

The necessity of adoption competent care

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“Nowhere in paediatrics is the incredible resilience of children so obvious as in international adoption. Abandoned children who have suffered multiple adversities change into happy, healthy, thriving kids by the ‘simple’ act of adoption.” This is how Laurie Miller, adoption specialized paediatrician and researcher starts her Handbook of International Adoption Medicine (2005). On the other hand, Douglas and Philpot (2003) state: “While most adoptions work well, no adoption is simple”.

Intercountry adoption is a last option for children, who cannot be placed in their own family or even their own country. Adopted children by definition suffered hard early life experiences. It often started in the womb, with an affected stress system due to the stress of the birthmother. Most intercountry adopted children have spent time in orphanages. Research shows that orphanages have a disastrous effect on almost all aspects of development of children: on the brain wiring and growth, on stress systems, hormonal systems, physical growth, attachment, etc.¹ Children have suffered neglect, trauma, abuse, undernourishment and the nowadays adopted children often also have ‘Special Needs’¹. Probably almost all adopted children have suffered multiple ACEs (Adverse Childhood Experiences), which predicts increased health risks².

However, despite all odds, the vast amount of adoption research has shown the impressive catch-up of adopted children. Extensive studies over thousands of adopted children have shown an almost full catch-up in growth, intelligence, self-esteem³. Most adult adoptees are satisfied with their adoption and with their lives, even more satisfied than the general population.⁴

The studies of Berlin and Lindblad over all adults in Sweden over 10 years, show that although the intercountry adoptees do less well than the general population and the domestic adoptees, they do much better than children who have been in foster care or have received youth care at home⁵.

However, as can be expected, the difficult start in life of intercountry adoptees, the experiences of loss of their original family and country, and their hardships in the developmental most important first years of their lives do not leave the adoptees unscarred. Research shows that attachment of adopted children improves, but not to the level of the general population⁶. Behavioural problems are slightly higher than for non-adopted adolescents, but more adoptees are in the clinical range.⁷ Adopted children get about twice as much mental health referrals⁸ (though intercountry adoptees less than domestic adoptees) and they have more problems in school.⁹ Adult adoptees run a higher risk for severe mental health problems than the general population¹⁰. For about 32% the loss of family and birth country leaves such a void or uncertainty about their base, that searching is

¹ Gera ter Meulen (2017). The Importance of foster care for orphanage children. Overview of effects of institutions on young children and catch-up in family care

² Nadine Burke Harris, TED Talk ACEs, see links; Website Adverse Childhood experiences, see links

³ See abstracts

⁴ Ter Meulen et al, 2019

⁵ Lindblad et al, 2003; Berlin et al, 2011

⁶ Van den Dries et al, 2009; Bakermans-Kranenburg et al, 2011

⁷ Bimmel et al, 2003

⁸ Juffer & van IJzendoorn, 2005

⁹ van IJzendoorn & Juffer, 2006

¹⁰ Tieman et al, 2005

necessary for them¹¹. Being raised in a family and society of different racial and cultural background is no problem for many adoptees, as long as the adoptive parents can work with racial-ethnic socialization¹², but to others it is very hard. The main issues for adoptees are catch-up of adverse childhood experiences (including orphanages), attachment, complicated grief of loss, identity issues, roots searching issues and discrimination. These issues give adoptees extra developmental tasks in their lives.

Therefore it is not surprising that adoptees need extra care. We know that mental health services are used more often by adoptive families than by the general population¹³ and that adult adoptees have more psychiatric disorders than the general population¹⁴.

Recent research indicates that the later adopted adoptees, in times where expectant adoptive parents were prepared and adoption specific post adoption services, do better. Behle and Pinquart show that more recently adopted adoptees have less psychiatric problems¹⁵. In the Dutch study on satisfaction of about 1200 adult intercountry adoptees with their adoption and their lives, about 10% were (sometimes or always) unsatisfied with their adoption and their lives. The results showed that adoptees mostly turned more positive when growing older, but the oldest adoptees were the most negative. The higher satisfaction of the more recently adopted adult adoptees appears to be correlated with the regulated adoption preparation of prospective adoptive parents and the provision of post adoption services, which both started in the 1990s¹⁶. Positive effects of Post-Adoption Services, PAS, have been shown in many studies¹⁷.

During the last decades, there has been increasing attention for preparation of adoptive parents, as they will parent children who may have suffered orphanage care, neglect, abuse, loss and complex trauma and adjustment stress. Knowledge on the impact of relinquishment and adoption is still increasing¹⁸, including knowledge on the development of adoptees following their adoption, up to adulthood¹⁹.

This means that adoptive parents have many extra challenges in raising their adopted children. Some of the key parenting issues that can pose challenges for adoptive families include²⁰:

- Coping with infertility and previous child loss
- Integrating children into the family and forming secure attachments, especially when children have experienced disruptions from previous attachment figures
- Supporting children's efforts to recover from deprivation, abuse and other early traumas
- Talking with children about their adoption, birth family and early life circumstances, and maintaining an open communicative atmosphere about these issues
- Helping children cope with adoption-related loss
- Supporting children's curiosity about and connections with birth family
- Supporting a respectful view of children's birth family and heritage
- Developing and managing relationships with children's birth family
- Maintaining important existing relationships with non-biological caregivers and supports

¹¹ Tieman et al, 2008

¹² Caballero, 2012; Arnold et al., 2016; Gibbs, 2017

¹³ Juffer & van IJzendoorn, 2005; Howard et al, 2004. Boivin & Hassan, 2015

¹⁴ Tieman et al, 2005

¹⁵ Behle & Pinquart, 2016

¹⁶ Ter Meulen et al, 2019; Palacios et al, 2019

¹⁷ e.g. for overviews see Casey Family Services, 2001

¹⁸ Brodzinsky et al, 1993; , Juffer et al, 2011; Van IJzendoorn & Juffer, 2006

¹⁹ Juffer & van IJzendoorn, 2005; Melero & Sanchez-Sandoval, 2017; ter Meulen et al, 2019; Tieman et al, 2005; van der Vegt et al, 2009

²⁰ Brodzinsky & Pinderhughes, 2002

- Supporting children's adoptive identity
- Supporting children's racial/ethnic/cultural identity

Meanwhile, countries try to solve the issue on whether and which post-adoption services are necessary for the adoptive families and adoptees. Scientific publications of the last decennium indicate that the complexity and specificity of adoption issues ask for adoption competent professional care¹⁹. An overlap exists with issues of children in foster care, but adoption issues are specific, for example the occurrence of a specific type of orphanage connected autism or ADHD²¹ and the intercultural issues and distances.

One important factor shown by several is the importance of adoption competency of professionals²². Practice showed that adoption non-competent practitioners can do more harm than good by not understanding the nature and the complexity of the issues.

Some key elements necessary for adoption competent support are²³:

- Lifespan developmental perspective on adoption, including how being adopted is understood and experienced by adopted persons from infancy through adulthood
- Parenting tasks and adoptive family dynamics at various phases of the life cycle
- Adoptive parent preparation and support needs
- Impact of infertility on adoptive parenting
- Impact of neglect, abuse and trauma on neurological and behavioural development
- Role of attachment and relationship disruption on children's development and family dynamics
- Nature of adoption-related loss and grief
- Issues in transracial and transcultural adoption, including ways of supporting positive racial and cultural identity in children and youth
- Psychology of search and reunion
- Impact of adoption and child loss on birth parents
- Open adoption, including helping participants in their evolving relationships
- Ethical issues in adoption practice and counselling

Conclusion: Adoption is a Child Welfare decision which gives children with detrimental backgrounds opportunities to a good and satisfied life and a valuable contribution to society. However, both the adoptive parents and the adoptees need competent help in order to overcome the complicated issues that are connected to relinquishment, adverse child experiences and intercountry adoption.

²¹ Kennedy et al, 2016

²² Brodzinsky, 2013; Child Welfare Information Gateway, 2012; Livingstone-Smith, 2010; Selwyn, 2017

²³ Key areas of training, identified in the definition of adoption competence by C.A.S.E. (Brodzinsky, 2013, Atkinson & Riley, 2017).

References

- Arnold, T., Braje, S. E., Kawahara, D., & Shuman, T. (2016). Ethnic socialization, perceived discrimination, and psychological adjustment among transracially adopted and nonadopted ethnic minority adults. *American Journal Of Orthopsychiatry*, 86(5), 540-551.
- Atkinson, A. J., & Riley, D. B. (2017). Training for Adoption Competency: Building a Community of Adoption-Competent Clinicians. *Families in Society*, 98(3), 235–242.
- Bakermans-Kranenburg, M. J., Steele, H., Zeanah, C. H., Muhamedrahimov, R. J., Vorria, P., Dobrova-Krol, N. A., . . . Gunnar, M. R. (2011). III. Attachment and emotional development in institutional care: characteristics and catch up. *Monographs of the Society for Research in Child Development*, 76(4), 62-91.
- Behle AE and Pinquart M (2016) Psychiatric Disorders and Treatment in Adoptees: A Meta-Analytic Comparison with Non-Adoptees. *Adoption Quarterly*: 19(4), 284-306.
- Berlin M, Vinnerljung B & Hjern A. (2011). School performance in primary school and psychosocial problems in young adulthood among care leavers from long term foster care. *Children and Youth Services Review*, 33(12), 2489-2497.
- Bimmel N, Juffer F, van IJzendoorn MH, and Bakermans-Kranenburg MJ (2003). Problem behavior of internationally adopted adolescents: a review and meta-analysis. *Harvard Review of Psychiatry*, 11(2): 64-77.
- Boivin M and Hassan G (2015) Ethnic identity and psychological adjustment in transracial adoptees: A review of the literature. *Ethnic and Racial Studies*, 38(7): 1084-1103.
- Brodzinsky D, Schechter, M & Henig RM (1993). *Being adopted: The lifelong search for self*. New York: Doubleday.
- Brodzinsky DM (2013) *A need to know. Enhancing adoption competence among mental health professional. Policy Perspective*. The Donaldson Adoption Institute.
- Brodzinsky, D. & Pinderhughes, E. (2002). Parenting and child development in adoptive families. In M. Bornstein (Ed.), *Handbook of parenting (Vol 1): Children and parenting* (pp. 279-311). 2nd ed. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Caballero C, Edwards R, Goodyer A, and Okitikpi T (2012) The diversity and complexity of the everyday lives of mixed racial and ethnic families: Implications for adoption and fostering practice and policy. *Adoption & Fostering*: 36(3): 9-24.
- Casey Family Services. (2001). Post Adoption Services. Available at: <http://www.aecf.org/upload/publicationfiles/post-adoption%20services.pdf>
- Child Welfare Information Gateway. (2012). Finding and Using Post Adoption Services. Available at: http://www.childwelfare.gov/pubs/f_postadoption.cfm Dance Casey Family Services, 2001
- Douglas A & Philpot T (2003). *Adoption, changing families, changing times*. London: Routledge.
- Gibbs, A. (2017). Beyond colour-blindness: Enhancing cultural and racial identity for adopted and fostered children in cross-cultural and transracial families. *Aotearoa New Zealand Social Work*, 29(4), 74-83.
- Howard, J.A., Smith, S., & Ryan, S.D. (2004). A comparative study of child welfare adoptions with other types of adopted children and birth children. *Adoption Quarterly*, 7, 1-30.
- Juffer F and Van IJzendoorn MH (2005) Behavior problems and mental health referrals of international adoptees. *JAMA the Journal of the American Medical Association*: 293(20), 2501-2515.
- Juffer F and Van IJzendoorn MH (2007) Adoptees do not lack self-esteem: a meta-analysis of studies on self-esteem of transracial, international, and domestic adoptees. *Psychological Bulletin*: 133(6), 1067-1083.
- Juffer F, Palacios J, Le Mare L, Sonuga-Barke EJS, Tieman W, Bakermans-Kranenburg MJ, . . . Verhulst FC (2011) Development of adopted children with histories of early adversity. *Monographs of Kennedy, M., Kreppner, J., Knights, N., Kumsta, R., Maughan, B., Golm, D., . . . Sonuga-Barke, E. J.* (2016). Early severe institutional deprivation is associated with a persistent variant of adult attention-deficit/hyperactivity disorder: clinical presentation, developmental continuities and

- life circumstances in the English and Romanian Adoptees study. *J Child Psychol Psychiatry*, 57(10), 1113-1125.
- Lindblad F, Hjern A and Vinnerljung B (2003) Inter-country adopted children as young adults: A Swedish cohort study. *American Journal of Orthopsychiatry*: 73(2), 190-202.
- Livingstone-Smith S. (2010). *Keeping the Promise: the critical need for post adoption services to enable children and families to succeed*. Evan B Donaldson Institute. New York.
- Melero S and Sanchez-Sandoval Y (2017) Mental health and psychological adjustment in adults who were adopted during their childhood: A systematic review. *Children and Youth Services Review*: 77, 188-196.
- Miller L (2005). *The Handbook of International Adoption Medicine. A guide for physicians, parents and providers*. Oxford University Press.
- Palacios, J., Adroher, S., Brodzinsky, D. M., Grotevant, H. D., Johnson, D. E., Juffer, F., . . . Tarren-Sweeney, M. (2019). Adoption in the service of child protection: An international interdisciplinary perspective. *Psychology, Public Policy, and Law*, 25(2), 57-72.
- Selwyn J (2017) Post-adoption support and interventions for adoptive families: Best practice approaches. An expertise for the German Research Centre on adoption (EFZA). Deutsches Jugendinstitut e.V., DJI
https://www.dji.de/fileadmin/user_upload/bibs2017/Selwyn_Post_adoption_support.pdf
- ter Meulen G (2017). The Importance of foster care for orphanage children. Overview of effects of institutions on young children and catch-up in family care https://irp-cdn.multiscreensite.com/ae5bee7b/files/uploaded/The%20importance%20of%20foster%20care%20for%20orphanage%20children_Id9wZcZQDaefAwZwbDXE.pdf
- ter Meulen, G, Smeets, D, & Juffer, F (2019). The relation between adult adoptees' feelings about relinquishment, adoption and satisfaction with life. *Adoption & Fostering*, 43(2), 192–209.
- Tieman W, van der Ende J and Verhulst FC (2005) Psychiatric disorders in young adult intercountry adoptees: an epidemiological study. *American Journal of Psychiatry*: 162(3), 592-598.
- Tieman W, van der Ende J and Verhulst FC (2008) Young adult international adoptees' search for birth parents. *Journal of Family Psychology*: 22(5), 678-687.
- Van den Dries L, Juffer F, van IJzendoorn MH and Bakermans-Kranenburg MJ (2009) Fostering security? A meta-analysis of attachment in adopted children. *Children and Youth Services Review*: 31(3), 410-421.
- Van der Vegt EJM, Tieman W, van der Ende J, Ferdinand RF, Verhulst FC and Tiemeier H (2009). Impact of early childhood adversities on adult psychiatric disorders. *Social Psychiatry and Psychiatric Epidemiology*: 44(9), 724-731.
- Van der Vegt EJM, Tieman W, van der Ende J, Ferdinand RF, Verhulst FC and Tiemeier H (2009) Impact of early childhood adversities on adult psychiatric disorders. *Social Psychiatry and Psychiatric Epidemiology*: 44(9), 724-731.
- Van IJzendoorn MH and Juffer F (2006) The Emanuel Miller Memorial Lecture 2006: Adoption as intervention. Meta-analytic evidence for massive catch-up and plasticity in physical, socio-emotional, and cognitive development. *Journal of Child Psychology and Psychiatry*: 47(12), 1228-1245.
- Van IJzendoorn MH, Juffer F and Klein Poelhuis CW (2005) Adoption and cognitive development: a meta-analytic comparison of adopted and nonadopted children's IQ and school performance. *Psychological Bulletin*: 131(2), 301-316.
- Van IJzendoorn MH, Palacios JS, Sonuga-Barke EJS, Gunnar MR, Vorria P, McCall RB, . . . Juffer F (2011) Children in institutional care: delayed development and resilience. *Monographs of the Society for Research in Child Development*: 76(4), 8-30.

Literature as background to the paper on the relevance of Post Adoption Services

Links to relevant studies or papers

David Brodzinsky (2013). A need to know: enhancing adoption competence among mental health professionals. The Donaldson Adoption Institute.
<https://www.adoptioninstitute.org/publications/a-need-to-know-enhancing-adoption-competence-among-mental-health-professionals/>

Gera ter Meulen (2017). The Importance of foster care for orphanage children. Overview of effects of institutions on young children and catch-up in family care https://irp-cdn.multiscreensite.com/ae5bee7b/files/uploaded/The%20importance%20of%20foster%20care%20for%20orphanage%20children_Id9wZcZQDaefAwZwbDXE.pdf

Gera ter Meulen (2019). Adoption in the Netherlands. Preparation and post-care of adoptees, biological parents, adoption applicants and adoptive families in the Dutch adoption practice. München: DJI. PDFfile:
https://www.dji.de/fileadmin/user_upload/bibs2019/DJI_Adoption_Netherlands_27338.pdf

ter Meulen, G., Smeets, D., & Juffer, F. (2019). The relation between adult adoptees' feelings about relinquishment, adoption and satisfaction with life. *Adoption & Fostering*, 43(2), 192–209. <https://doi.org/10.1177/0308575919841754>

Julie Selwyn (2017). **Post-adoption** support and intervention for adoptive families: Best practice approaches. An expertise for the German Research Center on adoption (EFZA).
https://www.dji.de/fileadmin/user_upload/bibs2017/Selwyn_Post_adoption_support.pdf

EurAdopt PAS Workinggroup (2019). EurAdopt statements on the minimum standards for Post Adoption Services.

Website Adverse Childhood Experiences
https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Findex.html

Nadine Burke Harris, TED Talk ACEs
https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=nl

Abstracts of relevant scientific papers

Atkinson, A. J., & Riley, D. B. (2017). Training for Adoption Competency: Building a Community of Adoption-Competent Clinicians. *Families in Society*, 98(3), 235–242.

Training for Adoption Competency (TAC), an advanced, adoption-competency, clinical training program for licensed mental health professionals, was developed in response to the largely unmet needs of adoptive families for high-quality adoption-competent, mental health services. A rigorous ongoing evaluation assessing training delivery, effectiveness, and outcomes has produced strong evidence that TAC is a sound and effective training model that produces changes in clinical assessment and intervention practices that enable clinicians to apply trauma-informed, attachment-based skills to address core adoption issues such as loss, grief, control, and identity. Implications for

clinical practice with families touched by adoption and other forms of permanency, research, and training to create an adoption-competent clinical professional community are presented.

Bakermans-Kranenburg, M.J.; Bunkers, K.M.; Dobrova-Krol, N.A.; Engle, P.; Fox, N.A.; Gamer, G.; Goldman, P.; Greenberg, A.; Groark, C.J.; ...Zeanah, C.H. (2012). The Development and Care of Institutionally Reared Children. *Monographs of the Society for Research in Child Development*, 76(4), 62-91.

This article briefly summarizes the literature on elements of research, practice, and policy pertaining to the development and care of children raised in institutions. It covers such children's development while they reside in institutions and after their transition to adoptive or foster families. Of special interest are attachment and indiscriminate friendliness, physical growth, neurobiological deficits, and sensitive periods. Early exposure of a year or 2 to a substandard institution is related to higher than expected rates of a variety of long-term neurological, physical, cognitive, and behavioral deficiencies and problems, even if the children are subsequently reared in advantaged families. Countries hoping to transition from a reliance on institutions to family care alternatives face a variety of unique challenges relating to their prevailing historical, cultural, political, and financial circumstances. Although there has been progress, developing a child welfare system of family alternatives may take time in some countries

Bimmel, N.; Juffer, F.; van IJzendoorn, M.H.; Bakermans-Kranenburg, M.J. (2003) Problem behavior of internationally adopted adolescents: a review and meta-analysis. *Harvard Review of Psychiatry*, 11(2): 64-77

In this paper we examine the prevalence of problem behaviors in samples of adolescents who were adopted from a foreign country as infants or young children. We reviewed ten studies and performed a meta-analysis, comparing 2317 internationally adopted adolescents with 14,345 nonadopted adolescents. Results indicate that internationally adopted adolescents exhibit more behavior problems than do nonadopted adolescents ($d=0.08$; $p=0.02$), with the difference seen in externalizing ($d=0.11$; $p=0.00$), but not in internalizing ($d=0.05$; $p=0.12$), behavior problems. Significantly more total behavior problems were seen in adopted than in nonadopted girls ($d=0.10$; $p=0.03$), but not in adopted boys compared to nonadopted ones ($d=0.07$; $p=0.22$). All differences, however, were small. The differences between adopted and nonadopted adolescents were somewhat larger when we considered behavior problems in clinical range. The majority of the adopted adolescents are well adjusted and do not display significantly more problem behaviors than do their nonadopted peers.

Juffer, F. & van IJzendoorn, M. (2005). Behavior Problems and Mental Health Referrals of International Adoptees. A Meta-analysis. *Jama the Journal of the American Medical Association*: 293(20), 2501-2515.

International adoption involves more than 40 000 children a year moving among more than 100 countries. Before adoption, international adoptees often experience insufficient medical care, malnutrition, maternal separation, and neglect and abuse in orphanages.

Objective: To estimate the effects of international adoption on behavioral problems and mental health referrals.

Data Sources We searched MEDLINE, PsychLit, and ERIC from 1950 to January 2005 using the terms adopt* combined with (behavior) problem, disorder, (mal)adjustment, (behavioral) development, clinical or psychiatric (referral), or mental health; conducted a manual search of the references of articles, books, book chapters, and reports; and consulted experts for relevant studies. The search was not limited to English language publications.

Study Selection Studies that provided sufficient data to compute differences between adoptees (in all age ranges) and nonadopted controls were selected, resulting in 34 articles on mental health referrals and 64 articles on behavior problems. Data Extraction Data on international adoption, preadoption adversity, and other moderators were extracted from each study and inserted in the program Comprehensive Meta-analysis (CMA). Effect sizes (d) for the overall differences between

adoptees and controls regarding internalizing, externalizing, total behavior problems, and use of mental health services were computed. Homogeneity across studies was tested with the Q statistic. Data Synthesis Among 25 281 cases and 80 260 controls, adoptees (both within and between countries) presented more behavior problems, but effect sizes were small (d, 0.16-0.24). Adoptees (5092 cases) were overrepresented in mental health services and this effect size was large (d, 0.72). Among 15 790 cases and 30 450 controls, international adoptees showed more behavior problems than nonadopted controls, but effect sizes were small (d, 0.07-0.11). International adoptees showed fewer total, externalizing and internalizing behavior problems than domestic adoptees. Also, international adoptees were less often referred to mental health services (d, 0.37) than domestic adoptees (d, 0.81). International adoptees with preadoption adversity showed more total problems and externalizing problems than international adoptees without evidence of extreme deprivation. Conclusions Most international adoptees are well-adjusted although they are referred to mental health services more often than nonadopted controls. However, international adoptees present fewer behavior problems and are less often referred to mental health services than domestic adoptees.

Juffer, F., & van IJzendoorn, M. H. (2007). Adoptees Do Not Lack Self-Esteem: A Meta-Analysis of Studies on Self-Esteem of Transracial, International, and Domestic Adoptees. *Psychological Bulletin*, 133(6), 1067-1083.

Do adopted children show lower self-esteem than nonadopted peers, and do transracial adoptees show lower self-esteem than same-race adoptees? Adopted children are hypothesized to be at risk of low self-esteem. They may suffer from the consequences of neglect, abuse, and malnutrition in institutions before adoption. They have to cope with their adoptive status, which often includes difficulties associated with the lack of resemblance to their adoptive parents. Additionally, transracial and international adoptees may feel less integrated into their family, resulting in low self-esteem. In a series of metaanalyses, the authors found, however, no difference in self-esteem between adoptees (N = 10,977) and nonadopted comparisons (N = 33,862) across 88 studies. This was equally true for international, domestic, and transracial adoptees. Across 18 studies including 2,198 adoptees, no differences in self-esteem were found between transracial and same-race adoptees. In contrast, in a small set of 3 studies (N = 300), adoptees showed higher levels of self-esteem than nonadopted, institutionalized children. The authors' findings may be explained by adoptees' resilience to overcome early adversity, supported by the large investment of adoptive families. Adoption can be seen as an effective intervention, leading to normative self-esteem.

Ter Meulen, G, Smeets, D, & Juffer, F (2019). The relation between adult adoptees' feelings about relinquishment, adoption and satisfaction with life. *Adoption & Fostering*, 43(2), 192–209.

Previous studies have revealed that despite adversity in early childhood, after adoption intercountry adoptees show a substantial catch-up in physical, socio-emotional and cognitive development and do relatively well in life. However, these favourable situations do not necessarily match positive views of their earlier experiences when recalled as adults. This study explores this relationship: namely adult adoptees' appraisal of relinquishment and adoption, and their satisfaction with life. It analyses questionnaire replies from 1155 adult intercountry adoptees in the Netherlands, originating from 32 countries and now aged between 18 and 55. Their mean age at the time of the research was 29 and they had arrived in the Netherlands at an average age of 1.34 years. It was found that the respondents were mostly satisfied with their lives, even more so than the wider Dutch population. Moreover, the more positive their feelings about relinquishment and adoption the higher the levels of life satisfaction. Most adoptees felt positive about being adopted although a minority (about 10%) often had negative feelings about adoption. The majority indicated that they had become more satisfied with their adoption status as they grew older; however, those who were older at the time of the study were less happy with this and also less satisfied with their lives in general. This probably reflects improvements in adoption practice since the 1990s, in particular the provision of good quality pre- and post-adoption support services. These findings highlight the value of therapeutic

work with adoptees that includes a focus on their feelings about both relinquishment and adoption, with the expectation that this will improve their well-being and life satisfaction.

Tieman, W., van der Ende, J. & F.C. Verhulst (2005). Social functioning of young adult intercountry adoptees compared to nonadoptees. *Soc. Psychiatry Psychiatr Epidemiol* 41: 68-74.

Using data from a large adoption and general population cohort, we compared the social functioning of 24- to 30-year-old intercountry adoptees with that of same-aged nonadoptees in The Netherlands. Adoptees, compared to nonadoptees, were less likely to have intimate relationships, to live with a partner, and to be married. However, adoptees were not more impaired in their social contacts than nonadoptees. The educational and professional attainment of adoptees was at par with that of the general population. Adopted males showed somewhat less favorable outcomes than adopted females.

Tieman, W., van der Ende, J. & F.C. Verhulst (2005). Psychiatric disorders in young adult intercountry adoptees: an epidemiological study. *Am J Psychiatry* 162: 592-598.

Objective: The prevalences of psychiatric disorders in young adult intercountry adoptees and nonadopted young adults from the general population were compared.

Method: In the Netherlands, a total of 1,484 young adult intercountry adoptees (72.5% of the original sample at age 10–15 years) and 695 nonadopted subjects (78.1% of the original sample) of comparable age from the general population were interviewed by using a standardized psychiatric interview generating DSM-IV diagnoses.

Results: The adopted young adults were 1.52 times as likely to meet the criteria for an anxiety disorder as the nonadopted young adults; the 95% confidence interval (CI) was 1.15–2.00. The adoptees were 2.05 (95% CI=1.32–3.17) times as likely to meet the criteria for substance abuse or dependence. The adopted men were 3.76 (95% CI=1.69–8.37) times as likely to have a mood disorder as nonadopted men, while for women there was no significant difference between adoptees and nonadoptees. No significant difference for the diagnosis of disruptive disorder was found. For all diagnoses together, adoptees with low and middle parental socioeconomic status in childhood did not differ from the comparison subjects, while adoptees with high parental socioeconomic status were 2.17 times (95% CI=1.50–3.13) as likely to meet the criteria for a disorder as nonadoptees with high parental socioeconomic status.

Conclusions: Intercountry adoptees run a higher risk of having severe mental health problems in adulthood than nonadoptees of the same age. The risk of later malfunctioning differs for different disorders and different groups of adoptees.

Tieman, W. van der Ende, J. & Verhulst F.C. (2008). Young adult international adoptees' search for birth parents. *Journal of family Psychology* 22(5): 678-687.

This study examines international adoptees and factors associated with searching for birth parents. A total of 1,417 international adoptees in The Netherlands, aged 24 to 30 years, were divided into 4 groups: uninterested nonsearchers, interested nonsearchers, searchers, and reunited searchers. In total, 32% of adoptees had searched. Although the majority of searchers were well-adjusted, they had more problems—mainly internalizing problems—than uninterested nonsearchers. These problems, however, were not caused by the search itself. It is concluded that searching is the product of natural curiosity influenced by external factors such as the divorce of adoptive parents and the options for searching. 36% was uninterested nonsearcher, 32% was interested nonsearcher, 18% was searcher and 14% was reunited searcher.

Van IJzendoorn, M.H; Bakermans-Kranenburg, M.J.; Juffer, F. (2007). Plasticity of Growth in Height, Weight, and Head Circumference: Meta-analytic Evidence of Massive Catch-up After International Adoption. *Journal of Developmental and Behavioral Pediatrics* 28: 334-343.

Are serious growth delays caused by malnutrition and neglect permanent or reversible? The effects of institutionalization and international adoption on children's physical growth are estimated with metaanalysis. Studies with sufficient data to compute differences between adoptees and the reference population (33 papers with 122 study outcomes) were collected through Web of Science, ERIC (Education Resource Information Center), PsycINFO (Psychological Literature), and Medline (U.S. National Library of Medicine) (1956-2006). The influence of pre- and postadoption care on height, weight, and head circumference was tested. Effect sizes (d) and confidence intervals (CIs) around the point estimate for the growth lag indices were computed. The more time spent in institutional care, the more the children lagged behind in physical growth (d 1.71, 95% CI: 0.82-2.60, n 893). At adoptive placement, the children showed large delays in height, weight, and head circumference (d 2.39 to 2.60; n 1331-3753). Although after adoption, they showed almost complete catch-up of height (d 0.57, 95% CI: 0.87 to 0.27, n 3437 adoptees) and weight (d 0.72, 95% CI: 1.04 to 0.39, n 3259 adoptees), catch-up of head circumference seemed slower and remained incomplete (d 1.56, 95% CI: 2.27 to 0.85, n 527). Later age at arrival was related to less complete catch-up of height and weight. International adoption leads to substantial catch-up of height and weight but not of head circumference, demonstrating differential plasticity of children's physical growth.

Van IJzendoorn, M.H.; Luijk, M.P.C.M.; Juffer, F. (2008). IQ of children growing up in children's homes - A meta-analysis on IQ delays in orphanages. – *A Journal of Developmental Psychology* 54(3): 341-366

In this meta-analysis of 75 studies on more than 3,888 children in 19 different countries, the intellectual development of children living in children's homes (orphanages) was compared with that of children living with their (foster) families. Children growing up in children's homes showed lower IQ's than did children growing up in a family (trimmed d = 0.74). The age at placement in the children's home, the age of the child at the time of assessment, and the developmental level of the country of residence were associated with the size of the delays. Children growing up in children's homes show a substantial lower level of IQ (average IQ of 84) than their peers reared in (foster) families (average IQ of 104), and the difference amounted to 20 IQ points. More research is needed to detect the causes of the large IQ delays and to test ways of improving the intellectual development of millions of children in orphanages around the world