

# Substance Use Disorders and Adoption Status: Implications for Counseling Practice

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## Abstract

Adopted persons are at a higher risk to receive mental health and substance use treatment (Behle & Pinquart, 2016; Brodzinsky, 2013) and are also at a higher risk for a lifetime prevalence of substance use disorder (Kendler et al., 2012; Yoon et al., 2012). Despite the known risks for adopted persons, there remains a gap in counselor awareness and knowledge of the unique counseling needs of adopted persons and their families seeking substance use counseling (Atkinson et al., 2013; Brodzinsky, 2013; Lancaster et al., 2017). Therefore, we provide an overview of the related substance use research, describe the counseling needs of adopted persons and their families, and offer practice implications.

## Keywords

adopted persons, transracial adoption, substance use counseling

It is likely professional counselors will work with adopted persons and their families at some point during their clinical practice as adopted persons are at a greater risk than nonadopted persons to receive mental health and substance use treatment services (Behle & Pinquart, 2016; Brodzinsky, 2013). Moreover, adopted persons have a higher risk for overall lifetime prevalence of substance use disorder (Kendler et al., 2012; Yoon et al., 2012). Therefore, it is crucial for counselors to develop awareness, knowledge, and skills when working with adopted persons and their families seeking substance use treatment. While literature exists to address the mental health concerns of adopted persons, few address substance use counseling needs specifically. In this article, we aim to explore research related to adopted persons and substance use to offer an array of potential causal factors. Additionally, we will describe counseling and advocacy considerations to address adoption-related normative tasks that influence clinical practice. Throughout the article, we seek to use inclusive language to describe members of the Adoption Kinship Network (AKN; Grotevant, 2000). The terms adopted person and adoptee are used interchangeably, and birth or first parent is used to describe biological parents. We also attend to the various ways in which legal adoption can be achieved in the United States and therefore present research with adoptee samples representing the three main avenues to adoption: private adoption, foster care to adoption, and international adoption.

## Substance Use and Adopted Persons

The examination of adopted persons and substance use has long been a subject of research interest where hereditary factors were the primary focus to explain adoptee substance use

(Goodwin et al., 1973). As research progressed, variables related to preadoptive circumstances, including abuse and neglect, as well as postadoption factors, such as the influence of the adoptive family environment, were explored. More recent studies demonstrated how adult adopted persons are disproportionately represented in substance use treatment at a rate 14 times higher than nonadopted persons (Westermeyer et al., 2007) and found an increased risk in lifetime prevalence of substance use in adopted adults (Yoon et al., 2012). The following sections will review research examining substance use within adopted person populations from adolescence to adulthood. We categorized research findings into genetic- and biological-based causal factors, the influence of adoptive family environment, factors related to persons adopted from foster care, and substance use within internationally and transracially adopted persons.

## Genetic Factors

Goodwin et al. (1973) compared adoptee men ( $n = 55$ ) with at least one birth parent diagnosed with alcoholism to a control group of adoptee men ( $n = 55$ ) who did not have a birth parent

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diagnosed with alcoholism. The sample groups were domestically adopted within Denmark. When controlling for other factors such as adoptive family socioeconomic status and adoptee psychiatric diagnosis, they found those adoptees with a birth parent with an alcoholism diagnosis demonstrated significantly higher levels of alcoholism themselves as compared to the control group. Their findings suggested a strong genetic influence on alcohol problems. Similarly, Cadoret et al. (1980) found that male adoptees with at least one birth parent diagnosed with alcoholism developed alcoholism at a greater rate as adults when compared to male adoptees without a birth parent diagnosed with alcoholism. Both sample groups were adopted via a private Midwestern United States (U.S.) adoption agency. Like the Goodwin et al.'s (1973) study, the association between a birth parent diagnosed with alcoholism was a greater predictor of adult alcoholism even when controlling for environmental factors.

Yates et al.'s (1996) study compared a sample of adoptees ( $n = 95$ ) with at least one birth parent diagnosed with substance use disorder to adoptees ( $n = 102$ ) in a control group and found that genetic factors increase the risk for substance use disorders. In the study, the samples were recruited from four domestic and private adoption agencies. Langbehn et al. (2003) found an increased risk for adult adoptee drug use, in a sample from a U.S. private adoption agency, when at least one birth parent was diagnosed with both a substance use and antisocial personality disorder. In a 2012 Swedish study (Kendler et al., 2012), adoptees ( $n = 18,115$ ) were found to demonstrate a higher prevalence rate for drug abuse when one birth parent was diagnosed with substance use. The researchers utilized a national database for adoption records, and the adoption type was not specified.

### Environmental Factors

Cadoret et al. (1987) found associations between birth parent alcoholism and adult adoptee alcoholism in a sample of male adoptees ( $n = 95$ ) whose adoption was facilitated by a U.S. private adoption agency; however, their study also identified an environmental variable of adoptive family alcoholism associated with adult adoptee alcoholism. The research noting the impact of adoptive family functioning on adoptee substance use continued with Cadoret et al.'s (1995) study. They found that psychiatric problems in adoptive parent(s) also were predictive factors leading to adult adoptee substance use using a sample of adoptees from several domestic U.S. private adoption agencies. Newlin et al. (2000) determined that adoptive parent rearing, specifically, adoptive parent substance use, was a predictive factor toward adoptee substance use. Their study utilized responses from a nationally U.S.-based household survey; however, adoption types, either private domestic, foster care, or international, were not differentiated in the study. While Kendler et al.'s (2012) research found strong biological associations for risk of drug abuse, they also determined adoptive parent variables such as divorce, death, criminal activity, and alcohol problems influenced drug use for adoptees. Hence,

environmental risk factors for substance abuse in the adoptive family exacerbate any preexisting genetic ones (Yoon et al., 2012).

### Foster Care

Foster care to adoption describes the legal adoption of a child who was formerly enrolled in the child welfare system. The broad and varied circumstances that result in a child's entrance to foster care involve known risk factors for substance use disorders (Blake et al., 2018). Blake et al.'s (2018) research demonstrated how the cumulative preadoption circumstances, including abuse and neglect experiences, led to an increased risk, particularly for those who utilized internalized coping strategies, for substance use in one group ( $n = 82$ ) of adopted persons from the foster care system. Yet, despite the risk factors, it is important to note the researchers found adoption for this sample to be a mitigating factor toward the risks of substance use. Additionally, most members of the sample had largely the same rates of substance use as nonadopted populations; therefore, the stigma surrounding those persons adopted from foster care facing lifelong substance use challenges should be dismantled.

### International and Transracial Adoption

Transracial adoption refers to an adoption type, domestic or international, in which the child and parent(s) are of different racial and ethnic backgrounds (Baden, 2007). International adoption describes those children born in a country different from the country where their adoption was finalized. Approximately 80% of all international adoptions are also transracial adoptions (Vandivere et al., 2009). Due to the overlap between the two groups, we chose to categorize research results together.

In 2002, Hjern et al. examined international adoptees in Sweden ( $n = 11,320$ ) to determine mental health and overall social adjustment. In regard to substance use, Hjern et al.'s (2002) findings suggested international adoptees are 5 times more likely to use drugs and 3 times more likely to abuse alcohol than nonadoptees in Sweden. Likewise, Tieman et al.'s (2005) study found that international adoptees ( $n = 1,484$ ) in the Netherlands were 2 times as likely as nonadoptees to meet the *Diagnostic and Statistical Manual* criteria of substance use. More recently, a Norwegian study found internationally adopted adolescents experience increased problems related to drug and alcohol use as a result of mental health concerns compared to their nonadopted counterparts (Askeland et al., 2018).

Next, we include research specifically examining Native American (NA) transracial adoptees in the United States as NA adoptions by White parents were one of the first federally sanctioned transracial adoption programs in the United States (Palmiste, 2011). Carriere (2005) discussed a study of First Nation adoptees in Canada ( $n = 18$ ) that focused on the relationship of connectedness and health. Carriere (2005) found

that loss of identity due to the disconnection to their birth families was identified as the major loss in the First Nation adoptees of her study, and 12 of the 18 participants had listed either alcohol, alcohol and drug abuse, or addiction as coping strategies. In a study comparing White and American Indian (AI) adoptees, the AI adoptees reported increased problems for mental health and substance use. The researchers hypothesized historical and intergenerational trauma impacted the AI adoptees who reported substance use (Landers et al., 2017).

## Counseling Frameworks

Given what is known about the risks for substance use disorder as a result of a variety of genetic, environmental, and preadoptive factors, it is imperative for counselors to understand the unique counseling needs of the AKN. Brodzinsky's (2013) special report on working with adopted persons and their families highlighted the need for adoption competent providers, and Atkinson et al.'s (2013) research addressed core areas needed for competency. However, despite efforts to operationalize adoption competency, evidence suggests counselors remain unprepared to address the unique counseling needs of the population (Lancaster et al., 2017). Therefore, we will provide two frameworks—(1) Roszia and Maxon's (2019) Seven Core Issues in Adoption and Permanency and (2) Baden et al.'s (2012) Reculturation Model—by which counselors may build upon their interventions with adoptees and their families seeking substance use counseling.

### Seven Core Issues

In 1982, Silverstein and Kaplan described those affective and lifelong experiences adoptees, birth/first, and adoptive parents may face as a result of adoption. Roszia and Maxon updated the Core Issues in 2019 to also include recognition of the impact of trauma and attachment disruptions in adoption. In addition, they acknowledge the Core Issues resonate with multiple members of the AKN whom they refer to as the adoption constellation. Each core issue offers counselors an opportunity to explore, address, and intervene with members of the AKN. Most importantly, the Core Issues normalize and validate common responses to adoption that AKN members may encounter and therefore aim to destigmatize and depathologize such experiences.

The Seven Core Issues in Adoption and Permanency (Roszia & Maxon, 2019) are as follows: (1) loss, (2) rejection, (3) shame and guilt, (4) grief, (5) identity, (6) intimacy, and (7) mastery and control. Roszia and Maxon conceptualize loss as the catalyst to the adoption experienced by all members of the AKN, albeit in different ways. Loss in adoption is cumulative and can ebb and flow throughout a lifetime. Rejection, "a perceived loss of social acceptance, group inclusion, or a sense of belonging" (Roszia & Maxon, 2019, p. 62) follows the loss experienced by constellation members. Feelings of rejection ultimately result in experiencing guilt and shame particularly as they relate to negative and stigmatizing adoption

stereotypes. Grief describes the process by which AKN members remember the adoption loss and begin to heal. Identity reflects the myriad ways in which adoption destabilizes identity development and subsequent actions taken to develop a cohesive identity. Intimacy reflects the attachment disruptions experienced in adoption and permanency and the resultant distrust that can impede creating secure relationships. Finally, mastery and control describe the lifelong process by which the Seven Core Issues are integrated, acknowledged, and accepted. Roszia and Maxon (2019) included the cumulative impact of trauma as well as attachment processes as overarching themes to consistently address when applying the Seven Core Issues. Including both acknowledges the influence of trauma and attachment throughout the life span.

### Reculturation

In an effort to describe the transracial and international adoptee identity development experience, Baden et al. (2012) created the reculturation identity construct. Reculturation describes the process by which adoptees reclaim their cultural heritages lost as a result of their adoption. According to Baden et al. (2012), reculturation is achieved by education, experience, and immersion with their original birth cultures. Examples include learning about birth cultures, engaging with representatives from their birth culture communities, and seeking a lived experience, typically via immersion, with their birth culture and/or country. Outcomes of reculturation include the following: (1) adoptee culture whereas adoptive identity is the salient identity, (2) reclaimed culture when the adoptee may competently navigate participating in their birth culture, (3) bicultural where the adoptee identifies with both their adoptive family (usually White culture) and birth culture, (4) assimilated culture where the adoptee identifies primarily with their adoptive family culture, and (5) combined culture when the adoptee blends elements of several of the other outcomes.

### Implications

Adopted persons are at an increased risk for substance use (Behle & Piquart, 2016; Brodzinsky, 2013) and overall prevalence of substance use during their lifetimes as compared to nonadopted persons (Kendler et al., 2012; Yoon et al., 2012). Research related to biological, environmental, and postadoption factors contributing to substance use offers an understanding of the increased risks for those persons adopted via private domestic, from foster care, and transracially and internationally. Counselors working with the AKN must be aware of risk factors and utilize adoption competent practices in an effort to meet the needs of those members seeking substance use counseling. Two frameworks, the Seven Core Issues in Adoption Permanency (Roszia & Maxon, 2019) and the Reculturation Model (Baden et al., 2012), serve to enhance counselor knowledge and awareness about AKN counseling needs.

## Recommendations

Despite limited research on substance use counseling with members of the AKN and adoptees specifically, recommendations can be offered for practicing counselors. All counselors may benefit from reviewing the Competencies for Counseling the Multiracial Population (Kenney et al., 2015) that includes specific competencies for working with transracial adoption, many of which can be applied to working with AKN members in general. To address the overall lack of counselor preparedness (Lancaster et al., 2017) for working with the AKN, counselor education programs and continuing education providers may offer content areas to address adoption-related competencies. Such content may include information outlined in the following section.

**Broaching.** Perhaps the most significant technique to begin to address adoption-related concerns is the act of counselors broaching (Day-Vines et al., 2007). Broaching in counseling describes the process of the counselor's effort to explore the cultural factors and complexity of the client during the counseling process (Day-Vines et al., 2007). It is an ongoing behavior, attitude, and strategy that aid the counselor in addressing and examining the cultural factors that impact the client's life, the presenting problem, and/or the counseling relationship (Day-Vines et al., 2007; Jones & Welfare, 2017).

Broaching aids in creating a safe, open, and respectful environment that is free of shame, guilt, and judgment (Day-Vines et al., 2007; Jones & Welfare 2017). Through utilizing this strategy, clients are invited to share about topics and their identities that may be taboo to discuss outside of the counseling setting. Broaching creates the space for the client to discuss sociocultural and sociopolitical impacts and topics that may otherwise go overlooked (Day-Vines et al., 2007). For instance, if a counselor were to broach with a client who identified as a member of the AKN, the space has been created for the client to share about their adoptive and birth families, their identity, and any conflicts they may be experiencing. It is important to note that the client can decide whether they would like to engage in the broaching dialogue (Jones & Welfare, 2017).

Broaching must be done from a place of openness, genuine commitment to multiculturalism, social justice, and a respectful inquisitiveness to learn about others (Day-Vines et al., 2007; Jones & Welfare, 2017; Jones et al., 2019). Counselors must first be willing to examine their own identities and how their identities have impacted the way they view and interact with the world and others. Once they can see how impactful their multicultural makeup has been on them, they can better understand how their client's cultural makeup may impact their worldview, presenting problem, and the counseling relationship. Not only must the counselor examine their identities and the impact, but they must also explore their biases (Day-Vines et al., 2007; Jones et al., 2017). As has been noted in this article, counselors most likely are unfamiliar with the specific counseling needs of the AKN and unintentionally may hold adoption-related bias based on stereotypical understandings of adoption.

These biases can impact the counseling work and the counseling relationship between the counselor and client. A client who is a member of the AKN community may feel judged, unsafe, misunderstood, and experience microaggressions from a counselor who holds bias against AKN. Broaching is a strategy that is intentional in exploring the complexity of members of the AKN. It takes away the room for assumptions and aids in creating an environment of safety and unconditional positive regard.

**Trauma and attachment.** The American Academy of Pediatrics in collaboration with the Dave Thomas Foundation issued guidance to pediatricians and adoptive families to "assume that all children who have been adopted or fostered have experienced trauma" (2015, p. 7). They also encourage families to engage in trauma work as a family rather than isolate or stigmatize the adopted child or teen and to promote healing activities with which the entire AKN may engage. Trauma work for adoption-related circumstances pairs well with current substance use counseling practices that address adverse early experiences (Dass-Brailsford & Myrick, 2010).

The Adult Attachment Interview (AAI; George et al., 1996) is a 19-question interview based on the principles of attachment theory to determine an individual's attachment strategy. The questions screen for internal working models held by their interviewee and also screen for traumatic incidents. Counselors may use the AAI as supplement intake interview information in an effort to isolate attachment strategies and determine traumatic experiences. Further, the structure of the interview by delving into early family life experiences allows for additional adoption-related broaching opportunities. Similar to trauma work, addressing attachment also corresponds well with substance use counseling interventions as evidence suggests insecure attachment contributes to substance use (Fletcher et al., 2015; Jones et al., 2015).

**Advocacy.** In addition to practice recommendations, counselors are called to advocate for and with their clients (Ratts et al., 2015). As the research on substance use risks with adoptees highlights genetic factors, it is critical that adopted persons have access to birth/first family medical history. While this may be the case for those persons situated in open adoptions, where there is some level of contact with birth/first family members, many adoptees born in the United States are denied access to their original birth certificates where the names and identifying information of their first families are housed (Bastard Nation, n.d.). This denial impedes adopted persons and their families to access accurate medical history that includes birth/first family substance use information. Counselors may advocate for state and federal legislators to support open birth certificate access for all adopted persons.

International adoptee deportation is a concerning circumstance where adult adoptees discover their adoptive parents and adoption agencies did not follow through with naturalization processes to ensure the adoptee became a naturalized U.S. citizen. Some adult adopted persons who are convicted of

felony crimes in the United States have subsequently been deported back to their birth countries as a result of their lack of U.S. citizenship (Adoptees for Justice, n.d.). This unjust circumstance can especially impact those adult adoptees with substance use disorders, given what is known about linkages between substance abuse and related convictions (Kubiak et al., 2006). Therefore, counselors are called to actively support current legislative measures aimed to expand U.S. citizenship retroactively to adult adopted persons adopted before the year 2000 when the Adoptee Citizenship Law was enacted to automatically confer citizenship to internationally adopted children (Adoptees for Justice, n.d.).

## Future Research

As initially noted in this article, there is a need for substance use-specific research to address treatment and counseling needs for adoptees and other members of the AKN. There are a multitude of areas where research can illuminate the needs to appropriately address the AKN population in counseling. Some include exploring how counselors broach the topic of adoption with clients in substance use counseling, assessing AKN members' perceptions of counselor adoption competency when seeking substance use counseling, and further delineating the nuances in substance use risks for domestic, foster care, and international and transracial adopted persons.

## Conclusion

In this article, we presented information on the likelihood that professional counselors will work with members of the AKN at some point as a result of adopted persons' greater risk factors for mental health concerns and substance use. We specifically detailed research related to contributing factors to adopted persons' higher risks for substance use and explored genetic, environmental, and other causal factors. Particular attention was paid to risk factors for transracially and internationally adopted persons. The Seven Core Issues in Adoption and Permanency (Roszia & Maxon, 2019) and the Reculturation Model (Baden et al., 2012) are helpful frameworks to guide counselors engaging in substance use counseling with adoptees and their families. We offered recommendations by way of broaching (Day-Vines et al., 2007) the issue of adoption status in counseling and incorporating interventions to address trauma and attachment. Finally, we encouraged counselors to engage in advocacy efforts to promote social justice efforts to benefit members of the AKN.



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