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UNIVERSITY OF SOUTHAMPTON

FACULTY OF SOCIAL, HUMAN AND MATHEMATICAL SCIENCES

School of Psychology

Volume [1] of [1]

ADOPTIVE PARENTING FROM ADOLESCENCE TO EARLY ADULthood

by

Leanne Teresa Curreli

Thesis for the degree of Doctorate of Educational Psychology

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UNIVERSITY OF SOUTHAMPTON

ABSTRACT

FACULTY OF SOCIAL, HUMAN AND MATHEMATICAL SCIENCE

School of Psychology

Thesis for the degree of Doctorate of Educational Psychology

WHAT ARE THE DISTINCTIVE FEATURES OF PARENTING AN ADOPTED ADOLESCENT?

Leanne Teresa Curreli

Parenting can be challenging at any stage, but when a child goes through adolescence the many physical, emotional, social and cognitive changes mean these challenges are likely to be magnified. The many changes create increasing opportunities for young people to begin exploring their social roles and identity, as well as the rights and the responsibilities that come with those. Whilst the young people are experimenting during this transition, parents may need to provide supervision whilst simultaneously encouraging autonomy and remaining flexible. Parenting is a dynamic process that involves complex interactions between the parent, the young person and their environment. These factors influence the level of responsiveness and supervision provided by a parent in response to their child's or adolescent's needs and situation. Within the adoptive family, adolescents can provide an additional level of complexity. Existing literature suggests this is a time of vulnerability in adoptive placements, a time when adoptions are at high risk of placement breakdown. This systematic review explores the literature on the distinctive features of parenting an adopted adolescent. Two main themes were highlighted: parental responsiveness and supervision, and communicative openness, defined as the level of adoption-relevant discussion within an adoptive family. Parental responsiveness was important for adopted adolescents because it allows parents to support adolescent emotional, behavioural and social outcomes, as well as reducing family conflict. Open communication about adoption was found to reduce conflict and increase emotional well-being. Research suggests that being highly attuned and responsive to the young adoptees is linked to greater adoption-related open communication and better outcomes during adolescence.

Traditionally, much of the research regarding adoption has focused on negative outcomes. In recent years, however, the literature has begun to move from risk to resilience (Ferrari, Ranieri, Barni & Rosnati, 2015). Sonuga-Barke, Kennedy, Kumsta, Knights, Golm, Rutter, Maughan, Schlotz and Kreppner (2017) assessed the prevalence of neurodevelopmental and mental health outcomes associated with early deprivation and their persistence into young

adulthood. They found that children adopted after six months of age (high risk) had persistently higher levels of neurodevelopmental difficulties and poor life outcomes. The current study utilised longitudinal data from the ERA study (Rutter et al., 1998) to examine if communicative openness during adolescence and associated parenting behaviours, including parental responsiveness and experience of parental adoption journey, predicted the development of resilience in a group of young people from an at-risk sample. The main findings indicated that there were important relationships between aspects of communicative openness, parental responsiveness and parental journey. In addition, the young person's difficulty discussing their adoption and how and when information was disclosed, were factors relating to the development of resilience from infancy to adulthood. Parental responsiveness and the young person's own positivity at age four to six years was also related to higher levels of resilience, as was evaluations of adoption, which was found to be stable between each assessment phase. Only higher levels of the young person's difficulty discussing their adoption at age 15 and higher negative evaluations of adoption significantly predicted/contributed to lower levels of resilience in early adulthood. Lower levels of resilience were associated with poorer educational, emotional and employment outcomes.

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Academic Thesis: Declaration Of Authorship

I, LEANNE TERESA CURRELI, declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

Parenting Adopted Adolescents: What are the distinctive features?

.....

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. [Delete as appropriate] None of this work has been published before submission [or] Parts of this work have been published as: [please list references below]:

Signed:

Date:

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Definitions and Abbreviations

CASP – Critical Appraisal Skills Programme

CO-Communicative Openness

DfE – Department for Education

EBD – Emotional and Behavioural Difficulties

EP – Educational Psychologist

LA – Local Authority

PRISMA – Preferred Reporting Items for Systematic Reviews

SEMH – Social, Emotional and Mental Health

SEND– Special Educational Needs and Disability

Chapter 1 Parenting Adopted Adolescents: What are the distinctive features?

1.1 Introduction

1.1.1 Adoption in Context

Becoming a parent is considered by many to be a time of change and transition that offers both opportunities and challenges (Moffatt, 2004; Wilkins, 2006). For adoptive parents, alongside the joys and difficulties of transition into family life, there are likely to be additional features of their parenting journey that are unique to adoption (Daniluk & Hurtig-Mitchell, 2003; Slauson-Blevins & Park, 2016). Research shows that even before this journey starts there are pre-adoption experiences for adoptive parents that can impact on later outcomes (Daniluk & Hurtig-Mitchell, 2003). For example, the journey adoptive parents have already faced in terms of possible infertility, uncertainty of whether or not an adoption will be finalised, having their characters and ability to parent questioned, or feelings of rejection from agencies and professionals (Rogers, 2018; Slauson-Blevins & Park, 2016; Tasker and Wood, 2016).

1.1.2 Breakdown of Adoption Placements

Parenting an adopted adolescent can also pose additional stresses because this age group is most at risk of placement breakdown, accounting for two thirds of the total number of adoptive placement breakdowns (average age 12.7 years) (DfE, 2014). This is true even if these young people have been with their adoptive family for many years, with more than 55% of dissolutions happening more than five years after a child or young person has been permanently adopted (DfE, 2014). In addition to adolescence being a risk factor, DfE (2014) found that adoption breakdown was likely if the adopted child had a history of poor care, complex needs, or behaviour that was considered challenging. Therefore, it is important that professionals consider the specific challenges and distinctive features of parenting an adopted adolescent and why this may be a time of vulnerability for adoption placements. It is also relevant to consider a focus on the developmental and psychological changes that may make adolescence a time of increased vulnerability and risk.

1.1.3 Adolescence: A Time of Change

The World Health Organisation (WHO) defines adolescence as falling between the ages of 10 and 19 years (WHO, 2017). Adolescence is considered a period that involves distinct developmental changes, which assume a level of maturity in some aspects, but immaturity in others (Romer, 2012). As children grow into teenagers, their experiences shape their understanding of the world and they learn to make sense of that experience through more mature cognitive development (Piaget, 1965; Sanders, 2013), such as their ability to regulate their thoughts and reason about those thoughts (metacognition) (Vrugt & Oort, 2008). Moral judgements arguably become more complex, as young people begin to develop a sense of right and wrong, emotional sensitivity and an understanding of their rights, but also their responsibilities (De Freitas, Kovalski, Boing, & De Oliveira, 2006; Hart & Carlo, 2005). Biological changes also occur and are seen in physical growth, marked by the onset of puberty, which peaks at 12 to 13 years in girls and 13 to 14 years in boys in the UK (WHO, 2017). These biological, cognitive and moral developments, with their associated higher levels of maturity, skilled reasoning and moral judgements, could lead to a conclusion, that as a group, adolescents should be given increasing levels of autonomy, freedom and more frequent opportunities to go about everyday life independently.

1.1.4 Parenting an Adolescent

Parenting is a dynamic process that changes constantly, depending on the interaction between the parent, child or young person, and the environmental context in which they live (Cabeza de Baca & Ellis, 2017; Brooks, 2008). This is especially true when considering the complexities that arise during adolescence and the parenting demands this can pose. Parents must learn to strike a balance between enabling autonomy and ensuring safety at a time when adolescents demand more freedom but may lack the skills to evaluate safety and risks effectively (Collins & Laursen, 2013). This balance striking also impacts on parental judgements and capacity to respond with the appropriate level of responsiveness (Kobak, Abbot, Zisk & Bounoua, 2017). Responsiveness (also termed warmth and sensitivity) and supervision (also termed control) are widely acknowledged in existing literature as important dimensions of parenting styles. (Baumrind, 1968; Maccoby and Martin, 1983; Rohner, 1986). See Table 1 for a list of Parenting behaviours associated with responsiveness and supervision.

Baumrind (1968) proposes four parenting styles: 'authoritative' parenting, when a parent shows high levels of both responsiveness and supervision; 'authoritarian' parenting, when parents exhibit low responsiveness and high supervision; 'permissive' parenting, which is classified by high

responsiveness and low levels of supervision; and 'neglectful' parenting, which is defined as being both low in responsiveness and supervision.

Brooks (2008) suggested that parenting is an active process that requires both direct and indirect components: a direct component is providing observable care and meeting needs, while an indirect component is supporting the young person within the community and protecting them or advocating for their rights. Outcomes for children who have experienced attuned and sensitive parenting, with clear boundaries, are mostly positive (Smetana, 2017; Lawler, Koss & Gunnar, 2017).

Table 1. Parenting behaviours associated with responsiveness and supervision

	High levels of responsiveness	Low levels of responsiveness
Responsiveness (also termed attunement/sensitivity/ warmth)	Accepting and supportive of the YP. Trusting and encouraging of the YP's beliefs and actions. Sensitive and flexible to the needs of the YP. Shows genuine emotional warmth.	High expectations that may be unrealistic of the YP or their actions. Rejecting of the YP person's beliefs. Misjudge appropriate boundaries
	Flexible	Restrictive
Supervision (also termed control/monitoring)	Clearly communicates and enforces well-reasoned consistent boundaries and rules (behavioural control). Encouraging appropriate levels of autonomy (autonomy granting). Provides flexible supervision and monitors their YP. Monitoring actions rather than managing them.	May be perceived as manipulative, over-controlling or intrusive or (psychological control).

(Smetana, 2017; Soenens & Vansteenkiste, 2017; Baumrind, 1968; Maccoby and Martin, 1983).

In contrast, an imbalance between responsiveness and supervision is unlikely to produce such favourable outcomes, at least in western cultures (Smetana, 2017). If there is a lack of warmth and attunement, parents may be more likely to misjudge appropriate limits, or become

over-protective, or intrusive (Van Der Kaap-Deeder, Vansteenkiste, Soenens, & Mabbe, 2017). Too little control may lead to unpredictable outcomes for some children as their behaviour may not be scaffolded until they can regulate it for themselves, leading to difficulties in many areas, including inaccurate assessment of risk and feelings of rejection (Baumrind, 1968).

There are a number of reasons why parents may not be able to offer the level of warmth, sensitivity and control needed, such as their mental and physical health (Galbally & Lewis, 2017; Rochat, Netsi, Redinger & Stein, 2017; Rutherford & Mayes, 2017), disability (Schuengel, Kef, Hodes & Meppelder, 2017) and their own relational experiences (attachment) (Bornstein, 2017). Whilst these factors may, in part impact on the judgements and sensitivity parents can offer, the child or adolescent's characteristics, including their age and/or temperament (Wang, Eisenberg, Valiente and Spinrad, 2016; Bornstein, 2017) or ability to regulate their own emotions or behaviour (Hayes et al., 2004) may also impact on parental attunement or feelings of parental efficacy (Lawler, Koss & Gunner, 2017). Research indicates that levels of parenting responsiveness can be influenced by adolescent self-regulation, behaviour (Hayes et al., 2004), and openness about activities away from parental supervision (Keijers & Laird, 2014). Furthermore, cultural, social and political norms also play an important role (Bronfenbrenner, 1989; Bornstein, 2017) as do social and economic factors (Repetti, Taylor, & Seeman, 2002).

1.1.5 Parenting an Adopted Adolescent

The preceding section makes it clear that parenting involves a complex interaction of factors and that parenting an adolescent may bring particular challenges and opportunities. Further levels of complexity are added for adoptive parents. Some challenges are similar to biological parents whilst others may be unique to adoption (Moyer and Goldberg, 2017; Rogers, 2018). For adoptive parents there are the personal factors, such as the reasons why they decided to adopt, their experiences relating to the process of adoption (Tasker & Wood, 2016), and pre- and post- adoption support (Rogers, 2018; Moyer & Goldberg, 2017). There are also a number of factors relating to the adoptees and how well they transitioned and settled into their new family. Children have their own histories (Tasker & Wood, 2016) and birth families and sibling groups also present additional challenges in the form of competition for attention, or in having different family values and beliefs from their new parents (Tasker & Wood, 2016). There can also be the issue of the adoptive family's expectations and how much they match family life in reality (Moyer and Goldberg, 2017). All of these factors may be further confounded by potentially challenging behaviour and the adoptive person's quest for identity, perhaps further complicated by ethnic differences or birth family history.

1.1.6 Focus of this review

To date, literature has focused primarily on adoption in early childhood, or on new adoptive parents. Parenting an adoptive adolescent brings a unique set of challenges, such as the need to make decisions about how and when parents communicate information about adoption within their family units, and how much practical access to their birth family will be necessary. Communicative openness, defined by Brodzinsky (2006) as genuine open communication regarding adoption within an adoptive family, and an understanding about the importance of that discussion and how to address them sensitively, has been found to be important in terms of adoptive family outcomes. The focus of this review will be to explore the distinctive features of adoptive parenting and to what extent parental responsiveness and communicative openness have specific roles in adolescence.

1.2 Method

1.2.1 Search strategy

The current systematic literature review utilised the approach outlined by Boland, Cherry & Dickson (2017, p.9, see Table in appendix d) and was recorded using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Liberati et al., 2009, See PRISMA diagram 1). The review question and key terms were developed by considering the specific population and subject of interest and led to the identification of relevant electronic databases. Four electronic databases were selected to reduce the likelihood of missing available literature (Lawrence, 2008) and to capture evidence from education, psychology, medicine and social work fields. The following electronic databases were searched: Psych Info, International Bibliography of Social Sciences (IBSS), Educational Resource Index and Abstracts (ERIC) and MEDLINE. Hand searches were also conducted using the references and authors of key texts. The main stages of a systematic literature review are described in detail in Appendix XXX (Boland, Cherry, & Dickson, 2017, p.9).

1.2.2 Literature Search

Each database was first checked for their use of truncations, wild cards, proximity and phrase searching. The thesaurus on each search engine was also used to explore alternative relevant search terms by exploding narrower terms and controlling for overarching core words (MeSH terms). Search tools were recorded for each individual database to run searches and to revise key terms until they were both sensitive and specific. Each revision of key terms was

recorded in saved searches and a manually recoded Excel spreadsheet between 19th May 2017 and 21st July 2017. Both captured the key terms explored, dates of searches, and results returned to maximise replication potential.

Initially key terms were added and removed according to papers identified to evaluate the impact each term had on the relevance of papers found. A subject librarian was asked to replicate the search to check its validity and replicability. A recommendation was made by the librarian to try entering each search word as a 'key title term' to increase specificity of the papers returned. This resulted in increased relevant results and was therefore employed in the final search. A further two subject librarians were then asked to look at the search terms under specific subject areas to identify any amendments that could be made. The searches were replicable, and each librarian agreed that the terms identified and search procedures were sensitive and specific to the review question. The final terms are shown in **Error! Reference source not found.** below.

Before terms were inserted into individual electronic databases, searches were defined to include peer review journal articles that were written in English only but not by year of publication. After all major, minor and alternative terms had been explored; each term was entered into the electronic databases separately. Related terms were then combined using the OR function and then finally combined with the AND.

Table 2. Revised search terms guiding the review

Initial search terms	2nd additional search terms	3rd additional search terms	4th additional search terms	5th additional search terms	6th additional search terms
Parent/Carer	Parent* "adopt* Parent*" OR Parenting	Parenting	Parenting (key title term)	Parenting	Parenting
Beliefs	Percept* OR attitude* OR belief*	Removed	Removed	Removed	Removed
Adolescent	Adolescen* OR "young adult*" OR "young person*" OR teen*	Adolescen* OR "young adult*" OR "young person*" OR teen*	Adolescen* OR "young adult*" OR "young person*" OR teen*	Adolescen* OR "young adult*" OR "young person*" OR teen* (key title term)	Adolescen* OR "young adult*" OR "young person*" OR teen*
Adoption	Adopt*	Adopt*	Adopt*	Adopt*	Adopt* (Key title term)

1.2.3 Screening and Inclusion and Exclusion Criteria

References and abstracts were screened using the inclusion and exclusion criteria to ensure the final articles were relevant to the research questions (see **Error! Reference source not found.**).

Table 3. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Population of participants included adopted adolescents (11-19) and adoptive parents.	Studies that included adopted infants, children or adults, unless the study was longitudinal and included adolescence. Adolescence under LA care, including short- and long-term foster placements. Adolescents who were not adopted. Parents considering adoption or contemplating giving their child up for adoption.
Causal attributions were separately measured or analysed, empirical papers only focusing on early, middle or late adolescence. Papers that focused on either the parent or young person's experiences of the active process of parenting during adolescence.	Papers that focused primarily on attachment relationships. Any papers that did not discuss the 'active' process of parenting but instead experience of being a parent (passive).
Research written in English but conducted in any location or country.	Papers that were not peer reviewed or published.

An initial search yielded 248 articles after duplicates were removed (see Figure 1 PRISMA diagram). Titles and abstracts were then screened against the inclusion and exclusion criteria, which revealed 13 articles met the criteria. Full text articles were then read and further screened.

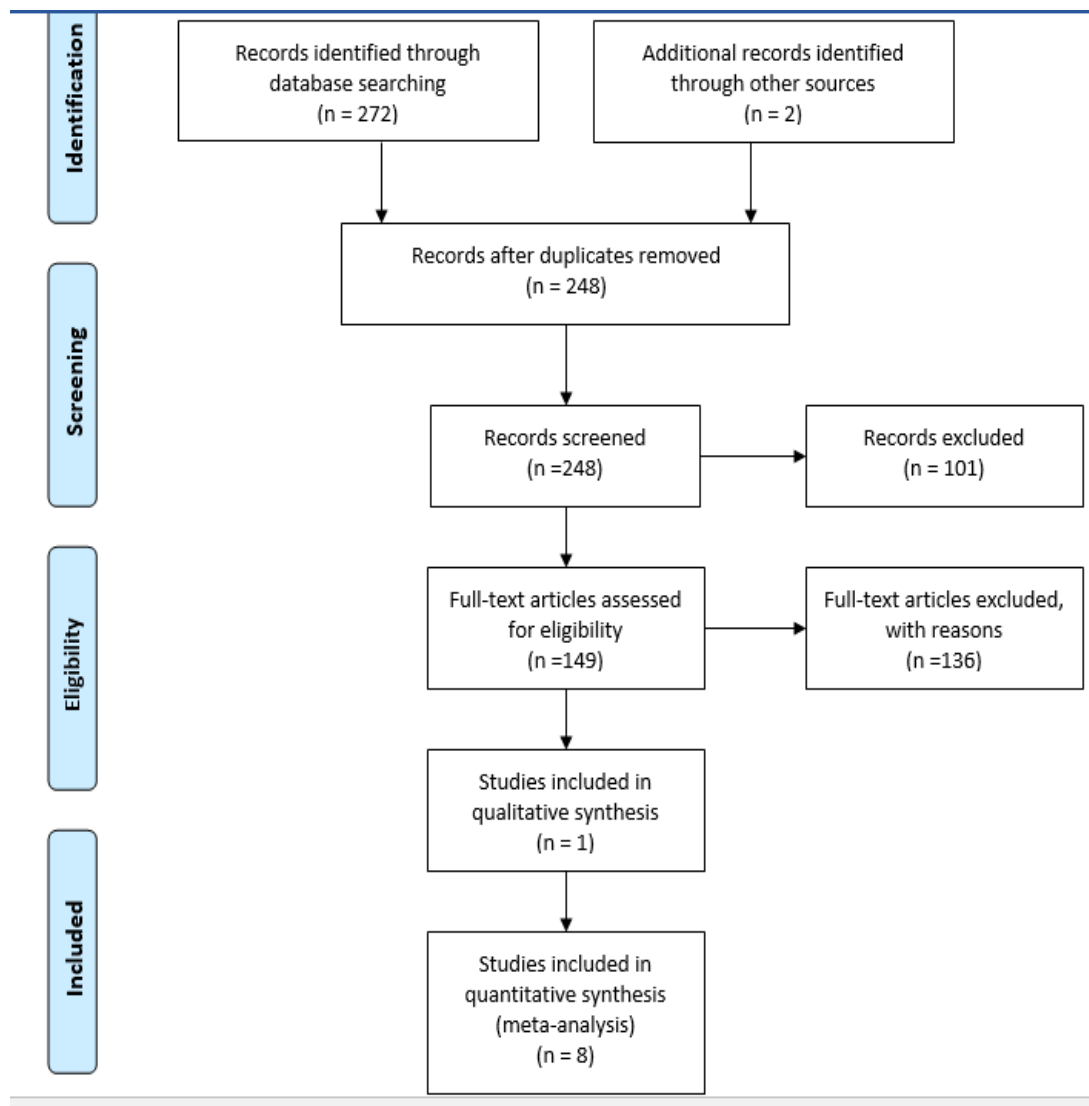


Figure 1 PRISMA diagram

Some of the papers identified the subject of attachment. Only studies that explored attachment as an outcome or independent variable were included in this literature review. Any papers that used attachment as a way of categorising groups or participants to explore the impact of attachment relationships on adopted adolescence outcomes were not included. Following these refinements, 13 studies remained (see Appendix A).

1.2.4 Data Extraction

These studies were systematically reviewed, and data on the sample, location, method (including measures), and main findings were extracted (see Appendix A).

1.2.5 Quality assessment

All papers were quality assessed using an adapted version on the Downs and Black (1998) Checklist. Given the checklist was designed primary to assess intervention studies, it was adapted to meet the requirements of the papers identified in this literature review. The final checklist produced a potential score of 19 points, based on the quality of reporting, internal and external validity. Studies with 1-8 points were awarded a poor quality rating, 9-13 points were awarded a sufficient rating, while 14 or more points were awarded an excellent rating (assigned ratings are available in **Error! Reference source not found.**

1.3 Results

This review explored the distinctive features of parenting an adopted adolescent and identified a total of nine papers. Five studies took a purely quantitative approach, one study used a qualitative design and three studies used a mixed method. Only one of the nine studies took place in the UK, which suggests there is a need to understand more about the process of parenting adopted adolescents in the UK, particularly given the likely differences in cultural context and legislation.

Two studies in this review explored the relationship between parental responsiveness, sensitivity and adoption. These two papers used the same data set, using parental, teacher and adoptee reports and observations. Three papers focused on parenting styles during adolescence. Four papers highlighted communicative openness as an important feature of adopted adolescent well-being and development.

Table 4. Summary of the main methodological features of each study and quality assurance rating

Study	Sample	Place of study	Design	Adolescent report used	Parental report used	Teacher Report used	Observation/ coding used	Rating
Groza & Muntean (2015)	63 internationally adopted adolescents (aged 11-16)	Canada	Correlational	Y	Y			Sufficient
Anderson, Lee, Rueter & Kim (2015)	111 families and 185 adopted adolescents (<i>M</i> age 17.75)	USA	Experimental	Y	Y		Y	Excellent
Van de Vort, Linting, Juffer, Bakermans-Kranenburg & Ijzendoorn (2013)	160 internationally early adopted adolescents (age 14)	Holland	Longitudinal		Y	Y	Y	Excellent
Sanchez-Sandoval & Palacios (2012)	156 national adopted adolescents (age 12+)	Spain	Longitudinal/ Cross sectional		Y			Poor

Study	Sample	Place of study	Design	Adolescent report used	Parental report used	Teacher Report used	Observation/coding used	Rating
Reppold & Hutz (2009)	68 internationally adopted adolescents (age 14-15)	Brazil	Group design	Y				Poor
Ferrari, Ranieri, Barni & Rosnati (2015)	160 internationally adopted adolescents (Aged 15-24, $M=18.86$)	Italy	Group design	Y				Sufficient
MacDonald & McSherry (2012)	17 nationally adopted adolescents (aged 11-15)	UK	Qualitative		Y			Sufficient
Jaffari-Bimmel, Juffer, IJzendoorn, Bakermans-Kranenburg & Mooijjart (2006)	160 internationally early adopted adolescents (age 14)	Holland	Longitudinal	Y	Y	Y	Y	Sufficient
Le Mare & Audet (2014)	80 internationally adopted adolescents (M age 15.74)	Canada		Y	Y			Sufficient

Four main themes emerged: the role of parental responsiveness and supervision, the role of parental style, communicative openness in adoptive families, and family acceptance, or rejection, of adoptive status. This review will be structured under these main themes.

1.3.1 The role of parental responsiveness and supervision

The role of parental sensitivity on adopted adolescent development was explored in two of the nine papers included in this review. The first paper by Van de Vort, Linting, Juffer, Bakermans-Kranenburg and Ijzendoorn (2013) was longitudinal in nature and explored the relationship between parental sensitivity on aggressive and delinquent behaviours and effortful control. For the purposes of their research, the authors define effortful control as ‘a specific dimension of temperament’ (p. 440) that can regulate or inhibit dominant behavioural or attentional responses’. The researchers compared the biological influence of effortful control to the environmental influence of parental sensitivity. The findings from this study suggest that environmental influence in the form of higher maternal sensitivity during infancy or childhood did not reduce later delinquent behaviour in adolescence. However, highly relevant to this review, was that maternal sensitivity during adolescence did predict lower levels of delinquent behaviour in adolescence. Van de Voort et al. (2013) concluded that lower effortful control, seen here as a biological influence, at a younger age predicted higher sensitivity in adolescence. Therefore, children who found it more difficult to regulate their own attention and behaviour had mothers who demonstrated more highly attuned responses when those children were adolescents. This could mean that if a younger child were unable to regulate his/her own behaviour and attention, it may be more likely that an attuned mother will learn to manage and monitor behaviour on behalf of their child or adolescent over time.

The authors also found that delinquent behaviour was predicted more by parental and environmental influence than aggressive behaviour of the adolescent, which was not significantly associated. This provides further evidence that parental supervision is an important factor in supporting adolescent behaviour. However, it is worth noting that the researchers assessed delinquent and aggressive behaviours through teacher reports. This is an interesting approach because young people (YP) are likely to present very differently in a school versus home environment. It is also possible that particularly in adolescence, when young people spend more time away from supervising adults, gaining the YPs’ perspective would have added important data and might have had an impact on the findings. Furthermore, it should be noted that 26% of adolescent data was missing data and that maternal sensitivity was observed and coded by skilled researchers, whereas the behaviours recorded were taken from analysis of teacher self-reports.

Therefore, the use of different methodological approaches may have impacted further on the findings. Moreover, the researchers state that they randomly assigned 50 families to participate in an intervention to increase maternal sensitivity, yet given that this intervention was conducted during the first phase without consideration for baseline sensitivity, this may have accounted for higher overall sensitivity over time. A group comparison between high versus low sensitivity groups from the start would have been more robust. Despite the issues highlighted, this paper scored 14 out of 18 on quality assurance due to the sample that was clearly described and matched the inclusion criteria. One of the paper's strengths lay in the collected data, which was triangulated using observation, teacher and parental reports. The findings by Van de Voort et al. (2013) indicate that lower effortful control predicted higher sensitivity and less delinquency in adolescence, but not childhood. It appears that continuing support, guidance and attunement are important in adolescence to support positive behavioural and attentional development.

A second paper, by Jaffari-Bimmel, Juffer, Van IJzendoorn, Bakermans-Kranenburg and Mooijaart (2006), utilised the same sample to investigate the role of attachment, maternal sensitivity and temperament on social development during adolescence. The same measures were included as those described in Jaffari-Bimmel et al. (2006) but the current authors also introduced a measure of social development. Adolescents who reached the age of 14 and their adoptive parents were asked to complete a questionnaire comprising five items from the California Child Q test (Caspi et al., 1992) to assess rejection, acceptance, pro-social competence, friendliness and social esteem. Parents and teachers were asked to complete one item from the child behaviour checklist to assess social behavioural problems at both home and in a school context. Their results showed that during infancy, the relationships the children experienced significantly contributed to their social development in middle childhood, which in turn created an indirect effect on social development during adolescence. Significant results also revealed that parents must maintain high levels of responsiveness and sensitivity during their adoptees' adolescent stage to promote positive social development at age 14. In common with Van de Voort et al. (2013), differences were seen in terms of influences during adolescence. Only temperament and maternal sensitivity directly influenced social development during this time. In addition, the results showed that maternal sensitivity was higher in adolescence if in middle childhood a young person was rated as being less able to regulate their own attention and behaviour successfully (temperament). Therefore, the results suggest that a possible protective factor for social development at age 14 was parental sensitivity, especially if the young person was challenging. This paper was awarded 16 out of a possible 18, indicating it was of high quality. This was again due to the relevance of the sample, clear reporting and excellent levels of internal reliability and validity and external validity. However, Jaffari-Bimmel et al. (2006) did not seek the views of peers

as a way of capturing social functioning as they had done when the young people were aged 7 years. Given the aim of the study was to assess social development, this could be construed as a weakness because it could be argued that peer relationships and interaction is an important method of assessing social development, especially in adolescence when peers take on a bigger role (Tanti, Stukas, Halloran, & Foddy, 2011; Newman, Lohman, & Newman, 2007).

Jaffari-Bimmel et al. (2006) also controlled for stressful events that had happened within these adoptive families and found that stress did not significantly contribute to adolescent social functioning. It is important to note, however, that this could be potentially misleading because 11% of data was either missing or excluded because the adolescent's mother had passed away, was living in mental health care, or showed no interest due to reported family problems. It could be argued that these are exactly the sort of life stresses that would impact on adolescent social functioning.

Despite these methodological concerns, the aforementioned studies on parental sensitivity were rated highest in terms of quality assurance, and they provide important insights into the significance of providing a sensitive environment during adolescence. The results indicate that parental sensitivity can contribute uniquely to promoting positive behaviour and social development in adopted adolescents, especially if those young people have a more difficult temperament, or an experience that makes it more challenging for them to regulate their own behaviour and attention.

1.3.2 The role of parental style

Two papers discuss parental responsiveness and attunement through categorised parenting styles. Study four by Sanchez-Sandoval & Palacios (2012) was cross sectional in design and used the Stress Index for Parents of Adolescents Scale (SIPA) by Sheras, Abidin and Konold (1998) to identify factors related to stress and parenting an adopted adolescent compared to biological parents over three domains. The first domain rated a stress score specifically for individual adolescent characteristics, such as antisocial behaviour; the second domain scored stress according to parental factors, such as marital quality or personal feelings of guilt; and the final domain rated stress on the parent-adolescent relationship. In comparison to the US normative and Spanish non-adopted samples, mean parental stress in their adoptive sample was rated as significantly higher only in relation to the adolescent domain. The results indicated that 21.8 % of adoptive parents rated their stress at higher than clinical levels in relation to their adolescent's characteristics. This was significantly higher than both the US normative and Spanish non-adopted groups ($t = 155 = .242, p < .05$). In the parental domain, 4.5% of parents indicated

clinical levels of stress, which was lower than the US normative sample (15%) and similar to the Spanish sample (3.1%). In the relationship domain, 14.7 % of the adoptive parents showed clinical levels of stress, which was not significantly different from that of the normative sample (15%) and the Spanish sample (12.3%). One explanation given by the authors for the increased stress in relation to adolescent anti-social behaviour is that it may be due to the high rates of special educational needs and disabilities (SEND) in their sample (50%), which might have increased parental stress. Interestingly, focusing solely on parents, those who showed less supportive, warm and inductive styles were reported to experience increased levels of stress. However, this has to be seen in the context that overall the adoptive sample reported lower overall scores on stress in comparison to the control groups.

Sanchez-Sandoval & Palacios (2012) suggested that the lower overall stress experienced by the adoptive sample in relation to the non-adoptive groups may be explained by the fact that the adoptive parents had many personal resources and support, as well as being prepared well before the adoption. Another possible explanation is that parents may be more likely to locate any problems within the adolescent rather than themselves because of desirability characteristics in parental reporting; they may have been less open to admitting any difficulties they were having with coping or parenting. This finding and the fact that data from the previous Spanish study were taken should also be seen in the context of a number of fairly significant limitations in this paper. This paper only scored 7 out of 18 points for quality assurance and the control groups selected were only compared in theory with existing data from previous studies (Sheras et al., 1998; Parra, 2005). The first comparison group was taken from a study in Spain with biological families who also utilised the SIPA, however the data was not standardised. The second control group consisted of 14 year olds, American normative biological group data making the comparison group both outdated and not rooted in the geographical context of the adoptive group (Spain), where legislation, policy and cultural norms are likely to be very different.

Reppold & Hutz (2009) asked adopted adolescents aged between 14 and 15 in Brazil to complete a series of measures alongside answering questions about their adoption history. The purpose of the study was to understand how adopted adolescents perceived their adoptive parents' parenting style using the Parental Responsiveness and Demandedness Scale (Lamborn, Mounts, Steinberg, & Doornbusch, 1991, adapted by Costa, Teixeira, & Gomes, 2000). The adolescents reported their parents as having a more attuned and guiding (authoritative) parenting style if they had been told about their adoptive status as a younger child. If parents instead chose not to disclose adoptive status, or the young person found out through other means, these adopted adolescents reported their parents as lacking emotional warmth and guidance (negligent styles). Parents who waited until their children were adolescents to reveal

that they were adopted were considered instead to have low expectations of their children and high responsiveness (authoritarian). Interestingly, a strong relationship was found by Reppold & Hutz (2009) between paternal reports of infertility and negligent parenting styles in both parents, the latter determined through adolescent reports of their parents' behaviour. If both parents were unable to have biological children, parenting styles were more commonly reported as authoritarian or indulgent. This paper received only 7 out of 18 points on quality assurance due to the difficulties in determining how parenting styles were defined. The absence of clear definitions and the use of inconsistent terms mean that findings need to be interpreted with caution.

Groza and Muntean (2016) recruited an internationally adopted Romanian sample and employed a cross-sectional design to investigate three primary aims. Findings related to the first two aims are not relevant for this literature review because they do not involve the active process of parenting (inclusion criteria). The third aim, however, looked at the impact of parenting styles on attachment, assessed through a semi structured interview and the relationship to adoptee attachment security. This paper was assigned a score of 10 out of 18 due to poor reporting of measures, confounding variables and interpretation of the results. Furthermore, the attachment measures were not standardised, and potentially important social economic factors (SES factors) were not discussed, such as the 20% SEND rate in children. Most importantly, groups of children were not distinguished based on if they came from an institution, multiple foster placements or the birth family. Groza and Muntean (2016) found that parenting styles that could be less effective, or discipline that may seem either harsh or not age appropriate as rated on the Parenting Practices Index (PPI), related significantly to higher levels of insecure attachment styles in adolescents. However, parenting styles defined as setting appropriate boundaries and negotiation were associated with more securely attached adopted adolescents. Importantly, however, they also found that there were young people who were either securely, or insecurely, attached despite the parenting style, which raises the question over if there are other factors involved in attachment security.

Results suggest that warm and affirming parenting styles appear to benefit adoptive families, both in terms of more positive attachment relationships, and reduced stress. Parenting that expressed high levels of responsiveness and supervision appeared to result in higher communicative openness, and as expected those parents were perceived as less controlling of adoption relevant information.

1.3.3 Communicative openness in adoptive families

Communicative openness was explored in four papers. The study by Reppold and Hutz (2009) described above in section 1.3.1.2, in which 68 adopted adolescents reported their own perceptions of their parents' parenting style, revealed further information in relation to communicative openness, although this was not directly measured or specifically defined as an aim of the study. Parents rated as authoritative (responsive and affirmative) also allowed their young person to have birth family contact, whereas authoritarian (controlling and dismissive) families did not facilitate birth family contact or provide information to increase knowledge about the adoption. Lower levels of contact were related to lower self-rated levels of emotional well-being and mood. Young people reported better emotional well-being and mood when their parents disclosed their adoptive status appropriately at an early age. Young people who had had their names changed had lower self-esteem and higher depression scores. Furthermore, name-changing and facilitation of birth family contact predicted 64% of self-esteem ratings, measured on Rosenberg's self-esteem scale (Rosenberg, 1965), and 57% of low mood measured by the Children's Depression Inventory (CDI). However, it is important to consider that the study took place during their adolescence and therefore, those who reported more negatively would have found out about their adoption at a later age, which is likely to have impacted on their ability to process their adoption and perhaps brought about unresolved difficult feelings.

Ferrari, Ranieri, Barni & Rosnati (2015) investigated how parental communicative openness and Parental Volitional Functioning (PVF), which the author describes as 'the ability of a parent to incite their child to act upon their true values and interests' (p.78), was related to levels of family conflict and adolescent well-being. PVF was measured through the six-item self-report from a subsection of the Perceptions of Parents scale (autonomy-support scale, Grolnick, Ryan, & Deci, 1991) by the adolescents. Communicative openness was reported by both parents and the YP through an adapted 16-item report on adoptive communicative openness (Barnes & Olsen, 1985; Brodzinsky, 2006). The authors compared two groups of internationally adopted young people: one group during adolescence (n=80) and the other in emerging adulthood (n=80). They found that adolescents self-reported less satisfaction and comfort in openly discussing their adoption than older adoptees. The adolescents in the study also reported lower volitional control than emerging adults and rated conflict as medium. These results suggest that adolescents did not feel as empowered by their adoptive parents to openly discuss their adoption or to act of their own free in comparison to adult adoptees. Correlations showed that higher communicative openness and less conflict were positively related to better emotional outcomes in adolescence. Maternal conflict and paternal openness were the biggest contributors to adolescent well-being. With less conflict and higher levels of communicative openness resulting in higher levels of well-

being overall. This study achieved a rating of 13 out of 18, with the reporting and sample of the study receiving the most quality points. These findings support those of Reppold and Hutz (2009), who also found a link between communicative openness and well-being in adolescence. However, both communicative openness and well-being were measured in different ways. In the study by Reppold and Hutz (2009), communicative openness was not measured directly but instead was discussed in terms of age of disclosure about adoptive status. In contrast, Ferrari et al. (2015) asked young people to rate their own and their parents' openness about their adoption directly.

McDonald and McSherry (2012) employed a qualitative approach to explore 17 adoptive parents' lived experiences of their adopted child's unexpected contact with their birth family, whether that be with their biological parents, siblings or extended family. The main overarching theme identified was parental concern about unplanned contact. The concerns identified were related to their adopted adolescent's age, the birth siblings seeking contact and the impact that had on their parenting role and authority, as well as the well-being of their young person. Parents reported feeling out of control, especially given that contact was unplanned and often took place via social media. Parents also reported feeling pressure to support their adolescent with contact and feeling conflicted, believing they were not developmentally or emotionally ready to access contact whilst understanding their young person's age meant they could seek contact at a practical level.

The parents also suggested that they did not feel the same obligation to the birth family and felt less positive towards them for encouraging contact. They also felt in part responsible for encouraging curiosity themselves, through providing birth family information that lacked accuracy, or was more idealistic than real. They felt it was their role to offer that information and, furthermore, judge when their adolescent was ready to receive that information. This appeared to be related to the parental concerns that their parental authority was being challenged by professionals, birth family and their adolescents, and they felt concerned about losing control and losing their relationship with their adopted adolescent to their birth family. This paper received 11 out of 18 points for quality assurance; it is important to note that it focused solely on unplanned contact, which may not be representative of adoptive parents who facilitate birth contact or openness.

Study nine by Le Mare and Audet (2014) investigated the role of attachment, communicative openness, exposure to birth culture and length of deprivation on externalising and internalising behavioural difficulties in 80 adopted adolescents internationally adopted from deprived settings in Romania. Parents completed the Child Behaviour Checklist (Achenbach & Edelbrock, 1991) and adolescents were asked to rate their parents, their own levels of

communicative openness about their adoption history, as well as their exposure to their birth culture. Both parents and adolescents were also asked to report on their perceptions of their attachment relationships. The findings revealed that adolescents adopted after their second birthday were twice as likely to be at risk of clinically significant behavioural difficulties when compared to the normative adolescent sample. This elevated risk demonstrates the importance of high quality parental care and open communication in relation to adoption, given the finding that when adolescents perceived that their adoptive parents demonstrated higher communicative openness, the adolescents exhibited fewer externalising behavioural difficulties. Interestingly, the adolescents' own reports of communicative openness were not related to behavioural difficulties.

Le Mare and Audet (2014) suggest their finding that only perceived parental communicative openness, as opposed to actual communicative openness, is likely to increase adolescent well-being, highlights the importance of parents initiating and facilitating open and honest discussions in relation to every aspect of adoption. It is also possible that these results indicate that it is important for adolescents to feel their parents are initiating conversations through attuned interactions that can become natural discussions over time. The finding also showed that exposure to Romanian culture was not related to communicative openness in this study. This may be explained by the sample of children, who were exposed to extreme deprivation and may not have made positive associations with their own culture or pre-adoption histories. This paper received a quality rating of 11 out of 18. The paper scored well in terms of methodology, external validity and sample, but scored poorly in terms of clear reporting, which made it difficult to read and interpret effectively.

In summary, the studies reviewed suggest that communicative openness can increase well-being, reduce clinical levels of behavioural problems and family conflict. There is also some evidence that younger teenagers feel that parents are less open about their adoption and give them less freedom to explore their adoption openly than those reaching emerging adulthood.

1.3.4 Family acceptance, or rejection, of adoptive status

Two papers acknowledged the impact of a parent accepting, or rejecting, potential differences related to having been adopted. In study two, Anderson, Lee, Reuter, and Kim (2015) worked with internationally adopted adolescents to explore the relationship between acknowledgement of ethnic and racial differences in families, levels of conflict, and delinquent behaviours. Families were observed discussing subjects of potential family conflict. Adolescents were also given questionnaires to complete on levels of delinquent behaviours and perceived parent-child conflict to establish the frequency and how it was related to behavioural difficulties.

Family observations were coded and three primary groups were identified, depending on whether or not discussions revealed acknowledgment, rejection, or differing views in families about the importance of racial and ethnic differences. Assignment to either the acknowledgement or the rejection group depended on agreement from all family members. For a discrepant assignment, at least one family member needed to acknowledge and one to reject the importance of differences. Results showed that there were significantly higher levels of adolescent delinquent behaviour in families that did not reach agreement on the importance of racial differences in their family, compared to families that either all accepted or rejected the subject of race as being important to their own family. These results suggest that it may not necessarily be important whether birth culture or race are acknowledged as significant, rather, it is perhaps not having a family culture of understanding and effective communication to reach agreement, that could result in rising behaviour difficulties and conflict. Interestingly, however, reported delinquent behaviour was marginally higher in families that rejected, rather than acknowledged, the importance of racial differences in their families. The higher results indicated that rejection of difference, although agreed within a family, may in some cases be related to the adolescent's feelings of dismissal about their adoptive identity or belonging. Racial discussions were not significantly related to family conflict, but there was higher delinquent behaviour in older adolescent boys and this was significantly related to delinquent behaviour. It is important to say that 31% of families either did not allow children to participate in the family discussions about their adolescent's race and adoption, or had not disclosed adoptive status. This implies lower communicative openness, which may have significantly affected the results, especially as we could hypothesise that higher communicative openness would be related to the acknowledgment group where there was open discussion about adoptive status.

In study four, Sanchez-Sandoval and Palacios (2012), as described above, explored which factors impacted on feelings of stress in a sample of 156 adoptive parents. These factors included the relationship between stress levels and the perception of whether their nationally adopted teenagers had unique needs or worries, compared to biological children. The authors created questions that were based on constructs of acknowledgement or rejection of difference (Kirk, 1964). These questions were used to explore acknowledgement or rejection in relation to stress experienced by adoptive parents. They identified a significant correlation between acknowledgement of difference, total stress perceived and parental support seeking behaviour. Parents who insisted there were distinctive differences between their adoptive and non-adopted adolescents that were associated to their adoptive status (acknowledged difference) experienced higher levels of stress. However, these parents also felt their children faced different challenges and this may suggest that these parents used adoptive status to explain – or maybe excuse –

difficult relationships or behaviours. As discussed previously in section 1.3.1.2, these parents were also significantly more likely to associate stress with their adolescent's individual characteristics over their own parenting, or difficulties within their parent-child relationships. This could also provide an alternative explanation as to why parents who feel stressed may need to find an explanation to understand those difficulties that did not relate to them.

1.4 Discussion

A systematic literature review was conducted to investigate the distinctive features of parenting an adopted adolescent. This section will discuss the findings in relation to the four main themes that emerged: parental responsiveness and supervision will be discussed together with parental style and communicative openness and acknowledgement and rejection of differences will also be discussed together. This is due to the theoretical links found between these factors and the ways they were addressed in papers identified.

1.4.1 Parental responsiveness and supervision

The current review indicates that high levels of age-appropriate parental support and responsiveness during adolescence strongly supported more positive behaviour and social development, even when the young person had very difficult early experiences, or found it difficult to control their own behaviour and attention. This is consistent with previous research by Hayes et al. (2004), which showed that parenting and adolescent behaviour has a reciprocal influence and that parents adjust the level of responsiveness they express in relation to their adolescent's ability to regulate their own emotions and behaviour. Parents setting clear boundaries and rules (behavioural control) to proactively direct behaviour has also been found to reduce externalising behaviour and support self-regulation in both childhood and adolescence (Pettit et al., 2001; Pinquart, 2017). Results from this review provide evidence that adoptive parental acceptance, sensitivity and monitoring are key influences on adolescent developmental outcomes such as their level of self-regulation and social skills. Adoptive parenting was also influenced by adolescent behaviour. For example, stress was rated higher by adoptive parents who identified their adopted young person as demonstrating behaviour that challenges as opposed to those that were able to regulate their own behaviour and attention (Sanchez-Sandoval and Palacios, 2012).

In addition, adolescents who viewed their parents as highly controlling, whilst demonstrating low levels of responsiveness and affection, also believed that their adoptive parents had lower expectations of their competence. The young people also disagreed with the

level of freedom they were allowed by their adoptive parents, as it was not viewed as too restrictive (Ferrari et al., 2015). These findings are consistent with research by Smetana (1995; 2017), which found that young people are likely to question the legitimacy of their parents' authority to monitor them on issues that they consider to be intimate or relational, as this can feel intrusive or over controlling rather than supportive. The papers in this review also suggest that adolescent perceptions of tighter control from parents increased conflict and reduced adolescent well-being. Open communication in families has been shown to maximise the opportunities young people have to discuss their experiences and practice negotiating boundaries and behaviours with their parents, reducing conflict and leading to shared understanding rather than psychological control in adolescence (Lewis, 1981).

The literature synthesised here suggests that parents need to sensitively adjust the level and types of supervision they provide during adolescence. The judgements necessary can be challenging as adolescents may test new boundaries based on changes such as their social context (Tanti et al., 2011) or identity exploration (Erikson, 1968; Turner, Brown, & Tajfel, 1979). Parents must negotiate practical changes, striking a balance between autonomy granting and supervision (Steinberg, 2001; 2003). For the adopted adolescent, there are likely to be more complex issues arising with regards to identity, belonging, and birth culture (Grotevant, Dunbar, Kohler, & Esau, 2000; Turkington & Taylor, 2009), which makes parental sensitivity even more important. Research suggests that if adoptive parents are able to show acceptance successfully, as well as encouragement and trust, adolescence can also be an opportunity to reduce family conflict, and support adolescent social emotional and behavioural outcomes through clear reasoning, monitoring, and family negotiation.

1.4.2 Communicative openness

Open communication was another key area identified through this review, and the level of information disclosed was associated with the appropriate levels of responsiveness and supervision, as described above. Studies reviewed highlighted the importance of providing an environment that allows for genuine questions and actions relating to the young person's adoption. A body of literature emphasises the importance of truthful, coherent communication in relationships, to have faith that we can successfully face challenge, make sense of the world and understand the value of our actions and what beliefs drive them. The psychological resources come from a sense of coherence, also known to promote positive relationships and wellbeing, both physically and emotionally (Antonovsky, 1987). In addition, evidence suggests that factors such as a sense of coherence and optimism are a fundamental part of the development of resilience (Masten, 2014; Boss, 2006). A sense of coherence can also be used to understand why

conflict was higher in families that did not agree on the amount of information, or autonomy, that should be granted to their adopted adolescents, either because of their perceived vulnerability or age, or because of differing views about the relevance of adoptive status within families (acknowledgement or rejection of difference). It may also be for these reasons that adolescents who perceived their parents as more controlling also felt their parents lacked confidence in their ability to manage themselves.

The results on birth family contact were mixed. This is representative of the wider literature on birth contact that suggests it is specific to the individual's situation (Sussman & Siegel, 1993; 2003), with the level of openness and contact being collaboratively agreed between the adoptive and birth families (Sussman & Siegel, 2003; Siegal & Smith, 2012). Reppold and Hutz (2009) found that adolescents felt birth contact was very important and that higher levels of contact and early family disclosure about adoption were associated with higher self-esteem and lower levels of depression. This is consistent with previous findings on emotional well-being and the relationship with communicative openness (Brodzinsky, 2005; 2006; Siegal & Smith, 2012). Neil, (2009) explored adoptive families' experiences of arranging and facilitating, either direct or indirect, contact with their child's birth family, and found that direct contact increased the likelihood of communicative openness, which in turn increased levels of contact.

McDonald and McSherry (2012) found that adoptive parents reported it was the young adoptees who independently took proactive steps to find out more about their birth family and culture, but the adoptive parents did not support this because they did not feel it was developmentally appropriate. This concern about developmental appropriateness has been identified in previous literature (Turkington & Taylor, 2009). In addition, the parents in McDonald and McSherry's study also showed great concern about the impact and threat of contact on the young person and their adoptive family. Despite these concerns from parents, previous research has found that direct face-to-face adoptive and birth family contact can actually reduce fear and concern and increase openness in a way that indirect contact does not (Neil, 2009). McDonald and McSherry (2012) also stated that the adoptive parents in their study reported that life story information will inevitably be more positive than their actual story because a life story is a way of protecting their child from any previous trauma or truths. Ironically, it is this very protective mechanism of telling an enhanced reality story that may paint a positive birth family fantasy and ultimately encourage curiosity and provoke a need for contact..

Stokes and Poulsen (2014) found that birth family narratives can be therapeutic, empowering the adoptive and birth families to make some sense of their family history and interpret that together through appropriate realistic information. The theory of ambiguous loss

(Boss, 2016) may also be a useful frame from which to consider these findings. Boss defined ambiguous loss as a kind of grief that is characterised by unresolved uncertainty or misunderstanding about either the physical or the feeling of someone's absence. A lack of accurate factual information regarding the lost person or people, maintains a sense of conflict that makes closure impossible, especially because there may be evidence to the contrary. According to Boss (2016), the unresolved feelings that are related to ambiguous loss make it especially traumatic and detrimental to well-being. This uncertainty regarding the reasons and circumstances for psychological or physical absence could be seen as very applicable to adoption in that a young person seeking birth family information and contact may see that family as psychologically present in their thoughts whilst being physically absent. Furthermore, Boss found that when someone is physically absent we may rely heavily on fantasy to reduce feelings of conflict and uncertainty. This is also relevant to the reports from adoptive parents in the study by McDonald and McSherry (2012), in that they said they may have their young person physically close, but they felt their adoptees' thoughts and feelings were not present with them as they actively explored their identity and family. Reduction in uncomfortable feelings, Boss argues, occurs when information is clear and factual, thereby reducing uncertainty, particularly when individuals are able to hold alternative possibilities or realities in mind or one of those alternatives becomes the reality.

The importance of contact was reiterated by Ryburn and Work (1969), who said contact can also be important for the young person because it provides confirmation that their birth family supports their adoptive family and their decisions. This may provide another explanation as to why contact and openness can reinforce family relationships and increase well-being. The adoptive parents in the study by McDonald and McSherry (2012) also discussed the impact of social media as being a vehicle that facilitated informal premature contact. Howard (2012) discussed this as an increasing trend in birth family contact and said there is a need for more research on the impact of social media and the control that adoptive families have in regulating that contact. It may be that young people seek information about their roots as a way of consolidating their own identity, particularly during adolescence (Grotevant et al., 2000) and that social media provides a quick and easy way to check out birth family networks.

In three of the studies included in the current review (Reppold & Hutz, 2009; McDonald & McSherry, 2012; Ferrari et al., 2015) parents who feared losing their authority, or the relationship with their adopted adolescent, were more reluctant to discuss adoption-related information openly. They also showed more concern about their adolescents seeking or receiving contact or information about their birth family. One possible explanation for this insecurity is that these parents may be more likely to have faced loss in their past for multiple reasons, for example,

through infertility, bereavement of a child, or failed attempts at adoption (Tasker & Wood, 2016; Mayer & Goldberg, 2017). During adolescence, when parents need to trust and accept their adolescents' developing autonomy, this may feel threatening to their relationship. Alternatively, research shows that parents are more likely to utilise control in this way when they consider a situation to be risky (Smetana, 2017), therefore it could be the parents' way of evaluating risk and ensuring safety.

The fact that the papers identified in this review focus heavily on communicative openness possibly underlines the adolescents' quest for identity, which can provide multiple opportunities for communicative openness. Given the evidence that high levels of communicative openness can strengthen adoptive relationships and increase adolescent well-being, this can also be viewed as an important opportunity for parents to establish new family roles and accepted boundaries through negotiation and acceptance. The research also suggests that adoption agency personnel and clinicians should pay more attention to those parental and family characteristics associated with communication style in their work with adoptive families (Brodzinsky, 2005).

1.4.3 Strengths and limitations

It is important to note the strengths and limitations of the current review. This review was conducted by one researcher over a short time frame. Grant and Booth (2009) suggests that high quality systematic literature reviews are carried out over a period of about 18 months and with at least two researchers. Furthermore, the quality assurance checklist by Downs and Black (1998) was primarily designed to assess and interpret intervention studies, so this framework was adapted to assess all papers included in this review. It is also relevant to note that this review included only peer-reviewed journals, which could lead to some bias.

In addition, the current review aimed to explore the active processes in adoptive parenting. The specificity of search terms and inclusion criteria meant that potentially important factors that may impact on parenting behaviours, such as adolescent characteristics, identity development, or those that discussed the impact of the bond or attachment could have been excluded. In terms of the literature found, only one study was conducted in the UK and this may have implications for the applicability of findings given the cultural, legal and political context around adoption. That being said, the breadth of papers included in this review suggests that the findings are consistent across a range of cultures and countries, although the literature base was small. Finally, most of the included studies relied on self-report measures, which may have been open to bias and social desirability. The measures used in each study were also different, even

when measuring the same factors, which makes comparisons between the findings even more challenging.

1.4.4 Conclusions

The current review explored the distinctive features of parenting an adopted adolescent. Two overarching themes were identified: parental responsiveness and supervision, and communicative openness. Parental responsiveness is defined as the level of warmth, sensitivity and acceptance provided by a caregiver and supervision, which is determined by appropriate boundaries and monitoring (Baumrind, 1968). Communicative openness is the level of open discussion regarding adoption within a family and the practical facilitation of any knowledge or practical access to a birth family or background (Brodzinsky, 2006). From the literature identified, it appears that a factor uniting these two areas is the importance of the parent in providing clear, well-reasoned explanations. Parents who have higher levels of responsiveness appear to offer appropriate levels of supervision whilst judging and being supportive of their adolescent's curiosity and need for information in relation to their adoption. It seems that it is this style of parenting and encouragement that allows for open discussion, which in turn allows for positive resolution of conflict and respect. Open reasoning and discussion are also commonly found to be important in enabling the young person to make appropriate decisions and in the development of resilience. Providing the right information at the right time, and in a way that allows the young person to evaluate risk and benefits for themselves and enables them to feel they can openly disclose concerns and their decision making through open discussion, allows adoptees' views to be listened and responded to respectfully. This leads to positive outcomes, even when these views are contrasting to their parents.

Research has shown that in relation to parenting adopted adolescents, higher communicative openness is related to better emotional well-being and more co-operative family dynamics with less frequent conflict. This may highlight an important link between parental responsiveness and communicative openness because responsive parents can accurately judge and trust their adolescent with knowledge, thereby granting them appropriate freedom to explore their adoption and birth family history. The idea of appropriate freedom has also been termed autonomy granting when a parent is accepting and offers genuine encouragement to their adolescent to make decisions based on the young person's own will and values (Silk, Morris, Kanaya, & Steinberg, 2003). In contrast, research suggests that even when done with good intentions, parental judgements about how much a young person should know about their adoptive status may restrict the flow of adoption-relevant information, thus limiting communicative openness in their family. The studies reviewed here, taken as a whole,

demonstrate some of the complexities parents face in deciding how much supervision is necessary and how to balance that with genuine emotional warmth in adolescence.

1.4.5 Implications for educational psychologists

This review has highlighted the limited research addressing the parenting of adopted adolescents; therefore, one key recommendation is to increase the number of empirical studies in this area. Furthermore, only three of the studies in the current review sought the views of both parents and their adoptive adolescents. Given the differences found in perceptions, a further important recommendation would be to seek multiple perspectives from the whole family. Given the EP role to support 'children looked after' and those adopted, we would be well positioned to contribute to such research in practice.

In addition, this review identified several important implications for adoptive families and the professionals working with them. EPs working with adoptive families should be aware of the challenges and opportunities. EPs can provide key messages, enabling parents to understand that parents can have an important role and influence through flexible and appropriate responsiveness and supervision, balancing sensitivity with clear, consistent boundaries. EPs can also help parents to understand that it is important to tailor the support to the needs of the child and that good parenting can be about monitoring, rather than managing, behaviour and that support in regulating the adoptee's behaviour and attention is important.

It is also important that EPs are part of a team which ensures that adoptive parents understand the importance of initiating discussions surrounding adoption and contact, even when the young person may not bring up the discussion themselves. Parents may need information on how to approach the subject and what is appropriate to disclose at different developmental stages. Parents should also be made aware that openness can reinforce good family adjustment in adolescents, which in turn increases the child's level of openness. In addition, it is important for parents to be prepared that their adolescents may seek more information than that which the parent is comfortable and to know that they can seek help around how to support their young person when he/she seeks contact. EPs could support adoptive parents in conflict resolution, particularly in preparation for the stage of adolescence when there may be increased conflict as well as sharing the importance of honest and clear communication about the birth family.

1.4.6 Future research

Parenting an adolescent can be challenging and research shows that parents of adopted adolescents face additional challenges. It is therefore important that research continues to seek

answers in relation to the distinctiveness of adolescence as a developmental stage and the particular challenges and opportunities it provides for adoptive parents. It would also be of interest to examine how pre-adoption and post-adoption experiences and attitudes impact on adoptive family behaviours and outcomes. Given that there is limited previous research exploring aspects of communicative openness and parenting behaviours together, it would also be important for future research to examine the relationship between different parts of the adoptive family experience to develop a more holistic picture and to understand how these factors interact.

Traditionally much of the research regarding adoption has focused on negative outcomes. However, recently the literature has begun to move from risk to resilience (Ferrari et al., 2015). Sonuga-Barke, Kennedy, Kumsta, Knights, Golm, Rutter, Maughan, Schlotz and Kreppner (2017) assessed the prevalence of neurodevelopmental and mental health outcomes associated with early deprivation and their persistence into young adulthood. They found that children adopted after six months of age (high risk) had persistently higher levels of neurodevelopmental difficulties and poor life outcomes. Within the high risk group, the authors identified a sub-group that showed marked persistence of at least one neurodevelopmental condition at every time point or at least two between infancy and adolescence. Interestingly though, they also identified a sub-group of young people who remained problem free at every time point examined between age four and six and 23-25, showing remarkable resilience to deprivation specific difficulties.

In the light of both the results from this review and the findings from Sonuga-Barke et al. (2017), it would be interesting to explore the association between communicative openness, and experience of adoption and parenting and how these might contribute to the development of resilience in an adopted population. My empirical study will therefore look at the extent to which we can predict resilience based on features of the adoptive parenting experience including: parental responsiveness and supervision, communicative openness and evaluation of adoption experience.

Chapter 2 Understanding resilience following time limited severe early deprivation: the role of adoption and parenting related factors.

2.1 Introduction

2.1.1 Context of adoption

The Adoption and Children Act (2002) stipulates the child's right to have contact with their birth family. However, much variation exists as to whether this contact is sought out by the young person, any contact is achieved, and relating to the frequency and type of this contact. Importantly, research needs to assess how these variations in knowledge and ideas about birth families and types/frequency of contact with birth relatives impact positively, or negatively, on adoptees' psychological development. A related strand of research is concerned with understanding the mechanisms leading to different life outcomes in adopted individuals, especially in the context of children who were affected by adverse early experiences and then placed through adoption or foster care; such change in the child's environment being considered a form of positive intervention (Zeanah, Humphreys, Fox & Nelson, 2017). However, this significant positive change in the child's rearing environment, does not guarantee more positive outcomes; indeed, some individuals continue to experience difficulties throughout life, while others appear to overcome their early adverse experience (Melero & Sanchez- Sandoval, 2017). It was these observable differences in outcomes following earlier adverse experiences that motivated the study of resilience (Masten, 2018). The present study utilizes data from an existing, seminal longitudinal study of a group of children who experienced extreme early deprivation before they were adopted by families living in the UK (the English and Romanian Adoption Study (ERA), see Rutter et al., 1998, Sonuga-Barke et al., 2017) to address the specific question of whether the development of resilience is associated with the aspects of the adoption experience, including the ways that families approach discussions and interest relating to the adoption such as birth-family contact, cultural background and the disclosure of knowledge throughout the young person's life.

2.1.2 English and Romanian Study

One group that have been exposed to extreme and early deprivation are the children that were adopted from Romania to the UK after the conditions of their orphanages were revealed in 1989. Since the early 1990s, a team of researchers have been conducting a prospective longitudinal study, known as the English and Romanian Adoptee study (ERA), which followed the development of these Romanian adoptees together with a comparison group of UK children adopted as infants before 6 months of age and who did not experience early maltreatment or neglect prior to their adoption. Given that the physical and psychological development of the children from Romania was significantly delayed on their arrival in the UK, and the environment provided by their adoptive families constituted an important contrast to the adoptees' early experiences, such circumstances provided a unique opportunity to follow these young people's development to understand the longer-term impact of the early deprivation they experienced, from infancy to adulthood.

A number of key findings were reported by the ERA team over the years. Firstly, children showed remarkable recovery in terms of physical and psychological health from their early depriving experiences during the first years living with their adoptive families (see Rutter et al., 1998; O'Conner & Rutter., 2000). Secondly, despite this remarkable degree of recovery, a considerable number of children adopted over 6 months of age continued to show delay in their physical and psychological development while many of the children adopted before 6 months of age appeared to have 'caught-up' to the levels of functioning in the UK comparison sample. Thirdly, the likelihood to continue to experience difficulties in the sample adopted over 6 months of age was best characterised by a step increase in risk rather than a linear association with duration of deprivation (see Beckett et al., 2006, Kreppner et al., 2007). Fourthly, the difficulties experienced by children adopted over 6 months of age took a surprisingly specific form involving autistic features, difficulties with attention and hyperactivity, cognitive delay, and socially disinhibited behaviour, and did not involve the typical varieties of conduct and emotional problems (Rutter, Kreppner, & O'Conner, 2001; Kreppner et al., 2007). These specific deprivation-related difficulties appeared to emerge early (i.e., they were evident at age 6 years) and persisted into adolescence (Kumstaet al., 2010; Kumstaet al., 2010). Fifthly, there was important variation within the sample of children adopted over 6 months of age in terms of experiencing impairment in these areas with some children not showing any impairment in these domains (Kreppner et al., 2007). Examining the ERA sample's development across time and into young adulthood, Sonuga-Barke et al. (2017) assessed the prevalence of these deprivation-related neurodevelopmental difficulties together with other mental health outcomes and their persistence into young adulthood as well as their association with early deprivation. Their findings suggested that

children adopted after 6 months of age (i.e., high risk group) had persistently higher levels of neurodevelopmental difficulties (i.e., showing autistic features, disinhibited social engagement, inattention/hyperactivity, and/or cognitive impairment) and poorer life outcomes, when compared to Romanian children adopted before 6 months, or the control group of UK adoptees also placed before 6 months of age. However, within the high risk group a proportion of children were free of the neurodevelopmental difficulties across all assessment waves and into adulthood, thus showing remarkable resilience across time. Indeed, Sonuga-Barke et al. (2017) noted that a better understanding is needed of biological and psychological factors that make these children resilient to severe adversities.

2.1.3 The development of resilience

The study of resilience has evolved and there has been a shift away from discussing a person as being 'resilient' (Masten, 2001) towards the recognition that it is an ever changing, collective and context specific process (Luther, Sawyer, & Brown, 2006; Wright et al., 2013) that can be fostered through relationships and wider interactions within society (Masten, 2014; Patterson, 2002; Brofenbrenner, 1989). The idea that we can build and support resilience, moved the field in a new and more optimistic direction; even considering the possibility of 'cumulative protection' rather than 'cumulative harm' (Wright, Masten, & Narayan, 2013), using factors associated with resilience (Patterson, 2002; Masten & Cicchetti, 2016). These factors include individual characteristics (temperament and ability to self-regulate, cognitive abilities including problem solving, social skills and self-belief and hope), family characteristics (harmony and connection in relationships, attuned and involved parenting, that enables community inclusion), Community, education and employment opportunities and culture; as a way of providing proactive support (Masten, 2014; Wright et al., 2013). The factors described are now commonly used to inform policy and are grouped into areas of individual, family, community and wider societal factors (Masten, 2014; Masten & Cicchetti, 2016).

2.1.4 Factors affecting adoptive families

There is evidence that suggests that parenting beliefs, actions, and thoughts are related to their child's experience and developmental outcomes in both biological (Bornstein, 2017) and adoptive families (Moyer and Goldberg, 2017; Tasker & Wood, 2016). However, there may be distinct differences between biological and adoptive families. In particular, in adoptive families, research has identified some persistent factors that increase the likelihood of both positive and potentially negative outcomes (Melero & Sanchez-Sandoval, 2017). One such factor pertains to the importance of pre and post-adoption experiences for both the young person (Tasker & Wood,

2016; Nadeem et al., 2017) and their adoptive parents (Rogers, 2018). Furthermore, adoptive parents recruited for the purpose of research highlight that these parents are generally older, have high social and economic resources available to them, experience high levels of support (Ceballo, Landsford, Abbey, & Stewart, 2004). Thus, adoption is often perceived as a positive environmental intervention which provides an environmental context that should promote better developmental outcomes for children (Van IJzendoorn & Juffer, 2006). Despite this, however, adoption outcomes are varied due to a complex mix of interacting factors including factors within the environment, alongside personal characteristics of the child and parents. In addition, there are factors that arise relating specifically to adoption, such as knowledge about adoption and birth family and managing contact with birth relatives. Previous research suggests that parental responsiveness and supervision in adoptive samples is predictive of better psychological well-being, behaviour and social competence (Van de Vort, Linting, Juffer, Bakermans-Kranenburg & IJzendoorn, 2013; Tozzi & Hutz 2009; Groza and Muntean, 2016). Parental responsiveness relates to the level of acceptance, sensitivity, support and warmth that a parent has with their child, alongside offering encouragement of the child's beliefs and values and putting those into action (Baumrind, 1968; Maccoby and Martin, 1983). Supervision relates to a parent's efforts to enforce and communicate clear, consistent boundaries and rules (behavioural control) whilst encouraging appropriate levels of autonomy (autonomy granting). This is different from what is sometimes called psychological control which is more about restriction and psychological manipulation within a relationship (such as shaming the young person). Therefore, the role of the parent in terms of supervision is to offer guidance so that the child can make effective decisions about what is appropriate within the community of which they belong (Steinberg, Elman, & Mounts, 1989). Taken together, it is important that parents are attuned with their child in order to make accurate judgements about appropriate levels of both parental responsiveness and supervision and that parents recognise the need for flexibility in these judgements (Prevoo, & Tamis-LeMonda, 2017). Moreover, parents need to ensure not only consistency of message, but also clear delivery of that message through honest, accurate and respectful discussions, that allow the young person to explore different perspectives and make informed choices within clear boundaries (Baumrind, 1968).

In the context of adoption, parental responsiveness and supervision have been linked to open adoption-related discussions. Brodzinsky (2005) emphasised the importance of open, honest communication about adoption, a term he defined as 'communicative openness'. The practical facilitation and planning of contact with the young person's birth family, including frequency and duration, was defined as 'structural openness'. Building on Brodzinsky's work (2005), Neil (2009) investigated communicative openness in relation to two different types of birth family contact;

letterbox and face to face, and their effect on children's emotional and behavioural development. Neil (2009) used a mixed methods approach to gather information about the perceptions and experiences of 62 adoptive parents' in relation to their pre and post-adoption experiences, including feelings about birth family, the level of communication about the adoption and birth family contact. Adoptive parents were also asked to report on their adoptees' (aged five-13 years) behavioural and emotional states. The results showed that although neither form of birth family contact was significantly related on the adoptees emotional or behavioural developmental outcomes, face to face contact with birth families promoted higher levels of communicative openness between adoptive parents and adoptees. Adoptive parents felt more reassured by having personal contact with birth families, and their adopted young person showed increased levels of curiosity and questioning.

Neil (2009) defined communicative openness by considering five key aspects from the perspective of the adoptive parent; (i) open discussion relating to the adoption and appreciation that their child's perspectives and needs may differ to their own; (ii) feeling comfortable and valuing that their child belongs to and is connected to more than one family; (iii) understanding of the child's emotions; (iv) adopted parents' feelings and actions about birth family contact; and (v) adoptive parents' compassion for the birth family and the situation that led up to the adoption of their child.

Reppold and Hutz (2009) asked 68 adopted adolescents to complete self-reports on their mood and self-esteem and to rate the level of responsiveness and supervision they received from their adoptive parents and to report on how their parents dealt with communicative openness, birth family contact and revealing their adoptive status. The study revealed that higher levels of communicative openness, as defined by Brodzinsky (2005; 2006) was reported by adolescents that perceived their adoptive parents as demonstrating higher levels of sensitivity. This was also related to reduced family conflict and increased the adoptees' level of self-esteem. Previous research has also suggested that it may be more important that young people perceive their parents as being a source of honest adoption relevant information, rather than actively participating in discussions themselves that increases adoptee well-being (Le Mare & Audet, 2014). In addition, Kirk (1964) reported that families that accepted that there are differences between the challenges experienced by adoptive and biological children, showed higher levels of communicative openness which was related to better outcomes for young people. It has been argued that it is disagreement between adoptive parents and adolescents, about the importance of adoptive status rather than acceptance or acknowledgement which increased behavioural difficulties (Anderson et al., 2015). The ERA research has highlighted the importance of positive and supportive family environments in adoptive samples and those that have been exposed to

extreme adversity. These environments can contribute to positive outcomes in development as children grow into adolescence and further into adulthood.

Importantly, the ERA study has examined communicative openness as well as feelings of identity in the Romanian adoptees. At age 11 and 15, Romanian children that identified themselves as Anglo Romanian were more likely to think that their parents had difficulty talking about their Romanian background than children that identified themselves as either Romanian or from UK. (Beckett et al., 2008). It may be possible to suggest from these findings, that because these parents showed decreasing interest or importance as the children got older and therefore, the children may have perceived this as their parents having more difficulties openly discussing their adoption themselves. Hawkins et al. (2007) also investigated communicative openness and how those factors impacted on levels of self-esteem in the ERA sample. In this study communicative openness was operationalised and analysed as the difficulty discussing adoption-related issues for both the young people and parents, desire and achieved contact with birth parents, the young person's interest and feelings about their adoption and parental reports of the young person's interest in adoption. For the purpose of the current study, definitions by Neil (2009) and Brodzinsky (2006) will be used as a basis alongside this Hawkins et al. (2007) paper to inform the theoretical construct of communicative and structural openness developed and measured in the current study.

The ways families develop communicative openness and deal with the birth family/background of the adopted child may be associated with parents broader parenting styles of being sensitive, attuned and appropriately responsive to the adoptees' needs (link with the literature you discussed above). There were important differences in parenting observed at age 6 years within the ERA sample suggesting that cognitive delay in the children was associated with more negativity in parenting over time (Croft et al., 2001). Indeed, Croft et al.'s findings would suggest that child-factors in the ERA sample are important to consider in terms of forecasting the potential for recovery, and in terms of their impact on parent-child relationships. The present study will consider whether these earlier indicators of parenting and parental journey are important predictors of long-term resilience together with the more specific indicators of communicative openness.

In summary, the ERA study's findings suggest that there is persistence of impairment in a significant group of children adopted over six months of age and that this impairment involves a specific set of neurodevelopmental difficulties that are deprivation specific, including attention deficits, quasi-autistic features, cognitive deficits and disinhibited social engagement from infancy to emerging adulthood. Its findings also show a considerable degree of variation in outcome with

some children showing remarkable resilience despite their prolonged early adverse experience. Studies have linked adoptive parents' communicative openness about adoption and birth family with their adopted children's psychological development. The present study uses the longitudinal ERA data set to explore whether communicative openness during adolescence and associated parenting behaviours predicted resilience in young adulthood amongst the high-risk adopted group (those adopted after 6 months of age). Resilience was defined based on the findings reported by Sonuga-Barke et al. (2017) (see method section for details).

In relation to their findings, Sonuga-Barke et al. (2017) concluded that an important area of further research was to seek to understand the factors that enabled 20 percent of young people in the 'at risk' group, to develop resistance rather than persistence of difficulties; remaining problem free into adulthood. Therefore, the current research will seek to answer the following research questions:

- Is communicative openness related to the development of resilience in children adopted over six months of age (at risk group) from the ERA study?
- Is parental Responsiveness related to the development of resilience in children adopted over six months of age (at risk group) from the ERA study?
- Is parental journey related to the development of resilience in children adopted over six months of age (at risk group) from the ERA study?
- Considering the above factors together, which may predict resilience in children adopted over six months (at risk group) of age from the ERA study?

2.2 Method

2.2.1 Participants

Participants were selected from the adoptive parents and young people (YP) from the ERA sample (see Rutter et al., 1998; Sonuga-Barke et al., 2017). The ERA study and sample are described in detail elsewhere (Kumsta et al., 2015; Sonuga-Barke and Rutter, Sonuga-Barke, & Castle, 2010; Rutter et al., 1998), but in brief, this was a sample of 165 children adopted from Romania during the early 1990s and who were aged between 0 and 42 months of age when they entered the U.K. They were drawn from a larger sample of 324 children adopted from Romania into the U.K. between 1990 and 1992 and whose adoptions were dealt with through the legal channels involving the Home Office and the Department of Health. Their development was compared with a sample of 52 within-UK infant adoptions (all placed before the age of 6 months)

and who had not been exposed to any known early maltreatment or neglect. All adoptees and their families were assessed prospectively at ages 6, 11, 15 years and in young adulthood (aged between 23 and 25 years). The sample of children adopted before 24 months of age was also assessed at age 4 years. The retention rate for participation over time has been extremely good with over 90% taking part in the age 15 assessments and nearly 75% taking part in the young adulthood assessment.

Because the present study aims to understand resilience following severe prolonged early deprivation, only participants from the sample adopted over 6 months of age (i.e. the high-risk sample) were selected to fall either into a 'high resilience' or a 'low resilience' group. Whilst it is recognised that neurodevelopmental difficulties do not implicitly signify low levels of resilience, the measure for resilience was determined in relation to the neurodevelopmental impairments reported in Sonuga-Barke et al. (2017) because they were specifically related to early deprivation in this sample. Therefore, persistence of deprivation specific neurodevelopmental difficulties will be referred to as 'low resilience' for the purpose of the current study. This assessment of pervasive and persistent impairment involved meeting thresholds in the patterns of (i) quasi-autistic behaviours, (ii) disinhibited social engagement, (iii) ADHD symptoms, and (iv) cognitive impairment. For the present study, therefore, meeting threshold (or not) for this set of impairments across assessment waves formed the basis for allocating participants to the 'high resilience' and the 'low resilience' group. Establishment of thresholds for these four patterns of impairment is explained in detail in Sonuga-Barke et al. (2017) but will be described briefly below:

High resilience was deemed present when participants from the high-risk ERA sample met threshold for no more than one of the neurodevelopmental difficulties at no more than one of the assessment waves between the ages of 6 and 15 years. In addition, they all had to be free of neurodevelopmental impairment in young adulthood. N = 23 met these criteria and comprised the 'high resilience' group for this study.

Low resilience was deemed present when participants from the high-risk ERA sample met threshold for at least one neurodevelopmental impairment at every assessment wave, or more than two neurodevelopmental impairments at at-least three time points including in early adulthood. N = 18 met these criteria and were allocated to the 'low resilience' group for this study.

2.2.2 Design and Measures

As part of the broader ERA study, a comprehensive assessment of adoptees and their families has been conducted longitudinally and included a broad range of measures of, for

example, behaviour and emotional well-being (see, for example, Kreppner et al., 2007; Sonuga-Barke et al., 2017), cognitive ability and academic achievement (see, for example, Beckett et al., 2006 ;2007; 2010) , social and attachment-related outcomes (see, Kennedy et al., 2016; O’Conner et al., 2003; Rutter et al., 2007), parenting (see Croft et al., 2001), ADHD symptoms (see Kreppner et al., 2001; Stevens et al., 2008; Kennedy et al., 2016), quasi-autistic features (see, for example, Rutter et al., 1999; Kumsta, Kreppner et al., 2010; Kumsta et al., 2010) and adoption-related outcomes (see Beckett et al., 2008; Hawkins et al., 2007a&b).

2.2.2.1 Measures of deprivation-related neurodevelopmental impairments:

The current study used the data from Sonuga-Barke et al. (2017) to determine whether specific impairments were present at the various assessment waves. Specifically, impairment was deemed present in accordance to the following criteria:

2.2.2.1a Quasi-autistic features

This was assessed through parent report on the Social Communication Questionnaire (Goodman & Scott (1999) . In order to permit comparison across different developmental periods, Sonuga-Barke et al. (2017) used a 15-item version of the SCQ containing only items which were considered developmentally relevant across ages; 5 items per each symptom domain (i.e. communication, social reciprocal interaction, and repetitive and stereotyped behaviours). Each item on the questionnaire was coded as either 0-1 (one being that the behaviour was observed). If three or more of the five items in each of the three core symptom domains of reciprocal interaction, social communication and repetitive and stereotyped behaviour were rated as 1, the young person was considered to endorse this symptom domain. Individuals were considered to show quasi-autistic features if they endorsed two of the three symptom domains.

2.2.2.1b Disinhibited Social engagement

At all assessment waves, parents were asked three age appropriate questions during the interview about their adopted children’s behaviour towards others concerning their awareness of social boundaries, being inappropriately intrusive and lack of reticence with strangers. Researchers from the ERA study then rated parents’ responses between 0 and 2; with a score of 2 reflecting ‘definite evidence’ of disinhibited social engagement. Disinhibited social engagement was deemed present when an individual was scored 2 on two of the three questions.

2.2.2.1c ADHD

ADHD symptoms were assessed through parent ratings of comparable items reflecting hyperactivity, distractibility and sustained attention on the revised Rutter Scale at age 6 and 11,

the Strengths and Difficulties Questionnaire (SDQ) at age 15, and the Connors Comprehensive Behaviour rating scale at age 23-25 (see Sonuga-Barke et al., 2017) for the identification of comparable items across the different questionnaires). Items on the Revised Rutter Scale and the SDQ were scored 0-2, with a score of 2 being 'certainly applies' indicating confirmation of difficulties being present. The equivalent rating for each item on the Connors scale was either 2 or 3 (often/very often). Significant impairment involving Attention Deficit and Hyperactive Disorder symptoms was deemed present when 2 of the 3 symptom domains were endorsed.

2.2.2.1d Cognitive Impairment

Cognitive ability was assessed through standardised cognitive assessments including the General Cognitive Index of the McCarthy Scales of Children's Abilities at ages 4 and 6 years, the Weschler Intelligence Scale for children (WISC-III Uk version, short form including block design, vocabulary, object assembly, and similarities, at ages 11 and 15 years, and the Wechsler Abbreviated Scale of Intelligence (WASI) in young adulthood based on the vocabulary and block design scales. The presence of cognitive impairment was scored with an IQ score of less than 80 points. As the present study focusses on the role of communicative openness and parenting-related behaviours in adoption, measures used in Beckett et al., (2008), Hawkins et al. (2007a & b), and Croft et al., (2001) are used in analyses. In the present study, some of the measures used in this work (e.g., in the Hawkins et al., 2007a & b papers), were combined to form a mean aggregate score if they met three specific criteria (i) theoretically they tapped into the same construct, (ii) all combined items were coded in an identical manor, and (iii) Cronbach alpha suggested that combined questions resulted in medium to excellent inter-item reliability (above 0.7). These are described below.

2.2.2.2 Communicative Openness (age 11 and age 15)

In Hawkins et al. (2007a2007b), communicative openness was operationalised using information gathered from the adoptive parent interviews and interviews with the young person at age 11 and 15 years of age. The questions concerned the level of open adoption related discussion in the family home, reported interest in adoption and background, and birth family contact. In the current study, communicative openness also included the young person's knowledge about their adoption and birth family as well as additional individual and contextual factors, such as how satisfied they were with levels of adoption relevant discussion, when their adoption was disclosed and who told them. Therefore, the construct of communicative openness was measured in the following way:

2.2.2.2a Difficulty openly discussing adoption within the adoptive family (age 15)

At age 15, (i) Difficulty YP feels talking about adoption (age 15) (YPD) (ii) and Difficulty YP feels parents have talking about adoption (age 15) (PPD) discussing their adoption, background, birth mother and birth father, were all coded from 0-3 from no/low to high levels of difficulty. Therefore, (i)YPD was combined (cronbach alpha = .76) to create the overarching factor; 'Difficulty YP feels talking about adoption (age 15)' and (ii) PPD was combined (cronbach alpha = .90) to create the overarching items; 'Difficulty YP feels parents have talking about adoption (age 15)'. (iii) Similarly, adoptive parent's rated their own level of difficulty (APD) and (iv) Difficulty parents believe their YP has talking about adoption (age 15) (PYPD) discussing adoption, institution and birth family were coded from 0-2 from low to high levels of difficulty. Therefore, these factors were combined to create the overarching items; (iii) 'Difficulty parent feels talking about adoption (age 15)' (cronbach alpha=.84) and (iv) 'Difficulty parents believe their YP has talking about adoption (age 15)' (cronbach alpha=.91).

2.2.2.2b Knowledge about adoption (at age 11 and 15)

At age 11, the adopted adolescents were asked to report their level of knowledge regarding their early life, birth mother, father, grandparents and siblings, these questions were all coded from 0-3 from no detail to very detailed. Therefore, these questions were combined (cronbach = .77) to create the overarching item; 'knowledge at age 11'.

At age 15, adolescent adoptees were also asked to report any new knowledge they had learned between age 11 and 15 about their early life, birth mother, father, other relatives and siblings. These questions were coded from 0-2 from nothing new to substantial. These questions were combined (cronbach alpha = .70) to create the factor; 'additional knowledge since age 11'.

2.2.2.2c Interest in adoption (age 15)

At age 15, parents reported their adoptee's interest in their birth mother, father, siblings and other relatives at age 15. These questions were coded from 0-3 from doesn't ask anything to wants to know everything. These items were combined to (cronbach alpha = .82) and redefined as; 'young person's interest in adoption'.

2.2.2.3 Additional factors in communicative openness

Additional individual and contextual aspects of communicative openness which were not included in the above aggregate measure (used individually) are explained further here. (i) Adolescent report of whether they had a specific memory of when they found out about their adoption at age 11. (ii) Who revealed their adoptive status at age 11. (iii) self-reports at age 15,

asking the question who initiates adoption related discussion. (iv) and self-report about their feelings about the impact of being adopted at age 15. Finally, (v) the adolescent reported any direct or indirect birth family contact they had experienced up to the age of 15. (vi) Parental reports on how important their child's Romanian background was in how they were raising their child at age 11. (vii) Adoptive parental reports of any change between ages 11-15 years in their young person's interest in their adoption at age 15. (viii) and their adolescent's interest in being given up for adoption at age 15.

2.2.2.4 Parental responsiveness

Parental responsiveness was assessed using observations and parental reports of parental warmth (responsiveness) and dissatisfaction, during a five-minute speech sample, where parents were asked to talk freely about their adopted child at the time they were adopted (age 4-6). Prompts were also used to encourage parents to expand on their descriptions. These prompts referred to the child's characteristics and temperament. In both measures, researchers from the ERA study, coded responses and observations on the frequency of positive (responsive) and negative statements (see appendix b).

In a separate measure, adopted children and their parents were observed during an etch-a-sketch activity in which both children and parents were rated as demonstrating positive participation such as being encouraging or negative participation, such as being controlling or intrusive (Croft et al., 2001).

2.2.2.5 Parental journey

Questions from the parenting interview at age 11 and 15 were identified to assess parental perceptions and experiences of adoption to define the construct 'parenting journey'. This construct was made up of combined and individual items (depending on them meeting the criteria described above in section 1.1.2) exploring parental evaluation of adoption at age six, 11 and 15 and thoughts and consultations regarding potential breakdown of adoptive placement at age 11 and 15.

2.2.2.5a Evaluation of adoption

Parents were asked to evaluate the adoption using a semi structured approach; asking a question followed by prompts when necessary. (i) To explore 'positive evaluation of adoption', adoptive parents were asked to comment on the rewarding aspects of the adoption when their children were age 11 and 15. (ii) To explore 'negative evaluation of adoption' adoptive parents were asked to comment on any difficulties they had encountered when their adoptees were age

11 and 15. In addition, in both positive and negative evaluations, parents were asked how their expectations matched their lived experiences. Positive evaluation at age 11 and 15 were coded from 0-2 (not positive to very positive) and were combined to create the factor (i)'positive evaluation of adoption between adolescence and early adulthood'. Negative evaluation at age 11 and 15 were coded from 0-3 (from difficult to breakdown of placement) and were combined to create the factor (ii)'negative evaluation of adoption between adolescence and early adulthood'.

Although evaluation of adoption at age 4-6 measured the same factors described at age 11 and 15 (above). The responses given were coded from 1-4 (none to marked positive/negative responses). Therefore, these items were explored individually. Therefore, they were defined as (iii) 'positive evaluation of adoption at time of arrival and 'negative evaluation of adoption at age of arrival'.

2.2.2.5b Breakdown consultations

Parents' were asked to comment on the number of consultations they had requested as a result of concerns about potential adoption placement breakdown, when their adolescents were aged 11 and 15. Responses were coded in same way at both age 11 and 15, from 0-2 (none to yes, more than once). Therefore this item was combined to create the factor (iv)'breakdown consultations requested'.

Finally, as part of the parental journey, parents were asked to comment on any thoughts they had regarding the possible breakdown of their adoptive placements when their adolescents were aged 11 and 15. Although this item was coded in the same way at age 11 and 15 between 0-3 (from none to broken down), the cronbach alpha revealed that combined, these items lacked internal reliability. Therefore, they were examined individually in relation to parental journey and the development of resilience.

In addition, the present study draws on other available data to characterise and compare the 'high' versus 'low' resilience groups. These descriptors include the young adult's IQ (assessed through the 2-scale version of the WASI), families' reasons for adoption, presence of biological children at time of adoption (both assessed through parental interview), age of child when entering the UK (expressed in months), educational and employment levels. Emotional well-being was assessed in young adulthood (age 23-25) through parent and the young person's self-report on the Conners Comprehensive Behaviour Rating Scale (CBRS) (Conners, Pitkanen, & Rzepa, 2011). Three items were rated selected to evaluate the domains low mood, feelings of worry and difficulties with new situations. These items were rated from zero to three (0 being not true at all to 3 being very much true).

2.2.3 Procedure

Ethics approval for the broader ERA study was obtained through the appropriate channels at the Maudsley hospital at each assessment wave (i.e. ages 4 & 6 years, and ages 11 and 15 years). Ethics approval for the young adult follow-up was obtained from the ethics committee at the University of Southampton. Finally, ethics approval for the present study as secondary analyses was also obtained from the Ethics Committee of the University of Southampton. Families who adopted from Romania were originally recruited through the records available from the Department of Health/Home Office. 81% of families approached at that time agreed to participate in the ERA study. Comparison children were approached through voluntary adoption agencies and social services departments. Because this process of recruitment was indirect, it was impossible to estimate accurately how many of those families originally approached agreed to take part in the ERA study. However, it is estimated that about 50% of those originally approached agreed to participate in the ERA study (Rutter et al., 1998; Kreppner et al., 2007). All parents and children gave written consent or assent where developmentally appropriate at all assessment waves. Parents that consented to being involved in the research, were then assessed with their adoptive children using a variety of measures involving direct observation, interviews, standardized cognitive assessments, and questionnaire assessments. Information on children's development was sought from parents, the children's teachers, and the children themselves. Data on children's developmental status and physical health were obtained retrospectively from parents at time of first visit (when children were either 4 or 6 years old) using where available medical records, diaries, and video recordings (see Rutter et al., 1998 for details). Assessments for ages 4-6, 11, 15 years involved two visits to the families' homes within 3 months of the child's birthday and comprised comprehensive interviews with the parents, structured observations and assessments of the children and questionnaire completion. The assessments in young adulthood took place when young adults were aged between 22-25 years and also involved two separate visits one for interviewing the parents and one for interviewing the young person. Over the course of the ERA study, families were kept informed of publications, and other study-related developments and news through regular annual newsletters.

2.2.4 Data analysis

Existing ERA data collected and analysed in previous studies, was combined and utilised through the secondary data analysis in the current study. Using this approach offered a unique

opportunity to re-analyse and interpret the data in order to answer research questions concerning resilience specifically. Data analysis was carried out in three phases.

2.2.4.1 Exploration of demographic information in relation to high or low resilience

A t-test, employed to compare mean differences between the high and low resilience group in relation to their demographic information.

2.2.4.2 Exploration of relationships between experience of adoption

The results were divided into the three theoretical constructs (i)communicative openness, (ii)parental responsiveness and (iii) parental journey. Point-biserial correlations to explore relationships between different factors within and between those constructs and the development of resilience. In addition, when factors were individually coded into categories, chi square tests of association were carried out as an alternative to explore associations.

2.2.4.2.1 Exploration of the factors that predict the development of resilience

Significant correlations identified between resilience and items within the constructs identified, were entered into a binary logistic regression. Given the sample size in the current study and the division of theoretical constructs. Three regressions were carried out to address the predictive value of each construct (i)communicative openness, (ii) parental responsiveness and (iii) parental journey individually. Furthermore, bootstrapping was applied to the analysis with 1000 bootstrap samples and bias corrected 95% confidence intervals.

2.3 Results

Participants were adoptive parents and young people who were internationally adopted after six months of age, following exposure to severe and pervasive early deprivation in Romanian institutions during the Ceausescu era (Rutter et al., 1998). Participants were assigned to either the high resilience (n=23) or low resilience group (n=18). In the present study, resilience is measured as a binary variable coded 0 = high resilience and 1 = low resilience/persistent impairment. (Note: these codes were assigned for statistical reasons only; see method for further information). The aim of the present study was to assess whether or not differences in the adoptive experience of young adoptees and their adoptive parents are associated with persistence of difficulties and resilience across development from childhood to young adulthood.

2.3.1 Preliminary Analyses

The high and the low resilience groups were compared on a number of key characteristics, including their age at adoption, adoptive family background variables (motives for adoption and existence of biological children), adoptees' IQs at different ages across development, and their educational achievement and employment outcomes in young adulthood. The two groups were also compared on rates of emotional problems in young adulthood (see Table 5). This last comparison was conducted because Sonuga-Barke et al. (2017) reported that among the Romanian adoptees who were placed with families when they were six months of age and older, there was a substantial increase in young adulthood of emotional problems. As the designation of the 'high resilience' versus 'low resilience' group is based solely on whether or not individuals showed impairment in the distinctive neurodevelopmental domains, and not including consideration of scores on emotional problems, it was important to check if the 'high' resilience group was also free of/scoring low in other mental health problems in adulthood.

Table 5: Means, standard deviations and n for the high and low resilience groups on key characteristics

	N		Mean		SD	
	High	Low	High	Low	High	Low
Age at adoption	23	18	19.43	24.67	8.52	10.15
Motive for adoption altruism	23	17	.30	.41	.47	.51
Motive for adoption infertility	23	15	.78	.66	.42	.49
Number of biological children	23	18	1.70	1.61	.47	.50
WISC at age 11	19	16	91.57	73.00	10.47	14.67
WISC at age 15	20	16	95.65	76.81	11.06	20.11
WASI at age 23	17	10	100.29	82.30	8.27	11.54
Emotional well-being	18	15	.33	1.33	.69	1.23
Total number of GCSEs A-C	22	17	6.32	.18	3.34	.53
Total number of GCSEs taken	22	17	8.23	2.24	2.31	3.19
Employment level	23	16	.17	.81	.39	.40

Table 6 Mean, standard deviations and percentage differences between the high and low resilience groups

	High Resilience Group			Low Resilience Group			Test for group differences	
	N	Mean	(SD)	N	Mean	(SD)	t-test	df
Age at adoption	23	19.43	8.52	18	24.67	10.15	-1.79	39
WISC at age 11	19	91.57	10.47	16	73.00	14.67	4.36**	33
WISC at age 15	20	95.65	11.06	16	76.81	20.11	3.57**	34
WASI at age 23	17	100.29	8.27	10	82.30	11.54	4.71**	25
Total number of GCSEs A-C	22	6.32	3.34	17	.18	.529	7.48**	37
Total number of GCSEs taken	22	8.23	2.31	17	2.24	3.19	6.81**	37
Employment level	23	.17	.39	16	.81	.40	-4.98**	37
Having biological children	23	1.70	.47	18	1.61	.50	.55	39
	% of group			% of group			Chi-square	
Altruism	57.5%	.30	.47	42.5%	.41	.51	.49	38
Infertility	60.5%	.78	.42	39.5%	.66	.49	.61	36
Emotional well-being (% of group meeting the clinical cut off)	20%	.33	.69	80%	1.33	1.23	7.20**	31
Both parents involved in disclosing adoptive status	77.8%	.33	.48	22.2%	.14	.36	1.68	33

Note; * p < .05; ** p < .01

2.3.2 Exploration of group differences in resilience

T-test analysis and chi-square analyses were carried out to assess the mean differences between high and low resilience groups and individual factors relating to the young person and their adoptive family (see table 6). The high resilience group showed IQ scores at age 11, 15 and 23 (WISC and the WASI, see method for further details) that fell within the normal range. Moreover, their IQ scores were significantly higher than the IQ scores of the young people in the low resilience group. However, young people in both groups showed, on average, similar levels of gains in IQ scores between the ages of 11 to 23, the low resilience group also reached standardised scores that were almost within the average range expected for their age. The results also indicated that there was a significant difference between the groups in emotional well-being, with a greater proportion of young people in the lower resilience group reaching threshold for presence of emotional problems compared to the proportion of individuals in the high resilience group. Moreover, it is important to note that the vast majority of individuals in the high resilience group did not show significant emotional problems in young adulthood.

In contrast, the age the young person was adopted was not significantly different in either group. In addition, parental reports on their motives for adopting, and information for their existing family, were compared between the high and the low resilience groups. The findings suggested no significant differences between of the high and the low resilience groups with respect to their adoptive families' motives to adopt for altruistic reasons or for reasons of infertility. The fact that some families already had biological children of their own was not associated to the adopted young people's resilience.

Finally, the high and low resilience groups differed significantly in terms of educational achievement and employment outcomes. There was a significant difference between the groups, with young people in the high resilience group more likely to take and achieve more GCSEs and to secure later employment compared to the young people in the low resilience group.

2.3.3 Communicative openness

The construct of 'communicative openness' was measured by combining interview data relating to levels of difficulty with communicative openness from both adolescent and parental perspectives at age 15 years, contact with birth family recorded at age 15, parental reports of the young person's interest in their adoption at age 15, and finally the young person's reported knowledge regarding their adoption and birth family at age 11 and additional/new knowledge

learned between age 11 and 15 (Hawkins et al., 2007). Specifically, the following items were combined to create a composite score of communicative openness.

Biserial correlations (see Table 7) indicate that there was a significant relationship between a young person's difficulty and their perceptions of their parents' level of difficulty discussing their adoption. There was also a significant association between a parent's reported difficulty and their belief about their young person's level of difficulty discussing their adoption. However, perceptions of both parent and young person of each other were not associated with actual reported level of difficulty discussing the adoption openly. There was a negative relationship between a young person's knowledge about their adoption at age 11 and their parent's difficulty discussing the adoption at age 15. Low levels of resilience were related only to the adolescent's level of difficulty talking about their adoption and whether or not they reported any new knowledge gained about their background between ages 11 and 15.

Table 7 Correlations between the different constructs that measure communicative openness and their association with low resilience.

	1	2	3	4	5	6	7	8	9	Resilience
Point-biserial correlations										<i>r pb</i>
1. Knowledge at age 11	X									-.05
2. Additional/new knowledge learned between age 11 and 15 years	.03	X								.55**
3. Difficulty YP feels talking about adoption (age 15)	-.03	.18	X							.43*
4. Difficulty YP feels parents have talking about adoption(age 15)	.28	-.18	.41*	X						.09
5. Difficulty parents believe their YP has talking about adoption (age 15)	-.31	.17	.04	.01	X					-.03
6. Difficulty parent feels talking about adoption (age 15)	-.42*	.02	-.06	.03	.71**	X				-.17
7. Parent report of YP interest in adoption (age 15)	.40*	.08	-.06	-.13	-.12	-.16	X			-.05
Chi Square										χ^2
8. Direct contact	.30	-.03	-.06	-.16	-.15	-.06	.13	X		.52
9. Indirect contact	.03	.09	.14	-.10	-.07	-.11	.46*	.24	X	1.0

2.3.4 Additional factors of communicative openness

Chi-square tests of independence were performed to examine the relationship between young adults' resilience and the other, additional individual and contextual factors reflecting aspects of communicative openness, which were not included in the above aggregate measures. These sets of analyses indicated that there were no significant associations between young adults' resilience and (i) their reports as to who initiated discussion at home regarding their adoption when they were teenagers; (ii) parental reports of any change between ages 11-15 years in the young person's interest in their adoption at age 15; (iii) the young person's knowledge about circumstances of adoption; and (iv) parental reports at the 11-year assessment of how important the adoptee's Romanian background was in how they were raising the young person. There was no significant relationship between resilience and if a young person had a specific memory of when they found out about their adoption (as reported at age 11), although it is noteworthy that twice as many adoptees in the high resilience group had a specific memory of their age when they found out about their adoption in comparison to the low resilience group. In contrast, reports of who told the young people they were adopted back in early childhood was significantly related to resilience ($\chi^2 (3, N = 31) = 8.42, p = .05, V = .47$). Specifically, the results indicated that in 30% of both high and low resilience groups, the mother was named as the most likely to have disclosed adoptive status. The difference between the high and low resilience groups seemed to be explained by a contrast of 22.5% in the high resilience group compared to only 6.5% in the low resilience group reporting that both parents disclosed the adoption. In other words, adoptees in the high resilience group were 3.5 times more likely to have both parents disclose their adoption than those in the low resilience group. The result also showed that an adoptee's feelings at age 11 about the impact of being adopted was not significantly related to later resilience. However, teenagers' reported feelings about being given up by their birth family showed a near significant association to later levels of resilience $\chi^2 (2, N = 24) = 7.554, p = .061, V = .53$.

Similarly, parental reports obtained during the age 15 assessment of their perceptions of the young person's interest in being given up for adoption was significantly related to higher levels of resilience ($\chi^2 (3, N = 37) = 15.021, p = .002, V = .55$). Having contact with birth family between the ages of six and 11 years was not significantly related to levels of resilience, but at age 15, the adolescents' report of how happy they were with the level of discussion at home about their adoption was significantly related to resilience in early adulthood ($\chi^2 (1, N = 30) = 4.919, p = .042, V = .40$).

2.3.5 Parental responsiveness

Parental responsiveness was measured through observations of parent-young person interactions at age six (Croft et al., 2001) and parental expression of emotion coded from a five-minute speech sample when talking freely about their adoptee (see table 8)

Table 7 Correlations between observed and self-reported responsiveness between the parent and young person at age six

	1	2	3	4	5	6	7	8	9	Correlation with Resilience
1. Expression of emotion: warmth versus negativity at 4/6	1									-.38*
2. Expression of emotion: negative comments at 4/6	.072	1								.11
3. Expression of emotion: positive comments at 4/6	-.085	-.16	1							-.09
4. Expression of emotion: warmth at 4/6	-.15	-.57**	.60**	1						.18
5. Expression of emotion: dissatisfaction at 4/6	.02	.94**	-.16	-.59**	1					.165
6. Etch-a-Sketch YP negativity observed age 4/6	-.21	.02	.26	-.26	.22	1				.13
7. Etch-a-Sketch parent negativity observed age 4/6	-.24	.03	.04	.04	.05	.24	1			.12
8. Etch-a-Sketch YP positivity observed age 4/6	.26	.19	-.14	.52**	-.02	-.49**	-.28	1		-.35*
9. Etch-a-Sketch parent positivity observed age 4/6	-.09	-.26	-.05	.43**	-.14	-.31	-.42*	.70**	1	-.26

Note * $p < .05$, ** $p < .01$

The correlations displayed in table 9 suggest that as expected, that adoptive parents' positive and negative evaluations of adoptions were meaningfully related within assessment waves and across time. Specifically, adoptive parents' positive evaluation age 4 and 6 were significantly negatively related to their negative evaluation at the same age. Positive parental evaluation at age 11 and 15 was significantly negatively related to negative evaluation at age 4/6 and positively related to positive evaluation at 4/6. Negative evaluation age 11 and 15 was positively correlated with negative evaluation at 4/6 and age 11 and 15. Negative evaluation at age 11 and 15 was also negatively correlated with positive evaluation at 4/6 and 11 and 15. These results indicate that evaluation of adoption was stable over time and that the more negative families evaluated the adoption at age six, the more negatively they were likely to continue feeling negative about the adoption into their adoptees' adolescence.

In terms of thoughts about a potential breakdown of adoption placement during adolescence, breakdown thoughts at age 11 were not significantly related to the same thoughts at age 15. However, at age 11 and 15, breakdown thoughts were negatively correlated with positive evaluation at age 4/6, 11 and 15. Breakdown thoughts at age 15 were also positively correlated with negative evaluation at age 4/6, 11 and 15. All of these findings suggest that higher positive parental evaluations of adoption reduce breakdown thoughts.

Parents were also asked about any consultations they had requested as a result of thoughts they had experienced about a possible breakdown in the adoption at ages 11 and 15. This question was only asked if parents had scored positively on the breakdown thoughts measure. Accordingly, the n ($n=9$) is smaller in this set of analyses. Due to the small sample size for consultations requested, formal analysis was not possible, however, 100% of consultations were requested by parents of adoptees in the low resilience group. Resilience was not significantly related to break down thoughts at either age 11 or age 15. Finally, parent's evaluation of adoption at ages four or six years was also not associated with resilience. However, presence of negative evaluations when children were 4 or 6 years old were significantly related to low resilience/persistence of difficulties ($\chi^2 (3, N = 41) = 20.142, p = .01 V=.671$).

Table 8 Associations between factors regarding the adoption within the parenting journey at age 6, 11, and 15

	1	2	3	4	5	6	7	Correlation with Resilience
Chi square								χ^2
1. Negative evaluation of adoption at age 4/6	1							20.1**
2. Positive evaluation of adoption at age 4/6	-.34*	1						-
Point biserial correlations								r_{pb}
3. Positive evaluation of adoption at age 11 and 15 (combined)	-.53**	.65**	1					-.37*
4. Negative evaluation of adoption at age 11 and 15 (combined)	.60**	-.41**	-.67**	1				.67**
Note * $p < .05$, ** $p < .01$								

The correlations displayed in table 9 suggest that as expected, adoptive parents' positive and negative evaluations of adoptions were meaningfully related within assessment waves and across time. Specifically, there was a significant relationship between positive and negative parental evaluations at age 4, 6, 11 and 15, therefore the more positively a parent evaluated their child's adoption, the less likely they were to also give a negative evaluation. In contrast, there was a significant positive correlation between both positive and negative evaluations at all time points. These results indicate that evaluation of adoption was stable over time and that the more negatively families evaluated the adoption at age six, the more negatively they were likely to continue feeling about the adoption into their adoptees' adolescence.

In terms of thoughts about a potential breakdown of adoption placement during adolescence, breakdown thoughts at age 11 were not significantly related to the same thoughts at age 15. However, at age 11 and 15, breakdown thoughts were negatively correlated with positive evaluation at age 4/6, 11 and 15. Breakdown thoughts at age 15 were also positively correlated with negative evaluation at age 4/6, 11 and 15. All of these findings suggest that higher positive parental evaluations of adoption reduce breakdown thoughts.

Parents were also asked about any consultations they had requested as a result of thoughts they had experienced about a possible breakdown in the adoption at ages 11 and 15. This question was only asked if parents had scored positively on the breakdown thoughts measure. Accordingly, the n ($n=9$) is smaller in this set of analyses. Due to the small sample size for consultations requested, formal analysis was not possible, however, 100% of consultations were requested by parents of adoptees in the low resilience group. Resilience was not significantly related to break down thoughts at either age 11 or age 15. Finally, parent's evaluation of adoption at ages four or six years was also not associated with resilience. However, presence of negative evaluations when children were 4 or 6 years old were significantly related to low resilience/persistence of difficulties ($\chi^2 (3, N = 41) = 20.142, p = .01 V = .671$)

Point biserial correlations were carried out to investigate relationships between communicative openness, parental responsiveness and parental journey. There were very few significant associations (table 10). However, the young people reporting increased knowledge about adoption at age 15 was significantly and positively associated with age six parental negativity as observed in the interaction task, and negatively associated with parental and young person positivity during the same interaction task. In addition, young people's increased knowledge about adoption at age 15 was also associated with parents' negative evaluation of the adoption at age 15.

Table 10 The association found between parental responsive factors in adoption

	negative evaluation at age 6	positive evaluat ion age 6	Young person's negativity (Etch-a- Sketch) age 6	Parent's negativity (Etch-a- Sketch) Age 6	Young person's Positivity (Etch-a- Sketch) age 6	Parent Positivity (Etch-a- Sketch)Age 6	Positive Evaluation at age 11 and 15	Negative evaluation at age 11 and 15	Expression of emotion initial statement of warmth vs negativity
Direct contact (age 15)	.29	.20	.05	-.14	-.03	-.00	.17	-.09	0.06
Indirect (age 15)	.11	-.17	.13	-.00	-.04	.24	.28	-.15	.48**
Knowledge at age 11	.18	.00	-.05	-.16	-.21	-.02	.28	-.31	-.017
Additional/new knowledge learned between age 11 and 15 years	.05	.12	.21	.59**	-.48**	-.48*	-.27	.39*	.46*
YP's interest in adoption age 15 (parent report)	.01	.18	-.04	.07	-.01	.20	.15	-.25	-0.25
Difficulty parents believe their YP has talking about adoption (age 15)	-.12	.26	.21	.11	-.08	-.19	-.13	.10	0.03
Difficulty parent feels talking about adoption (age 15)	.15	-.11	-.01	.03	.14	-.15	.08	-.04	0.16
Difficulty YP feels talking about adoption (age 15)	.10	-.13	.13	.17	-.06	-.06	-.06	.30	-.37*
Difficulty YP feels parents have talking about adoption(age 15)	.11	-.17	-.08	-.05	.01	-.13	.20	-.15	0.03
Age of adoption	.13	-.30	0.15	0.16	-0.32	-0.08	-.030	0.13	-.35*
Breakdown thoughts at age 11	5.28	13.34**	0.07	0.09	-0.20	-0.14	-.36*	0.10	0.25
Breakdown thoughts at age 15	10.4	10.85**	.13	.00	-.14	-.23			

Note * $p < .05$, ** $p < .01$

2.4 Part three regression

2.4.1 Communicative openness

Table 9 Means and standard deviations for five scales in the construct of communicative openness

	Mean	SD	N
YP's interest in being given up for adoption	.49	.90	37
Difficulty YP feels talking about adoption (age 15)	.67	.73	30
YP's reported happiness with the level of CO at home	.60	.93	30
Additional/new knowledge learned between age 11 and 15 years	.28	.325	29
Who disclosed the adoption to the adoptee	1.0	.99	31

A binary logistic regression was chosen to analyse the independent and combined contributions of measures of communicative openness, which were significantly associated with the dichotomous variable for resilience (high resilience = 0 and low resilience = 1). The specific predictor variables were: (i) the young person's increased knowledge about their increased knowledge at age 15 (increased knowledge of adoption); (ii) the YP's self-reported difficulty discussing their adoption at age 15 (YPD), ;(iii) the young person's happiness with adoption-related discussion at home at age 15 (happiness with CO); (iv) who disclosed the adoption; and (v) interest in being given up by their birth family (parental report). Before carrying out a logistic regression, the necessary assumptions were tested to confirm that it was possible to proceed with the analysis. The assumptions were all met; therefore, a binary logistic regression was carried out. All variables were entered into the same block using forced entry method (Field, 2013). The model indicated that together, all five variables significantly predicted the development of resilience (χ^2 ($df = 5$, $N = 26$) = 17.99, $p < .01$. Cox & Snell R Square = .50 and Nagelkerke R Square = .68. Therefore, the model fits the data at an acceptable level and accounts for between 50% and 68% of the variance in the outcome of resilience.

Table 12 presents each predictor's independent contribution to variance in resilience. Only YPD (B ($df = 1$, $N = 26$) = 2.85, $p = .01$) was an independent significant predictor of resilience. The odds ratio for YPCO indicated that for every unit increase of the predictor YPCO, young people were 11.6 times more likely to have lower levels of resilience. The other four predictors revealed a non-significant effect as the young person's interest in being given up for adoption and

who for disclosed the adoption. The final two factors had confidence intervals including zero and therefore do not indicate a significant result.

Table 10 Logistic regression for the five predictor factors in communicative openness.

	<i>B</i>	<i>SE B</i>	Wald Statistic	<i>P</i>	Odds ratio Exp (B)	95% CI	
						LL	UL
YP's interest in being given up for adoption (parent report)	-.732	84.60	.664	.111	1.41	-.65.30	18.06
Difficulty YP feels talking about adoption (age 15)	2.89	130.47	4.34	.01	11.60	.49	163.92
YP's reported happiness with the level of CO at home	.99	60.41	1.18	.04	4.76	-24.97	115.14
Increased knowledge about adoption between age 11 and 15	4.050	423.30	1.58	.01	5.80	-98.89	268.58
Who disclosed the adoption to the adoptee	-7.89	59.54	1.17	.09	.44	-86.97	32.27

Parental responsiveness regression

Table 11 Means and standard deviations for two scales in the parental responsiveness

	Mean	SD	N
Expression of emotion initial statement	1.38	.59	37
YP's positivity at age 6 in Etch-a-Sketch task	-.33	1.33	36

A separate binary logistic regression was also performed to assess the level of variance in resilience predicted by an adoptive families' parental responsiveness (table 14). All relevant assumptions were met. The predictors in this model were: (i) the initial statements parents made about their adoptee at age four or six and (ii) a young person's observed level of positivity at age six. A forced entry method was utilised to enter all factors simultaneously in the same block (Field, 2013). The model indicated that the two variables entered together did not significantly predict the development of resilience ($\chi^2 (df = 2, N = 33) = 4.73, p < .09$. Cox & Snell R Square = .13 and Nagelkerke R Square = .17. Therefore, this model was rejected and no further analysis carried out.

Table 12 Results from the logistics regression for parental responsiveness

	<i>B</i>	S.E	Wald Statistic	Sig	Odds ratio Exp (B)	95% CI	
						LL	UL
Expression of emotion initial statement	-1.10	2.91	2.30	.12	.33	-3.37	.55
YP's positivity at age 6	-1.39	.77	1.02	.23	.65	0.56	1.12

2.4.2 Regression 3 parental journey

Table 13 Means and standard deviations for three scales in the study.

	Mean	SD	N
Negative evaluation at age of arrival	.66	.91	41
Negative evaluation at age 11 and 15	.90	.83	41
Positive evaluation at age 11 and 15	1.62	.63	41

Parental journey

As all assumptions necessary for logistic regression were met, a logistic regression was performed to assess the level of variance in resilience predicted by an adoptive families' parental journey (table 16). All relevant assumptions were met. The predictors in this model were: (i) parents' negative evaluation of adoption at first visit to families (when young person was aged four or six years); (ii) parents' positive evaluation of adoption at age 11 and 15; and (iii) parents' negative evaluation of adoption at age 11 and 15. All predictors were entered into the same block using a forced entry approach (Field, 2013). The model indicated that the overall model including all three factors, significantly predicted resilience ($\chi^2 (df = 3, N = 41) = 23.72, p < .01$). Cox & Snell R Square = .44 and Nagelkerke R Square = .59. Therefore, this suggests that the model accounts for between 44% and 59% of the variance between the predictors and the outcome of resilience.

The results from the logistic regression suggested that resilience was significantly predicted by negative evaluation of adoption at age 11 and 15 ($B (df = 1, N = 41) = 2.57, p = .01$), but not by either negative evaluation at age of first visit or positive evaluation at age 11 and 15. The odds ratio for negative evaluation of adoption at age 11 and 15 suggests that young people were 3.6 times more likely to have low levels of resilience/persistence of difficulties into emerging adulthood.

Table 14 Results of the regression relating to parental journey

	<i>B</i>	S.E	Wald Statistic	Sig	Odds ratio Exp (B)	95% CI	
						LL	UL
Positive evaluation at age 11 and 15	.67	15.74	3.19	.37	.33	-.95	42.64
Negative evaluation at age of arrival	1.12	24.98	2.45	.25	.65	-39.57	8.29
Negative evaluation at age 11 and 15	2.57	31.52	5.03	.01	3.59	.000	61.70

2.5 Discussion

2.5.1 Summary of findings

The aim of the current study utilised longitudinal data from the ERA study (Rutter et al., 1998) to examine if communicative openness during adolescence and associated parenting behaviours, including parental responsiveness and experience of parental adoption journey, predicted the development of resilience in a group of young people from an at-risk sample. The main findings indicated that there were important relationships between aspects of communicative openness, parental responsiveness and parental journey both cross sectional and over time. In addition, the young person's difficulty discussing their adoption, alongside their memories of how and when that information was disclosed, were related to the development of resilience. Higher parental responsiveness and child positivity demonstrated in the etch-a-sketch task at age six also related to higher levels of resilience. Furthermore, evaluations of adoption were found to be stable over time and were also significantly related to the development of resilience at each time point. The logistic regression indicated that a young person's difficulty discussing their adoption at age 15 (within the construct of communicative openness) and negative parental evaluations of adoption at age 11 and 15 (within the construct parental journey), were the only two factors that significantly predicted resilience. Therefore, the lower the difficulty a young person had discussing their adoption, the more likely they were to demonstrate higher resilience and the lower the negative parental evaluations of adoption, the less likelihood there was of the young person presenting with low resilience. Lower levels of resilience were associated with poorer educational, emotional and employment outcomes.

The following section will address the main findings in relation to the research questions.

2.5.2 Group characteristics

Taken together, the results from this study suggest that with regards to the characteristics of the participants in either the high or low resilience group, gender was not more prevalent in one group than the other. Within the low resilience group, all young people were over six months of age when they were adopted; beyond that, age at adoption was not significantly different between the high and low resilience groups. In terms of their adoptive families, the motives for deciding to adopt, or the presence of biological children, were not different between the groups.

Young people in the low resilience group had significantly higher levels of cognitive impairment from age six years to young adulthood. The young people in both groups made

comparable gains in IQ but the high resilience group's average IQs fell within the lower end of the normal range and ultimately reached the average score of 100 in young adulthood, while the average IQs in the low resilience group increased to 82, falling just within the 'lower average' range by young adulthood (i.e., 80-89, WISC) and were on average only just above 80 in young adulthood. Despite improvement in cognitive deficits, the findings also revealed that the young people from the low resilience group showed significantly less success in securing employment in young adulthood. Previous research has found that young people who have had adverse early experiences in care go on to have less academic and employment success ([Pecora et al., 2006](#)). The adoptees in the low resilience group also achieved lower levels of school achievement (GCSEs taken and achieved) during adolescence. This is unsurprising, given that the most gain in IQ scores was observed after that time point. The present findings are consistent with the findings from [Sonuga-Barke et al. \(2017\)](#), who reported that in this sample there was significant recovery from cognitive impairment by adulthood.

2.5.3 Communicative openness

Relationships between the different features of communicative openness were examined. Young people and their parents were asked to report their own level of difficulty in discussing their adoption within their family, as well as their beliefs about how difficult the other finds those discussions. The results suggested that young people in the low resilience group found it more difficult to communicate openly about their adoption and they reported being less happy with the level of communicative openness at home. [Hawkins et al. \(2007\)](#) also found that children adopted over six months of age with deprivation-specific impairments (low resilience group) from the ERA sample were more likely to report higher difficulties in discussing their adoption, and in relation to that, less satisfaction with the level of adoption-related discussion at home. In the current study, adoptive parents did not report the same level of difficulty when discussing adoption. When parents and young people were each asked to rate how difficult communicative openness was for the other, their beliefs about the other person's level of difficulty in talking about adoption were based on their own levels of difficulty and were not related to the other person's actual difficulty with adoption-related discussion. This highlights that it may be challenging for families to understand and interpret how difficult it is for someone else to discuss their adoption and the impact adoption has on them. Furthermore, the results indicate that when young people themselves find it difficult to talk about adoption, they tend to believe that their parents also experience higher levels of difficulty talking about their adoption, when in reality parents do not report this themselves. In addition, a parent may underestimate their adoptee's difficulty discussing their adoption. These findings are consistent with [Hawkins et al.](#), who found there was

no agreement between parent and young people's reports of difficulty discussing adoption at age 15 in the wider ERA sample.

The present findings suggested that the more difficulty a young person had with communicative openness at age 15, the lower their resilience. One possible explanation is that more open communication increases level of well-being. In the same sample, Hawkins et al. (2007) found that children who were satisfied with the level of communicative openness and had less difficulty openly discussing their adoption also had significantly higher levels of self-esteem. Furthermore, it is possible that not having an accurate understanding of the other person's level of difficulty highlights in itself a lack of communication at home or disagreement about the importance of the adoptive status between the young people and their adoptive parents. Anderson, Lee and Kim (2015) found that poorer outcomes in adopted adolescents were associated with conflicting views about the importance of cultural or racial differences in adoptive families. Ferrari et al. (2015) also found that in a sample of adopted adolescents and young adults, higher communicative openness was related to lower levels of family conflict and resulted in more positive emotional well-being.

The percentage of young people who reported that both of their adoptive parents revealed to them their adoptive status, rather than only one parent or another source altogether, was significantly higher in the high resilience versus low resilience group. Furthermore, young people from the high resilience group were twice as likely to report a specific memory of the age when they found out about their adoptive status. This is likely to indicate that having adoptive parents who support each other and agree on a consistent message, and when to deliver that message, may be important in promoting resilience.

In the present study, resilience was not found to be related to the young person's feelings about being adopted, or parental reports about their views of the young person's interest in adoption. In contrast, resilience was significantly related to age 15 parental reports of their adoptee's interest in being given up by their birth family. The association between resilience and young person's self-report at age 15 of feelings about being given up for adoption approached significance. The present findings suggest that 'being' adopted and 'being given up' for adoption may be distinct factors with discrete meanings for young adoptees. The present findings suggest that for these young people, there are some difficulties associated with feelings of rejection and trauma that are captured in thoughts and feelings about 'being given up' and which are separate to their thoughts and feelings about being adopted. This finding supports previous research that separation from birth family, no matter what the circumstances can be, in itself a traumatic

experience for children and young people that must be addressed through new relationships and parental support (Cairns, 2008).

Young people were asked to report how much knowledge they had about their birth family and adoption at age 11. At 15, the ERA team revisited this question, but asked if the young people had learned anything new about their adoption since the age of 11. Knowledge at age 11 was not associated with the development of resilience. However, at age 15, when adolescents reported learning new information about their adoption since age 11, this was significantly related to reduced levels of resilience. The present finding suggests that rather than having knowledge regarding adoption, it may be the revelation of new information (during adolescence) that is an important factor in lower resilience.

Alternatively, it is also possible that novel information during the period of adolescence when multiple other changes (biological, cognitive, social) are also occurring, is more unsettling for adopted young people with complex histories. Specifically, transitions for young people with histories of difficult early attachment and experiences are reported to be especially challenging (Kennedy et al., 2016) and additional information about adoption background may lead to further uncertainty in the young person. In addition, it is also possible that during this important period of identity development during adolescence (Erikson, 1959) learning new (and possibly fundamental) information about the self may be particularly challenging. Instead, if such knowledge already exists and has been processed at early ages it might contribute to levels of resilience.

2.5.4 Parental journey

Information about the parenting journey was obtained at each visit to families (e.g., at ages 4, 6, 11 and 15 years) and was assessed through parental evaluations of the adoption. Parents were also asked if they'd had thoughts about adoption breakdown and, if they had reported such thoughts, if they'd had any consultations about placement breakdown at age 11 and 15. At all-time points, positive and negative evaluations of adoption were inversely related to each other. Furthermore, these results showed a pattern of stability across time as to how families evaluate adoption, whether or not the evaluation was initially negative or positive, this is likely to continue. Importantly, negative evaluation at age 6, 11 and 15 was significantly related to low resilience. However, thoughts about breakdown of adoption placement at age 11 and 15 were not related to resilience. In contrast, more positive evaluations of adoption at age 11 and 15 were related to higher levels of resilience. These findings suggest that parental positive evaluation of adoption throughout childhood and adolescence may be a protective actor in resilience. The

literature indicates that being optimistic is an important factor in the promotion of resilience and that it also benefits the development of family resilience and reduces family stress (Masten, 2014). Evaluation of adoption and breakdown thoughts were related. The more positively a family evaluated the adoption at all time points, the less likely they were to report having thoughts about adoption breakdown when the young people were 11 and 15 years old. Instead, negative evaluation of adoption at age 11 and 15 was not related to breakdown thoughts at age 11, but was significantly related to breakdown thoughts at age 15. Adolescence is a time of change, and parenting needs to adapt to these changes in the young person (Smetana, 2017). In addition, adolescence is also a time of increased risk for adoption breakdown (DfE, 2014) and this finding supports the notion that important developmental changes may be at play in the experience for both the parent and young person.

Parents who reported thoughts of breakdown were also asked about any consultations requested as a result of those thoughts. All those who reported having requested consultations were parents of young people in the low resilience group. The numbers were small in this analysis because only those who scored positively on breakdown thoughts were asked about consultations. Accordingly, the findings must be interpreted with caution.

Taken together, the findings on the parental journey suggest that parents' interpretations and thoughts about adoption might be associated with the parenting challenges associated with the young person. However, it is important to recognise that very few breakdowns were reported in the ERA sample (Sonuga-Barke et al., 2017). Thus, although challenges were experienced by a small number of families, these tended not to lead to breakdown. It could also be reasoned that these parents are more primed to identify difficulties earlier. It is possible that they began to expect difficulties, reacted differently and maintained the pattern of difficulty.

Parental negativity and lack of positivity during the etch-a-sketch at age 6 were related to young people reporting that they obtained new information about their adoption between ages 11 and 15. Higher parental negative evaluation of adoption at age 11 and 15 was also significantly related to young people reporting having learned something new about their adoption between 11 and 15 years. These cross-construct associations suggest important relationships between communicative openness, parental warmth and parental journey. It is possible given that lower levels of responsiveness at an early age lead to lower level of attunement, misjudgement of when and what information to disclose (chapter one). Research shows that, young people that do not receive early or appropriate disclosure do not now perceive their parents as responsive to their needs or encouraging of their autonomy. Furthermore, late revelations could break down trust and cause increased conflict, and may explain higher levels of breakdown thoughts in the low

resilience group. Croft et al. (2001), found that higher cognitive impairment in this sample was associated with higher parental negativity. This could in part explain why communication was also more challenging, particularly given the language barriers at that stage in their adoption journey. This could also be due to the mismatch of the parent's expectations and the child they have in reality (Briggs and Webb, 2004)

2.5.5 Limitations

It is important to acknowledge that the current study had strengths and limitations. This study utilised secondary data and whilst this provided a wealth of historical data, this can restrict control over the data to a certain extent because measures and design have been previously established. This can make it more difficult to understand how the data has been coded in a meaningful way. This also means that some information, which could have been helpful, was not freely available, whilst other data was abundant, making the focus of the study broader. Although the constructs created were theoretically rooted in previous literature, they were still based on the researcher's operationalisation of the factors included. It is also important to note that by not collecting the data, particularly in relation to the parental interviews, this may have impacted on the sensitive interpretation of the qualitative aspects of the data. Given that for the purpose of this study, low resilience was defined by the presence of deprivation-specific neurological difficulties, some of the findings may have been a result of those difficulties (e.g., young people with quasi-autistic features may struggle to answer questions relating to others' points of view). It is also possible that the language barriers between the adoptive parents and young people at their time of arrival may have impacted on the level of open discussion that could take place. A major strength of this research is that it took account of the views of both parent and young person as part of a robust longitudinal study.

In the current study, a regression analysis was first carried out on individual factors within the constructs communicative openness, parental responsiveness and parental journey. Analysing the data in this way meant that only variables that were significantly associated with the development of resilience, were entered into the final regression model, thus reducing the variables included in the model and increasing the likelihood of true associations and accurate confidence intervals (Sainani, Schmajuk, & Liu, 2009).

It is also important to consider the limitations of logistic regressions including that they do not test hypothesis directly but rather, predictor variables are identified retrospectively in order to explore their contribution to an outcome that has already occurred (Moye, 2008). Therefore, we can only suggest that a young person's level of resilience is more likely to have experienced risk or protective factors, but not that exposure to those factors increases the risk of high or low

resilience. Although great care was taken in the current study, there will always be confounding factors that cannot be controlled for. Furthermore, as logistic regressions consider the likelihood of an outcome in relation to a reference group (low versus high resilience), we must be cautious in making assumptions beyond the sample identified in the current study (Moye, 2008; Sainani, Schmajuk, & Liu, 2009).

Finally, it is also important to recognise that the Cox and Snell and Nagelkerke's R-squared statistics reported in the logistic regression, as with all statistics, must be interpreted with caution. This is because they offer a range for the accounted variance and this must be treated as an approximate estimate only. It is also noted that the Nagelkerke can overestimate the upper level of variance, thus potentially resulting in difficulties meaningfully interpreting the contribution of the variables predicting a binary outcome (Allison, 2013). This means that whilst the predictors may indicate a significant contribution to the overall model of resilience, we must reframe from discussing the levels of variance explained with unconditional certainty.

2.5.6 Implications for EP practice

It is important to note that the majority of children adopted from situations of extreme early deprivation have recovered exceptionally well. Even within the high-risk group of adoptees (i.e., those adopted over six months of age), there were a small number of children who showed no difficulties at any point from infancy to adulthood. Even within the low resilience group, young people showed recovery from cognitive impairment to the same extent as those in the high resilience group. This provides evidence of how important it is to provide good family environments for these young people. Professionals also need to be aware that negative evaluation of adoption may be fairly stable from the time that a family adopted the child and lasting into adulthood. This continuity in the quality of evaluation of adoption is also likely to be related to the young person's difficulties and how that impacts on parenting and family life. Therefore, professionals should be aware of the impact they can have in making the initial experience of adoption as positive as possible. Moreover, by talking to adoptive parents early on to assess their evaluation and identify possible risks, support and intervention could be put in place to promote better outcomes in families where breakdown might be a risk.

Professionals should make sure that there is accurate information about the young person and their pre-adoption histories, including any adverse early experiences, so that parents have realistic expectations of their adoptee and their needs. Support may have to be tailored to meet the adoptive parents' needs and their feelings of competency, especially given that

prospective parents are being asked to take young people from harder-to-place groups that may have more complex pre-adoption histories. It is also important that support and advice are available to adoptive parents early on in the process of adoption on how and when to provide accurate information about adoption-relevant information. In this sample, this information appears to be more important than actual contact. Adoptive parents should also have access to support ahead of their adoptees' adolescence, as this appears to be a time of vulnerability for adoptive placements and potential breakdown. In addition, adolescence as a developmental phase brings additional challenges and opportunities that are both associated and not associated with the adoption and parents should be again prepared for their own parenting transition.

When considering the academic and employment outcomes of this group, it is possible to conclude that early deprivation resulted in emotional and language delays, which continued to impact on their academic experience. It is therefore important to undertake further research to understand how to support young people who have gone through difficult early experiences with their education, and to understand how we can differentiate their experiences at school to maximise positive outcomes.

2.5.7 Future research

Given the pattern of stability found with regards to negative evaluation of adoption from early infancy, it is important for further research to explore other factors that may impact on adoptive parents' experiences of adoption and their evaluation. Given that this data is available at age 11 and 15 for the ERA sample, it would be helpful to investigate resilience in relation to school experience, including the level of support offered at school, and friendships. This would increase our understanding as to why academic and employment outcomes remain lower in this group. It would also be interesting to investigate whether or not there had been any language development impacts among this sample in relation to resilience, because this issue remains unclear. There should be further research on how we can support families with developing resilience, particularly with regards to those factors that are important in parenting adopted adolescents, focusing on the features of parental responsiveness and how that relates to increased communicative openness. Finally, recent research has begun to think about ambiguous loss in the context of resilience and it would be worthwhile to draw on the findings from this study to explore ambiguous loss in the context of adoption.

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Appendix A

Author/Date/ title/journal	Sample and Demographics of the families	Country	Study Design	Aim	Measures used	Findings
Groza & Muntean (2015) A description of attachment in adopted parents and adoptees in Romania during early adolescence. (Child and Adolescent Social Work)	63 internationally adopted adolescents (aged 11=16). 57% had siblings. 65% 2-parent families. At time of adoption, mothers mean age- 36, fathers mean age- 38. Educational level 70% of mothers and 67% of fathers-high school or above. 66% were high SES.	Canada	Correlational Empirical study Cross-sectional design	Assessing attachment relationships in adolescence.	1)Developmental semi-structured interview with 60 questions. 2)Friends and family interview semi structured. 3)Attachment representations in adolescence.	Attachment relationships were largely positive in adolescence from both the parent and young person's perspective. Having greater reflective capacity in relationships increased feelings of security. Although they suggest parenting styles were related to possible attachment security, young people who experienced parenting styles that were considered to be optimal still showed secure attachments, whilst a percentage of children who had experienced poorer styles of parenting (such as punitive) still showed secure attachments. The authors concluded that attachment and parenting styles are have distinct features and that other factors are important in the parent/child relationship, other than just warmth and control.
Anderson, Lee, Rueter & Kim (2015)	111 families and 185 internationally adopted Korean	USA	Experimental	Impact of family communication and agreement	1)Thematic analysis of family discussion	Family discussions about the importance of racial and ethnic differences were associated with delinquent behaviour families. Acknowledgement of differences had

Associations between discussions of racial and ethnic differences in internationally adopted families and delinquent behaviour among Korean adopted adolescents. (Children and Youth Services Review)	adolescent (<i>M</i> age=17.75)		Empirical study Qualitative thematic analysis using observational data of family responses and interactions on open questions.	on ethnicity on later delinquent behaviour.	observation (example question: how does our ethnic background affect us as a family?) later coded responses. 2)Delinquent behaviour Inventory short form. 3)Gender and age of adolescence. 4)Parent adolescent conflict parental environment questionnaire (PEQ).	the fewest mean delinquent behaviours. Rejection of difference showed higher delinquent behaviour, but the difference was not significant compared to the acknowledgement group. Discrepant views of differences in the family had a significantly higher number of mean delinquent behaviours by adolescents. Parent-adolescent conflict was also associated with greater adolescent delinquency
Van de Vort, Linting, Juffer, Bakermans-Kranenburg & IJzendoorn (2013) Delinquent and aggressive behaviours in	160 internationally early adopted adolescents (age 14)	Holland	Longitudinal Empirical design from childhood to adolescence.	Relationship between maternal sensitivity, childhood effortful control and delinquent behaviour and concurrent	1)Dutch Temperament Questionnaire (DTQ; Kohnstamm, 1984). 2)An adaptation of the Infant	Childhood effortful control predicted levels of delinquency in adolescence and aggression in middle childhood. Lower effortful control in adolescence was predicted by lower effortful control in infancy, which was significantly related to higher levels of maternal sensitivity. Maternal sensitivity was related to aggression in adolescence.

early adopted adolescence: longitudinal predictors from child temperament maternal sensitivity. (Children Services Review)				maternal sensitivity and delinquent behaviour.	Characteristics Questionnaire for effortful control. 3)Delinquent behaviour was measured through a school teacher's report. 4)Observations on maternal sensitivity in life and lab.	
Sanchez-Sandoval & Palacios (2012) Stress of Adoptive Parents of Adolescents. (Children and Young Services Review)	156 national adopted adolescent (age 12+)	Spain	Longitudinal/ Cross sectional comparison groups. Correlation and regression design.	Explored whether stress was higher in parenting adolescence than children. Whether parenting stress is higher for adopted than non-adoptive children.	1)Stress index for parents adolescents (SIPA). 2)4-er parenting styles. 3)SES characteristics and demographics. 4)Parental perceptions of similarities and differences of adopted and non-adoptive children. (devised by	All parents (adoptive and biological) reported their stress was attributed to within adolescent factors rather than within their relationship/parenting or personal difficulties. Mothers who showed less warm parenting styles experienced more stress. Parents that insisted on there being differences between their adopted and non-adopted adolescents and their methods of parenting to cope with that, also resulted in higher levels of stress and those parents also felt their adopted children faced different challenges to non-adopted adolescents.

					authors based on Kirk, 1964).	
Reppold & Hutz (2009) Effects of the history of adoption in the emotional adjustment of adopted adolescents. (The Spanish Journal of Psychology)	68 internationally adopted adolescents (age 14-15)	Brazil	Group design	The focus was to investigate the relationship between adoption history, revelation, contact biological family, change of first name perceived parenting style, mood and self-esteem in adopted adolescence.	1)Parenting style-Scales of Parental Responsiveness and Demandingness were used (Lamborn, Mounts, Steinberg & Dornbusch, 1991). 2)Rosenberg Self-Esteem Scale (SES), adapted by Hutz (2000). 3)Children's Depression Inventory (CDI), adapted by Hutz & Giacomoni (2000). 4)Demographic and historical information.	Adolescents who found out about adoption earlier perceived parents to be more sensitive and warm to their needs and the adolescents also had lower rates of depression and higher self-esteem. CO and honest and sincere information as early as possible also promoted positive outcomes. YP perceived their parents as more sensitive to their needs if they showed higher CO or facilitated contact. YP that perceived their adoptive parents as controlling and dismissive showed significantly lower levels of self-esteem, mood and birth family contact. Lower levels of contact related to lower well-being. Parenting style and emotional adjustment were related to change in name and contact.
Ferrari, Ranieri, Barni & Rosnati (2015)	160 internationally adopted adolescents (Aged 15-24, <i>M</i> =18.86)	Italy	Regression design	Examine child parent communicative openness	1)Adoption communicative openness was adapted from the	Adolescents felt less empowered to follow emerging interests and values than emerging adults. Child's report on how much their parents let them do what they wanted to do and be true to their values/goals/emerging interests.

<p>Parent child relationship and adoptee psychological well-being in adolescence and emerging adulthood disentangling maternal and paternal contribution.</p> <p>(Family Science)</p>				<p>The second goal was to see if conflict was negatively related to psychological well-being and whether communicative openness and PVS were associated positively with well-being.</p>	<p>Parent Adolescent Communication Scale and the Adoption Communication Open Scale.</p> <p>2)Parental promotion of child's volitional functioning (PVF) was adopted from the Autonomy Support Scale of the Perception of Parents scale.</p> <p>3)Emotional well-being measured on Adoptee psychological well-being scales.</p>	<p>Higher CO/less conflict related to better emotional outcomes in adolescence. Maternal conflict and paternal openness were the biggest contributors to adolescent wellbeing.</p>
<p>MacDonald & McSherry (2013)</p> <p>Constrained adoptive parenthood and family transition: adopters experience of & birth family</p>	<p>17 nationally adopted adolescent (aged 11-15)</p>	<p>UK</p>	<p>Qualitative</p>	<p>To understand the lived experiences of adoptive parents facing unplanned contact with their adopted adolescents.</p>	<p>Qualitative semi structured interview design.</p> <p>Analysis IPA.</p>	<p>Main theme – adoptive parents described concerns relating to unplanned contact and viewing it as a challenge. Parents reported themes around the timing not being appropriate (developmentally and emotionally) and the conflict with their readiness to facilitate their own contact (practical arrangements). Adoptive parents also felt children were vulnerable as had lack of accurate information about parents/guardians or history and reported managing flow of information that included providing an idealistic view of birth family as a way of</p>

<p>contact in adolescence.</p> <p>(Child and Family Social Work)</p>					<p>protecting their adoptees. They viewed birth siblings as a threat 'accelerating contact' before their child was ready/prepared and also increasing curiosity in relation to identity formation. Parents were protective and felt it was better to wait until adolescents more ready and they as parents felt better equipped to deal with contact and worried contact would undermine their authority, they would be letting go/losing control of adolescents if they had contact. Parents agreed to their obligation to support their adoptive children in trying to seek contact but didn't like influence that birth siblings were having or feel any obligation to the sibling. Parents also showed concern about informal contact and did not feel in control of that. Insecure feelings and foundations of own relationship and what new relationship would mean. Also felt professionals didn't recognise/acknowledge the importance of them as parents and why it's important to control information.</p>
<p>Jaffari-Bimmel, Juffer, IJzendoorn, Bakermans-Kranenburg & Mooijaart (2006)</p> <p>Social development from infancy to adolescence longitudinal concurrent factors in adolescence</p>	<p>160 internationally early adopted adolescents (age 14)</p>	<p>Holland</p>	<p>Longitudinal</p>	<p>1)Dutch Temperament Questionnaire (DTQ; Kohnstamm, 1984).</p> <p>2)An adaptation of the Infant Characteristics Questionnaire for effortful control</p> <p>3)Delinquent behaviour was</p>	<p>Temperament and attachment relationships during infancy did contribute to positive social outcomes at age 14. Main result that maternal sensitivity and temperament directly influenced social development during adolescence (but not middle childhood). The young person's difficult temperament increased maternal sensitivity and had an indirect effect on social development.</p>

sample			measured through a school teacher's report.	
(Developmental Psychology)			4) Observations on maternal sensitivity in life and lab.	
			5) Social development.	
			6) Stressful life events.	
			7) Attachment security.	
Le Mare & Audet (2014)	80 internationally adopted adolescents (M age=15.74)	Canada	1) Duration of deprivation	Findings revealed that children adopted after 2 nd birthday twice are as likely than normative sample to have clinical levels of behavioural problems. When adolescents felt their parents were more open, this reduced amount of externalised behavioural difficulties. This was related to perceived parental CO as opposed to actual CO or a young person's self-reported CO. Important for parents to initiate, facilitate open and honest discussions whenever possible which become natural over time, reducing family conflict. Levels of inattention and over-activity were related positively to duration of deprivation did not change over time. Duration of deprivation was correlated with externalising behaviour but not internalising. Externalising behaviour was not significantly correlated to adolescent self-reported or exposure to Romanian culture. More
Mitigating effects of the adoptive caregiving environment on inattention/over activity in children adopted from Romanian orphanages			2) Child behaviour checklist measure behaviour.	
Merrill-Palmer Quarterly			3) Attachment measured from both adolescent and parents reports from the Parenting Stress Index, Attachment Reinforcement	

Scales, Parents Internal Working Models Inventory, Parent and Peer Attachment.	positive attachment relationships and greater communicative openness were associated with fewer adolescent behavioural problems. Attachment was significant predictor of internalising behaviour problems. CO accounted for an additional 4% of the variance.
Self-report measure.	Attachment was also a strong predictor of externalising behaviour. CO accounted for the additional 4% of the variance of externalising behaviour. Attachment was a strong predictor of total behavioural problems with CO making an additional contribution of 5%.
4) Commutative openness to measure adolescence and parental openness.	

Appendix B

Interest

Items	Code labels	Number assigned to label	Cronbach's Alpha for full scale
interest in birth mother	Doesn't ask anything	0	
Interest in birth father	Wants basic details only	1	
Interesting birth siblings	Wants more detail	2	
Interest in other birth relatives	Wants to know everything	3	

Child's report on difficulty discussing adoption

Items	Code labels	Number assigned to label	Cronbach's Alpha for full scale
Difficulties talking about (child) adoption	No information	0	
Difficulties talking about (child) institution	Don't talk about it	1	
	Very difficult	2	
	Some difficulty/difficulty about some aspects	3	

Not at all difficult	4
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Items	Code labels	Number assigned to label	Cronbach's Alpha for full scale
Difficulties talking about (child) b. mother	No information	0	
Difficulties talking about (child) b.father	Don't talk about it	1	
	Very difficult	2	
	Some difficulty/difficulty about some aspects	3	
	Not at all difficult	4	

Items	Code labels	Number assigned to label	Cronbach's Alpha for full scale
Child's perception of parents difficulty	No information	0	
discussing adoption	Don't talk about it	1	
Child's perception of parents difficulty	Very difficult	2	

discussing background	Some difficulty/difficulty about some aspects	3
	Not at all difficult	4
	Parent's differ	5

Items	Code labels	Number assigned to label
Child's perception of parents	No information	
difficulty discussing b.mother	Don't talk about it	1
Child's perception of parents difficulty	Very difficult	2
discussing background b.father	Some difficulty/difficulty about some aspects	3
	Not at all difficult	4
	Parents differ	5

Parent reports on difficulty discussing adoption

Items	Code labels	Number assigned to label
Difficulties talking about adoption	Very difficult	2

Parental perspective on child	Some difficulty	1
Difficulties talking about institution	Not at all difficult	0
Parental perspective on child		
Difficulty talking about birth		
Family		

Items	Code labels	Number assigned to label
Parents difficulties talking about adoption	Very difficult	0
Parents difficulties talking about institution	Some difficulty	1
Parents difficulty talking about b.family	Not at all difficult	2

Knowledge age 11

Items	Code labels	Number assigned to label
Knowledge about early life	none	0
Knowledge about birth mother	limited	1
Knowledge about birth father	Some detail	2

Knowledge about birth grandparents	More detailed	3
Knowledge about birth siblings		

Knowledge at 15

Items	Code labels	Number assigned to label
Knowledge about early life	Nothing knew	0
Knowledge about birth mother	Some (1 to 3 facts)	1
Knowledge about birth father	Substantial	2
Knowledge about other relatives		

Experience and perception of adoption

Negative evaluation of adoption

Items	Code labels	Number assigned to label
Negative evaluation of adoption	Not at all difficult	0
at age 11	Somewhat difficult	1
Negative evaluation of	Very difficult	2

adoption		
at age 15	Breakdown	3

Positive evaluation of adoption/

Items	Code labels	Number assigne d to label
Positive evaluation of adoption	Not positive	0
at age 11	Somewhat positive	1
Positive evaluation of adoption	Very positive	2
at age 15		

Appendix C

Version April 2016

Ethics Application Form for SECONDARY DATA ANALYSIS

Please consult the guidance at the end of this form before completing and submitting your application.

1. **Name(s):** Leanne Curreli
2. **Current Position:** Postgraduate Year 3 Student
3. **Contact Details:**

Division: EDPSYCH

Email: lc1g15@soton.ac.uk

Phone: 07460217772
4. **Is your research being conducted as part of an education qualification?**

YES
5. **If Yes, please give the name of your supervisor:**

Dr Jana Kreppner
6. **Title of your research project / study:**

Understanding resilience in the face of time limited severe early deprivation: Does variation in adoptive parenting and the experience of adoption make a contribution?
7. **Briefly describe the rationale, aims, design and research questions of your research**

Please indicate clearly whether you are applying for ethics approval for a specific piece of research, or for overarching ethics approval to use certain datasets for a range of research activities. Approval for the latter will only cover the datasets specified here, for a maximum of 3 years and then subject to renewal.

I will only require data for the duration and purpose of completing my doctoral thesis (end date Sept 2018). The data requested is related to the specified aims of this research only.

Rationale: There is currently literature about adoptive families and children, however, there is limited research about parenting and adopted adolescents (between ages 11-19) and the factors that contribute to resilience in adolescence. For the purpose of this study, resilience is defined as the absence of difficulties measured from infancy to adolescence at multiple time points. Communicative openness is defined in the literature as talking openly and sensitively about their adoptive status through the negotiation of either a psychological or actual relationship with their birth family and culture (Brodinszky, 2006; MacDonald and McSherry, 2011; Grotevant, 2009).

Aims: The main aim of my research is to examine which factors, as identified through a review of the available literature in the context of adoption, contribute to levels of resilience in a group of adopted adolescents who have a history of extreme early deprivation (more than six months)).

Design: A quantitative design will be employed utilising regression to explore which factors contribute to the variance between a resilient versus low resilient group.

8. Describe the data you wish to analyse

Please give details of the title of the dataset, nature of data subjects (e.g. individuals or organisations), thematic focus and country/countries covered. Indicate whether the data are qualitative or quantitative, survey data, administrative data or other types of data. Identify the source from where you will be obtaining the data (including a web address where appropriate).

I am applying for secondary data ethical approval to use data from the English Romanian Adoptees (ERA) study for the sole purpose of answering the specified aims of this study, as part of the requirements for my doctorate. The study includes data from 165 young adults, who were adopted into the UK from Romania during their childhood. 144 of these subjects were institutionalised, 21 were non-institutionalised. In addition, data were also collected from 52 young adults who were adopted within the UK during childhood, and were not subject to deprivation.

ERA measures and assessments in childhood and adolescence

I wish to analyse existing data from the ERA sample. This includes data on the groupings within the sample (high resilience, resilience versus low resilience).

- 9. What are the terms and conditions around the use of the data? Did data subjects give consent for their data to be re-used? If not, on what basis is re-use of the data justified?**

Please state what (if any) conditions the data archive imposes (e.g. registration, signing of confidentiality agreement, specific training etc.). In many cases the data controller will have given explicit permission for data re-use. Please explain how you justify the use of data if approval and consents for the original data collection and re-use are not in place. This may be the case where, for example, the original data collection predated requirements for ethics review or occurred in a jurisdiction where explicit consent and approval are not required.

I have been granted permission to use data from the existing ERA study by Dr Jana Kreppner and Professor Edmund Sonuga-Barke. Participants in the ERA study have given their permission for their data to be analysed. The analyses required for the current study fall within the parameters of the original ERA (ID:23354)/ERABIS (ID: REC reference: 14/LO/0477 and IRAS ID: 144761) studies and ethical remit and both studies have received ethical approval.

- 10. Do you intend to use personal data (https://ico.org.uk/media/1549/determining_what_is_personal_data_quick_reference_guide.pdf) or sensitive personal data (<http://www.legislation.gov.uk/ukpga/1998/29/section/2>) as defined by the Data Protection Act (even if the data are publicly available)?**

Yes ☐ No ☒

If YES, please specify what personal data will be included and why.

NO, because the data has been anonymised before being inputted into SPSS by the data controller. Therefore, I will never have access to any personal data at any time.

- 11. Do you intend to link two or more datasets?**

Data linkage refers to merging of information from two or more sources of data to consolidate facts concerning an individual or an event that are not available in any separate record. Please note that for the purposes of research ethics we are not interested in the merging of different waves of a particular survey, or the merging of data from different countries for the same survey.

Yes ☒

If YES, please give details of which datasets will be linked and for what purposes.

Adopted adolescents from the sample will be divided into the resilient vs low resilience group, I seek to link the following data sets for the purpose of assessing which factors may contribute to resilience:

- 1) satisfaction with adoption/ support
- 2) theory of mind of young person
- 3) Communicative openness at age 15 (as defined above)
- 4) Individual characteristics and adoption history.
- 5) GCSE results
- 6) parental reading ability
- 7) Levels of parental sensitivity and warmth from interview questions at age 11 and 15 and parenting questionnaire at both 11 and 15 (mother and father).
- 8) Parental mental health
- 9) Attachment of parent/child to see if that is correlated with emotional warmth?

12. How will you store and manage the data before and during the analysis? What will happen with the data at the end of the project?

Please consult the University of Southampton's Research Data Management Policy (<http://library.soton.ac.uk/researchdata/storage> and <http://www.calendar.soton.ac.uk/sectionIV/research-data-management.html>), and indicate how you will abide by it.

Before and during the analysis, all data included in this research project will be stored electronically on a private computer and will be protected by a password. This data will be stored in anonymised SPSS data files. On completion of the project, this data will be permanently removed from this private computer and will be deposited with the ERA team appropriately.

- 13. How will you minimise the risk that data subjects (individuals or organisations) could be identified in your presentation of results?**

Please consider whether disclosive ID codes have been used (e.g. date of birth) and whether it is theoretically possible to identify individuals by combining characteristics (e.g. widow in Hampshire with 14 children) or by combining datasets. How will you protect individuals' anonymity in your analysis and dissemination?

To prevent the risk of subject identification in my research project, all data will fully anonymised before it is inputted into SPSS so that no identifiable information will be available. Therefore, the data will be fully anonymised.

- 14. What other ethical risks are raised by your research, and how do you intend to manage these?**

Issues may arise due to the nature of the research you intend to undertake and/or the subject matter of the data. Examples include: data or analysis that are culturally or socially sensitive; data relating to criminal activity, including terrorism, and security sensitive issues.

Sensitive issues relating to data collection were handled during the original ERA studies. The planned analysis and research uses anonymised data in numerical format.

- 15. Please outline any other information that you feel may be relevant to this submission.**

For example, will you be using the services or facilities of ONS, ADRN, or HSCIC and/or are you obtaining ethical review from NRES (through IRAS) or other? Please confirm whether the data being used are already in the public domain.

Not Applicable

- 16. Please indicate if you, your supervisor or a member of the study team/research group are a data controller and/or data processor in relation to the data you intend to use as defined by the Data Protection Act, and confirm that you/they understand your/their respective**

responsibilities <https://ico.org.uk/for-organisations/guide-to-data-protection/key-definitions/>).

My supervisor, Dr Jana Kreppner, is the data controller for the ERA data and confirm that she understands their responsibilities.

List of References

Appendix D

Stages of the literature search

Stage	Description of process
1.	Scoping searches, review question and writing protocol
2.	Literature Searching
3.	Screening titles and abstracts
4.	Obtaining papers
5.	Selecting full text articles
6.	Quality assessment
7.	Data extraction
8.	Analysis and synthesis
9.	Writing up and editing