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Mental Health Professionals' Attitudes and Expectations About Adoption and Adopted Children

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Many researchers have documented heavy use of clinical services by adoptees,¹ but little is known about how much training mental health professionals actually receive about adoption, or their beliefs about adoption and adopted people. It is important to understand mental health professionals' expectations for their adopted clients.

Previous research has shown that teachers treat students differently if they have high expectations for those students.² In other studies, some adoptive parents have told us it was necessary to educate their child's counselor about issues related to adoption.^{3,4} We have therefore investigated adoption-related expectations and training on adoption issues among mental health professionals. In this article, we will review some of the most current published information about the adjustment of adopted children, and present our own findings regarding clinicians' beliefs and expectations for their adopted clients.

Adoption Training for Mental Health Professionals

Although many clinicians treat those affected by adoption, sometimes referred to as the "adoption triad"—birth parents, adopted individuals,



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and adoptive parents—we could find only one study examining clinical training in adoption. This study surveyed programs in clinical psychology, not curricula for other clinical specialties.⁵

The study found that adoption information was severely underrepresented in clinical psychology programs, with 65% of clinical psychologists unable to recall any courses addressing adoption in graduate school. Professors in doctoral-level clinical programs reported spending an average of 7.95 minutes per semester on adoption, compared to 76.82 minutes for schizophrenia, 26.36 minutes for parental death, and 22.17 minutes on dissociative identity disorder.

A survey of 497 psychologists focusing on their contact with members of the adoption triad and their education in adoption-related issues revealed that 90% believed they and their colleagues needed more training in this area.⁶

Current Research About Adopted Children

From the 1960s to the present day, studies have compared adopted and non-adopted children on various outcome measures. In the past thirteen years, there has been an increase in scientific studies focused on adopted children and their adoptive families, and several special journal issues devoted to the topic. These have found few differences between adopted children and their non-adopted peers.⁴ Mental health professionals who do not have current training in adoption issues might be unaware of these findings.

Following is a summary of recent research findings on adopted children:

School achievement. One meta-analysis found that adopted children's academic achievement was significantly better than that of their siblings who remained in institutional settings as well as their non-adopted peers.⁷ However, another analysis showed that adopted children performed less well than their non-adopted peers, especially if they were more than twelve months old at the time of their adoption.⁸ Adopted children with lower academic achievement than their non-adopted peers also had higher levels of hyperactivity,⁹ and were more likely to have a learning disorder.⁷ Both of these factors could account for their reduced academic achievement. Studies overall indicate that most children adopted before the age of four have academic achievement similar to that of non-adopted peers, regardless of country of origin.

Problem behaviors. Studies comparing adopted and non-adopted children reach varying conclusions about adoptees' risk for "problem behaviors." Recent meta-analyses have found small differences between adopted and non-adopted children's externalizing behaviors such as Attention Defecit Hyperactivity Disorder (ADHD) and conduct disorder. While internationally adopted children had fewer behavioral problems than domestically adopted children,¹⁰ internationally adopted adolescents had more behavior problems than non-adopted adolescents.¹¹ One study, based on the National Longitudinal Study of Adolescent Health, concluded that adopted adolescents, especially boys, were more likely to report delinquent behavior.¹² However, later analyses of the data found that some students had reported they were adopted when they were not, and might have also exaggerated or fabricated some behaviors.¹³

Adjustment problems. When adopted adolescents experience adjustment problems, they are usually attributed either to pre-adoption risks or challenges to identity development. Some adopted adolescents do face additional challenges in addition to the normal developmental questions about identity that all teenagers face (such as: "Who am I?" "Where am I going?" "What do I believe?"). Adopted youth have to find a way to incorporate being adopted into these answers.¹⁴ Some adopted children have also experienced long and significant deprivation from the prenatal period or early childhood, which also leads to adjustment problems.¹⁵ In general, children placed before the age of one have exhibited better outcomes,⁸ most likely due to experiencing shorter periods of deprivation. Recent research has found that strong adoptive parent/child relationships are a protective factor for adopted children, and reduce their risk of behavior problems and low school achievement.^{3,4}

In summary, studies published in the past thirteen years have generally found that adopted children are similar to non-adopted children in terms of adjustment issues and behavioral risks. This similarity is more likely if they were adopted before the age of four, and if they have strong parent/child relationships.^{3,4}

Survey: Mental Health Professionals' Attitudes About Adoption

For our study, we recruited participants from two national professional associations, one for social workers and one for counselors. Surveys were sent to 500 randomly selected members of these groups, and 121 (24%) surveys were returned. We obtained written consent from all participants.

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The survey questionnaire was a revised version of the National Adoption Attitudes Survey.¹⁶ It provided demographic information about adoption, and assessed the following:

- The mental health professional's opinions about adoption and adopted people
- The importance of adoption issues to the mental health professional
- The professional's recent training in adoption issues
- The prevalence of members of the adoption triad within the professional's practice
- The professional's length of time in practice

Survey respondents were mostly female (76%) and European American (88%; 12% of the sample identified as either African American/Latino/South American). Participants ranged in age from 24 to 82, with a mean age of 48.28 years. Most had completed their Master's Degree (86%), while 11.6% of the sample held a Doctorate. The largest portion were school counselors (36.4%), followed by social workers (34.7%) and marriage and family therapists (19.8%). As we anticipated, most of the respondents did have experience working with a birth parent, adopted individual, or adoptive parent (65.3%), but only 50.5% reported feeling *prepared* to work with those affected by adoption.

Results

The majority of respondents reported the belief that learning about adoption is important (94.9%); however, 90.1% reported that they had received less than five hours of training about adoption during the past year. Many reported receiving training in issues related to adoption in graduate school (46.4%), while 42.1% reported receiving this training in post-graduate workshops, 34.7% reported receiving it during clinical supervision, and 25% reported that an agency they worked for incorporated adoption issues into its on-the-job training.

Participants' attitudes towards adoption were very positive when the question was worded broadly: 90.9% reported having a favorable view of adoption, while 78% believe open adoption is a good idea in some or most cases. However, this trend seemed to shift a bit when the questions were worded more specifically. For example, respondents were asked a series of questions beginning with: "Do you think adopted children are equally

likely, more likely, or less likely than other children to..." The table below illustrates their responses to this question.

Perceived Impact	Less Likely	Equally Likely	More Likely
To have school problems	0.8%	69.2%	30.0%
To have behavior problems	0.0%	60.0%	40.0%
To have drug problems	1.7%	66.4%	31.9%
To have medical problems	0.8%	77.5%	21.7%
To be well-adjusted	28.3%	66.7%	5.0%
To be happy	18.3%	78.3%	3.3%
To be self-confident	32.5%	65.0%	2.5%

As the above illustrates, participants' expectations for adoptees seemed to depend upon how the question was phrased. Most expected that adopted children were equally or more likely to experience problems in school, behavior problems, drug abuse, and medical problems. However, when the questions asked about positive indicators, participants expected adoptees would be equally or less likely to be well-adjusted, happy, and self-confident. Given the research on the correlation between teachers' expectations for children and their treatment of those children, this finding was troubling.

Implications for Practice

Our study found that most clinical social workers and counselors had favorable opinions about adoption in general, but that their expectations were lower when they were asked about the likelihood of specific outcomes for adoptees. Clinicians should be trained to view adopted children and adults as individuals whose characteristics and experiences are likely to differ from others similarly affected by adoption. Adoption has not been found to be an independent cause of maladjustment; adopted individuals and their experiences differ in many ways despite the common factor of not being raised by their biological parents. Training that informs clinicians of the ways in which adoptees differ could help address some of their more negative expectations. Clinicians should know about recent research findings that indicate some of the factors leading to differing outcomes for adopted youth (e.g., age at adoption; history of maltreatment or institutionalization; prenatal experiences, etc.).

Current adoption research reveals few differences between adopted children and non-adopted children, particularly when the adoptee was placed prior to age four and has a healthy relationship with his or her adoptive parents. Clinicians should thus be wary of making assumptions when an adopted individual or adoptive parent approaches them for counseling, and should be aware of research indicating outcomes for adopted youth. Clinicians should also be aware of recent empirical research highlighting the strengths of adoptive families and the benefits for children.⁴

Another intriguing finding was that a majority of our study participants (78.1%) thought that open adoption was a good idea in some or most cases, while only 56-68% of people within the general population agreed with this statement.¹⁶ Given the lack of training in adoption-related issues, this finding begs the question of why counselors would favor open adoption more than the general population. McRoy, Grotevant, and colleagues have explored the impact of open adoption on members of the adoption triad since the mid-1980s.¹⁷ These researchers have found that contact can indeed be beneficial for birth parents and adoptive children, provided that there is a high degree of collaboration in relationships. Given counselors' opportunity for promoting such collaboration and communication, this could be important knowledge for birth parents and adoptive parents to have.

This study shows that mental health professionals require increased access to evidence-based information about adoptees and healthy adoptive family functioning. Although participants' "favorable" ratings of adoption were quite high, results showed that about one-third of respondents expect adoptees to have more problems and be less happy, which is not consistent with current research.

One limitation of this study was the exploration of attitudes through self-report. An additional limitation was the failure to inquire about attitudes by type of adoption (i.e., foster care, intercountry, domestic infant, etc.), as it is likely that counselors' opinions might vary depending on the circumstances (e.g., clinicians may have higher expectations for children adopted at birth).

As Dr. David Brodzinsky argued in a recent paper, graduate programs that train future clinicians should include more information in their curricula about the unique issues that adoptees may face, while emphasizing the value of positive expectations.¹⁸ We concur with his call for a certification for adoption clinical competence, as well as the need to expand adoption

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training programs across the country. Post-graduate clinical training centers could also serve as an effective way to educate clinicians about the unique issues facing many foster and adoptive families. Adoption is a complex experience for all those involved, and they deserve to have counselors who have had the best possible preparation in current, evidence-based practices related to adoption.

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