

Parents' Evaluation of Adoption Success: A Follow-Up Study of Intercountry and Domestic Adoptions

Jenny Castle, BSc, and Christine Groothues, MA
King's College

Celia Beckett, PhD
King's College and PACT (Parents and Children Together)

Emma Colvert, PhD, Amanda Hawkins, BSc,
and Jana Kreppner, PhD
King's College

Robert Kumsta, PhD, and Wolff Schlotz, PhD
University of Southampton

Edmund Sonuga-Barke, PhD
King's College, University of Southampton, and Gent University

Suzanne Stevens, PhD
King's College and University of Southampton

Michael Rutter, MD, FRS
King's College

Parents of 165 children adopted from Romania and 52 children adopted from within the United Kingdom rated the success of the adoptions when the children were 11 years old. As was the case at two earlier study waves, satisfaction was found to be extremely high. Both positive and negative assessments were generally stable between ages 6 and 11, although for the children who had more problems there was an increase in negative evaluation, albeit within an overall positive picture. Parents' evaluations were somewhat more negative for this group of children; however, parents reported that having the child as part of their family was very rewarding. Negative evaluation was not directly related to age at placement, but appeared to be a reflection of the later-placed children's higher rates of problem behavior. As found at earlier assessment waves, child factors, in particular conduct problems and inattention or overactivity, were key in predicting parental evaluations at age 11, as were four domains closely associated with institutional deprivation, namely cognitive impairment, quasi-autistic patterns, inattention or overactivity, and disinhibited attachment. The findings emphasize the need for early intervention for children in severely deprived conditions, and for access to postadoption services that target the particular problem behaviors the children may exhibit.

Keywords: Romania, adoption, outcome, risk factors

A major concern for adoption research has been to identify factors that promote the well-being of children, both in terms of their physical, cognitive and emotional development, and for their psychosocial adjustment within their adoptive family (see, e.g., Barth & Brooks, 1997; Howe, 1997; Rijk et al., 2006; Rushton, Dance, & Quinton, 2000; Rutter & Garmezzy, 1983). As in all families, problems with children's development and behavior can contribute to overall familial stress, and there is the potential for

certain negative behaviors to affect the success of the placement (Hoksbergen, Juffer, & Waardenburg, 1987; Judge, 2003; Mainmeer, Gilman, & Ames, 1983; Verhulst et al., 1992). Perhaps the most overt measure of success or failure is adoption breakdown and disruption. Indeed, it has been argued by Barth and Brooks (1997) that adoption disruption may be the only appropriate criterion for the success of an adoption during the first 18 years, particularly where the measure of parents' satisfaction is within a

Jenny Castle, BSc, and Christine Groothues, MA, MRC Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, King's College; Celia Beckett, PhD, MRC Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, King's College, and PACT (Parents and Children Together), Reading, UK; Emma Colvert, PhD, Amanda Hawkins, BSc, and Jana Kreppner, PhD, MRC Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, King's College; Robert Kumsta, PhD, and Wolff Schlotz, PhD, Developmental Brain-Behaviour Laboratory, School of Psychology, University of Southampton; Edmund Sonuga-Barke, PhD, MRC Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, King's College, Developmental

Brain-Behaviour Laboratory, School of Psychology, University of Southampton, and Department of Experimental Clinical and Health Psychology, Gent University; Suzanne Stevens, PhD, MRC Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, King's College, and Developmental Brain-Behaviour Laboratory, School of Psychology, University of Southampton; Michael Rutter, MD, FRS, MRC Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, King's College.

For reprints and correspondence: Jenny Castle, PO80, MRC SGDP Centre, Institute of Psychiatry, King's College, University of London, De Crespigny Park, Denmark Hill, London, SE5 8AF. E-mail: j.castle@iop.kcl.ac.uk

relatively narrow range. However, Tizard (1977) has suggested that parental satisfaction can act as a critical indicator of adoption success or failure where rates of breakdown or disruption are very low, so a key source of information is parents' and children's judgments of how successful they feel the adoption to have been (Feigelman & Silverman, 1984; Kadushin, 1970; Raynor, 1980).

Two earlier English and Romanian Adoptees (ERA) study team papers focusing on the progress of children adopted from Romania and the United Kingdom (U.K.) reported very favorably on adoptive parents' evaluations of their children's adoptions when their children were 4 and 6 years of age (Groothues, Beckett, O'Connor, & the ERA Study Team, 1998/99; 2001). Both studies reported no adoption breakdowns and a very high level of parental satisfaction. Despite facing considerable challenges, when asked when their children were 6 years old, only 12% of parents who adopted children from Romania reported fleeting doubts as to whether their adoptions would succeed, and just one parent in this group and one in the U.K.-adopted group expressed serious doubts. Although between ages 4 and 6 years there was a drop in ratings of positive evaluation for the U.K.-adopted group, the satisfaction rate remained remarkably high. More variation occurred in negative evaluation among the three groups of adoptees (the U.K.-adopted group, the group adopted from Romania before the age of 6 months, and the group adopted from Romania after the age of 6 months), and there was marked stability in negative evaluation across the 2 year period. An important proviso was that these negative findings needed to be viewed in the wider context of an overall positive picture.

The variation in negative evaluation was accounted for by child factors, and in particular by the levels of hyperactivity. This finding echoed those of other studies (see Faroane & Doyle, 2001; Rushton, Dance, & Quinton, 2000) that showed negative evaluation to be related to child factors, such as overactivity and conduct problems, rather than to parental or familial factors (e.g., parents' social class or education, or presence of closely spaced siblings). This is not to say that family factors are unimportant in children's outcomes, but rather that the limited variation in family quality (because of adoption screening) could not account for individual variations in children's outcomes. Clearly, problems such as ADHD are difficult to cope with and frustrating for caregivers generally (Taylor, 1980). Demographic and familial factors have been posited less frequently as predictors of adoption evaluation (see Festinger, 1990), although some researchers have mentioned negative effects of parents' higher academic attainment or credentials for later-placed children (Barth & Berry, 1988; Triseliotis & Russell, 1984).

The impoverished conditions in Romanian institutions have been described in detail elsewhere (Ames, 1990; Kaler & Freeman, 1994; United Nations Children's Fund [UNICEF], 1993). Virtually all of the children in the study who had spent time in institutions suffered appalling neglect and were confined mainly to cots, receiving no personalized caregiving. Even the few children (21) who had lived in family homes up until they were adopted almost certainly lived in extremely deprived conditions. An updated picture of the progress of the children in the ERA study has recently been provided by Rutter et al. (in press). This outlines the psychopathological and social outcomes of the children adopted from Romania, noting that although most children experienced a remarkable degree of catch-up when adopted into generally well-

functioning families, some continued to suffer cognitive deficits and other sequelae up to the age of 11 years. Institutional deprivation per se appeared to account for the specific patterns of quasi-autism, disinhibited attachment, higher levels of inattention or overactivity, and cognitive impairment. The four domains associated with institutionalization showed a dose-response relationship with duration of institutional care at age 6 years (i.e., as the children's age at entry to the U.K. increased, so correspondingly did their problem levels). The age 11 effects were as marked as they had been at age 6 years. However, by age 11 the dose-response relationship had disappeared, and was replaced by a pattern whereby some 50% of children who left institutions over the age of 6 months showed impairment, whereas few under 6 months did. A general conclusion was that, beyond the age of 6 months, variations in the duration of institutional care did not predict outcome in the dose-response manner found at earlier waves of testing. This finding was reinforced in an earlier review by Maclean (2003), who reported that the length of time children spent in an institution beyond the first 6 months of their lives was not related to the quality of attachment relationship they subsequently formed. The two earlier ERA studies of parental evaluation compared views of parents who had adopted from Romania with those of parents who had adopted within-country. However, as the dose-response effect of age at entry to the U.K. on children's outcomes no longer prevails at age 11, findings in the current investigation are analyzed in terms of three groups: (a) children adopted domestically, all of whom were placed before age 6 months; (b) children adopted from Romania before the age of 6 months; and (c) children adopted from Romania after the age of 6 months.

Kreppner et al.'s (2007) study of normality and impairment in the ERA study children showed that impairment in functioning was mainly established by age 6, with marked continuity between ages 6 and 11, and there was little reason to expect considerable change in parental evaluation by age 11 if it were again driven by child factors. However, numerous factors may influence judgments. On the one hand, if parental satisfaction was influenced by their expectations, there might well be an increase in dissatisfaction by age 11 if children had failed to make as much progress as hoped. Unrealistic expectation of children's potential, and the parents' own attitudes toward the adoption could themselves be seen as risk factors for the adoptive child's adjustment (see Hoksbergen & Loenen, 1985, in Hoksbergen et al., 1987; Kadushin, 1980). On the other hand, if satisfaction were to increase as the children were integrated into their families, one might expect a rise in positive assessment over the years between age 6 and age 11.

Generally, it has been shown that later-placed children suffer more problems than those placed earlier, and that a combination of late placement and early adversity is particularly damaging (Howe, 1998). Gunnar et al.'s (2007) study of 1,948 internationally adopted children found that those adopted after age 24 months had higher rates of behavior problems (both internalizing and externalizing), and there was little evidence of these difficulties diminishing over time in the adoptive home. Increased risk of problems was also evident in a study by Kim et al. (1979), in which children adopted after age 6 months were shown to have higher levels of anxiety and antisocial behavior during adolescence. A study of service use by the families in the ERA study showed that between ages 6 and 11 almost one third of the children placed after age 6

months received mental health services provision, whereas the rate for the children placed earlier was only 11–15% (Castle et al., 2006). A study from the Netherlands reported that the older the children at the time of arrival in their adoptive country, the greater the likelihood their adoptive parents would feel considerably, or very, “loaded down” (Hoksbergen et al., 1987). For only 3 of 74 children who were placed before age 6 months was there difficulty in the parent–child relationship, compared with 11 of 42 cases who were older at arrival. Rijk et al. (2006) found that higher levels of stress were related to decreased adoption satisfaction, with the children’s problems being a significant predictor of variation in satisfaction. However, unlike many other studies, their statistical model of risk and resilience indicated no association between age at adoption per se and adoption satisfaction, or parental stress levels.

Notwithstanding factors such as the children’s age at adoption and level of challenging behavior, there can be remarkable heterogeneity in parents’ views of their adoptions. Howe (1998) noted that satisfaction was not necessarily correlated with behavior problems or level of adjustment, and that parents might still express satisfaction with the progress of a child who has special needs, despite the child’s difficulties or disturbance. Moreover, Pinderhuges (1998) reported low disruption rates and high parental satisfaction in foreign adoptive children placed after the age of 5 years despite considerable challenges for carers, and Tizard’s (1977) study of children from institutions showed that the children brought much happiness and satisfaction to parents despite their attention-seeking behavior and problems at school. Furthermore, where parents had very much wanted a child, they were frequently able to tolerate challenging behavior, particularly when they could see some improvement over time. Problems may arise, however, when adoptive parents feel dissatisfied about the relationship with their child. Kadushin (1980) showed that the parents’ attitude to the adoption and their overall warmth and acceptance of their child were key factors in their child’s positive adjustment.

In view of previous findings (Judge, 2004; Verhulst et al., 1992) and the strong parental commitment to adoption success reported in earlier ERA studies, there are a number of reasons to expect that positive parental evaluation of the adoptions would remain high. In Kirk’s (1984) view, adoptive parents can be divided into two groups: those who acknowledge difference between adoptive parents and other parents in their experience of parenthood, and those who do not. Rejection-of-difference inhibited the development of an empathic and trusting family atmosphere, whereas parents who accepted that adopting a child was not exactly the same as having a birth child would be more likely to maintain an open attitude and form mutual trust with their child. In line with this theory, in their study of Thai children adopted into the Netherlands, Geerars, Hoksbergen, & Rooda (1996) showed that parents who adopted children from abroad found it easier to acknowledge differences. Hoksbergen et al. (1987) claimed that the acknowledgment-of-difference parents are more likely to develop channels of empathy, communication and trust, which are reciprocated by their children, and ways in which the communicative openness to which many families aspire may be encouraged and promoted have recently been explored by Jones and Hackett (2007). Thus, it might be expected that the overall positive family atmosphere would be reflected in the parents’, and children’s evaluation of the adoption. Conversely, it might be anticipated that parents of the U.K.-placed

infants in the ERA sample might be more prone to take a rejection-of-difference attitude toward their adoptions. If this were the case, it might be argued that the familial atmosphere could be translated into lower levels of communication and, consequently, reduced satisfaction. On the other hand, recent enlightenment and emphasis on the importance of openness regarding birth background for domestic adoptions could have mitigated the likelihood of this in the U.K. sample in the present study.

As mentioned earlier, the two previous ERA studies reported parents’ but not children’s evaluations of adoption success. However, by age 11, the children themselves were mature enough to report their own perspectives, and a further ERA study paper by Hawkins et al. (2007) examined their attitudes toward their own adoptions. There are some examples of interviews with adopted children, notably by Thomas, Beckford, Lowe, and Murch (1999), who talked to children in the U.K. about their experiences and perceptions of the adoption process, and by Wrobel et al. (2003) who asked children aged 4 to 12 years questions about openness as part of the Minnesota/Texas Adoption Project. There have also been examples of interviews with adopted adolescents, for example, that of Grotevant et al.’s (2007) study of openness, in which adolescents were encouraged to discuss their experiences, feelings, knowledge, and attitudes about their adoptions. A recent U.K.-based survey by the Commission for Social Care Inspection elicited the views of 208 children about, among other things, how it feels to be adopted, and the best and worst things about being adopted (Social Services Inspectorate, 2006).

However, Hawkins et al. noted the paucity of research from the children’s perspective, and acknowledged the importance of considering their views and feelings in the formulation of policy (Wrobel et al., 2003). In general, Hawkins et al. found very few differences in views between the children adopted from Romania and the domestic adoptees placed before age 6 months. Most children rated their adoptions quite positively, and their opinions did not appear to be determined by whether they had been adopted domestically or internationally. One dissimilarity did stand out: the later-placed Romanian adoptee tended to find it more difficult to talk about their adoptions than did the domestic adoptees, and more likely to rate themselves as “different” from their adoptive families. The writers found that these perceptions were not because of whether or not the adoptions were domestic or intercountry, but rather because of the increased levels of difficulty experienced by the later-placed Romanian group. Exploring further, Beckett et al. (2008) found that those children who had most difficulty talking about their adoptions, and who felt most “different” from their adoptive families, had lower self-esteem at age 11, as well as suffering behavioral or cognitive difficulties. In the present study, the children’s own viewpoint provides a valuable perspective on the success of their adoptions.

Study Aims

The first aim of the study was to establish whether there has been change in parents’ evaluations of their adoptions since age 6. Although there was marked stability in evaluation between ages 4 and 6, it is possible that parents may become disappointed if the children have made less progress than hoped. On the other hand, the commitment parents have shown hitherto and the rewards they

experience in having the child as part of their family may override negative feelings.

The second aim of the study was to see whether higher problem rates in the children adopted from Romania after age 6 months would be translated into lower parental satisfaction compared with children adopted domestically and with those who left Romania before age 6 months. Other studies, as well as the two earlier ERA studies, have shown that parents' perceived satisfaction with their adoptions was most likely to be driven by child (in particular overactivity and conduct problems) rather than familial factors.

A third aim of this study was to investigate whether it was still the case by age 11 that it was the child's behavior, rather than other factors in the family, that exerted stress on the family, thus affecting placement success.

A fourth and final aim of the study was to attempt to see whether there was some consensus in parents' and children's views of their adoptions, as might be expected if overall familial atmosphere equally affected parents' and children's evaluations of the adoptions. Unfortunately, discrepant measurement methods will make it difficult to draw firm conclusions, but the paucity of research in this area makes a preliminary investigation worthwhile.

Method

The study was based on 165 children adopted from Romania into U.K. families between February 1990 and September 1992, as described by Rutter and the English and Romanian Adoptees Study Team (1998), and a group of 52 U.K.-adoptees placed before age 6 months. The 165 children from Romania were selected from the records of 324 children whose applications had been processed by the U.K. Department of Health or Home Office. Stratified sampling was used to ensure a target number of boys and girls in prescribed age-at-entry bands for the children adopted from Romania. Initially the sample thus comprised a total of 58 children from Romania placed between birth and the age of 6 months, 107 children from Romania placed between ages 6 and 42 months, and 52 U.K.-adoptees placed before age 6 months.

All of the children from Romania came from severely deprived conditions, 87% of them having been adopted from institutions. The children were removed from over 60 institutions spread across all regions of Romania. The great majority of the children were of White extraction, but a few had come from the Romany population. (For a more detailed description of the sample and measures taken at ages 4 and 6 see Groothues et al., 1998/99 and 2001). At this third wave of the study at age 11, the overall sample comprised 212 children, including 56 children from Romania placed before 6 months of age, 104 children placed after age 6 months, and 52 U.K.-adoptees. Thus, five families from the original sample did not participate at age 11. There was no evidence that this attrition was because of family problems: in three cases families moved house and could not be traced, and the remaining two families were unable to find the time to be interviewed.

The measure of parental evaluation of the adoption was based on the parental interview. The child's primary caregiver (in almost all cases the child's adoptive mother) was interviewed at home around the time of their child's 11th birthday. The interview, lasting approximately 3 hours, was semistructured and elicited extensive information on the child and family. Positive and negative evaluations were coded separately because they were rela-

tively distinct measures. A low positive evaluation score might not be equated with a high dissatisfaction score, as parents could perceive their adoption as being very rewarding despite their child's challenging behavior, or vice versa. The question eliciting positive evaluation was: "Overall, how rewarding has it been for you and your partner to bring up (child's name)? And for the rest of the family? Specifically, what has been particularly rewarding about bring up (child's name)?"

The question tapping negative evaluation was "Overall, how difficult has it been for you and your partner to bring up (child's name)? Specifically, what has been most challenging for you about bringing up (child's name)?" Two 3-point scales were used ("not rewarding," "somewhat rewarding," and "very rewarding"; and "not challenging," "somewhat challenging," and "very challenging"). Parents were also asked at all three time points about adoption breakdown and whether they had experienced doubts about the success of the adoption. If they had misgivings, they were asked if these had been fleeting or serious. The adoption interview included questions on parental social class, parental education, and presence or absence of closely spaced siblings.

When first interviewed at either age 4 or 6, parents were also requested to talk for 5 min about how they viewed their child. They were asked to describe their child's personality or temperament, and given nondirective encouragement to help them extend their descriptions. Parents were asked whether their child was an easy or difficult person to be affectionate with, what they believed to be their child's most difficult and best characteristics, and why they thought their child was like he or she was. Their accounts were recorded and transcribed, and the first 5 min of audiotaped reply was coded in terms of expressed emotion (number of positive comments, number of negative comments, warmth, and dissatisfaction) by independent raters. We were interested in whether this measure, which records positive and negative feeling expressed by the respondent (see Brown & Rutter, 1966; Sandberg et al., 2003), predicted parents' evaluations of the adoption at age 11.

As mentioned earlier, the children's views of their adoption were recorded and independently coded at age 11 (see Hawkins et al., 2007). Ethical consent was obtained for the interviews as part of the overall approval of the study. Participation was somewhat lower for the children's interviews than for interviews with their parents, with 83% of the total sample of 217 children completing interviews. Broken down into groups, 47 of 52 U.K. adoptees, 46 of the 58 children who left Romania before age 6 months, and 87 of the 107 who left Romania after age 6 months, took part. The most common reasons for children not participating were that parents had not themselves taken part in the overall study, or that parents or children refused because they believed the interview would be too sensitive at that time, or that the children were unable to be interviewed because of severe impairment.

The interview included a coding frame for the children's replies, and this was extensively tested with consensus sessions to ensure independent interrater reliability. Interviewers were trained to approach the children with sensitivity. Children were assured that they did not need to answer questions if they did not want to do so. If a child became upset, the interview was terminated. Among other topics, children were asked whether they felt different from other adoptive family members, how difficult they found it to talk about their adoption, and whether they thought being adopted had affected them.

Based on their videotaped replies, overall global ratings were made as to their positive, or negative, attitudes toward their adoption. Global ratings were conservative, in that a child had explicitly to express feelings to achieve a rating of 1 (some) or 2 (very). Ratings of 0, therefore, implied no overt codeable expression of satisfaction or dissatisfaction.

Child factors were derived from seven domains identified by Kreppner et al. (2007) and selected for their relevance to institutional deprivation, or because they were prevalent in general population studies. Four patterns were strongly and specifically related to institutional deprivation, namely: cognitive impairment, quasi-autistic patterns, inattention or overactivity, and disinhibited attachment.

Cognitive functioning was assessed at the age of 6 using the McCarthy scales for children's abilities (McCarthy, 1972). Quasi-autistic features were diagnosed using the Autism Screening Questionnaire (ASQ; Berument et al., 1999; SCQ: Rutter et al., 2003) and the Autism Diagnostic Interview revised version (ADI-R; Le Couteur et al., 1989; Lord et al., 1994).

Disinhibited attachment was rated using three items from the parental interview at age 6: namely, definite lack of differentiation between adults, clear indication that the child would readily go off with a stranger, and definite lack of checking back with the parent in anxiety-provoking situations. Inattention or overactivity was assessed through combined mothers', fathers', and teachers' responses on the Revised Rutter Scales for school-age children (Elander & Rutter, 1996; Hogg, Rutter, & Richman, 1997). Scores on these four domains were combined in the present study to form a composite measure of institutional deprivation.

The three domains more prevalent in general population studies were conduct disturbance, emotional problems, and peer problems. These, like inattention or overactivity, were measured through combined mothers', fathers', and teachers' responses on the Revised Rutter Scales for school-age children, and in the case of peer problems, with additional information from the parental interview. The latter items were: "group play," "differentiation between children," "popularity," "age preferences of peers," "harmony of peer interaction," "teased by other children," "teases others," "picked on/bullied," and "picks on/bullies other children." The adoptive mothers' cognitive level was assessed using the National Adult Reading Test (NART, Nelson, 1982), a task that assesses the ability to read nonphonetic words, which has been shown to correlate highly with IQ. In the present study, the age 6 child factors and other relevant measures were used as predictors of parental satisfaction at age 11.

Results

Continuity of Evaluation

There was moderate stability in parents' judgments of the success of the adoption, with a modest but significant correlation between ages 6 and 11 for positive evaluation ($\rho = 0.37$, $n = 212$, $p < .001$) and negative evaluation ($\rho = .43$, $n = 212$, $p < .001$). As had been the case at age 6, there was a ceiling effect and little variation in positive evaluation at age 11, with 96% of the <6 months entry Romanian group, 82% of the >6 months entry Romanian group, and 98% of the U.K.-adopted group reporting very positive evaluation. Stability for positive evaluation was

marked, comparable percentages at age 6 being, respectively, 95, 86, and 96% (for means see Figure 1). Again, as at age 6, age 11 negative evaluation was more variable, with 29% of the <6 months entry Romanian group, 57% of the >6 months entry Romanian group, and 35% of the U.K.-adopted group expressing either somewhat, or very, negative assessments of the adoption. Comparable percentages at age 6 were 22, 39, and 25%, respectively (for means see Figure 2).

Because of low variation and ceiling effects for the positive evaluation rating, analysis here focused on the negative evaluation rating. A Friedman repeated measures two-way ANOVA was performed to examine rates of dissatisfaction between ages 6 and 11 across the three age-at-entry groups. There was a combined main effect ($\chi^2 = 310.91$, $df = 2$, $p < .001$) across time and adoption group, with negative evaluation mean scores doubling for the >6 months entry Romanian group (0.43 vs. 0.86), and rising slightly in the U.K.-adopted group (0.25 vs. 0.40). Dissatisfaction remained stable for the <6 months entry Romanian group. Negative evaluation was higher in the >6 months Romanian group compared with the two other groups, and no interaction effects were found.

As well as the direct evaluation questions, a further glimpse of parents' feelings about their child was derived from the 5-min verbatim statement at first interview (either age 4 or age 6). The number of negative comments and overall negativity were inversely, but only slightly, related to subsequent parental positive evaluation of the adoption at age 11 ($\rho = -0.17$, $n = 195$, $p < .05$ and $\rho = -0.15$, $n = 191$, $p < .05$, respectively). Parental negative evaluation was also moderately associated with the number of negative comments ($\rho = 0.32$, $n = 195$, $p < .001$) and overall negativity ($\rho = 0.32$, $n = 191$, $p < .001$). There were no differences in the number of negative comments, or in overall negativity, according to adoption group. However, the two following measures of expressed emotion were related to the children's problem scores at age 11: number of negative comments with (a) conduct problems ($\rho = 0.31$, $p < .001$); (b) emotional problems ($\rho = 0.27$, $p < .001$); (c) inattention or overactivity ($\rho = 0.32$, $p < .001$); (d) peer difficulties ($\rho = 0.26$, $p < .001$); and overall negativity with (a) conduct problems ($\rho = 0.31$, $p < .001$); (b) emotional problems ($\rho = 0.25$, $p < .001$); (c) inattention or overactivity ($\rho = 0.32$, $p < .001$); (d) peer difficulties ($\rho = 0.22$, $p < .01$). Although no other significant associations were found between expressed emotion measures and parental evaluation at

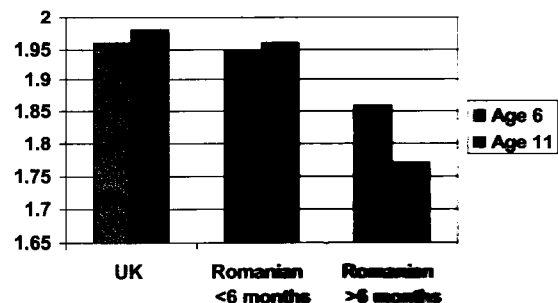


Figure 1. Mean parental positive evaluation of the adoption at ages 6 and 11, by sampling group.

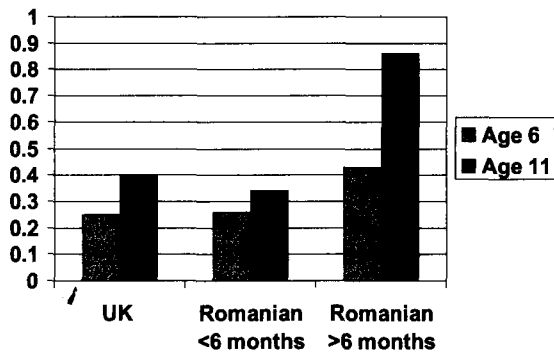


Figure 2. Mean parental negative evaluation of the adoption at ages 6 and 11, by sampling group.

age 11, in general they did show that parents' expressed emotion at age 6 predicted their judgments of the adoption at age 11.

Adoption Breakdown and Doubts

As reported earlier, there were no adoption breakdowns in the study period up to age 6. Subsequent to this, the adoption of one girl from Romania after age 6 months broke down. We asked parents again whether they had doubts about the success of their adoptions. At age 11, 2.5% of parents who adopted from Romania expressed fleeting doubts and, including the one adoption breakdown, 3% expressed serious doubts about the success of the adoption. (This compared with percentages of 12% fleeting and 0.60% serious doubts at age 6.) In the U.K.-adopted group, 6% of parents expressed fleeting doubts (compared with none at age 6) and 8% reported serious doubts (compared with 2%—just one case—at age 6).

Differences Between Adoption Groups in Positive and Negative Evaluations

There was an overall significant difference among the three adoption groups in positive evaluation (Kruskal-Wallis one-way ANOVA $\chi^2 = 13.89$, $df = 2$, $p < .01$) and negative evaluation (Kruskal-Wallis one-way ANOVA $\chi^2 = 19.92$, $df = 2$, $p < .001$). Mann-Whitney U tests between groups revealed significant differences in positive evaluation between the U.K.-adopted group and the >6 months entry Romanian group ($U = 2,259.50$, $p < .01$) and between the <6 months and >6 months entry Romanian groups ($U = 2,479.00$, $p < .01$). As shown in the multivariate analysis, a similar pattern was found for negative evaluation, with differences between the U.K.-adopted group and the >6 months entry Romanian group ($U = 1,909$, $p < .01$) and between the <6 months entry Romanian group and >6 months entry Romanian group ($U = 1,929.59$, $p < .001$). No differences occurred between the U.K.-adopted and <6 months placed Romanian groups. Closer inspection showed that their mean scores were remarkably similar: for the U.K.-adopted group versus the <6 months entry Romanian group mean positive evaluation was 1.98 and 1.96, respectively (compared with 1.77 for the >6 months entry Romanian group), and for negative evaluation 0.40 and 0.34, respectively (compared with 0.61 for the >6 months placed Romanian group). Positive evaluation was lower and negative evaluation higher for the chil-

dren who left Romania after age 6 months compared with the other two adoption groups. The age at which children were placed with their adoptive family was strongly related to parental negative evaluation ($b = .022$; $SE = .004$; $p < .001$). We explored the possibility that the effect of age at placement on negative evaluation was mediated by the children's level of inattention or overactivity or by a composite score reflecting impairment in the four deprivation-linked domains (cognitive impairment, quasi-autistic patterns, inattention or overactivity, and disinhibited attachment). Mediation analysis showed that the indirect effect via inattention or overactivity was significant ($b = .010$; $SE = .003$; $p < .001$) whereas the direct effect remained significant ($b = .011$; $SE = .004$; $p = .003$). A similar picture was observed when the indirect effect via deprivation-related problems was examined (indirect effect: $p = .037$; $SE = .005$; $p < .001$; direct effect: $b = .010$; $SE = .005$; $p = .026$). Therefore, we conclude that the effect of age at placement on negative evaluation of adoption is partially mediated by deprivation-related problems.

Age 6 Predictors of Parental Evaluation at Age 11

A series of exploratory analyses was performed to identify which age 6 factors might predict age 11 parental satisfaction or dissatisfaction. Findings were analyzed by entering age 6 correlates into two logistic regressions to see what predicted parental negative, and positive, evaluation at age 11. At age 11, as at age 6, parental social class and presence of closely spaced siblings did not predict parental evaluation. Placement age in months as a continuous variable was not found to be independently related to outcome so was excluded from the analysis.

Negative Evaluation of the Adoption

Preliminary correlational analyses suggested associations between negative evaluation at age 11 and the following age 6 child variables: conduct problems, inattention or overactivity, emotional difficulties, disinhibited attachment and peer problems, as well as low cognitive score. There was also a highly significant association between negative evaluation and the composite measure derived from the four deprivation-linked domains of cognitive impairment, quasi-autistic patterns, inattention or overactivity, and disinhibited attachment ($r = .46$, $p < .001$). Initial correlational analyses also showed parental dissatisfaction to be related to mothers' cognitive level and scholastic attainment. Because of restricted variation in the negative evaluation scores, the scale was reduced to 0 = no negative evaluation, and 1 = somewhat or very negative. When all these variables were entered into a logistic regression, the children's age 6 inattention or overactivity, and conduct problems predicted negative evaluation (inattention or overactivity $\beta = .85$, $p < .01$; conduct problems $\beta = .56$, $p < .05$). No other significant predictors were found. The children's inattention or overactivity levels were markedly higher in the older Romanian group than in the two other adoption groups (Kruskal-Wallis one-way ANOVA $\chi^2 = 42.72$, $df = 2$, $p < .001$; the U.K.-placed group vs. the >6 months Romanian entry group $U = 1,529$, $p < .001$; and the <6 months entry Romanian group vs. the >6 months entry Romanian group $U = 1,546$, $p < .001$).

A similar pattern was found for cognitive level at age 6 (Kruskal-Wallis one-way ANOVA $\chi^2 = 42.72$, $df = 2$, $p < .001$; the U.K.-

placed group vs. the >6 months entry Romanian group $U = 1,100.00$, $p < .001$, and the <6 months entry Romanian group vs. the >6 months entry Romanian group $U = 1,462.50$, $p < .001$). Similarly, there were differences in levels of conduct problems among adoptee groups (Kruskal-Wallis one-way ANOVA $\chi^2 = 10.22$, $df = 2$, $p < .01$; the U.K.-adopted group vs. the >6 months entry Romanian group $U = 1,947.50$, $p < .01$ the <6 months entry Romanian group vs. the >6 months entry Romanian group $U = 2,388$, $p < .05$). The effect of mothers' scholastic attainment failed to reach significance.

Positive Evaluation of the Adoption

Analysis was restricted for this measure because of low variation in positive evaluation scores. The scale was also reduced to a binary form, with *no positive evaluation* = 0, and *some, or marked*, positive evaluation = 1. Preliminary correlational analyses with age 6 variables suggested significant negative associations with the children's conduct, inattention or overactivity, and peer problems, and a positive association with children's cognitive level, but a logistic regression analysis revealed no significant predictors of parental positive evaluation.

Parents' and Children's Evaluations of Adoption at Age 11

Based on the 11-year old videotaped child interview, overall ratings were made of the children's explicit negative, or positive, views of their adoptions. Overt negativity was negligible, with only 3 children exhibiting discernible dissatisfaction with their adoption. Of the 180 children interviewed, 56% provided no rateable evidence of positivity when talking about their adoption, but around one fifth showed some explicit satisfaction with their adoption, and one quarter showed clear overt satisfaction.

Overt positivity was more common for the children adopted from Romania than for the U.K.-placed group (Kruskal-Wallis ANOVA $\chi^2 = 13.58$, $df = 2$, $p < .01$; U.K.-placed group vs. <6 months entry Romanian group $U = 724.00$, $p < .01$; U.K.-placed group vs. >6 month entry Romanian group $U = 1,394.00$, $p < .01$). An overall examination of association between parental and child evaluation was hampered by ceiling effects for parental positive evaluation and floor effects for child global negativity. However, it appeared that 90% of parents reported very positive evaluations, compared with just 57% of the 79 children who had provided rateable evidence.

As mentioned earlier, only three children were coded as showing explicit negativity regarding their adoption, whereas some 44% of parents did so. Just one area of consensus emerged: there was a low, though significant, negative association between parental negative evaluation and child global positive evaluation ($\rho = -0.19$, $n = 133$, $p < .05$) for the children adopted from Romania, suggesting some degree of agreement in their views. For the U.K.-placed children, who had shown less overt positivity, no significant relationship with their parents' views was evident.

Discussion

There was a significant association between the age 6 and age 11 parental assessments of the success of their adoptions as judged

based on positive and negative evaluation. The high level of parental satisfaction and low level of dissatisfaction evident at earlier stages of the study prevailed at age 11. Only one adoption—of a child who had left Romania after age 6 months—had broken down between ages 6 and 11, and parents' expressions of doubt as to whether or not the adoption would succeed were at negligible levels.

What was striking was that even though more than half of the parents in the group who had adopted older children from Romania were finding some difficulty with the adoption, over four fifths of the group still rated their adoptions very highly. The picture for some of these later-placed adoptions was one of ambivalence rather than dissatisfaction, with parents deriving delight and great satisfaction from having their child as part of their family, even when tested by quite challenging behavior. This finding is in line with that of previous research, showing that parents who very much wanted a child were prepared to tolerate high levels of difficulty. Evidently, parents continued to show exceptionally high levels of commitment to the adoptions, just as they had at ages 4 and 6.

Within this overwhelmingly positive picture, there were some indications of concomitant dissatisfaction. As parental satisfaction and dissatisfaction are known to be important markers for adoption success and failure, and as analysis of the positive evaluation ratings were hampered by low variation and ceiling effects, it was necessary to focus on the negative evaluation ratings. Only for the children adopted from Romania after the age of 6 months was there substantial change in parental assessment, with the mean negative evaluation rating doubling between ages 6 and 11. There was also a slight, nonsignificant, drop in positive evaluation for this group, though it is notable that over four fifths of parents still rated the adoption as "very positive." When these later-placed children were studied at age 6, they had been with their adoptive families for a shorter period than other study children, so it was unclear what the picture would be over the following years. One possibility was that parental satisfaction would increase as the child had more time to integrate into the family, but this did not appear to be the case. Rather, the parents' evaluation remained stable with, if anything, a slight rise in dissatisfaction. Negative evaluation also rose slightly though nonsignificantly for the U.K.-placed sample, but the change was from a very low base level.

The indication of mildly increased dissatisfaction in the U.K.-placed group at age 11 was mirrored in the rise in parental transient and more serious doubts over the success of their adoptions, albeit from a very low baseline at age 6. This was not the case for the parents of children adopted from Romania, whose reported doubts appeared to have dissipated slightly since age 6. It is somewhat surprising that there was a slight rise in dissatisfaction in the U.K.-placed group, given that their children were placed as babies and were often subject to a well-supervised matching process that was not available in Romania.

One possibility is that adoptive parents of the U.K.-placed children may have had slightly different expectations from those adopting from Romania. Perhaps, as considered earlier, the process of adopting from Romania highlighted potential difference, whereas virtually all the parents of the U.K. children adopted because of infertility problems and, in adopting U.K. babies, may have had different expectations for the child's assimilation into their family. It is possible that, despite adoptive parents' awareness

of the importance of openness with their children, the process of adopting very young babies within country is more likely to promote a rejection-of difference model of adoption than would be the case for adoptions from abroad. The fact that adoption agencies strive to match children to families may also emphasize similarity rather than acknowledgment of difference.

The general stability in parental evaluation from age 6 to 11 was reinforced by the expressed emotion ratings from parents' verbatim descriptions of their children at age 4 or age 6, where overall negativity and number of negative comments were significantly related to age 11 negative evaluations. It appears that the critical attitudes some parents held toward their children at age 6 were maintained at age 11. There were no differences in overall negativity or number of negative comments among the three adoption groups at age 6, so it was not the case that parents of the later-placed children were more critical of them than those who had adopted younger children. The critical attitudes were, however, related to the children's problem scores at age 11. Kreppner et al. (2007) reported marked continuity in problem levels between the ages of 6 and 11 years, so it is probable that parents' negativity was a by-product of coping with their children's problems. However, given Kadushin's (1980) emphasis on the importance of parental approval for their children's adjustment, we cannot rule out the possibility that negative parental attitudes were implicated in their children's problem levels.

Although overall parental evaluation was still very favorable at age 11, parents of children adopted from Romania after age 6 months reported significantly lower satisfaction, and higher dissatisfaction, than the other two groups. This finding is similar to that of Hoksbergen (1987), who found that parents who had adopted children after age 6 months were more likely to feel "loaded down" compared with those adopting younger children. In our sample, age at entry to the U.K. as a continuous measure did not exert an influence, but the older-placed children who left Romania after the age of 6 months did suffer higher rates of problem behavior and lower cognitive scores than the two younger-placed groups. Once again, child factors—in particular inattention or overactivity and conduct problems at age 6 years, and the combined domains closely associated with institutional deprivation (cognitive impairment, quasi-autistic patterns, inattention or overactivity, and disinhibited attachment)—were shown to be the most important indicators of how parents viewed the adoption at age 11, and this was reflected in lower evaluation.

As Rijk et al. (2006) suggested, it seems that higher levels of stress because of children's problems contribute to the variation in parental satisfaction. It is possible, also, that the threshold of parents' expectations about their children's behavior lessens as their children grow older, and the children's repertoire of difficult behavior may seem more challenging over time. What was acceptable at age 6 may seem less so at age 11, particularly compared with more mature behavior in their peer group. We have been impressed by the relentless attempts some parents have made to secure elusive services for their children in both educational and mental health fields (see Castle et al., 2006) but the time and effort involved can exert additional stress on the family.

As mentioned earlier, a paper by Hawkins et al. (2007) reported on the children's feelings about their adoptions. Of course, the children's ratings may have been more conservative as they were based solely on an implied global measure rather than the explicit

questioning of the parental interview. It was decided that coding could only safely be made where a child overtly expressed either positive or negative views, and explicit negativity was negligible (3 of 180 cases). This was extremely gratifying, and suggested that the children were not unhappy in their adoptions. However, in over half of all cases, no overt positivity could be coded because the child provided no explicit information.

Given that almost all parents of the U.K.-placed children rated the adoption very highly, analysis for this group was not possible. Although measurement problems precluded close examination of the children's views, there was little evidence for consensus between their and their parents' assessments. Just one area of consensus was found: for the entire group of children adopted from Romania, there was a significant inverse relationship between the children's global positive evaluation and parents' negative evaluation of the adoption. A genuinely wide disparity in parents' and children's views of their adoptions would seem unlikely, and a limitation of the present study is that the techniques used to measure adoption evaluation were not directly comparable. The overt questioning used with parents would clearly be inappropriate and insensitive for children, so the children's positive, or negative, attitudes were implied from more general global questions about their background and views.

In general, it is clear that the vast majority of parents in the study valued their adoptions very highly. In some cases, parental commitment has been in the face of considerable challenges. It is, unfortunately, the case that satisfaction was somewhat lower for the children who were brought from Romania after the age of 6 months, who showed raised levels of problem behavior. This is not to deny heterogeneity in outcome, with some earlier-placed children experiencing difficulties and some later-placed children functioning surprisingly well despite their poor start in life. What seems indisputable is that even though the generally higher level of problem behavior in the older-placed group had an effect in terms of parents' perception of the success of the adoption (57% admitting to finding the adoption challenging), and there was higher incidence of service use for them (see Castle et al., 2006), 86% of these parents still evaluated the adoption very highly. Perhaps, as suggested by Thoburn (1990), when there is an element of altruism in the motivation to adopt, parents need to feel that they have helped, and this qualifies their disappointment if the child has many problems.

Implications for Policy and Practice

Unfortunately, it seems unlikely in the short term that children's institutions in countries with struggling economies will be closed down, or that conditions within them will be radically improved. Clearly, this should be the aim, and much good work is directed toward achieving this goal. For example, the Bucharest Early Intervention Project is both documenting the effects of institutionalization on young children, and assisting the government in developing an infrastructure to support alternative types of care, other than institutionalization, for children in difficulty (see Zeanah et al., 2003). However, although intercountry adoptions continue to take place, it is clearly in the children's and their adoptive families' interests that the children be removed at the earliest possible age if it is clear there is no viable, preferable, alternative.

In the meantime, prospective adoptive parents need to be made aware of the problems that may confront them, and educational and mental health support services developed that can cope with the specific problems the older children may exhibit. Given that the children's behaviors are shown in this and other studies to be key in predicting the perceived success of the adoption, it is vital that such services for parents and children are promoted and available. At the time the ERA study children were adopted, there was little research or clinical guidance as to what might be expected for the progress of children from such deprived backgrounds. It now appears that the higher rate of problems experienced by some later-placed children can persist for many years, and specific help for mental health and educational services may be required over a prolonged period.

To date, the availability and quality of services for families in the ERA study have been subject to regional variation, and to parents' determination in exploring all possible avenues to access help. Although the ERA study was unable to provide ongoing treatment for families experiencing difficulty, a consultant psychiatrist on the team (M.R.) offered help in terms of diagnostic assessment and guidance on local services, and 28 families who felt under considerable stress and in need of support took up this option. This clearly highlighted the need for expert advice and guidance. Rijk, Hoksbergen, and ter Laak (2007), writing about the therapeutic needs and experiences of Romanian children adopted into the Netherlands, reported that families had difficulty finding appropriate care, and had to consult several therapists before being referred to a mental health service. Although conceding that international adoptees comprise a relatively small group, Rijk et al. recommended that mental health workers should at least have access to knowledge about the sort of difficulties the children and their families may face, as appropriate expertise is needed to benefit these families.

Data collection has now been completed on the sample when the children were aged 15. It will be possible to examine the parents' and young people's views during adolescence, to see which factors serve to shape their evaluations at that time, and to judge which interventions, both educational and therapeutic, have been most effective in addressing their difficulties.

References

- Ames, E. W. (1990). Spitz revisited: A trip to Romanian "orphanages". *Canadian Psychological Association Developmental Psychology Section Newsletter*, 9, 8–11.
- Barth, R. P., & Berry, M. (1988). *Adoption and disruption: Rates, risks and responses*. New York: Aldine de Gruyter.
- Barth, R. P., & Brooks, D. (1997). A longitudinal study of family structure and size and adoption outcomes. *Adoption Quarterly*, 1, 29–56.
- Beckett, C., Castle, J., Groothues, C., Hawkins, A., Sonuga-Barke, E., Colvert, E., . . . & Rutter, M. (2008). The experience of adoption II: The association between communicative openness and self-esteem in adoption. *Adoption and Fostering*, 32, 29–39.
- Berument, S. K., Rutter, M., Lord, C., Pickles, A., & Bailey, A. (1999). Autism screening questionnaire: diagnostic validity. *The British Journal of Psychiatry*, 175, 444–451.
- Brown, G. W., & Rutter, M. (1966). The measurement of family activities and relationships: a methodological study. *Human Relations*, 19, 241–263.
- Castle, J., Rutter, M., Beckett, C., Colvert, E., Groothues, C., Hawkins, A., . . . & Sonuga-Barke, E. (2006). Service use by families with children adopted from Romania. *Journal of Children's Services*, 1, 5–15.
- Elander, J., & Rutter, M. (1966). Use and development of the Rutter Parents' and Teachers' Scales. *International Journal of Methods in Psychiatric Research*, 6, 63–78.
- Faraone, S. V., & Doyle, A. E. (2001). The nature and heritability of attention-deficit/hyperactivity disorder. *Child and Adolescent Psychiatric Clinics of North America*, 10, 299–316.
- Feigelman, W., & Silverman, A. R. (1984). The long-term effects of transracial adoption. *Social Service Review*, 58, 588–662.
- Festinger, T. (1990). Adoption disruption: Rates and correlates. In D. M. Brodzinsky & M. D. Schechter (Eds.), *The psychology of adoption*. New York: Oxford University Press.
- Geerars, H., Hoksbergen, R., & Rooda, J. (1996). *Adoptees on their way to adulthood: The integration of 68 Thai adoptees into Dutch society*. Utrecht: Utrecht University Adoption Centre.
- Groothues, C., Beckett, C., O'Connor, T. G., & the English and Romanian Adoptees Study Team. (2001). Successful outcomes: A follow-up study of children adopted from Romania into the U. K. *Adoption Quarterly*, 5, 5–22.
- Groothues, C., Beckett, C., O'Connor, T. G., & the English and Romanian Adoptees Study Team. (1998/99). The outcome of adoptions from Romania: Predictors of parental satisfaction. *Adoption and Fostering*, 22, 30–40.
- Grotevant, H. D., Wrobel, G. M., von Korff, L., Skinner, B., Newell, J., Friese, S., & McRoy, R. G. (2007). Many faces of openness in adoption: Perspectives of adopted adolescents and their parents. *Adoption Quarterly*, 10, 79–101.
- Gunnar, M. R., van Dulmen, M. H. M., & the International Adoption Project Team. (2007). Behavior problems in postinstitutionalized internationally adopted children. *Development and Psychopathology*, 19, 129–148.
- Hawkins, A., Beckett, C., Castle, J., Groothues, C., Sonuga-Barke, E., Colvert, E., . . . & Rutter, M. (2007). The experience of adoption I: A study of intercountry and domestic adoption from the child's point of view. *Adoption and Fostering*, 31, 5–16.
- Hogg, C., Rutter, M., & Richman, N. (1977). Emotional and behavioural problems in children. In I. Sclare (Ed.), *Child psychology portfolio*. Windsor: NFER: Nelson.
- Hoksbergen, R. A. C., Juffer, F., & Waardenburg, B. C. (1987). *Adopted children at home and at school*. Lisse, South Holland, Netherlands: Swets & Zeitlinger.
- Howe, D. (1998). *Patterns of adoption*. Oxford: Blackwell Science.
- Jones, C., & Hackett, S. (2007). Communicative openness within adoptive families: Adoptive parents' narrative accounts of the challenges of adoption talk and the approaches used to manage these challenges. *Adoption Quarterly*, 10, 157–178.
- Judge, S. (2004). The impact of early institutionalization on child and family outcomes. *Adoption Quarterly*, 7, 31–48.
- Kadushin, A. (1970). *Adopting older children*. New York: Columbia University Press.
- Kadushin, A. (1980). *Child welfare services* (3rd ed.). New York: McMillan.
- Kaler, S. R., & Freeman, B. J. (1994). Analysis of environmental deprivation: Cognitive and social development in Romanian orphans. *Journal of Child Psychology and Psychiatry*, 35, 769–781.
- Kim, P., Hong, S., & Kim, S. (1979). Adoption of Korean children by New York area couples: A preliminary study. *Child Welfare*, 58, 419–427.
- Kirk, H. D. (1984). *A theory and method of adoptive relationships*. Canada: Ben-Simon Publications.
- Kreppner, J. M., Rutter, M., Beckett, C., Castle, J., Colvert, E., Groothues, C., . . . & Sonuga-Barke, E. J. S. (2007). Normality and impairment following profound early institutional deprivation: A longitudinal follow-up into early adolescence. *Developmental Psychology*, 43, 931–946.

- Le Couteur, A., Rutter, M., Lord, C., Rios, P., Robertson, S., Holdgrafer, M., & McLennan, J. (1989). Autism Diagnostic Interview: A standardized investigator-based instrument. *Journal of Autism and Developmental Disorders, 19*, 363–387.
- Lord, C., Rutter, M., & Le Couteur, A. (1994). Autism Diagnostic Interview-Revised: A revised version of a diagnostic interview for caregivers of individuals with possible pervasive developmental disorders. *Journal of Autism and Developmental Disorders, 24*, 659–685.
- Macleay, K. (2003). The impact of institutionalization on child development. *Development and Psychopathology, 15*, 853–884.
- Mainemer, H., Gillman, L. C., & Ames, E. W. (1998). Parenting stress in families adopting children from Romanian orphanages. *Journal of Family Issues, 19*, 164–180.
- McCarthy, D. (1972). *The McCarthy Scales of children's abilities*. New York: The Psychological Corporation/Harcourt Brace Jovanovich.
- Nelson, H. E. (1982). *National Adult Reading Test*. Windsor: NFER-Nelson.
- Pinderhuges, E. P. (1998). Short term outcomes for children adopted after age five. *Children and Youth Services Review, 20*, 223–249.
- Raynor, L. (1980). *The adopted child comes of age*. London: Allen & Unwin.
- Rijk, C., Hoksbergen, R., & ter Laak, J. (2007). Parents' and mental health workers' perceptions of the therapeutic needs and experiences of services for Dutch children adopted from Romania. *Adoption and Fostering, 31*, 58–70.
- Rijk, C. H. A. M., Hoksbergen, R. A. C., ter Laak, J. J. F., van Dijkum, C., & Robbroeckx, L. H. M. (2006). Parents who adopt deprived children have a difficult task. *Adoption Quarterly, 9*, 37–61.
- Rushton, A., Dance, C., & Quinton, D. (2000). Findings from a UK based study of late permanent placements. *Adoption Quarterly, 3*, 51–71.
- Rutter, M., & Garmez, N. (1983). Developmental psychopathology. In P. H. Mussen (Ed.), *Handbook of child psychology* (Vol. 4, pp. 775–911). New York: Wiley.
- Rutter, M., & the English & Romanian Adoptees Study Team. (1998). Developmental catch-up, and deficit, following adoption after severe global early privation. *Journal of Child Psychology & Psychiatry & Allied Disciplines, 39*, 465–476.
- Rutter, M., Beckett, C., Castle, J., Colvert, E., Kreppner, J., Mehta, M., . . . & Sonuga-Barke, E. (in press). Effects of profound early institutional deprivation: An overview of findings from a UK longitudinal study of Romanian adoptees. In G. Wrobel & B. Neil (Eds.), *International Advances in adoption research for practice*. Chichester, England: Wiley.
- Rutter, M., Le Couteur, A., & Lord, C. (2003). *Autism Diagnostic Interview-Revised Manual*. Los Angeles: Western Psychological Services.
- Sandberg, S., Rutter, M., & Jarvi, J. (2003). Brief measure of expressed emotion: Internal consistency and stability over time. *International Journal of Methods in Psychiatric Research, 12*, 182–191.
- Social Services Inspectorate. *About adoption: A children's views report*. Newcastle upon Tyne: Commission for Social Care Inspection. Retrieved from sci@accessplus.co.uk
- Taylor, E. (1998). Clinical foundations of hyperactivity research. *Behavioural Brain Research, 94*, 11–24.
- Thoburn, J. (1990). *Success and failure in permanent family placement*. Avebury: Gower Publishing Co., Aldershot, England.
- Thomas, C., Beckford, V., Lowe, N., & Murch, M. (1999). *Adopted children speaking*. London: BAAF.
- Tizard, B. (1977). *Adoption: A second chance*. London: Open Books.
- Triseliotis, J., & Russell, J. (1984). *Hard to place: The outcome of adoption and residential care*. London: Heinemann.
- United Nations Children's Fund [UNICEF]. (1993). *Romania's children*. Bucharest: United Nations Children's Fund.
- Verhulst, F. C., Althaus, M., & Versluis-den Bieman, H. J. M. (1992). Damaging backgrounds: Later adjustment of international adoptees. *Journal of the American Academy of Child and Adolescent Psychiatry, 31*, 518–524.
- Wrobel, G. M., Grotevant, H. D., Berge, J., Mendenhall, T., & McRoy, R. (2003). Contact in adoption: The experience of adoptive families in the USA. *Adoption and Fostering, 27*, 57–67.
- Zeanah, C. H., Nelson, C. A., Fox, N. A., Smyke, A. T., Marshall, P., Parker, S. W., & Koga, S. (2003). Designing research to study the effects of institutionalization on brain and behavioral development: The Bucharest Early Intervention Program. *Development and Psychopathology, 15*, 885–907.

Received March 20, 2008

Revision received September 4, 2008

Accepted July 31, 2009 ■