

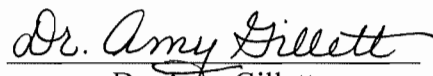
School Counselors' Perceptions of
Internationally Adopted
Children

by

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Abstract

The United States (U.S.) adopts more international children than any other country (Kreider & Cohen, 2009). Because international adoption is so popular among U.S. citizens, school counselors will more than likely interact with at least one internationally adopted student throughout their professional practice. However, there is limited research on school counselors' perceptions about this population. Greater understanding of school counselors' perceptions is needed so that they may support these children's academic, personal/social, and career development.

The purpose of this study was to determine American school counselors' perceptions of internationally adopted children. Ninety-two American K-12 school counselors participated in an online survey, and results were gathered during the spring semester of 2011.

The findings revealed that the majority of school counselors believed raising children outside of their native country was appropriate and that international adoption was a positive situation for a child. The majority were also open to trans-racial international adoptions and adopting children of all ages. Additionally, most school counselors from this study were either undecided or disagreed that internationally adopted children had more physical, academic achievement, language, behavior, or socio-emotional problems than non-adopted or domestically adopted children. In general, American school counselors' perceptions of internationally adopted children were positive.

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Table of Contents

	Page
.....	Page
Abstract.....	2
Chapter I: Introduction	7
Statement of the Problem	10
Purpose of the Study.....	11
Research Objectives	11
Definition of Terms	11
Assumptions and Limitations of the Study.....	11
Chapter II: Literature Review.....	13
Introduction	13
History of International Adoption	13
Factors Affecting Academic Achievement of International Adoptees.....	16
Perceptions about International Adoptees	25
Chapter III: Methodology	28
Introduction	28
Subject Selection and Description.....	28
Instrumentation.....	28
Data Collection Procedures	28
Data Analysis.....	29
Limitations.....	29
Chapter IV: Results	30

Introduction.....	30
Demographic Information.....	30
Item Analysis	31
Chapter V: Discussion, Conclusions, and Recommendations	38
Introduction.....	38
Discussion	38
Conclusions.....	40
Recommendations.....	40
References.....	42
Appendix A: Online Survey.....	46
Appendix B: IRB Approval Letter	51
Appendix C: Invitation Email to Participants.....	53

Chapter I: Introduction

The following is a synopsis of the researcher's experience:

I was born in the small town of Pohang, South Korea in 1980. When I was five-years-old, I was abandoned by my birthmother who left me in the streets of the local marketplace. A police officer found me and saw that I had no parents. He took me to the Sun Rin Orphanage in Pohang, where I lived for two years with other orphans like me. Then one day, my social worker approached me and asked me if I wanted to be adopted and live in America. I immediately responded yes. This was the question I had been waiting to hear for two years. I was brought to Seoul, the capital of South Korea, to begin the necessary preparations. On August 12, 1987 I was escorted onto an airplane headed for the Minneapolis airport; my new adoptive family would meet me there. As I stepped off the airplane, I saw a Caucasian woman with honey-blonde hair, a tall Caucasian man with brown hair, and a nine-year-old Caucasian girl with shoulder-length hair all waving and smiling at me. They instantly hugged me and promised to take care of and love me. This was going to be my new family.

Though the researcher's synopsis may sound like a unique situation, the researcher is not alone. Over 15,000 children from foreign countries are adopted by United States (U.S.) citizens each year, and of those adoptions, 60% are non-white (Moe, 2007). According to Lee, Grotevant, Hellerstedt, and Gunnar (2006), "Today, children—mostly infants and toddlers—are adopted annually from over 100 countries, with approximately 90% of children adopted from just 20 countries and the majority from China, Russia, South Korea, and Guatemala" (p. 571).

With such large numbers of adoptions to the U.S., many people wonder why so many foreign children are available for adoption. The majority of cases reveal that war, poverty, or

changes in social policy account for the large numbers of orphaned youth (Lee et al., 2006). For example, World War II (1939-1945) resulted in the intercountry adoption of German and Japanese children, the civil wars in Greece (1946-1949) resulted in international adoption of Greek children, the Korean War (1950-1953) resulted in international adoption of Korean children, and the Vietnam War (1954-1973) resulted in intercountry adoption of Vietnamese children (Moe, 2007). In addition, poverty and social upheaval were responsible for Latin American, Eastern European, and former Soviet Union adoptions. Population policy changes in Romania and China contributed to the elevated numbers of abandoned and orphaned children.

With over a five decade history of international adoption in America, one would assume that debate over intercountry adoption would be minimal. However, foreign children being adopted to the U.S. remains a controversial issue (Bartholet, 2006). On the one hand, there are many people who oppose the concept of adopting internationally, and on the other hand, there are many who are in favor of it. Both sides direct their attention to children's best interests and on greater community issues.

Even though these two sides cannot agree on the issue, both agree that institutional (i.e., orphanage) life is not ideal for children growing up. Dalen (2007), an expert in special needs education from the University of Oslo, Norway reported that "Approximately 80 percent of all internationally adopted children are placed in different kinds of institutions in their first year of life" (p. 201). The shifting from one institution to another is difficult for children and the environments often do not meet children's basic needs. Children often lack proper shelter, food, clothing, toys, space for movement, and personal contact and stimulation. Caregivers are typically untrained and have an overwhelming number of orphans to provide for (Meese, 2002).

Faced with these adversities, internationally adopted children's development is at risk across numerous domains.

Orphanage life can cause various health, language, behavior, and socio-emotional problems for adopted foreign children once they start school in America. All of these risk factors can impact intercountry adoptees' educational achievement. Because this population often arrives from countries or institutions with inadequate health care, internationally adopted children often have health concerns related to fetal alcohol syndrome (FAS), exposure to environmental toxins such as lead, and infectious diseases such as tuberculosis (Meese, 2002). These health problems can affect other areas in a child's life, including language development.

About one-third of international adoptees will have a speech or language delay (Narad & Mason, 2004). Because orphanage caretakers have minimal time to interact with children one-on-one, language may be underdeveloped. Youth adopted at age 4 to 8 years old are especially at risk for language difficulties because they have not mastered their first language and have not developed their second first language (Dalen, 2007). However, studies have shown that with increased exposure and practice with English, older children can "catch up" to their peers in their language ability (Glennen, 2009).

Along with health and language concerns, children adopted from abroad are at risk for having behavioral issues. Compared to children who are not adopted, children who are internationally adopted exhibit more total behavior problems (Juffer & van Ijzendoorn, 2005). Those particularly at risk are foreign adopted adolescents who have greater odds ratios for psychiatric disorders, suicide, substance abuse, and criminal offences (Hjern, Lindblad, & Vinnerljung, 2002). Youth adopted from overseas who previously resided in an institution also report higher numbers of problem behaviors (Hawk & McCall, 2010).

Socio-emotional adjustment may be affected by institutional living as well. Due to inconsistent care-givers and few chances to engage in warm and responsive interactions, some children are unable to form secure attachments with others or regulate their own emotions once placed out-of-country (Hawk & McCall, 2010). However, most internationally adopted children are adjusted socially and emotionally as well or better than non-adopted and in-country adopted children (Cohen & Westhues, 1995; Mohanty & Newhill, 2006). For trans-racial internationally adopted youth, socio-emotional adjustment may be more difficult. “Studies... report that many international adoptees are confused about their race and ethnicity, and face difficulties in handling racial/ethnic bias and discrimination” (Mohanty & Newhill, 2006, p. 387). They may be uncertain of where they racially belong or even reject their racial background. Nevertheless, instilling a sense of ethnic identity and pride in these children can improve self-esteem and overall social and emotional well-being (Rochat & Richter, 2007). It is important for school counselors to recognize all of the risk factors for internationally adopted youth and to implement intervention services and strategies whenever possible.

Statement of the Problem

Adopting children from foreign countries has become popular in the United States. As these children enter the public education system, school counselors will inevitably be working with this population. In order to advocate for these students, school counselors need an understanding of the perceptions they have of internationally adopted children. Awareness of negative perceptions that school counselors may have can lead to learning and positive change to best meet the needs of these students.

Purpose of the Study

The purpose of this study was to investigate the perceptions of school counselors of children who have been internationally adopted. American school counselors working in a K-12 setting who belonged to the American School Counselor Association (ASCA) were selected to participate in an online survey during the spring semester of 2011.

Research Objectives

There is one research objective this study will address. It is to determine school counselors' perceptions of internationally adopted children.

Definition of Terms

The following terms have been defined by the researcher for greater clarity.

Child is a young person in the following age range: birth to 17 years old.

International adoption is “the adoption of a child who is a citizen of one country by adoptive parents who are citizens of a different country” (Adamec & Miller, 2007, p. 163).

Intercountry adoption is used synonymously with *international adoption*.

Student is a young person in the following grade levels: pre-school to 12th grade.

Trans-racial adoption is “the adoption of infants or children by parents of a different race” (Baden & Steward, 2007, p. 91).

Assumptions and Limitations of the Study

This research study has several assumptions. First, it is assumed that the participants in the study are practicing K-12 American school counselors. Second, it is assumed that the written survey was an adequate tool for measuring school counselors' perceptions of internationally adopted children. Lastly, it is assumed that the participants took their time in completing the survey and answered in an honest manner.

This research study may have several limitations. One limitation may be that participants answered how they thought they should answer, rather than answering how they truly felt. In addition, though every effort was made to remove ambiguity in the survey, some questions may have been ambiguous.

Chapter II: Literature Review

Introduction

This chapter will include the history of international adoption and the problems in school that internationally adopted youth may encounter. The chapter will conclude with the general perceptions of these children.

History of International Adoption

There are various means to form or expand a family nowadays in the United States. A popular option for building a family is adopting a child from another country. Experts (Lee et al., 2006) from the University of Minnesota: Twin Cities campus stated that:

Since 1971, over 330,000 children have been adopted from other countries, and there has been a threefold increase in the annual rate of international adoption, from 7,093 children in 1990 to 22,884 children in 2004. The increase in international adoption is attributed to war, poverty, and the lack of social welfare in sending countries and, in the United States, to increased infertility rates, perceived difficulties associated with domestic adoption, preference to adopt infants rather than older children, and a disinclination toward foster care adoption. (p. 571)

The practice of international adoption in the U.S. is not a new one, and its history can be defined within six time waves. The first wave of international adoption occurred from 1948 to 1953 with the aftermath of the Second World War (Hollingsworth, 2003). Many European children were orphaned after the war, which gave many Americans a chance to adopt these children, particularly from Germany and Greece. Japanese children were also adopted by U.S. couples at this time, resulting in a growth of interracial/interethnic families (Kahan, 2006). However, after these countries recovered from war, couples from within these countries wanted

to domestically adopt, making European and Japanese children less available for adoption by Americans.

The second wave of international adoption was also associated with the end of a war: the Korean War. After the 1953 cease-fire, the war left more than 50,000 Korean children orphaned, many of whom were fathered by U.S. soldiers (Meese, 2002). Ten years after the war, South Korea's Industrial Revolution flourished and people began moving from rural areas to more populated cities. This led to an increase in the number of unmarried mothers and out-of-wedlock births—a major social stigma in Korea (Moe, 2007). As a result, many children were abandoned by their birthparents and placed in orphanages or foster care systems. U.S. citizens responded to the needs of Korean children and quickly began adopting them. However, during the 1988 Seoul Olympics, Korea received much criticism from the media for “selling” their orphaned children to foreigners and the Korean government quickly established new adoption policies. These adoption policy changes hindered Korean children from being adopted overseas, lowering the opportunity for U.S. citizens to adopt Korean children (Hollingsworth, 2003).

The third wave of international adoption came from Central and South America. Approximately 350,000 Central and South American youth lived in overcrowded orphanages (Moe, 2007). Hollingsworth, an Associate Professor of Social Work from the University of Michigan (2003) reported “Although representing only 8 percent of adoptions in 1973, children from Latin America represented 32 percent of adoptions by U.S. families in 1993” (p. 210). Similar to the trend of Korean adoptions, the number of Central and South American adoptions has since declined due to the fact that some countries do not want to separate their children from their country of origin. In 2008, of the 17, 438 intercountry adoptions, only 105 children from Central America were adopted (U.S. Department of State, 2009).

The fourth wave of available children to adopt came from Romania. Before the fall of the communist government, the Romanian government implemented a population policy requiring all married Romanian women to birth a minimum of five children (Moe, 2007). This policy, in combination with economic hardships, left couples unable to take care of their children, and 100,000 to 300,000 children were put in orphanages. After the overthrow of the communist government in 1989, Americans flocked to Romania to adopt these children. “This was the first time since post-World War II that white children were available for international adoption in such large numbers” (Hollingsworth, 2003, p. 210). However, in 1991, Romania halted intercountry placement of orphaned children in favor of domestic placement. Since then, Romania has closed its doors to international adoption in order to join the European Union (Bartholet, 2006).

The fifth wave of children needing to be adopted came from Russia. Russia, like Romania, was faced with overcrowded orphanages. There were an estimated 170,000 to two million children living in orphanages (Moe, 2007). The government, needing to remedy the situation, began authorizing citizens from other countries to adopt Russian children in 1991. However, the number of children adopted from Russia by U.S. citizens has decreased from 5,865 in 2004 to 1,861 in 2008 (U.S. Department of State, 2009). The decrease in numbers has been attributed to adoption restrictions reformed by the Russian Ministry of Education and Science (RMES) after “...reports that as many as thirteen Russian children had died over the years as a result of mistreatment by their American adoptive parents” (Moe, 2007, p. 96). At the present time, the RMES continues to allow intercountry adoption, but the stricter requirements may mean a longer wait for U.S. couples.

The sixth wave of international adoption came from China. The country, faced with an overpopulation problem, enacted the One-Child Policy in 1979, which restricted Chinese couples from having more than one child. The policy generated 100,000 to 160,000 baby orphans—the majority of which were girls (Moe, 2007). As a result, the government authorized intercountry adoption of Chinese children in order to relieve the overflowing orphanages. According to the U.S. Department of State (2009), in 2005, Americans adopted 7,906 children from China, the largest number of adoptions from a single country. The money generated from international adoption was used to better the living conditions of Chinese children living in orphanages (Moe, 2007). More than \$10 million were given to Chinese orphanages in 1996 and the amount is growing as more children from China are being adopted (Bartholet, 2006). From 2004 to 2007, China was the number one country for U.S. couples to adopt from; it continues to be a popular country for international adoption (U.S. Department of State, 2009).

Factors Affecting Academic Achievement of International Adoptees

Physical health issues.

Children from abroad who arrive to the U.S. to live with their new adoptive families typically have a variety of health and medical problems (Meese, 2002). Some of these health concerns include fetal alcohol syndrome (FAS), toxic poisoning, and infectious diseases, all of which can negatively affect a child's school performance.

FAS, caused by the consumption of alcohol by the birthmother when pregnant, can have detrimental health effects on the child (Meese, 2002). The physical effects include poor muscle tone, poor coordination, visual/hearing loss, kidney/heart problems, and physical deformities (e.g., cleft lip/palate, tissue folds in the corner of eyes). Besides these physical effects, FAS can cause behavioral and psychological problems (Adamec & Miller, 2007). Children entering the

school system with FAS may exhibit cognitive disabilities, learning disabilities, attention deficit hyperactivity disorder (ADHD), poor memory, and social skills deficits.

Internationally adopted children, depending on their birthmother's history, may be at higher risk for FAS, especially Eastern European children. According to Meese (2002), a Professor of Special Education at Longwood University in Virginia, "In children adopted from Russia and the eastern European countries, . . . the rate of fetal alcohol exposure may be much higher given the prevalence of alcohol abuse in these countries" (p. 29). However, FAS is not limited to only Russian or eastern European nations, and may exist in any internationally adopted child (Moe, 2007). The many effects of FAS on children adopted from abroad can be debilitating to school success.

Another health threat for intercountry adoptees is exposure to environmental toxins (Meese, 2002). Depending on the country's environmental protection laws, foreign youth born in developing or developed nations may be at risk for environmental toxins such as radiation, pesticides, herbicides, lead, and air/water pollution. Lead poisoning is of particular concern for children adopted from China, since lead is still used for coal burning, smelting, soldering, and gasoline. Furthermore, lead-based paints are used on various objects such as toys, cribs, and walls. The Centers for Disease Control and Prevention (2009) recommends that blood lead levels stay below 10 micrograms per deciliter; individuals with levels at 10 or above should take medical action. Various studies performed on Chinese adopted children by Shen, Rosen, Guo, and Wu; Miller and Hendrie; and Aronson (cited in Meese, 2002) found elevated levels of lead in their bloodstream ranging from 10 to 44 micrograms per deciliter. Levels that high can affect the central nervous system, leading to cognitive problems (e.g., difficulty concentrating, learning problems), physiological problems (e.g., little/no appetite, low energy level) and behavioral

problems in school-aged children. Various treatments can reduce blood lead levels, but there is no guarantee that it will erase existing symptoms.

Besides environmental toxins, intercountry adoptees may enter the U.S. with an assortment of infectious diseases and other infections. The most common diseases and infections of adopted youth from Central and South America, Korea, China, Russia, Romania, and Eastern Europe were intestinal parasites, tuberculosis, and Hepatitis B (Moe, 2007). Less common infectious diseases among this population were HIV, Hepatitis C, and congenital syphilis. These illnesses can have long-term effects on a child's liver, hearing, growth, and development. Overseas children who lived in orphanages for a longer period of time were at greater risk for medical problems, including respiratory and ear infections (Mason & Narad, 2005). Untreated ear infections can rupture the eardrum and cause mild, moderate, or permanent hearing loss, resulting in speech/language delays (Meese, 2002). Since language is a vital tool for communication in schools, language problems may inhibit the academic performance of internationally adopted students with hearing problems. It is essential for intercountry adoptees to be screened for all diseases and infections shortly after arrival to ensure early treatment.

Language issues.

Children who are internationally adopted are in a unique situation when it comes to language development, which may ultimately affect their success in school. The challenge of learning the adoptive language varies, depending on the age of adoption. According to Locke (cited in Meese, 2002), the most important stage for language development occurs within the first two years of life. For children who are adopted before or around the age of 2, Deborah A. Hwa-Froelich (2009), from the Department of Communication Sciences and Disorders at Saint Louis University in Missouri, stated that there appears to be "little to no interference in

articulation, phonological, and early morphological development between the children's birth and second first language" (p. 37). She further discussed Glennen and Masters 2002 and Glennen's 2005 study in which they discovered that the majority of adoptive parents of Eastern European children adopted at younger ages (i.e., less than 12 months old) reported language abilities close to their English-speaking peers by 12 months after adoption (cited in Hwa-Froelich, 2009). Tan and Yang found similar results for Chinese children adopted between the ages of 3 and 25 months (cited in Hwa-Froelich, 2009). By 16 months post-adoption, these children's expressive language was equal to native English-speaking children of the same age.

Though these results sound promising, the quality of care before adoption can influence communication development. Children who grow up in deprived institutional settings may display delayed or dysfunctional speech. Because language acquisition is largely based on social interactions from a caregiver, children in orphanages may not be exposed to enough one-on-one interaction, thus affecting their language development (Hwa-Froelich, 2009). However, international adoptees who are adopted within the critical stage of language development and who receive post-adoption social interaction may be able to overcome their language obstacles.

Children adopted from abroad at older ages face a greater challenge in learning their new language than those adopted at younger ages. Older age at adoption generally means more time spent in an institution which increases the likelihood of language difficulties (Glennen, 2009). Moreover, older internationally adopted children have more language to learn to be considered age-level proficient than younger internationally adopted children. Youth between the ages of 4 and 8 are at a particular disadvantage due to the fact that the acquisition of their first language is disrupted and they are expected to acquire another language without the solid foundation of their first language (Dalen, 2007). Generally, once these children arrive in their new homes, they lose

their birth language by the first year of adoption due to a lack of exposure (Meese, 2002).

However, children typically lose their native language before they gain their new language which can make life at home and at school very difficult.

Despite these challenges, most intercountry children adopted at older ages will learn their adoptive language quickly. In a study by Scott, Roberts, and Krakow (2008) in which they examined the language skills of Chinese children adopted at older ages, they found that the majority of subjects performed at or above average in oral and written language assessments. Plus, Norwegian studies conducted by Dalen in 1995 and 2001 (cited in Dalen, 2007) of foreign-adopted school-aged children showed “no significant differences between adopted children and their Norwegian-born counterparts in day-to-day language. However, the adopted children scored lower than the Norwegian controls on academic language” (p. 204). It is important to note that initial language outcomes do not necessarily predict long-term language outcomes for this population. Some internationally adopted children will acquire the new language swiftly and perform well academically, while others may struggle throughout their lives (Meese, 2002).

Behavioral issues.

Behavior problems in the school environment can greatly impact a student’s academic achievement. Fortunately, the majority of children adopted from abroad show normal patterns of behavior (Hawk & McCall, 2010) and adjust well to their new environment (Juffer & van Ijzendoorn, 2005). However, a minority of international adoptees do exhibit behavior problems. In a meta-analysis conducted by Juffer and van Ijzendoorn (2005) which compared behaviors of more than 10,000 international adoptees, domestic adoptees, and non-adoptees, they found that international adoptees display more internalizing (e.g., withdrawal, depression, anxiety) and externalizing (e.g., aggressive, impulsive, noncompliant) behaviors than non-adoptees, but

international adoptees display fewer behavior problems than domestic adoptees. Rosnati, Barni, and Montiroso, (2008) discovered similar findings when they asked adoptive and biological parents to report on behaviors of their internationally adopted or non-adopted children. Parents who had internationally adopted children indicated that their children had more problem behaviors than did parents with biological children, but the effect sizes were small (i.e., the majority of internationally adopted children were well adjusted).

In specifically looking at the behaviors of adolescents who have experienced intercountry adoption to those who have not, Bimmel, Juffer, van Ijzendoorn, and Bakermans-Kranenburg's (2003) meta-analysis revealed that most adolescents adopted from overseas have about the same amount of behavior problems as adolescents who have not been adopted. The small number of internationally adopted adolescents who did display more problem behaviors did so in externalizing behaviors, but not in internalizing ones. However, according to Tieman, van der Ende, and Verhulst's 2005 study, adolescent intercountry adoptees were 1.52 times as likely to suffer from an anxiety disorder or a mood disorder as non-adopted adolescents. Additionally, Hjern et al. (2002) found that not only do adolescent intercountry adoptees suffer from more psychiatric disorders than non-adoptees, but they are also more likely to meet the criteria for drug and alcohol abuse, and to attempt and die from suicide.

Not surprisingly, internationally adopted children were more likely to show problem behaviors if they had lived in an institution prior to adoption (Hawk & McCall, 2010). Three studies conducted by Groza; Groza and Ryan; and Gunnar, van Dulmen, and The International Adoption Project Team (cited in Hawk & McCall, 2010), compared internationally adopted children who had lived in orphanages to internationally adopted children who had not lived in orphanages. These studies revealed that children who had lived in orphanages exhibited more

internalizing, thought, and attention problems than those who had not lived in orphanages. Furthermore, more time spent in an orphanage translated to more internalizing and externalizing behavior problems, especially if children had lived in orphanages the first two years of their life. Moreover, foreign adopted children who had experienced pre-adoption adversity (e.g., abuse, neglect, multiple placements) were more inclined to have psychiatric problems (van der Vegt, van der Ende, Ferdinand, Verhulst, & Tiemeier, 2009). Unfortunately, these psychiatric problems did not decrease, even when these children eventually reached adulthood.

Socio-emotional issues.

The research findings for international adoptees' socio-emotional adjustment are congruent with the findings for their language and behavior adjustment. In general, the social and emotional well-being of internationally adopted children is positive, which can positively influence their academic performance (Mohanty & Newhill, 2006). According to Cohen and Westhues' 1995 study where they compared 155 internationally adopted adolescents to the general population, they found that the number of friendships and romantic relationships of the internationally adopted adolescents were equal to that of the general population. Similarly, in a longitudinal study administered by Simon and Altstein in 1992 (cited in Mohanty & Newhill, 2006), they found that children who had been adopted from overseas or adopted domestically had no difference in assessment scores in terms of their relationships with their parents and siblings, friendship patterns, self-esteem, social activities, and future ambitions compared to non-adopted children. In fact, results from Feigelman and Silverman's 1984 study (cited in Mohanty & Newhill, 2006) revealed that international adoptees' social adjustment was better than African-American transracially adopted children or domestically adopted Caucasian children.

Despite findings that the majority of children adopted from abroad are socially and emotionally well-adjusted, there are reports from trans-racial international adoptees stating that their race has hindered their socio-emotional adjustment (Rochat & Richter, 2007). For example, in a study conducted by Juffer (2006) involving 176 families with 7-year-old Sri Lankan, Korean, and Colombian adopted children, several of the children had experienced racial bias and discrimination from peers or adults. In the same study, 46% of the children expressed the desire to be the same race as their Caucasian family and friends. The obvious physical differences were a particular area of stress for these international adoptees.

Another study, by Alstein and Simon (cited in Mohanty & Newhill, 2006), also found reports of intercountry adopted children experiencing negative reactions or comments from others. According to Alstein and Simon “Over a third of the adopted children recalled problems during the preceding three years involving children calling them names and making fun of them because of their racial background” (cited in Mohanty & Newhill, 2006, p. 387). Some of these children further stated that “the fact that they looked different from their parents and siblings had caused them some problems” (cited in Mohanty & Newhill, 2006, p. 387). Westhues and Cohen and Cederblad, Hook, Irhammar and Mercke (cited in Mohanty & Newhill, 2006) discovered similar instances of racism and discrimination toward trans-racial international adoptees in their studies. These unpleasant experiences can negatively affect internationally adopted children’s socio-emotional well-being throughout their lifespan.

Because foreign adopted children encounter many challenges, including racial bias and discrimination, it has been hypothesized that this population would have lower levels of self-esteem compared to non-adopted populations (Juffer & van Ijzendoorn, 2007). However, empirical studies have revealed various outcomes on comparisons of adopted and non-adopted

subjects in regard to their self-esteem. Some studies show that adoptees have lower self-esteem than non-adoptees (e.g., Lanz, Iafate, Rosnati, & Scabini; Passmore, Fogarty, Bourke, & Baker-Evans, cited in Juffer & van Ijzendoorn, 2007). Some studies show that there is no difference in self-esteem between adoptees and non-adoptees (e.g., Lansford, Ceballo, Abbey, & Stewart, cited in Juffer & van Ijzendoorn, 2007), and other studies show that adoptees have higher self-esteem than non-adoptees (e.g., Aumend & Barrett; Brown, cited in Juffer & van Ijzendoorn, 2007).

To test if adopted youth were at risk for low self-esteem, Juffer and van Ijzendoorn (2007) conducted a series of meta-analyses on the self-esteem of trans-racial, international, and domestic adoptees and compared them to non-adoptees. Across 88 studies, the authors discovered that there were no differences in self-esteem between adopted and non-adopted children. Furthermore, domestically adopted children did not have higher levels of self-esteem than internationally adopted children. Interestingly, there were no significant differences in self-esteem between trans-racial adoptees (e.g., Black adoptees in White adoptive families) and same-race adoptees (e.g., Black adoptees in Black adoptive families).

The fact that internationally adopted children's self-esteem is comparable to those of non-adopted children shows the resilience that these children have in overcoming their past. Factors such as parental interest, positive peer relationships, and achievement in school can enhance children's self-esteem, making it easier for them to adjust socially and emotionally to their new environment (Cohen & Westhues, 1995).

Perceptions about International Adoptees

School counselors' perceptions.

After consulting with research librarians from the University of Wisconsin-Stout (UW-Stout), no information was found on school counselors' perceptions of children who have been adopted from abroad. However, school counselors do have a role in supporting these students. According to the ASCA position statement on cultural diversity (2009) "Professional school counselors promote academic, career, and personal/social success for all students. Professional school counselors collaborate with stakeholders to create a school and community climate that embraces cultural diversity and helps to remove barriers that impede student success" (§ 1). In addition, ASCA's ethical standards for school counselors (2010) promotes professional school counselors as "multicultural and social justice advocates and leaders" (E.2). Locally, the Wisconsin Department of Public Instruction licensure program guidelines for school counselors (2010) requires school counselors to "Demonstrate an understanding of the role that diversity, inclusion, gender and equity have on students' academic achievement, personal/social and career development" (n.p.).

Public perceptions.

Even though information on school counselors' perceptions of internationally adopted students was limited, public perceptions of this population were attained. There are two sides to the argument of adopting foreign children. Opponents of intercountry adoption argue that children who are removed from their country of origin will lose their cultural, racial, and ethnic identity (Rochat & Richter, 2007). Although international guidelines advocate for adoptive parents to provide learning opportunities for their adopted child about their native culture, not all families provide this opportunity. Furthermore, since most international adoptions are closed,

children are deprived of having access to their birthparents and/or relatives (Hollingsworth, 2003).

Opponents also see the larger community issues of international adoption. They claim that it is another example of the wealthy and white exploiting the poor and non-white (Bartholet, 2006). Because the demand for babies is high and the trade of babies can be lucrative, baby brokers often manipulate women in developing countries who are poor and uneducated to relinquish their babies (Hollingsworth, 2003). In some cases, babies are taken by deceit or kidnapped and sold to rich Westerners. There have even been reports of paying adolescent girls to get pregnant so that their baby may be put up for adoption.

The other community issue that opponents argue is that overseas adoptions benefit only a small number of children (Bartholet, 2006). The funds used in handling international adoptions would be better suited to improving conditions for all the orphaned children in need. Those against sending children to other countries for adoption believe that people's energy and resources should focus on eliminating poverty and injustice: the culprits of why so many people are unable to keep and support their children (Bartholet, 2006).

Proponents of international adoption argue that out-of-country placements drastically improve the life and opportunities for impoverished children. The best interest for the child is growing up in a safe home, rather than an institution. According to Bartholet (1993), adoptions abroad are better than the alternative for these children:

International adoption represents an extraordinary positive option for the homeless children of the world, compared to all other realistic options. Most of these children will not be adopted otherwise. They will continue to live in inadequate institutions or on the streets. Foster care is available only to a limited degree and sometimes results in little

more than indentured servitude. The homeless children who survive to grow up often will face virulent forms of discrimination in their own country, based on their racial or ethnic status, or simply on the fact that they are illegitimate or orphaned. (p. 97-98)

With respect to the larger community, those in favor of intercountry adoption assert that it is a humanitarian act, demonstrating that love and kindness can triumph over hate and differences in the world (Bartholet, 2006). They believe that citizens of developed countries can help meet the needs of children from developing countries by opening their hearts and homes (Hollingsworth, 2003).

Chapter III: Methodology

Introduction

This chapter will include a description of the subjects, the selection of the sample, and the instrumentation that was used. In addition, this chapter will explain the data collection and data analysis procedures. The chapter will conclude with procedural limitations.

Subject Selection and Description

The subjects for this research study were 1,117 practicing school counselors who were members of ASCA. The ASCA online directory was used to select participants. All school counselors who indicated a K-12 work setting and who listed their e-mail addresses were asked to complete the survey.

Instrumentation

The electronic instrument was developed using Qualtrics, an online survey program which designs, edits, and distributes electronic surveys. The online survey focused specifically on the research objective: school counselors' perceptions of internationally adopted children (see Appendix A). Section I of the survey (items 1-12) consisted of 12 statements in which participants were asked to read each statement and respond by using a 5 response Likert-scale: strongly agree, agree, undecided, disagree, and strongly disagree. Section II of the survey (items 13-20) consisted of 8 basic demographic questions. The online survey had no previous measures of reliability or validity, because the instrument was created by the researcher specifically for this study.

Data Collection Procedures

Approval to start data collection for this research study was obtained from the Institutional Review Board (IRB) at the University of Wisconsin-Stout on February 24, 2011

(see Appendix B). Data collection was administered during the spring of 2011. An e-mail was sent to potential participants, inviting them to complete the online survey. The e-mail invitation explained the purpose of the study, gave implied consent notification, provided the link to the survey, and provided the researcher's contact information (see Appendix C). School counselors who chose to participate were given two weeks to complete and submit the survey. In hopes of having a high number of participants, another e-mail invitation was sent out seven days later to remind subjects to complete the survey.

Data Analysis

Frequencies and percentages were run on the data to address the research question.

Limitations

The following are method, sample, and procedural limitations for this study:

1. No measures of reliability or validity have been documented for the instrument, because it was designed specifically for this research study.
2. The sample was not representative of all school counselors, because not all school counselors are members of ASCA, and some school counselors who are members of ASCA may not have indicated a K-12 work setting. Furthermore, some school counselors chose not to participate in the study.
3. Some school counselors may not have taken the time to properly complete the survey.

Chapter IV: Results

Introduction

This chapter will include a summary of the demographic information and item analysis. In addition, the research questions will be addressed.

Demographic Information

The survey was sent to 1,117 potential participants. A reminder e-mail was sent to increase the number of respondents. Of the 1,117 ASCA members asked to participate, 92 responded to the survey, for an 8.2% return rate. Not all items were completed by the 92 respondents.

Of the 88 who completed the survey, 17 (19%) were male and 71 (81%) were female. Their ages ranged from 18 to over 65, with most of the participants reporting their age to be between 26 and 54. Thirty were between the ages of 36 and 34 (34%), while 42 reported being between 35 and 54 years old (48%). The vast majority of ASCA school counselors indicated that they were White or Caucasian (n=71 or 81%). The next highest ethnicity/race indicated was African-American (n=7 or 8%) followed by Hispanic (n=5 or 6%) and Asian (n=1 or 1%). No subjects identified themselves as Pacific Islander. Four (5%) identified themselves as belonging to an ethnicity/race other than those listed. When subjects were asked to report their highest level of education, 82 (93%) had a master's degree. This was not surprising since a master's degree is required in the field of school counseling. Only 4 participants had their doctoral degree (5%) and an even fewer number had their educational specialist's degree (n=2 or 2%). Most of the school counselors had been in the profession for 4 or more years (n=63 or 72%), while 25 (28%) had been in the profession for 3 years or fewer. Respondents worked in various regions of the U.S.: 27 (34%) worked in the Mid-west, 20 (25%) worked in the West, 18 (23%) worked in the South,

and 15 (19%) worked in the Northeast. The majority of respondents did not have internationally adopted children of their own (n=72 or 82%). Only 16 (18%) indicated that they had adopted a child from abroad. Over half of the subjects (n=50 or 57%) had not considered adopting internationally while 38 (43%) had considered international adoption.

Item Analysis

For items 1 through 12, a Likert scale of strongly agree to strongly disagree were given as choices for response. The middle response was identified as undecided.

Item #1 – Children should be raised in the country in which they were born.

Ninety-two participants answered this item. The most frequent response was disagree, with 57 (62%) indicating they felt that a child did not need to be raised in the country of birth). Additionally 16 (17%) felt strongly that children did not have to be raised in their country of origin. Only 5 (5%) agreed that children should be raised in the country where they were born. Fourteen or 15% were undecided on this item.

Item #2 – Children who are internationally adopted will lose their cultural identity.

Ninety-one participants responded to this item. Of the 91 respondents, over half (n=57 or 63%) believed that children would not lose a part of their native identity if they were adopted by a family in another country. Twenty (22%) were undecided on this matter. A minority of respondents agreed (n=13 or 14%) or strongly agreed (n=1 or 1%) that intercountry adoption would result in children losing their cultural identity.

Item #3 – International adoption can be a positive situation for a child.

Ninety-two subjects answered this item. A majority of respondents either agreed (n=42 or 46%) or strongly agreed (n=49 or 53%) that adoption of a foreign child could be a beneficial

outcome for the child. Only one person strongly felt that international adoption could be a negative experience for a child (n=1 or 1%).

Item #4 – It is acceptable to adopt a child from another country who is...

There were 6 subsections to this item: White/Caucasian, African, Hispanic, Asian, Pacific Islander, and other. Of the 92 respondents who answered for White/Caucasian, 54 strongly agreed and 35 agreed that it was acceptable to adopt a child from another country who was White/Caucasian. Two respondents were undecided, and there was one who strongly disagreed. For African, 90 of the 92 respondents felt it was acceptable to adopt a child of African descent, while one person indicated undecided, and one indicated strongly disagree. Eighty-nine participants answered if it was acceptable to adopt a child who was Hispanic. They either agreed (n=36) or strongly agreed (n=53), while one respondent indicated undecided, and one indicated strongly disagree. Of the 92 participants who answered for Asian, 56 strongly agreed and 34 agreed that it was acceptable to adopt a child from another country who was Asian. However, one school counselor strongly disagreed with the statement, and one was undecided. For Pacific Islander, 55 of 92 participants strongly agreed and 35 agreed that it was acceptable to adopt a child of Pacific Islander descent. One participant was undecided, and there was one who strongly disagreed. Thirty-six participants answered if it was acceptable to adopt a child from another country whose ethnicity/race was other than the ones listed. They either agreed (n=15) or strongly agreed (n=20) that this was acceptable, while one respondent was undecided.

Item #5 – It is acceptable to adopt a child who is...

There were 4 subsections to this item: infant-1 years old, over 1-5 years old, 6-12 years old, and 13-17 years old. Of the 92 participants who answered for infant-1 years old, all of them found it acceptable to adopt a child who was an infant-1 years old (63 strongly agreed and 29

agreed). Similar results were recorded for a child over the age of 1 to 5 years old. All of the 92 respondents concluded that it was appropriate to adopt a child who was over 1-5 years old (57 strongly agreed and 35 agreed). When the 92 participants answered if it was acceptable to adopt a child who was 6-12 years old, the most frequent response was strongly agree (n=46), followed by agree (n=36). However, 2 school counselors felt that it was not appropriate to adopt a child from this age range. Eight people were undecided on this matter. For 13-17 years old, 90 participants responded to this item. Forty strongly agreed and 31 agreed that it was acceptable to adopt a child who was 13-17 years old. Twelve were undecided, but 7 thought that it was unacceptable to adopt a child who was 13-17 years old (4 disagreed and 3 strongly disagreed).

Item #6 – Children who are internationally adopted at an older age have more problems than children who are internationally adopted at a younger age.

Eighty-nine participants responded to this item. Of the 89 respondents, 37 or 42% agreed that a child who was internationally adopted would have more problems if adopted at an older age versus a younger age. Additionally, 9 or 10% strongly agreed with this statement. In comparison, 8 or 9% disagreed that older age at adoption would result in more problems. Thirty-five or 39% of school counselors were undecided on this item.

Item #7 – Children who are internationally adopted have more physical health problems than children who...

The participants were to compare internationally adopted children to children not adopted and to children who are domestically adopted. The results indicated that of the 88 respondents, 49 were undecided on this item, while 40 either disagreed or strongly disagreed that internationally adopted children had more physical health problems than children who were not adopted. Nine respondents agreed or strongly agreed with the statement. In addition, 42 indicated

they were undecided on the comparison between internationally adopted and domestically adopted children pertaining to having more physical health problems. Thirty-five indicated disagree or strongly disagree, while 11 indicated agree or strongly agree.

Item #8 – Children who are internationally adopted have more academic achievement problems than children who...

There were two subsections to this item: are not adopted and domestically adopted. In comparing children who are internationally adopted to children who are non-adopted, 10 of the 88 participants agreed and 2 strongly agreed that internationally adopted children would have greater problems in academics than children who were not adopted. Even though participants agreed or strongly agreed to the statement, a larger number disagreed (n=30) or strongly disagreed (n=12) that international adoption would result in the child being more academically disadvantaged than a non-adopted child. The most frequent response was undecided (n=34). In comparing internationally adopted children and domestically adopted children, 5 agreed and 1 strongly agreed that foreign adopted children would struggle more academically than nationally adopted children. However, 37 school counselors disagreed with the statement and 13 strongly disagreed. Thirty-two were undecided on their opinion.

Item #9 – Children who are internationally adopted have more language problems than children who...

Participants were to compare internationally adopted children to children who were not adopted. Furthermore, they were to compare internationally adopted children to children who were domestically adopted. Eighty-seven of the school counselors responded to this item. Thirty-one of the respondents were undecided on if being internationally adopted resulted in children experiencing more language problems than children who were not adopted. Twenty-eight school

counselors felt that foreign adopted children would have increased language problems compared to those not adopted. Interestingly, the same number of school counselors (n=28) felt that foreign adopted children would not have increased language problems compared to those not adopted. An equal number of school counselors who were undecided in comparing internationally adopted children to non-adopted children (n=31) were also undecided in comparing internationally adopted children to domestically adopted children (n=31). Nevertheless, 22 respondents indicated that they either agreed or strongly agreed that children adopted from abroad would struggle with language more than children adopted within their country of origin. A larger number (n=34) disagreed or strongly disagreed with the statement that internationally adopted children would have more language problems than children who were not adopted.

Item #10 – Children who are internationally adopted have more behavior problems than children who...

There were also two subsections to this item: are not adopted and domestically adopted. When participants were asked to compare children adopted from another country to those who had never been adopted, 32 of 88 respondents indicated that they disagreed that children adopted from another country would have higher rates of behavior problems than children who had never been adopted. Nine indicated that they strongly disagreed with the statement. Thirty-four were undecided on the matter. Ten respondents felt that internationally adopted youth would have higher rates of behavior problems than non-adopted youth, while 3 respondents strongly agreed with this statement. When participants were asked to compare internationally adopted children to those not adopted, 38 of 87 respondents indicated that they disagreed that children who were internationally adopted would have more behavioral issues than children who were domestically adopted. Eleven strongly felt that the statement was not true. Thirty-three were undecided on

their opinion. A very small number (n=5) either agreed or strongly agreed that foreign adopted children would have more behavior problems than domestically adopted children.

Item #11 – Children who are internationally adopted have more socio-emotional problems than children who...

The participants were to compare internationally adopted children to children not adopted and to children who are domestically adopted. The results revealed that of the 86 respondents, 28 were undecided on this item, while 40 either disagreed or strongly disagreed that internationally adopted children had more socio-emotional problems than children who were not adopted.

Eighteen respondents agreed or strongly agreed with the statement. In addition, 29 revealed they were undecided on the comparison between internationally adopted and domestically adopted children pertaining to having more socio-emotional problems. Fifty-one indicated disagree or strongly disagree, while 6 indicated agree or strongly agree.

Item #12 – Children who are internationally adopted are referred more often for a disability diagnosis than children who...

Subjects were to compare internationally adopted children to children who were not adopted. Additionally, they were to compare internationally adopted children to children who were domestically adopted. Eighty-seven participants responded to this item. Of the 87, 16 agreed and 2 strongly agreed that children adopted from overseas would be referred more often for a disability diagnosis than children who were not adopted. Although some school counselors agreed with this item, a larger number disagreed (n=25) or strongly disagreed (n=11) with this statement. Thirty-three of the respondents were undecided. In comparing internationally adopted children and domestically adopted children, 8 agreed and 2 strongly agreed that internationally adopted children would have a greater chance of having a disability than domestically adopted

children. In contrast, 30 disagreed and 12 strongly disagreed that foreign adopted children would be referred more frequently. Thirty-five respondents were undecided.

Chapter V: Discussion, Conclusions, and Recommendations

Introduction

This chapter will include a discussion of the survey results as it relates to the literature and conclusions of the findings. Recommendations to the field of school counseling and for further research will be addressed at the end of the chapter.

Discussion

The objective of this research study was to determine the perceptions of American school counselors as it related to internationally adopted children. Because there are more than 15,000 foreign adopted children entering the U.S. annually (Moe, 2007), it is crucial for school counselors to understand their perceptions of these children so that they may better advocate for them.

In this study, 79% of school counselors believed it was appropriate for children to be raised in a country different from the one in which they were born. Almost all school counselors who participated in the survey viewed intercountry adoption as a positive outcome for foreign children (99%) and felt that it would not result in these children losing their cultural identity (63%). These findings show that the majority of American school counselors who responded to the survey are proponents of out-of-country adoptions. This supports Bartholet's (2006) argument that international adoption is a positive option for orphaned children that can increase their quality of life.

Thirty-two percent of ASCA school counselors who responded to this survey reported that internationally adopted children have greater difficulties in language than non-adopted children. The same percentage (32%) reported that internationally adopted children do not have greater difficulties in language than non-adopted children. The sample was split on the issue.

These results appear to be consistent with Meese's (2002) statement that some foreign adopted children will struggle with language acquisition while others will not struggle with this issue. Thirty-six percent of the subjects were undecided about the language problems of internationally adopted youth compared to non-adopted youth. This may be because the subjects were not given information about age of adoption or pre-adoption placement, which can affect language development (Dalen, 2007; Glennen, 2009; Hwa-Froelich, 2009).

Almost half (46%) of the school counselors surveyed indicated that children adopted from abroad do not have more behavior problems than children who are not adopted. This was the most frequent response. This was inconsistent with Juffer and van Ijzendoorn's (2005) meta-analysis, which found that international adoptees had more internalizing and externalizing behaviors than non-adoptees. "However, the rate of behavior problems is modest, indicating that most international adoptees are well-adjusted" (Juffer & van Ijzendoorn, 2005, n.p.). More than half (56%) of the school counselors indicated that international adoptees do not have more behavior problems than domestic adoptees. This was congruent with the findings of Juffer and van Ijzendoorn (2005), who reported that in-country adopted children actually had higher rates of behavior problems than out-of-country adopted children.

Similar to the findings of this study on behavior problems, this study also found that almost half (47%) of the school counselors who participated in the online survey did not agree that foreign adopted children had more socio-emotional issues than their non-adopted peers. This was the most frequent response. Moreover, they did not agree that foreign adopted youth had more socio-emotional issues than in-country adopted youth (59%). These findings support Mohanty and Newhill's (2006) studies which reported that internationally adopted children's

socio-emotional adjustment was as developed as the general and domestically adopted population.

Conclusions

This study found that American K-12 school counselors had positive perceptions about international adoption, including trans-racial international adoption. Furthermore, they had positive or neutral perceptions of internationally adopted children in the categories of physical health, academic achievement, language, behavior, and socio-emotional development. Age was considered a factor in the rate of developmental problems with older internationally adopted children viewed as having more problems overall.

Recommendations

For school counselors.

It is critical for school counselors to note that the information provided in the literature review are generalizations about internationally adopted children. Even children adopted at the same age from the same country and from the same orphanage may have different temperaments and varying outcomes. A recommendation for practicing school counselors when providing services to this population is to treat each internationally adopted student as an individual on a case-by-case basis. As Meese (2002) stated, pupil service staff “must not automatically assume that just because children come from an adoption abroad that they will have difficulty with learning and behavior in school” (p. 56). She further reiterated her message by stating that some “behaviors are typical of all children and should not be viewed as the result of adoption, or even international adoption, alone!” (Meese, 2002. p. 57).

Another key recommendation for school counselors is to consciously align their practices with ASCA’s (2010) Ethical Standards for School Counselors: E.2. Multicultural and Social

Justice Advocacy and Leadership. Of particular importance is for school counselors to reflect on their own personal assumptions and biases, to affirm students' unique identities, and to continually educate themselves until multicultural competence is attained.

For further research.

Besides recommendations to the field of school counseling, there are several recommendations for future research. One recommendation would be to distribute the survey to current ASCA members using a mail carrier service instead of electronically. This may result in a higher response rate from subjects who prefer using this method. A second recommendation would be to expand item 10 on the survey by distinguishing between internalizing and externalizing behaviors. In addition, item 11 could be expanded to include specific socio-emotional issues such as relationships, racial/ethnic identity, and self-esteem. The final recommendation for further research would be to allow participants to write in comments under each item. This would provide deeper insight into school counselors' responses on each item.

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Appendix A: Online Survey

School Counselors' Perceptions of Internationally Adopted Children

Instructions: Please read each item thoroughly and click the answer that best pertains to you.

Section I - Perceptions of Internationally Adopted Children

1) Children should be raised in the country in which they were born.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

2) Children who are internationally adopted will lose their cultural identity.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

3) International adoption can be a positive situation for a child.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

4) It is acceptable to adopt a child from another country who is...

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
White/Caucasian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
African	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hispanic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) It is acceptable to adopt a child who is...

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Infant-1 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over 1-5 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6-12 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13-17 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6) Children who are internationally adopted at an older age have more problems than children who are internationally adopted at a younger age.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

7) Children who are internationally adopted have more physical health problems than children who...

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
are not adopted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
are domestically adopted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8) Children who are internationally adopted have more academic achievement problems than children who...

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
are not adopted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
domestically adopted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9) Children who are internationally adopted have more language problems than children who...

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
are not adopted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
are domestically adopted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10) Children who are internationally adopted have more behavior problems than children who...

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
are not adopted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
are domestically adopted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11) Children who are internationally adopted have more socio-emotional problems than children who...

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
are not adopted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
are domestically adopted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12) Children who are internationally adopted are referred more often for a disability diagnosis than children who...

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
are not adopted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
are domestically adopted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section II - Demographic Information

13) What is your gender?

- Male
- Female
- Transgender
- Other _____

14) How old are you?

- 18-25
- 26-34
- 35-54
- 55-64
- 65 or over

15) What is your ethnicity/race?

- White/Caucasian
- African American
- Hispanic
- Asian
- Pacific Islander
- Other

16) What is the highest level of education you have completed?

- Master's Degree
- Educational Specialist's Degree
- Doctoral Degree

17) How many years have you been in the school counseling field?

- Less than 1 year
- 1-3 years
- 4-6 years
- 7-9 years old
- 10 or more years

18) What region of the country do you work in?

- Northeast
- Mid-west
- South
- West

19) Do you have children who are internationally adopted?

- Yes
- No

20) Have you ever considered international adoption?

- Yes
- No

Appendix B: IRB Approval Letter



Research Services
152 Voc Rehab Building

University of Wisconsin-Stout
P.O. Box 790
Menomonie, WI 54751-0790

715/232-1126
715/232-1749 (fax)
<http://www.uwstout.edu/rs/>

February 24, 2011

Alison Bowe
UW-Stout

Dear Alison,

The IRB has determined your project, "*School Counselors' Perceptions of Internationally Adopted Children*" is **Exempt** from review by the Institutional Review Board for the Protection of Human Subjects. The project is exempt under **Category 2** of the Federal Exempt Guidelines and holds for 5 years. Your project is approved from **February 24, 2011**, through **February 23, 2016**. Should you need to make modifications to your protocol or informed consent forms that do not fall within the exemption categories you will need to reapply to the IRB for review of your modified study.

If your project involved administration of a survey, please copy and paste the following message to the top of your survey form before dissemination:

This project has been reviewed by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46

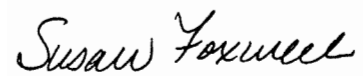
If you are conducting an **online** survey/interview, please copy and paste the following message to the top of the form:

"This research has been reviewed by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46."

Informed Consent: All UW-Stout faculty, staff, and students conducting human subjects research under an approved "exempt" category are still ethically bound to follow the basic ethical principles of the Belmont Report: 1) respect for persons; 2) beneficence; and 3) justice. These three principles are best reflected in the practice of obtaining informed consent from participants.

If you have questions, please contact Research Services at 715-232-1126, or foxwells@uwstout.edu, and your question will be directed to the appropriate person. I wish you well in completing your study.

Sincerely,

A handwritten signature in cursive script that reads "Susan Foxwell".

Susan Foxwell
Research Administrator and Human Protections Administrator,
UW-Stout Institutional Review Board for the Protection of Human Subjects in Research (IRB)

Cc: Amy Gillett

Appendix C: Invitation Email to Participants

“This research has been reviewed by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46.”

This email is only for practicing K-12 American school counselors who are current members of the American School Counselor Association (ASCA).

To participate in the survey you must be **over the age of 18**, a **member of ASCA**, and a **practicing K-12 school counselor**. If this does not describe you, please disregard this email. Please only take this survey once.

Dear school counselor,

You are invited to participate in a study about **school counselors’ perceptions of internationally adopted children**. The purpose of this research study is to determine American K-12 school counselors’ perceptions of internationally adopted children. You will be asked to provide information related to your opinion about children who have been internationally adopted. You will provide information through the use of an online survey.

Risks and Benefits

The risks in completing the survey are minimal. A foreseeable risk is that you may possibly feel uncomfortable answering questions about your opinions on internationally adopted children. Should you feel uncomfortable at any time, you may skip the question and continue with the next one. The online survey will not force you to answer questions.

The benefits of taking this survey will be to provide more information about school counselors’ perceptions of internationally adopted children. Because there is limited research on this topic, the results of this survey will help further the body of research. This information can also be used to better the understanding of perceptions of internationally adopted children, which will be useful for counseling purposes.

Time Commitment

It will take approximately 10 minutes to complete the online survey.

Confidentiality

The information collected from this study will not include your name, email address, or any other identifying information on any of the documents. The information gathered will be kept strictly confidential and any reports of the findings of this research will not contain names, email addresses, or any other identifying information. The general findings of this study will be accessible to you online in the UW-Stout thesis collection.

Voluntary Participation

Your participation in this study is entirely voluntary. You may choose not to participate without any adverse consequences to you. However, should you choose to participate and later wish to withdraw from the study, you may exit out of the online survey at any time. There is no way to identify you if you choose to participate or not.

IRB Approval

This study has been reviewed and approved by The University of Wisconsin-Stout's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies. If you have questions or concerns regarding this study please contact the Investigator or Advisor. If you have any questions, concerns, or reports regarding your rights as a research subject, please contact the IRB Administrator.

Investigator: Alison Bowe
715-456-4676
boweali@my.uwstout.edu

University Administrator
Sue Foxwell, Director, Research Services
152 Vocational Rehabilitation Bldg.
UW-Stout
Menomonie, WI 54751
715-232-2477
foxwells@uwstout.edu

Advisor: Dr. Amy Gillett
715-232-2680
gilletta@uwstout.edu

Statement of Consent

By completing the following online survey, you agree to participate in the project entitled, **“School Counselors’ Perceptions of Internationally Adopted Children.”**

Please take this survey by **4:00pm on Monday, March 14, 2011.**

To get started, simply click on the link to begin taking the survey.

Survey Link

https://uwstout.qualtrics.com/SE/?SID=SV_9zSPcbOuvCSMpPS

Thank you in advance for your participation!

Alison Bowe
boweali@my.uwstout.edu