to establish their own values, beliefs, and goals. During this important time of identity development, the teen has been immersed in an entirely different culture with values and beliefs different from the one with which she knows. We could consider to what extent she was mastering the stage prior to and then after the move. Based on sociocultural theory, we would enquire about the differences in culture that may be impinging on her success in interacting in her new environment. By integrating the two theories, we can get a better understanding of how her developmental stage is clashing with her sociocultural context. We might search for research on adolescent development and cross-cultural experiences to get a better understanding of what research demonstrates is effective in assisting teenagers in this position.

- Create a heading titled *Related Research*: Summarize at least three research studies that pertain to the problem. A summary will provide your reader with a clear understanding of the purpose of the study, the methods, and the findings.
  - Describe the research designs and methods used in the studies.
  - Use principles of critical thinking to evaluate the quality of the research and analyze the relevance to the problem.
  - Evaluate how the research methods employed support the studies' findings.
  - Analyze how the studies' findings explain reasons for the problem and point toward potential solutions.
  - Analyze how the studies' findings relate to the psychological theories you previously cited.
  - Compare findings of the studies and assess how they support or contradict each other.
  - See if any contradiction is apparent. If so, try to explain why the contradiction may have developed and which position is more credible and why.
- Create a heading titled *Conclusion*: Briefly summarize the importance of the problem and how psychological theories, principles, and research may point to ways improve the problem.

Keep in mind throughout this assignment that while your writing must conform to current APA standards, you must explain all information in a manner that can be easily understood by a nonacademic or nonscientific audience.

Refer to the Research Data Analysis Scoring Guide to ensure that you meet the grading criteria for this assignment.

Submit your assignment to Turnitin before you submit it for grading.

Submission Requirements

Your paper should meet the following requirements:

- Written communication: Written communication is free of errors that detract from the overall message.
- APA format: Comply with current APA style and formatting.
- Number of resources: A minimum of three academic resources.
- Length of paper: 6–8 typed, double-spaced pages, excluding cover page and references.
- Font and font size: Times New Roman, 12 point.
- Turnitin: You are required to submit your assignment to the Turnitin source matching tool. It is very important that you always submit your work as a draft, so you can make revisions before submitting it to the Turnitin assignment link.

CASE STUDY

Janna, a school counselor, is working with seven-year-old Alex, a first grader at Constance Elementary in a rural town in Ohio. Alex was adopted from a Romanian orphanage at age three. In the orphanage, there was very few staff and many children. Alex, along with the other children in the orphanage, did not have much interaction with one another or with the staff. Alex spent extended periods in his crib where he could see other children in the room, but was unable to interact. His well-meaning caretakers had time just enough time to feed and clean him, but did not spend time talking or playing with him or the other children.

As a first grader in a class of 25 students, Alex is required to interact daily with other children. Alex often plays alone and doesn't acknowledge the other children. His teacher comments that Alex appears "to be in his own little world". When other children approach him, he appears not to notice them. He then becomes aggressive toward the other children when they get in his "personal space". The principal does not understand why Alex acts the way he does and gets noticeably angry with him. The principal has talked with his adoptive parents, and is threatening to expel him if he acts out again.

Janna has been assigned to work with Alex to prevent further aggression.

Consider the individual, family, societal, cultural, and ethical issues Janna must think about as she interacts with Alex, his teacher, his adoptive parents, and the school principal.

Popular Media Resources:

1. Adoption.com (2014, April 14). *Issues to consider in international adoption*. Retrieved from https://adoption.com/issues-to-consider-in-international-adoption
2. Stephenville Empire Tribune (2013, May 19). *Adopted Russian orphan overcomes challenges*. Retrieved fromhttp://www.yourstephenvilletx.com/article/20130519/News/305199994
3. Adoption Services (n.d.). *Emotional issues of adoption*. Retrieved fromhttp://www.internationaladoptionhelp.com/international_adoption/international_adoption_emotional_issues.htm

Professional Internet Resources:

1. Gale Cengage Learning (2010). International adoption. *Opposing Views in Context*. Retrieved fromhttp://ic.galegroup.com/ic/ovic/ReferenceDetailsPage/ReferenceDetailsWindow?displayGroupName=Reference&action=2&catId=GALE%7C00000000LVX7&documentId=GALE%7CPC3021900089&userGroupName=nysl_se_nph&jsid=f9fa4f0516b1081ac1b4d971c981a985

Scholarly Articles:

1. Jankowska, A. M. (2015). Introduction to the special issue: Children in foster care and international adoption. *School Psychology Forum, 9*(1), 1-4. http://ezproxy.library.capella.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ehh&AN=110028277&site=ehost-live&scope=site
2. Bailey, S. J. (2015). Transnational adoption challenges: Through the eyes of Eastern European youth. *Adoption Quarterly, 18*(2), 85-107. doi:10.1080/10926755.2014.891550

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Transnational Adoption Challenges: Through the Eyes of Eastern European Youth

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Between 1990 and the early 2000s, thousands of children were adopted into families in the United States from Eastern Europe. While most adoptions are successful, some children have difficulties. This qualitative study of 26 youth between the ages of 12 and 21 who were sent by their parents to an educational alternative setting or left their adoptive home prior to completing high school were interviewed regarding their experiences of adoption. The study found that the youth were appreciative of their adoptive parents, but saw the world through a different lens due to their lived experiences. Conclusions may assist prospective adoptive parents and professionals.

KEYWORDS adoption, transnational adoption, dissolved adoptions, Eastern European adoptions

Adoption is typically a joyous time for parents and their children. Parents are filled with hopes and dreams about how they will love and provide for their children. The children too, if old enough, may have expectations about their "forever" family. While most adoptions result in permanent homes for children, there is a small but significant number where the adoption process is either disrupted or the adoption is dissolved.

When examining what went wrong in the cases of disrupted or dissolved adoptions, parents and professionals generally look first to the parenting and the environment in which the children were reared prior to the adoption. Parents, teachers, and other adults who have knowledge of the child are sought out for information on why they believe he or she has behavioral, emotional, or cognitive problems (e.g., Baker, Archer, & Curtis, 2007;

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Nalavany, Glidden, & Ryan, 2009; Rosnati, Montirosso, & Barni, 2008). Testing may be requested by parents or professionals to determine the cause. All of this is viewed from an adult lens. However, there is a dearth of research that examines the issue from the child's point of view. This is particularly poignant in the international adoption literature. This study sought to understand why some internationally adopted children from Eastern Europe had greater difficulty adapting to their adoptive homes from the perspective of the youth themselves.

In this study, youth from Eastern European countries who were adopted by parents in the United States and experienced difficulties in their adoptive families that led to placement in an alternative setting or departure from their adoptive families prior to high school graduation were interviewed. Participants were queried about their experiences in their home country, the adoption process, and adaptation to life in the United States with their adoptive family. By giving voice to the adoptees an attempt was made to better understand the adoptees and help parents, social workers, and others involved in supporting them. Exploring the challenges experienced by these adoptees through their own narratives offers another view of the difficulties they have in adapting to their adoptive families. Including the view of the adoptee may assist parents and professionals working with the families as they develop strategies to overcome the challenges.

Four research questions guided this exploratory qualitative study: (1) Who are the youth who have experienced a disruption from their adoptive home? (2) How did they adapt to their home in the United States? (3) How have their life experiences influenced their view of family? (4) What advice would these youth give to other youth and prospective adoptive parents?

LITERATURE REVIEW

International adoption rates in the United States rose during the latter part of the 1990s and into the 21st century with a decline since 2007 (Selman, 2009). Approximately 13% of all adoptions in the United States are international. During the increase of international adoption, a large proportion were adopted from Eastern Europe, and within that, primarily from Russia (McGuinness & Pallansch, 2000; U.S. Department of Homeland Security, 2007). Furthermore, there has been growing public interest in adoption of older children (March & Miall, 2000). There are a variety of reasons for this increase, including the lack of infants available for adoption in the United States, the long waiting periods, fear of birth parents coming back into the child's life, and media coverage of the plight of orphaned children.

Although most adoptions end in permanent homes for children (Barth & Miller, 2000), there are some in which families experience extreme difficulty

and the child is removed from the family temporarily or permanently. Children adopted after the age of 18 months were found to have more problems when they reached adolescence (Hawk & McCall, 2011). Older children are at greater risk for disrupted adoptions, with 10% to 16% of children adopted after the age of 3 experiencing disruption (Barth, Gibbs, & Siebenaler, 2001). Parents of children adopted internationally who discover they are unable to continue to care for a child find themselves in a particularly difficult situation. There are few options available to adoptive parents if they find they need to relinquish the child. Parents often have tried therapy for the child and residential treatment programs and sought advice from family health care providers and other experts with no resolve. Rarely is it possible to dissolve the international adoption and return the child to the adoption agency. This was highlighted in recent years when a single mother sent her adopted 7-year-old son back to Russia unaccompanied on an airplane (Clehane, 2012; McGuinness & Broadus Robinson, 2011).

Why do some children have difficulty in adjusting to their adoptive family? Prospective adoptive parents are anxious to provide a loving, secure home for a child but often do not understand experiences the adopted child has faced in his or her early years. Some research cites attachment problems as a potential problem with the post-institutionalized adopted child (O'Connor, Rutter, & the English & Romanian Adoptees Study Team, 2000), while other research finds that attachment appears to be related to the child and family characteristics and not the institutional environment (Judge, 2004). Verissimo and Salvaterra (2006) found that neither the child's age at the time of adoption nor the age when a child was assessed were related to attachment, but rather the quality of maternal attachment. These studies examined the issue from the viewpoint of parents through their responses on survey measures of attachment. Trust and attachment are basic building blocks for healthy trusting relationships, yet this is sorely missing for many who have lived a portion of their lives in institutions (Bowlby, 1969; Erikson, 1950).

The majority of parents who adopt internationally are of a relatively high socioeconomic status due to the high cost of intercountry adoption. Hawk and McCall's (2011) sample of parents of Russian adoptees had an annual mean household income of $125,000 to $150,000 and 90% of the families had at least one parent with 4 years of college. In a study by Hellerstedt et al. (2008), only 15% of adoptive parents had incomes of less than $50,000. Parental income and education logically contribute to a better home environment for adopted children; however, it is not necessarily a protective factor (McGuinness & Pallansch, 2000). Parents (particularly mothers) with greater education are more likely to have problems with their adopted children as they may expect too much from the children (Frasch, Brooks, & Barth, 2000). These parents may believe that an environmental change for the child is the most important factor in success. However, McGuinness & Pallansch (2000)

found that supportive family environments are the greatest protective factor for adoptees from deprived backgrounds.

Research indicates that problem behaviors and academic abilities of adoptees are a function of both nurture and nature. Those related to nature, such as intelligence and personality, become more influential as the adoptees age (Barth, 2002). Adoptive parents with higher education and income may have higher academic expectations for their children. When adoptees do not meet the academic and social expectations of their parents, there can be problems. As the children get older, parents begin searching for solutions and many go to great extents in seeking tutoring, counseling, mental health therapy, or residential treatment programs for the children. Parents, according to Barth (2002), overestimate the nurturing factors—believing that a richer environment is what is needed—and underestimate the effects of nature on their child's abilities and temperaments. Barth (2002) asserts that one of the most difficult aspects of working with adoptive parents is the fit between parental expectations of the child and the child's characteristics. Parents from upper socioeconomic levels may not understand the impact of nature on the adoptee's abilities. Understanding the role of nature and nurture, according to Barth (2002), would help prospective adoptive parents in having realistic expectations of their adopted child.

Children living in institutions often have behavior and social problems (Gunnar, Van Dulmen, & the International Adoption Project Team, 2007). Although most internationally adopted children overcome early deprivation in their adoptive families, they are at risk for more behavioral and academic problems (Welsh, Viana, Petrill, & Mathias, 2007). A small, but significant, minority of these children have long-term problems in behavioral, medical, and/or developmental domains. Global developmental delay—a term used to describe delays in cognitive, emotional, and physical growth—is a problem for internationally adopted children and is more pronounced in those who have lived part of their lives in institutions (Welsh et al., 2007). Gunner, Bruce, and Grotevant (2000), among others, have reported this to be associated with the length of time that a child has resided in an institution.

For children who have been adopted and brought to the United States from Eastern European countries, there is the additional challenge of language acquisition. The wave of international adoptees since the 1990s, including those from Eastern Europe, has resulted in the largest group of children in history entering formal schools while trying to adapt to a new culture, new family, and a new language (Gindis, 2005). Many of these children were of school age when adopted and depending upon where the family lived, there may or may not have been adequate support in the schools for dealing with children with English as a second language. An additional explanation for why some children have problems adjusting in their adoptive homes may be unresolved losses experienced by the children. This could be especially poignant for those who are adopted at a later age who remember siblings,

parents, and friends left behind in their home country. Thousands of children who are adopted are social orphans, sometimes referred to as half orphans, meaning that at least one biological parent is still alive (Dillon, 2009). An estimated 95% of children in Russian orphanages are social orphans (Russian Children's Welfare Society, 2013). These losses create ambiguity, as the important individuals in the children's lives are psychologically present but physically absent (Boss, 1999).

The behaviors of children who experienced the loss of birth parents and institutionalization can include lying, stealing, needing to maintain rigid control, and having inappropriate personal boundaries. These behaviors can make parenting daunting. General parenting strategies often do not work with this population (Keck & Kupecky, 2002), leaving parents feeling inadequate. The problems adopted children face because of their past also present problems for the parents as they try to find help for their children (McGuinness & Broadus Robinson, 2011).

This study sought to understand how adoptees who have behavior problems viewed their past and their hopes for their new adoptive family. The purpose was to use another lens in understanding international adoption experiences and what might work to help the youth better adapt to their lives in the United States and help families remain intact.

SAMPLE AND METHODS

Twenty-three youth aged 12 to 18, residing at the Ranch for Kids in rural northwest Montana (www.ranchforkids.org) due to problems at home with their adoptive parents and/or adoption dissolution, and three individuals aged 17 to 21, who moved out of their adoptive parents' home prior to completing high school, were included in the study. The Ranch for Kids is a private alternative adolescent residential program founded by Joyce Sterkel, who previously ran an adoption agency licensed for adoptions in the former Soviet Union. In 1999 she adopted a boy whose previous adoption had been dissolved. Sterkel began to hear from adoptive parents who were having problems with their children and needed respite or adoption dissolution. She began taking children into her home, and, in some cases, worked to find them a different adoptive family. When the need became greater Sterkel founded the Ranch for Kids. The Ranch operates as a working ranch, providing approximately 30 children and youth with structured daily chores, rural outdoor opportunities, education, and access to therapeutic services. Since starting the ranch, Sterkel has found that many of the children who live there have experienced post-adoption adjustment difficulties and conditions such as reactive attachment disorder, fetal alcohol spectrum disorder, or posttraumatic stress. According to Sterkel, about one-third of the children who come to the ranch will return to their adoptive families after spending some time

there, one-third will have their adoptions dissolved and new families will be found for them, and about one-third will stay at the ranch until they are 18 years old or enter a trade school or job corps (personal communication, August 1, 2008). All youth residing at the ranch who were at least 12 years of age at the time of the interview and from Eastern Europe were invited to participate in the study. Only one eligible youth declined to be interviewed.

Semi-structured face-to-face interviews were conducted by trained interviewers with each youth. All youth were from Eastern European countries and had lived in orphanages prior to being adopted by families in the United States. Seventeen youth were from Russia, three from Kazakhstan, four from Ukraine, and one each from Moldova and Poland. Protocol questions were based on extant literature and the personal experience of the author. The author adopted a 13-year-old Russian girl from the Ranch for Kids in 2003. Although her daughter was not a participant in this study, the author's first-hand experience on the topic influenced the development of the protocol. A copy of the interview protocol is located in the Appendix.

The sample consisted of 21 females and five males with an age range of 12 to 21 years. The average age at the time of the interview was 16 and the mean time living in the United States was approximately 5 years. Participants had an average of just over two adoptive siblings with an average of less than one birth sibling living with them in the adoptive home. Participants had lived in an orphanage on average for just over 4 years and the mean age of entry into the orphanage was 5 years. Participants had, on average, completed ninth grade in the United States. The study was approved by the university institutional review board.

The semi-structured interviews averaged 30 minutes in length and were audio recorded and then transcribed verbatim. Pseudonyms were assigned to the quotes to maintain participant anonymity. MAXQDA qualitative software was used to manage the data. A grounded theory approach was used in data analysis (Glaser & Strauss, 1967). Grounded theory is a qualitative methodology where the researcher inductively develops theory from the data (Glaser & Strauss, 1967; Strauss & Corbin, 1990). The author, and lead researcher, first read through the interviews. Then she conducted a second reading and began coding using an open coding process. Finally, similar codes were combined using axial coding, where five major themes were revealed. The five emerging themes were difficulty in developing trust and accepting love, acceptance of boundaries and parental control, relationships with mothers, language acquisition along with academic struggles, and ambiguous losses.

RESULTS AND DISCUSSION

The youth in this study had experienced poverty, abuse, and neglect in their birth families. Forty-two percent had spent some time living with a

grandparent in their home country. Parental alcohol and/or drug abuse was reported by 60% of the youth, and 33% reported that at least one birth parent had spent time in jail. Thirty-three percent reported domestic violence when living with birth parents. Clearly, the early lives of these youth were difficult.

All of the youth in this study were displaced from their adoptive home due to emotional or behavioral problems or acting out in their families. Contrary to what the research team thought they would find, the youth were, in general, positive about their adoptive families. Youth were appreciative of their adoptive parents and stated that they "loved" them. With the exception of one respondent, all were happy to be adopted and living in the United States. The five themes found in the analysis related to the youths' adjustment to their adoptive home and country.

Love and Trust

The first theme that emerged was that these youth had difficulty in accepting love and trusting their adoptive parents. In general, family members have a sense of trust and unconditional love within their family. Good parenting, the development of family rituals and routines, healthy boundaries, and security that adequate food and housing will be provided support the basis of love and trust within families. The family histories of neglect and abuse, compounded by spending a portion of their lives in an institutional setting, challenge these youth when they attempt to trust and accept love within their adoptive family. Tatiana, a 15-year-old from Russia explains:

> [In the orphanage] people get abused and the food is horrible. You feel like you are a prisoner basically, especially when you're little. They don't show you any love. So most kids who get adopted and they come here and they put up a wall towards their parents because they don't know how to love back. And the parents get frustrated.

Masha, a 16-year-old from Ukraine shared how difficult it was for her to truly feel love with her family. She had been left on the streets by her birth parents as an infant and was adopted at age 8:

> When I was in the Ukraine I didn't feel loved at all, or comfort or anything. So when I came here, because I wasn't used to love or anything like that, I didn't know how to accept it or to recognize it even. So I don't feel love. Even though my parents say, "I love you," and all that stuff, I don't feel it. And I just don't know why it's hard for me to love.

Masha has an idea of the concept of "love" and what the term means literally but does not have the emotion of love for her adoptive family. The expectation of adoptive parents that the children will learn to love, respect,

and trust their new family is in opposition to the reality of what these children can give. These data indicate that the opposing expectations appear to be the root of the conflict, rather than the children being attachment disordered or difficult. Many of the children in this sample have been labeled, either formally or informally, as attachment disordered or "damaged"; however, when using their voices, the children are not the problem, but rather the situation in which they are living does not make sense based on past lived experiences. Love and trust are concepts learned from birth for children living in their biological families. For children who have lived in an institution these emotions are not effectively developed. How can the children be expected to develop love and trust on a timeline that might seem reasonable to their adoptive parents? Adoptees face many developmental challenges and basic trust and bonding are one of the challenges (McGinn, 2007). Although more empirical research needs to be done, McGinn (2007) asserts that these developmental challenges will persist throughout the life of adoptees.

The issue of love and trust is further depicted in the following quotes. When asked, "What was the hardest part about being in your adoptive family?" 14-year-old Yuliya stated:

> Trust. Hard to be in a family. It's the hardest because I have never been in a family. Almost all my life except 2 or 3 years almost.

This difficulty in adapting to a family where members care for you is echoed by Sasha, age 12:

> Everybody, I guarantee you, who gets adopted [. . .] they are scared at least for a year. They're scared of you really. They are not scared that you are going to hurt them or anything; they are just scared. They don't know how to handle the love. They don't know how to love back. They just need to learn.

Yuliya and Sasha's comments illustrate how, without the necessary building blocks in infancy and early childhood, love and trust do not easily develop. According to McGinn (2007), the bond of attachment begins in utero and even children who are adopted at birth know that there is a break in the bond. Adoptees face challenges in developing the bond, as they have experienced a break in attachment that Verrier (1993) calls the "primal wound." Expecting a child to accept immediate love and trust is unrealistic, as he/she doesn't understand the concepts or motives behind adoptive parents who expect this as a part of being in a family.

Additionally, some adoptees appear to struggle with the need for love and trust; after all, they have survived just fine so far without it in their lives. This is seen in the story of 17-year-old Clara, who told her adoption story. Her adoptive parents had adopted a little girl from Russia who wanted a

sister. The parents sponsored Clara through a church group that brought her to the United States for a summer trip. During the trip, the group tries to match adoptees with prospective adoptive families. Clara understands that her parents love her and shares why she had a hard time loving them back as she explains the difference from living in an orphanage to living with a family.

> I couldn't accept it [love] because I never knew what it was like to be better and what it was like to have love and care. You always care about yourself usually and always pay attention to yourself and how to take care of yourself rather than thinking about others.

Clara has learned about love and trust through her adoptive family but struggles to accept that these relationship attributes are genuine. The difficulty in accepting love and trust is further articulated by Katerina. Katerina explains that adoptive parents need to understand that love is not automatic. She shares:

> They [adoptive parents] can't just make the child do whatever they want to do because the child is scared and the child can't do everything that you say because they don't understand everything. He can't love you because he doesn't know you, so they have to give him or her time to realize that that is happening. They have to give time to do it.

Although this difficulty in giving and accepting love and having trust is often characterized in the mental health arena as symptoms of reactive attachment disorder (Barth, Crea, John, Thoburn, & Quinton, 2005), these youth explain that it is something that was not present in their early lives and they articulate the difficulty in learning love and trust at a later age. Rather than labeling the children as having a "disorder," which takes a deficit approach, what appears to have occurred is that they have survived based on the environment in which they lived. Their developmental trajectory was not the same as children reared by biological parents. The youth who were interviewed wanted to love their adoptive families; however, as they explained, learning to love and trust is a process that may take years or perhaps even a lifetime.

As these youth reach various developmental milestones, the concepts of love and trust are challenged. The transitions to middle school and high school are often stressful for all children (Berk, 2005). The developmental process of puberty and identity development can shake the self-esteem of even a well-adjusted child. Compounding these normal developmental milestones with the stresses related to loss, adoption, and cultural change appear to have overwhelmed the youth in this study.

Parental Boundaries and Control

A second theme that emerged was how the youth conceptualized parent boundaries and control. Several youth discussed how children in their home countries are given more responsibility and fewer restrictions when they are in their teen years and sometimes earlier. Although this may be an artifact of neglectful or abusive parenting and institutionalization in their early lives, it is in contrast to their new adoptive families who are trying to set boundaries for them that are appropriate for child rearing in Westernized countries. Seventeen-year-old Luba stated:

> My biggest problem with my family that we had is that they didn't understand that for an orphan kid at my age, I already have so much more experience with being on my own than being in a family. They don't understand that I am so independent and so well kept that I want freedom and want to do things.

Alyona, aged 16, echoes a similar sentiment about parental boundaries and rules. She spoke about going fishing and camping with her brother and spending time with friends. In response to the question about the differences between Russia and the United States she states:

> Less freedom [in the United States]. Somebody is watching you. Somebody has a voice over you. I had that in Russia too, but people cared less, I guess. And I don't know. I was on my own. I was free and I liked that.

Alyona thought the freedom she was afforded in Russia was a normal part of childhood and changing that was difficult for her.

Sasha also experienced more freedom in activities in her home country. When discussing advice she might have for other adopted youth, Sasha shared:

> It will be hard in the beginning. You are not going to get used to the stuff that your American family does. You are not going to get more privileges. In Russia, they give you money and send you away or you could roam the streets anytime you wanted. At 5 years old, you could go anywhere you wanted.

Although letting a 5-year-old roam the streets would be considered neglectful parenting by most standards, Sasha's comments explain her lived experiences and belief that she is independent and should be allowed to make many decisions on her own. What appears to be vastly different is that these children were socialized primarily through natural consequences. In the interviews, the youth would talk about how they came into the orphanage at dark, as

it was dangerous to be outside the building due to the high crime rate and dangerous adults living in the area. This was noted most often in orphanages located in rural areas where the youth would talk about homeless adults who were drunk or on drugs living in the forests.

The lack of parental or other adult supervision forced the youth to make day-to-day decisions for themselves before they were developmentally equipped to do so. Once adopted, the youth were resistant to their adoptive parents' attempts to apply a level of discipline and guidance based on contemporary western parenting practices. According to child development experts, children should gradually be allowed more decision making opportunities as they mature and are able to cognitively take on such responsibility (Holden, 2010). The conflict between the adoptees' lived experiences and the attempt by their adoptive parents to provide reasonable guidance appears to have further challenged the parent-child relationships.

Mother and Father Relationships

Differing relationships with fathers and mothers based on past experience highlighted the third theme. Most of the youth had lived for some time with a birth mother; however, birth fathers had often been scarce or absent. Katerina explains that she has not been getting along with her adoptive mother:

> I've been fighting with my [adoptive] mom especially. It's easier to [get along with my adoptive dad] because I never really had a male figure in my life.
> I think most kids get along better with dads than mothers. . . . Our [birth] mother left us after 10 years. When you get a new [adoptive] mother, it's just crazy. I want to blame her for doing that [the birth mother leaving], but she didn't do it. It's hard.

Yuliya, aged 16, recalls the fear of living in a home with a father. She was disappointed to learn that there were several other adopted children in the family. Yuliya had hoped for a mother to herself. She shares:

> I was kind of scared and nervous. I was scared I wasn't going to fit in or I wouldn't have my own mom to myself or my sister. Because I had never seen my dad, I was scared about having a new dad because I had never been with a dad.

The lack of a father figure in her life left Yuliya with a sense of uncertainty. What are fathers and what role do they play within a family? This would seem to be a rational response rather than a flaw in character or an inability to form an attachment to her adoptive father. It would appear that

Yuliya had also formed an image in her mind about her new family and longed for a mother that could focus her parenting on Yuliya alone. The disappointment that her adoptive family was not the model she had imaged, logically would affect how, as an adolescent, she viewed her situation. Adolescents are at a developmental stage where they are searching for an identity and are more self-centered (Berk, 2005). Perhaps part of her difficulty within her adopted family was related to not being able to see herself within this family unit because of the additional children in the home and the adjustment to having a father.

Mikhail, aged 16, had a different outlook and experience on having a father in his adoptive family. Mikhail explains how having an adoptive Dad is easier because he never knew his birth father:

> My Dad, like, the way I always saw it is I never had a Dad. So, it's pretty much my first Dad, and I treated him like my real Dad.

The absence of his birth father may have left him creating a romantic image of what having a father would be like in his adoptive family. The image and the reality of what fathers should be like appeared to match for Mikhail.

However, it was different for how Mikhail treated his adoptive mother. He shares that it is difficult to treat his adoptive mother as a "real" mom:

> Like knowing what my [birth] mom did to me and everything, I just didn't want anything to do with her [adoptive mom]. I pushed her away.

As Verrier (1993) discusses in her book, *The Primal Wound*, children who have lost a birth mother experience a loss like no other. The anger, hurt, and loss, as illustrated in these data, are more frequently transmitted to the adoptive mother than the adoptive father. Because so many of the youth in this study had little or no contact with their birth father, it appears easier for them, both the boys and girls, to find a role for the adoptive father in their lives.

Adoptive parents are looking to create a better life for the children. They want to give them love and let them experience a family life where there is adequate food and shelter and the opportunity to grow into a successful, happy adult who holds a job and perhaps has a family of his or her own. Yet happiness and success may have a very different meaning for the adopted youth than it does for parents who are opening their homes to a child, especially if the adoptive parents are of a higher socioeconomic status, as in the case of many who adopt internationally. These are value-laden terms. While the youth may view happiness and success as simply being able to get by in life on a day-to-day basis, adoptive parents may be aspiring for much more.

Challenges With Language and School

The difficulty in adjusting to a new language and school was evident in many of the youth interviewed. With an increase in international adoption, more adoptees are faced with learning a new language (Gindis, 2005). Prospective adoptive parents are often told that children quickly learn to adapt to their new culture and language (personal communication, Jan Druckenmiller, 2003). For most of the youth in this study, Russian was their first language. Learning a new alphabet, language, and culture during one's school years is daunting. This is especially difficult, as most have experienced neglect or abuse, have lived in institutionalized settings, and were adopted when they were preschool- or school-aged (Gindis, 2005). Internationally adopted children, according to Gindis' (2005) review of the research, have a more difficult time because of cultural deprivation. The concept of cultural deprivation asserts that children are culturally deprived because in their culture-of-origin they did not receive adequate learning experiences. Therefore, they have a more difficult time cognitively and educationally in their adopted culture (Feuerstein, 1990). The youth in this study experienced a family life of neglect, abuse, and poverty compounded by life in orphanages, where the formal schooling was often inadequate and the institutionalized setting was not a positive learning environment. Lena shares here experiences with school:

> I was scared about language. It's really hard for me. I have problems when I go to school. I didn't go to school because it was too hard. They [parents] expect you to learn everything, but you don't. They expect you to adjust right away, but it's hard. They don't get it.

Anya talked about the difficulty she had with school and learning the English language. She identified this as her greatest fear about coming to the United States:

> Not knowing the language. I remember I used to cry every day and wanted to go back so bad just because I couldn't talk to anybody. Everybody thought that I was really shy. In Kazakhstan I was the outgoing one. I would be talking to everybody. Here I would be sitting in a room not doing anything, mostly doing my homework and trying to keep up with school work. It was really hard. The language was my biggest fear, I think, and not knowing anything.

The youth in this study were in adolescence, which is a time of self-identification and wanting to fit in with their peers (Berk, 2005). Youth at this age are very self-conscious; therefore, it does not seem surprising that this is when the parents and youth experienced the most conflict and problems. The language and cultural challenges they faced at school coupled with not

being able to fit in with peers most likely contributed to the conflict they experienced within their adopted families.

Ambiguous Losses

Ambiguity surrounding birth family members' whereabouts was prevalent in the interviews and was the final theme that emerged. This theme can be conceptualized through the work on ambiguous loss conducted by Boss (1999). Nearly 50% of the youth in this study did not know whether their birth mother and/or father were alive. Many did not know whether they had birth siblings living in their home country. Some knew they had birth siblings or half siblings but were not sure where the siblings were living. The following response about birth family was common among the participants:

> No, I don't know [whether my birth parents are alive]. I don't know [whether I have birth siblings still living in my home country.] I remember that I had siblings with me in the orphanage. So I guess they're there unless they were adopted.

Ira was 6 years old when she entered the orphanage having lived with her grandparents and her birth mother prior to that. However, she doesn't have many memories of her birth mother:

> I just remember, like, once my real mother came when I was little. [It was] the same year when she sent me to the orphanage. She just came and visit, that's it I never saw her. I don't really remember her, like her face or anything.

This was also true for Viktor, who was put in the orphanage at age 1 and adopted at age 3. When asked about his birth family, he replied, "I don't know anything about them." Siblings were often put into different orphanages or dorms based on age and gender and therefore may have lost track of each other. Additionally, having half siblings was common and the youth often did not know where their brothers or sisters lived. For example, when asked whether she had any siblings still living in Russia, Lena replied:

> Well, my brother told me that we have an older brother somewhere so I think so, yeah. I have never seen him, but my brother said he has seen him.

Some were not even sure whether their birth families were told of their adoption. Lena continues:

> My [adoptive] mom said that I got adopted because they couldn't find my Russian parents. But I kind of find that hard to believe still because I remember [my birth mother] visiting me. Now I am trying to convince myself that what they are saying is true. And that my mom did pack up and leave, you know. Because that is what she [adoptive mom] said happened. But I still don't really believe it. She [birth mother] kept telling me that she will make enough money. And that she'll find a job and come back and get me from the orphanage.

Masha articulated her ambiguity about the loss of her birth parents:

> For me it's hard to think about my parents abandoning me and not taking care of me. So just like, not knowing them and not knowing why they did what they did [makes it hard being in the United States].

Pauline Boss (1999), in her clinical work with families experiencing ambiguous loss, claims the individual or family does not have a mental health disorder but rather the ambiguity situates the individual where he/she must make sense of an event that does not make sense because there is no closure. Boss (1999) asserts that it is the situation that creates the inability to move forward. Finding a way to understand a situation that has no solution is necessary for the youth to cope with daily life in their new setting.

The not knowing whether there are birth siblings or parents in their home country creates an ambiguity about why they are in the United States. Why would a parent abandon a child at birth or leave a child at the orphanage promising to return but never fulfill the promise? How can these ambiguous losses be disentangled from the issues of "love" and "trust" discussed earlier? Although not articulated by the youth in this sample, it would seem logical that the youth in this study, even though they experienced abuse or neglect by birth parents, may not want to love and trust their adoptive parents because they fear it would mean they couldn't love those whose whereabouts are unknown.

The majority of the youth in this sample began having serious problems when they entered adolescence. As they search for their identity during this developmental stage they must also be struggling more with the ambiguity of their past life in their home country. The loyalty to their culture and family members in their home country who are alive or who may be alive is challenged.

Words of Wisdom for Others

At the close of the interviews, youth were asked to give advice to adoptive children and prospective adoptive parents. The purpose was to give the youth an opportunity to reflect on their adoption experience in its entirety.

The author thought the youth might be opposed to international adoption due to the experiences that resulted in their living at the Ranch for Kids or leaving their adoptive home prior to high school graduation. This thought was highlighted when the interviews revealed that while preparation for children to be adopted varied greatly depending upon the orphanage and the adopting agency, the general theme was that there was little preparation for the children. Most were simply asked or told that they were going to be adopted. The true meaning of this was most likely incomprehensible for the children. Until the age of 8 or 9 children do not really grasp the meaning of adoption (Nickman et al., 2005). Surprisingly, the youth gave thoughtful, encouraging comments. Advice these youth imparted for other children who are waiting for adoption included:

> It will be hard in the beginning. You are not going to get used to the stuff that your American family does. You are not going to get more privileges. At least work hard. Try hard. Don't abuse your parents. Help them out. They love you. If they didn't love you, they wouldn't have adopted you. They love you so much that they wanted to take you from a different place to make you be a part of their family.

The youth in this sample came from adoptive families with higher socioeconomic status. Rather than enjoying the benefits of having material possessions, some commented that American youth had too much. For parents they had some interesting advice as illustrated by this suggestion:

> . . . Don't spoil them. That's the big thing. Don't try to buy your way into loving them and having them love you back. Just show them real love.

Reminding parents that an adjustment to a new culture, language, and family is huge, as in this quote by Katia, aged 16:

> Just realize that the kids could have been treated so badly that, you know, they just feel scared whenever they meet somebody. I know we can have problems with change. Every time something changes, it ends up worse, so since they go to America they think that the change will be bad as well. So they get nervous.

Finally, 15-year-old Ivan emphasized the importance of really trying to understand what the youth have been through in their short lives:

> You've got to have communication. That's the main thing pretty much. And just the family adopting you understanding what you've been through.

This is sage advice coming from youth who have experienced more heartbreaks, changes, and challenges in their few years than most people will experience in a lifetime. Adoptive parents may believe that love and material possessions can ease the pain of early life experiences, but these youth articulate that this is not the case. For some of these youth, patience, love, and time may never be enough to help them learn how to be in a family according to the norms of their adoptive parents.

CONCLUSION

The five themes indicate that these youth clearly care about their adoptive families and overall appreciate the sacrifices and opportunities that adoption offered them. However, they also highlight the reality that the goals of adoptive parents may not be congruent with those of adopted youth. Love, trust, and caring, as so eloquently stated by the youth, are not something that is automatic. The difficult early lives of these adoptees would logically lead them to be wary about offering or accepting love and trust. As one young girl stated, "You love [your adoptive parents] from a different place in your heart."

These data indicate that the youth did not lack caring and appreciation for their adoptive families, but rather had differing views of what support and guidance parents should provide children. The youth, from their life experiences, believed that they should have more freedom from rules. Rules at the orphanage were based more on natural consequences. For example, being back inside the orphanage walls by dark was a must due to area high crime. From their point of view, why have a curfew if there is not a logical reason such as personal danger? Although the youth understood the concept of family, they found it difficult to accept family boundaries, roles, and responsibilities. This had not been a part of their model of family earlier in their lives and was difficult to accept during their adolescent years.

The youth in this study had more life experience with their birth mother than their birth father. Many had little or no interaction with their birth father. This abandonment and loss of the birth mother appears to play an important role in how the youth interact with the adoptive mother. As voiced in the interviews, the youth find it more difficult to accept the love and trust of an adoptive mother than an adoptive father. Because they had little experience with fathers, they may have a fantasy of what a father should be and be more willing to try and develop a father-child relationship than a mother-child relationship.

Most of the youth in this study were also dealing with ambiguity about their birth families. Many did not know whether their birth parents were alive or whether the parents knew about the adoption. Some had siblings who were left in their home country but no longer had contact with them. And

still others were not sure whether there were other siblings left behind. This ambiguity, at a developmental point in their lives when they were trying to find their own identity, appeared daunting.

The themes revealed in this study suggest that it is not the youth who were a problem but rather their life situation that was the cause of the difficulties they experienced in their adoptive families. Global developmental delays and disruption of early socioemotional developmental processes by the loss of birth parents and the years of institutional living appear to explain the challenges faced by these youth. In listening to their voices, it is clear that they responded to their life situations the best way they knew how. The problem was that their learned patterns were not congruent with family life of upper-middle-income U.S. families. Additionally, the youth were trying to learn how to be a member of these families at the same time that, developmentally, they were in a stage of self-identification, thus creating conflict.

Despite the challenges these youth have had in their adoptive families, they had sound advice for both other adoptive youth and prospective adoptive parents. Logically, the youth understood what their adoptive parents wanted for them: love, a safe home, good education, and a future. Overall, the youth appeared to want the same, but reaching that goal was difficult and may never be achieved due to the situation of their early lives.

This study documents adoption challenges from the voice of adoptees. The data reveal the logic, from the view of the adoptees, as to why they had difficulty in adapting to their adopted family. Rather than viewing the problems from a deficit perspective, the themes reveal how the youth were trying to adapt based on their lived experiences. The findings may be useful in revising how adoptive parents and professionals view attachment in international adoptees.

LIMITATIONS

This study sought to bring a view of the adoption experience through the eyes and voices of the youth themselves. There are however limitations to the study. It is a small, qualitative exploratory study and results cannot be generalized to all adoption experiences. Most of the participants were sent to the Ranch for Kids due to behavior problems and the remaining had left their adoptive home prior to high school graduation. Youth participating in other types of residential programs for troubled youth may have differing responses. Future research would benefit from including adoptees who are not living in residential programs. Regardless of these limitations, the stories of these youth can shed light on why some internationally adopted children from Eastern European countries have difficulties in adapting to their new families and assimilating into U.S. culture. This information may be useful

to adoption agencies, educators, mental health therapists, and adoptive parents as they try to disentangle the complex behaviors that are present when adoptive youth have difficulties in their new families. Although the sample is small, the narratives of the adoptees can add another view of the situation. This contributes to previous literature that focuses on the challenges of internationally adopted children from the viewpoint of parents or quantitative assessments of the children's attachment and development.

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APPENDIX

Interview Protocol: Understanding the Challenges Facing Older Children of International Adoptions

Hello, my name is _____ and I am working with [professor name] at [university name] to learn about your experiences from your home country and how you are adapting to life in the United States. I am going to ask you some questions. You do not have to participate in this study, and you can stop the interview at any time. If there are certain questions you don't want to answer, just let me know. Our interview will take approximately 30 minutes to 1 hour.

Complete cover sheet with demographic information about the participant.

First, tell me about _____ (country of origin).

- What was your life like there?
- What did you like to do for fun?
- What are some of the big differences you see from _____ to the United States?

Tell me about your family in _____ (country of origin).

Probes:

- Where did your family live—on a farm or in the city?

- How many brothers and sister do you have?
- Did you live with your birth family before going to the orphanage, and if so, how long?
- Are your biological parents still living?

Let's now talk about your orphanage. Can you describe the orphanage (internat) for me and where it was located?

- How old were you when you entered the orphanage?
- How long did you live there?
- Did you have a lot of roommates in your room?
- What were the teachers like? Can you tell me about your favorite teacher?
- How often did the children go to the banya?
- Tell me about the food in the orphanage, did you like it?
- What did you do on a typical day?

When you learned you were coming to the United States what were your thoughts?

Probes:

- What did you think your life would be like?
- Did you have any special hopes or dreams about the United States?
- What was your biggest fear about coming to the United States?

How were you prepared for your adoption and move to the United States?

- What were you told by the staff and adoption social worker?
- What were you told about your new family?
- What were you told about your family and friends that you were leaving behind?

Next, let's talk about your arrival in the United States.

- Did your adoptive parents change your first name? If yes, was that okay with you? Have you thought about changing your name back to your original given name?
- Tell me about what was hard about being in your new family.
- What, if anything, was hard about being in the United States?
- What, if anything, do you enjoy the most about being in the United States?
- How did you feel about your new school?

We get used to the type of food we grew up with. What foods do you miss from _____ (country of origin)?

- What is your favorite food in your new family?

Do you have any contact with family members from _____ (country of origin)?

- What kind of contact do you have (phone, e-mail, visitation)?

Now, let's talk about what brought you to the Ranch for Kids.
How long have you been here?
Is it easier being here than living with your adoptive family?

- If yes, what makes it easier?
- If no, what makes it harder?

Do you know when/if you will be returning to your adoptive family?

- If yes, when do you think you will return home?
- If no, what would you like to have happen?
  - What plans are being made?

If you had the opportunity to help other kids who were being adopted by U.S. families, what would you tell them?
What would you tell the parents that would help them as they added a new child to their family?
Is there anything else you want to tell me about your life or experience?
Thank you.

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Adopting a population-level approach to parenting and family support interventions☆

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Abstract

Evidence-based treatments and preventive interventions in the child and family area have not met with widespread adoption by practitioners. Despite the high prevalence of child behavioral and emotional problems, many parents and families in need are not receiving or participating in services, and when they do, the most efficacious interventions are not what is usually provided. Simultaneously addressing the issues of low penetration and insufficient dissemination of evidence-based programming requires a population approach to parenting and family support and intervention. Process issues are important, particularly in relation to engagement of stakeholders, recruitment of practitioners, consideration of organizational factors, and use of media and communication strategies. This article discusses why there is a need for a population-based approach, provides a framework of how to conceptualize such an approach, and describes an example from our own work of a recently initiated prevention trial that illustrates a population-based approach in action. The rationale, structure, and goals of the Triple P System Population Trial are described in the context of the aforementioned population framework.

Keywords: Evidence-based intervention; Parenting; Children; Families; Population; Dissemination

1. Introduction

In both the prevention and treatment arenas, there is an accelerating emphasis on the promulgation of evidence-based interventions for the problems of children and families (Biglan, Mrazek, Carnine, & Flay, 2003; Kazdin, 1991; Ollendick & King, 2004; Prinz & Connell, 1997). The field of clinical psychology has approached this problem primarily, though not surprisingly, from a clinical perspective focusing on individual children and families. An alternative approach focuses on families from a population and public health perspective. Applying a public health perspective to child and family intervention, a relatively new, innovative, and potentially paradigm-shifting approach is to adopt population-wide strategies that seek to optimize impact and reach larger segments of the child/family population (Sanders, Turner, & Markie-Dadds, 2002; Spoth, Kavanagh, & Dishion, 2002).

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The process issues in a population approach to intervention differ substantially from therapy process issues. Population-based prevention, which is truly a paradigm shift for psychosocial interventions, necessitates the consideration of other processes such as engagement of stakeholders and practitioners, navigating organizational factors, using media and communication strategies to engage the population to achieve sufficient penetration, and facilitating program implementation.

This article considers the rationales and basis for operating at a population level in the area of parenting and family-based interventions. The Section 1 discusses why there is an apparent need for a population-based approach. The Section 2 provides a framework of how to conceptualize such an approach. Finally, the Section 3 provides an example from our own work of a recently initiated prevention trial that illustrates a population-based approach in action.

2. Need for population-based approach

2.1. Prevalence of child behavioral/emotional problems

Child behavioral and emotional problems are quite prevalent in the population, particularly among younger children. Surveys of parents indicate that as much as a quarter to a third of children in the general population exhibit behavioral and emotional problems that present parenting challenges and risk for subsequent adverse outcomes (Burns, Hoagwood, & Mrazek, 1999; Zubrick et al., 1995). Unfortunately, a high proportion of children with behavioral or emotional problems never receive either preventive or treatment services (Burns et al., 1999; Zubrick et al., 1995), and those who do typically do not receive empirically supported parenting interventions (Taylor & Biglan, 1998).

2.2. Family-based intervention

From an efficacy standpoint, family-based programming, based on social-learning, functional analysis, and cognitive-behavioral principles, is the treatment of choice particularly for early behavioral problems and conduct problems in general (McMahon & Kotler, 2004; Prinz & Jones, 2003). Parenting and family support programs that are based on the same conceptual models have also proven efficacious for prevention (Prinz & Dumas, 2004; Sanders, Markie-Dadds, Turner, & Ralph, 2004).

2.3. Limited parental access

Despite high prevalence rates for child behavior problems, only a small proportion of parents ever participate in a parenting/family intervention of any kind, and even fewer in one that is evidence based (Zubrick et al., 1995). If the delivery of programs is restricted for example to mental health clinics and private-practice clinicians, then parental access to programming is like to be quite limited. In fact, most contact points where parents routinely confer with front-line professionals (e.g., primary care, educational and daycare, public health) do not provide evidence-based information and support for effective parenting. The problem of access is multi-faceted: (1) most professionals with whom the general population of parents has contact are not prepared to provide evidence-based consultation about parenting and child behavior; (2) by and large, many parents who need assistance with child behavioral and emotional issues either cannot get adequate services or do not seek it out; and, (3) as a result, evidence-based interventions are reaching only a tiny proportion of children and families in the population.

2.4. Barriers to participation

As typically offered, parenting and family-based interventions operate in the context of various barriers to participation, a few of which are noted here as examples. One common barrier is that access to parenting consultation is dependent on the parent being referred to another practitioner or service instead of receiving immediate assistance. This means that a parent would have to make contact with two different providers before actually receiving consultation.

Another potential barrier stems from the amount of programming offered. Some parenting programs have only one level of intensity (e.g., 15 week program), which may not fit a family's preferences or might be more than what many families need to solve the issues at hand. A related problem has to do with delivery format. Most parenting and family-based programs have only one format, which is usually either a group format (several families seen as a group) or

individual therapy format (each family seen individually for several specified sessions, typically 60–90 min per session). Few evidence-based programs offer a brief consultation format, and even fewer offer a broad range of formats that all adhere to the same principles of parenting and child development.

Parental perception of stigmatization can be another potential barrier to participation. Unintentionally, programs about parenting have become associated all too often with mandatory, punitive-framed assignments for parents who have maltreated their children or who have become embroiled in bitter custody disputes. Similarly, some parenting programs are designed and marketed, at least in the U.S., for low-income families. The result of these associations is some parents perceive enrollment or participation in a parenting program as a stigmatizing or demeaning activity, despite the fact that many parents in the general population readily acknowledge the need for practical information about effective parenting strategies.

2.5. Inadequate dissemination of evidence-based interventions

Empirical support for family-based treatments and preventive interventions has been well established (Prinz & Dumas, 2004; Prinz & Jones, 2003; Taylor & Biglan, 1998). Practitioner adoption of evidence-based interventions for both treatment and prevention has been quite limited in a number of application areas, and the family/parenting area is no different (Biglan et al., 2003). Much of the services in the child and family area are non-evidence based (Webster-Stratton & Taylor, 1998).

3. Preconditions for population-level intervention

3.1. Evidence of efficacy and effectiveness

The presumption underlying the deployment of population level interventions is that the component programs have shown evidence of efficacy and effectiveness. Going to scale at a population level, though potentially cost effective, is nonetheless a major investment that cannot be predicated on programs that have not been sufficiently validated.

The field is just beginning to formulate standards of evidence necessary for broad dissemination of an intervention program. For example, the Society for Prevention Research (2004) has promulgated standards of evidence for viable preventive interventions. According to these standards, a program that is deemed ready for broad dissemination must have clear evidence for efficacy and effectiveness (described in detail in the standards), have materials and services that facilitate going to scale (e.g., manuals, training, and technical support), provide clear cost information, and have appropriate monitoring and evaluation tools. These criteria are important for understanding what is needed to conduct broad dissemination of a preventive intervention, including interventions for parents and families.

However, there is an additional distinction that is relevant, namely that dissemination of parenting interventions on a broad scale and taking a population approach to parenting programming, while overlapping, are not entirely synonymous. In addition to the aforementioned dissemination criteria, a successful population approach requires evidence of flexibility, ease of accessibility, cost efficiency and practicality at a population level, and effectiveness in population-level applications.

3.2. Consumer acceptability and cultural appropriateness

To be useful at a population level, an intervention needs to have broad consumer appeal and appropriateness across diverse segments of the community. The movement towards designing a different intervention or program for each of potentially many specific cultural groups, while based on good intentions, is perhaps neither feasible nor desirable. A more viable alternative is to create a set of programs that is flexibly constructed to serve many populations. Acknowledging cultural variation in expression and style, programs need to emphasize facets of effective parenting that have relatively broad appeal across cultures. Guiding principles can and should be sufficiently encompassing and flexible so as to be reasonably robust for many family styles and configurations. The associated parenting strategies derived from the guiding principles can be presented first in ways that are broadly applicable (i.e., in practical terms and with culturally relevant exemplars) and second in a manner that offers options and choices for parents so that they can be the arbiters of their own cultural (and personal) values. In some ways, consumer and cultural-group considerations coalesce. Providing a flexible range of program formats, emphasizing parents' goals and parental selection of parenting

actions, encouraging parent ownership of parenting strategies and program elements, and drawing on exemplars that are within each family's experience are ways to enhance both consumer acceptability generally and cultural appropriateness specifically.

3.3. Involvement of multiple disciplines

For broad access, interventions need to be delivered via many different settings and venues. Practically speaking, this means that the programming needs to cross into several disciplines because each setting has its own practitioners. If an intervention is to be truly accessible to the population, it needs to belong to practitioners from several disciplines rather than monopolized by one or two.

3.4. Matching program design to population needs

Population needs with respect to parenting and family programming are driven by high rates of child behavioral and emotional problems, common child-rearing challenges experienced by a substantial proportion of parents, and adverse outcomes for large numbers of youth and families. Add to this that the vast majority of parents do not seek out services through mental health providers, either for themselves or their children. To be effective then, prevention and early invention programming for parenting and family support needs to be designed in such a way as to optimize the likelihood that parents would make best use of the available information and services.

4. Potential determinants of population effects

4.1. Program design features

4.1.1. Minimally sufficient programming

Population oriented intervention strategies by definition necessitate efficient programming. Treatment and preventive interventions for parents typically have fixed formats such that all families receive the same amount of programming whether needed or not. For example, some therapy programs for childhood conduct problems impose a set length of treatment (typically around 16 sessions), and some home visitation programs aim for a massive number of sessions for every parent (e.g., 50–75 sessions over a two-year period), without questioning whether these levels of intensity are more than what is sufficient to achieve success for most families. An alternative strategy more attuned to population implementation is to provide the minimally sufficient programming (and no more) that is required to meet the parent and family needs and solve the problems at hand.

4.1.2. Self-regulatory framework

In a free society, parents can choose to participate in parenting programs, or not. Under such circumstances, engagement becomes an issue when practitioners make demands on parents related to program participation. An alternative that is especially adaptable to a population approach is the notion of invoking a self-regulatory framework (Bandura, 1989, 1995; Karoly, 1993). Working within a framework that supports self-regulatory processes, practitioners need to make it clear both in word and deed that the parents are in charge of the consultations and their own families. Practitioners serve as sources of information, support, and guidance when requested, but parents articulate the goals they would like to achieve with their children and choose from a viable menu the parenting strategies that best fit their family and effectively solve the issue at hand.

4.1.3. Accessibility

To truly invoke population-based implementation, parents need to be able to access parenting information and support through many different portals and settings. If access to programming about parenting is primarily or even substantially through mental health settings, only a small proportion of parents will actually be exposed and relatively few children will benefit. Parents in the general population come into regular contact with many professionals (e.g., primary healthcare providers; daycare, preschool, and school staff), most of whom have little or no training in evidence-based parent consultation. To greatly increase accessibility, programming needs to tap the many providers and settings that serve parents and families on a routine basis.

4.1.4. Avoidance of single disciplinary ownership

Too often, parenting programs are discipline specific. Psychologists, counselors, parent educators, clergy, and nurse practitioners, to name a few, have their own parenting programs that were designed by and for their respective disciplines. Such endeavors may help to strengthen disciplinary identification and advocacy, but parents who are the primary consumers and children who are the beneficiaries are not well served by single discipline ownership of parenting programs. By involving many different service providers who work with families on the "front line", a program has a much greater chance of attaining population reach without getting mired in guild or turf issues.

4.1.5. Address multiple goals and outcomes concurrently

Having a different kind of parenting program for each specific child problem (e.g., aggressive behavior, ADHD, anxiety problems, social-skills development, common difficulties related to eating or sleeping, etc.) is inefficient and in some instances artificially fragmented. To best serve the population, parent programs need to be practical and cross-cutting, and address multiple goals and outcomes concurrently.

4.1.6. Quality of training and resource materials

A population approach requires the education of practitioners who are already in the workforce, using effective but cost-efficient training procedures. Some of the professional training regimens in the parenting and family intervention area are of high quality but are potentially impractical or unattainable because hundreds of hours are required for the training process. Perhaps a more achievable training goal is to provide just enough instruction and support to place average practitioners across disciplines in a position to be able to carry out programming in a manner at least sufficient to produce positive gains for parents and children.

A related consideration pertains to the resource materials for practitioners and parent consumers of the programming. Practitioners need program manuals that are easy to follow, flexible, and consistent with the guiding principles of the particular intervention. Parent resource materials likewise should be straightforward and practical, while being true to the principles and strategies of the intervention model. In addition, parent resource materials should provide flexible options for assimilation, including video demonstrations, workbooks for self and practitioner guided programming, and brief informational guides to address specific parenting issues.

4.2. Organizational factors

Increasingly, programs promote themselves as having an evidence base that demonstrates their efficacy and effectiveness. The decision to adopt an empirically supported intervention is a complex process and represents a major commitment for an agency or organization. Adequate consideration of the implications for an agency or service in embracing such programs is required. Our experience in disseminating parenting interventions to organizations and agencies in several different countries has highlighted the need to view adoption of innovation in an ecological framework that views practitioner uptake and implementation as an organizational change process that includes proper preparation of staff and undertaking a variety of organizational tasks.

Changes in the way practitioners work with families must be considered within the broader organizational context within which they operate. Although, some individual practitioners who are opinion leaders and internal advocates for change may have the capacity to bring new ideas and practices in an organization, in the absence of managerial level support such efforts can be met with considerable organizational resistance. Several organizational level factors must be taken into account and strategies developed to ensure that an intervention has sufficient support from managers or supervisors. Strategies are required to enable staff to be adequately supported and supervised to ensure program integrity, to minimize program drift, and to ensure that the intervention becomes part of the core duties of the practitioners in an organization.

Traditional organizational approaches, where decisions are made by management such as a chief administrator and communicated via a memo to staff (Backer, Liberman, & Kuehnel, 1986), are not the optimal for the adoption and subsequent implementation of programs. This kind of top-down imposition of an innovation, with insufficient consultation, input or ownership by the staff designated to implement it, may increase staff resistance to the change (Webster-Stratton & Taylor, 1998) and result in the innovation not being implemented.

Barriers within an adopting organization may also be a function of practice guidelines imposed by the organization or financiers such as third-party payers (Barlow, 1994). For example, consultation numbers and program formats may

be restricted, and new interventions must be approved based on their perceived relevance and evidence base. Indeed, there are moves to use such clinical practice guidelines to provide immunity from malpractice litigation and to meet quality assurance criteria for accreditation (Barlow, Levitt, & Bufka, 1999), creating more pressure on agencies to carefully consider the interventions and services they offer.

4.2.1. The importance of line management support

Line managers are the immediate administrators or supervisors of staff who directly implement an intervention with families. They are also responsible for ensuring that sufficient resources are allocated for fund staff training and program implementation. A potentially effective intervention may be abandoned entirely because line managers do not inadequately prepare their staff or who have simply not thought through the organizational implications of adopting a program. For example, practitioners may require materials, equipment and other resources that were not budgeted for to deliver interventions to families. To attend training line staff may need to be released from their duties and unless there is funding to back fill other non-participating staff will have to carry the extra work load. Consequently, interventionists need to thoroughly brief line managers about the organizational implications of adopting an intervention.

An invitation to brief administrators about the program can be helpful in persuading a bureaucracy to support an initiative. Careful consideration should be given to identifying the levels of training and modes of program delivery that would best suit the agency's client population or strategic priorities. For example, some agencies may be in a position to run parenting groups and are therefore likely to need staff training that focuses on group intervention, whereas others deal primarily with individual parents and are more likely to need training in an individually administered program. Some agencies that seek to have their staff trained simply do not have the capacity to implement the program effectively, without other significant organizational changes. We have encountered agencies that have sought training for staff to overcome major organizational problems including inadequate funding, poor facilities and equipment, and internal dissent reflected in high staff turnover, poor leadership, lack of clear mission statements or a consistent theoretical framework. In such circumstances, the identification of organizational obstacles may preclude proceeding with training.

On the other hand we have encountered a number of situations where the provision of staff training was an essential part of enabling an organization to improve the level of skill of the workforce and part of an organizational shake-up. Managers should be encouraged to contact other agencies or services who are already using the program and are prepared to attest to the program's relevance, effectiveness, and applicability. Government agencies in different states often compare notes about how the program has been received by staff and parents.

4.2.2. Supervision

Once staff members have been trained and have begun implementing a program, staff require a support structure to encourage good program fidelity and the continued use of the program. Peer supervision support networks can be helpful to maintain program integrity and prevent program drift over time. Practitioner networks using the internet and listserves can promote better communication between program developers, evaluators, researchers and service providers.

The establishment of a peer supervision network within an organization is an extremely useful way of increasing practitioner confidence and self-efficacy in using a new intervention program. The supervision process can be designed to promote practitioner self-regulation. A useful format involves 5–6 staff, with a rotating peer facilitator and a nominated practitioner to be responsible for presenting a case in each session. Staff can be asked to bring along either a videotape or audiotape of a parent consultation session. A review process involves the practitioner outlining to the group their goals for the session with the client. The practitioner then stops the tape periodically to self-evaluate their performance and receive peer comments and suggestions. The practitioner is responsible for determining how to use the feedback provided.

We have also found that it is important to honor and celebrate the success of staff implementing the program. This can involve celebrating important milestones in the role out of the program (e.g., ceremony to acknowledge the first 100 parents who have completed, and the provision of public feedback to congratulate staff on achievements).

The proper documentation of decision making processes through keeping regular minutes and records of meetings and agreed upon actions and decisions is helpful to promote accountability.

4.2.3. Integration of programs into core duties

The ultimate sustainability of the program depends greatly on the extent to which the program becomes part of the core business of an organization and the duties and responsibilities of staff. Sometimes this requires an organization to

reduce their commitment or replace entirely non evidence based programs with evidence based ones. This change is not an easy one for many staff who may be comfortable and attached to a familiar program even if it does not work very well. They many be quite threatened by the challenge of using a new program that has an evidence base but little staff commitment to it. This threat can translate into staff being critical or resistant to changes. Over time as staff become more experienced, familiar and confident with the intervention their resistance can be expected to decrease. It is important that managers make it clear to staff that they are not simply being expected to do more work by adding new programs to their existing duties.

4.2.4. Inter-organizational communication

The success of a program depends greatly on having good communication among key stakeholders including program administrators, disseminators, evaluators, participating organizations and service providers, consumers of the service, the media, and the general public. This aspect of the program implementation can be a daunting and time consuming one. For example, if a media campaign is planned that draws the program to the attention of the public, there need to be trained staff ready and willing to take referrals or deal with inquiries. To ensure a dissemination opportunity is not wasted, all of the pertinent individuals, affected by implementation or whose cooperation is required, need to be consulted and in agreement with what is proposed, especially if they are expected to devote staff time or resources.

Several strategies can be used to facilitate better communication among parties. These include the establishment of a community advisory board that consist of respected community representatives to provide advise to project coordinators or managers. This group can provide advice and guidance on issues such as how to promote awareness and interest of parents. A project website that can be used to provide basic descriptive information about the program, services available and trained service providers who can deliver the intervention in different communities. A practitioner network website can offer a "Frequently Asked Questions" service to providers, and a telephone hotline can be used as a vehicle for responding to their questions about the program. A quarterly newsletter can be used to provide regular updates on the progress on the programming.

4.2.5. Creating an evaluation culture

Many agencies and organizations pay lip service to the need to use evidence-based programs. Historically, the parent training field has been dominated by non evidence based programs. There continues to be some resistance to simply adopting programs that have been subjected to randomized controlled trials, with vocal practitioners claiming the results of clinical efficacy or effectiveness trials do not generalize to the specific population they serve, and that because a program they employ has no trial data does not mean it has no evidence base. The term "practice-based evidence" has been coined to describe the belief by some practitioners that the cumulative wisdom, knowledge and experience of service providers should no be dismissed. Similarly, even if an agency adopts and implements a program that has convincing evidence that it works elsewhere in other countries, states, communities or with specific ethnic or cultural groups, it cannot be assumed that it will be automatically effective in a particular agency. Consequently, organizations delivering parenting services need to become more self-reflective and outcome focused, and to view evaluation not as a threat but rather as an integral part of routine service delivery.

Many agencies and community organizations need assistance to develop an evaluation culture. An evaluation culture means selecting programs that have sufficient strength of evidence to warrant adoption. It also means that organizations should continue to evaluate whether the program in its disseminated form continues to be effective with the clients served by the agency. To facilitate such a process program developers design their treatment manuals to include a specific evaluation framework that can be used by agencies. Such a framework can include specific measures with demonstrated reliability and validity. For such recommendations to have any credibility the measures recommended need to be change-sensitive, brief, low-cost, and easy to use.

4.3. Broader socio-political context

In addition to the aforementioned requirements for population effects, there are a number of other considerations that speak to the broader socio-political context. Although somewhat beyond the scope of the discussion here, the broader socio-political factors are important and are briefly noted here: (1) effective political advocacy that cuts across political groups, governmental entities, and other large policy-related institutions; (2) funding streams that are imbedded in the institutional support structure and are sustainable over time; (3) utilization of social marketing and

community strategies that link parents to the information and support strategies in ways that meet family needs without overwhelming the most intensive levels of programming; (4) consumer advocacy; and (5) need for effective public relations.

5. A research example: the Triple P System Population Trial

An example of population-wide implementation of evidence-based programming for families is found in the Triple P System Population Trial (TPSPT), which illustrates how many of the aforementioned principles can be incorporated into interventions and scientific trials. The TPSPT, currently in progress, aims at a population level to strengthen parenting, reduce risk for child maltreatment, and reduce the incidence of early child behavior problems.

5.1. The system of parenting and family support

To address the problem of low penetration or utilization of parenting programs in the general population, Sanders and colleagues have developed a unique multi-level parenting and family support system known as the Triple P-Positive Parenting Program (Sanders, 1999; Sanders et al., 2004, 2002). The programming within Triple P builds on the substantial work pertaining to behavioral and social-learning based family interventions (Kazdin, 1997; McMahon, 2000; Miller & Prinz, 1990; Patterson, Reid, & Dishion, 1992; Prinz & Connell, 1997) Triple P uses a tiered system of intervention of increasing strength, ranging from media and information based strategies, to two levels of moderate-intensity intervention using a brief consultation format, to two more intensive levels of parent training and behavioral family intervention targeting parenting skills and other family adversity factors such as marital conflict, depression and high levels of parenting stress. Triple P's unique features include its universality, use of multiple levels of intervention to facilitate matching of intensity of intervention to need of family, its multidisciplinary nature, the use of flexible delivery modalities (media, individual, group, and self-directed) and its targeting of de-stigmatizing access points (for example through use of primary health care services, schools, and child care centers). Triple P is designed for all parents rather than only special populations, and its use of the mass media promotes wide exposure and facilitated access to the program.

A key feature of Triple P is the adoption of a self-regulatory framework, which permeates all levels of the system. Invoking self-regulatory processes is intended to increase engagement of parents, but it is also a key component in applying Triple P with families from different cultures. In collaboration with the practitioner, parents determine the intervention goals and styles of implementation consistent with their own family and cultural values. A broad menu of parenting strategies facilitates this process, making it easy to tailor the intervention to each family's needs and preferred style of interacting. Self-regulation also plays out in terms of the specific parenting strategies. The parenting strategies have explicit elements for strengthening children's self-regulation and self-reliance, compatible with developmental level.

A self-regulatory framework is also an important aspect of practitioner training. Throughout and beyond the training to become a Triple P provider, the practitioners are shown ways to solicit and use feedback (from the trainer, peers, supervisors, etc.) so as to enhance their professional development. Becoming a successful Triple P provider means actively using self-regulation in acquiring and maintaining the professional skills. Made explicit are the parallels for the self-regulatory framework found in parent-child, practitioner-child, and trainer-practitioner interactions.

Triple P programming has a relatively large and growing evidence base to support it, including several randomized controlled trials substantiating efficacy and effectiveness (Sanders, 1999; Sanders et al., 2004, 2002).

5.2. TPSPT design

5.2.1. Randomization of counties

The TPSPT involves randomization of 18 moderate-sized South Carolina counties to condition and assessment of effects at a population level. The intervention conditions are: (1) county-wide implementation of all levels of the Triple P System, versus (2) usual-services comparison. The 18 selected counties, ranging in population size from 50,000 to 175,000 per county, were matched up in pairs based on child maltreatment prevalence rate, approximate size (population), and poverty level (proportion of households below the poverty line), and then assigned to condition. The referent population in the 18 counties for the TPSPT consists of the parents/caregivers in all households with one or more children in the birth to seven-year-old range.

5.2.2. Creation of multiple access points for parents

A key facet of the population-based dissemination of the Triple P system involves the engagement, training, and support of a broad array of service providers (practitioners) from several disciplines and settings including: health centers (primary healthcare providers), family support services (social workers, psychologists, and therapists affiliated with county health centers, mental health centers, and schools), social services (prevention workers, social workers), preschool and child-care settings (directors, teachers), kindergartens (teachers, guidance counselors, parent educators), private-sector practitioners, and other community organizations having direct contact with parents and families.

5.2.3. Media and informational strategies to increase population reach

In concert with a population approach, the TPSPT involves several media and informational strategies: (1) Local newspaper coverage of Triple P programming and dissemination in each county; (2) positive parenting articles in local newspapers; (3) public service radio spots about positive parenting and Triple P programming; (4) informational flyers and brochures distributed to community centers, advocacy organizations, and other entities having frequent contact with large numbers of parents; and, (5) informational mailings to family households in the 9 Triple P System counties. The purposes of these media and communication strategies are to normalize and de-stigmatize parental participation in Triple P, validate the concepts of positive parenting that are part of the Triple P interventions, to empower parents to take charge of the parenting self-improvement process, and to invigorate Triple P providers.

5.2.4. How parents become engaged in Triple P

Parents link to Triple P in several different ways. By involving a variety of agencies and providers who serve families, the visibility and accessibility of Triple P is more obvious to parents. The settings include preschools, elementary schools, daycare centers, health clinics, community centers, social and mental-health services, religious organizations, and non-profit organizations. The media and communication strategies described are intended to raise awareness of Triple P and its benefits, and to encourage parents to seek out programming. Triple P providers are also encouraged to use parent-initiated contact as a critical time to broach the availability of Triple P parenting consultation and support.

5.3. Measurement process

In comparison with efficacy and effectiveness trials, the measurement processes for a population trial are more complicated and less well developed by the field. The TPSPT measurement procedures involve multiple domains and constructs that target population indices of penetration and impact, longitudinal assessment of practitioners, and evaluation of cost considerations. A random-dialing telephone survey of caregivers in households with children ages one to seven years is conducted annually in the 18 counties to assess media and informational exposure to Triple P, parent involvement in parenting consultation and support (generally and also specifically through Triple P), parenting practices, parental confidence and stress, and reports of child adjustment. From a process perspective, the telephone surveys are particularly critical to assessing the impact of the media and communication strategies in terms of awareness of Triple P, to what extent each media/communication source is contributing to that awareness, and how population demographics relate to parental awareness and participation.

Archival records, pertaining to child maltreatment, child hospitalizations and injuries, and child out-of-home placements, are being assessed over time for the 18 counties as part of the TPSPT. For all of these measurement domains, archival records have been accessed for the five years preceding the start of the trial to provide an extended baseline, and will continue to be accessed throughout the five years of the trial. The child maltreatment variables include rates of reported maltreatment, and then numbers of substantiated cases involving physical maltreatment, neglect, sexual abuse, and combinations of these. Rates of out-of-home placement of children provide an indication of a significant adverse impact of child maltreatment, with high tolls in terms of human and financial cost. If overall rates of child maltreatment are reduced, it is anticipated that the rates of out-of-home placement would also decrease.

The 500–600 practitioners in the 9 counties who are participating in the Triple P training courses are being followed longitudinally to study individual differences with respect to (a) parenting consultation skill acquisition, (b) program utilization, (c) facilitators and barriers to program implementation, and (d) perceptions of organizational factors. Self-report measures are administered before and after training, parenting consultation proficiencies are observed at the end of training, and structured interviews of practitioners are conducted 6 months and 18 months after training. With

respect to process, this longitudinal follow-up with practitioners provides data about how the level of organizational support affects utilization of Triple P, about the kinds of factors that facilitate or impede adoption, and about the practitioner characteristics that may interact with organizational factors.

Costs are being tracked with respect to dissemination of the Triple P system. Training costs take into account practitioner recruitment, trainer and supervisory time, training materials, training venues, and practitioner time during and outside of training. Costs are also considered for the media and informational strategies, ongoing consultation and support for Triple P-trained practitioners, and resource materials for implementation with parents.

6. Conclusion

Operating at a population level to positively impact parents and their children requires a shift in our professional thinking. It is no longer sufficient to conduct efficacy trials on parenting and family-based interventions and treatments without considering how such programming can benefit larger segments of the population. The considerations offered here provide the beginnings of a conceptual framework for understanding, studying, and implementing population-based approaches to intervention. The Triple P System Population Trial provides an example of how this is pursued in actual application.

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Introduction to the Special Issue: Children in Foster Care and International Adoption

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ABSTRACT: Children in the foster care system and those experiencing international adoption face a host of risk factors that result in academic, behavioral, and emotional challenges. The purpose of this special issue is to provide school psychologists with the knowledge regarding current intervention strategies and programming to provide effective supports for this vulnerable population. This special focus includes the discussion concerning maintaining stability of school enrollment, increasing advocacy efforts for foster children and their caregivers, improving the quality of educational programs, and providing opportunities for these children's further personal and professional development.

Children in foster care in the United States consitute a group with unique needs at every level of education. They face diverse difficulties and, thus, various educational needs, and are recognized as a vulnerable and at-risk school population. Nonetheless, the number of problems, ranging from educational and psychosocial to health issues, is disproportionate to the amount of attention received in the school psychology specialist literature. Only occasionally does new literature increase our knowledge regarding educational obstacles and academic necessities that this population presents. The irregularity of professional discussions and the scatterred subject matter were the reasons why we decided to prepare a special issue dedicated entirely to foster care and adoption issues from the school psychology perspective.

According to the U.S. Department of Health and Human Services, there were 402,000 children in foster care in 2013. Although this number has dropped since 2002 (524,000 children in foster care) it still remains extremely high, especially when compared to the number of adoptions (51,000 adoptions in 2013; Adoption and Foster Care Analysis Reporting System, 2014). These statistics can serve as an illustration of how many of these children may live in uncertainty about their future, which is a common part of the experience of foster children (Sosin, Piliavan, & Westerfield, 1992). For the majority of foster care cases, it is difficult to predict a child's forthcoming family situation; that is, will the child return to his or her biological parents, be transferred to another foster family, or even be adopted (Walsh & Walsh, 1990). Understandably, the instability of life situation (including school transfers), together with possible experiences of negligence or even trauma, will enormously influence every aspect of a child's school functioning, such as problems with social adaptation, dimished learning capacities, and struggles to meet educational standards (Cook, 1994; Pardeck, 1984; Usher, Randolph, & Gogan, 1999). Academic and behavioral trouble include absenteeism and disciplinary referrals, retentions, lower grades, poor scores on standardizied achievement tests, and frequent school drop out (Zeitlin, Weinberg, & Kimm, 2004). In addition to academic challenges, foster children may present, for example, demanding, disruptive, and attention-seeking behaviors (Zetlin,

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Weinberg, & Kimm, 2004). Along with behavioral and emotional problems, these children are at risk for mental health issues, such as anxiety and depression (Newton, Litrownik, & Landsverk, 2000; Racusin, Maerlender, Sengupta, Isquith, & Straus, 2005). Owing to academic and behavior issues, foster children are overrepresented in special education (Clausen, Landsverk, Ganger, & Litrownik, 1998). There are estimates that nearly 50% of children in foster care receive or are eligible for special education services in comparison with 12% of children not in foster care (O'Connor, Marvin, Rutter, Olrick, & Britner, 2003). Furthermore, multiple school transfers generate bureaucratic complications related to school and class enrollment, tracking and transferring school records, and obtaining evaluations (Penzerro & Lein, 1995; Zetlin et al., 2004). To protect these children from dropping out of school and, therefore, experiencing future adult experiences related to low education level (dependence, welfare assistance), foster children will require professional attention and intervention (Palmer, 1996; Unrau, Seita, & Putney, 2008).

Currently, the emphasis is placed on the collaboration between schools and the child welfare system to ensure quality of service (Zetlin et al., 2004). This ongoing collaboration offers the opportunity for continuous monitoring and assessment of a foster child's academic and developmental progress and, thus, selection of appropriate educational options for each child. Four goals were recently identified as requiring special attention of school psychologists and other specialists dedicated to working with these children in order to protect them from negative educational outcomes: maintaining stability of school enrollment, increasing advocacy efforts for these children and their caregivers, improving the quality of educational programs, and providing opportunities for these children's further personal and professional development.

International adoption presents many of the same issues as foster care, with some notable exceptions. In most cases, international adoption represents a return to stability after time spent in non-U.S. orphanages or foster care. Often the primary stressor for children is the transition and adjustment to a stable family environment. Moreover, cultural and linguistic issues also create potential issues in the adjustment phase.

This special issue was prepared with the purpose of leading a professional discussion on current efforts, recommended practices, and comprehension of unique needs presented by these foster children. The articles gathered in this issue represent the expertise, viewpoints, and concerns of specialists dedicated to working with and for foster children in school settings. Providing individualized school-based supports for foster children will be discussed while identifying the unique needs of those foster children who have disabilities, those foster children who have insecure attachment issues, and those children who are adopted internationally. Furthermore, special attention will be dedicated to promote personal independence and self-agency for postsecondary education and adulthood among this unique population.

The article "Students in Foster Care: Individualized School-Based Supports for Successful Lives" discusses the role the school psychologist will play in providing educational and psychological support for children who lack permanent families while ensuring these children have optimal opportunities to succeed both in school and after emancipation from the foster care system. Variability exists with regard to the type of foster care continuity of services offered as well as to the placement homes themselves. Of the nearly half-million youth currently served annually in the foster care system, there is a high mobility rate between homes as well as schools, leading to both academic and social–emotional gaps in skill development.

The article "Intervention Targets for Youth With Disabilities in Foster Care" focuses on those foster children who have disabilities. School psychologists must identify effective school-based interventions for these children to ensure they do not have poor educational outcomes. Three intervention targets emerge as particularly influential: disability, stability, and relationships.