A Look at Black Ethnic Identity and Transracial Adoption: A Contextual Perspective

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A LOOK AT BLACK ETHNIC IDENTITY AND TRANSRACIAL ADOPTION: A CONTEXTUAL PERSPECTIVE

By

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This manuscript is dedicated to my family and friends who have been supportive over the course of this journey. First and foremost, I would like to thank God for the completion of this project. It is through my faith in him that this achievement was possible. I want to thank my parents for their unwavering support. Thank you daddy for your financial support and ever-present encouragement. Thank you mama for your emotional support and nurturing gestures. Thank you Celeste for your consistent prayers and motivating talks. A special thank you goes to my sister Alissa. I couldn’t have made it without you sis! I appreciate you for always being so willing to help me in anyway possible. Thank you for being a shoulder to cry on and a friend to celebrate with. Thank you for being my rock when I struggled. You always saw possibilities when I couldn’t. Thank you to a host of aunts, uncles, and cousins, and my step-siblings for always having such a positive attitude and encouraging words regarding my scholastic endeavors. A heartfelt thank you goes to my grandmothers Annie Ruth Mosley and Macy Carolyn Hayes. My strength and determined spirit are a testament to the love and guidance you have given me over the years. Even in death grandma Annie, you exert influence in my life. Thank you to all of my friends for believing in me and always uplifting me. Together, each of you created the village that raised the first Ph.D. in the family. What a legacy!
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ABSTRACT

The researcher of this study used an applied developmental contextual framework to examine the predictors of the ethnic identity level in transracial, inracial, and interracial couple adoptees of African descent. The relationship between ethnic identity level and age, sex, parent-child relationship satisfaction, family functioning, perceived social support, and type of adoption were investigated through ANOVA, Pearson r Correlations, and Standard Multiple Regression analyses. The model significantly predicted ethnic identity level. The moderating effects of sex and type of adoption were significant. Implications regarding research, clinical practice, and policy were provided.
CHAPTER I
Introduction

Background of the Problem

51,000 children were adopted from the public foster care system in 2005. Forty-five percent of adoptees were children of color (Black 30%, Hispanic 18%, Asian 1%, and two or more ethnicities 5%) (The Children’s Bureau, 2006). Black children are adopted at higher rates than other ethnic minority children because of their large numbers. However, a shortage of Black adoptive families and a lack of adoptable Caucasian babies have resulted in transracial adoption (Hollingsworth, 1998; Vidal de Haymes & Simon, 2003). Trans-racial adoption (TRA) is defined as placing a child who is of one race or ethnic group with adoptive parents of another race or ethnic group (Child Welfare Information Gateway, 1994), for example, many Black children are adopted by Caucasian parents.

Authorities warn that children of African descent who are placed outside of their natural cultural environments are disengaged from their cultural background, and thus, denied the opportunity for optimal development and functioning (National Association of Black Social Workers, 2003). Transracial adoptive families encounter challenges regarding the transmission of the adoptee’s culture (Vidal de Haymes & Simon, 2003). A lack of cultural continuity affects the facilitation of ethnic identity for children who have been adopted transracially (Brooks, 2000; Feigelman, 2000; McRoy, Zurcher, Lauderdale, & Anderson, 1982). Ethnic Identity is a known protective factor for various stressors for people of color (Supple, Ghazarian, Frabutt, Plunkett, & Sands, 2006; Wong, Eccles, & Sameroff, 2003).

Very little is known regarding ethnic identity and transracial adoption. There are no national standardized reporting practices regarding rates of transracial adoptions and, in many existing studies the methodology has been flawed. Contributing factors to the ethnic identity of Black adoptees are largely unknown. It is likely that multiple factors contribute to children’s ethnic identification because adoption is an ongoing complex process, involving child and family factors in recursive developmental processes for both. Therefore, in this study I propose to use an existing dataset to:
• Assess the extent to which a model of contextual factors influences the ethnic identity level of adopted adolescents of African descent.

• Assess the extent to which the proposed model differs for adoptees as a function of sex and type of adoption (transracial or inracial).

As a result of this study, child welfare personnel and policy makers will be able to consider the matter of transracial adoptions more objectively and have insight regarding how best to optimize such placements with regard to Black ethnic identity.

**Theoretical Perspectives**

Theory is the foundation of all scholarly research. A theoretical basis provides an explanation or prediction regarding the relationship between the variables in a study, rationale for research questions and hypotheses, and rationale for data analysis techniques (Girden, 1996; Greenstein, 2001; White & Klein, 2002). The theoretical perspectives that will be used to guide this research study are discussed in detail below.

*Developmental Perspective.* Many child and family researchers agree that various aspects of the person and the environment have an effect on the developing individual. Influences are particularly evident during the phase of adolescence and in the process of identity development. Influences on identity formation vary according to the stage of the developing individual. Identity formation is considered to occur simultaneously with adolescent development. Erikson’s (1968) psychosocial perspective and Marcia’s (1980) ego identity status framework are useful lenses through which to understand identity development.

For adolescents of minority backgrounds, concerns of ethnic identity become germane in the identity formation process (Branch, Tayal, & Triplett, 2000; Phinney & Aliphuria, 1990). Ethnic identity, as a component of identity, may be studied through a developmental trajectory also. Disruptions in the environment, namely adoption (transracial and inracial), may impact normative identity and ethnic identity developmental efforts. This perspective will be discussed in order to explain the connection between one’s developmental phase, ego identity (of which ethnic identity is a part), and adoption.

*Applied Developmental Contextual Perspective.* This theory is based on Bronfenbrenner’s (1979) ecological model, which included the four levels of the
environment (microsystem, mesosystem, exosystem, and macrosystem) in which nested ecosystems develop and interact.

Lerner (1991) expanded Bronfenbrenner’s theory by providing a developmental contextual model of person-context interaction. Lerner’s developmental contextual perspective includes a focus on the personal characteristics of the individual, and the multileveled context in which he or she is situated. Individual characteristics include elements unique to the individual (e.g. biological, physical). The multiple levels of one’s context include variables related to the biological and relational developmental processes, and the ecological, cultural and social institutions with which the individual mutually interacts at a given point in the life. Social institutions may be proximal (the family) or distal (social policy) in relation to the individual. The reciprocal dynamics between the person and the context influence developmental outcomes. Ethnic identity, as an outcome, will be studied within the multi-leveled context of the adolescent adoptee. This model will be used to support the study of contextual variables as influences on ethnic identity level.

**Ethnic Identity Development Model.** Ethnic identity development, a special case of identity, is believed to have a stage-like progression that begins in adolescence. Ethnic identity development is a fluid and unique process that has been studied by various researchers. The researcher of the current study will use the ethnic identity model by Phinney (1992, 1993). Phinney’s model is based on the premise that contextual factors influence one’s ethnic identity, specifically experiences at the individual, family, community, and societal levels (Phinney, 1990). Additionally, Phinney’s model is based on the notion that ethnic identity is found typically in adolescence and early adulthood (Phinney, 1996b). Phinney’s three stage model of ethnic identity development is based on Marcia’s (1980) process of identity formation; as most models of ethnic identity have roots in ego identity literature (Erikson, 1968; Marcia 1966, 1980). This model will be used to further support the study of variables in one’s context as influences on ethnic identity, and to support the connection between developmental phase and ethnic identity status.

Considering these three theoretical bases, an ideal model of studying ethnic identity should incorporate individual and contextual factors, and the reciprocal interplay
of both. The model for assessing the ethnic identity level of adolescent adoptees of African descent in this study will include:

**Person**
- Age at survey
- Sex

**Context**
- Parent-child relationship satisfaction
- Perceived social support
- Family functioning
- Type of adoption (transracial or inracial)

**Definitions**

*Adoption* is a legal process for making a child a permanent member of a family other than the child’s birth family. This legal process falls under the jurisdiction of a court of law in the state where the adoption occurs (Child Welfare Information Gateway, 2004a, p. 1).

*Black* is defined as a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as Black, African American, or provide written entries such as Afro American Kenyan, Nigerian, or Haitian (U.S Census Bureau, 2000).

*A child with special needs* is defined by Florida Statute section 409. 166 (2) (a) as a child that possesses any of the following characteristics: is 8 years or older, of any ethnic minority background, has a medical, mental, or emotional disability/ diagnosis, or is one of at least two siblings that were adopted as a group.

*Child Social Support* is defined as the perceived adequacy of support from family members, friends, and significant others. This concept will be measured by the Multidimensional Scale of Perceived Support (MSPSS) (Zimet, Dahlem, Zimet, & Farley, 1988).

*Ethnic Identity Level* is the level of strength of identification with one’s ethnic group, encompassing a commitment and sense of belonging to one’s own ethnic group, positive evaluation of the group, interest in and knowledge about the group, and
involvement in activities and traditions of the group (Phinney, 1996a). This concept will be measured by the Multigroup Ethnic Identity Measure (MEIM) (Phinney, 1992).

*Ethnicity* refers to broad groupings of Americans on the basis of both race and culture of origin focusing on cultural characteristics (norms, values, attitudes, and behaviors) of a particular group that is transmitted across generations (Phinney, 1996a).

*Family Functioning* refers to the family’s level of competency related to interactional patterns, values, coping strategies, commitment, and resource mobilization. This concept will be measured by the Family Functioning Style Scale (Deal, Trivette, Dunst, 1988).

*Inracial placement* refers to an adoptee and adoptive family that share the same ethnic background (Child Welfare Information Gateway, 1994).

*Parent-Child Relationship Satisfaction* is the degree of relatedness between parent and child in the level of trust, communication, closeness, respect, and time spent together. This concept will be measured by the Parent-Child Relationship Scale (PCRS).

*Transracial adoption (TRA)* is defined as placing a child who is of one race or ethnic group with adoptive parents of another race or ethnic group. For the purpose of this study transracial adoption specifically refers to Black children that are adopted by White families (Child Welfare Information Gateway, 1994).

*White* is defined by as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as “White” or report entries such as Caucasian, Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish (U.S. Census Bureau, 2000).

**Research Questions**

**Question 1**

Do the ethnic identity levels of adolescent adoptees of African descent differ as a function of sex and type of adoption (transracial or inracial)?

**Question 2**

2a. Is there an association between the variables age, parent-child relationship satisfaction, perceived social support, and family functioning, sex, and type of adoption and ethnic identity level?
2b. To what extent does the contextual model including the variables age, sex, parent-child relationship satisfaction, perceived social support, and family functioning impact the ethnic identity level?

**Question 3**

Does the extent to which the contextual model impacts ethnic identity level differ as a function of sex and type of adoption?

**Hypotheses**

The following hypotheses have been generated based on the existing literature and problems for trans-racial adoptive families.

**Hypothesis 1**

Inracial adoptees and male adoptees exhibit higher ethnic identity levels than transracial adoptees and female adoptees.

**Hypothesis 1a.** Inracial adoptees have higher ethnic identity levels than transracial adoptees, as measured by the Multigroup Ethnic Identity Measure (MEIM). (Phinney, 1992). Transracial adoptive parents often complain of a limited access to the adoptive child’s culture and limited exposure to people in that culture (McRoy & Grape, 1999; Vidal de Haymes & Simon, 2003). I hypothesize specifically that there will be higher ethnic identity scores for inracial adoptees than transracial adoptees, as measured by the MEIM (Phinney, 1992).

**Hypothesis 1b.** Male adoptees will exhibit higher levels of ethnic identity than females, as measured by the MEIM (Phinney, 1992). Researchers (Brodzinsky, 1993; Burrow, Finley, & Tubman, 2004) report that female adoptees typically report more internalized psychological problems (e.g. depression, emotional problems, lower-self worth) than their male counterparts. Internalizing behaviors are negatively associated with ethnic identity (Arroro & Zigler, 1995), and ethnic identity is positively linked to psychological well-being (Sellers, Copeland-Linder, Martin, & Lewis, 2006).

**Hypothesis 2**

Higher levels of ethnic identity will be positively associated with (a) age, (b) parent-child relationship satisfaction, as measured by Parent-Child Relationship Satisfaction Scale (PCRS), (c) perceived social support, as measured by the Multidimensional Scale of Perceived Social Support (MSPSS, Zimet, et al., 1988), (d)
family functioning, as measured by the Family Functioning Style Scale (FFSS, Deal, Trivette, & Dunst, 1988), (e) being male, and (f) inracially adopted.

I hypothesize specifically that older adoptees that have higher scores on the PCRS, MSPSS, and FFSS, who are male, and inracially adopted will have higher levels of ethnic identity. The likelihood that the individual is involved in the process of ethnic identity development increases with age, resulting in a more solid sense of ethnic identity (Phinney, 1996b). Parenting styles and practices are reported to be positively associated with ethnic or cultural attitudes (Swenson & Prelow, 2005). Additionally, researchers report that a positive relationship exists between family cohesion/adaptability and racial pride (Utsey, Gierecht, Hook, & Stanard, 2008). Furthermore, the presence of supportive resources has been reported to contribute to the vitality of adoptive families (Reilly & Platz, 2003). Researchers (Brodzinsky, 1993; Burrow, Finley, & Tubman, 2004) report that female adoptees typically report more internalized psychological problems, and internalizing behaviors are negatively associated with ethnic identity (Arroro & Zigler, 1995). Lastly, transracial adoptive parents often complain of a limited access to the adoptive child’s culture and limited exposure to people in that culture (McRoy & Grape, 1999; Vidal de Haymes & Simon, 2003).

Hypothesis 3

The extent to which the age, parent-child relationship satisfaction, perceived social support, and family functioning impact the ethnic identity level of adoptees will differ as a function of sex (female and male) and type of adoption (transracial and inracial). Researchers report various sex differences in adjustment for adolescents (Burrow, Tubman, & Finely, 2004). Similarly, differences in psychosocial outcomes have been documented for transracial adoptees and inracial adoptees (Burrows & Finely, 2004).

Limitations

The sampling techniques, instrumentation, and variables for the present study are subject to the constraints of the original data set. The present study uses wave 2 of a 3 wave longitudinal study; therefore there will not be consideration for the change in variables over time.
Delimitations

This study excludes adoptees that are not of African descent, and adoptive parents who are not Black or White in ethnicity. This study excludes adoptees that are younger than age 13 and older than 22 years of age.
CHAPTER II
Literature Review

*Developmental Perspective*

*Adolescent development.* Researchers characterize the adolescent phase of development as a period of tremendous biological, mental, and psychosocial growth. Additionally, individuals are subjected to a multitude of changes in the academic arena (teachers, expectations, peers, and structure). These changes coupled with a wider range of experiences and opportunities allow researchers to study varied aspects of life at this time. Adolescence is separated into three distinct phases: early, middle, and late adolescence.

*Early adolescence.* Early adolescence ranges from ages 11-14 (Kroger, 2007). The phase of development is typically identified by the onset of puberty (Archibald, Graber, & Brooks-Gunn, 2003). The individual timing of pubertal changes depends on a host of contextual variables. Some researchers have found ethnicity to shape the timing of pubertal development. Chumlea, Schubert, Roche, Kulin, Lee, Hines, et al, (2003) found that of African American, Mexican, and Caucasian girls, African American girls matured the fastest, while Caucasian American girls matured the slowest. Additionally, important change occurs in areas of the brain, which process emotion (Spear, 2000), and may cause the adolescent to become emotionally heightened (Larson & Richards, 1994).

*Middle adolescence.* Middle adolescence includes ages 15 to 16 (Kroger, 2007). This stage is characterized by an ongoing growth in muscle mass and weight (Arnett, 1992; Susman and Rogal, 2004), which provides increased physical capabilities. Cognitive gains allow adolescents to experiment with philosophies pertaining to their social values, spiritual orientation, vocational directions, relationship values, and goals for the future (Furrow, King, & White, 2004; Markstrom- Adams, & Smith, 1996; Vondracek & Porfeli, 2003).

*Late adolescence.* Late adolescence spans years 17-22 (Kroger, 2007). Physical changes are decreasing, while cognitive gains take a front seat during this phase. Many, but not all adolescents, are in the Formal Operations stage of thinking (Piaget, 1972) which is necessary for future planning and problem solving (Kroger, 2007). The
adolescent finds resolution to life issues that were previously contemplated, such as suitable roles and values (Erikson, 1968).

Identity development in adolescence. It is widely believed that identity development is the primary psychosocial task of adolescence (Erikson, 1968). Identity formation is considered to occur simultaneously with adolescent development. There are several perspectives from which to view identity development, including historical, life span, structural stage, sociocultural, and narrative approaches. The researcher of this study will utilize the psychosocial approach to understanding identity. The psychosocial approach acknowledges the contributions of physical, psychological, and social contexts to the development of individual identity.

Erikson’s (1968) theory regarding psychosocial development serves as the bases for understanding identity development. Erikson developed eight psychosocial developmental stages, which span the entire life of an individual. The psychosocial stages encompass development from a physical, social, and psychological perspective. The fifth stage addresses the task of developing an identity, known as identity versus role confusion stage. Optimally, the adolescent emerges from this stage with an initial sense of an established identity by undergoing a crisis. Erikson (1968) espoused that identity formation is a process that involves exploration and experimentation in adolescence. The exploration eventually culminates in an achieved identity, which allows one to make commitments to various areas relevant to one’s identity. Erikson (1968) used the concepts of foreclosure, negative identity, moratorium, and identity crises in describing the process of identity formation.

Marcia (1966, 1980) further clarified Erikson’s ideas on identity formation by suggesting ego identity statuses based on individual exploration and commitment. In his theory of identity formation, Marcia casts identity formation in a developmental trajectory framework that corresponds to other developmental progressions during adolescence. Marcia (1994) purports that identity is a developmental achievement, initially occurring in middle to late adolescence. Marcia’s views about the identity versus role confusion stage resolution compliment Erikson’s. Marcia (1994) states, “… an individual constructs his or her own particular form of resolution incorporating both the positive and the negative aspects of the stage” (p. 68). Marcia replaces “versus” with
“and” to better clarify Erikson’s intent, confirming that “psychosocial stage resolution is not an either or matter” (Marcia, 1994, p.68). Marcia views identity as a salient component in the resolution of the issues in each psychosocial stage (Marcia, 1994). Although elements of identity can be seen at preceding stages and opportunities for resolution will exist later in life, it is during adolescence that physical, cognitive, and psychosexual changes along with relevant social sanctions and expectations provide the optimal conditions for its initial resolution (Marcia, 1994).

Marcia’s (1966, 1980) ego statuses consist of 4 levels of identity development (identity diffusion, foreclosure, moratorium, and achievement). A diffuse status is one in which the individual has not explored or committed to any identity options. A foreclosed status is one in which the individual makes a commitment to identity options without exploration. A moratorium status is one in which the individual is actively in the process of exploration without making a commitment. Lastly, the achieved identity status is one in which the individual makes a firm commitment following a period of exploration.

Adolescents tend to reach an achieved identity during late adolescence, according to Marcia’s (1966, 1980) theory. However, many adolescents may not progress through each stage in an orderly fashion. Waterman (1999) purports that there are multiple pathways among the four statuses that will allow adolescents to reach an achieved identity. Some adolescents revisit previous stages before moving on to the next, while others may revisit an earlier stage once they have reached an achieved identity. These alternative pathways, known as the Moratorium-Achievement-Moratorium-Achievement (MAMA) cycles reflect a continuation of the identity formation process (Stephen, Fraser, & Marcia, 1992).

Identity in early adolescence. Historically, researchers did not believe any changes regarding identity formation were present at this time (Erikson, 1968). Currently researchers have begun to search for ways to detect processes related to identity formation at this stage (Schwartz, 2008). Some researchers think that the beginning of an active search for a distinct personality occurs (Archer & Waterman, 1983). Other researchers believe identity centers on incorporating pubertal changes into an existing sense of self, and deciding how to relate with others in light of the changes (Erikson, 1968; Kroger, 2007). Group identification and acceptance are largely indicative of
identity at this point because adolescents’ increase their involvement with peers (Youniss, 1980). Group identity and acceptance at this time may be predicated on the support and recognition provided by the adolescent’s family at previous points of development (Kroger, 2007). The less support provided by the family system, the more the adolescent will seek identification, acceptance, and support from peer groups. Contextual variation plays an important role in identity formation for early adolescents. Researchers have found that certain types of support (parental, peer, teacher) encourage identity exploration in some adolescents, while inhibiting exploration in others (Hall & Brassard, 2008).

*Identity in middle adolescence.* Identity formation begins during this phase of development (Erikson, 1968). The attainment of formal operational thinking abilities is the basis for identity development at this stage. Adolescents will develop increasingly complex thinking abilities at their own unique rates. This new ability to think abstractly allows for in-depth experimentation and preliminary commitment in areas such as relationships, sexuality, vocation, spirituality, and interpersonal relationships (Erikson, 1968; Furrow, King, & White, 2004; Markstrom, Adams, & Smith, 1996; Vondracek & Porfeli, 2003).

*Identity in late adolescence.* Identity in this stage is characterized by clearly declared values and commitments in areas such as career paths, sex roles, and religious beliefs. Researchers report the occurrence of a second separation-individuation process at this time (Blos, 1967). This further individuation has been linked to the identity statuses. Researchers have reported that higher levels of identity achievement were predictive of higher levels of intrapsychic differentiation (Johnson, Buboltz, & Seeman, 2003). One way adolescents demonstrate their increased autonomy is by using tangible and intangible individual assets, known as identity capital (Cote & Schwartz, 2002), to navigate various social contexts. Additionally, the adolescent develops an increased capacity for intimacy with others (Meeus, Branje, van der Valk, & de Wied, 2007).

The identity development process becomes progressively complex when the youth’s subculture intersects with the mainstream culture. The two different cultures may have conflicting values that forces the adolescent navigate even more choices. Typically, the adolescent resolves these issues by incorporating aspects of the mainstream culture.
with their own culture to form their personal identities, known as a bicultral identity (Phinney, 2003).

*Identity development and ethnic identity.* Ethnic Identity is an important factor to consider in examining identity development (Schwartz, 2005). Ethnic Identity issues are of greater significance to ethnic minority adolescents than those in the majority population (Branch, Tayal, & Triplett, 2000). Ethnic identity concerns are characteristically an integral part of the identity formation process for minority youth (Branch, Tayal, & Triplett, 2000; Phinney & Aliphuria, 1990). The adolescent becomes interested in concentrating on his or her own ethnic background as increasingly sophisticated cognitive abilities intersect with broadened experiences and encounters of discrimination. Ethnic group membership is often an integral part of one’s overall identity because many experiences are filtered through the lens of one’s ethnic group as a frame of reference.

*Identity development and adoption.* Disruptions in the environment, namely adoption, may impact normative identity developmental efforts. Researchers who have studied identity development in adolescents typically focus on biological families. Concerns of biological origin are important to adoptive youths, bringing adoption to the forefront during the identity formation process. The advancement in cognitive abilities allows the adolescent to reflect on the meaning of adoption and how it fits into the development of an overall identity.

Adoption researchers have studied adolescent adoptees’ preoccupation with their adoptive status. Adoptive status continues to be of concern regardless of the amount of time spent in the home (Benson, Sharma, & Roehlkepartain, 1994). Decreased trust in parents, alienation from parents (Kohler, Grotevant, & McRoy, 2002), and parent-child relationships (Benson, Sharma, & Roehlkepartain, 1994) were cited as reasons for preoccupation.

Additionally, type of adoption (inracial or transracial) becomes an issue during the identity formation process for many adolescents. Factors that heighten the awareness of individuals’ adoptive status may increase risk factors for maladjustment (Burrow, Tubman, Finley, 2004). Visibility of adoption status (in the case of transracial adoption)
may further heighten stress that manifests at key developmental transitions (Verhulst & Versluis-den Bieman, 1995).

**Applied Developmental Contextual Model**

Lerner expanded Bronfenbrenner’s (1979) ecological model by highlighting the interactive nature of the individual and his/her environment. Lerner (1991) believed that the individual was inherently involved in dynamic, mutual processes with self and others, “…all organismic characteristics [e.g., genes, cells, tissues, organs] as well as the whole organism itself, function in a bidirectional, reciprocal, or dynamic interactional relation with the contexts within which the organism is embedded” (p. 27). The interactions involve psychological or behavioral exchanges with self or others in the context. Person-context interactions are considered to be a fundamental process in development because “changes within the organism always occur in dynamic connection with changes in the context [and vice versa]” (Lerner, 1991, p.27).

The multiple levels of one’s context include variables related to the individual and relational developmental processes, and the ecological, cultural and social institutions with which the individual interacts at a given point in the life.

**Individual.** The individual is always involved in ongoing internal processes that are a combination of personal characteristics and developmental experiences. Individual characteristics include unique elements such as genetic endowment, physical characteristics, health status, and personality traits. Developmental processes are individually based, such as learning to walk or talk, and puberty. Internal processes influence personal experiences, interactions with others, and experiences within the larger context. Individual elements considered for this study include sex, age, and the developmental processes of ethnic identity and adolescence.

**The proximal context.** Relational, social, cultural, and ecological processes occur at this level of the context. Relational processes can be familial or socially based. The most basic relational process is the one between primary caretaker and child. The individual has a relationship with each family member and with the family system as a whole. Each member’s internal processes and personal characteristics mutually influence the dynamics of the relationship. Relationships outside of the nuclear family include significant people in the extended family, educational and occupational, spiritual, and
subcultural environments. The relational variables relevant to this study include parent-child relationship satisfaction and family functioning. The relational/social variable in this study is perceived social support because it includes the child’s perception of support from parents, peers, and significant others. The cultural variable in this study will be type of adoption because it serves as an indicator of one’s cultural environment.

**The distal context.** The next layer of the context includes interaction with institutions, such as the occupational, educational, and social, and legal institutions. The structure and policies of the environments influences one’s interactions and experiences with the institutions. Each level within the context influences what happens at previous levels. Pertinent examples of institutions at this level include the public child welfare system, adoption agencies, and adoption policies. These public and political institutions are not variables of study in this research, but do impact what occurs at other levels in the environment.

**Person-context and outcomes.** The interactional processes of the person and the context influence each other over time, thereby influencing the resulting developmental outcome. The variable of interest for this study that provides a sense of time is length of time in household. Lerner (1991) eschewed, “The core, super ordinate process of development is one involving the changing relations between the organism and its multilevel context” (p. 28). Collaboratively, these components allow for the assessment of ethnic identity by capturing a more comprehensive and integrated picture of the adolescent adoptee in the developing multileveled context.

**Ethnic Identity Development Model**

This theory of ethnic identity development was selected because it has been empirically researched, and is widely cited in the literature. This theory is developmentally based, and is therefore consistent with the aforementioned theoretical perspectives. This model is based on the premise that contextual factors influence one’s ethnic identity, specifically experiences at the individual, family, community, and societal levels (Phinney, 1990). Phinney’s (1993) tri-phasic model of ethnic identity development is based on conscious awareness and exploration in adolescence or young adulthood.

The model encompasses three phases of ethnic identity: unexamined ethnic identity, ethnic identity search, and achieved ethnic identity. Phase one is distinguished
by unconscious thought about ethnic identity. Ethnic identity is of low importance at this time. The child absorbs the messages received from the environment. Strong, positive messages, usually sent by the family and community, about the ethnic group may compete with negative messages and stereotypes presented by larger institutions and the media (Phinney, 1996b). Ultimately, the child can enter adolescence with positive, negative, or mixed feelings regarding ethnic identity.

The second phase in Phinney’s (1993) ethnic identity model is defined as a period of search. A deep thirst for knowledge of the culture occurs. The adolescent or young adult consciously makes ethnic identity a central theme. A plethora of experiences with the larger world, people of different backgrounds, and increased exposure to discrimination can serve as the impetus for this period of exploration (Phinney, 1996b). The adolescent or young adult takes an interest in the history, traditions, and current situation of the ethnic group. This phase culminates in a highly positive, perhaps even ethnocentric, outlook towards one’s own ethnic group.

The last phase in Phinney’s (1993) model is characterized by the development of a secure sense of self, as a member of the ethnic group. The adolescent or young adult has a realistically positive outlook on the ethnic group, and may or may not see ethnicity as a priority in their lives at this time (Phinney, 1996b). Ethnic identity development is a linear process, as search and achievement occur simultaneously with adolescent development and early adulthood. This theoretical model provides an understanding of the connection between developmental phase and ethnic identity status. This model also facilitates a contextual understanding of ethnic identity development.

Ethnic Identity

Given the history of racism and discrimination for African Americans in the U.S., ethnic identity is particularly salient in the development of the youth. Perceived discrimination is related to poorer adjustment (Dubois, Burk-Braxton, Swenson, Tevendale, & Hardesty, 2002), conduct problems, and depressive symptoms (Brody, Chen, McBride-Murray, Ge, Simons, Gibbons et al., 2006) for African American youths.

Ethnic identity as a protective factor. Researchers have shown that ethnic identity can guard against the negative effects of discrimination. Ethnic identity has been named as a protective factor for Latino adolescents (Supple, Ghazarian, Frabutt, Plunkett, &
Sands, 2006) and African American youths (Wong, Eccles, & Sameroff, 2003). As a protective factor, ethnic identity increases resiliency against environmental risk (Wong, Eccles, & Sameroff, 2003) and fosters psychological and overall well-being (Caldwell, Zimmerman, Bernat, Sellers, & Notaro, 2002; Roberts, Phinney, Masse, Chen, Roberts, & Romero, 1999; Sellers, Copeland-Linder, Martin, & Lewis, 2006; Wong et al., 2003). Additionally, ethnic identity serves a protective function through minimizing feelings of rejection from other groups (Branscombe, Schmitt, & Harvey, 1999; Schmitt & Branscombe, 2002), and is related to increased social support through members of the group (Noh & Kasper, 2003; Phinney, Horenczyk, Liebkind, & Vedder, 2001).

Ethnic identity and psychosocial outcomes. Many researchers have reported a relationship between ethnic identity and developmental outcomes. Ethnic Identity has been positively linked to psychological well-being (Umaña-Taylor, Diversi, & Fine, 2002), self-esteem (Umaña-Taylor & Fine, 2004), academic achievement (Arellano & Padilla, 1996; Smith, Walker, Fields, Brookins, & Seay, 1999), and abilities to cope with discrimination and racism (Dubow, Pargament, Boxer, & Tarakeshwar, 2000). Ethnic identity has been linked to internalizing behaviors in various studies. Researchers have found decreased levels of ethnic identity to be related to increased levels of depression (Roberts et al., 1999) and anxiety (Arroro & Zigler, 1995).

Ethnic identity socialization. African American parents commonly use messages of cultural pride, group knowledge, and acceptance (racial socialization) to strengthen their children’s coping abilities and counteract the negative experience of racism and discrimination (McHale, Crouter, Kim, Burton, Davis, Dotterer, et al., 2006).

Racial Socialization or Family Ethnic Socialization (FES) is a common practice of parents across ethnicities including Asian Indian families (Bagley, Bolitho, & Bertrand, 2001), Filipino families (Abeyani-Siewart, 2002), Vietnamese families (Mazumdar, Mazmdar, Docuyanan, & McLauglin, 2000), and Hispanic families (Umaña-Taylor, & Fine, 2004), which underscores the importance of ethnic identity for families across ethnic groups.

Little is known about the factors that influence the development of ethnic identity, while the psychological and behavioral outcomes of ethnic identity have been widely researched. In the past, researchers have focused more on the process of ethnic
identity development and less on the factors that influence the development of ethnic identity. Recently, researchers have determined that the familial context is instrumental in the facilitation of ethnic identity for youths across ethnic groups (Townsend & Lanphier, 2007; Umaña-Taylor, Bhanot, & Shin, 2006). A deficiency of research in this area further validates the need for the current study.

*Ethnic Identity and Transracial Adoption*

Very little is known about ethnic Identity as it relates to transracial adoption. Although research on transracial adoption outcomes is available, studies including ethnic identity development as an outcome are less prevalent. The pool of research further decreases when Black adoptees are included in the sample. Much of the transracial adoption literature specifically addresses international rather than domestic adoptees. An emphasis should be placed on ethnic identity in the transracial adoption research (Burrow, Tubman, and Finley, 2004). Where ethnic identity has been addressed, past researchers have used questionable measurement tools. Many times, information regarding ethnic identity is gleaned from other measured variables, such as the aforementioned psychosocial indicators (e.g. self-concept, self-esteem, racial identification, harmonious peer and family relationships). Without adequately assessing ethnic identity as a variable, one cannot place confidence in study results that provide information regarding this variable.

Like inadequate instruments, a lack of consensus among researchers regarding a basic operational definition for the concept of ethnic identity contributes to the difficulty in studying it (Phinney, 1990; Rushton & Minnis, 1997). Ethnic Identity has a number of appellations in the field of transracial adoption research; the most widely used terms for this concept are racial identity, ethnic identity, and ethno-racial identity.

*Controversy Regarding Transracial Adoption*

Historically speaking, there is support for and against the practice of transracial adoption in the United States.

*Proponents of inracial adoption.* Initially, this view was predicated on the idea that transracial adoptions may be psychosocially injurious for adoptees. Proponents for same race adoption argue that Black children benefit best when raised in Black families. Inracial adoption proponents highlight the concern for a potential breakdown in the
transmission of the birth culture, if the adoptee is raised outside of his/her culture. On a broader scale, the perceived breakdown in the transmission may contribute to a lack of cultural heritage in future generations. Past researchers have reported findings that suggest maladaptive adjustment for transracial adoptees when compared to inracial adoptees, such as depression and psychosomatic issues (Burrows & Finely, 2004), discomfort with appearance (Fiegelman, 2000), problems with racial identity (McRoy, Zurcher, Lauderdale, & Anderson, 1982), and an increasing likelihood of identifying with Caucasian culture rather than their own culture (Brooks, 2000). The National Association of Black Social Workers (NABSW) was one of the more vocal groups to make a stand for this position initially. The NABSW (1972) had concerns that future problems in adulthood adjustment may surface for the adoptee due to a lack of awareness, understanding, and identification with the birth culture.

Moreover, an understanding of the overt and covert relationship dynamics between one’s subculture and the dominant culture is pertinent to the survival of the adoptee, and may not be adequately or sufficiently relayed by a member of any other culture (Abdullah, 1996; Hollingsworth, 1998). Adoption priority should be given to birth relatives then Black families in an effort to ensure cultural continuity, thus, optimal development for children of African descent (NABSW, 2003).

Matching in adoption practice has been the classic standard for most of the 20th century (Griffith & Bergeron, 2006). Proponents of inracial adoption attribute delays in adoption to institutional racism, rather than race-matching. Rodriguez and Meyer (1990) found that minority families were frequently screened out for adoptive placements, citing institutional racism. In a report to The North American Council on Adoptable Children (NACAC), Giles and Kroll (1991) reported barriers to be, among others, a lack of people of color in managerial and staff positions, and institutional racism (procedures and policies developed from White middle class perspectives). Transracial adoption is viewed as ultimately benefiting White Middle class couples who are seeking to adopt (Abdullah, 1996), because the child’s ethnic and cultural needs are no longer considered.

*Proponents of transracial adoption.* Proponents for transracial adoption believe that this option is beneficial for all parties involved, when the alternative is a prolonged stay in foster care or an extended wait for an adoptive family. It is believed that race-
matching is the cause of adoption delays for African American children. Transracial adoptions occur 1 month sooner on average than inracial adoptions (Hansen & Pollack). Increased age at adoption is associated with problematic outcomes for adoptees (Barth & Berry, 1998). Forty percent of children adopted transracially are placed by ages 3-4 (Hansen & Pollack). Transracial adoption proponents view transracial adoption as beneficial and healthy for children and families. This view is supported by the research that substantiates good psychological adjustment and well-being for transracially adopted children (Simon & Alstein, 1987, 1992; Simon, Alstein, & Melli, 1994). Private adoption agencies began placing African American children with White families long before public adoption agencies began to do so, which largely went unchallenged (Schetky, 2006). Opposing perspectives on transracial adoption are also reflected in adoption legislation.

Relevant Adoption Legislation

Indian child welfare act. The first transracial adoptions in the United States took place when hundreds of Native American children were placed in Caucasian households in the 1950’s and 1960’s. Historically, this was our nation’s first attempt to place an entire group of children transracially and transculturally. The Indian Child Welfare Act (ICWA) (P. L. 95-608) was created in 1978 in order to preserve the future of the Native American culture and families by keeping Native American children in Native American families. This act declared that any family seeking to adopt a Native American child must have a tribal affiliation (Child Welfare Information Gateway, 2003).

Multi-ethnic placement act. Although the ICWA was seemingly necessary and fruitful for Native Americans, an alternative perspective was taken regarding other people of color in the U.S. Throughout the 1980’s children spent prolonged periods of time in foster care awaiting an adoptive placement. This waiting period continued to increase over time; while simultaneously, the number of children of color in care was rising. The federal legislators responded by creating the Multi-Ethnic Placement Act (MEPA) of 1994 (P. L. 103-382, Title V, Part E). The United States General Accountability Office (1998) confirmed that the act declared that all federally funded entities were prohibited from using race as a discriminating factor in the consideration of a foster/adoptive placement, except in circumstances where it was used in combination with other factors.
for a decision. Any violation of this act resulted in a violation of title VI of the Civil Rights Act. Goals related to MEPA were designed to remove barriers related to adoption based on discrimination, expand options for adoptive and foster placements, and shorten the amount of time children spent in foster care (Child Welfare Information Gateway, 2003).

Interethnic adoption provisions. The Removal of Barriers to Interethnic Adoption Provisions (IEP) of 1996 (P. L. 104-188, Title I, Subtitle H, Section 1808) was created to repeal the section of the MEPA legislation that confirmed that permissible consideration for ethnicity or race was allowed in some instances of adoption (U.S. GAO, 1998). The IEP was designed to reinforce the stance that ethnicity and race, which were considered to be barriers, will not be considered in the placement of children for adoption (Child Welfare Information Gateway, 2003). This legislation also increased sanctions for non-compliant agencies.

McRoy (2007) confirms that The MEPA/IEP legislators fell short of their lofty goals. The U. S. GAO (2007) reported that African American and Native American children experienced lower rates of adoption than other minority children over the last five years. Any increases in the adoption of African American children at the state level showed an extremely small percent of the adoptions to be transracial (Hansen & Pollack, 2007). This legislation has not increased national recruiting efforts of ethnically diverse families regarding adoption (Mitchell et al., 2005). Furthermore, MEPA/IEP does not designate funds (state or federal) for outreach in communities of color (Mitchell et al., 2005). The wait time for Black children in care has decreased minimally due to reasons unrelated to MEPA legislation (McRoy, 2007).

The intercountry adoption act of 2000. This act requires adoption agencies to address “how parents will meet needs of children adopted from another race, ethnicity, or culture” (McRoy, 2007, p.1). The Hague Convention on International Adoption ensures the safety and protection of the children, birth families, and prospective adoptive families during the process of adoption. 71 countries are part of the convention. The United States ratified the Hague Convention on International Adoption on December 12, 2007. The implementing regulations, issued by the U.S. State Department, are now in place, and policies will take effect for the U.S. on April 1, 2008. McRoy (2007) reports
that the regulations issued by the U.S. State Department include a focus on children’s racial/ethnic needs in two ways: (a) first, prospective parents are required to obtain 10 hours of pre-adoption education, which must address implications of becoming a multicultural family via intercountry adoption, and (b) secondly, Riggs and Kroll (2006) report that attending to the needs of the child through parental counseling regarding child history, which encompasses a focus on religious, cultural, ethnic and linguistic background is required.

Ultimately, current legislation (MEPA/IEP) has served to maintain the status quo. No significant improvements have manifested as a result of this legislation. Some conclusions can be drawn, based on current adoption legislation. Consideration of ethnicity, race, and culture is valued and an integral part of the adoption process for children adopted privately (no federal funding involved), American Indian/Alaskan Native children, and children adopted internationally. Consideration of ethnicity, race, and culture is not valued and altogether disregarded in the process of adoption for children of color adopted from the foster care system. Changes in policy are desperately needed regarding domestic transracial adoption to reflect an investment in the optimal development of all children waiting to be adopted from the child welfare system.

Transracial Adoptees and Special Needs Status

Transracial adoptees and special needs. Often trans-racial adoptees are categorized as having special needs. Albeit unfair, many children fall into this category purely based on their race or ethnicity. Other special needs may be related to age, membership in a sibling group, physical or mental health disabilities, or emotional/psychiatric diagnoses. Legislatively, transracial adoptees are recognized as children with special needs.

Past researchers have confirmed that the presence of special needs increase the likelihood of adoption disruption or dissolution (Barth & Berry, 1988; Rosenthal & Groze, 1992). Although the rate of adoption has increased since the enactment of new adoption legislation, dissolution/disruption rates range between 10% and 25% depending on specified population, geographical factors, and duration of study (Child Welfare Information Gateway, 2004b). Children with special needs have a unique set of experiences and past history that have the potential to influence the families that they
Adding a difference in ethnicity to an adoptive placement that already contains risk factors can potentially cause additional stress in the family, or threaten the stability of the adoptive placement. Approximately 20% of adoptive placements containing children with special needs will disrupt before finalization or dissolve subsequent to finalization (Egbert & LaMont, 2004).

Researchers who study families that adopt a child with special needs have examined various aspects of the families and their experiences. Key variables exist at three ecosystemic levels: agency factors, family factors, and child factors.

Agency factors. Agency interaction often proves to be influential in the adoptive family’s experience and adoption outcomes. Lack of services and lack of agency involvement (preparation, training, or support) are associated with negative adoption outcomes (Reilly & Platz, 2003). The relationship between the parents and the agency affects the level of family preparation needed in order to provide a permanent placement for a special needs adoptive child (Egbert & LaMont, 2004).

Family factors. Family factors related to special needs adoption focus on family characteristics such as socioeconomic status and education level. Families with higher household incomes and mothers with higher educational levels are correlated with lower satisfaction in parenting (Groze, 1996; Rozenthal & Groze, 1992). Parental characteristics such as unrealistic expectations and little adoption preparation can also contribute to unsatisfactory parenting experiences (Glidden, 2000; Groze, 1996; Hughes, 1999; Leung & Erich, 2002; McDonald, Propp, & Murphy, 2001; Mullin & Johnson, 1999; Reilly & Platz, 2003).

Child factors. Some notable adoptive child characteristics include age, history of sexual abuse and membership in a sibling group. Moffat and Thoburn (2001) report that the older the child, the higher the risk for poorer outcomes and adoption disruption. Erich and Leung (2002) found that pre-adoption sexual abuse history is highly associated with adoption disruption. The issue of sibling placements increasing or reducing the likelihood of risk is currently being debated (Reilly & Platz, 2003).

Transracial Adoption Rates

There are no national standardized reporting practices regarding rates of transracial adoptions. There are 2.1 million adoptees under the age of 18 living in the
United States (U.S. Census Bureau, 2003). An estimated 15% to 17% of all adoptions in the U.S. are trans-racial adoptions (Child Welfare Information Gateway, 1994). Nationally published adoption statistics were available only for a brief time period spanning from 1945 through 1971. Due to the lack of availability of information, it is difficult to assess the trend or rate of transracial adoption in North America currently. Additionally, lack of standardized reporting practices exists among state adoption agencies.

Transracial adoption reached a high in 1971 when 2,574 black children were adopted by White families (Simon & Alstein, 1987). In 1995, the Adoption Foster care Analysis and Reporting system (AFCARS) began compiling and reporting adoption statistics across states annually. Transracial adoptions are not specifically tracked. Only the race of the adoptive children and adoptive parents are provided. Transracial trends can be assumed because the number of African American children adopted surpasses the number of Black adoptive parents. This information is extremely vague and limiting in many respects regarding the estimations of transracial adoption. Based on AFCARS data, Hansen & Pollack (2007) found the transracial adoption rate to average at 16% between the years of 1999 and 2003. For 36 years researchers, policy makers, and adoption professionals clinicians have been working based on nothing more than estimations regarding the prevalence of transracial adoption in the U.S.

Transracial Adoption Outcomes


Type of adoption. Transracial adoption alone does not negatively affect children (Brooks, 2000; Brooks & Barth, 1999; Burrough, Tubman, & Finely, 2004; McRoy & Zurcher, 1983; Shireman & Johnson, 1986; Simon & Alstein, 1987; Vroegh, 1992). Alternately, when compared to inracial adoptees, researchers found transracial adoptees
to have problematic outcomes including depression and psychosomatic issues (Burrows & Finely, 2004), adjustment problems due to discrimination and discomfort with their appearance (Fiegelman, 2000), and problems with racial identity (McRoy, Zurcher, Lauderdale, & Anderson, 1982). Additionally, researchers suggest that transracial adoptees may be less likely to identify with their own culture, and more likely to identify with Caucasian culture (Brooks, 2000) and that fewer adjustment difficulties are associated with identification with the adoptees’ own culture (Deberry, Scarr, & Weinberg, 1996; Grow & Shapiro, 1974, Andujo, 1988, and McRoy, et al., 1982).

**Contextual Variables**

**Age**

Age provides a trajectory for the developmental strides children make in various areas. Age is a general indicator of the occurrence of biological, mental, and psychosocial developmental milestones. In the case of adolescence, researchers have structured developmental outcomes in terms of phases. Each phase (early, middle, and late) encompasses unique developmental strides that are exclusively to the phase. The exact timing of development varies for individuals and depends on a number of contextual factors.

Researchers have indicated a general trajectory regarding age and ethnic identity development. Individuals progress with age to a higher level of ethnic identity (Meeus, Iedemaa, Helsen, & Vollebergh, 1999; Phinney& Chivira, 1992). As the age of the individual increases, the more likely he or she is to have progressed through the stages of ethnic identity and declared an achieved ethnic identity status. Yip, Seaton, and Sellers (2006) found support for the four-structure ethnic identity statuses in African American adolescents (ages 13-17), college students (ages 18-23), and adults (ages 27-78). The researchers found support for relationship between age progression and ethnic identity development progression, as 27% of adolescents were achieved, 47% of college students were achieved, and 56% of adults were achieved. However, each of the ethnic identity statuses was found in all age groups, which does not support the linear ethnic identity trajectory assumed by Phinney (1989). Similarly, Seaton, Scottham, and Sellars (2006) found empirical evidence of the four-status identity structure proposed by Marcia (1966) and Phinney (1989) within an African American adolescent sample. The researchers
explored identity at two different points in time with a one-year time span between the points. The researchers found 72% of the adolescents to demonstrate a stable status or orderly progression of identity from a lower status to a higher status over time. The remainder of the sample moved from an achieved status to a moratorium or foreclosed status. Past researchers support the idea of an existing pattern where age coincides with ethnic development in a progressive fashion, while this is not the case at all times. Now that a relationship between age and ethnic identity progression has been established, the researcher of this study will whether or not age exerts influence on ethnic identity as a determinant of ethnic identity level.

**Parent-child Relationship Satisfaction**

Healthy maternal and paternal attachment is related to psychological well-being for adolescents, although maternal relational interaction has shown to have more impact (Rosnati & Marta, 1998). Parent-child interactions are influential in various psychosocial outcomes in the development of individuals over the life span. Specifically, the effects of the parent-child relationship are quite apparent during the developmental phase of adolescence. Researchers who focus on parent-child relationships typically study emotional closeness or attachment, time spent together, and degree of conflict, and parenting styles and practices.

**Parent-child relationship satisfaction and adolescence.** The previous quality of the parent-child relationship in childhood largely determines the quality of that relationship during adolescence (Granic, Dishion, & Hollenstein, 2003). The dynamics of the parent-adolescent relationship change in order to accommodate the needs of the developing adolescent.

Conflict regarding daily tasks increases in early adolescence, and then subsides thereafter (Allison & Schultz, 2004). Parent-adolescent conflict, and subsequent detachment, is viewed positively, indicating signs of developmental growth. The conflict is characteristically a result of the adolescent’s assertion of autonomy (Granic, Dishion, & Hollenstein, 2003). The increased conflict can adversely affect the adolescent, if not handled appropriately. Greenberger & Chen (1996) reported an existing link between increased conflict, problematic communication, less effective problem-solving, and
internalizing symptoms. This link was stronger in early adolescence than late adolescence (Greenberger & Chen, 1996).

Generally, authoritative parenting practices are related to successful child outcomes (social responsibility, self-reliance, and achievement motivation), while authoritarian and permissive styles are associated with more negative outcomes (Baumrind, 1991). Current researchers have determined that consideration of contextual variations regarding parenting practices and outcomes is more relevant than global generalizations (Bean, Bush, McKearney, & Wilson, 2003; Coll & Pachter, 2002, Lim & Lim, 2003).

**Parent-child relationship satisfaction and psychosocial outcomes.** The link between parenting styles and psychosocial outcomes has been strongly established. Positive parenting styles and practices (warmth, acceptance, support, firm guidance) have been linked to positive outcomes in academic achievement (Cherian & Malehase, 2000), identity achievement (Sartor & Youniss, 2002), self-esteem (Swenson & Prelow, 2005; Scholte, Van Lieshout, & Van Aken, 2001), ethnic/racial identity attitudes (Caldwell, Zimmerman, Bernat, Sellers, & Notaro, 2002; Swenson & Prelow, 2005), modeling and mastery (Conner & Cross, 2003), and perceived efficacy (Juang & Silberisen, 1999; Swenson & Prelow, 2005). Many of the researchers focus on the mother-child relationship when assessing parent-child relationship quality. Adolescents report interacting more frequently and closely with mothers than fathers (Rosnati & Marta, 1998; Rosnati, Iafraite, & Scabini, 2007).

Researchers have reported that a history of negative parent-child interaction in the home is predictive of poor behavioral outcomes (Vance, Bowen, Fernandez, & Thompson, 2002). Negative parent-child interactions have been related to a host of internalizing and externalizing behaviors, including depression, anxiety, delinquency, and substance abuse (Doyle & Markiewicz, 2005; Gil-Rivas, Greenberger, Chen, & Lopez-Lena, 2003; Muris, Meesters, & van den Berg, 2003, Scholte, Van Lieshout, & Van Aken, 2001; Zimmerman, Ramirez-Valles, Zapert, & Maton, 2000).

More recently, Sheeber, Davis, Leve, Hops, and Tildesley (2007) found depressed adolescents to experience more conflictual and less supportive relationships with each of their parents (mother and father) than healthy adolescents. The researchers
determined that father-adolescent relationships were associated with depression in the same way that mother-adolescent relationships are found to be. Additionally, Butler, Fearson, Atkinson, and Parker (2007) studied the relationship of parent-child relational quality and aggression and delinquency in conduct disordered youth. The researchers found that an increase in parent-adolescent alienation was predictive of youth aggression and relatively high levels of increased delinquency; while an increase in trust and communication between parent and adolescent attenuated the effect of social and contextual risk and antisocial thinking on delinquency.

**Parent-child relationship satisfaction and adjustment in adulthood.** Parent-child relationships have been shown to affect multiple areas of adjustment beyond adolescence. Collins, Cooper, Albino, and Allard (2002) reported that parent-child relationships of low quality are associated with increased risk for developing unsatisfactory partner relationships in adulthood. Overbeek, Stattin, Vermulst, Ha, and Engels (2007) found low quality parent-child relationships to be related to low quality relationships (poorer communication and increased conflict) with parents in adolescence, and subsequently, a perception of lower quality partner relationship in young adulthood. Additionally, low quality partner relationships in young adulthood were predictive of low quality partner relationships, depression, anxiety, and dissatisfaction in midlife. Seiffge-Krenke (2006) reported that individuals who left home on time exercised a high degree of autonomy and were securely attached, compared to those who left home later or had returned home.

**Parent-child relationship satisfaction in African American families.** Similarities exist in parenting practices and styles across ethnic groups. Maternal warmth (McCabe & Clark, 1999) and mother-child relationship quality (Brody & Flor, 198) are associated with positive child outcomes for African American families, just as it has been documented for the majority population. However, differences regarding parenting styles and practices also exist across ethnic groups.

Researchers pontificate that cultural values may account for the existing differences in parenting practices and styles. For example, Jackson-Newsom, Buchanan, and McDonald (2008) postulate that traditional African American values, beliefs, and practices make parent-adolescent collaboration less normative and less likely, while collaborative parenting practices are normative for European American families.
Previous researchers found parent-centered, authoritarian parenting practices to predict less maternal warmth in European American families than in African American families, and that this type of parenting was more common in African American households (Brody & Flor, 1998). Jackson-Newsom, Buchanan, and McDonald (2008) found correlations between parenting style and maternal warmth to differ for African American and European American families. Specifically, collaborative parenting practices (parent-child collaboration) were associated with maternal warmth more strongly for European American than for African American adolescents. Additionally, African American youth did not perceive less maternal warmth when negative maternal affect during disciplining (adolescent-reported harsh discipline, and parent-privileged authority) occurred, while European American youths did perceive less maternal warmth in these situations.

Parent-child relationship satisfaction and adoptive families. Researchers who study parent-child relationship quality typically focus on biological families, rather than adoptive families. Early researchers found the quality of parent-child relationships to vary for adoptive families. Early researchers found adoptees to be less attached to their mothers than non-adopted children (Yarow & Goodwin, 1973; Yarow, Goodwin, Manheimer, & Milowe, 1973), while others found no differences in the quality of mother child relationship during childhood (Singer, Brodzinsky, Ramsay, Steiner, & Waters, 1985). Currently, researchers have consistently reported the quality of adoptive parent-child relationships to healthy and comparable to biological families with some existing differences.

A few differences exist in the areas of communication and perceived closeness. Rosnati, Iafrate, and Scabini (2007) found adoptive parents and adolescents to report a high quality of communication involving both parents. Adoptive adolescents reported higher quality of communication with both parents than non-adopted adolescents. Burrow, Tubman, and Finley (2004) found non-adopted adolescents to report significantly higher levels of perceived closeness to mothers compared to adopted adolescents; while no differences were found regarding father closeness. Researchers have also noted differences in sex regarding communication and perceived closeness. Female adolescents (adopted and non-adopted) reported more open communications with
mothers than did males. Male adolescents reported higher perceived closeness to mothers than did females (Rosnati, Iafrate, & Scabinin, 2007).

Transracial adoptive parent-child relationships mirror inracial adoptive families, and have some sex differences. Researchers reported transracially adoptive parent-child relationships to be mostly favorable (Shireman & Johnson, 1986; Vroegh, 1997). Burrow and Finley (2004) found transracially adopted males to report a higher level of perceived closeness with mothers than their female counterparts.

Overall, researchers have established the role of parent-child relationship satisfaction in positive youth development. Ethnic identity is an important factor in the positive development of adolescents of color. Parent-child relationship satisfaction is a likely influential factor in the ethnic identity level of adolescents because transmission of cultural values, practices, and beliefs typically occur via parent-child interactions. Few researchers (Caldwell, Zimmerman, Bernat, Sellers, & Notaro, 2002; Swenson & Prelow, 2005) have studied a relationship involving ethnic identity and parent-child relationship satisfaction, but no researchers were found to have studied parent-child relationship satisfaction as a determinant of ethnic identity. Additionally, none of the studies regarding parent-child relationships and ethnic identity used adoptive or transracially adoptive family forms in the sample. The lack of focus on this area indicates a need for research. This study will contribute to the gap in the literature.

Perceived Social Support

Perceived social support is a psychosocial determinant of well-being in children, adolescents, and adults. Researchers report a link between adequate social support and positive outcomes regarding various psychosocial problems and life stressors, such as the binge eating in adolescent girls (Stice, Presnell, & Spangler, 2008), adolescent smoking behaviors (Woodruff, Conway, & Edwards, 2008), and spousal caregiving for individuals with Alzheimer’s disease (Roth, Mittelman, Clay, Madan, & Haley, 2005). Perceived social support typically involves a subjective assessment regarding the quality of received support from family, peers, and the community in which one lives.

Perceived social support in adolescence. Family and peer social support is extremely vital during the phase of adolescence. Parental social support should be consistent during early adolescence, even though parent-child relationship dynamics are
in flux. Parents should provide a supportive connection, while encouraging autonomy and regulating behavior because these behaviors are linked to positive mental health in early adolescents (Barber & Olsen, 1997). Peer support comes in the form of group affiliation and friendship. Group affiliation is a precursor to healthy identity development for early adolescents (Newman & Newman, 2001). Friendships often contain commonalities such as sex and interests. Friendships are particularly important, as risky behavior in early adolescent girls is strongly attributed to the influence of friends (Cavanagh, 2004).

Family social support in mid-adolescence should mirror support provided in early adolescence (Barber & Olsen, 1997). Peer social support increases in importance as adolescents increasingly turn towards peers for support. Friendships are no longer sex specific, but similarities in beliefs, attitudes, and behaviors persist (Akers, Jones, & Coyl, 1998). For mid-adolescents, reciprocity and egalitarianism becomes more prominent in relationships with friends and parents (Noack & Buhl, 2004). Social support in late adolescence is characterized by increasingly intimate connections with friends (Rice & Mulkeen, 1995), while parental support still centers on providing a supportive connection and encouraging autonomy (Barber & Olsen, 1997).

**Perceived social support and minority populations.** Much of the research on social support contains minority group samples. Perceived social support serves a protective function for adolescent and young adult adjustment. Researchers reported a positive relationship between perceived social support and academic achievement for Latino youth (Degarmo & Martinez, 2006) and Euro-Caucasian and other minority college students (Cole, Matheson, & Anisman, 2007). Hishinuma, et al. (2004) found family support to decrease depression, anxiety, aggression, and substance abuse in Asian/Pacific Islander adolescents. For Mexican American college students, parental support mitigated the effects of acculturative stress on anxiety and depressive symptoms, while peer support eased anxiety symptoms only (Crockett, Iturbide, Torres Stone, McGinley, & Raffaelli, 2007).

**Perceived social support and Black families.** An extant literature base exists regarding perceived social support and psychosocial outcomes for African American youth. Perceived social support is linked to well-being through a reduction in internalizing behaviors. Gaylord-Hardin, Ragsdale, Mandara, Richards, & Petersen
(2007) found perceived support from family and peers to positively influence self-esteem and ethnic identity, and subsequently predict a decrease in depressive and anxiety symptoms for African American adolescents. Others have reported similar findings. Previous researchers have reported a link between perceived social support from family and peers and a reduction in depressive symptoms in pregnant and parenting adolescents (Caldwell, Antonucci, & Jackson, 1998; Davis, Rhodes, & Hamilton-Leakes, 1997) and inner-city adolescents (Johnson & Kliewer, 1999). Kliewer, Lepore, Oskin, and Johnson (1998) reported a decrease in depressive and anxiety symptoms for children who had higher levels of family and peer support. Youngstrom, Weist, and Albus (2003) found the same to be true for adolescents exposed to community violence.

Additionally, self-esteem plays a key role in how social support influences positive outcomes in youths of African descent. Researchers have found perceived social support to influence psychological well being (Yarcheski, Mahon, & Yarcheski, 2001) and lower internalizing symptoms (Dubois et al., 2002) through its positive effect on self-esteem. Furthermore, social support has a lasting effect on positive outcomes. Researchers have indicated that positive outcomes regarding anxiety symptoms do last over time (Hammock, Richards, Luo, Edlynn, and Roy, 2004), up to 6 months later (Zimmerman, Ramirez-Valles, Zapert, & Maton, 2000).

Minimal sex differences were noted in these findings. Hammock, Richards, Luo, Edlynn, and Roy (2004) found perceived support to predict less anxiety for females, but not for males exposed to community violence. Paxton, Robinson, Shah, and Schoney (2004) indicated that a relationship between family support and depressive symptoms did not exist for adolescent males, while other researchers have documented contrary findings.

Negative effects of inadequate support have also been documented. White, Bruce, Farell, and Kliewer (1998) reported low levels of family support to be related to increased anxiety up to six months later for male adolescents. Zimmerman, Ramirez-Valles, Zapert, and Maton (2000) also found decreased social support from parents and peers to predict increases in anxiety and depressive symptoms over time. Decreases in parental support have been related to the onset of major depressive disorder in adolescent females (Stice, Ragan, & Randall, 2004).
Perceived social support and adoption. Social support is vitally important in adoptive households. Adoptive families including children with special needs (which includes transracial adoptive families) and without special needs utilize social support services on an ongoing basis; starting before the adoption takes place and continuing long after adoption finalization. Social support can be classified as pre-adoption and post-adoption support. Pre-adoption social support centers on adequate preparation for the adoptive placement. Adoption preparation includes information regarding child’s pre-adoptive history, training for adoptive family, and exposure to other adoptive parents (Wind, Brooks, & Barth, 2007).

Post adoption social support encompasses services that support the vitality of the adoption. Services include ongoing parenting education, assistance in building and maintaining the parent-child relationship (especially in the face of attachment problems and developmental transitions), help maintaining family functioning (when siblings join the family or externalizing behavior are present), access to adoption competent professionals and a supportive network of professionals, family members, and friends (respite care, individual, family and relationship therapy). Post adoptive services may be general (support groups/meetings with case worker) or clinical services (therapeutic) (Wind, Brook, & Barth, 2007).

The use of and need for adoption support becomes increasingly stronger after adoption finalization. Motivation for support use relates to significant developmental phases of life (Dhami, Mandel, Sothmann, 2007), or unique concerns that develop as a result of the interplay between normative life experiences and unique adoption characteristics (e.g. adjustment, behavioral concerns). Wind, Brook, and Barth (2007) found that utilization of support services dramatically increased over an 8 year period following adoption finalization. Atkinson and Gonet (2007) compiled a list of concerns that motivate families to seek support the most. Concerns include behavior problems, school related issues, adoption issues, attachment issues, and social adjustment problems (Atkinson & Gonet, 2007). Additionally, families cited the most helpful services to be parental support groups, workshops on adoption, couple and individual counseling, educational resources, and services high in adoption competency; while least helpful services were child and teen groups (Atkinson & Gonet, 2007; Brooks, Allen, & Barth,
Most families do not take advantages of provided services (Brooks, Allen, Barth, 2002; Dhami, Mandel, & Sothmann, 2007). Families report positive changes related to use of adoption support, such as better family functioning (Leung & Erich, 2002).

In addition to the aforementioned perceptions of social support, parents who adopt transracially frequently cite unique concerns. Concerns include a lack of support in dealing with opposition in their adoption agency, community and extended family (Vidal de Haymes & Simon, 2003). Parents report a lack of support in helping their family cope with racism, obtaining access to mentor families from the child’s culture, and transmitting the child’s culture (Vidal de Haymes & Simon, 2003). More research is needed on the details regarding social support for transracial adoptees and their parents, and other unique dynamics involved with transracial adoption (McRoy & Grape, 1999, Vidal de Haymes, 2003).

All in all, social support serves a protective function for all children, adolescents, and adults alike. Social support increases resiliency for individuals who face life stressors and cope with environmental risk associated with stress. Social support is germane to psychosocial adjustment for children of color, namely Black youth. In past studies, ethnic identity has been a mediating (Gaylord-Hardin, Ragsdale, Mandara, Richards, & Peterson, 2007) or moderating factor (Cole, Matheson, & Anisman, 2007) in the relationship between social support and other psychosocial outcomes. Some researchers have suggested a possible link between social support and ethnic identity (Caldwell, Zimmerman, Bernat, Sellars, & Notaro, 2000; Stevenson, Reed, & Bodison, 1996); however no researchers to date have studied the predictive possibilities of perceived social support on ethnic identity. Additionally, adoption researchers neglect to focus on perceived social support from the adoptive child’s perspective, namely transracially adopted adolescents. This study addresses these issues in the literature.

Family Functioning

The family relational system is the primary protective factor for adopted and non-adopted adolescents’ psychological well-being (Brodzinsky, Smith, & Brodzinsky, 1998; Levy-Shiff, 2001; Rosnati, 2005; Rosnati, Iafrate, Scabini, 2007; Rosnati & Marta, 1997). Family functioning, in particular, has a major influence on other relationships within the family, such as parent-child relational quality (Petrocelli, Calhoun, & Glasser, 2003).
Generally, family functioning refers to family processes that address the entire family system rather than a particular dyad. Researchers who study family functioning tend to focus on cohesion (emotional closeness), communication, and adaptability (flexibility) (Olsen & Gorall, 2003). Support, and involvement (parental monitoring, family leisure activities) in the family system have also been studied. Many researchers have found family functioning to be related to positive and negative adolescent psychosocial indicators.

*Family functioning and adolescence.* Generally, healthy levels of cohesion, adaptability and communication results in well adjusted adolescents. In the same vein, Perosa, Perosa, and Tam (2002) found that open communication, expression of conflict, and conflict resolution along with clear boundaries facilitates identity formation. Williamson and Waterman (1991) found that a balanced level of family cohesion that allows for individuality is associated with achieved and moratorium identity statuses in adolescents.

*Family functioning and positive psychosocial outcomes.* Family functioning is related to various positive outcomes for adolescents. Family functioning has been linked to academic performance. Annunziata, Hogue, Faw, and Liddle (2006) found that family cohesion and parental monitoring were predictive of academic engagement for inner-city adolescents. Cohesion was positively related to school engagement, especially when parental monitoring practices were moderate to high. Subsequently, family cohesion and parental monitoring predicted school engagement better collectively than separately.

Many researchers study predictors of family functioning rather than outcomes of family functioning. Religion and family leisure activities have been established as significant predictors of family functioning. Researchers established that family leisure activities were positively predictive of increased satisfaction with family life (Zabriskie & McCormick, 2003), improved family communication (Huff, Widmer, McCoy, & Hill, 2003), and increased collective efficacy (Wells, Widmer, & McCoy, 2004) for parents and youths. Recently, Agate, Zabriskie, and Eggett (2007) determined that parents and adolescents who viewed their family as more religious or involved in religious activities as a unit were closer, had better relationships, and better interactions than families that were not.
Family functioning and families of African descent. Particularly in Black families, it is widely known that spirituality and religious activities are associated with psychological well-being and positive family interactions (Mattis, 2004). For Black families, much of research regarding family functioning is primarily deficit-based, but some researchers take a strengths-based perspective. Family adaptability is often seen as a positive characteristic of Black families. Role flexibility and expanded definitions of parenting in many African American families are indicators of cohesive strength, which is reflective of historical African American values (Billingsly & Morrison-Rodriguez, 1998; Mosley-Howard & Evans, 2000). Family functioning may vary across cultures. African, Asian, and Mexican American cultures place value on interdependence and collectivism as opposed to the Western ideal of individualism (Coon & Kemmelmeir, 2001; Nagayama Hall, 2001). Therefore, increased levels of family cohesion are not detrimental for some families as they are for others (Manzi, Vignoles, Regalia, & Scabini, 2006). Increased levels of adaptability have been shown to have positive effects for African Americans.

Family functioning and ethnic identity. Researchers have reported a positive association between family functioning and racial identity. Utsey, Gierecht, Hook, and Stanard (2008), established that high family adaptability effectively mitigated psychological distress when stress (race-related and life event) was low. The researchers further gleaned from this relationship that family functioning plays an important role in the development of positive racial identity for African Americans. Similarly, Townsend and Lanphier (2007) found family functioning to be indicative of strong racial identification. Specifically, the researchers reported a family with open communication, clear roles, an ability to mobilize needed resources, and an ability to reframe stressful situations to make them more manageable all were associated with stronger racial identity among African American children.

Family functioning and negative psychosocial outcomes. Researchers have studied the link between family functioning and externalizing behaviors in adolescents. Various researchers have documented the predictive ability of family processes for adolescent delinquency in African American and Hispanic families (Barrera, Biglan, Ary, & Li, 2001; Florsheim, Tolan, & Gorman-Smith, 1998; Goran-Smith, Tolan, Henry, &
Florsheim, 2000; Vazonyi & Flannery 1997). Similarly, Dillon, Pantin, Robbins, and Szapocznik (2008) found that parental communication influenced externalizing behaviors in African American and Hispanic late adolescent males and females. Specifically, the amount of parental monitoring influenced how family functioning affected externalizing behavior. Other researchers found family communication to be related to deviant behaviors in late adolescent Caucasian males and males of various ethnic groups (Webb, Moore, Rhatigan, Stewart, & Getz, 2007). Families that have diminished participation in joint family activities, less warmth, affection, and emotional support, and negative communication are linked to the facilitation of adolescent problem behaviors (Alexander & Sexton, 2002).

A connection between substance use and family functioning has been established. Late adolescent alcohol usage over time is positively linked to family conflict (Bray, Adams, Getz, & Baer, 2001). Additionally, researchers found late adolescent drug users to describe their families as having poor communication, less involvement, and more distance than non-users (Stoker & Swadi, 1990).

Past and current researchers have indicated that poor family functioning is associated with adolescent eating disorders. Hoste, Hewell, and Le Grange (2007) studied family functioning in White and ethnic minority young diagnosed with Bulimia Nervosa. Both groups perceived their families to be less cohesive. Latzer, Hochdorf, Bachar, & Canetti (2002) found anorexic and bulimic female adolescents to report their families to be less cohesive, less expressive, and less encouraging of personal growth. Other researchers found adolescents diagnosed with anorexia nervosa to report their families to be less cohesive and flexible with impaired mother-daughter communication (Vidovic, Begovac, Mahnik, Tocidj, 2005).

Family functioning and adoption. Researchers have established that adoptive families including children with and without special needs, which includes transracial adoptive families, to functioning at similar or better levels than normative non-adoptive families (Deiner, Wilson, & Unger, 1988; Groze, 1996; Hoopes, Alexander, Silver, Ober, & Kirby, 1997; Rosenthal & Groze, 1990; Zabriskie & Freeman, 2004). More specifically, researchers have established which factors are indicative of healthy family functioning in adoptive families including children with special needs. Similar to non-
adoptive families, researchers have found spirituality/religious activities to be positively associated to family functioning. Erich & Leung (1998) reported that adoptive families including a child with special needs who participated in religious activities together showed higher family functioning. Additionally, participation in family leisure activities is a strong indicator of healthy family functioning in adoptive families. Freeman and Zabriskie (2003) studied the connection between family functioning and family leisure activities from the perspectives of parents and youth. The researchers found that core (routine family time) and balance (non-routine, planned family time) leisure activity patterns were significantly predictive of family functioning, where as only core leisure activities were significantly predictive of family functioning for youths. Similarly, Zabriskie and Freeman (2004) reported that family functioning positively related to family leisure activities in transracial adoptive families.

**Moderating Variables**

**Sex**

Sex will be studied as a moderating factor in the relationship between ethnic identity level and age, parent-child relationship quality, perceived social support, and family functioning. The purpose of this moderating investigation is to explore possible differences that may exist in how the ethnic identity model fits for female versus male adoptees. This investigation is plausible because sex differences in adjustment have been documented for several psychosocial outcomes including communication in parent-child relationship dynamics (Rosnati, Iafrate, & Scabini, 2007) and effects of social support (Hammock et al., 2004; Paxton, 2004). Furthermore, sex patterns in previous research reflect differences in adopted males and females in areas of adjustment (Brodzinsky, 1993; Burrow, Tubman, & Finely, 2004; Shireman & Johnson, 1986).

**Type of Adoption**

Type of adoption will be studied as a moderating factor in the relationship between ethnic identity and age, parent-child relationship quality, perceived social support, and family functioning. The purpose of this moderating investigation is to explore possible differences that may exist in how the ethnic identity model fits transracial and inracial adoptees. An investigation of this nature is warranted, given the challenges that transracial adoptive families experience regarding coping with racism, the
transmission of the adoptee’s culture, and a lack of support related to these issues (McRoy & Grape, 1999; Vidal de Haymes, 2003). Furthermore “consideration of specific subtypes of adoption, including cases involving racial incongruence between parent and child, may be crucial to understanding key influences upon the adjustment of adopted adolescents” (Burrow, Tubman, and Finely, 2004, p. 269).

Limitations in the Literature

In addition to the aforementioned gaps in the literature, methodological flaws in the body of transracial adoption research are numerous. Sample sizes are typically small with very few black transracial adoptees included (Hollingsworth, 1997; Park & Green, 2000; Rushton & Minnis, 1997). Past researchers failed to use adequate comparison groups for the study of transracial adoptees. Often transracial adoptees are compared to White adoptees or biological children, rather than same race adoptees (Hollingsworth, 1997; Park & Green, 2000). Lastly, there is a lack of focus on sex, multiple outcome measures, and unique influences of race, ethnicity, adoption, and other family level variables in transracial adoption research (Burrough, Tubman, & Finely, 2004; Frasch & Brooks, 2003; Park & Green, 2000). The numerous limitations that exist in this body of research make it difficult to confidently rely on the conclusions drawn (Park & Green, 2000).

Summary

This chapter began by casting the study of ethnic identity in a developmental-contextual framework. A review of transracial adoption was provided (the debate, legislation, outcomes, and issues). The researcher discussed the concepts of age, parent-child relationship satisfaction, perceived social support, and family functioning as they relate to adolescent development. The researcher also discussed the variables’ current connection to ethnic identity, and their potential influence on ethnic identity as a contextual model. Sex and type of adoption as moderating influences on ethnic identity levels was addressed. The researcher covered gaps and methodological limitations in the literature. The purpose of this study is to apply the developmental contextual framework in the examination of influences on the ethnic identity levels within the adopted African American adolescent population.
CHAPTER III

Methodology

Introduction

This cross-sectional study used data derived from an existing longitudinal data set. The focus of this research is to examine the influence of contextual factors on the level of ethnic identity for adolescent adoptees of African descent. Specific details of the research design, sample, instruments, and data collection are provided. Details of the preliminary data analysis are provided.

Research Design

Data for the present study was gathered from wave 2 of 3 in the Florida Adoption Project data set. The primary goal of the Florida Adoption Project was to examine factors that contributed to adoption disruption and stability. Participants included families that adopted children with special needs through Florida’s public child welfare system. Data for the original project was collected in 3 waves. Data waves 1 through 3 were collected during three distinct periods spanning October through December of years 2002, 2003, and 2004 respectively. Survey packets with separate return envelopes for parent and child were mailed to the adoptive families. The packet also included a coupon for a Single Combo Meal from Wendy’s and notification of entry for a 1 in 15 chance of winning a $100 grocery certificate. The Florida Adoption Project was under the direction of Dr. Scott Ryan of the College of Social Work at the Florida State University (FSU), although a collaborative effort was made by FSU’s College of Social Work and the Department of Children and Families. The Dave Thomas Foundation for Adoption funded the project. A subsample of adolescent adoptees and their parents served as the units of analysis for this study. Reasons for utilizing data exclusively from Wave 2 are as follows:

- It is in Wave 2 that an assessment of ethnic identity is first administered.
- As a preliminary study (one of the first of its kind to study the determinants of ethnic identity), the results established from wave 2 data can serve as a solid foundation for future longitudinal work.
- This study will not provide evidence for or against a developmental trajectory in this sample; therefore additional waves of data will not be needed.

Data Selection

Those who bring new research questions to existing datasets are often challenged by how the data were originally gathered. This dataset is one of the largest of its kind, incorporating various indicators for life in adoptive families. The dataset contains extensive information on parents and children. The primary reason for selection of this dataset was an appropriate fit between the population of interest, research questions, and the collected data. The variables selected for use in this study are ethnic identity level, age, sex (coded 0 = male, 1 = female), parent-child relationship satisfaction, family functioning, perceived social support, and type of adoption.

Sample

Sampling. The sample for this study consisted of families that adopted children with special needs through Florida’s public child welfare system. A list of families from all counties in the district that received adoption subsidies served as the original sampling frame. Families that returned their surveys from wave 1 of data collection were mailed a second survey packet to complete. Only adoptees of African descent between the ages of 13 and 22 years were selected for this study. The rationale for the age criterion is developmentally based. Identity formation is a process that begins primarily in adolescence (Erickson, 1968). As a special case of identity, ethnic identity formation is developmentally important during adolescence (Phinney, 1992). Adolescence is considered to end at 22 years of age (Kroger, 2007).

Sample Size. An essential part of ensuring an adequate sample size is performing a power analysis. Power is influenced by effect size (ES) and sample size (Cohen, 1992). The determination of the sufficient sample size should always occur in the early stages of the research planning (Cohen, 1992; Weinfurt, 1995; Stangor, 2004). According to Cohen (1992), the elements needed to calculate the sample size (N) include effect size, specified power, and a significance criterion. Effect size is unique to each statistical test, and may be categorized as small, medium, or large (Cohen, 1992; Green, 1991). Researchers in the
Behavioral Sciences field use a medium effect size and a significance criterion of .05 (Cohen, 1992; Green, 1991). Green (1991) specifies a sample size formula that can be used for Multiple Regression Analysis: \( N > = 50 + 8m \), where \( m \) is the number of independent variables. Assuming a medium effect size, a specified power of .80, a significance criterion set at .05, and 6 independent multiple regression variables, a minimum sample size of 98 subjects is required for this study.

This dataset contained a total sample size of 2,382 cases. The sample was filtered to the 705 cases that included Black adoptees. Next, the sample was filtered to the 284 cases of adolescents between the ages of 13 and 22 years. Finally, the sample was filtered to the 97 cases that contained parental information on race/ethnicity. In an effort to obtain more cases, adoptees that classified their ethnicity as “other” were recoded into the African descent or Non-African Descent categories. Any child who indicated that they were Black (Jamaican, Haitian, Black/Native American, etc.) was selected into the African descent category. Any child who indicated that they were non-Black (White/Hispanic, White/Asian, etc.) was selected into the Non-African Descent category. Children who were identified in the African Descent category added the possibility of 47 additional cases to this study. Those cases were filtered for the specified age consideration (6 cases), then for parents who completed race/ethnicity information (1 case). This process added only 1 case to the study sample for a total of 98 cases.

Sample demographics. A considerable amount of demographic information was missing for this study. Based on the information provided, demographics are average compared to the larger population of adoptive families. Parental demographics include information about the spouse who did not complete this survey. Therefore, demographics provided do not necessarily reflect information regarding parents that completed the survey.

Adolescent demographics. Adolescent demographics are summarized in Table 1. The ages for adolescents in this study ranged from 13-19.5 years, with a mean age of 15.5. Sixteen adolescents were 13 years old, 24 adolescents were 14 years old, 22 adolescents were 15 years old, 12 adolescents were 16 years old, 14 adolescents were 17 years old, 4 adolescents were 18 years old, and 2 adolescents were 19 years old. Fifty-three percent of adolescents were male (52) and 46% were female (46). Ages at adoption
finalization ranged from 1 month to 15.5 years, with a mean age of 6.9 years. Twenty adolescents were transracially adopted, 69 adolescents were inracially adopted, and 9 adolescents were involved in an interracial couple adoption, where parents are of different ethnicities and one parent reflects the ethnicity of the child. An empirical search using the keywords including interracial adoption, interracial couple adoption, and cross-racial adoption in the EBSCO, InfoTrac, Social Science Wilson, and Psych Info databases yielded only 1 of related article. This article addressed interracial couples who adopted multiracial children. However it was not confirmed that the adoptive child reflected the ethnicity of one of the parents (Kenny, 2006). This is the first study that has introduced such a classification for adoptions. The interracial couple adoption group was included as a comparison group in this study.

Table 1
Demographic Characteristics for Adolescents

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>N</th>
<th>%</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at survey</td>
<td>98</td>
<td>15.5</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Age at adoption finalization</td>
<td>67</td>
<td>6.9</td>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>46</td>
<td>46.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>52</td>
<td>53.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Adoption</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transracial</td>
<td>20</td>
<td>20.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inracial</td>
<td>69</td>
<td>70.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interracial Couple</td>
<td>9</td>
<td>9.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parental demographics. Parental demographics are summarized in Table 2. Ninety-five percent of parents who completed the survey were adoptive mothers (77) and 4.9% were adoptive fathers (4), with 17 parents not reporting. The mean age for mothers was 55.7 years and 56.8 years for fathers. This statistic reflects that adoptive parents are
typically older than non-adoptive parents. Ethnicities of parents included African American (68.4% of mothers and 62.8% of fathers), Caucasian (23.5% of mothers and 25.6% of fathers), Hispanic/Latin (3.1% of mothers and 7% of fathers), and other (5.1% of mothers and 4.7% of fathers). Fifty-four percent of parents were married, while 45.8% were not. This statistic generally mirrors the rate of marriage in the larger population. Parents had been married an average of 23.5 years. Parental education level varied, including Less than High School (12.8% of mothers and 22.2% of fathers), High School/GED (33% of mothers and 28.9% of fathers), Technical training (6.4% of mothers and 8.9% of fathers), Some College/AA Degree (28.7% of mothers and 26.7% of fathers), Bachelor’s Degree (14.1% of mothers and 13.3% of fathers), and Master’s/Doctoral Degree (4.3% of mothers). Additionally, employment statuses included Stay at home parent (36.2% of mothers and 8.9% of fathers), Employed part time (8.5% of mothers), Employed full time (39.4% of mothers and 64.4% of fathers) Retired (14.9% of mothers and 26.7% of fathers), and Unemployed but looking (1% of mothers). The average annual household income was $31,984.00 for families in this study, which is well below the national annual household income average of $48,201 (DeNavas-Walt, Proctor, & Smith, 2007).
Table 2

Demographic Characteristics for Parents (N=98)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Adoptive Mothers</th>
<th>Adoptive Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Race Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>67</td>
<td>68.4%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>23</td>
<td>23.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3</td>
<td>3.1%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>5.1%</td>
</tr>
<tr>
<td>Highest Level of Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>12</td>
<td>12.8%</td>
</tr>
<tr>
<td>High School/GED</td>
<td>31</td>
<td>33%</td>
</tr>
<tr>
<td>Technical Training</td>
<td>6</td>
<td>6.4%</td>
</tr>
<tr>
<td>Some College/AA Degree</td>
<td>27</td>
<td>28.7%</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>14</td>
<td>14.9%</td>
</tr>
<tr>
<td>Master’s/Doctoral Degree</td>
<td>4</td>
<td>4.3%</td>
</tr>
<tr>
<td>Married- Total as a group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>52</td>
<td>54.2%</td>
</tr>
<tr>
<td>No</td>
<td>44</td>
<td>45.8%</td>
</tr>
<tr>
<td>If so, how long?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who completed survey?</td>
<td>77</td>
<td>95.1%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Preliminary Data Analysis

The univariate analysis and missing values chart (appendix B) indicate extensive missing data on the 4 quantitative variables Ethnic Identity (36.7% missing), Perceived Social Support (37.8% missing), Parent-child relationship satisfaction (31.6%), and Family Functioning (13%). Percentages of missing values per case can be seen in the chart of missing data. A total of 54/98 cases showed a total of 117 missing values. The range of missing data per cases varied from 20% (1 missing value) to 80% (4 missing values). Thirty-two cases had more than 1 missing value. Adolescents were responsible for providing the data that is missing on 3 of the variables, while parents were responsible for providing data on the variable with the least amount of missing data.

In the Separate Variance t Test, Levene’s Test for Equality of Variances showed a statistically significant difference between the means for the missing group versus the non-missing group on the four variables, p < .001. A cross tabulation table of categorical versus indicator values highlighted differences among groups in the percentage of missing data on the four variables. There were no great differences in the percentage of missing data for the specified variables according to sex. However, patterns emerged based on the type of adoption. Interracial couple adoptees (66.7%) and transracially adopted adolescents (55%) had the highest percentages of missing data on the Ethnic Identity variable, as compared to inracial adoptees (27%). This trend persisted with the Perceived Social Support and the Parent-child relationship satisfaction variables. The missing data seems extensive on variables important to this study, however in context only 5 of 9 interracial couple cases and 10 of 20 transracial cases are missing values to this extent. This means that only 15 out of 98 cases have widespread missing data, which will be remedied by a sound missing data method.

Both missing at random (MAR) and missing completely at random (MCAR) data are similar in that the missingness is unrelated to the variable that has the missing value. MAR and MCAR differ in that MAR has the probability that the missingness may be associated with other variables in the dataset, and MCAR has the probability that the missingness is not associated with any other variables in the data set (Rubin, 1976). Little’s MCAR statistic indicates whether or not values are MCAR. In this study, Little’s MCAR test yielded a chi square value of 35.407 (33), p = .355, indicating that the values
are missing at random. Therefore, there is support for the use of Expectation Maximization to remedy the missing data problems.

Missing data were addressed by using the Estimation Maximization (EM) algorithm to find maximum likelihood estimates for missing values. This missing data method is found in the MVA analysis with SPSS 16.0 program. Estimation Maximization creates realistic estimates of variance, avoids problematic matrices, and a does not inflate solutions (Tabachnik & Fidell, 2001). The Maximum Likelihood method is fairly robust to violations of normality (Chou & Bentler, 1995). The EM method retains all of the cases in the dataset, unlike listwise or pairwise deletion methods. Regression methods for missing data reduce the variance and produces biased estimates, making EM a superior choice. EM is a two-step procedure that generates imputed values based on parameter estimates. According to Tabachnick and Fidell (2001), the first step (E) involves declaring a conditional expectation of the missing data based on the observed values and current parameter estimates. Expectations are then substituted for missing data. In the second step (M), the program computes maximum likelihood estimates by maximizing the likelihood estimations found in step E. This process is repeated until convergence is achieved. Afterwards, the data are filled in and saved in the dataset. The data analysis for the remainder of this study uses imputed data.

The data were evaluated to determine whether the assumptions of normality, homoscedasticity, and linearity were satisfied. Normality violations were detected through skewness (symmetry of distribution) and kurtosis (peakedness of distribution) statistics. Normality is indicated through skewness and kurtosis values that are closer to zero (Tabachnick & Fidell, 2001). Table 1 and the histograms (appendix C) illustrate the normality concerns. Transformations were made for three variables (see table 1). The Ethnic Identity and Family Functioning variables were negatively skewed, while the Parent-child relationship satisfaction variable was positively skewed. Moderately negatively skewed variables should be remedied by first reflecting the variable, then transforming the variable with a square root transformation (Tabachnick & Fidell, 2001). These steps were completed for Ethnic Identity and Family Functioning. Consequently, the transformation of the variables called for a reverse interpretation of score meanings. From this point forward, lower ethnic identity scores will indicate higher levels of ethnic
identity, and lower family functioning scores will indicate higher family functioning.

A second transformation (logarithmic) was completed on Ethnic Identity to assess for a further decrease in skewness and kurtosis. The variable did not respond favorably to a second transformation, therefore the variable in its initially transformed state was used. The Parent-child relationship satisfaction variable was positively skewed; therefore a square root transformation was used to correct normality problems. Parent-child Relationship Satisfaction responded favorably to a second transformation. Relative to the other variables, transformations were not needed on the Perceived Social Support variable. Table 3 summarizes skewness and kurtosis statistics before and after transformations. Histograms (appendix D) indicate improvements in normality.

Table 3

Skewness and Kurtosis Statistics

<table>
<thead>
<tr>
<th>Variables</th>
<th>Skewness Before</th>
<th>Skewness After</th>
<th>Kurtosis Before</th>
<th>Kurtosis After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic Identity Level</td>
<td>-.982</td>
<td>-.535</td>
<td>.244</td>
<td>3.44</td>
</tr>
<tr>
<td>Family Functioning</td>
<td>-1.420</td>
<td>.381</td>
<td>.244</td>
<td>2.089</td>
</tr>
<tr>
<td>Parent-ch. Rel. Satisfaction</td>
<td>1.824</td>
<td>.958</td>
<td>.244</td>
<td>4.866</td>
</tr>
<tr>
<td>Perceived Social Support</td>
<td>.647</td>
<td>-</td>
<td>.244</td>
<td>.716</td>
</tr>
</tbody>
</table>

Note: standard error values were the same for all variables and remained stable over transformations.
The homoscedasticity and linearity assumptions are linked to normality. If the normality assumption is met, relationships between variables are homoscedastic and linearity is adequate (Tabachnick & Fidell, 2001). Concerns of homoscedasticity and linearity have been addressed through the aforementioned transformations to correct normality issues. A visual inspection of the scatterplots also confirmed that the normality, homoscedasticity, and linearity had been improved. Multicollinearity was not a problem for the variables in this study, as no correlations among variables were found to be .7 or above in the correlation matrix (Tabachnick & Fidell, 2001).

The presence of univariate outliers was confirmed by a visual scan of the histogram plots. This is a readily understood method to assess for the presence of outliers (Tabachnick & Fidell, 2001). Additionally, the missing data chart was used to detect the presence of single and multivariate outliers, indicated by a quartile criterion on the chart. Extreme values are indicated by a plus (+) or minus (-) on the chart. There were a total of 9 outliers, and no multivariate outliers in this study. The influence of outliers can be minimized through the transformation of variables. Transformation is a viable option to remedy the influence of outliers in this study because outliers could not be deleted due to sample size concerns. The same transformations that corrected normality problems also resolved potential concerns with outliers. Improvement confirmation is provided by a visual check of the before and after histograms of the transformed variables (appendices C and D).

**Instruments**

This study incorporated 3 of the 5 measures included in the adolescent survey packet. The measures are (a) The Multigroup Ethnic Identity Measure (MEIM), (b) The Multidimensional Scale of Perceived Social Support (MSPSS), and (c) The Parent Child Relationship Measure (PCRM). Additionally, the Family Functioning Style Scale (FFSS) and demographic data were pulled from the parent survey packet.

**Dependent Variable Measure**

*The multigroup ethnic identity measure.* The Multigroup Ethnic Identity Measure (MEIM) (Phinney, 1992) is a brief, self-report measure that assesses the degree of identification with one’s ethnic group. The original measure includes 23 items separated into the following 6 subscales: Affirmation and Belonging, Ethnic Identity Achievement,
Ethnic Behaviors and Practices, Ethnic self-identification, Ethnicity, and Parent’s ethnicity. Ethnic identity and parents’ ethnic identity are not scored; rather they are used for background information.

After additional instrument testing and revision, the final version of the measure included 2 subscales. The first subscale, Ethnic Identity (EI), consists of 14 items assessing three areas of ethnic identity: Affirmation and Belonging (5 items), Ethnic Identity Achievement (7 items), and Ethnic Behaviors or Practices (2 items). The second subscale, Other-Group-Orientation (OGO), consists of 6 items measuring attitudes towards interaction with others of different ethnic groups (Phinney, 1992). Confirmatory factor analysis confirmed the two-factor model. All items loading on EI reached factor loadings of .45 or higher, while 3 of 6 items loading on OGO reached .45 (Ponterrotto, Gretchen, Utsey, Strucuzzi, Saya, 2003). EI explained 31% of the variance, OGO explained 10% of the variance, and interfactor correlation was indicative of relative factor independence (.07) (Ponterrotto, Gretchen, Utsey, Strucuzzi, Saya, 2003). These findings mirrored Phinney’s (1992) original factor analysis results.

This study utilized 12 of 14 items on the Ethnic Identity (EI) subscale, the same scale utilized in the original dataset. Two negative statements assessing EI were omitted. Item response is measured on a 4 point-Likert scale ranging from strongly disagree 1 (strongly agree) to 4 (strongly disagree). Overall Scores for the MEIM are derived by summing across items (reversing negatively worded items) and obtaining the mean. Scores range from 1 (indicating low ethnic identity) to 4 (indicating high ethnic identity). Subscale scores are derived by summing items on each subscale. Higher scores indicate higher levels of ethnic identity. This study used subscale scores.

This scale was chosen due to its applicability across ethnically diverse groups (Phinney, 1992). The MEIM was standardized with an ethnically diverse population of high school and college students over a 5 year period. Overall internal reliability was .81 for the high school population. Internal reliabilities for the Affirmation/Belonging and Ethnic Identity Achievement subscales were .75 and .69, respectively. Overall internal reliability for the college sample was .86. Affirmation/Belonging and Ethnic Identity Achievement subscale reliabilities were .86 and .80 respectively. Reliabilities were higher for college sample than for the high school sample. Coefficients were not provided.
for the Ethnic Behaviors subscale due to the presence of only two items, but Phinney
(1992) confirms that the subscale was shown to add to the overall reliability of the
measure. In a more recent study, the MEIM was standardized with Asian American
college students (Lee & Yoo, 2004). Lee and Yoo (2004) reported acceptable reliability
for the 3 subscales; while concurrent validity was demonstrated measures of self-esteem
and social connectedness. For this study, internal reliability was determined to be very
good, with a Chronbach Alpha score of .87. The internal reliability established for this
study is higher than what was reported in prior research.

Independent Variable Measures

Multidimensional scale of perceived social support. The Multidimensional Scale
of Perceived Social Support (MSPSS) (Zimet et al., 1988) is a brief 12 item, self-report
measure which assesses the perceived adequacy of support from family members, friends
and significant others. The 12 items are divided into 3 subscales. Four items assess family
support, 4 items assess support from friends, and 4 items assess support from significant
others. All responses for questions were formatted on a 7 point-Likert scale, ranging from
very strongly agree (1) to very strongly disagree (7). Two reversed scored items are
included on each subscale. Scores are derived by reversing negatively worded items then
summing items on each subscale and take the mean score from the three subscale scores.
Lower scores are indicative of higher levels of perceived social support, while higher
scores are indicative of lower levels of perceived social support.

This instrument was initially standardized with a sample of college students
(Zimet et al., 1988). The original reliability for the MSPSS is considered to be very good,
with an overall Chronbach Alpha value of .88. Original reliability values for the
significant other, family, and friends subscales were also considered very good to
excellent, with alpha values at .91, .87, and .85 (Zimet et al., 1988). The MSPSS test-
retest reliability for the Family, Friends, and Significant other subscales was considered
to be adequate, with scores of .85, .75, and .72, respectively.

After additional studies, the MSPSS was standardized with additional populations
including pregnant women, pediatric residents, and adolescents living abroad (Zimet,
Powell, Farley, Werkman, & Berkoff, 1990); adolescent psychiatric inpatients (Kazarian
& McCabe, (1991); and psychiatric outpatients (Cecil, Stanley, Carrion, & Swann, 1995).
More recently, the MSPSS has been standardized with urban African-American adolescents (Canty-Mitchell & Zimet, 2000). Canty-Mitchell and Zimet (2000) reported excellent overall internal reliability for the MSPSS, with a score of .93. Similarly, subscale internal reliability scores for Family, Friends, and Significant Others were very good, with scores of .91, .89, and .91, respectively. The MSPSS Family subscale demonstrated discriminant validity. The differences among correlations between the MSPSS Family subscale and the Adolescent Family Caring Scale (AFCS) were significantly stronger than the correlations between AFCS and the Friend and Significant Other subscales (Canty-Mitchell & Zimet, 2000). For this study, the internal reliability for the MPSS was determined to be .64, considerably lower than reported in prior research.

**Parent-child relationship satisfaction scale.** The Parent-Child Relationship Satisfaction Scale (PCRS) is a 7 item, self-report questionnaire that gauges the level of satisfaction in the parent-child relationship. Questions are summed to yield a score, and used as continuous variables when analyzing data. Lower scores represent greater parent-child relationship satisfaction.

Responses are formatted on a 4-point Likert scale, from 1 to 4. The first question ("get along") ranged from (very well to very poorly). The second question ("time together") was rated from everyday to once per month/not at all. The third question ("communication") was ranked from excellent to poor. The fourth question ("impact of family") was rated from very positive to very negative. The remaining 3 questions all ranged from yes, very much so to no, not at all. This scale has been used by other researchers (Groze, 1996; Groza & Ryan, 2002; Groza, Ryan, & Cash, 2003; Hinterlong & Ryan, in press; Ryan & Groza, 2004). Reliability is very good, with Chronbach Alpha scores at .93 (Groza, Ryan, & Cash, 2003) and .90 (Ryan & Groza, 2004). Factor analysis determined that all seven questions loaded on one factor, explaining 64.65% of variance. Additionally, all questions loaded with a minimum factor loading of .7. This instrument is characteristically used with adult populations. The present study was the first time it was used with adolescents, therefore psychometric properties were established. For this study, internal reliability was determined to be good, with a Chronbach Alpha of .84. This score is slightly lower than the internal reliability that was reported in prior research.
Family Functioning Style Scale. The Family Functioning Style Scale (FFSS, Deal, Trivette, & Dunst, 1988) is a 26 item self-report instrument that takes a strengths perspective (Early, 2001) in examining family functioning. The scale was operationalized by Trivette, Dunst, Deal, Hamby, & Sexton, 1994). This scale assesses family strengths that facilitate family functioning. Principal Component analysis determined 5 factors, representing 5 major aspects of family functioning (Trivette et al., 1994; Trivette, Dunst, Deal, Hamer, & Propst, 1990). Items loaded at .4 and above on the five subscales (Trivette et al, 1994). The five subscales are (a) Interactional Patterns: extent to which family members spend time together, do not take each other for granted, respect family members’ opinions, and share concerns and feelings, (b) Family Values: validating family accomplishment, making personal sacrifices for the benefit of other members, and believing that family relationships outweigh material possessions, (c) Coping Strategies: the family’s ability to uphold a positive outlook on events and not excessively worry about overwhelming and uncontrollable situations, (d) Family Commitment: family members’ ability to make decisions that benefit the whole family, and (e) Resource Mobilization: the family’s ability to obtain support externally. A five-point Likert scale is utilized for item responses, ranging from 1 (not at all like my family) to 5 (almost always like my family). A global family functioning score is derived by summing all 26 items. Higher scores are indicative of better family functioning.

The original overall scale internal consistency and split-half reliability score was .92, with subscale coefficients ranging between .77 (coping strategies) and .85 (family values). Recently, researchers who used the scale found overall internal reliability scores to be .84 (McGrath & Sullivan, 1995), .90 (Hossain, 2001), and .92 (Parila, et al., 2005). Trivette and colleagues (1994; 1990) established criterion, predictive, and construct validity for the FFSS. For this study, the internal reliability was determined to be excellent at .96.

The FFSS has been normed for use on parental participants. Mothers and fathers typically complete this measure. It has been culturally normed on Finnish mothers (Pirila et al., 2005) and Navajo Indian mothers and fathers (Hossein, 2001) in addition to American parents. This study validated the use of this instrument with adoptive parents.
Demographic Information. Adolescent adoptee characteristics and parental demographic information will be used as descriptive variables (see appendix A).

Data Analysis

Research hypotheses were examined by conducting ANOVA, Pearson $r$ Correlation, and Standard Multiple Regression analyses. Results of the data analyses are provided in the following chapter.

Two ANOVAs were conducted to examine the relationship between (a) ethnic identity and sex and (b) ethnic identity and type of adoption. ANOVA analyses are appropriate to assess relationships between continuous and discrete/categorical variables, whereas chi-square analyses assess the relationship between two discrete/categorical variables (Tabachnick & Fidell, 2001). T-tests only allow a comparison of two means, while ANOVA allows for the comparison of 2 or more. For an Independent samples T-Test, participants must be randomly assigned to a group. Sex and type of adoption are not randomly assigned to the participants of this study. For a Paired samples T-Test, one group is compared on scores of two different variables, which was not a goal of the study. An adjustment to the significance criterion is needed when the number of tests exceeds the number of degrees of freedom in order to keep alphas across tests at an acceptable level (Tabachnick & Fidell, 2001). A Bonferroni-type adjustment was utilized to guard against this problem.

A Pearson product moment correlations (Pearson $r$) analysis was used to assess the size and direction of the relationship between ethnic identity level and parent-child relationship satisfaction, perceived social support, family functioning, age, and sex. Variables measured on an interval scale are better suited for assessment using parametric approaches, while non-parametric approaches are better suited for variables measured on a nominal or ordinal scale (Snyder & Mangrum, 1996). The Pearson $r$ correlation analysis is fairly robust to violations of normality, linearity, and heteroscedasticity (Snyder & Mangum, 1996). The direction of the relationship is considered to be positive, if a change in one variable produces a change in the same direction for another variable. A negative relationship is observed if the change is in different directions for the variables. The strength of the relationship is judged according to how close it gets to 1.
The strength of the relationship can range from 0 (no relationship) to 1 (a perfect relationship).

Standard Multiple Regression analysis was conducted in order to examine the unique and global contributions of the independent variables in predicting the variability in ethnic identity level. Standard Multiple Regression is the chosen method of regression analyses for this study. Standard Multiple Regression was the best option largely based on sample size. The sample size for this study (N=98) is adequate for Multiple Regression, however a larger sample size would be necessary to perform a Hierarchical Regression analysis (N≥104+6=110) (Green, 1991). The consideration of sample size (along with effect size and significance criterion) is important in order to retain the desired amount of power and precision to detect true effects in the population (Tabachnick & Fidell, 2001; Tate, 1996). Hierarchical regression was the initial preference for this study because there is strong theoretical support for the order of entry for variables, but the study sample size does not support it. In addition to compromising power, conducting Hierarchical Regression without the suggested sample size can increase the likelihood of a higher standard error of the estimate (reflecting the lack of model fit) and higher standard error of the coefficient, which potentially produces inaccurate results (Tate, 1996). All analyses were performed with the SPSS 16.0 program.
CHAPTER IV

Results

The results of the data analyses are provided in this chapter. Three types of analyses were conducted in order to examine the research questions and hypotheses: The Analysis of Variance, Pearson r Moment Correlations, and Standard Multiple Regression analyses. The research questions for this study were:

- Question 1. Do the ethnic identity levels of adolescent adoptees of African descent differ as a function of sex and type of adoption (transracial or inracial)?
- Question 2a. Is there an association between the variables age, parent-child relationship satisfaction, perceived social support, and family functioning, sex, and type of adoption and ethnic identity level?
- Question 2b. To what extent does the contextual model including the variables age, sex, parent-child relationship satisfaction, perceived social support, and family functioning impact the ethnic identity level?
- Question 3. Does the extent to which the contextual model impacts ethnic identity level differ as a function of sex and type of adoption?

The research hypotheses for this study were:

- Hypothesis 1a. Inracial adoptees have higher ethnic identity levels than transracial adoptees, as measured by the Multigroup Ethnic Identity Measure (MEIM). (Phinney, 1992).
- Hypothesis 1b. Male adoptees will exhibit higher levels of ethnic identity than females, as measured by the MEIM (Phinney, 1992).
- Hypothesis 2. Higher levels of ethnic identity will be positively associated with (a) age, (b) parent-child relationship satisfaction, as measured by Parent-Child Relationship Satisfaction Scale (PCRS), (c) perceived social support, as measured by the Multidimensional Scale of Perceived Social Support (MSPSS, Zimet, et al., 1988), (d) family functioning, as measured by the Family Functioning Style Scale (FFSS, Deal, Trivette, & Dunst, 1988), (e) being male, and (f) inracially adopted.
- Hypothesis 3. The extent to which the age, parent-child relationship satisfaction, perceived social support, and family functioning impacts the ethnic identity level
of adoptees will differ as a function of sex (female and male) and type of adoption (transracial and inracial).

Analysis of Variance Results

Two ANOVAs were conducted to examine the relationship between ethnic identity and sex and ethnic identity and type of adoption. As previously stated, reflecting the ethnic identity level variable during the transformation process caused the interpretation of the scores to be reversed. Lower scores indicate higher levels of ethnic identity. The first test revealed that inracial adoptees had higher mean scores on ethnic identity (3.42, S.D .889) than transracial adoptees (3.78, S.D .906) and Interracial couple adoptees had the highest mean score (3.39, S.D .332) of all 3 groups. However, differences between the groups were not statistically significant, F (2, 95) = 1.55, p > .05.
The second ANOVA analysis revealed that males had a higher mean score on
ethnic identity (3.39, S.D. .839) than females (3.59, S.D. .890). However, the differences
were not statistically significant, F (1, 96) = 1.31, p > .05.
Table 5

Analysis of Variance for Ethnic Identity Scores and Sex

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>52</td>
<td>46</td>
</tr>
<tr>
<td>Mean</td>
<td>3.395</td>
<td>3.595</td>
</tr>
<tr>
<td>Std. Deviation</td>
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<td>.890</td>
</tr>
<tr>
<td>Std. Error</td>
<td>.116</td>
<td>.131</td>
</tr>
<tr>
<td>SS within, between</td>
<td>1, 96</td>
<td></td>
</tr>
<tr>
<td>MS within, between</td>
<td>.978, .745</td>
<td></td>
</tr>
<tr>
<td>df within, between</td>
<td>1, 96</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>1.313</td>
<td></td>
</tr>
<tr>
<td>Significance</td>
<td>.255</td>
<td></td>
</tr>
</tbody>
</table>

*Significant at the .05 level

**Pearson r Correlation Results**

Pearson product moment correlations (Pearson r) were used to assess the size and direction of the relationship between ethnic identity level and parent-child relationship satisfaction, perceived social support, family functioning, age, and sex. The Pearson r correlation analysis yielded statistically significant results for two variables (see table 6). Parent-child relationship satisfaction (2) (r = .463, p = .000) and family functioning (3) (r = .302, p = .003) had a positive, statistically significant relationship with ethnic identity level (EIL), with significance at the .01 level (2 tailed). The relationship between parent-child relationship satisfaction and ethnic identity level indicates that as ethnic identity level decreases (representing a higher level of ethnic identity), parent-child relationship
satisfaction also decreases (representing a higher level of satisfaction). This relationship is of modest strength. The relationship between family functioning and ethnic identity level indicates that as ethnic identity level decreases (representing a higher level of ethnic identity), family functioning also decreases (representing an increased level of functioning). This relationship is of modest strength (see table 6).

Perceived social support (4), child’s age (6), and child’s sex (7) did not display statistical significance, however, they were positively correlated with ethnic identity. Type of adoption (5) was the only variable that was negatively correlated with ethnic identity.

Table 6
Summary of Pearson $r$ Correlations Between Independent and Dependent Variables

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic Identity Level</td>
<td>-</td>
<td>.462**</td>
<td>.302**</td>
<td>.195</td>
<td>-.162</td>
<td>.016</td>
<td>.116</td>
</tr>
<tr>
<td>P-c Rel. Sat.</td>
<td>-</td>
<td>-</td>
<td>.453**</td>
<td>.547**</td>
<td>-.033</td>
<td>.058</td>
<td>.238*</td>
</tr>
<tr>
<td>Family Functioning</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>.417**</td>
<td>-.158</td>
<td>.083</td>
<td>.146</td>
</tr>
<tr>
<td>Perceived Soc. Support</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-.052</td>
<td>.037</td>
<td>.076</td>
</tr>
<tr>
<td>Type of Adoption</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>.064</td>
<td>-.032</td>
</tr>
<tr>
<td>Child Age</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-.163</td>
</tr>
<tr>
<td>Child Sex</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

* Significant, $p<.05$ level
** Significant, $p<0.01$ level
Standard Multiple Regression Results

Standard Multiple Regression analysis was conducted in order to examine the unique and global contributions of the independent variables in predicting the variability in ethnic identity level. The analysis was performed using SPSS 16.0 software. The multiple correlation coefficient (R) is .524, which was determined to be significant at the .01 level, F (7, 90) = 4.864, p < .01. The model R^2 of .274 (27.4%), indicating the total proportion of criterion variance explained by the model, was statistically significant at the .05 level. The adjusted R^2, compensating for the positive bias in R^2, was .218, indicating that the independent variables in the model explained a total of 21.8% of the variance in ethnic identity level. The standard error of estimate was .764.

The effects of the individual regression coefficients on ethnic identity level are summarized in Table 7. The positive effect of parent-child relationship satisfaction on ethnic identity, significant at the .01 level (t = 4.215, p < .001), reflects an estimated change of .487 in ethnic identity level units for every unit change in parent-child relationship satisfaction, controlling for the other variables. Parent-child relationship satisfaction was the only regression coefficient to make a statistically significant contribution to the regression model. Additionally, the significance of this variable is reflected in its 95% confidence interval, which does not capture zero (allowing the rejection of the null hypothesis). Squaring the Part correlation of the parent-child relationship satisfaction variable indicates its unique contribution to the R^2, and tells how much R^2 will be reduced when this variable is removed from the equation. The unique contribution of the parent-child relationship variable is .143, or 14.3%, a significant part of the 27.4 % R^2 or 21.8% adjusted R^2.

Family functioning had a positive effect on ethnic identity, although not statistically significant. There was a .140 unit change in ethnic identity for every unit change in family functioning, controlling for all other variables. The remaining variables had a negative effect on ethnic identity level and were not statistically significant.
Table 7
Standard Multiple Regression with All Independent Variables (N=98)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
</tr>
<tr>
<td>(Constant)</td>
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<td>1.111</td>
</tr>
<tr>
<td>Child's Age</td>
<td>-.007</td>
<td>.053</td>
</tr>
<tr>
<td>Child’s Sex</td>
<td>-.032</td>
<td>.163</td>
</tr>
<tr>
<td>Type of Adoption</td>
<td>-.215</td>
<td>.149</td>
</tr>
<tr>
<td>Social Support</td>
<td>-.017</td>
<td>.016</td>
</tr>
<tr>
<td>Family Functioning</td>
<td>.070</td>
<td>.053</td>
</tr>
<tr>
<td>Par-ch. Rel. Sat.</td>
<td>4.093</td>
<td>.971</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Ethnic Identity Level
**Significant at the .01 level, p<.01

Additional Standard Multiple Regression analyses indicated that the model predicted ethnic identity level differently across sex. For males, the model R of .453 was not statistically significant, F (5, 46) = 2.381, p > .05. The model variables predicted 11.9% (adjusted R^2) of the total variance in ethnic identity. Each of the regression coefficients had a positive effect on ethnic identity level, which was not statistically significant (see table 8).

For females, the model R of .593 was statistically significant, F (5, 40) = 4.350, p<.01. The adjusted R^2 indicates that 27.1% of the total variance in ethnic identity is explained by the model for females. The parent-child relationship satisfaction variable made the only statistically significant contribution to the regression model for females, t (5) = 3.781, p < .01. The model had a better fit for females than for males, according to the standard error of the estimate at .759 and .787, respectively.
Table 8

Standard Multiple Regression with the Direct Effects of Sex (N=98)

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE B</td>
</tr>
<tr>
<td>Child’s Age</td>
<td>.019</td>
<td>.070</td>
</tr>
<tr>
<td>Parent-child Rel. Satisfaction</td>
<td>.2525</td>
<td>.070</td>
</tr>
<tr>
<td>Family Functioning</td>
<td>.127</td>
<td>.080</td>
</tr>
<tr>
<td>Perceived Social Support</td>
<td>.000</td>
<td>.022</td>
</tr>
<tr>
<td>Type of Adoption</td>
<td>-.074</td>
<td>.210</td>
</tr>
<tr>
<td>Constant</td>
<td>.352</td>
<td></td>
</tr>
<tr>
<td>df</td>
<td>5, 46</td>
<td>5, 40</td>
</tr>
</tbody>
</table>

**Significant at the .01 level, p<.01

Additional Standard Multiple Regression analyses indicated that the model predicted ethnic identity level differently across type of adoption (see table 9). For transracial adoptees, the model R at .481 was not statistically significant, F (5, 14) = .843, p > .05. The model predicted -4.3% (adjusted R²) of the overall variance in ethnic identity. The t statistics and significance values indicated that none of the regression coefficients made a statistically significant contribution to the regression model for transracial adoptees (see table 9).

The model predicted variability in ethnic identity level much better for inracial adoptees than for transracial adoptees, while it predicted best for interracial couple adoptees. The model R at .990 was statistically significant, F (5, 3) = 28.370, p = .010, for interracial couple adoptees as compared to inracial adoptees, R = .554, F (5, 63) = 5.575, p < .01. The adjusted R² was .945 for interracial couple adoptees, as compared to
.252 for inracial adoptees. The three variables that provided statistically significant contributions to the regression model for interracial couple adoptees were age (t = 5.441, p < .05), parent-child relationship satisfaction (t = 5.438, p < .05), and perceived social support (t = -7.148, p <.01) (see table 9). The only variable to show a statistically significant contribution to the regression model for inracial adoptees was parent-child relationship satisfaction (t = 4.208, p = .000). The model fit was best for interracial couple adoptees, and least for transracial adoptees, according to the standard error of the estimates at .078 and .924, respectively.

Table 9

Standard Multiple Regression with the Direct Effects of Type of Adoption (N=98)

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Transracial</th>
<th>Inracial</th>
<th>Interr. Couple</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE B</td>
<td>Beta (β)</td>
</tr>
<tr>
<td>Child’s Age</td>
<td>-.080</td>
<td>.139</td>
<td>-.145</td>
</tr>
<tr>
<td>Child’s Sex</td>
<td>-.418</td>
<td>.499</td>
<td>.237</td>
</tr>
<tr>
<td>Par-ch. Relationship Satisfaction</td>
<td>-2.100</td>
<td>4.573</td>
<td>-.176</td>
</tr>
<tr>
<td>Family Functioning</td>
<td>.311</td>
<td>.217</td>
<td>.446</td>
</tr>
<tr>
<td>Perceived Social Support</td>
<td>-.027</td>
<td>.057</td>
<td>-.151</td>
</tr>
<tr>
<td>Constant</td>
<td>5.996</td>
<td>-.861</td>
<td>-</td>
</tr>
</tbody>
</table>

**Significant at the .01 level, p<.01
The next chapter includes a summary and discussion of the results stated in this chapter. Limitations of this study and future recommendations for research, clinical practice, and policy are provided in the following chapter.
CHAPTER V
Discussion

The goals of this study were to assess the extent to which a model of contextual factors influence the ethnic identity level of adopted adolescents of African descent, and assess the extent to which the proposed model differs for adoptees as a function of sex and type of adoption. The hypotheses of this study were partially supported. Differences in ethnic identity level across sex and type of adoption were not statistically significant. Parent-child relationship satisfaction and family functioning were the only variables that were significantly correlated with ethnic identity. The contextual variables collectively predicted 21.8% of the variance in ethnic identity, with parent-child relationship satisfaction contributing the most significantly out of all variables for adoptees overall (14.3%).

Additionally, the model significantly predicted the variance in ethnic identity level for female, inracial, and interracial couple adoptee groups. The contextual variables predicted the variance in ethnic identity level differently across sex. The model predicted ethnic identity level better for females than males. Lastly, the contextual model predicted the variance in ethnic identity level differently across type of adoption. Model fit was better for inracial than transracial adoptees, while it fit was best for interracial couple adoptees. The model significantly predicted the variance in ethnic identity level for inracial and interracial couple adoptees, but not for transracial adoptees.

At the subgroup level, parent-child relationship satisfaction was a statistically significant contributor to the variance in ethnic identity level for females, inracial, and interracial couple adoptee groups. Parent-child relationship satisfaction was more influential on ethnic identity for inracial adoptees than transracial adoptees. A reason for this finding may be related to the Racial Socialization process. African American parents customarily use messages of cultural pride, group knowledge, and acceptance to strengthen children’s abilities to cope and counteract negative experiences of racism and discrimination (McHale et al., 2006), as do many families of color (Umaña-Taylor & Fine, 2004). Age and perceived social support were important predictors of ethnic identity for interracial couple adoptees only. The effect of perceived social support on ethnic identity was particularly strong for this group. Sex and type of adoption proved to
be important as moderating factors. Family functioning was not a significant contributor to the variation in ethnic identity level for the overall group or any subgroups. None of the contextual variables were significant in contributing to the variability in ethnic identity for transracial adoptees or male adoptees.

**Theory and Current Findings**


**The Applied Developmental Contextual Model.** Assumptions for this theory include (a) the individual and his/her context are involved in a dynamic, mutually influencing interplay, (b) the context is multileveled and separated according to the proximity to the individual, (c) influential variables are embedded in each level of the context, (d) the interactional processes of the person and the context influence each other over time, thereby influencing the resulting developmental outcome (Lerner, 1991). Findings for the current study showed evidence to support the theoretical assumptions. Parent-child relationship satisfaction, age, perceived social support were found to be statistically significant in influencing the variability for adoptees. Family functioning and parent-child relationship satisfaction were found to have a statistically significant correlation with ethnic identity level. These variables exert influence from different levels of the context. Age is a personal characteristic of the individual, parent-child relationship satisfaction and family functioning are process characteristics in the proximal environment, and perceived social support is situated in the distal environment. Parent-child relationship satisfaction was found to have the most significant influence on ethnic identity level, and is situated in the proximal environment closest to the individual.

**The Developmental Perspective.** Assumptions encompassing Erickson (1968) and Marcia (1980) include (a) the central task of adolescent development is the development of an identity, (b) Identity development begins during the middle adolescent developmental phase, (c) physical, emotional, and social development both facilitates and simultaneously occurs with identity development (e) individuals emerge from adolescence with an established identity, (f) identity development can be categorized into
4 types based on the extent to which exploration and commitment occur, (g) individuals are most likely to have an achieved ethnic identity in the late adolescence phase., and (h) individuals may not progress through the statuses in an orderly fashion.

The findings of this study partially support assumptions of this theory. Overall, ethnic identity scores were consistently high regardless of the adoptee’s age, and age did not show statistical significance in the correlation with ethnic identity level. A developmental trajectory for ethnic identity was not supported in this respect. However, age proved to be statistically significant in predicting the variability in ethnic identity level for interracial couple adoptees. Perceived social support proved to be statistically significant in predicting variability in the ethnic identity level for interracial adoptees. Developmentally, past researchers have found that family and peer social support facilitate positive development for adolescents (Barber & Olsen, 1997, Cavanaugh, 2004). As found in this study, it is widely reported by past researchers that parent-child bonding facilitates optimal child and adolescent development (Brody & Flor, 1998; McCabe & Clark, 1999; Rosnati & Marta, 1998).

**Ethnic Identity Development Model.** Theoretical assumptions include (a) contextual factors at the family, community, and societal levels influence ethnic identity, (b) ethnic identity can be classified according to the level of conscious awareness and commitment in adolescence and adulthood, and (c) one progresses through the ethnic identity stages as one moves from adolescence to young adulthood. Variables found to be statistically significant in this study can be categorized into the levels of the context reported affect ethnic identity, according to Phinney (1990). Parent-child relationship satisfaction and family functioning fit into the family level in the context as influences, perceived social support fits into the community level of the context, and age is an individual factor. Age was not significantly correlated with ethnic identity level; however it did predict the variance in ethnic identity level for interracial couple adoptees. Age seemed to be a factor in ethnic identity level for some adoptees but not all.

**Current Findings and Past Research**

Past researchers have provided support for and against the findings in this study. Recently, researchers have determined that the familial context is instrumental in the facilitation of ethnic identity for youths across ethnic groups (Townsend & Lanphier,
2007; Umaña-Taylor, Bhanot, & Shin, 2006). Many researchers have reported the significance of parent-child relationships in the facilitation of ethnic identity for youth (Caldwell, Zimmerman, Bernat, Sellers, & Notaro, 2002; Swenson & Prelow, 2005). Similar to this study, some scholars have found sex to moderate other outcomes, such as anxiety levels (Hammock, Robinson, Shah, & Schoney, 2004) or adjustment (Brodzinsky, 1993; Burrow, Tubman, & Finely, 2004). Past social scientists have reported a positive link between social support and ethnic identity (Gaylord-Hardin, Ragsdale, Mandara, Richards, & Peterson, 2007). Additionally, past researchers have found that adequate social support enhances adolescent outcomes (Roth, Mittelman, Clay, Madan, & Haley, 2005; Stice, Presnell, & Spangelr, 2008; Woodruff, Conway, & Edwards, 2008). The findings in this study are generally supported by past research. However, Townsend & Lamphier (2007) found family functioning to play a significant role in the development of positive ethnic identity. The results of this study do not substantiate this finding, although a statistically significant positive correlation between ethnic identity level and family functioning was found.

The findings of this study were interesting for several reasons. It was intriguing to find that the contextual variables did not significantly predict the variability in ethnic identity level for transracial adoptees, as it did for inracial and interracial couple adoptees. This finding substantiates the presence of unique dynamics and factors in transracial adoptive families. It was expected that parent-child relationship satisfaction proved to be a significant factor in predicting the variance in ethnic identity level, however it was not expected that it would be the sole significant contributor overall. Lastly, it was surprising to find that age was not significantly correlated with ethnic identity for all groups, considering the overwhelming support of this relationship according to the developmental perspective and the ethnic identity model.

**The Interracial Couple Adoption Opportunity**

A third comparison group emerged in this study. To the researcher’s knowledge, there are no prior studies that include such a group. This may be because they are classified as part of the inracial or transracial groups in past studies. In this study, interracial couple adoptions did not fit with the definition of the other two groups and therefore emerged as its own group. There were 9 adolescents that fell into this category.
It was interesting to find that the contextual model had an exceedingly better fit for the interracial couple adoptees than the transracial or inracial adoptees. Furthermore, interracial couple adoptees had the highest ethnic identity levels with very little variation in their scores. Again, to the researcher’s knowledge, no past studies have yielded such results regarding this comparison group.

**Limitations**

As with all research, limitations exist in the current study. Analyses may have yielded different results if the 186 cases with missing values on ethnicity/race could have been considered for inclusion in the analysis. Furthermore, in-depth analyses such as Hierarchical Regression and consideration for interaction effects of sex and type of adoption were prevented due to the limited sample size. In doing secondary data analysis, the scales utilized in this study were not originally chosen for the purpose in which they were used. The low internal reliability on the Multidimensional Perceived Social Support instrument indicates that another measure may yield better results for this sample. Additionally, the use of a scale specifically derived for Black ethnic or racial identity may reveal more specific information related to the culture that is not detected with the Multigroup ethnic identity measure. Finally, this study only included African American adolescents who were adopted. Caution should be exercised in extrapolating the findings of this study to younger or older adoptees, adoptees of other ethnicities, and those who are not adopted.

**Research Implications**

There are several recommendations for future investigators that will extend research in this area.

- A consideration for a change in alpha level is appropriate for an area of research in which little is known. An alpha level of .10 can be used to identify the level at which differences in ethnic identity are detected if the sample size is limited.
- This study should be replicated with additional comparison groups in order to extrapolate findings to a larger population, such as international adoptees and children of varied ages and ethnicities.
Further consideration of interracial couple adoptees as a comparison group is warranted in order to understand how they are similar or different from transracial and inracial adoption groups relative to ethnic identity.

Future researchers should examine additional family level variables as determinants of ethnic identity for adoptees, such as mother versus father involvement and sibling relationships. Furthermore, an examination of how parent-child relationship satisfaction facilitates ethnic identity is needed. A focus on specific family level behaviors related to parent-child relationship satisfaction is necessary. Lastly, a cluster analysis should be considered in the study of family level variables to determine how sample clustering may impact results.

The current study should be replicated with a larger sample size in order to conduct more sophisticated analyses to increase specificity of findings, such as an analysis of interaction effects of sex and type of adoption or Hierarchical Multiple Regression.

The current study suggested that males and transracial adoptees have different dynamics that affect their ethnic identity than do inracial and interracial couple adoptees. Future researchers should employ Qualitative methodology to tease out the differences that exist across these groups regarding determinants of ethnic identity.

The next step in this area of study is longitudinal consideration. A longitudinal study could examine how these findings hold up over time, thereby providing evidence of a developmental trajectory. Additionally, longitudinal consideration could provide more specific information regarding the identification of certain variables that are more influential at specific points in development than others for ethnic identity.

Clinical Implications

The findings of the current study are contradictory to the researcher’s clinical experiences. The findings indicated that statistical differences did not exist in the ethnic identity level of inracial, transracial, and interracial couple adoptees. The researcher’s clinical experiences substantiate that some transracial adoptive children demonstrate qualitative differences in their ethnic identification level as compared to children inracial...
adoptees. The researcher’s clinical experiences indicate that transracial adoptees often have a preoccupation regarding acceptance by and identification with the adoptive parents’ culture, while simultaneously rejecting their birth culture. Additionally, it is the researcher’s experience that many transracial adoptive parents expect the concerns to be resolved through individual therapy for the child, without parental involvement.

Methodological issues may have contributed to the reason that the researcher’s clinical experiences were not reflected in the findings of this study. An increase in sample size and the use of an instrument specifically tailored to detect nuances in Black culture may have revealed varied experiences among children and parents within the sample. Future clinical implications based on this study are numerous. The researcher of this study suggests 6 clinical guidelines for Marriage and Family Therapists, Social Workers, and other professionals working with adoptive families.

- The results of this study substantiate a need for work with the parent-child dyad. Improving parent-child relationship satisfaction is an important factor in facilitating ethnic identity. Adoption professionals should facilitate and reinforce bonding between parents and child by implementing pre and post adoption home visits and providing bonding activities in a therapeutic environment with the parent-child dyad.

- Adoption professionals should cast causes and effects of cultural ethnic identity concerns in a systemic framework, so as to emphasize the relational nature of the issue. Therapists should utilize individual and parent-child dyad therapy sessions to maximize opportunities for resolution.

- Clinicians should incorporate the use of social support networks. Social support significantly influences ethnic identity level for interracial couple adoptees.

- Clinicians must tailor interventions differently for females than males, and provide consideration for the type of adoption.

- Clinical professionals should strive to provide educational workshops or sessions for prospective and current adoptive parents regarding culture/ethnic identity and family dynamics.
Clinical professionals should collaborate with community adoption agencies to provide therapeutic services for adoptive families regarding cultural or ethnic concerns.

**Policy Implications**

This study firmly supports the significant role of parents in the facilitation of cultural and ethnic well-being of their children. Policy makers can no longer afford to ignore the need for proper education and training for parents who adopt domestically.

- Adoption policies (MEPA/IEP) need to be revised to include standard pre/ post adoption training regarding ethnic identity to benefit all types of adoptions. As it currently stands, international adoption procedures necessitate parental education/training that includes consideration of cultural background. The same opportunities need to be afforded to families that adopt domestically.

- Standardized statistics should be collected and reported for all adoption subtypes so that researchers, clinicians, and policy makers can draw accurate conclusions and make knowledgeable inferences regarding this population.

**Contributions to the Field**

This study made a contribution to the larger body of knowledge in several important ways. Primarily, the researcher of this study utilized same race comparison groups that varied by adoption type, thereby filling the void of a lack of intra-ethnic comparison groups with little variation in adoption type for African American samples. This study filled a need in the ethnic identity literature base by utilizing an adoptive sample.

Additionally, the current study differs from existing literature regarding ethnic identity in several ways. In the past, researchers have focused on the process of ethnic identity development with a consideration of a developmental trajectory. This study contributed to the larger body of knowledge by moving beyond the process of ethnic identity development to the determinants of ethnic identity. Past researchers have studied ethnic identity only as a determinant of other outcomes, while the researcher of this study focused on ethnic identity as the outcome.

It has largely been assumed that many of the factors important to other areas of adjustment (perceived social support, family functioning, or age) would extend to ethnic
identity. This study did not substantiate this viewpoint for male adoptees or transracial adoptees. Furthermore, the sample size for the current study may be small, but it is larger than many studies that include adoptees of African descent. Finally, the current study is unique in that it presents new work in ethnic identity research by substantiating that parent-child relationship satisfaction is a direct determinant of ethnic identity. Overall, this study has provided a firm foundational basis for future research on this topic.

Conclusions

Three conclusions were drawn based on the findings of this study. First, although contradictory to the researcher’s clinical experiences, transracial adoptees do not suffer from a lower level of ethnic identity more so than their same-race peers in different types of adoption. Secondly, male adoptees and transracial adoptees have contextual factors that impact ethnic identity level, which differ from inracial and interracial couple adoptees. Lastly and most importantly, a positive supportive parent-child relationship matters most in facilitating ethnic identity for Black adoptees across all types of adoption.
## APPENDIX A

### Demographic Information

<table>
<thead>
<tr>
<th>Questions</th>
<th>Variable Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is this child’s sex?</td>
<td>Child’s sex</td>
</tr>
<tr>
<td>(1. Male   2. Female)</td>
<td></td>
</tr>
<tr>
<td>What is this child’s date of birth?</td>
<td>Child’s age at survey</td>
</tr>
<tr>
<td>(<em><strong><strong>/</strong></strong></em>/_____)</td>
<td></td>
</tr>
<tr>
<td>Annual Household Income $________</td>
<td>Household Income</td>
</tr>
<tr>
<td>What is your race/ethnicity?</td>
<td>Type of Adoption (inracial or transracial)</td>
</tr>
<tr>
<td>1. Caucasian,</td>
<td>Parent’s ethnicity</td>
</tr>
<tr>
<td>2. Hispanic</td>
<td></td>
</tr>
<tr>
<td>3. African-American</td>
<td></td>
</tr>
<tr>
<td>4. Other/Multiracial</td>
<td></td>
</tr>
<tr>
<td>Who will be the person completing the current survey?</td>
<td>Parent’s completing survey</td>
</tr>
<tr>
<td>(1.Adoptive Mother, 2. Adoptive Father)</td>
<td></td>
</tr>
<tr>
<td>Are you currently married?</td>
<td>Parent’s marital status</td>
</tr>
<tr>
<td>1. No, 2. Yes</td>
<td>Number of years married</td>
</tr>
<tr>
<td>If yes, how long?</td>
<td></td>
</tr>
<tr>
<td>(______ years)</td>
<td></td>
</tr>
<tr>
<td>What is your age?</td>
<td>Adoptive Mother and Father age</td>
</tr>
<tr>
<td>1= less than high school</td>
<td>Parent’s Educational Level</td>
</tr>
<tr>
<td>2= high school/ GED</td>
<td></td>
</tr>
<tr>
<td>3= Technical Training</td>
<td></td>
</tr>
<tr>
<td>4= Some College</td>
<td></td>
</tr>
<tr>
<td>5= Bachelor’s Degree</td>
<td></td>
</tr>
<tr>
<td>6= Master’s / Doctoral Degree</td>
<td></td>
</tr>
<tr>
<td>1= stay at home parent</td>
<td>Adoptive Mother’s Employment Status</td>
</tr>
<tr>
<td>2= unemployed, but looking</td>
<td></td>
</tr>
<tr>
<td>3= employed part time</td>
<td>Adoptive Father’s Employment Status</td>
</tr>
<tr>
<td>4= employed full time</td>
<td></td>
</tr>
<tr>
<td>5=retired</td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX B

### Missing Values Statistics

#### Univariate Statistics

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<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Missing Count</th>
<th>Missing Percent</th>
<th>Missing Low</th>
<th>Missing High</th>
<th>No. of Extremes $^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic Identity Level</td>
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<td>36.1774</td>
<td>7.20092</td>
<td>36</td>
<td>36.7</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Perceived Social Support</td>
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<td>21.1311</td>
<td>7.42400</td>
<td>37</td>
<td>37.8</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Par.-ch. Rel. Sat. Score</td>
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<td>9.2388</td>
<td>2.93407</td>
<td>31</td>
<td>31.6</td>
<td>0</td>
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<td>3</td>
</tr>
<tr>
<td>Family Functioning</td>
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<td>109.4824</td>
<td>17.60926</td>
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<td>6</td>
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<tr>
<td>Child Age</td>
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<td>1.50576</td>
<td>0</td>
<td>.0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

$a$. Number of cases outside the range (Q1 - 1.5*IQR, Q3 + 1.5*IQR).
## Appendix B Continued
### Missing Values Statistics

<table>
<thead>
<tr>
<th>Case</th>
<th># Missing</th>
<th>% Missing</th>
<th>Missing and Extreme Value Patterns&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Child age</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
<tr>
<td>32</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
<tr>
<td>56</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
<tr>
<td>63</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
<tr>
<td>68</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
<tr>
<td>72</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
<tr>
<td>87</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
<tr>
<td>64</td>
<td>2</td>
<td>28.6</td>
<td>S</td>
</tr>
<tr>
<td>27</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
<tr>
<td>23</td>
<td>1</td>
<td>14.3</td>
<td>+ S</td>
</tr>
<tr>
<td>40</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
<tr>
<td>42</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
<tr>
<td>50</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
<tr>
<td>79</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
<tr>
<td>11</td>
<td>2</td>
<td>28.6</td>
<td>S</td>
</tr>
<tr>
<td>49</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
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<td>53</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
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<td>67</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
</tr>
<tr>
<td>35</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
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<td>81</td>
<td>1</td>
<td>14.3</td>
<td>S</td>
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<td>85</td>
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<td>14.3</td>
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</tr>
<tr>
<td>21</td>
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<td>28</td>
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<td>96</td>
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</tr>
<tr>
<td>98</td>
<td>4</td>
<td>57.1</td>
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</tr>
<tr>
<td>37</td>
<td>3</td>
<td>42.9</td>
<td>S</td>
</tr>
</tbody>
</table>

<sup>a</sup> Missing and extreme value patterns are denoted as follows: S for missing, + for extreme positive values, and − for extreme negative values.
Appendix B Continued

Missing Values Statistics

<table>
<thead>
<tr>
<th>Case</th>
<th># Missing</th>
<th>% Missing</th>
<th>Child age</th>
<th>Child sex</th>
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Appendix B Continued

Missing Values Statistics

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- Indicates an extreme low value, while + indicates an extreme high value. The range used is (Q1 - 1.5*IQR, Q3 + 1.5*IQR).

a. Cases and variables are sorted on missing patterns.
APPENDIX C

Pre-transformation Histograms

Mean = 36.08
Std. Dev. = 5.823
N = 98
Appendix C Continued

Pre-transformation Histogram of Family Functioning

Mean = 109.71
Std. Dev. = 16.435
N = 98
Appendix C Continued

Pre-transformation Histogram of Parent-child Relationship Satisfaction

![Histogram of Par_ch_rel_sat]

- Mean = 6.40
- Std. Dev. = 2.53
- N = 98
Appendix C Continued

Histogram of Perceived Social Support

Mean =21.38
Std. Dev =6.137
N=98
APPENDIX D

Post-transformation Histogram for Ethnic Identity Level

Mean = 3.49
Std. Dev. = 0.864
N = 96
Appendix D Continued

Post-Transformation Histogram of Family Functioning

Mean = 4.20
Std. Dev. = 1.728
N = 98
Appendix D Continued

Post-transformation Histogram of Family Functioning

Mean = 4.20
Std. Dev. = 1.728
N = 98
Appendix D Continued

Post-transformation Histogram of Parent-child Relationship Satisfaction

Mean = 0.86
Std. Dev. = 0.103
N = 98
APPENDIX E

Institutional Review Board Approval

Office of the Vice President For Research
Human Subjects Committee
Tallahassee, Florida 32306-2742
(850) 644-8673  FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 10/19/2007

To: Mellonie Hayes

Address: 2894 Bridle Creek Drive, Conyers, GA 30094
Dept.: FAMILY & CHILD SCIENCE

From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research
A CLOSER LOOK AT BLACK ETHNIC IDENTITY AND TRANSRACIAL ADOPTION: A CONTEXTUAL PERSPECTIVE

The application that you submitted to this office in regard to the use of human subjects in the research proposal referenced above has been reviewed by the Human Subjects Committee at its meeting on 10/10/2007 2:00:00 PM. Your project was approved by the Committee.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 10/8/2008 you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.
Appendix E Continued

Institutional Review Board Approval

You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report, in writing any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the Chair of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB00000446.

Cc: Dr. Robert Lee, Advisor
HSC No. 2007.723
APPENDIX F

Child Consent Form

Adoption Survey – Wave 2

Your parents have given permission for you to decide if you want to complete this survey. This survey is the 2nd wave of a research project to help learn more about what children who have been adopted think and feel (you may have participated in the 1st wave last year). All of your answers will be kept confidential, to the extent allowable by law (this means that it is protected unless a Judge issue a court order or there is a legal obligation to report). If you have any questions, please call Dr. Scott Ryan at 1-866-378-2367 or e-mail FSUAdoption@ssw.fsu.edu. If you decide not to complete this survey, please discard it. However, if you decide to complete this survey, please circle the answer that best matches your current feelings – then place it in the self-addressed, stamped envelope provided and put it in any mailbox. You are not required to show this survey to your parents. Thank you for taking the time to complete this.
Appendix F Continued

Parent Consent Form

Dear Adoptive Parent,

As you know, the FSU Adoptive Family Project Team is conducting a study of adoptive families — and we are now beginning to collect the 2nd wave of information. The goal of the project is to identify those characteristics that allow placements with adoptive families to be permanent, successful and beneficial for the children and families. The ability to collect information from adoptive families over several years will allow us to look at family changes over developmental periods. This study is the largest one of its kind (we received over 2,300 completed parent surveys and 500 completed teen surveys last year), and there continues to be a great interest in what we learn from you and other families.

The project continues to be supported by the Dave Thomas Foundation for Adoptions and Wendy’s Corporation. As a small token of our appreciation for your past and current participation, please find enclosed a coupon for one ‘Single Combo Meal’. In addition, the project will also be awarding ten $100 grocery certificates to be randomly drawn from the pool of surveys returned by 02/29/04. Winners will be notified via mail.

As you may recall, you will be receiving a survey for each eligible child (although much of the survey needs to be filled out only once). This survey will look quite similar to the one that you completed previously, since we are hoping to analyze the data and see any changes that have occurred over the past year.

In addition, if you have a child who is 13 years of age or over (as of 10/01/03), there is also a short survey included for him/her to complete (you are still encouraged to complete the ‘parent’ survey even if your child chooses not to complete the ‘teen’ survey). If, after reviewing it, you consent to have your child participate, please give it to him/her so that he/she may consider filling it out. Please have your child return it to us in the enclosed ‘teen’ envelope. Lastly, we would ask that if you choose to have your child participate that you do not look at his/her completed survey.

Please be aware that your participation in this study is voluntary. If you choose to participate, your current involvement in this study will consist of completing the enclosed survey and returning it in the enclosed ‘parent’ envelope at your earliest convenience. It is estimated that the survey completion will take approximately 1 ½ hours. Your responses will be kept strictly confidential, to the extent allowable by law, and you may decline to answer any questions you choose. In addition, your name and individual responses will NEVER be released to the Department of Children and Families, advertisers, etc. If you choose not to participate or to withdraw from the study at any time there will be no penalty to you or your family. The results of the study, if published, will be done so in group form only, with neither your specific name nor
any identifying information ever being used. Your returning the completed survey is indication of your consent to participate.

OPTIONAL: If your child is no longer living in your home, please provide us with his/her current address (if known):

Name: ___________________________ Phone: ___________________________

Street Address: ___________________________

City: ___________________________ State: ___________________________ Zip Code: ___________________________

Reason Child is No Longer in the Home: ___________________________

If you have any questions about the survey or study, please call our office at 1-850-644-9747. You may also e-mail the project team at sryan@mailer.fsu.edu. Please be assured that both the phone line and e-mail address are password protected, and only members of the project team have access. You may also contact Sharon Tintle, DCF Office of Family Safety at 850-922-4083; FSU Human Subjects Committee Representative, Heidi Hodges, at 850-644-8633; or the Florida Department of Health, Review Council for Human Subjects at 850-245-4585 or toll free in Florida at 1-866-433-2775.

Thank you for your time and assistance in making the project a success!

Scott D. Ryan, Ph.D.
Assistant Professor/Interim Doctoral Program Director
REFERENCES


Florida Statutes. (2008). Section 409. 166 *Children within the child welfare system; adoption assistance program* (2) Definitions (a) Special Needs Child.


BIOGRAPHICAL SKETCH

Mellonie S. Hayes is a licensed Marriage and Family Therapist in the state of Georgia. She is originally from Atlanta, Georgia. Mellonie earned a Bachelor of Art degree in Psychology from the University of West Georgia and a Master’s degree in Marriage and Family Therapy from Mercer University. Miss Hayes’s areas of clinical expertise include marital and premarital education, adoption issues, cultural adjustment and ethnic identity concerns. Research interests include African American family dynamics, cross-cultural marital dynamics, marriage education, adolescent development, and ethnic identity development.