

Copyright

by

Michele Denise Hanna

2005

**The Dissertation Committee for Michele Denise Hanna
certifies that this is the approved version of the following dissertation:**

**PREPARING SCHOOL AGE CHILDREN FOR SPECIAL NEEDS ADOPTION:
PERSPECTIVES OF SUCCESSFUL ADOPTIVE PARENTS AND
CASEWORKERS**

Committee:

Ruth G. McRoy, Supervisor

Marilyn Armour

Rowena Fong

A. James Schwab

Marie-Anne Suizzo

**PREPARING SCHOOL AGE CHILDREN FOR SPECIAL NEEDS ADOPTION:
PERSPECTIVES OF SUCCESSFUL ADOPTIVE PARENTS AND
CASEWORKERS**

by

Michele Denise Hanna, B.S.W.; M.S.W.

Dissertation

Presented to the Faculty of the Graduate School of
the University of Texas
in Partial Fulfillment
of the Requirements
for the Degree of
Doctor of Philosophy

The University of Texas at Austin

August, 2005

DEDICATION

This dissertation is dedicated to my mother, Astrid Dyett Barron and my grandmother, Florence Lovell Roane, the two greatest human influences in my life. I love them and miss them dearly.

Completion of this dissertation as well as the doctoral program would not have been possible without the ongoing, everlasting, never failing support of my husband, Darrell Hanna and my children, Micah, David, Daniel and my granddaughter, Jordyn. I love you all, I thank you and I also dedicate this work to you.

ACKNOWLEDGEMENTS

First and foremost I must give all glory and honor to my Lord and Savior Jesus Christ for with Him all things are possible! I thank God for the day I met my dissertation supervisor and mentor, Dr. Ruth G. McRoy. Her guidance, her support and her encouragement have been invaluable throughout this journey.

I also acknowledge all of the members of my dissertation committee; Dr. Rowena Fong, Dr. A. James Schwab, Dr. Marilyn Armour and Dr. Marie-Anne Suizzo. Your words of advice and support through this process have been greatly appreciated. Thank you for your patience and your many combined hours of counsel.

Special appreciation goes to all of the members of the Collaboration to AdoptUsKids research team. Susan Ayers-Lopez has been an exceptional support and help every step of the way, both on a professional and a personal level. Thank you for all of your prayers and advice.

Special acknowledgement also goes to Patricia Cody and Reetu Naik. The endless hours of interviewing, the many walks across the street, the late night e-mails, the water bottles and of course, the “cloud wall”, will forever be remembered. Also special thanks to Courtney Lynch, Mary Ellen Wallace, Michelle Steinley-Bumgarner, Laura Hopson, Kelly Gober, Mia Sneed, Delaine Taylor, Corinne Reczek and Christina Ward who all provided technical assistance and emotional support along the way including but not limited to endless hour of interviewing and coding.

In addition to the dedication, I want to acknowledge my husband and partner of almost 17 years, Darrell Hanna. You are the love of my life and your love for me will

forever be evident through the sacrifices you have made to make this possible. Thank you for leading Team Hanna, for rallying the troops and keeping the peace. Thanks to my boys, David and Daniel for the many hugs and kisses along the way. Thanks to my daughter, Micah. You are a beautiful child of God and I am very proud of you. Last, but by far not least, little Jordyn. Thanks for loving your nana!

I also wish to acknowledge and thank other members of my family including my Uncle Buh, Lovell Dyett who sacrificed to support me and my family financially these three years. My Uncle Mo, Morris Small and his family – your love and support have been ever present. My sister, Wanda Jones, for being my spiritual cheerleader. My friend, my sister, my child, Kirsten Thiel. Thank you for being willing to do whatever, whenever, in spite of and just because! Thanks to my other son, Wendell Graham for your support and words of encouragement. And lastly, to my Tulsa connection, Sherri Tapp, Pamela Vinnett and Penny Pandian, I want to say thank you for always being there and letting me know that home is truly where the heart is.

To the adoptive parents and the workers who shared their time and experience to make this dissertation possible, thank you. Their commitment to the children is inspiring and greatly appreciated.

Special thanks to The Collaboration to AdoptUsKids for the opportunity to conduct this dissertation research as part of the larger research project on successful adoptive families.

**PREPARING SCHOOL AGE CHILDREN FOR SPECIAL NEEDS ADOPTION:
PERSPECTIVES OF SUCCESSFUL ADOPTIVE PARENTS AND
CASEWORKERS**

Publication No. _____

Michele Denise Hanna, Ph. D.
The University of Texas at Austin, 2005

Supervisor: Ruth G. McRoy

This study explored child preparation for adoption from the perspective of 55 successful adoptive parents and 26 corresponding caseworkers from 19 different states and 27 different agencies. Children in this study were placed from the foster care system into adoptive homes when they were between the ages of six and fifteen years. The results of this study add to the understanding of how children have been prepared for adoption from the perspective of the adoptive parents who are responsible for nurturing and guiding

these children to adulthood. This study also offers exploratory data on the understanding of adoption preparation from the perspective of the workers responsible for preparing children for adoption. Qualitative and quantitative analysis were conducted to explore the variation in child preparation activities and the relationship between the child's preparation for adoption and long term outcomes for the adoptive family including the use of post adoption services. Findings suggest that preparing children for adoption is a process that extends beyond the placement of the child into the adoptive home. Findings also highlight the pivotal role of adoptive parents in preparing school age children for the life long ramifications of adoption. Although many models of preparation exist, the results of this study also suggest that children are not being prepared for adoption in a systematic or consistent manner across agencies nationwide. Findings indicate that children who are adopted by foster parents or kinship families receive less preparation for adoption than children who are adopted by general applicants. Results also highlight the need for workers to understand and consider the child's experience and history with the child welfare system as they individualize adoption preparation activities to meet the unique needs of the child.

TABLE OF CONTENTS

	Page
TABLE OF CONTENTS	ix
LISTS OF TABLES	xvii
LISTS OF FIGURES	xx
CHAPTER ONE: INTRODUCTION	1
Significance of the Study	3
Changes in Adoption Policy	6
History of adoption in the United States	6
Special needs adoption in the United States	9
Foster parent and kinship adoption	11
Impact of adoption legislation	13
Child Preparation for Adoption	16
Models of child preparation	18
Empirical research on child preparation	31
Purpose of Study	39
Summary	39
Research Questions	40
CHAPTER TWO: CONCEPTUAL FRAMEWORK	42
Attachment Theory	42
Separation and loss	47
Cognitive-Developmental Theory	49

Children's understanding of adoption	49
Psychosocial perspective to adjustment in adoption	50
Adoption and Identity	54
Proposed Conceptual Model	58
CHAPTER THREE: METHODOLOGY	61
The Collaboration to AdoptUsKids	61
Research Design	61
Human Subjects Protection	63
Sample and Sampling Procedures	63
Family recruitment	64
Sampling procedures	67
Data Collection	68
Adoptive parents	68
Parenting Stress Index (PSI)	70
Corresponding caseworkers	72
Study Variables	72
Child preparation for adoption	72
Independent variables	74
Dependent variables	77
Hypotheses	78
Data Coding and Data Analysis	79
Qualitative Analysis	80

Codebook development	80
Quantitative Analysis	83
Summary	84
CHAPTER FOUR CHARACTERISTICS OF THE SAMPLE	86
Adoptive Parents	87
Marital status	87
Gender	87
Race/Ethnicity	88
Age	88
Education	88
Employment status	89
Income	89
Religious affiliation	90
Location/Residence	90
Adoptive parents' adoption and foster care status	90
Family composition	91
Focus Children	93
Type of adoption	93
Type of agency	93
Gender	93
Race/Ethnicity	94
Age at placement	95

Current age and length of time in adoptive home	95
Special needs	95
Child Welfare History	97
Length of time in foster care	98
Previous foster care placements	98
Reason for removal from biological family	99
Corresponding Caseworkers	100
Type of agency	100
Gender/Age/Ethnicity	101
Education and training	101
Work experience	102
Summary	104
CHAPTER FIVE: RESULTS OF THE STUDY – QUALITATIVE ANALYSES	106
Research Questions	106
Research Question One	106
Adoptive parent’s perception of the amount of preparation child received	108
Variation in individual adoption preparation activities	112
Child’s life book	112
Description of life book	113
Who was involved in completion of the life book?	115
The importance of the life book	116

Adoption preparation groups	118
Discussion with the child about adoption and the adoption plan	120
Adoptive parent's discussion with the child about adoption	120
Other significant persons' discussion with child about adoption	124
The child's feelings about adoption	127
Child's understanding of adoption	130
Pre-placement visits	131
Number of pre-placement visits and pre-placement timeframe	131
Location and type of pre-placement visits	134
Therapy pre-placement	137
Pre-placement therapy focus on loss and grief	137
Pre-placement therapy focus on adoption transition	138
Therapy post-placement	139
Post-placement therapy focus on loss and grief	139
Post-placement therapy focus on adoption transition	140
Sharing of information about adoptive parents with child	141
Good-bye visits with biological family	142
Open adoption – Biological family support	143
Prior relationship with child	145
Transracial adoption	147
Summary of Findings from Research Question One	148
Research Question Two	149

Most helpful adoption preparation activities	149
Least helpful adoption preparation activities	151
Adoption preparation activities that would have been helpful	153
Worker perspective as to most helpful adoption preparation activity	154
Comparison of adoptive parent perspective to worker perspective	156
Summary of Findings from Research Question Two	160
Research Question Three	161
Adjustment during the first year after placement	161
Change in child's behavior over time	162
How do you currently feel about the child's adoption?	164
How easy or difficult has the child been to parent?	166
Parenting Stress Index (PSI)	168
Summary of Findings from Research Question Three	169
Research Question Four	170
Summary of Findings from Research Question Four	172
Summary	173
CHAPTER SIX: RESULTS OF STUDY – QUANTITATIVE ANALYSES	175
Research Question One	175
Analyses of overall preparation for adoption	178
System factors	180
Child factors	181

Child welfare history factors	181
Adoptive parent factors	181
Analyses of individual preparation activities	181
System factors	182
Child factors	183
Child welfare history factors	185
Adoptive parent factors	187
Summary of Findings from Research Question One	188
Research Question Two	188
Research Question Three	189
Behavior adjustment the first year after placement	190
Parental satisfaction with the adoption	190
Level of difficulty child is to parent	191
Parenting Stress Index (PSI)	191
Summary of Findings for Research Question Three	191
Research Question Four	192
Summary	193
CHAPTER SEVEN: DISCUSSION AND IMPLICATIONS	194
Summary of Research Design	194
Limitations of Study	196
Research Findings	199
How are children being prepared for adoption?	199

Is there a relationship between child preparation and adoption outcomes?	203
Implications for Practice	204
Implications for Social Work	205
Implications for Future Research	206
Summary	208
APPENDICES	210
Appendix A Institutional Review Board Approval	211
Appendix B Sample Agreement Letter	212
Appendix C Adoptive Parent Information Sheet	213
Appendix D Child Preparation Questions – Adoptive Parent Interview	220
Appendix E Selected Questions Adoptive Parent Survey A	223
Appendix F Parenting Stress Index – Younger Child	224
Appendix G Parenting Stress Index – Older Child	227
Appendix H Child Preparation Questions – Worker Interview	231
REFERENCES	234
VITA	248

LIST OF TABLES

	Page
Table 1.1 Summary of Models of Child Preparation for Adoption	29
Table 3.1 Coding Matrix for Interviews	81
Table 4.1 Selected Characteristics of Adoptive Parents (N=55)	92
Table 4.2 Selected Characteristics of Focus Children (N=55)	97
Table 4.3 Child Welfare History of Focus Children	100
Table 4.4 Selected Characteristics of Corresponding Caseworkers (N=26)	104
Table 5.1 Presence of Adoption Preparation Activities	108
Table 5.2 Adoptive parent report of Life Book (N=33)	118
Table 5.3 Who discussed adoption with child? (N=55)	120
Table 5.4 Child's concerns about adoption (N=33)	130
Table 5.5 Number and length of pre-placement visits (N=44)	133
Table 5.6 Location and type of pre-placement visits	136
Table 5.7 Adoptive parents' prior relationship with child (N=12)	146

Table 5.8	
Most helpful adoption preparation activities for child	151
Table 5.9	
Least helpful adoption preparation activities for child	153
Table 5.10	
Adoption preparation activities that would have been helpful (N=55)	154
Table 5.11	
Most helpful adoption preparation activities for children on caseload	155
Table 5.12	
Comparison of adoptive parent responses to worker responses	159
Table 5.13	
Behaviors during the first year after placement reported by adoptive parents (N=43)	162
Table 5.14	
How do you currently feel about the child's adoption (N=55)	164
Table 5.15	
How easy or difficult has the child been to parent? (N=55)	167
Table 5.16	
Parenting Stress Index (PSI) (N=36)	168
Table 5.17	
Post adoption services as reported by adoptive parents (N=55)	172
Table 6.1	
Presence of preparation activities by type of adoption (N=55)	176
Table 6.2	
Presence of preparation activities by type of agency (N=55)	177
Table 6.3	
Presence of preparation activities by age at placement (N=55)	177
Table 6.4	
Summary of Multiple Regression Analysis for System Factors and Total Number of Preparation Activities Reported (N=55)	181

Table 6.5	
Summary of Logistic Regression Analysis for System Factors and Individual Preparation Activities (N=55)	183
Table 6.6	
Summary of Logistic Regression Analysis for Child Factors and Individual Preparation Activities (N=43)	184
Table 6.7	
Summary of Logistic Regression Analysis for Child Welfare Factors and Individual Preparation Activities (N=38)	186
Table 6.8	
Summary of Logistic Regression Analysis for Adoptive Parent Factors and Individual Preparation Activities (N=48)	187

LIST OF FIGURES

	Page
Figure 3.1 Proposed Conceptual Model	60
Figure 6.1 Conceptual model of analysis exploring factors that might contribute to amount of child preparation activities completed	180
Figure 6.2 Framework for Hierarchical Regression for Research Question Two	190
Figure 6.3 Framework for Hierarchical Regression for Research Question Four	192

CHAPTER ONE

INTRODUCTION

Nationwide, there are approximately 523,000 children in the foster care system (USDHHS, 2004a). The permanency plan for the many of these children (48%) is reunification with their birth family; however, approximately 119,000 (22.7%) in fiscal year 2003 are awaiting adoption (USDHHS, 2004a). Of the children awaiting adoption, 68,000 (57.1%) are legally free with parental rights to all living parents terminate (USDHHS, 2004a).

The Adoption and Safe Families Act (ASFA) of 1997 addresses the needs of safety, permanence and well being for children in the foster care system. ASFA emphasizes that foster care is a temporary situation providing children with a safe environment in preparation for permanent homes (Allen & Bissell, 2004). ASFA strengthens the Adoption Assistance and Child Welfare Act (AACWA) of 1980 by identifying adoption as being the best permanency plan for children unable to be reunited with the birth family (Testa, 2004). ASFA expedites timelines for the achievement of permanency and offers financial incentives to states that increase their overall number of special needs adoptions.

As child welfare professionals and state administrators endeavor to meet the legislative mandates of ASFA, there is a greater need for research on the impact of expedited adoptions. Freundlich (2002) notes that historically much adoption research has focused on infant adoption, birth parent decisions, the effects of infertility on infant adopters and the psychological, behavioral and emotional outcomes of children adopted

as infants (Carey, Lipton, & Myers, 1974; Cushman, Kalmuss, & Namerow, 1993; Levy-Shiff, Bar & Har-Even, 1990; McRoy, Grotevant & Zurcher, 1988; Sharma, McGue & Benson, 1996; Singer, Brodzinsky, Ramsey, Steir, & Waters, 1985). Freundlich (2002) identifies the need for future research on practice issues in adoption of children in foster care. Rushton (2004) states that “ although preparation of children, especially ‘life story work,’ has been described and promoted by practitioners, studies are lacking on how this effects the child’s development and placement subsequently” (p. 93). Reitz (1999) expresses concern that as a result of ASFA “children could be hustled into adoptive homes without sufficient consideration of birth family attachments, race, class, age and developmental issues” (p. 346). Reitz stresses the need for quality research to provide guidelines for social workers in adoption practice as how best to provide services that are in the best interest of their clients as well as in compliance with current adoption policies and legislative mandates.

The tasks that adoption caseworkers face in the adoption process include legal and emotional preparation of the child; gathering social, medical, school and other pertinent records of the child’s past; assessing the suitability of prospective adoptive families through training and the home study process; choosing the family that will best meet the child’s needs; and assisting the family during the transition period to legal finalization (Downs, Moore, McFadden, Michaud & Costin, 2004). Throughout this process, the best interest of the child is paramount. If adoption of an older child is to be successful, the adoption process should include a thorough preparation of all parties involved (Bass, 1975). While most practitioners will agree that the best interest of the child is served in

placement with a well prepared adoptive family, the preparedness of the child is often relegated to an assessment of the child's adoption readiness prior to the adoptive placement (Downs et. al, 2004). In practice, this often translates to an assessment of the child's behavior and stability in foster care. There is little evidence that tools and practices designed to assist a child with an understanding of his or her past and future, such as a life story book, adoption preparation groups, adoption specific counseling etc., are being used routinely or effectively with children in need of adoptive placement (Backhaus, 1984, Rushton, Quinton, Dance & Mayes, 1998). Currently, "there is no systemic model currently in practice to guide permanency work for those children living in out-of-home care within the child welfare system" (Henry, 2005, p. 197). The purpose of this study is to gain an understanding of current practices in preparing children for adoption from the perspective of successful adoptive parents and adoption caseworkers.

Significance of the Study

The outcomes for foster children who are not adopted and eventually reach majority or "age out" of foster care have been found to be less than favorable (Barth, 1990; Courtney & Dworsky, 2005; Reilly, 2003). More often than not, these young adults are found to struggle in all areas of life when compared to those not growing up in foster care including those who were in the foster care system and subsequently adopted (Kerman, Wildfire & Barth, 2002). Triseliostis (2002) reviewed the research literature to date in an effort to contrast outcomes of adoption versus long term foster care. Overall, the literature reviewed supported the conclusion that adoption "provides higher levels of emotional security, a stronger sense of belonging and a more enduring psychosocial base

in life for those who cannot live with their birth families” in comparison to long term foster care. The passing of the Adoption and Safe Families Act (ASFA) enforces adoption as the preferred road to permanency for children in foster care who cannot return home (Testa, 2004). Factors leading to the success or lack of success of these adoptions continue to be a focus of adoption researchers (Howard & Smith, 2003; McRoy, 1999; Pertman, 2004; Reilly & Platz, 2003).

The significance of this study is that it focuses on one factor minimally addressed in studying successful adoptions or disruption in adoption; the preparation of the child for adoption (Barth & Berry, 1988; Holloway, 1997; McDonald, Lieberman, Partridge, & Hornby, 1991; Howard & Smith, 2003; McRoy, 1999). Many studies have considered factors related to the child’s behavior and the adoptive parents’ preparedness or ability to cope with this behavior as it relates to success or disruption (Berry & Barth, 1989; Egbert & LaMont, 2004; McRoy, 1999; Rosenthal, Groze & Morgan, 1996; Smith & Howard, 1991, Howard & Smith, 2001). Howard and Smith (2001) found that the parent factor most strongly related to the child’s adjustment after placement was the extent to which the parent was prepared for adoptive placement. A child’s negative behavior has been found to be strongly associated with adoption adjustment and disruption (McDonald et al., 1991; Rosenthal & Groze, 1992, McRoy, 1999). The availability or accessibility to post-adoption services has been found to be a potential potentially significant factor related to the adjustment of children with special needs during the first year to 18 months after placement (McDonald et al., 2001).

Only a handful of studies have addressed the child's preparation and the effect this may have on the child's adjustment to placement or the success of the adoption (Flynn et al, 2004; Kriebel et al., 2002; Rushton et al., 1998). This study addressed the child's preparation for adoption in relation to the child's adjustment as well as the success of the adoption from the perspective of the adoptive parents. This is important to social workers and other child welfare professionals as they address the permanency of children in foster care in light of current legislative and policy mandates which have expedited the timeframes for placement of children into permanent homes.

This study is also significant in that it examined the extent to which workers prepare children for adoption. While many models of child preparation are found in the literature (Chestang & Heymann, 1976; Fahlberg, 1991; Henry, 2005; Jones, 1979; McInturf, 1986), there is limited research that actually explores how children are prepared for adoption (Backhaus, 1984, Rushton et al., 1998). Henry (2005) has just recently begun research in this area. This study examined the preparation of school age children from the foster care system from the perspective of a sample of successful adoptive parents from 19 different states and 27 different adoption agencies. The adoptions in this study were considered successful if the adoption was intact at the time of the study and the adoptive parents remained committed to parenting the child. The variation in preparation of the child by dependent on the type of agency, the type of adoption and the age at placement as well as other factors was explored. No other study found in the literature has specifically looked at the preparation of the child for adoption in this manner.

The next section of this chapter provides a brief overview of the history and changes in adoption policy in the United States as it relates to special needs adoption of older children. Special needs adoption is a term that has traditionally used to denote the adoption of children from the foster care system as opposed to the voluntary relinquishment of an infant or international adoption. These children were considered to have “special needs” because they were older and more difficult to place in adoptive homes (Testa, 2004). Also provided in this chapter is a literature review of the models of preparation for adoption as well as a review of the empirical literature related to child preparation.

Changes in Adoption Policy

History of adoption in the United States

The history of adoption dates back to the days of Moses when the Pharaoh’s daughter took Moses from the river and raised him as her son (Exodus 2:5-10). The Code of Hammurabi (2800 B.C) is the earliest record of written adoption law. Many contemporary issues of adoption were also concerns at that time including the trauma a child may experience separating from a primary caregiver. The Roman Empire was the first to implement the practice of absolute termination of parental rights making it virtually impossible to undo an adoption. Napoleon later introduced the concept of eligibility criteria for adopters, including age and infertility (Cole & Donley, 1990).

Cole and Donley (1990) trace the roots of adoption in the United States to English Common Law; however, Sokoloff (1993) points out that English common law does not specifically reference adoption and that adoption was not legally created in England until

1926, seventy-five years after the first adoption statutes were passed in the United States. The informal practices of placing children or “transferring” them to others for domestic service, apprenticeship and indentured servitude were adopted in the early history of the United States. Presser (as cited in Sokoloff, 1993) states that early legal adoptions in the United States were done on an individual basis giving legal status to children who had been transferred to the caregiver in an effort to encourage better treatment of the dependent children. The earliest adoption statutes in the United States were passed in 1851 in Massachusetts. Early adoption laws and practices primarily focused on the needs of the adoptive parent (Kadushin, 1970). At the time of the Massachusetts statute, a growing movement to address the needs of indentured and apprenticed children was developing. Prior to this, many of these children were being kept in almshouses for indigent, mentally and physically ill persons. Philanthropists formed private agencies and charitable organizations and efforts were made to place children in foster homes. The religious beliefs of these early child welfare workers undergirded their belief that children deserved to be in family environments. Private agencies began placing children in homes that resembled today’s adoptive families as opposed to maintaining the system of indentured servitude or apprenticeship. The Massachusetts statute was a response to the need to legalize these new families and was the first time that the best interest of the child being adopted was the focus of adoption law.

Charles Loring Brace founded the New York Children’s Aid Society in 1853 (Costin, 1972). Brace also believed the best place for poor children was with a family as opposed to an institution or asylum. Brace focused his efforts on placing children with

farm families. Not only would this provide children with a family, it would also provide the farmers with labor to work the farms. While children were initially placed with families in the Northeast, Brace soon expanded his placements to families in the West. This expansion became known as the “orphan trains.” Children were placed on trains and sent from New York to farmers as far west as Kansas, Oklahoma and Nebraska. Adoptive parents picked the children that they wanted as the train moved from town to town. The children ranged in age from 2 to 14 years old. While some were orphaned, many were abandoned or vagrant. Biological parents were rarely involved in these adoptions and many were never made legal. Overall, from 1856-1930 an estimated 100,000 children were placed in permanent homes as a result of the orphan trains (Cole & Donley, 1990; Sokoloff, 1993). By 1929 all fifty states had passed some form of adoption legislation and all enacted the term “best interest of the child” as the primary focus of adoption (Sokoloff, 1993).

During these early years of adoption, the emphasis was on finding homes for older children. Infant adoption was a rare occurrence. Infant mortality rate was high and it was not feasible to separate healthy infants from their breast-feeding mothers. As the use of infant formula became more acceptable, infant placement became more common; however, societal fears and prejudices about the unknown and probable immigrant heritage of children were high. Private organizations as well as individual adoption brokers handled adoptions during this time. The unregulated practices of many of the adoption brokers led to legislation that required circumstances of an adoptive placement to be recorded and adoptive families to be “studied” for suitability (Cole & Donley,

1990). As the interest in infant adoptions by childless couples grew, agencies, competing with private brokers, began to market themselves as being able to provide healthy children without physical, mental or emotional defects. The practice of not legalizing an adoption for 6 to 12 months after placement began as a way to allow the infant to be observed and psychological testing to be done. If the child was determined to have any defect they were returned and considered “unadoptable” (Cole & Donley, 1990). By the 1950s, infant adoption became the primary focus of prospective adoptive parents and professionals (Cole & Donley, 1990; Sokoloff, 1993). It was not until the late 1960s that the need for adoptive homes for older children resurfaced as a priority for child welfare professionals (McRoy, 1999).

Special needs adoption in the United States

The Social Security Act of 1935 established child welfare services for the protection and care of homeless, dependent and neglected children who were at risk of delinquency. States were allotted funds to provide these services especially in rural areas (www.ssa.gov). The Aid to Families with Dependent Children (AFDC)-Foster Care Program of 1961 established the first federally funded foster care program. Foster care was established to provide homes for children of recipients of AFDC who were no longer safe in their homes (Allen & Bissell, 2004). During this time child welfare professionals and society as a whole believed that the cycle of child abuse and neglect in families could be broken by removing children from these abusive and neglectful homes. Abused and neglected children were placed in foster care at an alarming rate and were maintained in long term foster care or institutional care (McKenzie, 1993). The term “foster care drift”

was coined in the late 1950's to describe the experience of children languishing and growing up in foster care (Testa, 2004). The Child Abuse Prevention and Treatment Act of 1974 led to an increase in the foster care population, as states were required to create mandatory reporting laws of child abuse and neglect to child protective services agencies. With the increase of children in foster care in the 1970s child welfare professionals became concerned with foster care drift and the lack of stability for foster children who were moving from place to place (McRoy, 1999; McKenzie, 1993).

Several important pieces of legislation were passed in the 1970s and early 1980s to promote adoption as an avenue to address foster care drift. Title XX of the Social Security Act of 1975 provided funds for states to offer social services to low-income families, including foster care and adoption (Allen & Bissell, 2004). Public Law 96-266 and Public Law 96-272 also known as the Adoption Opportunities Act of 1978 and the Adoption Assistance and Child Welfare Act (AACWA) of 1980 provided federal funding to states to encourage “permanency planning” for children in foster children (McRoy, 1999; McKenzie, 1993). These acts “mandated that reasonable efforts be made to preserve families, to reduce the child’s time in foster care, ... to find permanent adoptive homes for the child when needed, to provide for adoption subsidies and post-adoption services, and to establish minority adoption services and exchanges” (McRoy, 1999, p. 6). States subsequently enacted legislation designed to promote timely permanence for foster children by mandating case plans and periodic reviews for children in foster care (Allen & Bissell, 2004; McRoy, 1999).

Prior to the passing of AACWA, foster care was an acceptable form of rescue for children who were being raised by less than desirable parents. It was not unusual for children to grow up in foster care. The emphasis on permanency planning grew as concerns about the services children were receiving in the foster care system grew (Maluccio, Fein, Hamilton, Klier & Ward, 1980). Concerns about the instability of placement for children in foster care led to increased efforts of adoption for many children who had been previously declared “unadoptable.” The term “special needs adoption” emerged as descriptive of this new type of adoption. Children with special needs were defined as children for whom finding an adoptive home was difficult because their characteristics did not match the physical or emotional characteristics of the type of child desired by most prospective adoptive parents (Testa, 2004). These children were generally “older children, physically handicapped children, minority and biracial children, sibling groups, and children with behavioral problems” (Rosenthal, Groze, & Curiel, 1990, p. 532).

Foster parent and kinship adoption

Within the arena of special needs adoption, there are three primary types of adoption: general adoption, foster parent adoption, and relative or kinship adoption. General adoptions are defined as adoption of children by parents who have no relation to the child (Kadushin, 1970). More specifically, general adopters are families who are recruited and prepared for special needs adoption (McKenzie, 1993). Non-related adopters are often referred to as recruited families (Howard & Smith, 2003) or general applicants (Wilson, Katz, & Geen, 2005). These families desire to make a long-term

commitment from the onset of their inquiry with an adoption agency. Of the 50,000 children adopted from the foster care system in FY2003 (10/01/02-9/30/03), only 15% were by non-relatives or general applicants (USDHHS, 2004a). The majority of the children adopted in FY2002 were adopted by their foster parents (62%).

Adoption by foster parents was prohibited by many agencies until the 1970's (Derdyn, 1990; Meezan & Shireman, 1982). "Foster care is defined as full-time parental care provided to children whose parents cannot provide suitable care for them" (Gillis-Arnold, Crase, Stockdale & Shelley, 1998, p.716). The temporary nature of foster care, combined with the contractual relationship between foster parents and agencies, were underlying causes of concern for many child welfare professionals as foster parent adoptions became more frequent (Meezan & Shireman, 1982; Proch, 1982). Foster parent adoptions are seen as providing continuity of care and relationship for foster children (McKenzie, 1993; Meezan & Shireman, 1982).

The remaining 23% of the foster children adopted in FY2003 were adopted by "other relatives" which includes blood relatives and non-related kin (USDHHS, 2004a). Relative or kinship adoption is also seen as a means of providing continuity of care and relationships for foster children (McKenzie, 1993). States began using relatives or kinship families as a foster care resource during the late 1980s and early 1990s (Beeman, Kim & Bullerdick, 2000; Schwartz, 2002). The Child Welfare League of America (CWLA) attributes the growth in kinship foster care to "the increasing number of children in out-of-home placement, the declining number of available nonkin foster families, and the growing acknowledgement of kin as a resource" (Beeman, et al., 2000,

p. 37). Although foster parent and other relatives account for 82% of the adoptions of children from the foster care system, these types of adoption are the least understood and the least studied in adoption research (McKenzie, 1993).

Impact of adoption legislation

While the Adoption Assistance and Child Welfare Act (AAWCA) legislated the concept of permanency for children in foster care, the emphasis was on the reunification of children with their biological families if at all possible. The requirement for mandatory, periodic reviews of foster care cases included a required legal finding that “reasonable efforts” were being made to reunify children with families and move towards permanency (Allen & Bissell, 2004). Adoption, while encouraged, was considered a last option to be considered when all efforts to reunify failed. As a result, many children continued to “linger” in foster care as birth families were given repeated opportunity to correct the conditions that led to their child(ren)’s removal from the home. Congress first addressed this concern with the establishment of the Family Preservation and Support Services Program in 1993. This program was designed to provide services to families and children at risk in hopes of preventing entry into the foster care system.

The concern over the increasing number of minority children in foster care led to the passage of the Multiethnic Placement Act of 1994 (MEPA). This act was in response not only to the increasing number of minority children in care but also the controversy over transracial adoptions. MEPA and the subsequent Interethnic Adoption Provisions (IEP) passed in 1996 prohibit consideration of race in determination of foster and adoptive placement for children. MEPA-IEP also requires states to diligently recruit

families who reflect the ethnic and racial diversity of the children needing foster and adoptive homes (Allen & Bissell, 2004; Hollinger, 1998).

The most recent legislation to impact special needs adoption services is the Adoption and Safe Families Act of 1997 (ASFA). The primary focus of ASFA is shortening the time a child spends in foster care and decreasing the number of children waiting to be adopted (Allen & Bissell, 2004). ASFA placed more emphasis on permanency through adoption than previous legislation. Reasonable efforts no longer refer solely to efforts to reunify a child with family, but include efforts towards permanency with an emphasis on adoption as the preferred form of permanency when reunification efforts fail. ASFA eliminates long term foster care as a permanency goal and provides fiscal incentives to states to increase adoptions. ASFA also recognized placement with relatives or legal guardians as viable permanency options (Allen & Bissell, 2004). ASFA maintains the requirement of periodic reviews of children in foster care but expedites the time frame for permanency planning review by the courts. This review or permanency hearing is to be held no later than 12 months after a child has entered the foster care system. Previous legislation called for this review at 18 months after a child's entry into care. At this hearing, child welfare professionals must present a permanency plan for the child including a concurrent plan of adoption or legal guardianship should reunification efforts fail. Concurrent planning was established as a strategy to prevent children from waiting longer for permanency because efforts to find adoptive placements traditionally were not being made until all parental rights were

terminated. ASFA requires states to initiate termination of parental rights when a child has been in foster care for 15 of the previous 22 months (Allen & Bissell, 2004).

In 1994 prior to ASFA, Congress mandated Child and Family Service reviews. These reviews were designed to provide statewide assessments of child welfare in all fifty states. These assessments looked at a number of outcomes and established six specific indicators and standards for states to meet. The Adoption and Safe Families Act of 1997 (ASFA) “clarified that the goal of this review process is to assess states’ actual outcomes for children and families and to determine states’ conformity with federal legal requirements using a more comprehensive, hands-on assessment process than was previously required” (Allen & Bissell, 2004, p. 55). One of the six indicators for states is length of time to adoption. “A State meets the national standard for this indicator if, of all children who exited foster care during the year under review to a finalized adoption, 32% or more children exited care in less than 24 months from the time of the latest removal from home” (USDHHS, 2001). As of 2004 all of the fifty states plus the District of Columbia and Puerto Rico had been reviewed. Only 15 states (28.8%) reviewed were found to meet the national standard for this indicator (USDHHS, 2004b).

Since ASFA, the number of children waiting for adoption has fluctuated. At the end of fiscal year 1999 (September 30th), there were approximately 131,000 children waiting for adoption in the United States. This number increased to 132,000 for fiscal year 2000; decreased to 131,000 for fiscal year 2001; decreased to 126,000 for fiscal year 2000 and decreased to an estimated 119,000 for fiscal year 2003 (USDHHS, 2004c). The number of adoptions of children from public child welfare agencies also fluctuated

during this time from a national baseline total of an average of 28,161 adoptions per year from 1995-1997 to a record high of 53,000 children adopted from foster care in 2001 (Testa, 2004, USDHHS, 2004c).

As child welfare professionals faced the challenge of placing these many children in adoptive homes, researchers sought to inform practice by identifying barriers to adoptive placement, factors that affect a child's length of time in placement, outcomes in adoption and factors leading to disruption in adoptive placement (i.e. Avery, 1999; Barth, 1997; Brooks & Barth, 1998; Erich & Leung, 1998; Festinger, 2002; Howard & Smith, 2003; Kemp & Bodonyi, 2000; Kerman, Wildfire, & Barth, 2002; McDonald, Propp & Murphy, 2001; McRoy, 1999; Pertman, 2004; Reilly & Platz, 2003; Schmidt-Tieszen & McDonald, 1998; Wilson, Katz & Geen, 2005).

Child Preparation for Adoption

In the 1970s the literature began to reflect the concerns of social workers and other child welfare professionals about the difficulties and problems faced by adoptive parents of older children adopted from the foster care system. Of special concern was the permanency of these placements. "Placing an older child in adoption is a delicate and hazardous undertaking, and child welfare workers have learned to their sorrow that such placements can fail" (Katz, 1977, p. 165). Bass (1975) discusses the process of matching a child and family for adoption. Bass likens the adoption of an older child to a marriage, stressing the importance of active participation and preparation between all parties; child, family, worker and agency. Adoption practice, at the time, was primarily placing infants of unwed mothers with childless couples. "Adoption required a complete break with the

child's past because adoption meant a new family; a beginning, not an extension of the past" (Dukette, p. 236). As the number of older child adoptions increased, a need for a new approach became evident. Bass (1975) describes preparation of the child as an array of "creative techniques ... developed with the recognition that the child's past plays a role in his present" (p. 505). Bass makes recommendations for adoption practice in an effort to prevent disruption including a recommendation to respect the child's right to be fully aware of the process and be involved in the decision making process. In addition to gathering facts about the child's history; school, medical and psychological records, Bass states that adoption workers also need to assist the child in understanding and accepting their past, their present situation and their future.

As the need for permanency of these older children became the focus of child welfare practice; child welfare and adoption literature began to address preparation and services for the adoptive parents of these more difficult children with special needs (Bass, 1975; Gill, 1978; Katz, 1977; Meezan & Shireman, 1982; Proch, 1982). Practice literature also began to address the needs of these children in relation to placement and permanency (Aust, 1981; Backhaus, 1984; Chestang & Heymann, 1976; Elbow & Knight, 1987; Jones, 1979; Kagan, 1980; Maluccio et al., 1980; McInturf, 1986; Timberlake & Hamlin, 1982). In discussing preparation of the older child for adoption, the primary focus of the work was on the child understanding his or her past and the reasons for adoptive placement. Depending on the age of the child, adoption preparation ranged from the gathering of information to the completion of a life book to adoption

therapy or group work (Aust, 1981; Backhaus, 1984; Cole & Donley, 1990; Jones, 1979; McInturf, 1986).

Assessing a child's readiness for adoption is a primary function of adoption preparation (Kadushin, 1970; Jewett, 1978). Four signs that the child is ready for adoptive placement are:

1. Ability to adjust to loss of old parental ties and to accept new parental relationship. This implies a sense of trust in the adoptive parents' willingness to accept him [or her].
2. Emotional acceptance of the fact that he [or she] cannot return to his [or her] parents and that this relationship cannot be revived.
3. Expression of explicit desire for adoption.
4. Behavior which indicates a motivation to adjust to the adoption situation.

(Kadushin, 1970, p. 34)

Over the years, different models of preparation for the older child for adoption were developed to guide social workers as to how best to accomplish this task. This next section provides an overview of the models of child preparation found in the literature. Table 1.1 provides a summary of these models.

Models of child preparation

Chestang & Heymann (1976) presented a conceptual framework for preparing the older child for adoption. The authors present primary points for caseworkers to consider in preparing children between the ages of five and twelve years. The first consideration is the child's relationship to the biological parents. The presumption is made that most

foster children blame themselves for being in foster care, often falsely concluding they are in care because they did something wrong or were “bad.” It is important for children to understand the reason they are in care and that the responsibility rest with their biological parents. At the same time, caseworkers are encouraged to not vilify the child’s parents but rather to suggest “that parents are human beings who sometimes have problems; that they cannot always handle their problems; and that it is not the children’s fault that placement became necessary” (p. 35). In helping to relieve the child of the assumed guilt for placement, the child should also be assured of their right to have caring and nurturing parents. This discussion may logically lead a child to question the possibility of being adopted by foster parents. Today 61% of the adoptions of children in foster care are by foster parents (USDHHS, 2004); however, it was not until the mid-seventies that foster parents were considered a viable adoption option for children in care (Derdyn, 1990; Meezan & Shireman, 1982). Chestang & Heymann (1976) stressed the importance of helping children understand that foster care is temporary and adoption is permanent. The responsibility of clarifying this difference for children primarily belongs to the caseworker.

The caseworker should be seen by the child as someone who is there to help them find a permanent home. According to Chestang & Heymann (1976), in order for the child to see the worker as someone they can trust, the worker must be consistent in their contact with the child. The preparation process takes time and preferably the worker should see the child once a week. During this time, the worker should explore with the child the type of family he or she wants. The child’s participation in the planning process

may vary according to age. It is important that the child knows that their wishes are being seriously considered in the decision making process.

Jones (1979) developed a four stage process for preparing the school age child for adoption. This process begins with the legal termination of parental rights. During this stage, Jones stresses the importance of honesty between the child and all professionals involved. It is important that the child understands that the proceedings are not his or her fault but rather the result of the parents' failure to correct the conditions that led to child welfare intervention. Caseworkers need to understand that the termination of a parent's rights is similar to a death for a child in foster care. Foster children grieve the loss of the parent who legally, and more than likely physically, is separated from them forever.

The second stage of the preparation process as outlined by Jones (1979) is helping the child to understand the difference between foster care and adoption. This stage may be especially difficult to explain to the child being adopted by their relative or foster parent with whom they are living. Foster care, both relative and non-relative, is considered to be temporary until a child can be safely returned home. Children who have experienced several placements understand this transitory relationship. In addition to learning how to adjust to new households and new rules, foster children also learn that when problems arise, they are often moved to a new placement. Adoption is different. Children need to learn that in permanent, adoptive homes when times get rough families work through the problems together. This stage of preparation involves laying the groundwork for understanding this kind of commitment knowing that for most children

this only comes through experience. It is important that the child understands that problems will arise and be prepared to work through them.

The third stage for Jones (1979) involves completion of the life story book. The life story book is a collection of pictures, school papers, drawings and other documents representing the child's history. Credit for creating the life book is given to Mary R. Horn of the Children's Bureau of Los Angeles (Aust, 1981). Aust introduces the use of the life story book as a therapeutic intervention to reeducate the child and create a more positive self-image. Completing the life story book during this stage can assist the child in developing a positive self-concept. The worker should assist the child in filling in any gaps they may have in their memory of the past, understanding the truth behind why they came into care, the different placement moves they may have experienced and other important milestones in their life. The process involves helping the child to dispute erroneous perceptions about their past and replace them with a more realistic and positive outlook on the past and the future. Aust stresses the need for foster parents and workers to be prepared for behavior changes in the child as they go on this therapeutic journey. Aust recommends the person who takes the child through this journey be trained not only in the completion of the life book but also in diagnosis and treatment. This would assure that the process would be more than a chronological replay of the child's life but a reference for the child to refer back to as a confirmation of his or her identity.

Other activities recommended during this stage, include the completion of a strengths/needs list, focusing primarily on the strengths of the child (Jones, 1979). This list may be used as part of the matching process with an adoptive family for the child.

Group work is also a recommended strategy during this stage. Group work is one strategy that may be effective in the preparation of pre-adolescents and adolescents for adoption (Hoggan, 1988). Group work can provide a safe and secure atmosphere for the child to express their feelings about their birth families, their life in foster care and their prospective adoptive placements. Children may find it easier to express these feelings with other children experiencing similar events as opposed to an adult one on one. This indirect approach of working with the child would be in addition to individual work with the child. Recommended group activities include role play, games, puppets and discussion.

The fourth and final stage according to Jones (1979) includes pre-placement visits with the prospective adoptive family. Jones recommends prospective adoptive parents complete a life history book about themselves to be shared with the child prior to the first visit. This process is similar to what many adults will do in preparation for vacations and major moves to new locations. They may collect brochures, videos, and review internet websites in anticipation of where they may be going. Families can include photos of themselves, their home, other children, the neighborhood, schools, church, other family members and pets. This presentation can often reduce anxieties the child may feel about meeting the family as well as answer basic questions about the family.

Kagan (1980) presents a model of strategic therapy that is best used with a child and family after adoptive placement prior to finalization of the adoption. The strategic approach is designed to assist the child with the resolution of loss, grief and separation. This model assumes the child is resistive to the new adoptive placement and exhibits

problem behaviors in an effort to provoke rejection. Although the model is designed to work with a child post-adoptive placement, Kagan identifies five common tasks for preadoptive children to work on. Left unresolved these tasks could pose an obstacle in the child's adjustment to the placement. These tasks include:

1. Adjusting to the current placement; learning the rules, expectation, roles and norms etc.,
2. Grieving the loss of parents and other significant individuals,
3. Expressing feelings of anger, fear and sadness, preferably to the new parents, about feelings of loss and separation,
4. Developing a positive identity and self-image separate from previous parental figures, and
5. Reattaching and forming primary bonds with the new adoptive parents.

Therapeutic techniques recommended to assist the child in accomplishing these tasks successfully and lead to change in behavior include redefinition of the problem and the use of paradox. According to Kagan (1980) once a behavior has been changed, these techniques can be employed to maintain the new behaviors. Ideally these techniques would be used in a therapeutic setting with the child and the new adoptive parent; however, these techniques could be used during the pre-placement or permanency planning stage with a therapist skilled in these techniques who understands the dynamics of the transition from foster care to adoption.

Similar to Jones, McInturf (1986) recommends a five stage process including (a) the facts, (b) the whys, (c) the feelings, (d) the goodbyes, and (e) the plan for the future.

McInturf identifies the life book as the primary tool for preparation. Completion of the life book should be a joint activity between child and worker. Materials such as crayons, construction paper, a chalkboard etc., should be available to allow the child a variety of tools to express their thoughts and feelings.

Adequate preparation for adoption, according to McInturf (1986), can take up to a month and a half depending on the age and cognitive understanding of the child. The relationship between the child and social worker is important in the preparation process. The child will be sharing intimate and often disturbing memories and feelings with the worker. It is important that a safe and private environment be provided for completion of the work. Continuity of contact between child and worker during this time is vital. McInturf recommends that the worker see the child weekly or biweekly during the preparation process.

The life book as described by McInturf (1986) has two basic parts. The first part contains factual information about the child such as birth certificate, social security cards, report cards, immunization records etc. Other possible inclusions are genograms, ecomap, pictures of birth family, foster families, locations important to the child's past etc. This information is usually gathered and compiled by the worker. The second part of the life book is the child's life story. This portion needs to be as accurate as possible and is done jointly by worker and child. Children are encouraged to create illustrations that represent their history such as pictures, poems or collages.

McInturf (1986) outlines the five stages of child preparation in accordance with Kubler-Ross (1969) stages of grief. A child is expected to complete each stage prior to

moving on to the next. The first and second stages of preparation are designed to give the child the facts about his or her past and provide an explanation as to how and why they are now faced with the possibility of adoption. The third stage involves helping the child to express their feelings about their past, followed by a stage of disengagement from the past. The final stage helps the child plan for the future. At this point the adoption option is discussed with the child in lieu of staying in foster care. The difference between foster care and adoption needs to be clarified for the child during this stage (Jones, 1979).

Upon completion of the last stage, the worker is responsible for writing a final draft of the child's life story integrating pictures and documents, such as birth certificates, school records, immunizations, etc..., gathered along the way. This completed life book is then presented to the adoptive family prior to placement of the child in their home. The child is encouraged to review it with the family during pre-placement visits as well as throughout the trial adjustment period.

Falberg (1991) provides the most recent guide for child preparation for adoptive placement. Much of Falberg's work is referenced in the Child Assessment and Preparation (CAP) training curriculum developed by Spaulding for Children's National Resource Center for Special Needs Adoption in 1998 and is used to train adoption specialists nationwide. Falberg stresses the importance of preparing a child for transition from one placement to the next foster or adoptive placement. Pre-placement preparation according to Falberg can lessen the trauma of separation and loss a child may experience. The task of transitioning a child from foster care to adoption is dependent on the child's cognitive and developmental stage. Transitioning includes pre-

placement preparation with the child, pre-placement visits between the child and prospective family and post-placement contacts with the adoptive family and child. For verbal children, Falhberg identifies 14 tasks to be accomplished during this transition (p. 216):

1. Introduce adoption to the child
2. Arrange first meetings
3. Provide “homework” for child and family
4. Share information
5. Get commitment to proceed
6. Plan subsequent pre-placement visits
7. Discuss name changes
8. Initiate the grief process
9. Discuss the “worst of the worst”
10. Obtain permission for the child to go and do well
11. Facilitate good-byes with foster family and other people important to the child
12. Provide ideas for welcoming ritual
13. Facilitate post-placement contacts
14. Arrange post-placement follow-up

The CAP curriculum developed by Spaulding (1998) defines child preparation as:

The process of translating information to help the child understand the role that the social worker plays to assist children to better understand their past experiences as well as what will be happening and to engage them in planning for

the future to prepare them for placement with a permanent family. The process also helps the child understand, adjust and relate to placement and helps the social worker to develop an adequate service plan and identify appropriate resources to get the child ready for placement. All decisions and plans should be made in the best interest of the child. (p. 7)

The curriculum is based on the cognitive development of the child and provides tools of preparation that can be used with verbal children of all ages and developmental levels. These tools include a life book, journal or letter writing, re-enactment activities, a child's genogram, a child's eco-map, and a caregiver puzzle. All of the techniques presented are designed to assist the child in exploring his or her strengths and challenges. It is also expected that by helping the child to better understand his or her past, the worker empowers the child for success as they transition to the new adoptive placement.

Most recently, Henry (2005) introduced a preparation model to assist in the transition of children from temporary foster care to permanency. Currently, research is underway to test the usefulness of this model. The model is called *The 3-5-7 Model* as it incorporates the completion of three steps which include 3, 5 and 7 components respectfully. Similar to other models, Henry focuses on the importance of involving the child in the adoption process and the need for the child to thoroughly understand why adoption is necessary. The first step is for the child to complete three tasks including the clarification of their past and life events, the integration of all of their family roles and memberships, and the actualization of being a member of their new family.

The next step in Henry's model is for the child to answer five questions through activities such as life books. These five questions are 1) what happened to me, 2) who am I, 3) where am I going, 4) how will I get there, and 5) when will I know I belong. The third and final step in the model involves integrating and engaging the child into the adoption process. Seven critical elements are involved in this step:

1. Engage the child in the process,
2. Listen to the child's words,
3. When you speak, tell the truth,
4. Validate the child and the child's life story,
5. Create a safe space for the child as he/she does this "work",
6. It is never too late to go back in time,
7. Pain is part of the process (p.198)

Table 1.1 Summary of Models of Child Preparation for Adoption

Author(s)	Key Components
Chestang & Heymann (1976)	<ul style="list-style-type: none">• Consider child's relationship to biological parents• Help child to understand they are not in foster care because they were "bad"• Do not vilify biological parents• Relieve child of guilt for placement• Assure child of their right to caring and nurturing parents• Help child understand foster care is temporary and adoption is permanent• Worker should have consistent contact with the child – at least once a week• Worker should explore type of family the child wants and seriously consider their wishes• Child's participation may vary with age
Jones (1979)	<p>Four stage process -</p> <ol style="list-style-type: none">1. Help child to understand legal termination of parental rights2. Help child understand difference between foster care and adoption3. Completion of the life story book4. Pre-placement visits with adoptive family
Kagan (1980)	<p>Strategic therapy approach to be used after adoptive placement prior to finalization. Assumes child is resistant to placement and has problem behaviors. Child has five tasks to resolve to successful adjust to placement:</p> <ol style="list-style-type: none">1. Adjustment to current placement; learning the rules, expectations, roles and norms,2. Grieving the loss of parents and other significant individuals3. Expressing feelings of anger, fear and sadness, preferably to new parents4. Developing a positive identity and self-image separate from previous parental figures, and5. Reattaching and forming primary bonds with the new adoptive parents.
McInturf (1986)	<p>Five stage process using the life book as the primary tool of preparation.</p> <ol style="list-style-type: none">1. The facts2. The whys3. The feelings4. The good-byes5. The plan for the future

Table 1.1 Summary of Models of Child Preparation for Adoption cont.

Author(s)	Key Components
Fahlberg (1991)	Identifies fourteen tasks to be accomplished in transitioning child from foster care to adoption. <ol style="list-style-type: none">1. Introduce adoption to the child2. Arrange first meetings3. Provide “homework” for child and family4. Share information5. Get commitment to proceed6. Plan subsequent pre-placement visits7. Discuss name changes8. Initiate the grief process9. Discuss the “worst of the worst”10. Obtain permission for the child to go and do well11. Facilitate good-byes with foster family and other people important to the child12. Provide ideas for welcoming ritual13. Facilitate post-placement contacts14. Arrange post-placement follow-up
Henry (2005)	The 3-5-7 Model – Three step model with focus on involving the child in the process. <ol style="list-style-type: none">Step 1 – Help child integrate past and present<ol style="list-style-type: none">1. Clarification of past and life events2. Integration of all family roles and memberships3. Actualization of being a member of the new familyStep 2 – Help child answer five questions<ol style="list-style-type: none">1. What happened to me?2. Who am I?3. Where am I going?4. How will I get there?5. When will I know I belong?Step 3 – Critical elements of involving the child in the adoption process<ol style="list-style-type: none">1. Engage the child in the process2. Listen to the child’s words3. When you speak tell the truth4. Validate the child and the child’s life story5. Create a safe space for the child as he/she does this work6. It is never too late to go back in time7. Pain is part of the process

With the exception of Kagan (1980), all of the models presented focus primarily on tasks to be completed or achieved by the child prior to placement in the adoptive home. Fahlberg (1991) extends preparation beyond placement by including the need for post placement contacts and follow-up. Kagan discusses the need for the child to feel

safe expressing feelings to the adoptive parent; however, the role of the adoptive parent in the other models is seemingly limited to the welcoming of the child into the new family. In each of these models, the primary responsibility for the preparation work belongs to the workers or therapist working with the child. Each of the models emphasizes the use of tools to assist in preparation. The most often recommended tool is the life story book.

Empirical research on child preparation

There is very little empirical evidence of the effectiveness of child preparation for adoption as outlined in the models presented. McInturf (1986) echoes the sentiment of most adoption practitioners stating that “to place a child in an adoptive home without proper preparation increases the chance of adoption disruption” (p. 385). Without providing a detailed methodology, McInturf provides evidence of the effectiveness of his child preparation model stating that out of 100 special needs adoptions in which the child was prepared according to his model, only five disrupted. Those five children were reported to be successfully placed in subsequent adoptive homes.

Many researchers have explored the relationship between characteristics of the children needing adoptive placement and the predictors of placement disruption. The child’s age, race, sex, previous placement history and the number of siblings placed together are characteristics generally considered in research about adoption disruption. Researchers agree that the most significant predictor of disruption in special needs adoption is the age of the child (Barth, 1988; Barth & Berry, 1988; Berry & Barth, 1990; Holloway, 1997; Rosenthal, Schmidt, & Conner, 1988). For example, Holloway found

that most of the older child disruptions occurred with children between the ages of 9-16 years. Children of this age can have considerable influence on the success or failure of a placement. Children who have not accepted the reality that they are not going to be reunited with their birth family can cause great stress on a new adoptive placement. Holloway suggests that these children need appropriate preparation for placement as well as continued support after placement.

Barth and Berry (1988) identify preparedness of the child being placed for adoption as a coping strategy to assist older children through the difficulties they may encounter during the trial adjustment period of the adoption. Recommended resources to prepare the child include the completion of the life story book, good-bye visits with biological parents and pre-placement visits with the prospective adoptive family. Counseling, reading materials and an environment for children to express their fears and discuss their expectations are additional strategies a worker can use to better prepare the child for placement. Barth and Berry (1988) looked at factors that lead to adoption disruption, reviewing 120 cases of which 57 had disrupted. Barth and Berry concluded that agencies were not adequately preparing school aged children for adoption and needed to provide more life planning services for children. They concluded that adoption practitioners need tools to work with children in preparation for adoption. The authors recommend video tapes of children who have been adopted as well as adoptive families be used to help children understand the process of adoption. Barth and Berry also recommend providing children with information about viable alternatives to adoption through age appropriate reading materials. The importance of helping children to

understand the individual and personal impact leaving foster care for adoption will have on their lives is emphasized.

In 1999, McRoy reviewed case records for 80 children who had been placed for adoption in the state of Texas. Forty of the children remained in intact adoptions, while the other forty adoptions had either disrupted (broken down prior to adoption finalization) or the adoption had been dissolved (broken down after adoption finalization). As part of this study, twenty-two adoption supervisors were interviewed. The supervisors varied in their perception of how adequate children were prepared for adoptive placement.

Although there appeared to be consensus among the supervisors as to the activities and steps needed to prepare a child for adoption, only five of the supervisors interviewed felt that the children had been adequately prepared for adoption. All of the supervisors agreed that adequate preparation of a child for adoption is a successful coping strategy for adopted children and families. They also agreed that adequate preparation contributes to the stability of adoptive placement. McRoy stresses the importance of transition planning in the adoption process. Inadequate preparation of the child is one of many factors that can lead to difficulty in an adoption placement, disruption and possibly dissolution of a legally consummated adoption.

Despite the consensus about the importance of preparing the child for adoption, empirical research that specifically evaluates the effects of child preparation is limited. Backhaus (1984) was the first to conduct research regarding the use of the life book in practice. This was an exploratory qualitative study in which Backhaus interviewed 15 social workers; seven who worked for a public child welfare agency and eight who

worked for private child welfare agencies in the same state. Ten of the workers were adoption workers and five were foster care workers. All of the workers reported using the life book as part of preparing a child for adoption. Although the workers saw the benefit in completing the life book, they found that it was a time-consuming task. They recognized that in order to engage a child in the process, time was needed to establish a trusting relationship. Time was also needed to gather historical documentation and contact previous foster parents and relatives. The workers interviewed also expressed the need to have the caregivers involved and supportive of the process. Children often act out as difficult memories begin to surface. If the caregiver is not supportive of the life book process there is the risk of caregiver sabotaging the process or requesting the child be removed from the home.

Kriebel, Wigfield, Reilly, Krebs, & Marklin (2002) conducted a pilot study to examine the effects of pre-placement therapy on the adoptive placements of children in care. The children ranged in age from 4-15 years old and their adoptive parents were referred for therapy to a local nonprofit agency. Therapy lasted 6 to 9 months and focused on the child and family. The therapists helped the child to understand the adoption process as well as deal with fantasies about the birth family. When appropriate and necessary, birth family was incorporated into the therapy. Therapists also individualized additional services such as medical and educational services to families as needed to ease transition to permanency. Nine children were involved in the study. At the conclusion of the study, two of the children finalized their adoption, four were in pre-adoptive homes, one remained in long-term foster care and two refused to be adopted. The researchers

recommend that future research be done to determine the best and most appropriate therapeutic techniques to be used in preparing children for permanency in adoption.

In a study of placement outcomes, McDonald et al., (1991) included variables of agency practices and services in relation to placement disruption. Child preparation interventions included completing a life book, peer groups, pictures, letters, phone contact with the new family, contact with the birth family, counseling, psychotherapy and group sessions with current caregiver. Of these variables only group sessions with the current caregiver was found to reduce the likelihood of disruption when controlling for child characteristics known to increase the likelihood of disruption such as the age of the child. Howard & Smith (2003) in a study of successful adoptive families found that most of the adoptive parents were satisfied in general with the preparation their child received for adoption, however, in more than 50% of the cases, many of the basic practices of preparation were not completed.

The only study found that focused solely on the effectiveness of preparation for adoption of the older child was done as part of a series of studies conducted by the Maudsley Family Research Team in London (Rushton et al., 1998). The study involved 58 placements of children between the ages of five and nine who were placed in non-related adoptive homes. Data were gathered through interviews with social workers interviewed at one month and 12 months after the child's placement. At the 12 month mark, three of the placements had disrupted. The level of casework provided to the children was categorized into three categories; low, moderate and high. Low level casework was described as "superficial" and "aims unfocused" (p. 43). Very little time

was spent with the child and attempts to engage the child in the preparation process were minimal. Moderate level casework was described as more frequent in contact, more attempts to do in-depth work with the child to deal with the past, yet due to the workers' lack of confidence or training, resistance or hostility from the child would prevent the worker from completing the work. High level casework was described as cases where "time was taken to develop the trust of the children and to engage with their painful emotions" (p. 43). In high level cases, the work was complete and goals achieved prior to placement. The outcome measure was the "extent of behavioral and emotional problems in the children" (p. 44).

Within the sample, only 10 children were found to have a high level of preparation. As a result the moderate and high level cases were combined for analysis and described as "higher level". The researchers took into account the possibility that child characteristics would affect the level of preparation the child received. The only significant factor was the age of the child. Older children received a higher level of services. Overall, there was no significant relationship found between the level of social worker input and the children's problems across the year of placement. The researchers did; however, find that children with the higher level of preparation had lower mean of behavior problems within the first month of placement than the children with low level of preparation. In discussion, the authors speculate that part of the explanation for a lack of relationship was the poorly formulated methods of child preparation. They cite a lack of training, supervision and legitimization of the importance of child preparation on the part

of the social service agency. Recommendations were made for future research assessing the quality of child preparation and its effectiveness.

Very few researchers have looked at the adoption of older children from the perspective of the adopted child. Flynn, Welch & Paget (2004) explored success factors in the adoption of adolescents. Thirty-seven persons who were adopted as adolescents (between the ages of 12-19 years at the time of the adoption) were interviewed about their adoption experience. The adopted persons ranged in age from 14 to 35 at the time of the interview. Four of the adopted persons were adopted through international adoption agencies and placed in orphanages rather than foster care prior to adoptive placement. In this study, the adopted persons talked about their level of involvement in the decision making process. Those adopted through domestic adoption agencies reported having a higher level of involvement in the adoption process; however, the level of involvement varied depending on individual agency policies, caseworker attitudes and the adolescents level of assertiveness. Many adolescents reported that their agencies focused their attention on the younger children needing adoptive placement while giving the adolescent a goal of independent living. Several reported that it was the caseworker's attitude that made a difference in the adoption process. Caseworkers who were committed to the adoption of older children were more likely to involve the adolescent in the adoption process and actively pursue an adoptive home for the child.

While many of the adolescents reported to be actively involved in the adoption process, most reported that the adoption plan was made for them by their caseworker, the agency and the judge. Almost half (46%) of the adolescents said nothing additional

could be done to make acceptance of this decision easier for them, 54% stated that more adoption preparation, a better resolution of their issues regarding biological family and a speedier adoption process would have helped them in the overall acceptance of the adoption plan. The amount of preparation for adoption received was said to have had a positive or negative impact on this acceptance by 75% of the respondents. Preparation for adoption from the adolescents' perspective was defined as the adequacy of information provided to the child regarding the adoption and the adoption process. Those who felt better prepared reported that their caseworker provided them information about the adoption, the adoption process and what to expect. Those who felt less prepared stated they did not understand the process and were not told about the adoption until the very end. Ten percent stated that assistance in resolution of the past would have been helpful and 30% stated they wished the system had worked harder to have them adopted earlier. Flynn, Welch & Paget (2004) recommend that the caseworker be honest with adolescents and inform them of what is happening and what may happen. They recommend adolescents be individually prepared for adoptive placement using six key steps:

1. Explain their legal status
2. Offer adoption as a viable option for permanence
3. Offer support and information as they consider adoption
4. Explain how the adoption process will proceed
5. Assess adolescents to determine their level of adjustment regarding birth family issues, and

6. Provide support as needed to help them deal with these birth family issues appropriately. (p. 43)

Purpose of the Study

The purpose of this dissertation study is to add to the understanding of child preparation processes and their effectiveness. As stated in Rushton et al (1998), much of the literature on child preparation for adoption “discusses the principles, tasks, techniques and communication tools of direct work with children in transition” (p. 41). Just recently researchers have begun to look for empirical evidence of the effectiveness of child preparation for adoption activities and models (Henry, 2005). The lack of empirical evidence is compounded by the minimal understanding of the extent to which child preparation for adoption occurs in professional practice. This study explored child preparation for adoption from the perspective of successful adoptive parents and corresponding caseworkers. This study also explored the child’s preparation for adoption as a possible factor in the success of the adoption of school age children. This study lays the groundwork for future, more rigorous research exploring the relationship between child preparation for adoption and the older child’s adjustment in adoption.

Summary

Historically, special needs adoption research has focused on adoption outcomes for adopted children and their families (Berry & Barth, 1989; Festinger & Ehrenkranz, 2001; Groza & Ryan, 2002; Howard & Smith, 2003; McDonald et al., 1991; McRoy, 1999; Reilly & Platz, 2003; Rosenthal et al., 1988; Rosenthal & Groze, 1992). Only a few studies have considered agency practices (Howard & Smith, 2003; McDonald et al.,

1991; McRoy, 1999; Reilly & Platz, 2003) with minimal consideration for actual direct practice with the child. Only one study was found that looked specifically at pre-placement preparation of the child and its effectiveness (Rushton et al, 1998). While the foster care and adoption issues are similar in the United States and the United Kingdom, the Adoption and Safe Families Act of 1997 has had a great impact on the United States foster care system (Wulczyn & Hislop, 2002). Henry (2005) is the first to pursue research on the topic in the United States. Given ASFA's expedited timelines for permanency and the emphasis on adoption, the quality and effectiveness of services to the child being placed for adoption is significant.

Research Questions

The following research questions provide structure and guidance for this study:

1. How do public and private special needs adoption agency staff prepare children for adoption?
2. Are there differences between the perceptions of adoptive families and special needs adoption agency staff on how to best prepare children for adoption?
3. Is there a relationship between the amount of preparation activities a child participates in and the long-term outcomes reported by adoptive parents of special needs children?
4. Is there a relationship between child preparation for adoption and the post adoption service needs of adoptive families?

Chapter One provided an introduction to this dissertation study including a history of special needs adoption in the United States. This chapter has also provided an

overview of the literature and empirical research on preparing children for adoption. Also discussed in this chapter was the purpose of the research study, the research questions to be addressed and the significance of this study to the profession of social work.

Chapter Two presents the theoretical perspectives underlying effective child preparation for adoption of the school-aged child. These theoretical perspectives guided the choice and development of the research instruments as well as the qualitative analysis of the data. Chapter Three explains the research design, sample and sampling procedures, data collection, study variables, data analysis plan, limitations and strengths of the study. Chapter Four discusses the characteristics of the adoptive parents, adoptive children and corresponding workers included in the sample. Chapter Five presents the results of the qualitative analysis of the data in relation to the research questions. Chapter Six presents the results of the quantitative analysis of the data in relation to the research questions. Chapter Seven discusses the significance of the study findings, and the implications for social work practice, policy and research.

CHAPTER TWO

CONCEPTUAL FRAMEWORK

There are several theoretical perspectives to consider in preparing the school-aged child for adoption as a preventive measure to adoption disruption. This chapter focuses on four of these theoretical perspectives including attachment theory, cognitive-developmental factors, Erickson's psychosocial developmental model and theories of adoptive identity formation. Attachment theory provides a framework for understanding attachment issues in foster and adoptive children. Cognitive-developmental factors play a role in how well a child understands adoption and the adoption process. Erickson's psychosocial developmental model provides a framework for understanding the role a child's developmental stage plays in their understanding of adoption (Brodzinsky, 1987). Identity formation for the adopted person is confounded by their adoptive status (Grotevant, 1997). Grotevant's theory of adoptive identity formation provides a framework for understanding the complexities of identity development faced by children adopted at an older age.

Attachment Theory

In older child adoptions, attachment is a primary concern for both adoption professionals and prospective adoptive families. Groze & Rosenthal (1993) examined the attachment of children adopted from the foster care system from the perspective of the adoptive parents. Similar to previous studies, children with multiple abuse histories were found to have more difficulty attaching than children without a history of severe maltreatment (Egeland & Sroufe, 1981; McRoy et al., 1988). "An attachment may be

defined as an affectional tie that one person or animal forms between himself and another specific one – a tie that binds them together in space and endures over time” (Ainsworth & Bell, 1970). Bowlby’s (1969) attachment theory stresses the importance of a child’s early attachment and the consequences of separation and loss during these early years. Bowlby focused on the attachment of infants and young children with their biological mother identifying two primary functions of attachment behavior in infants. The first is the protection from predators and the second is for the infant to learn the activities and behaviors necessary for survival. Bowlby’s theory takes a developmental approach with emphasis on the child’s drive to form a secure attachment to his or her primary caregiver, usually the mother. According to Bowlby, the infant’s primary attachment to mother is the foundation for adult attachment development.

As children grow into adulthood attachment behaviors become diversified in that the targets of this behavior change (Bowlby, 1969). Children begin to explore attachments with significant others including father, relatives, school teachers and peers. The level of attachment formed with the mother effects the child’s ability to form secure attachments with others. As many children in the foster care system have come from abusive or neglectful environments, forming a secure attachment may not always be an easy task to accomplish. After entering foster care a child may experience multiple placements. This experience coupled with an earlier abuse or neglect will often result in a developmental gap that may make it difficult for a child to form attachments with new adoptive parents.

Ainsworth, Blehar, Waters & Wall (1978) identified different patterns of attachment. These patterns were identified based on experiments using the strange situation exploring an infant's behavior when the mother reentered the room after a brief period of separation. The child with a secure attachment will show clear signs of missing the mother upon reunion but will eventually resume play once they have acknowledged her return and received emotional assurance. The child with an insecure/ambivalent attachment style will be distressed upon separation from mother and appear angry and inconsolable upon reunion. These children will often alternate between exhibiting clingy behaviors and passive resistance to contact. The child with an insecure/avoidant attachment style will exhibit contradictory behavior as well. These children will violently avoid contact on one hand, yet on the other hand they may, without hesitation or fear, ask to go home with a stranger.

Ainsworth (1978) and Bowlby (1969) focused on children's attachment behaviors within the biological family, specifically with the biological mother. Howe (1995) expands on Ainsworth and outlines six patterns of attachment behaviors related to the adopted child's attachment style. Howe drew his conclusions from a study that involved interviews with adoptive parents of children who were adolescents or young adults at the time of the study. The first pattern of behavior described by Howe (1995) is described as secure and stable. This behavior pattern coincides with children who have a secure attachment pattern. These children are relatively problem free and develop with confidence and positive self-esteem. The majority of the children exhibiting this pattern of behavior were adopted as infants with minimal moves between birth parent and

adoptive parent. Children in this study who had been adopted as older children and exhibited this pattern of behavior were those whose relationships prior to adoption were relatively stable and secure before being adopted.

The next four patterns of behavior are associated with children who have insecure attachment styles. Anxious and compliant behaviors were seen typically in children who had been adopted after several months in substitute care (Howe, 1995). Older children who experience neglect or abuse after receiving a relatively secure and stable beginning were also in this group. These children were found not to take any relationship for granted. While they did not consciously worry about the relationships they did express feelings of insecurity which were exasperated by changes and transitions in everyday life. These children are often described as pleasers or compliant. They can also be oversensitive and fearful of rejection.

The third pattern of behavior outlined by Howe (1995) is short-term testing patterns. These children begin testing the commitment of adoptive parents almost immediately upon placement. Although many of these children had relatively secure beginnings, most experienced multiple moves in care. These children will eventually settle into trusting relationships with the adoptive parents but usually remain insecure. The fourth pattern includes angry and ambivalent patterns of behaviors that are exhibited by children who experience inconsistent, unpredictable and rejecting parenting with the first few months of life. Any feelings of love and security these children felt was quickly and regularly compromised. The children in this category developed an anger and resentment that followed them into adoptive placement and often into adolescence and

adulthood. Adoptive parents describe the behavior patterns of these children as rejection, pushing them away and resistive to intimacy. These children suffer in their other relationships, do not usually do well in school and are often diagnosed with reactive attachment disorder and require ongoing mental health counseling (Cline, 1992).

The fifth behavior pattern is described as detached and avoidant (Howe, 1995). These children rarely become a fully integrated member of the adoptive family. While the behaviors of angry children are often seen as attention seeking and self-centered, the behaviors of avoidant children are usually seen as evasive and the child may be described as detached. All of the children in this study who exhibited this behavior style were adopted as toddlers or older. They were not only neglected or abused but also rejected or shown a pattern of indifference from caretakers. These children learn to rely on self and avoid emotional involvement as much as possible.

Howe (1995) associates the final behavior pattern with the child who is non-attached. This behavior style is defined as casual and indiscriminate. These children are superficial in their emotional relationships and do not discriminate in who they show their affection to. These children are usually from extremely abusive and neglectful backgrounds. The behaviors these children exhibit are often disturbing. They often lack impulse control and can be aggressive and sometimes violent.

It is important for the adoptive parents as well as professionals working with children in preparation to be aware of these patterns of behaviors as well as the corresponding attachment style. Howe's (1995) study supports Bowlby's (1988) view of attachment as a progressive continuum of development. The more stable a child's

primary relationships beginning in infancy, the more secure their attachment style. Children who experience disruptions in early primary attachment relationships; however, are more likely to develop an insecure attachment style. In older children, this attachment style is often exhibited in maladaptive behaviors that are often alarming and can lead to a difficult adjustment in an adoptive placement (Hughes, 1999).

Groze and Rosenthal (1993) recommend the use of life books and placement genograms to help children integrate their past and present, addressing issues from past relationships and attachments. Both of these activities are designed to help children understand the reasons for movement from their birth home to foster care to each subsequent foster care and eventual permanent adoptive placement. Individual therapy is also recommended to help facilitate new attachments as children in care move from foster care to adoption (Hopkins, 2000).

Separation and loss

As a child moves through the foster care system they are faced with the disruption of old attachments and the task of forming new attachments. During this time the child experiences many losses. This begins with removal from the birth family and continues through to permanency. In preparing a child for adoptive placement it is necessary to assist the child through the grieving process and provide them with healthy coping strategies (Brodzinsky, 1990; Falhberg, 1991).

The foster child's experience of loss and its' importance to their adjustment in placement is similar to the feelings of loss and subsequent adjustment issues experienced by children who face other forms of disruption in attachments such as divorce or death of

a parent (Brodzinsky, 1990). The difference for adopted children is the fact that adoption is not as common an experience as divorce or as universal as death. A relatively a small percentage (2.5%) of children in the United States are adopted (U.S. Census, 2003) and roughly 15% of those children were adopted from the foster care system as foster children (Flango & Flango, 1995). The extent of the loss experienced by foster children is also greater than the experience of loss experienced in death or divorce (Brodzinsky, 1990). If the child experiences the death of one parent, the child will usually retain relationship with the other parent, siblings, extended family, pets and community. Divorce is usually not a permanent separation from a parent as it typically involves visitation. Foster children can experience several losses including birth parents, siblings, extended family, friends and community. For the child who experiences multiple moves, loss is compounded with separation from foster parents, foster siblings, new friends, and new communities.

Several factors must be taken into account when assessing a child's reaction to separation or loss (Fahlberg, 1991). These factors include the child's age and stage of development, the child's attachment to the birth parents, the child's past experiences with separation, and the child's perceptions about the reasons for the separation. A cognitive-developmental perspective provides a framework for effective casework with children who may have experienced several separations and losses while moving through the foster care system.

Cognitive-Developmental Theory

The child's cognitive developmental stage is a primary factor in preparation for adoption. Preparation of an older or school-aged child for adoption involves discussion about the adoption process and what adoption means for the child. Brodzinsky, Singer, and Braff (1984) compared 100 adopted children to 100 non-adopted children ranging in age from 4 to 13 years old. The adopted children were all adopted prior to the age of two years and six months. This study was designed to explore children's understanding of adoption at various developmental stages. The overall results indicated that there was little difference between the adopted and the non-adopted children's knowledge of adoption; however, the authors developed a developmental framework for children's understanding of adoption.

Children's understanding of adoption

Preschool children were found to have little understanding of what adoption means (Brodzinsky et al., 1984). Adopted children were able to repeat what they were told by their parents about being adopted; however, they were not able to differentiate adoption from birth parenting. It was not until the age of 6 years that children in this study were found to be able to recognize adoption as an alternative form of parenting and understand that adoption was a permanent relationship.

Children between ages 8 and 11 were found to have a broader understanding of adoption (Brodzinsky et al, 1984). Children of this age were able to exhibit understanding of the uniqueness of adoption. Adopted children also expressed fantasy thoughts about reunification with birth family and possible disruption from the adoptive

family. These children appeared to have a sense of insecurity about the permanence of the adoption relationship. The older children seemed to regain confidence in the permanency of adoption but did not seem to understand why this permanence existed. Children did not seem to understand the legal permanence of adoption until early to middle adolescence.

Psychosocial perspective to adjustment in adoption

Brodzinsky (1987) adapted Erikson's (1978) developmental tasks and presented a psychosocial perspective to adoption adjustment that is an adaptation of Erikson's developmental tasks. The focus of this perspective is the adjustment of the adopted child with the adoptive family and the psychosocial tasks of the adoptive family; however, as it is described in terms of the child's developmental stages it provides further insight into the child's understanding of adoption.

The psychosocial crisis for infants is trust vs. mistrust according to Erikson (1978). The primary task of concern for children placed for adoption from foster care is the development of a secure attachment relationship. As previously discussed, children in foster care may or may not have been able to develop a secure attachment during infancy given their history of abuse or neglect. Many factors must be considered including how old the child was when he or she entered foster care, the age of the child at the time the abuse or neglect occurred and the quality of the child's primary attachment relationship during infancy. Brodzinsky (1987) found that children, who are adopted early in life, within the first six months, tend to develop secure attachments to their mothers similar to the secure attachment formed between non-adopted children and their

parents. The older a child is when adopted, the more complicated and more difficult it is for the adopted child to resolve the issues of trust and develop a secure and trusting parent-child relationship. Children removed from their parents or moved from one foster home to another during this time disrupt the developmental process of attachment as described by Bowlby (1988).

During the pre-school years children are primarily concerned with being able to separate from parents and develop a sense of autonomy (Erickson, 1978). Children during this stage venture away from their parents and begin exploring the world, taking initiative and attempting independence. For children with secure attachments and stable parental relationships this is a tenuous and sometimes frightening time. Children who do not resolve the tasks of autonomy vs. shame and doubt or initiative vs. guilt may develop ambivalent feelings and avoid the natural inclination to pursue independence and separation (Erikson, 1978). Children during this time also begin to express fears and respond strongly to emotional messages from parents and parental figures (Fahlberg, 1991). Routine is very important to the pre-school aged child and abrupt changes in routine can be extremely frustrating and confusing for child. Developmentally, transition from one environment to another for a child this age can be traumatic if not handled with sensitivity to the child's natural insecurities. For adopted children or children in foster care, it is important that they are free to ask questions and their questions be answered developmentally.

According to Brodzinsky (1987) middle childhood is a time when adopted children begin to try to make sense of their adoptive status. Erickson's psychosocial crisis

for this age of development is industry vs. inferiority. Children at this age attempt to master tasks and understand the world around them. It is important that they understand what adoption means for them. Mastering this task may be confounded as children adopted during infancy may begin to ask questions about birthparents and, according to Brodzinsky, may initiate the grieving process in relation to their birthparents. Children are cognitively able at this time to reflect on both their past and their present. As the child begins to deal with the reality of the loss of birthparents, the child may manifest behaviors that can become difficult and upsetting to adoptive parents, teachers and others. As previously discussed, for foster children, this loss often involves more than birth parents. They also grieve other birth family members, siblings, and friends. This loss and grief must be addressed as children transition from one placement to the next during this age of development.

During the grade school years, children begin to explore connections between past, present and future (Fahlberg, 1991). Brodzinsky (1987) states that for adopted children the school aged years are a “time when they are actively attempting to master or understand their adoptive status – and all of its implications” (p. 34). As they approach adolescence, they begin to ask questions about their past as well as dreaming about the future. Fears and worries about the unknown are prominent and children of this age often need reassurance of safety and security from an adult they trust. Developmentally, children in middle childhood are beginning to explore the world around them while using the family as a secure base. Children placed in foster care during these years may experience an emotional disequilibrium as a result of disruption in this secure base. This

emotional disequilibrium will often manifest itself in inappropriate and aggressive behavior from the child. Falhberg (1991) recommends an integration of past with present and future with children of this age. It is important for children of this age to have accurate information about their past as well as their future as they try to understand their present.

Adolescence mirrors the pre-school years in that the primary developmental task is separating from parents and developing an independent identity (Erikson, 1978). For adopted adolescents this task is often complicated by the limited information historically provided to adoptive parents about birth parents (Brodzinsky, 1987). Adolescents adopted during this stage are challenged with not only the task of developing their own separate identity but also an identity separate from at minimum two sets of parents, i.e. birth and adoptive parents. Falhberg (1991) highlights adolescents' search for identity as they prepare for emancipation and independence. Fears of adolescents are similar to that of that of middle childhood; however, adolescents tend to be more concerned with the present. Peer relationships become of primary importance for early adolescents as they try to figure out who they are and how they fit in the world around them. During this stage, being different from peers is often frightening and difficult. Emotionally, adolescents experience intense emotional ups and downs. These emotions can often be exasperated by fears and feelings of inadequacy or insecurity. Trusted adults validate these feelings while giving guidance as to how to best cope with these emotions and express these emotions appropriately. Adolescents in foster care, according to Fahlberg, need added assurance and assistance in learning how to manage their emotions

appropriately. The goal of adoptive family and others working with adopted adolescents is to help the adolescent “achieve a healthy balance between individuality and autonomy, on one hand, and continuing connectedness to the family, on the other hand” (Brodzinsky, 1987, p. 40). A primary developmental task to be met during adolescence is to answer the question “who am I” (Erickson, 1978). Individuals who are able to develop an adequate sense of identity have been found to report higher levels of self-esteem, greater feelings of happiness and lower levels of emotional distress (Waterman, 1982).

Adoption and Identity

Grotevant (1992) defines adoptive identity as inclusive of the adopted person’s “sense of continuity of generations ..., integration of influence from parents or rearing and parents of birth, and sense of how one fits into a family in which some individuals may be related by blood and others may not... the meaning one makes of the fact that he or she is adopted” (p. 78). For many children adopted as infants, questions about the past are often left unanswered (Grotevant, Dunbar, Kohler & Esau, 2000). Much of the research done on identity and adoption focuses on children who were adopted as infants and are searching for birth parents (Howe & Feast, 2001; Sobol & Cardiff, 1983). Even as openness in infant adoptions becomes more common, children adopted as infants continue to struggle with questions from the past and what this means to them and their unique identity (Kohler, Grotevant & McRoy, 2002). Other researchers have looked at adoptive identity in transracial adoptions and racial or ethnic identity (Hollingsworth, 1998; McRoy, Zurcher, Laurderdale & Anderson, 1982). Grotevant (1997) offers a scheme of identity formation for adopted persons similar to the process identified in

models of identity development in homosexuals or persons of minority status. Grotevant states that the course of identity development for adopted persons begins with a state of unawareness or denial of the adoption experience. For children adopted as infants this time frame would include early childhood years when the child is not aware of his or her adoptive status. This is followed by an experience or state of crisis that may lead the adopted person to question or explore their adopted status. A time of searching and piecing together an adoptive narrative follows as the individual integrates their adoption story into their life narrative. Grotevant hypothesizes that this process may repeat over the course of the life span with each cycle expanding the adopted person's sense of self.

School-aged children adopted from the foster care system have similar identity issues to resolve as infant adopted persons. Their issues; however, are confounded by the fact that they have memories of their previous identity prior to the adoption. Many of these children have visits with biological parents and extended family members up until the time of termination of parental rights. With the expedited time frames for permanency mandated by ASFA this means that these children will often enter into an adoptive family within a relatively short period of time after termination. The child is faced with the task of changing their identity to now becoming a member of a new family often changing their name, their school, their home and community. For older adopted children who they are is a summation of who they were and can be complicated by several factors including age at the time of entry into foster care, age at time of placement, number of moves in foster care and the type of adoption.

Children who enter the foster care system after infancy have already started the process of identity formation. Developmentally, as a healthy part of ego development and identity formation, toddlers recognize and respond to their first name. Attempts to call them by any other name are often meant with emphatic and agitated corrections (Fahlberg, 1991). Many children from abusive and neglectful backgrounds have a sense of family and belonging, especially when siblings are involved (Ryan, 2002). As children move through the foster care system, their identity within the family may change as they move from the oldest, to the middle to the youngest child. For many children, being in foster care carries a social stigma that can affect their social relationships. For children who experience multiple moves, they will also experience multiple changes in school, which can exasperate the ability to make and maintain friends. While adoption offers a stability and permanency in the long run, those adopted by non-foster parents or non-relatives face yet another change and another disruption in their identity formation. Children adopted by foster parents or relatives may not experience disruption in their external environment, but most experience a change in name and adopt a new identity as a long term member of the adoptive family.

Approximately 60% of the children in foster care waiting for adoption are children of color (USDHHS, 2004). The Multiethnic Placement Act of 1994 and the Removal of Barriers to Interethnic Adoption (MEPA-IEP) in 1996 were designed to address the overrepresentation of children of color in the child welfare system by prohibiting race as a consideration in the placement of children in foster care and adoption (Allen & Bissell, 2004). The passing of MEPA-IEP has led some child welfare

professionals to suggest that “race and heritage or inconsequential to the lives of black children” (Davidson & Davidson, 2001/2002, p.25). Ethnic or racial identity, however, has been found to be a significant influence on the psychological functioning of members of racial and ethnic minorities (Phinney, 1990). As a result of MEPA-IEP, many more children are being placed in transracial adoptions and child welfare workers are being challenged with how to best address the child’s racial and ethnic identity needs (Brooks, Barth, Bussiere, & Patterson, 1999). McRoy (1994) states that “minority adopted children like all other adopted children have to adjust to their adoptive identity as well as their racial identity” (p. 71). It is important that any preparation activities involving children of color into white families consider the best interest of the child and how this transracial adoptive placement may ultimately effect the child’s adjustment to the placement while adhering to the policies mandated by MEPA-IEP.

Pinderhughes (1998) examined the impact of the adopted child’s life history and preplacement experience on post placement adjustment for children adopted after age five. Pinderhughes found that a child’s foster care experience is not a sole predictor of adoption outcomes, but must be considered in conjunction with that child’s age at placement, race, disability and birth family history. These findings were consistent with other studies (Kadushin & Seidl, 1971; Rosenthal & Groze, 1992; Rosenthal, Schmidt & Conner, 1988) that found a relationship between the age of the child at placement as well as the child’s preadoptive history and adoption outcomes. Children adopted at an older age have been found to have more negative behaviors and be at higher risk for disruption (Berry & Barth, 1990; Rosenthal et al., 1988). The older child’s adjustment to adoption is

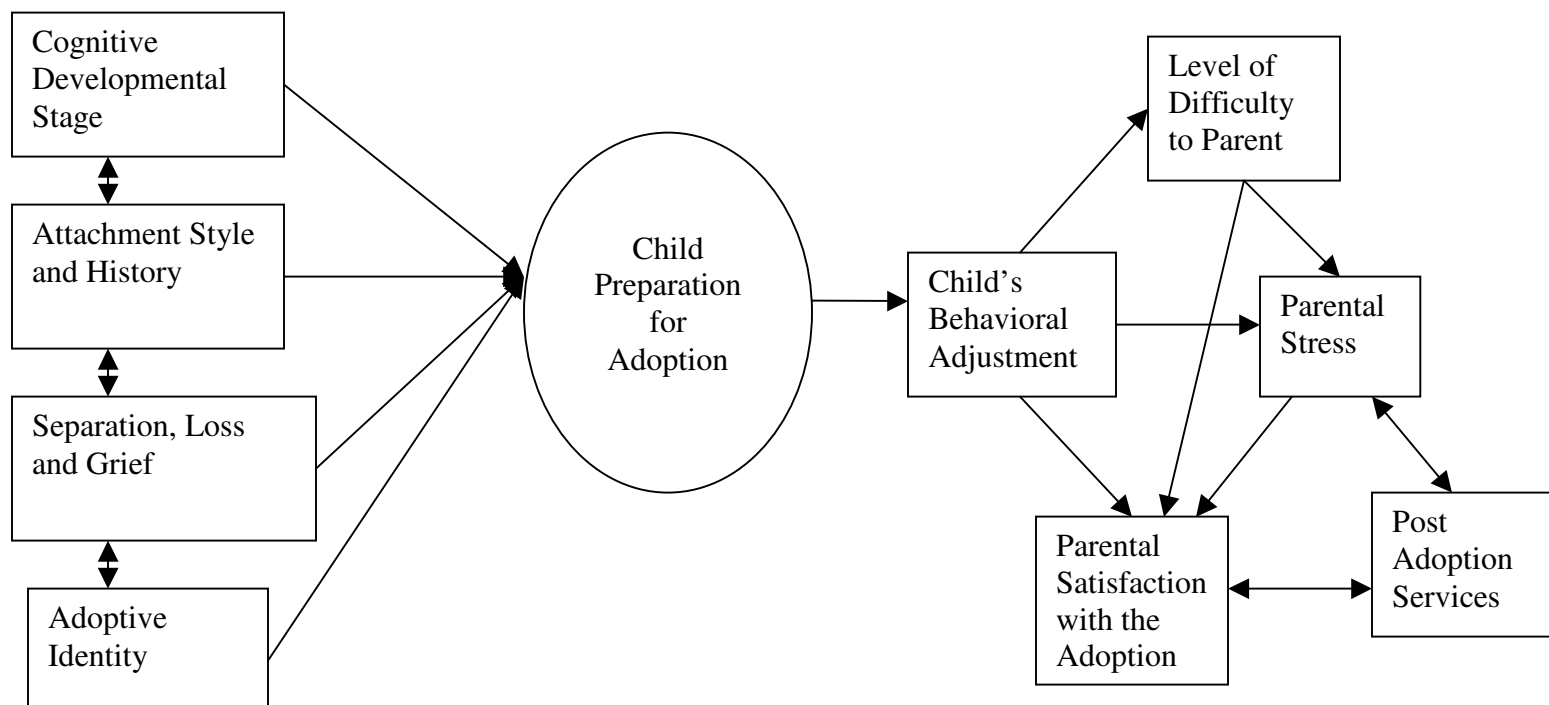
often thought to be related to the child's understanding of the reasons for adoptive placement (Brodzinsky, 1987; Cole & Donley, 1990, Fahlberg, 1991). Effective preparation for adoption must include an understanding of the child's cognitive and developmental stage. Children must understand the adoption process and what the transition means to them. As the child experiences this transition from foster care to adoption, preparation activities should be designed to assist the child in the development of healthy attachments with the adoptive family (Fahlberg, 1991).

Proposed Conceptual Model

This study is designed to gain a general understanding of current child adoption preparation practices. In examining how children are prepared for adoption, the theoretical perspectives outlined in this chapter provide a model for effective child preparation (see Figure 3.1). Preparation activities are expected be tailored to address a child's issues of attachment, separation and loss and identity in accordance with their cognitive developmental stage (Fahlberg, 1991). Workers preparing children should take into account several child factors including the length of time the child has been in foster care, the number of separations from birth family as well as the number of placements in foster care the child may have experienced. The child's age, as well as their developmental stage should also be considered when choosing preparation activities to be completed with the child. Children for whom attachment, separation and loss, and identity needs are not addressed in preparation for adoption are expected to have more difficulty adjusting to the adoptive placement (Berry & Barth, 1989; Groze & Rosenthal, 1993; Hughes, 1999; Pinderhughes, 1998). This difficulty in adjustment is expected to

manifest itself in behavioral problems that would affect the adoptive parents' perspective of how difficult the child is to parent and the level of parental stress. Families with more difficult children would also be expected to request and utilize more post adoption services in order to maintain the adoption and prevent adoption disruption or dissolution (Bird, Peterson, & Miller, 2002; Rosenthal et al., 1996; Rosenthal et al., 1988). The next chapter discusses the methodology including research design, sampling procedures, data collection and data analysis used in this dissertation study.

Figure 3.1 Proposed Conceptual Framework



CHAPTER THREE

METHODOLOGY

This study builds on the previous research discussed in Chapter 1 (Backhaus, 1984; Rushton et al., 1998) by exploring the status of child adoption preparation in practice from the perspective of successful adoptive parents and corresponding caseworkers from nineteen states. Secondly, this study explores the relationship between child adoption preparation and the post placement experiences of successful special needs adoptive families including post finalization. As stated in Chapter 2, effective child preparation for adoption must consider a child's cognitive developmental stage and understanding of adoption. It is also important for workers preparing children for adoption to understand a child's attachment issues and the effect that adoption has on the child's identity. Several models of child preparation were found in the literature (Chestang & Heymann, 1976; Fahlberg, 1991; Jones, 1979). The research questions in this study were designed to explore the status of child preparation for adoption using these theoretical perspectives and child preparation models as a guide. This chapter presents the research design, sample and sampling procedures, data collection, study variables, data analysis plan, limitations and strengths of the study.

The Collaboration to AdoptUsKids

This study was a part of a larger federally funded research project being conducted by The University of Texas at Austin (UT-Austin) as part of the Collaboration to AdoptUsKids. The Collaboration to AdoptUsKids, established in October 2002, is sponsored and funded by the United States Children's Bureau to "devise and implement a

national adoptive family recruitment and retention strategy, operate the AdoptUsKids.org website, encourage and enhance adoptive family support organizations and conduct a variety of adoption research projects” (www.adoptuskids.org). As a part of the Collaboration to AdoptUsKids, UT-Austin Center for Social Work Research is conducting two research studies over the course of five years. The first research study is designed to identify barriers to the completion of the adoption process from the perspective of prospective adoptive parents who have applied to adopt children from the United States foster care system. The second research study is designed to identify components that lead to favorable long-term outcomes for families who adopt children from the United States foster care system. This researcher has worked as a graduate research assistant on the Collaboration to AdoptUsKids research project since November 2002. As a graduate research assistant, I have been actively involved in all aspects of both studies including agency recruitment, instrument development, and data collection. This dissertation study was based on this project, but was designed and conducted outside of my assigned responsibilities for the project.

Research Design

This was an exploratory study that combined qualitative and quantitative research methods. A cross-sectional design was used to assess the perceptions of successful adoptive parents and children’s caseworkers about the effectiveness of child preparation for adoption. A sample of adoptive parents were interviewed and surveyed. A sample of corresponding family and children’s caseworkers were interviewed. Qualitative and quantitative data were analyzed to understand the preparation of adoption of children

from the perspective of both the adoptive parents and the corresponding caseworkers. Data collected from the corresponding caseworkers were used to augment the understanding of how the children were prepared for adoption. Analysis was also done to compare the perception of the corresponding caseworkers to that of the adoptive parents on a case by case basis. Overall, the perception of caseworkers as to best practice in preparing children for adoption was compared to the perception of adoptive parents as to what adoption preparation activities were the most helpful to their children.

Human Subjects Protection

Approval of data collection procedures and instruments utilized in the Collaboration to AdoptUsKids research project has been received from The University of Texas at Austin Institutional Review Board (UT-IRB). An amendment for Human Subjects approval was submitted July 16, 2004 and subsequently approved to include data collection from workers responsible for child preparation. Upon successful approval of the research proposal for this study, an amendment was submitted and subsequently approved adding this researcher as a co-investigator for the purposes of this dissertation study (see Appendix A).

Sample and Sampling Procedures

This dissertation study utilized data collected as part of a nationwide study of special needs adoptive families and their corresponding caseworkers from public and private special needs adoption agencies. Research staff with the Collaboration to AdoptUsKids research project, first selected a sample of public and private agencies throughout the United States who would be willing to identify staff and families for

possible participation. To reflect the disproportionate minority representation of children in the foster care system, the Principal Investigator for the Collaboration to AdoptUsKids initially selected a sample of 27 states with 25% or more minority children in the population of children waiting for adoption. During year one of the project, lists of public and private adoption agencies in these states were compiled using the National Adoption Clearinghouse website (naic.acf.hhs.gov). State adoption representatives were then contacted to verify the list of public and private contracting agencies in their respective states. The Principal Investigator then randomly selected both public and private special needs adoption agencies from these lists to invite to participate in the research study. During the second and third years of the Collaboration to AdoptUsKids research study, public and private agencies in all remaining states were contacted and invited to participate in the research study in an effort to strengthen the national representation of the sample. Written agreement to participate in the project was received from all participating agencies (see Appendix B for example).

Family recruitment

The Collaboration to AdoptUsKids research team asked agencies to identify successful adoptive families who had adopted children from the foster care system and finalized the adoption at least 18 months prior to participation in the research study. Successful adoptive families were defined as families whose adoption remained intact and the adoptive parents remained committed to parenting the adopted child. Agencies were asked to identify families whose adopted children were school-age at the time of the adoption and were still under the age of 20 at the time of participation in the study.

Agencies were informed that a small percentage of identified families could be those whose adopted children were under the age of six at the time of placement if the children had severe special needs. All types of adoptions were included in this larger sample including general adoptions, foster parent adoptions and relative/kinship adoptions. Over the course of the larger study a total of 150 families will be interviewed. This dissertation study is limited to a subsample of 55 of these 150 adoptive families.

Families were recruited for participation in the larger success factors study in two ways. First, public and private agencies were asked to identify families for participation in the study. To protect the confidentiality of adoptive families, agencies identified a staff liaison to work with the Collaboration to AdoptUsKids research team. Agency liaisons compiled lists of successful adoptive parents who met the criteria for inclusion in the study. The research team sent the agency liaison family packets that included a cover letter, consent form, a demographic form, contact information sheet and a postage paid return envelope. The family packets were pre-stamped and marked with the participating agency's return address in case the packet was undeliverable. Agency liaisons were asked to mail the packets to identified families within two weeks of receipt in their office. Upon receipt of the family information including the signed consent, the research team contacted the family for interview.

Secondly, families were self-recruited in response to information disseminated in foster/adoptive newsletters, foster care and adoption magazines, adoption websites and list serves and word of mouth. The need for more families in the larger study was expressed to members of the Collaboration to AdoptUsKids who in turn disseminated this

information through these various medias. Families responded by either calling or e-mailing the Collaboration to AdoptUsKids research team. Phone contact was made with the families explaining the purpose of the project and what participation entailed. Families were asked if they desired to have further information regarding the project. If agreed, families were sent the family packet from the research team with the cover letter, informed consent and demographic information sheet.

Approval was received from the UT-IRB in December 2004 to provide participating families with a \$25 gift card for compensation in participating in the project. Participating families were given the choice of a Wal-Mart or Target gift card. Families were sent this gift card upon completion of their telephone interview and receipt of the two completed surveys.

For families who have adopted two or more children, one child was selected as the focus of the research study. The focus child was selected on a case by case basis after reviewing the demographic information provided by the adoptive family. Criteria used to determine the focus child include the age of the child at placement, the quality and severity of the child's special needs and the length of time the child has been in the home. The Principal Investigator made the final decision for the Collaboration to AdoptUsKids research study.

Each successful adoptive family was asked to identify child and family workers who worked with the family at different points in the adoption process, pre and post placement. These workers were contacted and interviewed regarding the family and the child chosen as the focus of the study. The workers were provided with a copy of the

family's signed consent to speak with them regarding their family, their child and their adoption. Workers also signed informed consents to participate in the project. Workers were not compensated for participation in the study.

Sampling procedures

A subsample of 55 of the 150 adoptive families participating in the Collaboration to AdoptUsKids research was used in this dissertation research. Families for whom the focus child was six or older at the time of placement were included in this study. This age was chosen based on research that found that children do not recognize or understand adoption as an alternative means of parenting until the age of six (Brodzinsky et al., 1984). Families were identified for inclusion at the time the focus child was chosen for the larger study. Families identified were included in the subsample once the family had completed the telephone interview. In all, 62 families were enrolled in the larger study during the data collection period (August 2004 – May 2005) who met the criteria for inclusion in this study; however, only 56 of these families were successfully interviewed during that time period. One family interviewed was excluded from this study as the focus child chosen was severely disabled with no sight, no hearing and no means of verbal communication.

All families participating in the Collaboration to AdoptUsKids research were asked to provide the name and contact information of caseworkers who worked with their family of child during the adoption process. Workers were interviewed after completion of the family interview. Of the 55 families included in this sample, twenty-four identified both a family and child worker. Twenty-seven only identified a family worker and two

families only identified a child worker. Two families did not identify any worker. One of the two families stated they did not know any of the names of the workers and the other family stated that the agency was closed and there was no way to contact any of the workers.

A total of 43 workers corresponding to the 55 families in the sample were interviewed. This included 14 child workers and 29 family workers. Thirty-six other workers were identified; however, 7 declined to be interviewed, 12 were unable to be located and 17 were unable to be scheduled during the data collection time period.

Twelve of the 55 families in this sample had both a child and family worker interviewed. When both child and family worker were interviewed, the child's worker was included in the sample if the worker identified themselves as having worked with the focus child at the time of the adoption. When only the family worker was interviewed, the interview transcript was reviewed for content regarding knowledge of child preparation for adoption. Workers were excluded from the sample if their interview indicated they did not have any knowledge as to how the child was prepared for adoption either pre or post adoption. One worker interviewed corresponded to two families, therefore 27 interviews were coded; however, 26 workers were included in the final sample.

Data Collection

Adoptive parents

The adoptive parents were interviewed by telephone using an interview schedule that was developed for the Collaboration to AdoptUsKids research study and were mailed

two surveys for completion. Adoptive parents provided demographic data as part of completion of the initial information packet (see Appendix C). The 18 variables in the demographic data included the focus child's gender, race, age at time of entry into foster care, age at time of placement into the adoptive home, and identified special needs. Consenting adoptive parents were contacted by telephone to verify demographic information including the type of adoption and to schedule the interview. In the case of couples, only one adoptive parent was interviewed. Families were asked to identify the person who would know the most detail about their adoption experience for interview.

Telephone interviews were conducted with one adoptive parent per family using a semi-structured interview schedule. Inclusive in the interview schedule were 33 open-ended questions pertaining to the focus child's preparation for adoption, adjustment during the first year of placement, the adoptive parent's perception of challenges parenting the child, level of satisfaction with the adoption and questions related to the post adoption experience (see Appendix D). Interviews with the adoptive parents averaged two hours in length. Interviews were tape recorded and transcribed verbatim. Interviews were conducted by trained members of the Collaboration to AdoptUsKids Research team, including this researcher.

Adoptive families were sent two mailed surveys after completion of the interview. The first mailed survey collected data about the family's pre-adoptive placement experience. This study utilized responses from seven questions regarding the parent's knowledge of the child's history and background prior to the adoption (Appendix E). This set of questions was adapted from the survey instrument used by Reilly & Platz

(2003) in a similar study of successful special needs adoptive families. After communication with the authors, the Principal Investigator for the Collaboration to AdoptUsKids determined that replication of this measure would be ideal for the Collaboration to AdoptUsKids research project as the issues addressed with the adoptive families are similar. Permission to adapt the measure was obtained from Reilly & Platz. Of the 55 families interviewed, 43 families completed and returned this survey.

The second mailed survey collected data about the adoptive family's current experience. This second survey included a modified version of the Parenting Stress Index (PSI). Of the 55 families interviewed 38 completed and returned this survey.

Parenting Stress Index (PSI)

The Parenting Stress Index (PSI) (Abidin, 1986) was included in second mailed survey completed by adoptive parents. The PSI is a self-report questionnaire that has been validated to predict a child's current behavioral and emotional adjustment. It was developed to identify parental stress that may be a multidimensional function of parent and child characteristics. The PSI is grouped into two major domains, parent characteristics and child characteristics. Test-retest reliability ranges from .61 for the child domain to .91 for the parent domain (Abidin, 1986). The PSI has been normed on both non-clinical and clinical samples of parents. The full version of the PSI consists of 120 items and takes less than thirty minutes to complete. The PSI short form consists of a 36 items and results in a Total Stress Score from three scales: Parental Distress, Parent-Child Dysfunctional Interaction and Difficult Child.

For both the Collaboration to AdoptUsKids research and this dissertation study 33 items of the PSI short form were used for children 12 years of age or younger (See Appendix F). A 49 item short form was used for children 13 years of age or older (See Appendix G). This modified version was adapted from a version used in the MTARP Longitudinal Study of Openness in Adoption which examined the consequences of openness in adoption for adoptive parents, birthmothers and adopted children (Grotevant & McRoy, 1998).

The PSI subscales are also grouped into two domains; the Child Domain and the Parent Domain. Four subscales from the Child Domain were used in this modified version of the PSI. The four subscales included 1) Child Reinforces Parent, 2) Acceptability of Child to Parent, 3) Child Adaptability, and 4) Child Demandingness. Combined these four subscales provide a measurement of incompatibility between the child and parent. For the four subscales the Alpha reliabilities ranged from .71 to .86. The incompatibility score is a summation of the four subscales.

High scores on the first subscale, Child Reinforces Parent, indicate a lack of positive reinforcement by the child. This lack of positive reinforcement may be seen as a threat to the parent-child bond and indicates that the parent does not feel good about his or her interactions with the child. The second subscale, Acceptability of Child to Parent, identifies possible issues with poor attachment and rejection in the parent-child relationship. High scores on this subscale indicate that the child's display of physical, intellectual and emotional characteristics does not match parental expectations.

Child Adaptability scores are associated with the child characteristics that make parenting the child more difficult because of the child's inability to adjust to change in his or her social or physical environment. Higher scores indicate more difficulty in this area. The fourth subscale, Child Demandingness, measures physical, behavioral or emotional demands on the parent by the child. High scores on this subscale indicate the parent feels the child is placing many demands upon them.

Corresponding caseworkers

Telephone interviews were conducted with corresponding family and child workers after the interview was completed with the adoptive parent. A semi-structure interview schedule was developed for use in this dissertation study (see Appendix H). The interview schedule collected demographic data about the caseworker and asked the caseworkers twelve questions about the preparation for adoption services provided to the focus child. These interviews were conducted by trained members of the Collaboration to AdoptUsKids research team with the majority of these interviews for this study being done by this researcher. The interviews averaged 45 minutes and were tape recorded and then transcribed verbatim.

Study Variables

Child preparation for adoption

In this exploratory study, the primary variable of concern was child preparation for adoption. Models of child preparation and theoretical perspectives discussed in Chapters One and Two were used as a guide to the operational definition of this variable.

Child preparation for adoption is defined as any activities used by any persons relevant to the adoption of the child in an effort to assist the child in the transition from foster care to adoption pre or post adoptive placement, prior to finalization of the adoption. All of the adoptive parents were asked if their child participated in or completed the following preparation activities:

1. A Life book
2. Adoption preparation groups
3. Discussion with the child about adoption and the adoption plan
4. Pre-placement visits with the adoptive family.
5. Loss and Grief addressed in pre or post placement therapy
6. The transition to adoption addressed in pre or post placement therapy

In addition to these activities, the following preparation activities emerged during the codebook development for the adoptive parent interviews:

7. Sharing of pictures or information about the adoptive parents with the child prior to pre-placement visits.
8. Good-bye visits with biological family members including parents and siblings
9. Openness in adoption – initial or continued involvement from biological family members showing support of the adoptive placement or adoptive family, and

10. Prior Relationship – the existence of a prior relationship other than foster parent with the child before the adoptive parents were considered an adoptive resource for the child.

Descriptive statistics were conducted to explore the absence or presence of each of these preparatory activities. A summation of the presence of eight preparation activities asked of all 55 families was used as an independent variable in analysis exploring the relationship between child preparation for adoption and outcomes for the adoptive family. These eight activities included:

1. Life Book
2. Adoption preparation groups
3. Discussion of adoption or adoption plan with child
4. Pre-placement visits
5. Therapy pre-placement with a focus on loss and grief
6. Therapy pre-placement with a focus on adoption transition
7. Therapy post-placement with a focus on loss and grief
8. Therapy post-placement with a focus on adoption transition

Independent variables

Type of Agency – Participating adoption agencies were divided into two groups, public versus private. Public agencies are state agencies responsible for provision of child welfare services including adoption and foster care. Private agencies are agencies that contract with their respective states to provide foster care and adoption services to children in the foster care and their adoptive parents. Freundlich and Gerstenzang (2001)

note that the most recent types of support for the privatization of social services (starting in the 1990s); have been based on the rational that the private sector is capable of creating more superior outcomes for beneficiaries than the public sector. The type of agency in this study is defined as the type of agency responsible for preparing the child for adoption. Agency type was determined, when possible, from the corresponding worker interviews. If the worker interviews did not yield this information, the type of agency was defaulted to the agency the family identified as having completed their adoption in the initial information packet.

Type of Adoption - General adoptions are those adoptions in which the adoptive parents have no prior relationship to the adopted child prior to the adoptive placement. Foster parent adoptions are adoptions in which the adoptive parents fostered the child prior to adoptive placement. In foster parent adoptions, the adoptive parents did not become the child's foster parents with the intent to adopt but rather chose to adopt the child after reunification efforts were unsuccessful. Relative or kinship adoptions are adoptions in which the adoptive parents have an existing kinship relationship with the child prior to adoptive placement. Children adopted by relatives or foster parents often have resided with the families for six months or longer.

For the purpose of this study adoptions were divided into two types; general or foster parent/kinship. General adoptions are defined as adoptions in which the children were placed in the adoptive home with the intent to adopt at the time of placement and no real reunification efforts were being made with the biological family. This adoption type included legal risk adoptive placements in which the parental rights of the child had not

yet been terminated. From the child's perspective these were permanent adoptive placements from the beginning. Foster parent/kinship adoptions were defined as adoptions in which the child was originally placed in the home as a foster child. The placement was intended to be temporary until the child could be reunified with the biological family. Included in this category were placements that were considered concurrent planning i.e. the foster family was aware at the time of placement that they would adopt if reunification efforts failed. In these cases, from the child's perspective the plan at placement was for them to return home.

Age of child at placement – As previously discussed, child preparation for adoption should vary depending on the age of the child (Falhberg, 1991). Age at placement has also been found by researchers to be the best single predictor of adoption disruption (Barth, 1988; Holloway, 1997; Rosenthal, Schmidt, & Conner, 1988). Children placed at older ages may have a more difficult adjustment to adoption. Families were included in this study if the child was age six or older at the time of placement. Focus children in this study ranged from age 6 to age 15 at placement. Brodzinsky et al., (1984) identified ages 8-11 to be the age that children were found to have a broader understanding of adoption. Therefore, when categorized, age at placement was divided into 3 categories; ages 6-7, ages 8–11 and ages 12–15.

When data were available, the following variables were also used as independent variables in analysis:

Number of removals from the birth family – Adoptive parents were asked to provide the number of times the child was removed from the birth family.

Length of time in foster care – Adoptive parents provided the number of years the child was in foster care prior to being placed in the adoptive home.

Number of placements in foster care – Adoptive parents provided the total number of placements the child had in foster care prior to being adopted.

Special Needs – All of the adoptions in this study are considered special needs adoptions because the children were adopted from the foster care system and are considered “hard to place” (Testa, 2004); however, more specifically special needs was operationalized in this study using the following definition: “older children, physically handicapped children, minority and biracial children, sibling groups, and children with behavioral problems” (Rosenthal, Groze, & Curiel, 1990, p. 532).

Adoptive parents were asked to identify the child’s special needs. A summation of the needs reported by parents was also used as an independent variable.

Behavior Problems – Adoptive parents were asked to describe the child’s behavior after the first year of placement. Identified behavior problems were noted and a summation of the number of behaviors problems reported by the adoptive parents was used in the analysis conducted to explore possible explanations for the variation in child preparation activities.

Dependent variables

Outcome measures for the adoptive families encompass the adoptive parent’s perspective of the child’s adjustment to placement and the post-adoption service needs of the adoptive family. Children’s behavior has been noted in the literature as one of the primary reasons for difficulties in adjustment in adoptive placement (Howard & Smith,

2003). Children's behavior and adjustment was measured by the adoptive parent's responses to the following measures:

Behavioral adjustment during the first year of placement – the summation of identified behavioral problems reported by the adoptive parents was used to measure the child's adjustment during the first year after placement.

Parental Stress – the level of parental stress as measured by the completed PSI (Abidin, 1986). (see Appendices H & I)

Parental Satisfaction – parental satisfaction was measured using adoptive parent's response to question 43 on the adoptive parent interview schedule (see Appendix D)

Level of difficulty in parenting the child – level of difficulty in parenting was measured using adoptive parent's response to question 50 on the family interview schedule

Post adoption needs – Post adoption service needs were measured using a cumulative number of the post adoption services adoptive parent's reported they had either used or needed in response to questions 65-73 on the family interview schedule (see Appendix D).

Hypotheses

This study is an exploratory study designed to understand how children are prepared for adoption and the relationship between preparation and outcomes for the adoptive family. The review of the literature suggests that children should be prepared for adoption and permanency in a manner that is appropriate for their age and cognitive development. The hypotheses for this study are as follows:

- H₁ There are differences in how children are prepared for adoption based on the type of agency, the type of adoption and the age of the child at placement.
- H₂ There are differences in the perspectives of adoptive parents and caseworkers as to how to best prepare children for adoption.
- H₃ There is a relationship between the preparation of adoption the child receives and the long term adoptive outcomes for the child and family.
- H₄ There is a relationship between the preparation for adoption the child receives and the adoptive families post adoption service needs.

Data Coding and Data Analysis

All data collected as part of this dissertation is part of the larger Collaboration to AdoptUsKids research project and will be used in future analysis for the full sample of adoptive families and corresponding caseworkers. Demographic data from the adoptive parent information sheet were coded and entered into a database using Microsoft Access. Data were entered and validated by members of the Collaboration to AdoptUsKids research team after completion of the adoptive parent's interview. Demographic data for the 55 families represented in this study were extrapolated into a separate database.

Data from the completed surveys including responses from the PSI were also entered into a database using Microsoft Access. Data were entered and validated by members of the Collaboration to AdoptUsKids research team. PSI scores were computed using Microsoft Access by the data manager of the Collaboration to AdoptUsKids research team for all completed adoptive family PSI's. Scores for the families represented

in this study were extrapolated into a separate Microsoft Access database for analysis. Data from all Microsoft Access databases were exported into Statistical Package for the Social Sciences [SPSS], version 11.5 for Windows for quantitative analysis.

Qualitative Analysis

Codebook development

Prior to the development of a codebook, literature regarding effective child preparation for adoption was reviewed. Boyatzis (1998) states that “theory-driven code development is probably the most frequently used approach in social science research” (p. 33). Preparation activities and tasks highlighted in the models of child preparation discussed in Chapter One were used in the development of a codebook designed to code for the absence or presence of preparation activities in the adoptive parent and worker interviews. When activities were coded as being present, descriptive coding was done to explore the variation in the activities or tasks completed. The coding process used is similar to the conceptually clustered matrix described in Miles and Huberman (1994). Table 3.1 shows the coding matrix used for this study. Both adoptive parent and worker interviews were coded using this matrix.

Table 3.1

Coding Matrix for Interviews

Activity	Descriptors
Life Book	Description of the Life Book When was Life Book Completed? Who was involved in the completion of the Life Book?
Pre-placement Visits	Number of visits Where did visits take place Type of visits Length of pre-placement period
Therapy pre-placement	Type of pre-placement therapy Frequency of pre-placement therapy
Therapy post-placement	Type of post-placement therapy Frequency of post-placement therapy
Adoption preparation group	Description of adoption preparation group
Discussion with child	Who discussed adoption with child? How did child feel about being adopted?
Shared information with child*	What information was shared? How and when was it shared?
Good-bye-visits*	With whom did the child have good-bye visits?
Previous relationship with child*	What was the relationship with the child prior to being considered as an adoptive resource for the child?
Overall Preparation	Which preparation activities were the most helpful to the child? Which preparation activities were the least helpful to the child? Which preparation activities did the child not receive or not participant in that you think might have been helpful to the child?
Behavioral adjustment during first year after placement	Description of child's behavior during the first year? If problems, what were types of behavior problems? How did overall behavior change over time?
Post Adoption Services	What post adoption services did family use? What post adoption services were offered by the agency? What post adoption services did the family seek/locate themselves? What post adoption services did the family need but not receive?

*Preparation activities emerged from the data. All 55 adoptive parents were not asked directly about the absence or presence of these activities.

Boyatzis (1998) identifies three steps in the development of codes using a theory driven-approach. These steps include:

- a) generating a code,
- b) reviewing and revising the code in context of the nature of the raw information, and
- c) determining the reliability of the coders and therefore the code. (p. 35-36)

Thirteen of the adoptive parent interviews were read in detail and analyzed for content related to child preparation for adoption. An initial codebook was developed based on this initial review. The initial codebook was tested on one family interview with a second coder, the project manager for the Collaboration to AdoptUsKids research project. The codebook was revised after the first interview and tested on a second interview. After minor revisions were made, second coders were trained using the second interview. A consensus was completed with each of the second coders on the same interview. Overall, the interrater reliability for the coding of this first interview was 85%. The codebook was revised based on suggestions during this training process. The codebook for the workers was patterned after the adoptive parent interview codebook with the addition of coding for demographic data provided by the workers during the interview.

All 55 of the adoptive parent interviews were coded by this researcher. A total of 43 interviews were double coded by eleven trained second coders. The average interrater reliability was 92 percent ranging from 85% to 97%. All of the 27 worker interviews were coded by this researcher with 19 interviews double coded by three trained double

coders. The average interrater reliability for the worker interviews was 92.5% ranging from 87% to 99%.

During the coding process, the researcher and other coders identified quotations from adoptive parents and corresponding workers that might be used to illustrate findings in the analysis. Quotations were entered into a separate document using Microsoft Word and sorted by themes related to the description of activities identified during the coding process. Illustrations of the variation in preparation activities were selected for inclusion in the qualitative results section of the study in Chapter Four.

Quantitative Analysis

Data collected from adoptive parent interviews and corresponding worker interviews were coded and entered into a Microsoft Access database and data entry validated by this researcher and members of the Collaboration to AdoptUsKids research team. Data entry was validated 2-3 days after the original data entry date. Quantitative data produced by coded data, responses to closed ended questions and standardized measures were analyzed using the Statistical Package for the Social Sciences [SPSS], version 11.5 for Windows.

Inferential statistics (chi-square, Independent Sample *t* tests and One-way ANOVA's) were conducted to compare groups within the sample. Logistic regression analysis was conducted to test for significance when the dependent variable in the analysis was dichotomous. Multiple regression analysis was conducted when the dependent variable was metric or ordinal. An alpha level of $p=.05$ was used for all statistical tests. A statistical power analysis was done to assess the probability of correctly

rejecting the null hypothesis and avoiding a Type II error during the proposal stage of the study. This analysis was done using the Power Calculator sponsored by the UCLA Department of Statistics (2002). Using a sample size of 55, a standard level of significance of .05 and a medium correlation of .30, the probability of correctly rejecting the null hypothesis is .715 which is an acceptable effect size according to Cohen (1988) as cited in Rubin and Babbie (2001).

Summary

This exploratory study was designed to explore how school age children are being prepared for adoption from the perspective of successful adoptive parents and corresponding caseworkers. This study also explored the child's preparation for adoption as a possible factor related to outcomes of the adoption of school age children. A sample of 55 adoptive parents and 26 corresponding caseworkers were interviewed as a part of the study. This sample is a subsample of a larger sample of adoptive parents and caseworkers participating in a larger research project being conducted by the University of Texas at Austin as part of the Collaboration to AdoptUsKids. Independent of the larger project, for this dissertation study transcripts from the adoptive parents and corresponding caseworkers were coded and double coded focusing on child preparation for adoption. Of the 55 adoptive families in the sample, 43 completed the first mailed survey and 36 completed the second survey which included the completed PSI's. Descriptive statistics were used to analyze demographic data, survey data and coded data from the interviews. Regression analyses were conducted to explore the factors related to the variation in adoption preparation as well as the relationship between child preparation and adoption

outcomes. The next chapter provides a description of the characteristics of the 55 adoptive parents, the 55 adopted children and the 26 workers included in the study sample.

CHAPTER FOUR

CHARACTERISTICS OF THE SAMPLE

This chapter describes characteristics of the 55 adoptive families in the study sample. These families are a subsample of 150 adoptive families participating in a larger nationwide study on success factors in special needs adoption. The larger project is sponsored by the Collaboration to AdoptUsKids being conducted by the University of Texas at Austin.

Thirty-nine of the 55 adoptive families (70.9%) in this sample responded to an agency invitation to participate in the research. The remaining 16 (29.1%) responded to a recruitment flyer posted in various places including the internet, e-mail list services, adoptive parent magazines and foster/adoptive parent newsletters. Adoptive families in this study resided in nineteen different states and used twenty-seven different agencies to facilitate their adoptions.

This chapter also describes the sample of 26 corresponding workers interviewed for this study. Workers were identified by the adoptive parents as having worked with the child or family at the time of the adoption. In all 43 workers corresponding to the 55 families in this sample were interviewed. For twelve families this included both a child and family worker. In those cases, the child worker was chosen for participation in this study. In cases where only a family worker was interviewed, if the worker did not provide any information in relation to the child's preparation for adoption, the interview was not included in the analysis. One worker was identified by two of the 55 adoptive families in the sample. The final sample of 26 workers includes 14 child workers and 12

family adoption workers identified by 27 of the 55 families as having worked with either their child or their family at the time of their adoption.

Adoptive Parents

This section provides demographic data on the 55 adoptive parents interviewed for this study. Table 4.1 is a summary of selected demographic characteristics.

Marital status

Twenty-seven (49.1%) of the adoptive parents were married, twenty-six (47.3%) were single and two (3.6%) were not married but living with a partner in a committed heterosexual relationship. The mean length of marriage was 17.7 years ranging from 1.5 years to 40 years. Thirteen (50%) of the single adoptive parents had never been married, twelve (46.2%) single adoptive parents were divorced and one adoptive parent (3.8%) was widowed.

Gender

Only one adoptive parent per family was interviewed. Adoptive couples were given the option as to who would be interviewed. It was suggested that the person interviewed be the one who could recall the most details about their adoption experience. The majority (n=47, 85.5%) of the adoptive parents interviewed were female. Twenty-two of the adoptive mothers were single. Eight of the adoptive parents interviewed were male (14.5%). Half (n=4) of the adoptive fathers were single.

Race/Ethnicity

Forty-six (83.6 %) of the 55 adoptive parents interviewed were White/Caucasian. Seven (12.7%) were African American, one (1.8%) was Hispanic and one (1.8%) was White/Native American.

Twenty-five of the adoptive parents were married to someone of the same race. Four of the adoptive parents reported to be married to someone of a different race. Twenty of the single adoptive parents were White/Caucasian, five were African American and one, Hispanic. There were no statistically significant differences in the race or ethnicity of the couples in comparison to the single adoptive parents.

Age

The mean age of the adoptive parents was 48.37 ranging from 31.63 to 64.69. The age of the married adoptive parents in comparison to the single adoptive parents did not differ significantly. The age of the adoptive mothers also did not differ significantly from that of the adoptive fathers. There were also no significant differences in the age of the adoptive parents and the race of the adoptive parents.

Education

Twenty (36.4%) of the adoptive parents reported having a college degree. Fifteen (27.3%) reported having received a graduate degree. Seventeen (30.9%) reported having attended some college or a technical school and three (5.5%) reported having completed high school or received a GED. There were no significant differences found in the education level of the adoptive parents based on marital status, gender, age, or race.

Employment status

Twenty-six (47.3%) of the adoptive parents reported being employed full time. Ten (18.2%) reported being self-employed full time and ten (18.2%) reported only being employed part-time. Three of the adoptive parents were self-employed part-time (5.5%) and two (3.6%) were students. Both of the students were single, adoptive mothers. Four of the adoptive parents (7.3%) were stay-at-home parents. All of the stay-at-home parents were female. Of these, three were married and one was single.

Income

Adoptive parents were asked to report their combined annual income. Seven adoptive parents chose not to respond to this question. The reported annual income ranged from \$3000 to \$150,000. The mean annual income for the 55 adoptive families in the sample was \$60,159 with the mean annual income for couples being \$68, 203, single adoptive fathers, \$47,500 and single adoptive mothers, \$34,116.

Fourteen (25.5 %) of the adoptive parents reported having more than enough money at the end of the month, twenty-three (41.8%) reported that they had just enough money at the end of the month, and another 14 (25.5%) reported not having enough money at the end of the month. Testing for statistical differences was not appropriate given the small sample size; however, nine of the 26 single adoptive parents (34.6%) reported not having enough money at the end of the month. This is in comparison to 5 of the 29 couples (17.2%). One-third (33.3%) of the nine minority families reported not having enough money at the end of the month in comparison to 25.9% (n=11) of the non-minority families. Only two of the single females reporting to not have enough money at

the end of the month were also minorities. Two families chose not to answer this question. One family reported that extreme behavior issues of one of the adoptive children often required paid respite care which caused financial stress on the family. Another family noted that generally they had enough, but sometimes they have extra and sometimes they run short at the end of the month.

Religious affiliation

Thirty-six (65.5%) of the adoptive parents were Protestant, nine (16.4%) were Catholic, and six (10.9 %) reported having no religious affiliation. The remaining four adoptive parents reported being Jewish, Mennonite, Mormon and practicing “Bathism.”

Location/Residence

Twenty-five (45.5%) of the adoptive families (n=55) reported living in the suburbs. Twenty (36.4%) reported living in a rural area and ten (18.2%) reported living in an urban area. There were no significant differences in the residence location based on marital status, ethnicity or gender.

The majority of the adoptive families (n=43, 78.2%) reported residing in single family homes. Three families (5.5%) reported living on a farm or ranch and five (9.1%) reported living in a mobile/modular home or other type of housing. The vast majority (n=47, 85.5%) reported owning their own home and seven (12.7%) reported renting. This information was missing for one adoptive parent.

Adoptive parents’ adoption and foster care status

One adoptive mother reported she was adopted and none of the adoptive parents reported having been in foster care.

Family composition

The adoptive families (n=55) had an average of 4.93 children including biological, adopted and foster children. The twenty-nine couples (married and non-married) averaged 5.51 children and single adoptive parents (n=26), 4.26. The total number of children ranged from 1 child (n=12, 21.8%) to an adoptive couple (1.8%) who reported having a total of 18 children combined.

The mean number of adopted children per family was 3.11. There was no significant difference in the mean number of adopted children for couples (3.14) versus single families (3.08). The number of adopted children reported ranged from one adopted child (n=17) to ten adopted children belonging to one single adoptive mother. The majority of adoptive families reported having one (n=17, 30.9%) or two (n=16, 29.1%) adopted children.

The mean number of biological children per family was 1.09 ranging from zero (n=29, 52.7%) to 8 (n=2, 3.6%). The mean number of biological children reported by couples (1.55) was significantly different from the mean number of .58 reported by single adoptive parents ($t(55) = 2.15, p = .04, df = 53$).

Twelve (21.8%) of the adoptive parents reported currently being foster parents. Seven of them were couples and five were single parents. Ten families (18.2%) reported parenting other children including step-children and other relatives. The number of other children parented ranged from one (n=3, 5.5%) to seven (n=1, 1.8%), two families reported parenting two other children and four families reported parenting three other children.

Table 4.1

Selected Characteristics of Adoptive Parents (N=55)

	N	%
Marital Status		
Married	27	49.1%
Single	26	47.3%
Non-Married Committed Relationship	2	3.6%
Gender		
Female	47	85.5%
Male	8	14.5%
Marital Status*Gender		
Couples	29	52.7%
Single Females	22	40%
Single Males	4	7.3%
Race/Ethnicity		
White/Caucasian	46	83.6%
African American	7	12.7%
Hispanic	1	1.8%
White / Native American	1	1.8%
Age (mean=48.37 years)		
30 – 44.5 years	18	32.7%
44.6 – 52.25 years	19	34.5%
52.25 – 65 years	18	32.7%
Education		
High School or GED	3	5.5%
Some College or Technical College	17	30.9%
College Degree	20	36.4%
Graduate Degree	15	27.3%
Employment Status		
Employed full time	26	47.3%
Self-employed full time	10	18.2%
Employed part time	10	18.2%
Self-employed part time	3	5.5%
Stay at home parent	4	7.3%
Student	2	3.6%
Annual Income (mean = \$60,159)		
\$3000 – 20,000	9	16.4%
\$30,000 – 45,000	11	20%
\$50,000 – 70,000	8	14.5%
\$70,000 – 100,000	12	21.8%
\$101,000 150,000	8	14.5%
Missing	7	12.7%
Religious Affiliation		
Protestant	36	65.5%
Catholic	9	16.4%
Other	4	7.3%
None	6	10.9%
Location of Residence		
Urban	10	18.2%
Rural	20	36.4%
Suburbs	25	45.5%

Focus Children

For each adoptive family with more than one adopted child (n=38), the principal investigator for the Collaboration to AdoptUsKids research project chose one adopted child to be the focus of the research study. Criteria for selection of the focus children included age at time of placement and level of special needs. For inclusion in this dissertation study, the focus child had to be six or older at the time of placement. This section describes the focus children for this study. See Table 4.2 for a summary of characteristics of the focus children.

Type of adoption

More than half of the adoptions in the sample (n=55) were general adoptions (n=43, 78.2%). The remaining twelve children were adopted by (21.8%) foster parents or by relatives who chose to adopt the children after they were placed in their home.

Type of agency

Thirty-seven (67.3%) of the children were prepared for adoption by public agency workers and 18 (32.7%) of the children were prepared by private agency workers.

Gender

Thirty-one (56.4%) of the children in this study were male and 24 (43.6%) were female. The female children were significantly more likely to have been adopted by a couple and the male children were more likely to be adopted by a single parent ($\chi^2(1, N = 55) = 5.60, p = .02$). Of the 31 male children, four were adopted by single males and 15 by single females. Seventeen of the 24 female children were adopted by couples.

Race/Ethnicity

Slightly more than half (54.5%) of the children were reported to be of minority status. Ten (18.2%) were reported to be African American, six (10.9%) were reported to be Hispanic and two (3.6%) were reported to be Native American. Twelve of the children (21.8%) were reported by the parents to be of mixed racial background.

Of the twelve mixed race children, 25% were mixed Caucasian / African American (n=3), 25% were mixed Caucasian / Native American (n=3), one was Caucasian / Hispanic, one Hispanic/Native American, one African American / Native American, one African American / Hispanic. One parent reported the child to be biracial but did not specify the child's racial heritage. Another child was reported to be mixed African American / Hispanic and Native American.

Sixteen (29.1%) of the minority children were adopted by parents who were of a different race or ethnic background. Fifteen of the adoptive parents were White/Caucasian and one was of mixed racial heritage. Five of the children were African American, four Hispanic and two Native American. Four of the children were of mixed racial backgrounds that included African American. One child was reported to be part Hispanic and part Native American. Nine (56.3%) of the 16 transracially adopted children were adopted by single females and one (6.3%) was adopted by a single male.

In this sample (n=55), minority children (n=30, 54.5%) were more likely to have been adopted by single parents and non-minority children were more likely to have been adopted by couples ($\chi^2(1, N = 55) = 4.29, p = .04$). Fifteen of the minority children

(50%) were adopted by single females and three of the minority children (10%) were adopted by single males.

Age at placement

The majority of the children were placed in their adoptive homes prior to the age of 11 years (83.6%) ranging from 6 to 15 years. The mean age at placement was 8.5 years with the mode being 6 years (n=12). Half (50.9%) of the children were placed between the ages of 8 and 11 years. There was no significant difference between the ages at placement for males versus females in this sample nor was there a significant difference between the ages at placement for the adopted children of couples versus singles. For this sample, there was no significant difference between ages at placement for minority children versus non-minority children.

Current age and length of time in adoptive home

At the time of the study, on average the age of the children was 14.24 years ranging from 10.27 years to 18.62 years. Using the reported age at placement and the age of the children at the time of the study, the length of time since placement ranged from 2.78 years to 9.15 years with a mean of 5.85 years.

Special needs

Adoptive parents were asked to identify the special needs of their adopted children on the initial demographic form completed when agreeing to participate in the study. The special needs identified were behavioral, emotional and psychological.

The most common special needs identified by the adoptive parents included: Attention Deficit Disorder (with/without Hyperactivity) (n=20, 36.4%), Learning

Disabilities or educational needs (n=15, 27.3%), Posttraumatic Stress Disorder (n=9, 16.4%), Reactive Attachment Disorder or attachment issues (n=9, 16.4%), Fetal Alcohol Effect or Syndrome (n=7, 12.7%) and Oppositional Defiant Disorder (n=5, 9.1%). Several adoptive parents (n=25, 45.5%) identified a combination of special needs for the children. The most common special need combined with other identified needs was Attention Deficit Disorder (n=17, 68%).

Sixteen adoptive parents (29.1%) identified other DSM-IV-TR diagnoses including Depression (n=4), Bipolar or Rapid Mood Swings (n=4), Asperger's Disorder (n=1), Anxiety Disorder (n=1), and Conduct Disorder (n=1). Nine (16.4%) identified non-specific emotional problems as the special needs of the child and seven (12.7%) of the families identified non-specific behavior problems as the special needs of the child.

Table 4.2

Selected Characteristics of Focus Children (N=55)

		n	%	
Type of Adoption				
	General	43	78.2%	
	Foster Parent/Kinship	12	21.8%	
Gender				
	Male	31	56.4%	
	Female	24	43.6%	
Race/Ethnicity				
	White / Caucasian	25	45.5%	
	African American	10	18.2%	
	Hispanic	6	10.9%	
	Native American	2	3.6%	
	Caucasian / African American	3	5.5%	
	Caucasian / Native American	3	5.5%	
	Caucasian / Hispanic	1	1.8%	
	Hispanic / Native American	1	1.8%	
	African American / Native American	1	1.8%	
	African American / Hispanic	1	1.8%	
	African American/Hispanic/Native American	1	1.8%	
	Biracial (non-specific)	1	1.8%	
Transracial Adoption		16	29.1%	
Adoptive Parent Race				
Child Race				
	White /Caucasian	African American	4	7.3%
	White /Caucasian	Hispanic	4	7.3%
	White /Caucasian	Native American	2	3.6%
	White /Caucasian	Other	5	9.1%
	Interracial (non-specified)	African American	1	1.8%
Age at Placement (mean = 8.5 yrs)				
	6-7 years	22	40%	
	8-11 years	28	50.9%	
	12-15 years	5	9.1%	
Special Needs*				
	ADHD / ADD	20	36.4%	
	Learning Disabled / Educational Needs	15	27.3%	
	Posttraumatic Stress Syndrome	9	16.4%	
	Attachment Issues / RAD	9	16.4%	
	Fetal Alcohol Syndrome or Effects	7	12.7%	
	Oppositional Defiant Disorder	5	9.1%	

*More than one response possible

Child Welfare History

Adoptive parents were asked to complete a mailed survey which provided additional background information about the child's history in foster care (see Table 4.3). Forty three (78.2%) of the adoptive parents completed and returned the survey. There

were no significant differences dependent on marital status, ethnicity, age, income or number of children between families who completed the survey and those who did not.

Length of time in foster care

The average length of time the children spent in foster care reported by the adoptive parents was 4.24 years, ranging from 1 year (n=3, 7%) to 9 years (n=1, 2.3%). The most common length of time reported was 5 years (n=9, 22%) followed by 3 years (n=8, 19.5%). Two adoptive parents reported they did not know how long the child was in foster care prior to being adopted by their family. There were significant differences in the length of time spent in foster care reported by parents of minority children in comparison to non-minority children ($t(55) = -2.48, p = .017, df = 39$). The mean length of time reported for minority children was 4.8 years in comparison to 3.3 years for non-minority children.

Previous foster care placements

Nine adoptive parents (20.9%) reported that their child had 2 foster placements prior to being placed in their home for adoption. The mean number of foster care placements prior to adoption was 4.54, ranging from one to fifteen. There were no significant differences as to how many foster placements the child experienced dependent on gender or minority status.

Over half (n=23, 53.5%) of the adoptive parents reported that the child was in a regular foster home prior to being placed in their home. Ten of the 43 families completing this survey were foster parent/kinship placements prior to deciding to adopt the child. Seven children were reported to have been in a therapeutic foster home

(16.3%); four in a residential treatment facility (9.3%), three in a group home (7%), three in a relative/kinship home (7%), two in an emergency shelter (4.7%), and one in an inpatient treatment facility (2.3%).

Eight (18.6%) of the children were reported to have experienced a previous adoption disruption. Six of those eight reportedly disrupted from two adoptive placements prior to being placed with the adoptive family. The age at placement in the adoptive home ranged from 6-15 years for these eight children (ages 6 (n=2), 8, 9, 10 & 15). Four of these children were minority males and two White/Caucasian females.

Reason for removal from biological family

Children were reported to have been removed from their biological families for a variety of reasons. The average number of times the child was reported to be removed from the birth family was 2.78 with ranging from 1–12 times. Twenty (36.4%) of the children were reported to have only been removed from the birth family once.

Only one adoptive parent reported not knowing why the child was removed from the home. The majority of the children were removed for a combination of reasons (n=34, 79.1%). Physical neglect was the most likely reason given for removal (n=33, 76.7%), followed by physical abuse (n=21, 48.8%), emotional abuse (n=17, 39.5%) and sexual abuse (n=15, 34.9%). One adoptive parent stated that the child was removed for every choice given including physical abuse, sexual abuse, emotional abuse, physical neglect, medical neglect, prenatal exposure to drugs and parental incarceration. There were no statistical differences based on minority status or gender as to why children were removed from their biological family.

Table 4.3

<i>Child Welfare History of Focus Children</i>				
	n*	Range	Mean	S.D.
Length of time in foster care	41	1–8 years	4.24	2.03
Number of placements in care	41	1-15	4.54	3.23
Number of removals from birth family	40	1-12	2.78	2.81

Reasons for Removal **	n	%
Physical Neglect	33	76.7%
Physical Abuse	21	48.8%
Emotional Abuse	17	39.5%
Sexual Abuse	15	34.9%

*n varies due to missing data ** more than one response possible

Corresponding Caseworkers

Twenty-six corresponding workers were interviewed for this study (See Table 4.4). These workers were identified by the adoptive parents as workers who either worked with their family or the child at the time of the adoption. One family worker of the 26 identified workers was identified and interviewed for two different families in this sample. Twelve (46.2%) of the identified workers were family workers and fourteen (53.8%) were child workers.

Type of agency

Seventeen of the workers interviewed (65.4%) worked for public child welfare agencies at the time of the families adoption. The remaining 9 (34.6%) worked for private agencies which contracted with the state public agency for provision of adoption services. One private agency family worker and one public agency child worker no longer worked for their respective agencies. In this sample the child workers were more likely to work

for the public agency (n=13) and the family workers were more likely to work for the private agency (n=8) ($\chi^2(1, N = 26) = 10.12, p < .01$).

Gender/Age/Ethnicity

Twenty-five of the 26 workers (96.2%) were female. Eleven (42.3%) of the workers were between the ages of 30-39 years old. One worker was between the age of 21-29 years, six (23.1%) were between the ages of 40-49 years, seven (27%) were between the ages of 50-59 years and one was age 60 or older. The majority of the workers (n=20, 76.9%) were White/Caucasian (non-Hispanic), four (15.4%) were African American, one (3.8%) was Native American, and one (3.8%) Hispanic/Caucasian. There were no significant differences in age or ethnicity between public and private agency workers.

Education and training

A majority of the workers interviewed had a Masters degree (n= 19, 73.1%). Fourteen (53.8%) of the workers interviewed had a Masters degree in Social Work. Other Masters degrees were in Counseling, Nursing, Public Administration and Mass Communication. None of the workers identified reported their highest degree as being a Bachelors in Social Work; however, three (11.4%) reported having earned a Bachelors degree in Sociology or Psychology with a Social Work concentration. Other Bachelors degrees were in Business Administration, Psychology, and Home Economics. There was no significant difference in the level of education and the type of agency or the type of worker.

Two (7.7%) of the 26 workers stated they had never received any training regarding special needs adoption or how to prepare children for adoption. Both of these workers were public agency workers (one family worker, one child worker) and had reportedly worked for their agencies between 5 and 10 years. Over half (n=15, 57.7%) of the workers stated they had received specialized training and more than half (n=16, 61.5%) stated they had received general training in working with family and children. Four workers (15.4%) highlighted on the job training as an important element of their training experience.

Work experience

All of the workers interviewed had worked for the agency more than 3 years. Eleven (42.3%) had worked for the agency between 5 and 10 years. Seven (26.9%) had worked for the agency between 10 and 15 years, six (23.1%) more than 15 years and 2 (7.7%) between 3 and 5 years.

The majority of the workers (88.4%) had three years or more in experience with special needs adoption with 30.8% (n=8) having between 10 and 15 years of experience. Eighteen (69.2%) had previous experience in child welfare including child abuse investigations (n=6, 23.1%), permanency worker (n=8, 30.8%), and family preservation (n=8, 30.8%).

Currently, workers identified themselves as being adoption workers (n=8, 30.8%), permanency workers (n=6, 23.1%), adoption/foster care recruiters (n=8, 30.8%), and agency supervisors (n=3, 11.5%). Other positions included agency director, fundraiser,

volunteer coordinator, adoption assistance manager and social worker for the agency's therapeutic day school.

At the time of the child's adoption, eleven workers (42.3%) stated they were the child's caseworker and responsible for preparing the child for adoptive placement. This includes four workers identified by the family as the "family" worker. Ten of the child's workers stated they were the worker responsible for case management for both the child and the birth family. Twelve (46.2%) of the workers stated they were involved in the adoption matching of the child to the adoptive family. Eight (30.8%) of the workers stated they supervised the adoptive family during the trial adoption (pre-finalization) placement period. Seven (26.9%) workers reported that they completed the family's adoptive home study and three of the public agency workers stated they coordinated services with the private agency for the adoptive family. Other responsibilities for the family or child included completion of subsidy and paperwork to finalize the adoption (n=2), conducting the child's adoption group (n=1) and therapist (n=1). The worker identifying herself as the child's therapist was a private agency worker who also provided case management services to the child and adoptive family.

Table 4.4

Selected Characteristics of Corresponding Caseworkers (N=26)

		N	%
Type of Agency	Public	17	65.4%
	Private	9	34.6%
Gender	Female	25	96.2%
	Male	1	3.8%
Age	21-29 years	1	3.8%
	30-39 years	11	42.3%
	40-49 years	6	23.1%
	50-59 years	7	27%
	60 or older	1	3.8%
Race/Ethnicity	White / Caucasian	20	76.8%
	African American	4	15.4%
	Native American	1	3.8%
	Hispanic / Caucasian	1	3.8%
Educational Background	Masters Degree in Social Work	14	53.8%
	Other Masters Degree	5	19.2%
	Bachelors Degree	7	26.9%
Experience in Special Needs Adoption	1-3 years	3	5.5 %
	3-5 years	7	12.7%
	5-10 years	5	9.1 %
	10-15 years	8	14.5%
	15 years or more	3	11.5%

Summary

This chapter has provided a description of the characteristics of the adoptive families, focus children and corresponding workers included in the analysis for this study. That majority of the adoptions included in this study were general adoptions in which the intent was for the family to adopt the child at the time of placement. A small percentage of the adoptions included were foster parents or relatives who decided to adopt the child after the child was placed in their home and became available for adoption.

The majority of the respondents were the adoptive mother. A little over half of the adoptive parents were married or in a committed relationship and a little less than half were single adoptive parents. The average adoptive family in this study earned over \$60,000 annually and most had a college or graduate degree. The average adoptive family had adopted three or more children and had at least one biological child.

The children for this study were placed for adoption between the ages of 6 and 15 years with most having been placed between the ages of 8 and 11 years. Slightly more than half of the children were minority children who on average had been in foster care longer prior to placement. More detailed information is known about the child welfare history of 43 of the 55 children. Most of these children were in foster care for at least five years prior to being placed in the adoptive home and on average the children experienced four different foster placements prior to adoption. All of the children experienced some form of abuse or neglect with physical neglect being the most common reason children were removed from their biological home.

Twenty-six corresponding workers were interviewed about the adoption of twenty-seven children. The majority of the workers interviewed were white females between the ages of 30 – 49 who worked for public agencies. The majority had a Masters degree in Social Work or a related field and more than five years experience in special needs adoption. The next chapter provides qualitative findings which pertain to the research questions. The results of the quantitative analysis are presented in Chapter Six.

CHAPTER FIVE

RESULTS OF THE STUDY – QUALITATIVE ANALYSES

The purpose of the study was to provide an understanding of how children are prepared for adoption and to explore the relationship between child preparation for adoption and outcomes for the adoptive family and child. Qualitative analyses were conducted to explore how children were being prepared for adoption overall. Descriptive statistics are presented in this chapter to illustrate the variation in the preparation activities as reported by the adoptive parents. When possible, adoptive parent reports were compared to the report of the corresponding caseworker as to how the child was prepared. Quotes from adoptive parents and corresponding caseworkers are highlighted to further illustrate the findings. The age range of the child at the time of placement into the adoptive home is noted with each quotation presented.

Research Questions

Research Question One: How do public and private special needs adoption agency staff prepare children for adoption?

All of the adoptive parents interviewed (n=55) were asked how the child was prepared for adoption. Adoptive parent and worker interviews were coded and analyzed for the absence or presence of adoption preparation activities as they related to the focus child. Preparation included tasks completed pre and post adoptive placement, but before the final adoption hearing. Table 5.1 compares the adoptive parents' report of the presence of adoption preparation activities based on type of agency, type of adoption, and age of child at placement. As stated previously in Chapter Three, Brodzinsky et al.,

(1984) identified ages 8-11 to be the age that children were found to have a broader understanding of adoption. Therefore, when categorized, age at placement was divided into 3 categories; ages 6-7, ages 8–11 and ages 12–15.

All of the 55 families stated that someone discussed adoption with the child. All of the general adopters reported that pre-placement visits occurred. Only one foster parent/kinship adoptive parent reported having had pre-placement visits. Only 60% of the adoptive parents reported that the child completed a life story book. Over half of the adoptive parents reported that the child received therapy that focused on loss and grief either pre or post placement. Half stated the child received therapy that focused on the transition to adoption post placement; however, less than half reported that this was addressed pre-placement.

Table 5.1

Presence of Adoption Preparation Activities N=55

Preparation Activities	n	%
Life Books	33	60%
Adoption Preparation Groups	3	5.5%
Discussion with Child	55	100%
Pre-placement visits	44	80%
Pre-placement therapy - loss and grief	33	60%
Pre-placement therapy – adoption	26	47.3%
Post-placement therapy - loss and grief	34	61.8%
Post-placement therapy – adoption	28	50.9%
Sharing of information with child pre-visits*	08	32.7%
Good-bye visits with biological family*	10	18.2%
Biological family support adoption*	18	14.5%
Prior relationship with adoptive family*	12	21.8%

* Not asked of all 55 adoptive parents

Adoptive parent's perception of the amount of preparation child received

Not all of the adoptive parents were aware of the amount of preparation for adoption the child received. As illustrated by the quotations below, for some adoptive parents the amount of preparation the child received was minimal:

No, none. Just the social worker talking to her in the car on the way to visits...with me... she [the worker] would just tell me, she'd say you know on the way here I explained this to her, on the way back I explained this to her...

(Age at placement, 6-7)

And it's funny that's—I had asked him—we were actually watching a show, and they were talking about adoption. And I had asked him if they said anything to him. And he said, no. He said that at no time during the 2½ years was it ever discussed about them being adopted.

(Age at placement, 8-11)

I think some adoption preparation would have been helpful, talking about what adoption is. And I think some counseling related to what had happened with his foster mom. He should have gone into that immediately. As soon as they moved him out, they should have gotten him into something. But my experience out here with foster kids is that they basically just pick them up and move them and don't ever think that they're going to be grieving because they were in some place and they're not there any more. It just seems to be completely insensitive to the child's needs at all. It's not a good situation. But I think if he had had those things and had some anger release kind of stuff that he would have done better right at the beginning and it would have been much less stressful on me.

(Age at placement, 6-7)

Other adoptive parents, such as these, stated that the child received adequate preparation for adoption from the agency.

He had a social worker who had been working with him for awhile, I know. And she had talked about adoptive families and what he would like in an adoptive family. And he also was seeing a therapist. He started seeing that therapist while he was at the foster family's home, and part of that therapist's work was to also help prepare him for adoption.

(Age at placement, 8-11)

You know I think he was asked not only by his worker but by his guardian ad litem and you know, foster parents and they talked about it. And we got the phone calls back and forth and this is what you really want to do, you know. They made a video of him, and then of course, he was on television, you know. I think they were pretty careful.

(Age at placement, 12-15)

They did a life book, they had their goodbye meeting with their biological parents, they had an adoption worker who was talking to them about being prepared for a permanent family you know telling them how things would change, they wouldn't need a team to make decisions about them and that sort of thing and they would just be in a family.

(Age at placement, 12-15)

The following adoptive parents were unsure as to whether or not the child received any preparation from the agency.

I don't. All I know is what we worked with her on... Nothing provided by the state that I know of because really, they didn't do anything. Once she was placed, we pretty much handled everything...

(Age at placement, 8-11)

I don't think there was anything to prepare him other than, you know, he had just lived an uncivil life before that. He had attachment issues because he never was with anybody for very long. I think a year was the longest he was ever at one place...most of the time 6 months. And so he had—I got him when he was 8, and he was in the 3rd grade. And he'd been to 5 different schools. And they had socially advanced him because he was never at a school long enough for him to be evaluated. And so he couldn't even read and write. He couldn't tie his shoes. He didn't know how to bathe himself. He didn't know how to brush his teeth. He was never at a place long enough for anybody to teach him or do anything, so...

(Age at placement, 8-11)

These adoptive parents reported that the child was prepared; however, they were unaware as to the extent of the preparation.

The social worker, I don't know, did talk to him and stuff, but I never really heard how that went, you know. It was private. I wasn't there.

(Age at placement, 8-11)

I don't think that they did, I mean, I know of some kids that actually went through pre-adoptive transition training. Where they would actually have kind of like a therapy session and start to address a lot of issues related to adoption. I know that some kids have gone through that. I don't think [child] did. I mean, I don't think he went through anything other than just a light discussion when the social worker visited ... they would come and they would talk to him for half hour to an hour about typical stuff that he's used to them wanting to talk about for the last, two, three years....they just start bringing up conversations about getting adopted and it got a little painful for him cause his, cause it very quickly went to, wait a minute, we're talking about adopting me, how come nobody wants me here? You know, how come I'm not getting placed yet? ...I don't think it was anything that went beyond, you know, just conversations about it...he did have a therapist and I think the therapist also probably would have explored that area a little bit. But, you know, I really don't know what was discussed.

(Age at placement, 8-11)

One adoptive parent was very informed as to the amount of preparation the child received and gave this detailed description:

That was one of the main things they knew they had to do, get him on a routine, a very strict routine, in order to get him ready. And that was the goal, you know, we want to get you ready to move to somebody's house where you can, you know, you're going to be expected to follow rules and routines and things like that. And then...they had many conversations about it with the caseworkers and the therapist, about leaving the home he's in, about separating from his sister...he had some pretty extensive therapy be ready to make that transition. For the best that some seven-and-a-half-year-old kid can be prepared to leave everything again... I know that he went to therapy and I know that they talked about leaving the foster home and I know that he was able to ask questions and kind of feel like he was making part of that decision by saying what he would want in somebody else that was going to take him home. I think it was very necessary for kids to go to that therapy [for] the loss of being with the family for a year before that and then the fact that he was going to leave his sister. So it was extremely important for them to [have] that therapy in that transition. I think it was also important for them ... that they did that goodbye visit, that he knew what, that he was leaving and everybody being able to send him on his way in a real positive way. The life book I think is really important because he needs to know where he came from. And continue to always know that he has a really complete life and that he didn't miss big chunks of it because he doesn't know or someone makes him try to forget. So I think those are really helpful for somebody like him to, and for all kids, to just feel more complete, because their going to have to go somewhere else and start a whole new thing happening and I feel like parents need, the adoptive parents need to remember that they came with a past and that past is always going to be a part of their life.

(Age at placement, 6-7)

Overall, children of general adoptive parents were reported to have participated in more adoption preparation activities than children of foster parent or kinship adopters. It is speculated that this difference exists because the child had resided in the home for a period of time prior to the foster parent or kinship parent's decision to adopt and the need for child preparation may be minimized. These children do not experience the same changes in their physical or emotional environment as children adopted by a general applicant. For one adoptive parent, the child being placed in the home as a foster child first *was* preparation for the adoption:

I think probably the most helpful for the kids was that they've each been able to live with me prior to the adoption, and know that I was going to be a good caregiver and that I cared about them and could love them and make them feel like they were in a normal family. I think that that's probably very, very important. And I think that sometimes, you know, I think it's just as important that I also felt that I could bond with these kids prior to the adoption. I can't imagine a child being brought into my home, and I know it takes a period of time for an adoption to take place and there is always that time, but I think that, yeah, I think that's a real important that there is a period of time prior to an adoption when a child's placed in a home to make sure that that child will bond with that family or be able to bond, or the family can deal with the baggage that the child has. That, because you always have a honeymoon period and then the children sometimes respond very differently than you ever thought that they would. And I think that it's, if people aren't prepared for that mentally, sometimes people can't get over that hurdle.

(Age at placement, 6-7)

Variation in individual adoption preparation activities

As stated in Chapter Three, interviews were coded for the absence or presence of the adoption preparation activities. If present, subsequent analysis was done to explore the variance in the adoption preparation activities. This next section presents the results of this analysis.

Child's life book

Over half of the adoptive parents (n=33, 60%) responded that the child had a life book completed (see Table 5.1). The corresponding workers for nineteen (57.6%) of these 33 families were interviewed. Ten (52.6%) of the nineteen workers also stated a life book was completed for the child and three (9.1%) stated that more than likely this had occurred. None of the workers contradicted the adoptive parent's report.

Description of the lifebook

Adoptive parents were asked to describe the child's life book (see Table 5.2).

Although the descriptions of the life book varied, the majority (93.9%) of the adoptive parents described the life book as a photo album or a book of pictures.

It was like a little picture album. And she [the worker] was quite artsy, and it's rather pretty on the outside. I don't think she had much to work with. There were some pictures of his birthmother. There were no pictures of his birthfather. The pictures of his birthmother were taken, obviously, at a visitation, perhaps at the agency with her children. ...And then some like little school pictures taken, and that's about it.

(Age at placement, 8-11)

Many of the life books were also described as being scrapbooks. Items such as letters from birth parents, siblings, foster parents and other important persons, school items and sentimental items in addition to the photos were reported to be included in the life book.

... it's mainly just a photo album, but it's got photos from his first foster family and his second foster family and then, you know, various letters— every time like when he moved, you know, farewell letters when he left the first foster home, and letters they wrote when he left the second one, and letters from his therapist. Things like that. So, yeah, that's, I guess that's what you'd call it. It's what he's got and he treasures it.

(Age at placement, 6-7)

Eleven (34.5%) adoptive parents reported the life book also had some information about the child's previous child abuse and placement history.

A lot of open-ended questions about their life and where they'd been and who's their family from before, you know, like the biological family and the family tree and all those kinds of things ... a lot of questions about themselves and what their interests and likes are and then it kind of moves through the book into the future....their books are—no, there's not pictures in their books. There are

pictures that they drew of themselves and they drew of their family, but there are actual pictures of them.

(Age at placement, 6-7)

Who her biological family was, how she felt when she was removed from her home, her experiences in foster care, the different schools she had attended, her feelings about her sister and about her biological parents, you know after removal. It was just kind of like the story of her, you know lots—some drawings that she did, some writing that she did, some photos.

(Age at placement, 12-15)

Six (18.2%) adoptive parents reported that the life book also included important documents such as birth certificates, medical records and report cards. Five (16.2%) also had information about the child's likes / dislikes and favorite things. A small percentage of the life books had all of the components (n=3, 9.1%).

It has a picture of him on the front. Inside he had some sheets that were like preprinted... sheets where they could do a little check list, why do kids go into foster care, or come up for adoption. They checked off the reasons for him you know.... Dad couldn't take care and Mother was sick...and things like that. It has the process in there. First you'll do this, then you'll go to the judge, then the judge decides this.... using some of the terminology and explaining that in the way that they would understand. What it means, like, who's going to be your guardian, you know, the, the term adoption, and things like that. And then it has, you know, things from his school like his school pictures and different pictures that he drew in kindergarten, you know, and things like him and sister. It has pictures of his mother in there...Has pictures of his father in there. And then he has a, a separate book which is the mom's funeral...which is her program of the funeral, him by her in the casket...So that he can try to get some closure as he understands what that whole thing was about.

(Age at placement, 6-7)

Several adoptive parents stated they either started the life book after placement or had completed an "adoption book" as an extension of or in addition to the life book. This "adoption book" was similar to a baby book done for child since birth.

We prepared something that's sort of like a baby book, you know, the day she arrived, her birth certificate. We have an adoption day page. And we have pictures

of the adoption and a copy of the certificate, not the original, you know, but that kind of thing in it ...we wrote down what her favorite things were and things that were happening... just like you would do a baby book. Things she said, her favorite songthings like that.

(Age at placement, 6-7)

They pretty much had gone back and done everything that they could get a hold of and then, I had been keeping it up and then I wrote an adoption story for her that took her from the time of birth to the time of her adoption. So she had several tools like that.... both of my kids have been blessed. I've had people along the way taking pictures and that's just been so important to them.

(Age at placement, 6-7)

Who was involved in completion of the life book?

The majority of the adoptive parents (66.79%) reported that the child was involved in the completion of the life book. Twenty (60.6%) of the adoptive parents reported the life book was completed with the help of a social worker, therapist or an in-home worker contracted from another agency. Others reported the life book was completed with the help of previous foster parents or caregivers (n=12, 36.4%). Many reported that the child enjoyed the experience.

Well, she loved doing it. She talks about it all the time. And she shows that book probably, to anybody who comes here. We still have that book. Falling apart, but we still have it. Yeah, it's just a very much a part of her life, I guess.

(Age at placement, 8-11)

Well, they're pretty cool. The boys liked doing them...It gave some kind of transition to them, you know, or continuity. Like you can't just turn off that stuff.

(Age at placement, 8-11)

One adoptive parent and corresponding worker agreed that there were attempts to involve the child in the completion of the life book process, but the child was not very receptive.

I think they tried....I love him dearly, but he's kind of a lump of a kid. He's kind of closed down, so I think they tried. But you know, if I know [child], it was probably more of, uh-huh, uh-huh, yeah, yeah. (laughs)

Adoptive Parent (Age at placement, 12-15)

It was done, but he ripped it up and threw it away....he took out his pictures. [child]always complained that people wrote—sort of told him how it was and what it looked like. So I don't think he felt really a part of that process...he tore up the whole book...he kept what he thought was important from his life book, all the pictures that he had, and threw out the department's work, which I thought that was pretty telling.

Child Worker (Age at placement, 12-15)

The importance of the life book

Many of the adoptive parents expressed how important the life book was for the child and their family.

I feel, going through the kids' life books with themvery much helped me to see where these kids had come from, what seemed to be important to them and be able to carry that over into, once I became their mom, that I was aware of their sensitive areas, their areas of concern. Because the life books really do help walk you through some of those things as to what really the kids are thinking or feeling.

(Age at placement, 6-7)

Actually, they did give him, at the residential home he was at, they did one for him, but they only had things—because they didn't have anything else, so they just did it from the time he was there on. And he actually loved that. He still does. ... it was something that he would go to bed with.

(Age at placement, 8-11)

There were adoptive parents who saw the importance of having the life book, but stated that the child had difficulty with completing it or viewing it.

We've kept it. Now what I did is started her a new book because she really doesn't respond well to looking at some of those pictures. And even though I try to keep the subject in front of her every once in awhile 'cause I don't want her to repress things too much--you know, and it's my own cheap psychology, you know. But I do try to bring up some things every once in awhile so she doesn't just run from them, you know. We did start a new book of our lives together, you

know. And she keeps it up. And occasionally, we go back and look at the other one. Not very much.

(Age at placement, 6 -7)

[Child] does not even want to talk about his adoption. As far as he's concerned, his life started the moment he walked in our house. .. doesn't want any part of it...I'm mean, period. ... He doesn't want to look at those pictures that are in his life book. He doesn't even want his life book. I rescued it out of the trash.

(Age at placement, 8-11)

Eight of the twenty adoptive parents (40%) who stated their child did not have a life book of any kind were foster parent adopters. One foster adoptive parent expressed the following concerns about her child not having a life book:

....one of the things that came up over Easter weekend with my family here is we took out pictures of the nieces and nephews and, you know, baby pictures and toddler pictures and he said something which is very true but you always forget which is, he said, "I wish I had a baby picture of myself. I wish I knew what I looked like." ... it should be mandatory cause they have to have something. How do you just erase your whole childhood? ... I mean we've been foster parents with enough kids who come with paper bags with 1 pair of underwear. You know, so I mean we know what happens. I mean, I don't, I do a lot with [child], we used to, when he was younger I used to like bouncing him on my knees and making believe like, not making believe but like, "Oh, I remember when you were..." and doing that kind of stuff and just up and down and we have books that we've put together for him, photo books that like, you know, have little events. We take the camera out for every damn reason so that he can have something but it's not his family of origin.

(Age at placement, 8-11)

Table 5.2

Adoptive parent report of Life Book (n=33)

When was life book completed?	n
Pre-placement	18
Post-placement	5
Both pre and post placement	8
Not Answered / Missing	2
Who was involved in completion of the life book?*	
Child	22
Adoptive Parent	11
Social Worker / Therapist	20
Foster parent / previous caregiver	3
Description of life book*	
Photo album / photos	31
Child's abuse / neglect history, placement history	11
Important documents such as birth certificates, medical records	6
Scrapbook, momentos, letters from birth family and others from child's past	15
All of the above	3

*More than one response possible

Adoption preparation groups

Corresponding workers and adoptive parents were asked if the child participated in any adoption preparation groups. Only three adoptive parents (5.5%) reported that the child was involved in an adoption preparation group. Two of the adoptive parents described the groups as an extension of the parent support groups they attended.

Corresponding workers for these two families were not interviewed.

Monthly support groups where they have all the families, um, that have adopted, you know, just get together and talk about different things.... And the kids go in one room and the parents go in another room and sometimes they work with them and sometimes they just play....he went just when he moved in with me so I was going. (Age at placement, 12-15)

When we sought out that one support group, he attended I think one or two meetings where they had a kids group also but that was the extent of that....The group seemed to be disorganized, somewhat disorganized, and they just didn't seem to be at the level that we needed.

(Age at placement, 6-7)

One adoptive parent described the group as a participatory group in which the child completed his life book.

He participated well....He enjoyed it. They had a little graduation party after. And then when his younger sibling completed his, he went to that one also.

(Age at placement, 8-11)

The corresponding worker for this family offers the following description of the group:

Our life planning group that creates the life book is a 6 week group. And we talk about who they are, their birth family, reasons why they're not living with birth family, feelings, how do you deal with feelings. We do activities and discuss stories, talking about special people in your life, the future, adoption, trust. And he was probably one of 6 kids in his group. It gives the kids a chance to really normalize being in foster care and not living with their birth family. And he was a good participant. I remember he was always in a pretty good mood, sometimes not always wanting to deal with the hard stuff that kids usually don't want to talk about very much. But yet was an active participant. And at our party, his birth sibling did come also and celebrate with him.

(Age at placement, 8-11)

In three other cases, corresponding workers stated the child more than likely attended an adoption preparation group. The adoptive parents for these children stated they were unaware if the child attended a group or not.

He probably attended some adoption preparation groups, post, post-placement because that's the kind of stuff we do with these kids, because they usually aren't prepared for their adoptions, so we prepare them after the fact.

(Age at placement, 6-7)

I was trying to think about that, because we did have an adoption preparation group, a support group. I don't want to say a hundred percent sure I think that he did, but I think, seventy-five percent sure that he did go also to that adoption preparation group.

(Age at placement, 8-11)

Discussion with the child about adoption and the adoption plan

All of the adoptive parents reported that someone discussed adoption and the adoption process with the child at some point (see Table 5.3). Corresponding workers also reported that adoption was discussed with the child (n=23, 85.2%) or that they “thought” it was discussed (n=4, 14.1%). The four workers who were not sure were identified family workers who had not directly worked with the child.

Table 5.3

Who discussed adoption with child? (N=55)*

	n
Adoptive Parent	51
Social Worker / Caseworker	49
Therapist	38
Foster Parent / Previous Caregiver	20

*More than one response possible

Adoptive parent’s discussion with the child about adoption

The majority (92.7%) of the adoptive parents stated they discussed adoption with the child. Discussions between the child and the adoptive parents were reported to have happened both pre and post-adoptive placement. One adoptive parent stated she did not recall having a direct conversation saying,

We, gosh, we may have, we may have said, you know, “we’re going to be your parents now.”

(Age at placement, 8 -11)

Only one adoptive parent stated she did not discuss adoption with the child. It was unclear as to whether she meant she did not discuss the legal aspects of adoption or adoption issues in general.

No, I didn't. I had never said anything about it 'cause when I got her, she thought she was already adopted.

(Age at placement, 8-11)

Many of the adoptive parents described the conversation as a discussion about the permanency of the placement and telling the child this would be their "forever" family.

Often the discussion centered on the changing of the child's last name.

We kind of explained—she didn't understand forever family. And she always thought that she would move again. So we were very open about—we took her with us when we filed the paperwork to the court office. We talked about it and what it meant and what was going to happen to her name. And I mean, we were just very open with her. And when the adoption papers came in, we showed her that it was forever and this was her legal name now and everything. So we were very open with her.

(Age at placement, 6-7)

I would say the conversation that we had pretty much was deciding upon what their new name was going to be and that was probably the essence of any conversation that I had and I will tell you that until they actually went to court the day of the adoption and they knew that's what we were going to do and they knew that their names would be changed I don't think the reality hit them particularly for [child] that, and his comment was this, "My dad lied to me, my dad told me that he would get me back," And I don't believe until after that day did that reality really hit home that his father had lied to him once again and now he really knew he had lied to him because they now belonged to me and their dad had no right to come and get them.

(Age at placement, 8-11)

yrs)

Just about what adoption means. We read books on the subject and how that meant that she would be with us forever, that she'd always be our child. And that didn't mean that she couldn't love her birth family and that they didn't exist. Of course, they exist, and we valued that. And that basically—I mean, one of things that I've always said to my kids is that the worst thing that ever happened to them was the best thing that ever happened to me. So it was really talking about how it changed her life, but it also changes our life, too.

(Age at placement, 8-11)

Most of the adoptive parents described positive conversations with the child about adoption:

About, maybe a month or two after we were seeing each other...about the time she was going to move in with me she would write me notes like post-it notes and she would stick them in the car and she would say, "Are you my friend? Yes or no, are you going to adopt me yes or no?" ...And when she moved in here she had her own—you know I made a nice bedroom for her and she has everything you could imagine but the first night she actually moved in with me for good she jumped up and down the bed, raised her hands up in the air and said, "Home, home finally I have a home of my own."

(Age at placement. 6-7)

This adoptive parent recounted having a more difficult conversation:

Depends on what day you ask her... I think that she was more resigned than anything. It was one of those... this is going to happen. I don't really have a choice about it. So here I am, and I don't necessarily have to be nice to this person. I just--you know, and she has told me subsequently, that she was waiting for her chance to be able to run away. She was going back to [her town].

(Age at placement, 8-11)

One adoptive father discussed how he and his wife decided to be open and honest with the child, but they have been very careful to consider her developmental stage in how much they disclose about her history and adoption:

We were already informed when we were going to go to our first visitation that [the worker] had told [child] that prospective parents were going to meet her, that if things worked out, she'd move in with us. And if things really worked out, she'd be adopted. And my wife and I basically decided going into it that we'd be open and honest about any questions she had with one caveat that we'd be allowed to tell her that she's probably not old enough to understand. There's a few items about her adoption and the reason she came to adoption that I don't think an 8 year old should have to deal with... so what we've done is we've told her that as she gets older, we would let her know more and more. Actually, last year on her 11th birthday, she was able to ask—we allowed her to ask us a couple of questions that she had on her mind. We gave her honest and fair answers. It was okay with her. And she realizes her 12th birthday is coming up. We'll probably tell her pretty much everything...we figure a 12 year old can handle pretty much about anything they need to. But an 8 year old might not understand physical abuse, drug use, things like that...

(Age at placement, 8-11)

One single adoptive father, whose trial adoption period had been rocky at best, gave this description of the conversations he had with his adopted son from the time of the adoptive placement to the final hearing:

I made a life book about my family and who I was and who were my friends. The people that he would have be coming in contact with and what I liked to do and wrote him a little letter. That's how I was presented to him. So he saw a picture of me. He saw that whole book, I read it to him, you know, he looked at all the pictures and everything. They said, this is the man who is interested in being your dad. So he knew coming into my house, it was about adoption. It was about staying there, a forever family, you know, stuff like that....

...the main reason that we talked about it was about, it was so difficult for seven and a half months that I asked him, when you thought about having a family forever, is this what it looked like? Were you thinking that it'd be a part of all this which was a lot of yelling, me being abused physically by him. I said, is this what you thought it would be like? ... I just told him, I said, we can't go to the judge and say this is the kind of family we want to live in. I said, is it the kind of family you want to live in or do we need to change something? So, and even though he was only seven and a half, I mean, he just said that that wasn't the way he wanted to live, you know.

But his thinking was, they were going to move him anyway. He said, these people are driving me nuts. They're going to move me somewhere else anyway. So I guess he really just tried to make sure they could do that. Like, even though they told him it was adoption and we talked about it and then he knew that we were going to the judge, he was still thinking, they'll move me at any minute. They moved him five times, you know. So we had talked about adoption and it wasn't real positive, it just came down to, you know, if we can make changes, we can't go there and say, this is what we want for our future.

(Age at placement, 6-7)

For some families such as this one, the conversation evolved over time.

Children's feelings of ambivalence about adoption and attachment issues were often apparent in the adoptive parent's descriptions of their attempts to talk to the child.

[Child] let me know from the get go that I wasn't going to adopt him. He told me he was staying with his foster family and that I couldn't be his mother and he didn't have to listen to me and, "I'll do anything I wanted," or even talk to me.

So, he was pretty defiant, and I just let him and I said, “OK, but we’re going to spend time together anyway.” But, I didn’t force him and I didn’t push the issue. He knew what it was about, in that the desired end point was placement and then adoption. I don’t know if he knew what that meant but having been in so many different homes, I’m sure he thought he would just go back there, regardless. Or, I mean, to the next foster, because he had no sense of what permanency was about.... as he spent [more time] with me, he got closer. But, of course, with the reactive attachment, that also made him want to run the other way, as he started to get close. And the way that came out, was pretty much in a lot of behavioral issues. But, I guess the sense of it was when he stopped talking so much about going back to the other foster family and that maybe he would stay with me. We talked about it before we went to court, you know, and about the sense that we were adopting each other and that I wanted him to say that he wanted to adopt me, that it needed to be a mutual adoption. Because he was adopting me as his mom and that I was adopting him as my child. And he agreed to it the best he could. He said he wanted, but, it took a long time.

(Age at placement, 6-7 years)

Other significant persons’ discussion with child about adoption

The majority (89.1%) of the adoptive parents stated adoption was more than likely also discussed with the child by a social worker (n=49) or a therapist (n=38, 69.1%). The concept of the “forever” family remained a theme in the adoptive parents’ description of these discussions.

I believe that they did. I mean, more in terms of why they were doing this transition and what the visits were about, but I don’t think they talked to him much before he was going to meet me the first time or that they brought it up. Because I know that a lot of times these visits are set up where they don’t work out and they don’t want to disappoint the kids until it was pretty sure that, you know, I wanted to go ahead with it. And I don’t think he was given a lot of warning and he was six, and I’m not sure how much understanding he would have had, and if he knew what was going on and why the kids seem to have fantasy’s about what adoption’s all about. And, so what he was told was pretty much that there’s somebody who wants to be your mom and, you know, you’ll visit and then you’re going to live with her and then you’ll be with her forever. And I am sure he had no idea what that meant. Anywhere close to forever, never mind, you know, more than a few months.

(Age at placement, 6-7)

For some adoptive parents, there were concerns about the timing of the agency worker's discussion with the child:

Not until the very last minute, probably a couple of days before they came to live with us. And even though we had been doing visits, they kind of had an idea. But I would say [child] was really attached to his foster mom. And he really wanted to stay there. So that was part of the reason why they delayed it. They kept trying to come up with a good time to tell him, and that—they never did.

(Age at placement, 8-11)

No, none. Just the social worker talking to her in the car on the way to visits that's about it with me....Well I think before even placing her in my home that there should have been maybe a six-month period or something where [agency] was preparing her and maybe giving her some psychological at that time to help her deal with this huge change or you know help her deal with... first what [child] had to deal with was the loss of her foster family because that was the longest placement she had. So she first grieved her foster mother and dealing with that loss because she—I think she really thought that she would just be a foster kid with this one family for the rest of her life and that she was part of that family with the other foster kids... I mean the social worker that took over the case I think did her best to find out what was going on and had me and her therapist to kind of help her too, and we all kind of tried to put it together but it would have been great if beforehand you know she would have known that you know you're not going to stay in this home you know this is just a place to keep you safe and we're going to find you a home. She didn't know anything. And they should have done like some therapy before hand.

(Age at placement, 6-7)

All of the corresponding workers stated that either they or some other worker discussed adoption with the child. One worker, for a child placed at age 15, expressed how important it was to the teenager to be part of the decision-making process.

Well, he, additionally, he didn't want to be adopted and then changed his mind. What he wanted more than anything was to be a part of the decision-making process. I mean, he set some boundaries up for me really early, like he didn't want any really—families that were too into church, you know. He didn't want to have to pray 5 times a day and whatever, you know, that sort of thing, even though that had been important. He set some limits around that. He didn't want anybody who wasn't going to let him be a teenager. He had to live near a skateboard park. And he was thinking California looked really, really good....He got the skateboard

park. And it was interesting because when [adoptive parent] first sort of sent photographs for him, she sent a picture of her church, and although he said he didn't want any—really anything to do with a religious family, he looked at the picture of the church and said, oh, that looks like my old church. So he really did want some of that.

(Age at placement, 12-15)

Only one worker contradicted the adoptive parent's recollection as to whether or not the worker discussed adoption with the child. The adoptive parent stated that they and the therapist were the only ones involved in preparing the child for adoption.

Other than talking to us and his therapist, there weren't any [preparation activities]

Adoptive parent (Age at placement, 6-7)

I worked with him in preparing him to go, move from that role of being the foster child to being the adoptive. We talked about adoption. I explained to him what adoption was. We have, we have a workbook that we use called "Getting Ready for Adoption" and I go through that with most of the kids. That kind of stuff...

Family worker (Age at placement, 6-7)

Twenty adoptive parents (36.4%) indicated that the previous foster parents or caregivers discussed adoption with the child and were very supportive.

I only know her last foster parent. I do not know the ones she was with before. I've only heard about them and her last foster parents were very supportive of the adoption and they really encouraged her to make it work and that sort of thing and on the surface she was very excited and ready to be adopted and couldn't wait.

(Age at placement, 12-15)

...also having his foster family being encouraging and telling him it was a good thing and that they were happy for him...and being supportive of his moving on. They seemed to be a seasoned family that has, when they had [child], they had been doing foster care for 14 years. And, you know, at one point, I asked the mother, just like, "How do you do that? You know, give up the children?" Because I don't think I could do that. She said, "No, we just feel like it's our job to get them ready and to help them find a good home where they can be, you know, forever." And they pretty much have seen that as their purpose. So, I think that was helpful, that that's where they were coming from and we're really clear

and didn't try to hold [child] back from moving ahead. That encouraged him to do that.

(Age at placement, 6-7)

Sometimes the adoptive parent's report of conversations or interactions between foster parents and the child were not positive or supportive of the child's adoption plan:

...they [foster parents] would say negative things about being adopted. They would tell her that they wanted a baby that, you know, just made her feel like she wasn't worth being adopted.

(Age at placement, 6-7)

I don't really think they prepared them for adoption too well...I really think they didn't really think that the social worker would split them up...I think they thought that they would get to adopt just those three and the other foster family adopt the other two....I really don't think that they thought they would actually put them together and send them all.

(Age at placement, 8-11)

The child's feelings about adoption

Both adoptive parents and corresponding workers were asked how the child felt about being adopted. Thirty-seven adoptive parents (67.3%) reported that the child was happy or excited about being adopted.

Well, they told me that he really was excited about it and he was glad that I was adopting him. And then he came to me and said thank you, thanking me and hugging me, thanking me for adopting him. And he was just happy.

(Age at placement, 12-15)

I think, honestly, she is probably one of the rare kids that just wanted to be adopted, wanted to have a family, didn't want to be in the foster situation, realized she'd much rather have a mommy and daddy. And if she couldn't go back to her biological family, that you know, she wanted another family and she was a willing participant, let's say. You know, they say a lot of kids that get adopted don't want to be adopted. And I think that was not the case for [child]. I think she really and truly wanted a mommy and daddy.

(Age at placement, 8-11)

Most of the corresponding workers (n=19, 70.4%) agreed with the adoptive parents that the child was excited or happy about being adopted. There were no significant differences between those who agreed and those who did not. In five cases the worker stated that the child was excited or happy and the parent's perspective differed. In most of the cases, the adoptive parent's perspective on the child's feelings towards adoption was more cautious:

He was, he, you know, he was excited about it and he particularly was interested in being adopted by [adoptive parent].

Child's Worker (Age at placement, 8-11)

He seemed pretty good with it. He thought things would be a lot better. There had been a—they had lived with their brother and sister down there, too, so it was 4 of them. And one of the times I remember specifically, was the brother, 2 years older than [child] had started starting fires...they made all of the kids ...go to the fire house and learn how dangerous it was. And [child] came to me...He said, "well, if her house burns down, can't we just come live with you?" ...I took it as he clearly wanted to leave there and he wouldn't mind coming down to my house.

Adoptive parent (Age at placement, 8-11)

In two cases, the adoptive parent stated that she thought the child was excited and the child's worker differed, suggesting that the child may have had some reservations.

I think he was excited about it. (Adoptive Parent)

(Age at placement, 8-11)

I know it was hard for him to trust that the home would be permanent because of the whole past. (Child Worker)

(Age at placement, 8-11)

Eighteen (32.7%) reported the child had ambivalent feelings towards adoption, changing as time progressed. For many, it was as this adoptive parent describes, "a process":

She wanted very much to go back home because birth mom kept whispering in her ear that that was certainly a possibility. Then, when she realized [her sister] was here with us, she wanted very badly to be with [her sister] and to be safe. And since birth dad committed so many horrible things, she was always more afraid that birth mom would hook up with birth dad and she'd have to face that again once he got out of prison, so then she wanted very badly to be here and be adopted. It was a process, in other words.

(Age at placement, 8-11)

Thirty-three (58.2%) reported that the child had negative feelings about being adopted including anxiety and anger.

When they were in foster care, they were ready. As a matter of fact, they were anxious. She was anxious to do that, to get on.

(Age at placement, 6-7)

A lot of anger at everybody...misplaced anger. A lot of not feeling very—well, he never saw adoption as a chosen kind of thing.... just anger at everything that was happening. And I think just feeling that he had no power.

(Age at placement, 8-11)

Some adoptive parents described the child's feelings as simply being "ready" and wanting a family:

I just think seeing what his life could be and then going back and spending time with, you know, his family and what it was like, you know. He was ready to be adopted by somebody that cared and loved.

(Age at placement, 8-11)

I think he recognized that he needed a family. Whatever his motives were, I think he's a bright enough boy to where he wanted to belong. I mean, seriously, he really had no real concrete idea of what a family really was, you know, as any child would be. But I think he recognized that he really needed one on one level. So I think he was ready to move on.

(Age at placement, 12-15)

Table 5.4 gives an overview of the concerns and fears of the children reported by adoptive parents and corresponding workers.

Table 5.4

Child's concerns about adoption (N=33)

Concern reported*	n
Loyalties towards biological parents / fantasies about reunification	10
Concerned or worried about biological family including siblings	8
Attachment to previous foster parent / thought they would be adopted by them	7
Other attachment and trust issues	7

*More than one response possible

Child's understanding of adoption

Adoptive parents sometimes expressed the opinion that the child may not have really understood what adoption meant. The mixed feelings and confusion the children may have felt about biological family and previous foster families were often described.

I think [child] wanted to be adopted. I think [child] really wanted a permanent home. I think she wanted a family of her own. So I think she did want to be adopted whether or not she really understood what it meant, I don't know for sure, but, she, she must have been asked if she wanted to be adopted because she was, she was very aware, well aware of that, once she came to live in our home that she wouldn't leave any more. It would be her family forever even though she'd always have these other families she'd lived with too.

(Age at placement, 8-11)

I don't think she understood what it meant. She knew that she would be going to another place, but honestly, she had been dropped and left so many different places in her little 6 years for weeks at a time without anybody ever coming back for her, that I think that's all--you know, she couldn't get past maybe it was a temporary thing. She didn't grasp the concept that she would be living with us for the rest of her life.

(Age at placement, 6-7)

...in a sense she welcomed it. But she had issues. I mean, I think at that time, she really thought that they should give her back to her grandmother, or give her back to her people. I mean, she expressed that to me. But I think really deep down inside, she knew that her people really didn't want her, you know. I mean, to be honest, her grandmother had certain things to do. She never did them. She had an uncle who had her for one day and sent her to foster care. She had an aunt who was about maybe 22 or 21 or 20 when they offered her to her, and she didn't want her. She just said it would be too much for her to take on. And this was an aunt who was raised with her as a sister. So I mean, I think she understood, you know, what the deal was.

(Age at placement, 8-11)

So yeah we talked about adoption and what adoption meant and why adoption was needed for his long-term security. And there have been times, yesterday we were actually talking about it and I said you know would you have made a different choice if I had given you a choice and he said I don't know, he said, "I guess I'm glad you didn't give me a choice," because he said, "I might have wanted to go with my brother—I really did want to go with my brother and at the time a permanent family didn't matter you were taking away the only permanent family I ever knew," So to him permanent family was his brother not us.

(Age at placement, 6-7)

Pre-placement visits

The majority of the adoptive parents (n=44, 80%) interviewed stated they had pre-placement visits with the child (see Table 5.1). All of the general adopters reported having pre-placement visits. One of the foster parent/kinship adoptive parents reported having a pre-placement visit. In twenty three of these forty-four cases, the corresponding workers were also interviewed. Corresponding workers (n=23, 100%) agreed with the adoptive parent's report that pre-placement visits occurred.

Number of pre-placement visits and pre-placement timeframe

The number of pre-placement visits and the time period for pre-placement visitation varied (See Table 5.5). Seventeen of the forty-four (38.6%) adoptive parents reported having had 1 to 2 pre-placement visits. Fourteen (31.8%) reported having had 3 to 5 visits. The most often reported length of time for the pre-placement visitation was 1 to 3 months (n=13, 29.5%).

Many adoptive parents offered a straightforward description of the pre-placement experience:

We had like, I think, 3 different visits, I believe it was. And then we come—she come stay with me like overnight—maybe a day or two, something like that. And then after that, she got real used to me, and I got real used to her.

(Age at placement, 8-11)

When I met him it was like the first week. And the following weekend, he was supposed to come for a visit, so I got him within less than 2 weeks. And he been here ever since.

(Age at placement, 8-11)

For one single adoptive father, the five day pre-placement time frame was exceptionally short and seemed rushed.

We did a little rush job on him and, because by the time we had made, I got approved September So, you know, paperwork was taking a little long. So I was hoping that we could finish the deal by Christmas. That I felt like that was a good time to place. And so, they usually take a little bit longer to do a placement but I did my placement in five days. You know, we did our visit, our afternoon, it was just kind of consecutive. I met him on one day, the next day he came to my town... The next time he spent the night...The next time he said good-bye... it all went really quick in a matter of, like, five days.

(Age at placement, 6-7)

For another adoptive parent the longer time period of one month also seemed to be quick and fast.

Well, the first one, it was like right around Valentine's Day, and so, we went to their foster home with the social worker ... And then, like the following weekend, we took them for the whole day and went, laid around, and then, like, the next weekend, I mean, we only had like about four weekends before they were placed with us. I mean, it was really fast. So, and then like the next weekend, they had one overnight, like a Friday night to Saturday, and then the next weekend, it was both weekend nights and then the following week, they were placed with us. So it was pretty fast.

(Age at placement, 8-11)

One adoptive parent explained that the reason for the short pre-placement time frame (2 weeks) was the fact that the child had to be moved quickly from his foster home.

The, the reason why this was so fast was because this child was about to get kicked out of his foster home.... he'd been in this home for two years. So they did not want to put him [in] another foster home and then have the adoptive home. They wanted to cut that one piece out of it. So we did a relatively fast two week... from the time I got selected for him to the time he moved into my house was two weeks. Which is traditionally extremely short.... it worked out really well. He desperately wanted to get out of that home. He was having all kinds of troubles in that home. I desperately wanted to have him in mine and ...he and I hit it off pretty quick....it all happened pretty fast....It's just unbelievable.

(Age at placement, 8-11)

Table 5.5

Number and length of pre-placement visits (N=44)

Approximate number of pre-placement visits	n
1-2	17
3-5	14
6-10	5
10 or more	4
Several	2
Not answered / Missing	2
Length of pre-placement/ transition period	n
Less than one week	3
1 – 2 weeks	5
3 weeks > 1 month	8
1 month > 3 months	13
3 months > 6 months	3
more than 6 months	1
Not answered / Missing	11

One adoptive mother gave this account illustrating how the child can sometimes have influence on the length of the pre-placement period:

Actually the first time I went down was the first visit we were to have, was when I brought him home... he was not supposed to get to come home with me that quick. But it was, about eight hours a way, and so they suggest, well, why don't I got to a motel and just spend the night. If everything was going good the day, he could stay the night with me. And then...I give him back to the caseworker and come back. But [child]had said to me, "I'm going to go home with you." And I said, "Well, it's fine with me, but I'm not sure we've even filled out enough

paperwork that you can.” Wasn’t sure we’d completed all of them. And so I told his case worker, and she said, “Well, I don’t know, we don’t generally do it that a way.” But anyway, she said, “see if he keeps saying it.” Well the next morning she came to pick him up from the motel and I said, he still says he’s going home with me and so she said, “Well, I don’t know let me call my boss.” I guess it was, the caseworker’s boss. And so she called him and said, “Well, if he keeps saying that and never does say any different, we’ll even let him go.” So, it was, on the first visit that I kept him all night in a motel there, in their town, and then brought him home the next day.

(Age at placement, 6-7)

Location and type of pre-placement visits

A majority of the 44 adoptive parents who had pre-placement visits (n=34, 77.3%) reported first visiting in a public place such as McDonald’s restaurant or the zoo (See Table 5.6). A small percentage (n=2, 4.5%) mentioned having met the children at the agency office. Twenty of the forty-four (45.5%) adoptive parents stated that visits also occurred in the child’s foster home or previous placement including group homes.

We probably did 2 or 3. The first time, we just visited them in their foster home with the social worker. Just met them... that was just a real casual. Then the 2nd time, we actually got to—we took them out to a park and got to play and took them. So those were all—those were really good visits.

(Age at placement, 8-11)

The majority (72.7%) of the forty-four adoptive parents reported having at least one pre-placement visit in their home (n=32, 72.7%).

I only had two and [child] came over to our home. I think one time we met at McDonalds or something—that was the first one we met at McDonalds, with the worker, her worker. And then the second—that went well so then they decided to set up another visitation and [child] came out to our house and we had, we ordered pizza in and we just hung out for a few hours.

(Age at placement, 8-11)

We visited with them, I think, 3 times before they actually came to live with us. So we did 2 visits with them where they lived, like in their neighborhood that they were living in their foster homes. And then one visit with them coming back to our house

and then bringing them back to their foster homes and then finally, just bringing them here.

(Age at placement, 8-11)

Thirty-six (81.8%) of the forty-four adoptive parents reported the visits being day visits (see Table 5.6). Twenty described one overnight stay (45.5%), sixteen described weekend visits (36.4%) and six described weeklong visits (13.6%).

For the first month he was able to come here for a day visit for 8 hours and then we returned him to the group home... the following weekend he was able to spend the night and then we had to return him to the group home. And then one more weekend that he could spend like Friday, Saturday, and Sunday and then we had to return him. And then I think the following weekend they went ahead and let him place because school was starting.

(Age at placement, 8-11)

Seven (12.7%) of the 55 children were placed in their adoptive home from another state and the pre-placement visits took place in a hotel in the state the child's home state. Many of these parents reported having phone conversations between the time they visited with the child in his or her home state and the actual time of placement.

I was only there for 3 days. I think I only got to see him like one full day and then maybe part of the next day. And then just because of the distance—and then I went back home. And then they brought him outI think she just left him with me, you know, and then went off with him alone just to talk to him to make sure that that's really what he wanted to do. And then we also had videos that we exchanged. I talked to him on the phone while I was waiting for him after I had met him....had lots of conversations. And those were pretty open, you know. They just didn't really restrict those. Any time I wanted to call, I could pretty much do that.

(Age at placement, 12-15)

While most of the adoptive parents seemed satisfied with the pre-placement visits and transition of the child into their home, one adoptive parents expressed concerns about the overall experience:

So it was only 3 visits. It was enough for me. It wasn't enough for [child]. I'll say that. Not that I think if she'd have visited with us 100 times, she probably wouldn't have been prepared for what--you know, when somebody drop you off at the doorstep with your little bag, you know. But she pretty much was in hysterics when they dropped her off, you know, when they brought her to our house. So that was very rough for her. She didn't know us well enough. We felt pretty comfortable with her. But you know, she was scared to death and did not know us well enough. So it wasn't enough for her.

(Age at placement, 6-7)

Table 5.6

<i>Location and type of pre-placement visits</i>	
Location of pre-placements*	n
Public place	34
Adoptive parent's home	32
Foster parent / caregiver	20
Hotel / Motel	7
Agency office	2
Types of visits*	n
Day visits	36
Overnight (1) visits	20
Weekend visits	16
Week long visits	6

*More than one response possible

Therapy pre-placement

Adoptive parents and corresponding caseworkers were asked if the child received therapy pre-placement to deal with issues of loss and grief. They were also asked if therapy addressed the transition to adoption. The majority (n=42, 76.4%) of the adoptive parents stated the child received therapy prior to being placed in the adoptive home. Ten (18.2%) stated the child did not receive any therapy pre-placement and two (3.6%) stated they did not know if the child received therapy prior to being placed in their home. Seventeen of the eighteen children (94.4%) prepared by a private agency worker were reported to have received pre-placement therapy. In comparison, only 25 of the 37

(67.6%) children prepared by public workers were reported to have received pre-placement therapy.

The majority (77.8%) of the corresponding workers also stated that the child received therapy prior to being placed with the adoptive family (n=21). Only one worker interviewed did not agree with the adoptive parent's report that the child did not receive any pre-placement therapy.

Pre-placement therapy focus on loss and grief

More than half of the forty-two adoptive parents (n=25, 59.5%) who stated the child did receive therapy pre-placement specifically stated that pre-placement therapy addressed loss and grief issues with the child. Eight (19%) of the adoptive parents reported that therapy more than likely addressed these issues.

Of the forty-two adoptive parents who stated the child did receive therapy pre-placement, ten corresponding worker were also interviewed. There were no significant differences between worker report and adoptive parent report. Only in one case did the worker report that loss and grief issues were addressed and the family stated that it was not.

Pre-placement therapy focus on adoption transition

Over half of the forty-two families (n=22, 52.4%) reported that the transition to adoption was addressed in therapy pre-placement. Four (9.5%) adoptive parents stated that more than likely adoption was addressed in therapy pre-placement and eleven (26.2%) stated that it was not. As illustrated by the following excerpts, the extent to which adoption was addressed was not always known:

He had some pretty extensive therapy to start readying, to be ready to make that transition. For the best that some seven-and-a-half-year-old kid can be prepared to leave everything again. But I know that he went to therapy and I know that they talked about leaving the foster home and I know that he was able to ask questions and, and kind of feel like he was making part of that decision by saying what he would want in somebody else that was going to take him home.

(Age at placement, 6-7)

She was in individual therapy too. So, I mean, she had times that adoption was being talked about and worked on.

(Age at placement, 6-7)

Six workers differed in their responses from adoptive parent reports regarding transition to adoption. Five family workers stated these issues were addressed in cases where the adoptive parent stated they were not and one adoptive parent stated they did not know. In one case the child worker stated that adoption transition was not addressed in therapy pre-placement and the adoptive parent stated that they thought this did occur. Although these differences existed, the sample size of ten is too small to test these differences for statistical significance.

Therapy post-placement

Fifty (90.9%) adoptive parents reported the child received therapy after being placed in the adoptive home. The five adoptive parents who reported that the child did not receive any therapy post placement were all general adopters. There were not other commonalities noted. Three of the children were between the ages of 6-7 years and two between the age of 8-11 and three were minority males. Each of these parents reported the child had behavior problems during the first year and they varied in their reports as to whether or not these behaviors improved. None of them resided in a rural area. One of the families' workers made this comment:

Yes, he was in counseling prior to the adoptive placement. The counselor worked on behaviors that appeared to be related to separation and grief, also placement in adoption. I know that post placement he was signed up for counseling. I do not believe he went to more than 1 or 2 sessions as the adoptive family did not feel a need for him to continue. He adjusted well in their home, and they felt that at that time, he didn't need further counseling, was my understanding. However, they knew how to access it if it arose again.

(Age at placement, 6-7)

Post placement therapy focus on loss and grief

Thirty-three (66%) of these fifty adoptive parents stated that post-placement therapy addressed issues of loss and grief with the child. Most of the parents continued the therapy that the child was involved in prior to coming to their home. One adoptive parent stated that more than likely this was addressed in therapy post-placement.

I think his therapist was really a very gifted person. And I think that was probably the most important. And then, you know, he had continuity with that therapist. A lot of other things in his life changed, but that relationship continued. And he was very good in, I think, really helping us all kind of claim each other as family.

(Age at placement, 8-11)

He was seeing this play therapist. And we continued with the play therapy for about 4 or 5 visits.

(Age at placement, 8-11)

Post placement therapy focus on adoption transition

Twenty-seven (54%) stated that adoption transition issues were also addressed in therapy post placement. One parent stated that more than likely this was addressed. Many times adoptive parents stated that attachment issues were addressed in conjunction with adoption issues. Four (8%) of the adoptive parents specifically mentioned that attachment was the primary focus of post-placement therapy.

...we went down to the reactive attachment center and did attachment therapy and

did some like bonding things and stuff to see if the girls were comfortable enough with us and if they were bonding enough that this is where they should be.

(Age at placement, 6-7)

The other thing that my husband and I did with [child] was the attachment therapy. That was really, that was a good thing to do with her too, that really helped her bond more.

(Age at placement, 12-15)

For this adoptive parent, finding the right therapist was a challenge:

She started out with a regular therapist, which was a big mistake, just like a traditional therapist ...She was talking about her birth mom. That was her birth mom. But that therapist didn't understand how you work with kids who've been traumatized and with attachment issues. So she just kind of went with where [child] was. And so we stopped that pretty quickly 'cause that was going to have no effect whatsoever. And we didn't know what to do at that point. So we started researching it. And we finally ended up with an attachment therapist.

(Age at placement, 8-11)

Twenty-two of the workers (81.5%) interviewed stated that the child received therapy post placement. In one case, the worker and adoptive parent both reported that the child was attending therapy prior to placement, but the adoptive family discontinued after placement as they determined the child no longer needed therapy.

We made an appointment and went to the mental health services locally. She did an interview and assessed that unless we had problems come up, she didn't think they required any further....

Adoptive parent (Age at placement, 6 -7)

He was in counseling prior to the adoptive placement. The counselor worked on behaviors that appeared to be related to separation and grief, also placement in adoption. I know that post placement he was signed up for counseling. I do not believe he went to more than 1 or 2 sessions as the adoptive family did not feel a need for him to continue. He adjusted well in their home, and they felt that at that time, he didn't need further counseling, was my understanding. However, they knew how to access it if it arose again.

Child Worker (Age at placement, 6-7)

Sharing of information about the adoptive parents with the child

Eighteen (32.7%) adoptive parents reported having prepared an informational photo booklet about themselves and their family that was provided to the child prior to meeting them as a way of introducing the adoptive family to the child (see Table 5.1). All of these adoptions were general adoptions.

I made him a book besides that adoption book about.... we have a swimming pool. And you have 2 big brothers who can't wait to see you. And [I] made him a book out of comic strips which I then pasted together. So having that book, that made him feel really excited about coming there.

(Age at placement, 6-7)

We made up a life book. Well, it was a family book with pictures of us. And we gave it to her who gave it to him. It was an invitation to join our family.

(Age at placement, 8-11)

Good-bye visits with biological family

Adoptive parents were not directly asked if the child had a good-bye visit with biological family members, however, eleven (20%) of the adoptive parents stated that this did occur. This included birthparents, siblings and extended family members.

He had one picture from his birth mom and his grandma and the mom's sister. And then what's so sad about it, the mom had a brand new baby, and they let her keep that one. And she brought that baby when she said good-bye. And it's on the picture.

(Age at placement, 6-7)

When we were going through this little ceremony at their house, [sister] wasn't even allowed to be part of that. She was made to be up in her room. And they [foster family] finally invited her to come and be part of it at the end. I definitely feel like that the treatment foster mother felt like she didn't want [sister] to part of [child's] life.

(Age at placement, 8-11)

She [grandmother] passed in July. So [child] did get a chance to spend time with her, cry with her. I left them alone many—she spent about 2 hours with her. She got a chance to say good-bye. And then oddly enough, the very day that I was talking to her about stopping by to see her, she had passed.

(Age at placement, 8-11)

Workers were directly asked if the child had a good-bye visit with biological family members. Six (10.9%) stated that the child did have a good-bye visit. In four cases the good-bye was with the birth mother, two were with siblings only and two included extended family members. Due to the small sample size (n=27) test for significance were not done to compare workers responses; however, four of the workers were from public agencies and 2 were from private agencies.

When we realized that we didn't have any choice but to terminate their parental rights...his mom and dad had split up by that point. And so we did the visits separately. But they were able to see their parents....There was a paternal grandmother. And she was also included in that visit.

(Age at placement, 6-7)

It wasn't right before the adoption, though. It was when her [biological mother] rights were being terminated a couple of years earlier.

(Age at placement, 8-11)

One worker offered an explanation why the child more than likely did not have a good-bye visit:

I don't know. I kind of doubt it. I, I, usually remember that being in the file. And I don't remember the circumstances of her birth mother well enough to know why she didn't have that, I think the birth mother might have disappeared. I know that the aunt, with whom we considered placement until we heard about her criminal background, we did try to keep her involved and, and she didn't, she chose not to, so. She never had a formal goodbye with her either. And we didn't know who her dad was, as I recall.

(Age of child at placement, 8-11)

Openness in adoption – Biological family support

Eighteen (32.7%) adoptive parents discussed the importance of having biological family members including birthparents, siblings and extended family members supportive of the adoption. Eleven (61.1 %) of these cases were general adoptions and seven (38.9%) were foster parent/kinship adoptions.

More than half (n=11, 61.1%) of the eighteen cases involved initial and continued contact with the child's siblings and extended family.

I mean we visit his family, his birth families and stuff, very open about him having involvement with his birth family. In fact, actually tomorrow I'm having a whole bunch of them over. His brothers and sisters, and aunts and stuff are all coming over tomorrow. So, I get them together as often as I can. It usually turns into every month or two.

(Age at placement, 8-11)

Sibs were pretty cool. We were very fortunate in that most of his—all of his sibs, actually, are very supportive of him and our family and do not want to—they don't—they're just not messing in stuff.

(Age at placement, 8-11)

In two cases, the birth parent voluntarily agreed to termination of parental rights on the condition that the adoptive families adopt the child.

When it was decided that he could be available for adoption, we had a family meeting with his mother and his grandmother and it was at that time then that his mother said that she would sign her rights over to us.

(Age at placement, 6-7)

Well, they fooled around with not going to court to terminate parental rights. And so finally... I called her, and I said, [child]really needs to know that he has a home where he's going to stay. But he also needs to know that you're a part of his life and that you're concerned and that you want to be a part of his life. And so I said, would you consider, voluntarily terminating your rights and avoiding the court case.... I will—we'll work together to work towards you have visitation with this child and having regular phone contact and things like that. And she said, yes, I will. And she went the next week to DSS and terminated her rights.

(Age at placement, 8-11)

These adoptive parents reported that extended family members provided pictures and connections to biological family that the child did not previously have.

Their maternal grandmother lives ...probably about three or four hundred miles from where we were going. And she had them come too, so we could meet them and she, they have two older sisters. Half-sisters. That she has raised. She brought a lot of pictures, and she sent me a lot of pictures. God, [child] said she never even seen her baby picture until her grandmother sent it.

(Age at placement, 8-11)

One adoptive parent expressed how the contact with biological family helped the child and sibling work through some of the issues concerning their abuse and neglect history.

I would take the kids to their aunt's home, and stay there with them, and Grandma would come over. It was their mother's mother. And the kids were able to express to Grandma, though, at one point after they'd been in my home and they started to talk about the abuse, they were very angry at their grandmother, that she had allowed their mother to hide, the kids talked about hiding from the police at Grandma's house.... we helped them to be able to tell Grandma how they felt about their anger issues with her. That she knew this was happening and hadn't, you know, stepped up to the plate. But, yes, then that's been, then they got through that and then, you know, they still just are, you know, they, they love their grandma and they want to see their grandma occasionally and so I do allow that. We have had contacts and we've exchanged gifts and different things like that.

(Age at placement, 6-7)

Workers were not asked specifically about birth parent support; however, six workers (10.9%) also identified birth family support of the adoption as being important to the child and the adoption. Three of the corresponding workers discussed the child's ongoing relationship with siblings. One corresponding worker discussed the adoptive parent's relationship with the child's grandparent. Two discussed the importance of the birth mother giving the child permission to move on and to be adopted.

His mom told him that she thought it was good he was going to stay with [adoptive mom] and she was happy. She was happy for him. When we did that visit prior to the adoption... she let him know that she thought it was a good thing and she was happy about [adoptive mom] adopting him.

(Age at placement, 8-11)

The mother was real helpful in letting them go on. She was very caring. It was very obviously she loved them, and she tried to prepare them the most for them to be able to go on.

(Age at placement, 6-7)

Prior relationship with child

Twelve (21.8%) of the 55 adoptive parents reported having a previous relationship with the child other than a foster parent prior to the child being placed in their home (see Table 5.7). Eight (66.7%) of these twelve adoptive parents initiated contact with the agency and sought to be an adoptive placement for the child. Four (33.3%) of these twelve adoptive parents were approached by the agency and were initially foster parents for the child. Only one of these four adoptive parents was a blood relative of the child. The majority of these children were 10 or older at placement with most being 10 (41.7%). The age at placement for the children for these families ranged from six to thirteen years with the average being 9.58 yrs..

Table 5.7

Adoptive parents' prior relationship with child (N=12)

Relationship	Type of Adoption		Age at Placement		
	General n=8 (66.7%)	Foster Parent / Kinship n=4 (33.3%)	6-7 yrs n=3 (25%)	8-9 yrs n=1 (8.3%)	10-15 yrs n=8 (66.7%)
Friend of Foster Parent	1				1
Maternal Grandparents		1	1		
Non-related kinship		2			2
		145			

Neighbor	1		1
Respite Provider	2	1	1
Church Member	1		1
	1		
Therapist			1
Worker at Residential Treatment Center	1	1	1
Volunteer	1		1

The importance of the adoptive family having a previous relationship with the child is illustrated by these comments:

It wasn't until I had met these boys and felt the need to get involved somehow because they weren't getting—they were—well, I found out they were being abused and neglected, you know. They weren't getting a lot of stuff they should have been getting, just regular coats, clothes, structure. Nobody read to them, you know. You know, time went on. You could see it, so. And I started bringing them to sporting things. Got them involved in the parks and found out...they needed a stable home life with somebody that cared about them. So that was kind of the deciding factor. They were also getting a bad rap in our neighborhood. People were blaming them for stuff that was going wrong like broken windows and such.

Neighbor of foster parent (Age at placement, 8-11)

Feeling comfortable that he, he and his little brother were comfortable with [adoptive parent], that this would not be a enormous change for them, since it was somebody that they knew they'd stay in the same schools and therapists and, still be able to see their siblings and that they knew their sister would, was okay because they were familiar with her adoptive family.

Child worker for child adopted by neighbor (Age at placement, 8-11)

When he first came, he was on his good behavior, very honeymooning. But I was fully aware of [child]'s problem behaviors, having helped [foster parents] with them for several years.... He'd always been affectionate with me. He'd always talked to me. You know, we'd always had a good relationship, so the only difference was that I was responsible for the discipline, too. But he knew pretty much what my discipline style was ahead of time because I'd always talked with [foster parents] about things to try.

Previous therapist (Age at placement, 8-11)

I would say it was just coming to visit her grandpa, you know. I mean, if they would had called us prior to us getting this relationship going, I think it would have been a little traumatic to just all of a sudden be uprooted and placed with a grandfather that she barely knew. But I think it was the bonding time, the year and half or actually, almost 2 years that we had together before she was placed with us....We had an established relationship.

Maternal grandparents (Age at placement, 6-7)

Transracial adoption

Twenty-nine percent (n=16) of the adoptions in this sample were transracial adoptions. Families were not directly asked if the child was prepared for placement with a parent who was of a different race, however, one parent discussed her African American/ Hispanic child's surprise that she was white:

Well she did tell me when she met me and she knew I wanted—she was surprised that I was a white woman because she knew white women but not intimately....I don't think she thought about all the differences and so I think that was, you know, oh, she was surprised. I don't think it caused her any pain or anguish....

(Age at Placement, 6-7)

One worker discussed the fact that the child's African American foster parents had difficulty letting this African American child go once they found out the adoptive parents were white:

We found an adoptive family that the foster family did not approve of and so they basically tried to sabotage the adoptive placement and then said, oh, we want to adopt. And so that was kind of confusing and chaotic for [child]. We ended up going with the adoptive family that we chose, but it was a lot of politics and I'm sure a lot of confusion on [child's] part as to whether or not he was—where he was going to be and how he was going to connect. So it wasn't the nicest of transitions for him.... they didn't approve of the fact that it was a single parent. And they didn't approve of the fact that the [family] was white.

(Age at placement, 8-11)

Summary of Findings from Research Question One

From the perspective of the adoptive parents in this study the preparation of children for adoption varies greatly. Although some adoptive parents were not certain of the specific preparation activities the child participated in, they appeared to understand the importance of preparation for the child. In this study, the majority of the corresponding caseworkers corroborated the recollection of the adoptive parents. Workers, however, were more cautious in their answers and many times state they either did not recall with certainty or that they thought activities may or may not have occurred. This uncertainty may be explained by the nature of working for a child welfare agency. Child welfare workers are often required to testify and report to court and state officials with certainty about events and services provided to families and children on their caseloads. Liability concerns may prevent workers from definitely stating a service did or did not occur without documentation to support these statements.

The next section compares the responses of the adoptive parents to those of the workers in regards to what they perceived to be the most helpful adoption preparation activities for children. Adoptive parent responses are based on their perception of what was most helpful and what was least helpful to their child. Analysis of worker responses includes the workers' perception of the most helpful adoption preparation tasks for any child needing adoption preparation.

Research Question Two: Are there differences between the perceptions of adoptive families and special needs adoption agency staff on how to best prepare children for adoptive placement?

Adoptive parents and corresponding caseworkers were asked what adoption preparation activities they felt were most and least helpful to the child. Adoptive parents were also asked what preparation activities the child did not receive or participate in that they thought would have been helpful to the child. Corresponding caseworkers were asked what adoption preparation activity they believed to be the most helpful in preparing any child on their caseload for adoption. This section presents the results of analysis of the answers to these questions and compares adoptive parent responses to worker responses.

Most helpful adoption preparation activities

Adoptive parents and corresponding caseworkers were asked what preparation activities they felt were the most helpful to the child (see Table 5.8). Twelve (21.8%) adoptive parents identified pre-placement therapy as the most helpful preparation activity for the child. Pre-placement visits were the second most common response (n=11, 20%) and post-placement therapy the third most common response (n=9, 16.4%). Other activities reported as being helpful included a slow transition into the adoptive home (n=4, 7.3%), the foster parents being supportive of the adoption (n=4, 7.3%), and the child being aware of the adoptive parent's commitment to the child and the adoption (n=3, 5.4%). Also mentioned by adoptive parents were maintaining contact with previous caregiver (n=2, 3.6%), visiting the courtroom the day before the final hearing (n=2, 3.6%) and the child experiencing being in a stable home versus foster care (n=2, 3.6%).

Twenty (74.1%) corresponding workers responded to this question. Discussing adoption and the adoption plan with the child was the most common response (n=5, 18.5%). Pre-placement visits and therapy post-placement were both identified as being most helpful to the child by three workers (11.1%). The only other helpful preparation activity mentioned by a worker was that the child was prepared by an experienced worker.

Table 5.8

Most helpful adoption preparation activities for child

Preparation Activity*	Adoptive Parents N=55		Corresponding Workers N=26**	
	n	%	n	%
Completion of child's life book	4	7.3	1	3.8
Adoption preparation groups	0	0	1	3.8
Information sharing with child pre-placement about adoptive parent(s)	1	1.8	1	3.8
Discussion with child about adoption and adoption plan	8	14.5	5	19.2
Pre-placement visits	11	20	3	11.5
Therapy pre-placement	12	21.8	5	19.2
Therapy post-placement	9	16.4	3	11.5
Good-bye visits with biological family	2	3.6	1	3.8
Prior relationship with child	2	3.6	1	3.8
Slow transition	4	7.3	0	0
Foster parent supportive placement	4	7.3	0	0
Child aware of adoptive parent's commitment	3	5.5	0	0
Continued contact with previous foster parent / caregiver	2	3.6	0	0
Going to courthouse before final hearing	2	3.6	0	0
Being a stable and secure home as opposed to foster care	2	3.6	0	0
Experienced worker prepared the child	0	0	1	3.8
Do not know	4	7.3	4	15.4

*More than one response was possible ** One worker was interviewed for 2 families

Least helpful adoption preparation activities

Adoptive parents and corresponding workers were also asked what adoption preparation activities they felt were not helpful to the child (see Table 5.9). Most (n=24, 43.6%) of the adoptive parents stated that there were no activities that were done that were not helpful. Twenty-three (41.8%) gave a specific response. The most common response was the discussion or talking with the child (n=4, 7.3%). The second most common response was therapy pre-placement (n=3, 5.5%). Other preparation activities mentioned by more than one of the adoptive parents as not being helpful included the monthly visits from the social workers (n=2, 3.6%), change of caseworkers prior to child

being placed for adoption (n=2, 3.6%) and the foster parents not being supportive of the adoption or grieving in the child's presence (n=2, 3.6%).

Fourteen (53.8%) workers stated that there were no preparation activities completed that were not helpful. Only three workers (11.5%) specified which activities were not helpful. One stated that they felt the life book was not helpful. One felt that talking was not helpful to that particular child given the child's age. The third worker responded that if anyone had attempted therapy with the child pre-placement, it would not have been helpful knowing that particular child.

Table 5.9

Least helpful adoption preparation activities for child

Preparation Activity*	Adoptive Parents N=55		Corresponding Workers N=26**	
	n	%	n	%
Nothing was not helpful	24	43.6	14	53.8
Completion of child's life book	0	0	1	3.8
Discussion with child about adoption and adoption plan	4	7.3	1	3.8
Therapy pre-placement	3	5.5	1	3.8
Therapy post-placement	2	3.6	0	0
Monthly visits from the social worker	2	3.6	0	0
Change of caseworkers right before child placed for adoption	2	3.6	0	0
Foster parent grieving in child's presence or not supporting adoption	2	3.6	0	0
Do not know	7	12.7	6	23.1
Not answered / Missing	9	16.4	3	11.5

*More than one response was possible ** One worker was interviewed for 2 families

Adoption preparation activities that would have been helpful

Adoptive parents were asked if there were any adoption preparation activities that the child either did not receive or participate in that they thought might have been helpful (see Table 5.10). Twenty-four (43.6%) stated they were not aware of anything that was not done that might have been helpful. Nine (16.4%) of the adoptive parents stated that they felt an adoption preparation group would have been helpful to the child. Eight (14.5%) adoptive parents responded that the child would have benefited from some specific mental health services including psychological evaluations, anger management, attachment therapy and a therapist who specialized in adoption. Three (5.5%) felt that the child would have benefited from therapy pre-placement in general and two (3.6%) replied that post-placement therapy would have been helpful. Other activities mentioned by more than one adoptive parent included more preparation time and more time with the social worker to prepare (n=2, 3.6%), more pre-placement visits or a shorter pre-placement

period (n=2, 3.6%), and a different foster home environment prior to being placed in the adoptive home (n=2, 3.6%).

Table 5.10

Adoption preparation activities that would have been helpful (N=55)

Preparation Activity*	n	%
Nothing in addition to what was done	24	43.6
Adoption preparation groups	9	16.4
Discussion with child about adoption and adoption plan	1	1.8
Pre-placement visits	1	1.8
Therapy pre-placement	3	5.5
Therapy post-placement	2	3.6
Specialized Therapy	8	30.8
More pre-placement visits or a shorter pre-placement period	2	3.6
Different foster home environment	2	3.6
More time with the social worker or more preparation time	2	3.6
Do not know	4	7.3

*More than one response was possible

Worker perspective as to most helpful adoption preparation activity

Corresponding case workers were asked to identify the preparation activity that they believed to be the most important task in preparing children on their caseloads for adoption (see Table 5.11). Talking to the child about adoption was the most common response (n=13, 50%). More specifically, workers identified being honest with the child about the biological family and the reasons for termination of parental rights (n=2, 7.6%), and getting the child's input as to the type of family they want (n=2, 7.6%). Two workers (7.6%) also stated that it was important to build a relationship with the child before discussing adoption with them. The other most frequent responses from the workers was adoption preparation groups (n=6, 23.1%) and therapy pre-placement (n=6, 23.1%).

Table 5.11

Most helpful adoption preparation activities for children on caseload

Preparation Activity*	Corresponding Caseworkers N=26**	
	n	%
Completion of child's life book	3	12%
Adoption preparation groups	6	23%
Discussion with child about adoption and adoption plan	13	50%
Pre-placement visits	3	12%
Therapy pre-placement	6	23%
Therapy post-placement	1	4%
Good-bye visits with biological family	2	7%
Birth family give child permission to move on to adoption	2	7%
Building relationship with child before talking about adoption	2	7%
Foster parents being supportive of adoption and letting the child go	3	12%
Specialized therapy on attachment, loss and grief with someone who has experience in adoption	2	7%
Being honest with child about biological family and termination of parental rights	2	7%
Getting child's input into type of family they want	3	12%

*More than one response was possible ** One worker was interviewed for 2 families

While workers appeared to agree that adoption preparation needs to be individualized to meet the special needs of each child and based on their developmental stage, workers did not seem to be consistently aware of what preparation was done or what worked best.

I know the private agency did a lot of stuff, but I didn't know particularly what they did, and I don't know what the adoption worker did in particular either.

Child Worker (Age at placement, 6-7)

It's probably a toss-up between life books and adoption groups. The kids who are in my adoption groups, it's really helpful to know that there are other kids in the same situation. And, the groups are basically education and support and also just some fun activities. That's probably a little bit higher on my list than life books, but life books are very important also, and I certainly was doing life books with kids at the same time as, as I was involved with [child] but, I didn't do a life book, I mean, it wasn't necessarily every child...

Child Worker (Age at placement, 8-11)

One worker stated that while adoption preparation of the child is important, other factors often play a significant role in how well these services are provided and the extent to which they are provided.

To be quite honest, that's not one of those things that we--you know, it's something that's really important, but how much time we have to actually do it is pretty questionable 'cause we got a lot of kids and a lot of paperwork and you know, the county doesn't come in—or the state doesn't come in—or the feds come in and audit us on whether or not we did life books. They want to know if we did all this other paperwork. So that sometimes gets put on the back shelf. So you know, I can't honestly answer whether or not I did a life book with him. I hope that we did.

Child's Worker (Age at placement, 8-11)

Comparison of adoptive parent perspective to worker perspective

Adoptive parent responses regarding the most helpful child preparation activities for their children and activities they felt would have been helpful were compared to the corresponding worker responses as to what activities they stated were most helpful for children on their caseload in Table 5.12.

Adoptive parents reported that therapy addressing loss and grief as well as transition adoption, both pre and post placement was the most helpful preparation task completed with their child. The task most identified by workers as being the most important was discussing the adoption plan and involving the child in the adoption process. Adoptive parents saw discussing adoption with the child as being important but from their perspective this was primarily explaining to the child what was happening and how adoption would make them a permanent part of their family. Workers, on the other hand discussed involving the child in the decision making process and getting their input as to the type of family they desire. The difference in perception of preparation pre and post placement was apparent. When workers discussed adoption preparation they did not spontaneously talk about activities done after the child was placed in the home. Adoptive parents, on the other hand, primarily discussed activities completed either after the child

was placed in their home or after they began contact with the child. This is not a surprising finding and many factors may explain this. Adoptive parents may not be aware of the details of activities completed as these activities occurred prior to their knowing the child and the information may not have been communicated by the social workers involved at placement. Of greater concern for the many families at placement may be the adjustment behaviors the child exhibits.

It was good, and then it turned pretty disruptive....She was a little guarded, which I expected that she would be. You know, they don't trust you right away....She disrupted like crazy at school. School was a big huge issue. She victimized the other kids that lived here too. She'd try to steal things, and destroy stuff...
(Age at placement, 8-11)

It is also notable that although there is often concern about possible adoption disruptions, workers did not often talk about preparation as a continuum that extended beyond placement. When asked how children were prepared for adoption, most of the workers discussed preparation for placement and moving the child into the new home.

I just, I worked with him in preparing him to go, move from that role of being the foster child to being the adoptive. We talked about adoption. I explained to him what adoption was. We have, we have a workbook that we use called "Getting Ready for Adoption" and I go through that with most of the kids. That kind of stuff.
(Age at placement, 6-7)

Adoptive parents and workers in this sample also agreed that adoption preparation groups would be helpful to adopted children.

I think along the way, she's had a chance to meet other kids that have been adopted, and I think it helps to eliminate that feeling of being isolated or, you know, alone in the process. I think it's been helpful for her as she's seen other kids that have had similar stories.

Adoptive Parent

I think that it's important to—especially for older kids who are legally free to adoption, to really sit down with them and explain to them why they're in the situation that they are in and explain to them that you're searching for a family for them and help them be part of that as to get their input as to what it is they're looking for in a family. You know, do they want brothers and sisters? Where would they like to live? What kind of family are you looking for?

Child Worker

Table 5.12

Comparison of adoptive parent responses to worker responses

Preparation Activity*	Most Helpful - Adoptive Parents N=55		Would have been Helpful Adoptive Parents N=55		Most Helpful to All Children Workers N=26**	
	n	%	n	%	n	%
Completion of child's life book	4	7.3	0	0	3	11.5
Adoption preparation groups	0	0	9	16.4	6	23.1
Information sharing with child pre- placement about adoptive parent(s)	1	1.8	0	0	0	0
Discussion with child about adoption and adoption plan	8	14.5	1	1.8	13	50
Pre-placement visits	11	20	1	1.8	3	11.5
Therapy pre-placement	12	21.8	3	5.5	6	23.1
Therapy post-placement	9	16.4	2	3.6	1	3.8
Specialized Therapy	0	0	8	14.5	2	7.6
Good-bye visits with biological family	2	3.6	0	0	2	7.6
Prior relationship with child	2	3.6	0	0	0	0
Slow transition	4	7.3	0	0	0	0
Foster parent supportive placement	4	7.3	0	0	3	11.5
Child aware of adoptive parent's commitment	3	5.5	0	0	0	0
Continued contact with previous foster parent / caregiver	2	3.6	0	0	0	0
Going to courthouse before final hearing	2	3.6	0	0	0	0
Being a stable and secure home as opposed to foster care	2	3.6	0	0	0	0

*More than one response was possible ** One worker was interviewed for 2 families

Summary of Findings from Research Question Two

From the perspective of the adoptive parents, therapy and pre-placement visits were the preparation activities most helpful to their child. From the worker perspective, on the other hand, talking with the child was the most important activity in adoption preparation. Adoption preparation groups were also stated to be most helpful from the worker perspective. Since most of the children were not reported to have participated in adoption preparation groups it is not surprising that this was not considered most helpful by the adoptive parents. However, it is noted that adoption preparation groups was the activity most identified by adoptive parents as the activity that adoptive parents thought would be helpful.

The greatest difference noted between the worker perspective on child preparation and the adoptive parent perspective was the time frame referenced when discussing adoption preparation. Workers, for the most part, discussed preparation for adoption as it related to preparing the child pre-placement into the adoptive home. Adoptive parents, on the other hand, discussed preparation for adoption as a continuum that extended beyond placement and continued until the adoption was finalized. Workers also discussed preparation in terms of helping the child to understand why adoption was necessary and why they could not return to the biological family. Adoptive parents more often discussed preparation in terms of integrating the child into their home and helping the child to become a member of the adoptive family.

Research Question Three: Is there a relationship between the preparation a child receives for adoption and the long-term outcomes reported by successful adoptive parents of special needs children?

Long term outcomes for adoptive parents were measured in four ways:

1. The child's behavioral adjustment during the first year after placement,
2. The adoptive parent's satisfaction with the adoption,
3. The level of difficulty it is to parent the child, and
4. The combined score on the Parenting Stress Index.

This section presents the results of the qualitative analysis of the first three outcome measures, including descriptive data and inferential statistics when analyses were conducted. The results of the scoring on the PSI are also presented in this section. The results of quantitative analysis exploring the relationship between these outcomes and the child's preparation are presented in Chapter Six.

Adjustment during the first year after placement

The majority (n=38, 88.4%) of the 43 general adoptive parents reported that the child exhibited behavioral problems during the first year of placement. The specific behaviors reported by adoptive parents and the age of the child at placement are shown in Table 5.13.

Table 5.13

Behaviors during the first year after placement reported by adoptive parents (N=43)

Behavior*	N	% of N=43	Age at Placement		
			6-7	8-11	12-15
Oppositional	20	36.4%	8	9	3
Tantrums / Yelling	20	36.4%	7	12	1
Destructive	16	29.1%	6	9	1
Aggressive	11	20%	5	5	1
Lying	10	18.2%	1	8	1
Stealing	7	12.7%	2	5	0
Manipulative	6	10.9%	3	2	1
Withdrawn	6	10.9%	2	3	1
Depressed / Sad	6	10.9%	1	3	2
Running away / threatening to run	4	7.3%	1	3	0
Sexually acting out	4	7.3%	2	2	0
Moody	4	7.3%	1	3	0
Mean number of behavior problems reported per age group			2.14	2.21	1.92

*More than one response possible

Change in child's behavior over time

Many of the adoptive parents (n=23, 41.8%) reported that the child had a honeymoon period where their behavior was exceptionally good prior to exhibiting behavioral problems. For example, parents recalled:

Like I said, the first week, I think she made a stellar effort. The first week, she, having gotten to know her now, yeah, the effort was outstanding for her. She did a great job. She went through all of the motions and did what—and that's really what she was doing—but made every effort to try and make things really nice and get to know people before she showed us what her real attitude was. And then the subsequent year was awful. But the first week or so was good.

(Age at placement, 8-11)

They said after like a month placement, you know, for the first month he would be an extreme angel and then you'd have 1 good, really good test and then he would go several months more and then right before the final adoption that he would throw another big fit and, you know, a real big test ... and we were just like, "No, he's so sweet. He'll never do that." And then...he did the typical testing that they said he would....the screaming. Like if he didn't get his way, he would just do this blood curdling scream that would last like literally an hour but he never was destructive or anything. They said that he would probably be destructive but he didn't do anything. Never tore up anything other than maybe ripped a paper in half but he was never harmful to himself or the dog or anything.

(Age at placement, 8-11)

Several (n=15, 27.3%) adoptive parents reported that the child's behavior improved over time. Some adoptive parents reported that the behaviors fluctuated with no predictable pattern (n=8, 14.5%). Two parents stated that the child had the most trouble around anniversary dates.

Anniversary of the, his mother's death, were really, I mean, it could last up to six weeks. Of how bad things would get at that time. And he didn't know, like, a date when his mother died. But his body had to know when it was. He could probably sense the season, the temperature, the holidays, whatever, but he would know.

(Age at placement, 6-7)

Others stated that some behaviors had improved (n=5, 6.2%) or they had worsened over time (8, 14.5%). For at least five of these children, the adoptive parents reported that the child is currently doing better.

She's been doing really, really well. We've had our moments, but for the most part, she's a sweet, loving, funny, interesting, educated, motivated, hard-working--you know, she's just a really great kid in a lot of ways. She's still got struggles. She still likes to compete with me sometimes. And she's still--you know, she's immature in some ways.

(Age at placement, 8-11)

How do you currently feel about the child's adoption?

The majority (n=39, 70.9%) of the adoptive parents reported that they were very satisfied with the child's adoption (Table 5.14). None of the adoptive parents reported that they were dissatisfied or very dissatisfied.

It just feels right? (laughs) How do I explain that? I just feel like she's my own kid...they just kind of feel like they're part of your life. I just know I made the right decision for her.

(Age at placement, 6-7)

No matter what happens we're very committed to the kids....You know there are times when I think, "Oh, golly, I can't do this anymore." But, overall, we really can see the need for their family to change, for them to be the difference. I mean they're predicament goes on back for generations...they can be different; they can change all that...they'll be the first generation that can be different.

(Age at placement, 6-7)

He is definitely the all-boy that I expected him to be, probably the all-boy that I'd have had had I had my own child. I think he would very much fit what I'd want my own child to be. He likes dirt bikes. He likes outside. He likes sports, which is very much like my husband and myself. So he just is exactly what we expected and hoped he'd be.

(Age at placement, 8-11)

Table 5.14

*How do you currently feel about the child's adoption? (N=55)**

Level of Satisfaction	Type of Adoption		Type of Agency		Age at Placement		
	General Adoption n=43	Foster parent /Kinship n=12	Public n=37	Private n=18	6-7 years n=22	8-11 years n=28	12-15 years n=5
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Very Satisfied	29 (52.7%)	10 (18.2%)	28 (50.9%)	11 (20%)	17 (30.9%)	21 (38.2%)	1 (1.8%)
Satisfied	9 (16.4%)	2 (3.6%)	6 (10.9%)	5 (9.1%)	4 (7.3%)	3 (5.5%)	4 (7.3%)
Moderately Satisfied	5 (9.1%)	0	3 (5.5%)	2 (3.6%)	1 (1.8%)	4 (7.3%)	0

*None of the adoptive parents reported being dissatisfied or very dissatisfied

Eleven (20%) of the adoptive parents stated they were satisfied with the child's adoption.

I'm satisfied. I had like huge expectations, but you know, I think I'm more realistic now about what you can do and what you can't do. I mean, I was hoping that she'd want to study, study, study, study. But she is a kid, and she doesn't want to, you know. So, you know, I have my expectations that what she would do and stuff like that. But she's still young. She can do anything she wants, so you know, yeah. It's all good.

(Age at placement, 8-11)

I would say primarily because [child] has so many emotional disturbances that there are times that I do wonder, is, is it going to last? Or will he have to go to a residential placement type thing. Over all, most of the time I feel pretty confident. But every once in a while, you know, there're issues that come up, like he's got anxiety disorder and major depression and reactive attachment disorder and fetal alcohol and those make every day a challenge for [child]. And right now he's fourteen. So, what can I say? He's a teenager. Then we seem to pull out of it and it's like, okay. Cause I dearly love him. I would, oh, I would be so upset if we had to lose him, but every, like I said, every once in a while, something so, so traumatic comes up with him that you just wonder where the behavior's going and, and if you can maintain him in a home setting.

(Age at placement, 6-7)

Five (9.1%) adoptive parents reported being moderately satisfied with the child's adoption. All of the adoptive parents who reported being moderately satisfied were general adopters.

We never thought it would be perfect. I think he's been harder than we had anticipated. Moderately satisfied 'cause I still really like the kid. (laughs)

(Age at placement, 8-11)

There was a long period of time in which I almost had surrendered hope for this kid. And since he has been home, things are not perfect, but there is clearly hope that he can have a decent life in adulthood, which has been my biggest concern. I really thought for awhile that this would be a child who spent his life in institutions. He's succeeding on the football team. He plays football and does very well at that. It's a great outlet for all of the aggression that he has, and for which he's rewarded. He's doing moderately well in an alternative school setting. He may not be able to mainstreamed in high school, but he still is able to participate in kind of the social

milieu of high school. So I am hopeful that you know, we will continue to have very positive family relationships throughout our family's life.

(Age at placement, 8-11)

How easy or difficult has the child been to parent?

Twenty-four of the adoptive parents (43.6%) reported that the child was somewhat easy to very easy to parent (see Table 5.15). Almost half (49.1 %) of the adoptive parents reported that the child was difficult (n=16, 29.1%) or very difficult (n=11, 20%) to parent. None of the foster parents reported the child to have been easy to parent.

It also noted that none of the twenty-one children placed between the ages of 6-7 years were considered very easy to parent. In a closer analysis, the majority (n=16, 76.2%) of these 21 children were prepared by a public agency and 13 (61.9%) were general adoptions. More than half (n=12, 57.1%) were male; more than half (n=12, 57.1%) were minority children and more than half (n=12, 57.1%) were adopted by single parents. Six were minority males (3 African, American, 2 Hispanic and 1 Native American). Five of the six minority male children were placed with single parents.

Many of the twenty-seven parents who stated the child was difficult or very difficult to parent also reported that the child had several behavioral difficulties including but not limited to yelling and throwing tantrums (n=13), oppositional defiant behaviors (n=17), aggressive behaviors (n=10), destructive behaviors (n=16).

One parent expressed how the child's attachment disorder has made it more difficult to parent her.

Well I read this book, *Broken Spirit Lost Souls* I think it was on Reactive Attachment Disorder and this whole book talks about how these kids focused primarily on one parent and I am [child]'s parent. I am the one she's focused all of her efforts on. And it's been really, really hard, she has drained my patience. [Father] has a much more, he's a real free spirit and he could tell when I'm ready to blow up and he steps in and I leave. But it's been more difficult for me than it has been for [father]. She just, even when I'm, just a couple weeks ago I was sick and she knew I was sick and I was throwing up and she waited until [sister and father] left for like 15 minutes and came back but while they were gone she went through [sister]'s room, stole stuff on her. Meanwhile I'm downstairs throwing up. So she's been very hard to parent.

(Age at placement, 8-11)

Table 5.15

*How easy or difficult has the child been to parent? (N=55)**

Level of Difficulty	Type of Adoption		Type of Agency		Age at Placement		
	General Adoption n=43	Foster parent /Kinship n=12	Public n=37	Private n=18	6-7 years n=22	8-11 years n=28	12-15 years n=5
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Very Easy	4 (7.3%)	0	1 (1.8%)	3 (5.5%)	0	4 (7.3%)	0
Easy	8 (14.5%)	1 (1.8%)	5 (9.1%)	4 (7.3%)	4 (7.3%)	5 (9.1%)	0
Somewhat	6 (10.9%)	5 (9.1%)	9 (16.4%)	2 (3.6%)	5 (9.1%)	4 (7.3%)	2 (3.6%)
Difficult	13 (23.6%)	3 (5.5%)	11 (20%)	5 (9.1%)	8 (14.5%)	6 (10.9%)	2 (3.6%)
Very Difficult	10 (18.2%)	1 (1.8%)	8 (14.5%)	3 (5.5%)	3 (5.5%)	7 (12.7%)	1 (1.8%)

*Four adoptive parents responded with other responses: Changed over time (n=2) Easy to somewhat easy (n=1) Easy and Hard (n=1)

One of the parents who reported that the level of difficulty changed over time referred to the child's difficulty adjusting to the adoptive home.

I guess like initially, she kind of like was saying, oh, you know, these people gave you to me—gave her to me. And you took me away from my parents and stuff like that which you know, made it a little bit upsetting because that's not really true. And then later on it became easier. But I think like the initial 6 months was, you know, kind of stressful.

(Age at placement, 8-11)

Parenting Stress Index (PSI)

Thirty-six of the 55 adoptive parents completed and returned the PSI. Four subscales from the Child Domain were used in the analysis: Adaptability (AD), Reinforces Parent (RE), Demandingness (DE) and Acceptability (AC). The combined score provides a measure of incompatibility between the child and parent. Table 5.16 presents the mean, median and mode scores for the 36 adoptive parents on all scores. The current age of the children ranged from 10 to 18 years old. The mean age of the children was 14.5 yrs, the median 15.1 yrs and the mode 10.3 yrs. More than half (n=21, 58,3%) were male and 15 (41.7%) female. Twenty-three (63.9%) were minority children. Twenty-five (69.4%) of the children were prepared for adoption by public agencies.

The majority (n=32, 89.9%) of the PSI's were completed by the adoptive mother. Twenty-six (72.2%) were general adoptions and 10 (27.8%) foster parent/kinship. More than half (n=19, 52.8%) of the adoptive parents completing the PSI were married.

Table 5.16

<i>Parenting Stress Index (PSI) (N=36)</i>						
Current Age of Child		Adaptability (AD)	Reinforces Parent (RE)	Demandingness (DE)	Acceptability (AC)	Incompatibility Score
10 – 12 n=11	Range	26 - 40	8 - 27	18 - 38	11 - 23	71 – 119
	Mean	32.27	13.82	27.55	17.18	90.73
	Median	30	13	27	18	85
	Mode	28*	10	27	13*	101
13 – 18 n=25	Range	15 - 46	7 - 25	15 - 35	8 - 28	45 – 123
	Mean	33.28	16.04	25	17.88	92.16
	Median	32	16	25	17	91
	Mode	32	16*	19*	14	45*

*Multiple modes exist. The smallest value is shown.

General adoptive parents scored significantly higher on the Demandingness subscale than foster parent/kinship adoptive parents ($t(36) = 2.48, p = .02, df = 16.12$). According to Abidin (1995) “the source of stress appears magnified when the parent is overly committed to being the model parent” (p.9) for parents who score high on this domain. The difference may be explained by the fact that many general adopters are first time parents as most foster parent/kinship adoptive parents are not. While these findings were statistically significant, they are reported with caution due to the small sample size.

Summary of Findings from Research Question Three

Overall, the adoptive parents in this study are satisfied with their adoptions. Although not statistically significant, foster parent/kinship adoptive parents appear to be more satisfied than general adoptive parents. General adoptive parents also appear to be experiencing more stress as it relates to the role of parenting than foster parent/kinship adoptive parents. The majority of the general adoptive parents reported that the child exhibited some behavioral problems related to adjustment during the first year after placement; however, many stated that the behaviors improved over time. The level of difficulty parenting the children appears to vary and does not seem to be related to the type of adoption or the age of the child at placement. Almost half of the children were reported to be difficult or very difficult to parent (49.1%). As all of the children in the sample are currently 10 years or older and the average age is 14.24 years, adolescence may be a factor in this finding.

Research Question Four: Is there a relationship between child preparation for adoption and post adoption service needs of adoptive families?

All of the adoptive parents were asked what post adoption services they utilized as well as what post adoption services they needed but had not received (see Table 5.17). . In general, post adoption services are those services utilized by an adoptive family after the adoption is final; however, it was unclear in reviewing the interview transcripts if adoptive parents were reporting only services provided post adoption finalization or if they were including services provided post placement. The average number of post adoption services adoptive parents stated they used or needs was 3.4 ranging from 0 to 9

Fifty-four (98.2%) of the adoptive parents are receiving adoption subsidy for the child that includes a monthly stipend and a medical card. One parent receives social security benefits for the child in lieu of adoption subsidy. Adoption subsidy is a common post-adoption service provided to families who adopt children with special needs; however, only 12 (22.2%) of the adoptive parents mentioned adoption subsidy when asked what post adoption services they used. The post adoption service most often reported as being used by adoptive parents was therapy (n=39, 70.9%). Therapy included attachment therapy, in home therapy, group therapy and sensory integration therapy. The second most reported post adoption service used was adoptive parent support groups (n=23, 41.8%). Five (9.1%) families stated that they used informal support groups in lieu of formal adoption support groups offered by their agencies. Several adoptive parents (17, 30.9%) stated that they knew they could call the agency if they needed anything.

In contrast, adoptive parents were asked what post adoption services they needed and had not received. The service most often reported as needed but not received was financial assistance (n=10, 18.2%). Adoptive parents reported needing additional financial assistance for things that adoption subsidy and Medicaid did not cover such as braces, specialized therapy, special glasses and plastic surgery. Although several families stated that they knew they could call the agency if needed, four families specifically stated that it would have been helpful for the agency to have called and followed up with them after the adoption was legally consummated.

When I entered the picture of course, the state had cut out a lot of things they used to pay for...Apparently they used to pay for like braces and tuition if they were in private schools, you know, it was all kinds of stuff. But they decided... to cut that out. Some budget cuts, so. Yeah, I missed out on the good stuff.

(Age at placement, 12-15)

I know their plates are full. Once and a while a phone call to see how you're doing might be okay. Some people it might annoy them I'd suppose they'd think, "What are they doing poking their nose back in our business again," you know but most of the people that came into our home, they're good people and I consider them "friends" too besides they are doing their jobs for the department. They weren't the enemy. You know we were all on the same side.

(Age at placement, 6-7)

Table 5.17

Post adoption services as reported by adoptive parents (N=55)

Post Adoption Service	Services Used n	Services Needed n
Therapy	39	9
Support group – parents	23	5
Call the agency when needed	17	2
Educational / Tutor	14	5
Respite	13	5
Support group – child	13	2
Financial assistance above subsidy or Medicaid	12	10
Out of home placement i.e. residential	11	.
Summer Camps / Day Camps	10	.
Informal support groups / networks	9	.
Agency Newsletters	8	.
Day care / child care	6	.
Psychiatric hospitalization	5	.
Other medical services including dental, surgical and eye care	5	.
Call from the agency to check on them	.	4

* More than one response possible

Summary of Findings from Research Question Four

Most of the adoptive parents reported using some form of post adoption services; however, most did not identify the most widely used post-adoption service, adoption subsidy, as a post-adoption service they were receiving or using even though all of the families except one (98.2%) were indeed receiving adoption subsidy. The one exception

was a family who was receiving social security benefits in lieu of subsidy. Many of the families stated they either used or needed financial assistance above that provided by the subsidy or Medicaid. Therapy and support groups were the most frequently used post-adoption services reported. Given the findings from Research Question Three on the how difficult the child is to parent, it is feasible that both therapy and support groups are a primary service families use to maintain the adoption.

Summary

Preparation by definition is the “action or process of making something ready” (Webster, 1977, p. 908). Qualitative data in this chapter suggests that from the perspective of the adoptive parents, child preparation for adoption extends beyond “getting the child ready” for adoption or adoptive placement. Adoptive parents appear to recognize adoption as a life long experience for the child as opposed to a one time event that begins and ends at placement into the adoptive home. Adoptive parents also seem to recognize the need for the child to be prepared and the effects a lack of preparation may have on their child and their family. Adoptive parents also consider themselves to play a pivotal role in the preparation of the child once the child is in their home. Corresponding workers also recognize the importance of child preparation; however, from the worker perspective other system factors not explored in this study may play a role in the extent to which preparation activities can be completed with the child.

There was great variation in the description of the child preparation activities as reported by the adoptive parents. With rare exception, corresponding workers corroborated the report of the adoptive parents. Preparation varied from minimal to

extensive. The next chapter presents the results of quantitative analyses conducted to answer the Research Questions outlined in Chapter One. Specifically, quantitative analyses were conducted to explore factors that may explain the variation in child preparation activities as reported by the adoptive parents. Quantitative analyses were also conducted to explore the relationship between the amount of child preparation the child received and the adoption outcomes for the child and family as well as the adoptive family's post adoption service needs.

CHAPTER SIX

RESULTS OF STUDY - QUANTITATIVE ANALYSES

This chapter presents the results of quantitative analyses conducted to explore factors that might explain the variation in adoption preparation activities as reported by the adoptive parents. It also presents results of quantitative analyses conducted to explore the relationship between the amount of preparation the child received and the adoption outcomes for the child and family including the family's use of post-adoption services.

Research Question One: How do public and private special needs adoption agency staff prepare children for adoption?

H₁ There are differences in how children are prepared for adoption based on the type of agency, the type of adoption and the age of the child at placement.

All 55 of the adoptive parents were asked if the child participated in any of a list of eight adoption preparation activities. These eight activities were 1) completion of a life book, 2) pre-placement visits, 3) adoption preparation groups, 4) discussion of adoption or the adoption plan, 5) pre-placement therapy with a focus on loss and grief, 6) pre-placement therapy with a focus on adoption, 7) post-placement therapy with a focus on loss and grief and 8) post-placement therapy with a focus on adoption. Of these eight preparation activities none of the adoptive parents reported that the child received or participated in all eight activities. The mean number of preparation activities reported to have occurred was 4.65 with a range from two activities to seven. Tables 6.1, 6.2 and 6.3

show the presence of the eight preparation activities by type of adoption, type of agency and age at time of placement.

Table 6.1

Presence of preparation activities by type of adoption, (N=55)

Preparation Activities	Type of Adoption	
	General n=43	Foster Parent / Kinship n=12
	n (%)	n (%)
Life Books	28 (65%)	5 (42%)
Adoption Preparation Groups	3 (7%)	0
Discussion with Child	43 (100%)	12 (100%)
Pre-placement visits	43 (100%)	1 (8%)
Pre-placement therapy - loss and grief	29 (67%)	4 (33%)
Pre-placement therapy – adoption	16 (37%)	10 (83%)
Post-placement therapy - loss and grief	23 (53%)	11 (92%)
Post-placement therapy – adoption	20 (47%)	8 (67%)

Table 6.2

Presence of preparation activities by type of agency (N=55)

Preparation Activities	Type of Agency	
	Public n=37	Private n=18
	n (%)	n (%)
Life Books	22 (59%)	11 (61%)
Adoption Preparation Groups	2 (1%)	1 (6%)
Discussion with Child	37 (100%)	18 (100%)
Pre-placement visits	28 (76%)	16 (89%)
Pre-placement therapy - loss and grief	19 (51%)	14 (78%)
Pre-placement therapy – adoption	25 (68%)	1 (6%)
Post-placement therapy - loss and grief	28 (76%)	6 (33%)
Post-placement therapy – adoption	23 (62%)	5 (28%)

Table 6.3

Presence of preparation activities by age of placement (N=55)

Preparation Activities	Age at Placement		
	6-7 n=22	8-11 n=28	12-15 n=5
	n (%)	n (%)	n (%)
Life Books	13 (59%)	18 (64%)	2 (30%)
Adoption Preparation Groups	1 (5%)	1 (4%)	1 (30%)
Discussion with Child	22 (100%)	28 (100%)	5 (80%)
Pre-placement visits	14 (64%)	26 (93%)	4 (70%)
Pre-placement therapy - loss and grief	9 (41%)	20 (71%)	4 (70%)
Pre-placement therapy – adoption	8 (36%)	16 (57%)	2 (30%)
Post-placement therapy - loss and grief	14 (64%)	17 (61%)	3 (50%)
Post-placement therapy – adoption	11 (50%)	15 (54%)	2 (30%)

Analyses of overall preparation for adoption

Multiple regression analyses were conducted to explore factors that may explain the variation in the amount of preparation activities reported by the adoptive parent. The dependent variable represented the cumulative number of activities the adoptive parent reported the child participated in. Multiple regression was used presuming that a child who participates in all eight of the activities is better prepared than a child who only participates in one activity; however, given that the quality of the preparation activities is unknown, the analysis may offer an incomplete picture of the relationship between preparation and the independent variables.

The independent variables for the analyses were divided into four factors; system factors, child factors, child welfare history factors and adoptive parent factors. System factors included the type of agency responsible for preparing the child for adoption and the type of adoption.

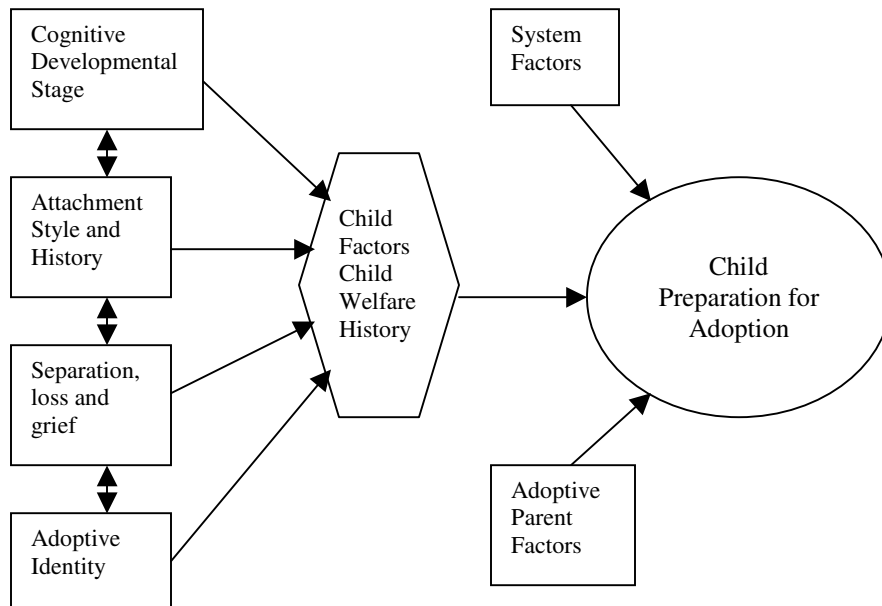
Child factors included age at time of placement, gender, race, total number of special needs identified and total number of behavior problems reported. As the number of behavior problems was only known for the children adopted by general adoptive parents, the sample size for this analysis was N=43. Behavior problems were included in the analysis as the child's behavior may affect the extent to which preparation activities can occur. For example, if a child has extreme behavior problems, this may be a priority in therapy. The child's behavior may need to be stabilized before issues of loss and grief or transition into an adoptive home can be addressed.

Child welfare history factors included the number of times the child was removed from the biological family, the number of placements the child had in foster care and the length of time the child was in foster care. The sample size for these analyses was N=38 due to missing data.

Adoptive parent factors included the adoptive parent's gender, marital status, race and income. Adoptive parent factors were included in the analyses based on qualitative analysis which highlighted the role of the adoptive parents in adoption preparation.

Adoptive parent factors were also as they may have an effect on the services a family receives or pursues. Seven adoptive parents did not report their annual income, therefore, the sample size for these analyses was N=48. Figure 6.1 represents the conceptual model used for these analyses.

Figure 6.1 Conceptual model of analysis exploring factors that might contribute to amount of child preparation activities completed



System factors

Children adopted by general adopters were reported to have participated in significantly more adoption preparation activities than children adopted by foster parent/kinship adopters ($t(55) = -3.13, p = .003$). There was no significant relationship between the type of agency and the number of adoption preparation activities reported (see Table 6.4).

Table 6.4

Summary of Multiple Regression Analysis for System Factors and Total Number of Preparation Activities Reported (N=55)

System Factor	<i>B</i>	<i>SE B</i>	β
Type of Adoption*	-1.58	.503	-.404
Type of Agency	-.480	.443	-.140

Note: $R^2 = .163$, Adjusted $R^2 = .130$, * $p < .05$

Child factors

None of the child factors including the age of the child at the time of placement were found to have a significant relationship to the number of overall preparation activities reported ($F(5, 37) = .634, p = .68$).

Child welfare history factors

None of the child welfare history factors were not found to be a significant predictor of the total number of preparation activities reported ($F(3, 34) = .698, p = .56$).

Adoptive parent factors

None of the adoptive parent factors was found to be a significant predictor of the total number of adoption preparation activities reported ($F(4, 43) = 1.252, p = .30$).

Analyses of individual preparation activities

Using the same conceptual model, logistic regression analyses were conducted to explore factors that might explain differences in the probability that a child might participate in a specific preparation activity. For these analyses, the dependent variables represented the absence or presence of the activity. Analyses were not conducted on the following preparation activities: discussion with child, pre-placement visits and adoption preparation group. There was no variability to be tested for discussion with child as all of

the adoptive parents reported someone discussed adoption with the child. All of the general adoptive parents reported having pre-placement visits. Only one foster parent/kinship adopter reported having had a pre-placement visit. This is easily explained given the nature of foster care. Children are more often than not placed in foster care on emergency basis and pre-placement visits rarely occur. An attempt was made to conduct analysis on the presence or absence of adoption preparation groups; however, only three adoptive parents reported this activity occurred and all three cases general adoptions and all of the children were male.

System factors

Table 6.5 presents the results of logistic regressions exploring the relationship between the presence of individual preparation activities and the system factors. Overall, the combined system factors were a predictor of whether or not the child received therapy which focused on loss and grief pre-placement ($\chi^2(2, N = 55) = 7.081, p = .03$). Neither the type of agency nor the type of adoption was a significant individual predictor of pre-placement therapy with a focus on loss and grief. Children adopted by general adopters were more likely to receive therapy pre-placement with a focus on adoption transition ($p = .014$). This finding makes intuitive sense as the goal at the time of placement for children adopted by foster parent/kinship adopters is usually reunification with the biological family.

Children prepared by private agencies were less likely to receive therapy post-placement that focused on loss and grief ($p = .009$). They were also less likely to receive therapy that focused on the transition to adoption ($p = .03$).

Table 6.5

Summary of Logistic Regression Analysis for System Factors and Individual Preparation Activities (N=55)

Activity	System Factor	B	S.E.	Exp (B)
Life books	Type of Adoption	-.980	.680	.375
	Type of Agency	-.094	.609	.911
Pre-placement therapy with a focus on loss and grief	Type of Adoption	-1.273	.710	.280
	Type of Agency	1.047	.647	.121
Pre-placement therapy with a focus on transition to adoption	Type of Adoption	-2.687*	1.095	.068
	Type of Agency	.207	.625	1.230
Post-placement therapy with a focus on loss and grief	Type of Adoption	.606	.715	1.833
	Type of Agency	-1.373*	.633	.253
Post-placement therapy with a focus on transition to adoption	Type of Adoption	.606	.715	1.833
	Type of Agency	-1.373*	.633	.253

* $p < .05$

Child factors

None of the child factors was found to be a significant predictor of the absence or presence of the individual preparation activities; however, it is noted that there was an outlier found in the analysis of the relationship between child factors and the presence of the life book. Upon removal of the outlier, the overall model remained non-significant ($\chi^2(5, N = 42) = 6.190, p = .288$); however, the child's gender was found to be a significant predictor ($p = .04$). In the analysis without the outlier, males were 5.4 times more likely to have a life book completed than females. It was not possible to determine why this case was an outlier; however, it was noted that the child was female. Table 6.6 presents the results of logistic regressions exploring the relationship between child factors and the individual preparation activities.

Table 6.6

Summary of Logistic Regression Analysis for Child Factors and Individual Preparation Activities (N=43)

Activity	Child Factor	B	S.E.	Exp (B)
Life books**	Age	.191	.193	1.211
	Gender	1.693*	.823	5.434
	Race	-1.079	.851	.340
	Special Needs	.109	.205	1.116
	Behavior	.095	.194	1.100
Pre-placement therapy with a focus on loss and grief	Age	.267	.189	1.306
	Gender	.950	.747	2.586
	Race	-.078	.755	.925
	Special Needs	.135	.196	1.144
	Behavior	-.166	.906	.847
Pre-placement therapy with a focus on transition to adoption	Age	.063	.159	1.065
	Gender	-1.404	.764	.246
	Race	1.467	.781	4.338
	Special Needs	.131	.186	1.140
	Behavior	-.008	.172	.992
Post-placement therapy with a focus on loss and grief	Age	.145	.156	1.156
	Gender	-.855	.685	.425
	Race	.526	.694	1.692
	Special Needs	.034	.178	1.035
	Behavior	.043	.159	1.044
Post-placement therapy with a focus on transition to adoption	Age	.147	.159	1.159
	Gender	.403	.672	1.496
	Race	.069	.687	1.071
	Special Needs	.174	.183	1.190
	Behavior	-.021	.161	.979

* $p < .05$ ** $N=42$

Child welfare history factors

Child welfare history factors were found to be a predictor of the presence of a life book ($\chi^2(3, N = 37) = 11.529, p = .009$) and the presence of therapy pre-placement with a focus on loss and grief ($\chi^2(3, N = 38) = 9.773, p = .021$). Children with more removals from the biological family were less likely to have a life book completed ($p = .021$). Children with more foster care placements were more likely to have a life book completed ($p = .017$). This finding existed after the removal of one outlier in which the child was reported to have been in 15 previous foster care placements prior to being placed in the adoptive home. Children with more removals from the biological family were also found to be less likely to receive pre-placement therapy addressing loss and grief ($p = .032$). Table 6.7 presents the results of logistic regression exploring the relationship between the child's child welfare history and individual adoption preparation activities.

Table 6.7

Summary of Logistic Regression Analysis for Child Welfare Factors and Individual Preparation Activities (N=38)

Activity	Child Factor	B	S.E.	Exp (B)
Life books**	No. of removals from birth family	-.910*	.393	.402
	No. of previous placements in foster care	1.072*	.448	2.921
	Length of time in foster care	-.422	.263	.655
Pre-placement therapy with a focus on loss and grief	No. of removals from birth family	-.651*	.305	.521
	No. of previous placements in foster care	.572	.305	1.771
	Length of time in foster care	.167	.234	1.181
Pre-placement therapy with a focus on transition to adoption**	No. of removals from birth family	-.302	.222	.739
	No. of previous placements in foster care	.336	.235	1.399
	Length of time in foster care	.201	.222	1.223
Post-placement therapy with a focus on loss and grief	No. of removals from birth family	-.052	.157	.950
	No. of previous placements in foster care	.017	.135	1.017
	Length of time in foster care	-.047	.191	.954
Post-placement therapy with a focus on transition to adoption	No. of removals from birth family	.122	.166	1.130
	No. of previous placements in foster care	-.043	.135	.958
	Length of time in foster care	.180	.201	1.197

* $p < .05$ **N=37

Adoptive parent factors

None of the adoptive parent factors were found to be a predictor of the presence of any of the individual preparation activities (see Table 6.8).

Table 6.8

Summary of Logistic Regression Analysis for Adoptive Parent Factors and Individual Preparation Activities (N=48)

Activity	Adoptive Parent Factor	B	S.E.	Exp (B)
Life books	Gender	-.430	.813	.651
	Marital Status	.664	.741	1.942
	Race	.270	.300	1.310
	Income	.000	.000	1.000
Pre-placement therapy with a focus on loss and grief	Gender	-.835	.867	.434
	Marital Status	-.851	.758	.427
	Race	-.399	.364	.671
	Income	.000	.000	1.000
Pre-placement therapy with a focus on transition to adoption**	Gender	-1.287	.918	.276
	Marital Status	-1.000	.756	.368
	Race	-.485	.350	.616
	Income	.000	.000	1.000
Post-placement therapy with a focus on loss and grief	Gender	.557	.902	1.745
	Marital Status	.494	.763	1.638
	Race	.340	.301	1.406
	Income	.000	.000	1.000
Post-placement therapy with a focus on transition to adoption	Gender	-.904	.847	.405
	Marital Status	.415	.734	1.514
	Race	.264	.309	1.302
	Income	.000	.000	1.000

* $p < .05$

Summary of Findings from Research Question One

There were differences found in the preparation for adoption children received dependent on the type of adoption and the type of agency. Children adopted by general adopters received more preparation for adoption than children adopted by foster parent/kinship adopters. Children adopted by foster parent/kinship adopters were less likely to receive therapy pre-placement that focused on transition to adoption. Children prepared by private agencies were less likely to receive therapy post-placement that focused on loss and grief or transition to adoption. There were no significant differences found in the preparation of adoption of the child based on the age of the child at placement. It was noted that in one analysis, after the removal of an outlier, boys were found to be more likely to have completed a life book. Other significant predictors of individual preparation activities were the number of removals the child had from the birth family and the number of previous placements in foster care. Children with more removals from the birth family were less likely to have a life book completed and less likely to receive pre-placement therapy with a focus on loss and grief. Children with more placements in foster care were found to be more likely to have a life book completed.

Research Question Two: Are there differences in the perceptions of adoptive parents and special needs adoption staff as to how to best prepare children for adoption?

H₂ There are differences in the perspectives of adoptive parents and caseworkers as to how to best prepare children for adoption.

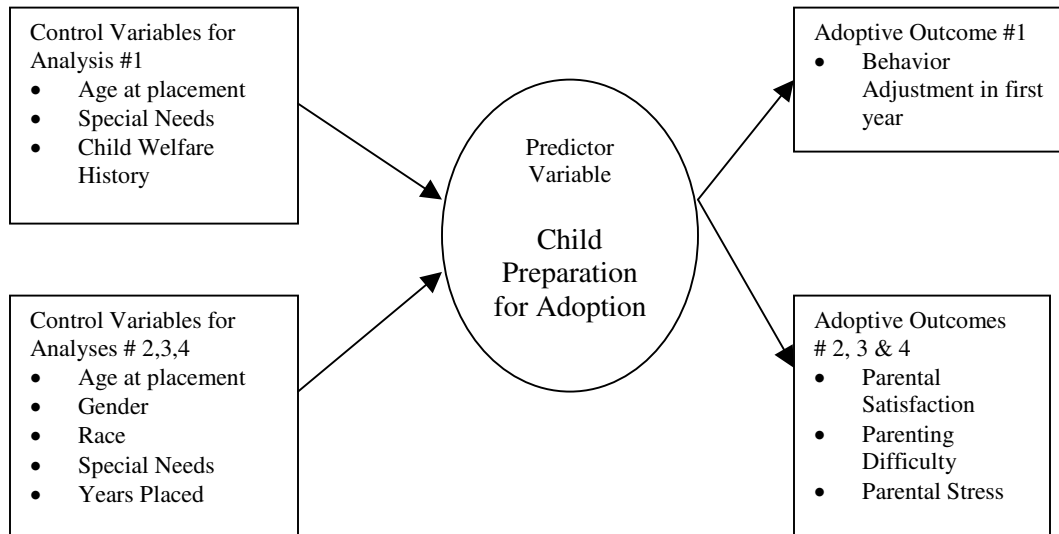
Due to the small sample size of corresponding workers statistical differences between the perceptions of the adoptive parents and the perceptions of the workers could not be detected, therefore quantitative analysis were not conducted. Qualitative results illustrating observable differences in the two perspectives are reported in Chapter Five.

Research Question Three: Is there a relationship between the amount of preparation a child receives and the long-term outcomes reported by the adoptive parents?

H₃ There is a relationship between the preparation of adoption the child receives and the long term adoptive outcomes for the child and family.

Hierarchical regression analyses were conducted to explore the relationship between preparation for adoption and the four outcome variables; behavioral adjustment during the first year of placement, parental satisfaction with the adoption, the level of difficulty the child is to parent and the overall incompatibility score on the Parenting Stress Index. The predictor variable for all analysis was the total number of preparation activities reported. Figure 6.2 provides the framework for these analyses.

Figure 6.2 Framework for Hierarchical Regression for Research Question Two



Behavior adjustment the first year after placement

After controlling for age at placement, the total number of special needs, the number of removals from the birth family, the number of placements in foster care and the length of time in foster care, the total number of adoption preparation activities completed was not a significant predictor of the number of behavioral problems reported during the first year of placement. The R^2 change of .001 after adding the total number of adoption preparation activities as a predictor variable was not significant ($F(1, 24) = .029, p = .886$).

Parental satisfaction with the adoption

After controlling for age at placement, gender, race, total number of special needs and the number of years placed, the total number of preparation for adoption activities

completed was not a significant predictor of parental satisfaction with the adoption. The R^2 change of .002 after adding the total number of adoption preparation activities as a predictor variable was not significant ($F(1,48) = .096, p = .758$).

Level of difficulty child is to parent

After controlling for age at placement, gender, race, total number of special needs and the number of years placed, the total number of preparation for adoption activities completed was not a significant predictor of the parent's report of the level of difficulty the child is to parent. The R^2 change of .008 after adding the total number of adoption preparation activities as a predictor variable was not significant ($F(1,48) = .529, p = .471$).

Parenting Stress Index

After controlling for age at placement, gender, race, total number of special needs and the number of years placed, the total number of preparation for adoption activities completed was not a significant predictor of the parent's report of the level of difficulty the child is to parent. The R^2 change of .065 after adding the total number of adoption preparation activities as a predictor variable was not significant ($F(1,29) = 2.945, p = .097$).

Summary of Findings for Research Question Three

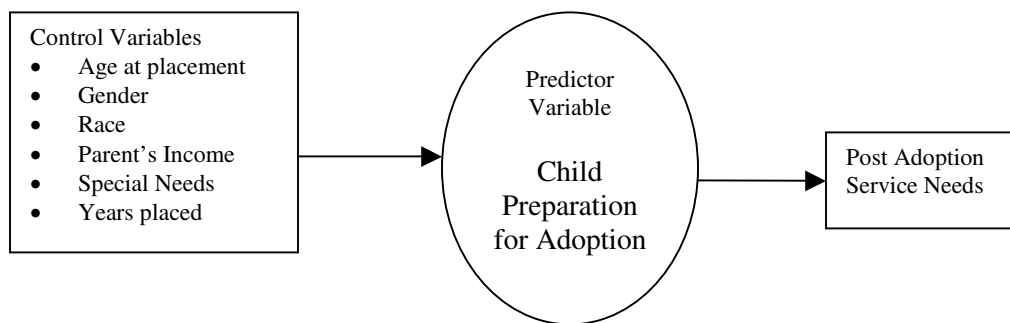
The total number of adoption preparation activities completed by the child was not found to be a significant predictor of the number of behavior problems reported during the first year of placement, parental satisfaction of the adoption, the level of difficulty the child is to parent, or the incompatibility score on the Parenting Stress Index.

Research Question Four: Is there a relationship between child preparation for adoption and post-adoption services needs of adoptive families?

H₄ There is a relationship between the preparation for adoption the child receives and the adoptive families post adoption service needs.

Hierarchical regression analysis was conducted to test the relationship between the total number of preparation activities completed and the number of post adoption services the adoptive parents reported they used or needed, Figure 6.3 represents the framework for this analysis.

Figure 6.3 Framework for Hierarchical Regression for Research Question Four



After controlling for age at placement, gender, race, parent's annual income, total number of special needs and the number of years placed, the total number of preparation for adoption activities completed was not a significant predictor of the adoptive parent's report of the number of post adoption services needed or utilized. The R^2 change of .003

after adding the total number of preparation activities as a predictor variable was not significant ($F(1, 40) = .180, p = .673$).

Summary

This chapter presented the results of quantitative analyses conducted to test the hypothesis for research questions one, three and four. Due to the small sample size of corresponding workers, hypothesis testing was not conducted for research question two. Evidence was found to support the hypothesis for research question as there were differences found in preparation based on the type of adoption and the type of agency. There was no statistical evidence found to support the hypothesis that there were differences based on age at the time of placement. Other factors were found to be significant predictors of individual preparation activities completed. These factors were the total number of removals the child had from the birth family and the total number of placements in foster care.

There was no statistical evidence found to support they hypothesis that there was a relationship between the total number of preparation activities completed and adoption outcomes for the child and family. There was also no statistical evidence to support a relationship between the total number of preparation activities completed and the post adoption service needs of the family.

The limitations and implications of the results of this study are discussed in the next chapter. Recommendations for adoption professionals and future research are also discussed.

CHAPTER SEVEN

DISCUSSION AND IMPLICATIONS

The purpose of this research study was to examine the extent to which school age children are being prepared for adoption and to explore the relationship between the child preparation and outcomes for the adoptive family and child. The results of this study add to the understanding of how children have been prepared for adoption from the perspective of the adoptive parents as well as caseworkers who worked with the child or family at the time of the adoption. This chapter presents a discussion of the limitations of the study, significant and substantive findings of the research, implications for practice and the social work profession, and recommendations for future research.

Summary of Research Design

Fifty-five successful adoptive parents of children from the foster care system were interviewed as well as 26 corresponding caseworkers who worked with the child or adoptive family at the time of the adoption. The adoptive families resided in nineteen different states and represented 27 different adoption agencies, both public and private. Forty-three of the adoptive parents were general applicants and twelve were foster parent or kinship adopters. Thirty-seven of the children were prepared for adoption by public agency workers and eighteen were prepared for adoption by private agency workers.

The majority of the adoptive parents interviewed were adoptive mothers. The average age of the adoptive parents was 48.37 years and the majority of the adoptive parents were White/Caucasian non-Hispanic. Most of adoptive parents had a college or graduate degree and an average annual family income of \$60,000.

The average age at placement for the adopted children in the study was 8.5 years with most having been placed between the ages of 8 and 11. The current average age of the adopted children was 14.2 years with all being over the age of 10. The average number of years the adopted children had been placed in the adoptive home was 5.8 years. Over half of the children were minority, and 29% of the 55 children were in transracial adoptive placements. Most of the parents indicated that their children had special needs such as Attention Deficit Disorder (with/without Hyperactivity, Posttraumatic Stress Disorder, Reactive Attachment Disorder and learning disabilities. All of the children had been removed from their biological families due to abuse or neglect. The majority were removed for physical neglect. On average the children had spent a little over four years in foster care and had been placed in at least four different homes prior to being adopted.

The majority of the 26 workers interviewed were White females between the ages of 30-49. Most worked for public child welfare agencies and most had between 3-15 years of experience in special needs adoption. Over half of the workers had masters degrees in Social Work.

Adoptive parents and corresponding caseworkers were asked to recall how the child was prepared for adoption. Specifically, the adoptive parents were asked if their child was the recipient of six key adoption preparation activities; completion of a life book, adoption preparation groups, pre-placement visits, discussion with the child about the adoption plan or adoption, pre-placement therapy and post-placement therapy.

Adoptive parents were asked if the therapy the child received, either pre or post placement, specifically focused on loss and grief issues or the transition to adoption.

Respondents were also asked which of these preparation activities they believed to be the most and least helpful to the child. Adoptive parents were asked if there were any preparation activities the child did not receive that they believed might have been helpful. Caseworkers were asked what adoption preparation activities they believed to be the most helpful in preparing children for adoption.

Outcome measures for the 55 adoptive families and children included 1) the adoptive parents' report of how satisfied they are currently with their adoption and 2) how difficult the child is to parent. In addition, the forty-three adoptive parents who were general applicants were asked to describe the child's behavior during the first year after placement in the adoptive home and thirty-six of the 55 adoptive parents completed the Parenting Stress Index. Analysis was completed to explore the possibility of a relationship between the amount of preparation activities reported by the adoptive parents and these four outcome measures. The relationship between adoption preparation of the child and the adoptive family's use of post-adoption services was also explored.

Limitations of the Study

There are several limitations to this study that need to be addressed and considered in future research. The first limitation is the sample size. Although a statistical power analysis completed at the time of the proposal defense suggested that 55 was the minimal sample size needed for statistical power, the low response rate did not yield a full set of data on all 55 families. All 55 families completed a telephone interview;

however, not all 55 families completed and returned the two mailed surveys. As a result, data about the child's history of abuse and neglect were only available on 43 children and within that subsample of 43 there was missing data on several of the children which decreased the sample size for analyses. The sample size for the analyses using the Parenting Stress Index was decreased to 36. Therefore the likelihood of having confidence in a finding a significant relationships between these variables and the child's preparation was substantially decreased. As a result, any statistically significant findings are reported with caution.

The difficulties encountered attempting to interview corresponding workers for each of the 55 adoptive families, greatly affected the sample size for worker respondents. A total of 43 workers were identified by the 55 families in this study; however, only 26 workers were successfully contacted and interviewed. Many of the identified workers were unable to be contacted for interview. In some cases, workers no longer worked for the agency and adoptive families did not have current contact information. In some cases, the worker declined to be interviewed and in many cases the worker did not return phone calls. Some of the workers who declined did so because of issues of confidentiality even though adoptive parents signed releases of information. Due to the low response rate of the corresponding workers analysis comparing perceptions of the workers to the adoptive parents were not able to be conducted.

The retrospective nature of the data collected is also a limitation of the study. The validity of the data is in question as it is totally dependent on the recollection of adoptive parents and workers. The adoptions occurred 18 months to 5 years prior to the research

study. Interviews with the children and review of case records would have also served to strengthen the findings of this study. It was difficult to measure the extent of the services received based on the recollection of the adoptive parents alone.

Although adoption literature suggests that adopted adolescents often have a higher incidence of emotional disturbances than the general population of children (McRoy, et al., 1988; Sharma et al., 1996), the current age of the children may have affected the outcome measures as to how difficult the child is to parent and parental stress as all of the children in this study were currently over the age of ten with most having reached adolescence.

Adoptive parents who choose to participate in research knowing that the focus is on success may be apt to respond more positively to questions and surveys. On the other hand, adoptive parents who know that the primary purpose of the research is to improve adoption services and practice may be more apt to respond negatively in hopes that there concerns will be heard and addressed.

Although, twenty-nine percent of the adoptions in this study were transracial adoptions; specific child preparation activities in relation to the transracial adoption were not addressed directly with the families in this sample. The lack of preparation for a transracial adoption; however, did emerge from the responses of some adoptive parents as they discussed parenting in relation to the racial differences. Future research should address this issue more directly.

Despite the limitations, the data collected offered exploratory insights on the preparation of children for adoption. Adoptive parent interviews yielded a range of

experiences in the amount and quality of preparation activities. Worker interviews also added to the understanding of how children are prepared and gave insight into the worker perspective of child preparation.

Research Findings

How are children being prepared for adoption?

Preparing a child for adoption has traditionally been a process that focused on getting the child ready for adoptive placement. A substantive finding from this study is that adoption preparation for the child is a process that may begin before the child is actually placed in the home but extends beyond placement and sometimes beyond the final adoption hearing. The 55 adoptive parents interviewed in this study support Grotevant's (1992) concept of adoptive identity and the life long scheme of identity formation for adopted persons. Adoptive parents reported ongoing issues related to adoption transition and the adopted child's integration into their homes. Some parents related these issues to the child's inability to let go of the past and the fantasies of returning to the biological family while others related these issues to the child's adjustment into the adoptive family. Caseworkers, on the other hand, discussed adoption preparation more in terms of the activities that occurred prior to placement in the adoptive home. Rarely did a caseworker discuss the role the adoptive parent played in preparation. When discussed, it was in relation to those adoptive parents who had a preexisting relationship with the child prior to being considered as an adoptive resource. The results of this study suggest that adoptive parents play a pivotal role in the continued

preparation of the child for adoption beginning with the first time they meet the child during pre-placement visits.

Most child adoption preparation models and activities for school age children are theoretically based on the need to help a child who has been removed from their biological family and placed in foster care, to understand why they could no longer reside with their biological family and why adoption is necessary. Models have also emphasized the importance of helping a child to understand the difference between foster care and adoption with an emphasis on permanency. These models are philosophically in line with current legislation such as ASFA that mandates expedited times to permanency for children in foster care; however, as described in Chapter One, these models require time and consistency from social workers responsible for preparation. The results of this study suggest that there is little consistency in the way school age children are being prepared for adoption. From the perspective of the adoptive parents, preparation ranges from minimal to extensive. Children adopted by general applicants were found to receive more preparation than children adopted by foster parent/kinship adopters. It is feasible that these children are not seen as needing preparation given that do not physically move from one home to the other. Foster parent/kinship adoptive parents in this study also feel that their children also need assistance in understanding what is happening and what adoption means. Although their physical surroundings do not change, the role of these children in the family does change. The concept of adoptive identity may be even more salient for these children as they move from a foster child to an adoptive child in the family. Many of the adoptive parents in this study, both general and foster parent/kinship discussed how

important it was for the child to understand that adoption mean they were now a permanent member of a “forever” family. Discussing adoption with the child often meant discussing the name change as a symbol of the child’s new family membership.

Theoretically, the child’s developmental stage and age at time of placement should play a significant role in the way a child is prepared for adoption. Rushton et al., (1998) found the age of the child at placement to be a significant factor in the level of preparation the child received. The results of this study did not support this finding. Age at placement was not found to be a significant predictor of the number of adoption preparation activities reported nor was it found to be a predictor of the presence or absence of any of the individual preparation activities.

Resolving issues of separation, loss and grief are paramount for children transitioning to adoption (Falhberg, 1991); however, only 60% of the children were reported to have received therapy to address these issues either pre or post placement. Only 47% of the children were reported to have received therapy specifically addressing adoption transition pre-placement and 51% post placement. It is possible that therapy both pre and post placement focused more on stabilizing the child’s behaviors and maintaining both previous foster and the adoptive home; however, it is also worth considering that many of the negative behaviors children exhibit are due to a lack of resolution of these issues. Children who were prepared by private agencies were found to be less likely to receive therapy that specifically addressed either of these issues. This is a significant finding considering that adoption and foster care services are usually the

first child welfare services contracted out when states move towards privatization (Freundlich & Gerstenzang, 2003).

Many of the adoptive parents as well as the workers in this study reported a need for specialized therapeutic services for children related to issues of attachment. The child's attachment style and ability to attach to a new family is often related to the number of placements the child has had in foster care. Attachment may also be a major consideration for children who experience several removals from the birth family. The results of this study suggest that both of these factors play a role in the adoption preparation a child receives. Children with more removals from the birth family were less likely to have a life book completed and were also less likely to have therapy pre-placement that focused on loss and grief. It is probable that the chaotic state of being reunified with the biological family and then subsequently removed two, three or more times makes it difficult for a child to consistently receive therapeutic services or for materials needed to complete a life book such as photos, to be available. It is also possible that these children are very aware of the reason for termination of parental rights and do not need or respond positively to these types of therapeutic interventions.

Life books are the primary tool recommended for preparing children for adoption (Jones, 1979; McInturf, 1986; Falhberg, 1991); however, only 60 % of the children in this study were reported to have a life book completed. Children with more placements in foster care were more likely to have a life book completed. One possible explanation for this finding is that often foster parents are the ones who complete the life book for the child; however, only three of the adoptive parents in this study reported that the foster

parent was involved in the preparation of the life book. The life book as recommended in the literature is a therapeutic tool used by social workers and therapist to help the child integrate their past into their present. The majority of the life books completed for children in this study were described as photo albums or scrapbooks. A small percentage (33%) stated that the life book included information about the child's placement history or child abuse/neglect history. The importance of the life book was stress by adoptive parents and workers; however, one worker suggested that other case management responsibilities and mandates take precedence over the completion of a life book. This was consistent with Backhaus (1984) who found that workers reported the lack of time and other case responsibilities as a barrier to the completion of the life book.

Is there a relationship between child preparation and adoption outcomes?

The outcomes reported by the adoptive families in this sample were positive. Overall all of the adoptive parents were satisfied with the adoption. The level of difficulty the child was to parent varied and the preparation for adoption was not found to be a significant predictor of the level of difficulty reported. Similar to McDonald et al., (2001), the child's behavioral adjustment into the home the first year after placement was difficult for many of the adoptive parents; however, there was no relationship found between the number of preparation activities and the number of behavior problems reported. There was also no relationship found between the number of preparation activities completed and incompatibility score on the Parenting Stress Index.

Many of the adoptive parents in this study reported having used or needed post adoption services. All of the adoptive parents reported that they receive an adoption

subsidy for the adopted child; however, most did not recognize this as a post-adoption service. Therapy was the most common post adoption service used and therapy specializing in attachment issues was a common service reported to be needed by adoptive parents. There was no significant relationship found between the number of preparation activities completed by the child and the post adoption service needs of the adoptive family.

Implications for Practice

The findings in this study suggest that adoption preparation of school age children varies widely. While quantitative measurement of the quality of preparation activities was not possible, the qualitative analysis of the data suggests the need for better, more consistent services. The review of the literature shows that adoption professionals are generally aware of the theoretical concepts that support the need for preparation for adoption. All of the adoption preparation models found in the literature suggest that children need to process loss and grief related to the removal from their birth families to ensure healthy attachment to the new adoptive families. The findings from this study suggest that adoption agencies, both public and private, are not systematically addressing these issues with school age children. There was great variation in the preparation reported by the adoptive parents; however, the variation was not found to be based on the individualization of services provided to the child. For example, the age of the child at placement was not a significant predictor of the preparation activities a child did or did not receive. According to Brodzinsky et al., (1984) children's understanding of adoption is dependent on their cognitive developmental stage. Using the psychosocial perspective

Brodzinsky (1987), the child's adjustment to adoption also varies according to the child's stage of development. If this is so, then the preparation a child receives for adoption should vary dependent on the child's age at placement.

This study also has implications for how workers and other adoption professionals define preparation for adoption. From the adoptive parent perspective, preparation does not end at placement into the adoptive home and the adoptive parent plays a vital role in the continuum of preparation up to and including post finalization. Workers in this study did always recognize the role of the adoptive parents in preparation unless the adoptive parent had a pre-existing relationship with the child prior to being considered an adoptive resource. As children are being transitioned into adoptive homes, workers may want to consider a redefinition of the role of the adoptive parent in the preparation process, seeing them as a member of the preparation team as opposed to simply a recipient of a child.

Implications for Social Work

The majority of the workers participating in this study had master's degrees in Social Work. Social workers continue to play a major role in child welfare and adoption. The variation in worker responses suggests the need for continued training and education in best practice for child preparation for adoption.

Schools of social work prepare social workers who enter the child welfare workforce as well as becoming therapeutic providers to families and children. The findings in this study support the need for social workers to thoroughly understand issues of attachment, loss, grief and adoptive identity. Adoptive parents and workers agreed

that there is a great need for therapists and workers who understand these issues when working with adopted children and their families. This can be accomplished by integrating these issues into the curriculum as it relates to direct practice with children and families. Specialized courses that focus on foster care and adoption should be included in any social work education programs that have a child welfare track or a IV-E program. Several schools of social work contract with public child welfare agencies to provide ongoing training and continuing education to agency workers. Specialized training on topics related to preparing children for adoption with a focus on these issues should be offered to better prepare workers in this area.

Implications for Future Research

Findings from this exploratory study support the need for future research. The importance of adoption preparation activities is apparent in the qualitative analysis of the data. The findings suggest that there is enough variation in the adoption preparation services provided that further research would serve to provide practitioners with more systemic guidance as to how to best prepare children for adoption.

Future research should more closely examine the concept of adoption preparation as a continuum of activity beyond placement of the child in the adoptive home. More specifically, a more rigorous prospective research design that allows for examination of adoption preparation as it occurs is recommended. A larger sample that allows for a better comparison between the three types of adoption; general adopters, foster parent and kinship adopters, is ideal. Within this sample a significant number of transracial

adoptions is also recommended to explore further the implications of preparation of the child for these type of adoptions.

A longitudinal study that would follow school age children from pre-adoption to, at minimum, one year after placement would provide a better understanding of how adoption preparation affects the child's adjustment into the home and other adoption outcomes such as the need for post adoption services. Given the high importance adoptive parents placed on therapy, the role of the therapist in preparation would need to be assessed further. This could be done by involving the therapist in the preparation activities, and interviews with the therapists throughout the process. Cognitive-developmental assessments of the child would be beneficial and allow for closer examination of what preparation activities may be the most helpful to children at various stages of development. Finally, the adoptive parents' role in preparation should be examined further. The development and evaluation of more extensive training for adoptive parents as to how to best help children transition into their homes in conjunction with therapy and the preparation work done caseworkers is also recommended. Although many models of preparation exist there is no empirical research showing the effectiveness of these models. There is also no research to support that children adopted from the foster care system are being prepared for adoption in a manner that is systematic or consistent.

Summary

All of the existing models of preparation discuss the importance of integrating the child's past and present as preparation for the future with an adoptive family. Currently,

the most widely used model of child preparation is based on Falhberg (1991). Falhberg stresses the importance of the use of tools such as the life book to help children understand the transition from the birth family to foster care to adoption. Falhberg also recommends preparation that includes transitioning the child through pre-placement visits and post-placement contacts with the adoptive family and child. The findings of this study indicate that agencies, both public and private, are attempting to accomplish Falhberg's fourteen tasks outlined in Chapter One; however, there is little consistency as to how these tasks are being accomplished. Although worker interviews suggest that workers understand the importance of accomplishing these tasks, the findings also indicate that completion of these tasks are not routinely being attempted with all children whose goal is adoption. Future research should explore further underlying factors such as high caseloads and a lack of agency resources.

The 3-5-7 Model (Henry, 2005) currently being evaluated encompasses this integration of past and present with an emphasis on fully engaging the child in the process. The results of this study support this model in that adoptive parents and workers both agree that talking to the child, being honest with the child and involving the child in the adoption process is important. Findings also suggest an alternative model of child preparation for adoption that would include the adoptive parents as active participants in preparation and would be on a continuum that goes beyond the child's placement into the home. When possible, continuity of caseworkers and therapists is vital. If not possible, then continuity of therapy that addresses adoption issues including loss and grief and attachment is of utmost importance. Adoptive parents and workers expressed the need for

more therapists who were knowledgeable in the areas of adoption and attachment.

Ideally, future research in this area should focus on the preparation of the child from the time the case plan is no longer reunification to the time of adoption finalization with a follow-up one year after placement.

The relationship between the preparation the child receives and outcomes for the adoptive family including the child's behavioral and emotional adjustment to the placement as well as the families post-adoption service needs should be explored. Improving the provision of post-adoption services is a current focus of many public child welfare agencies. The results of this study suggest that adoptive parents and children would benefit from ongoing services that address the child's issues of attachment, loss and grief as the child moves from one developmental stage to another. Many of the children in this study were placed at the age of 10 or younger. As they enter into adolescence, issues of identity as it relates to the adoption as well as the time spent in foster care may arise. Providers of post adoption services, particularly therapists, should be aware that adoption related issues may be an underlying cause of the presenting problem. Adoption is a life long experience. Adopted children become adopted adults. The importance of the preparation a child receives as they begin this life long journey should not be minimized. Social workers and other adoption professionals should continue to explore the relationship between adoption preparation and outcomes not only for the adoptive family but also for the adopted adult.

APPENDICES

APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL



OFFICE OF RESEARCH SUPPORT & COMPLIANCE

THE UNIVERSITY OF TEXAS AT AUSTIN

P.O. Box 7426, Austin, TX 78713 (512) 471-8871 - FAX (512) 471-8873
North Office Building A, Suite 5.200 (Mail Code A3200)

Date: 1/21/2005

PI(s): Carol M Lewis	Department & Mail Code: SOCIAL WORK RES. CTR	D3510
Michele D Hanna	*** NO MAIL CODE ***	W0000
Susan J Ayers-Lopez	SOCIAL WORK, DEAN	D3500

Dear: Carol M Lewis Michele D Hanna Susan J Ayers-Lopez

IRB APPROVAL - IRB Protocol # 2004-03-0036

Title: The Collaboration to Adopt USKids (Phase III: Study 2 Data Collection)

In accordance with Federal Regulations for review of research protocols, the Institutional Review Board has reviewed the above referenced protocol and found that it met approval for the following period of time:

Your amendment has been approved from 01/11/2005 - 03/22/2005

The following requested changes have been approved:

Addition of Michele Hanna (analyzing data) and change in DRC

RESPONSIBILITIES OF PRINCIPAL INVESTIGATOR FOR ONGOING PROTOCOLS:

- (1) Report immediately to the IRB any severe adverse reaction or serious problem, whether anticipated or unanticipated.
- (2) Report any significant findings that become known in the course of the research that might affect the willingness of subjects to continue to take part.
- (3) Insure that only persons formally approved by the IRB enroll subjects.
- (4) Use only a currently approved consent form (remember approval periods are for 12 months or less).
- (5) Protect the confidentiality of all personally identifiable information collected and train your staff and collaborators on policies and procedures for ensuring confidentiality of this information.
- (6) Submit for review and approval by the IRB all modifications to the protocol or consent form(s) prior to the implementation of the change.
- (7) Submit a Continuing Review Report for continuing review by the IRB. Federal regulations require IRB review of on-going projects no less than once a year (a Continuing Review Report form and reminder letter will be sent to you 2 months before your expiration date). Please note however, that if you do not receive a reminder from this office about your upcoming continuing review, it is the primary responsibility of the PI not to exceed the expiration date in collection of any information. Finally, it is the responsibility of the PI to submit the Continuing Review Report before the expiration period.
- (8) Notify the IRB when the study has been completed and complete the Final Report Form.
- (9) Please help us help you by including the above protocol number on all future correspondence relating to this protocol.

Thank you for your help in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Clarke Burnham".

Clarke Burnham, Ph.D., Chair
Institutional Review Board

cc: DRC

APPENDIX B

SAMPLE AGREEMENT LETTER

{Your Agency Letterhead}

{Insert Date}

AGENCY NAME AND ADDRESS

Dear Dr. McRoy:

We have received your letter inviting our agency to participate in the research study being conducted by The University of Texas at Austin, School of Social Work, Center for Social Work Research as part of the Collaboration to **AdoptUSKids** project, which is funded by the U.S. Children's Bureau. Please accept this letter as official, written consent of our willingness to participate in the study.

We understand that our participation includes identifying prospective adoptive parents, adoptive parents, and staff persons from our agency to participate in interviews and surveys. We also understand that the procedures for identifying family participants preserves the confidentiality of these families in that our agency will not be releasing the names of the families directly to the research team. We are aware that we will not know which families who are from our agency have agreed to participate in the research versus which families have declined to participate in the research. The family's decision to participate or not to participate will in no way impact their application to adopt or their current adoptive family status. We are also aware that confidentiality will be preserved for our staff at all times. Any comments that could potentially identify our agency will not be used in presentations or papers without our prior written consent.

Finally, we are aware that our agreement to participate is voluntary and we are free to withdraw at any time.

Sincerely,

Signature

Title

Ruth G. McRoy, Ph.D.
Principal Investigator
Associate Dean for Research

APPENDIX C

ADOPTIVE PARENT INFORMATION SHEET

The Collaboration to *AdoptUSKids*

Study 2

Adoptive Parent Information Sheet

Date Completed: _____

Please complete the following questionnaire to provide general information about you and your family.

Agency Name: _____

Parent Name: _____

1. Date of Birth (Month, Day, Year): _____

2. Gender (check one):

☐ Male

☐ Female

3. Ethnicity (check one):

☐ Black/African American

☐ White/Caucasian (non-Hispanic)

☐ Hispanic/Latino (please specify) _____

☐ American Indian/Native American (please specify) _____

☐ Asian/Pacific Islander (please specify) _____

☐ Other: (please specify) _____

4. Education (check one):

☐ Grade school or some high school

☐ High school diploma or GED

☐ Technical, vocational, or trade school

☐ Some college (includes junior or community college)

☐ College graduate (Bachelor's degree)

☐ Graduate school (Master's or Ph.D.)

☐ Other (please specify) _____

5. Employment Status (check all that apply):

☐ Self-Employed Full-time ☐ Work outside the home
☐ Self-Employed Part-time ☐ Work from home
☐ Employed Full-time ☐ Not Employed – stay at home parent
☐ Employed Part-time ☐ Not Employed – looking for work
☐ Student ☐ Not Employed - Disability
☐ Other: (please specify) _____

6. Occupation:

6a. Job Title: _____

6b. Type of Business: _____

7. Current Family Income:

7a. Current Annual Family Income from Paid Employment: _____

7b. Please list all additional sources of income including adoption subsidies and foster care payments. For adoption subsidies and foster care payments, please list each child individually.

Source of Income (i.e. subsidy, foster care etc.)	Monthly Amount	If per child, which child.	If Subsidy, reason for subsidy.

7c. Total number of persons supported on this income:

adults _____ # children _____

7d. Including all your sources of income, which of the statements below best describes how much money you have left at the end of the month:

- ☐ Not enough money
☐ Just enough money
☐ More than enough money
☐ Other: Please explain: _____

8. Marital Status and History

8a. Current Status (please check one):

- ☐ Single, Never Married
- ☐ Single, Living with Partner in Committed Relationship
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

8b. Marital History (for those with multiple marriages or committed relationships)

	How long? (# of Years)	Separated, Divorced or Widowed	Date of separation, divorce or death
First Marriage/committed relationship			
2 nd Marriage/committed relationship			
3 rd Marriage/committed relationship			

8c. At the time of _____ adoption were you:
(child's name)

- ☐ Single
- ☐ Married to your current spouse/partner
- ☐ In your current committed relationship
- ☐ Other: (please specify) _____

9. Adoptive/Foster Status of Parent:

9a. Are you adopted? ____ Yes ____ No If yes, age at adoption _____

9b. Were you ever in foster care? ____ Yes ____ No If yes, what ages? _____

10a. Religious Affiliation:

- ☐ Catholic
- ☐ Protestant (please specify: _____)
- ☐ Jewish
- ☐ Other: _____

10b. How active are you in your religious practice?

- ☐ Extremely Active
- ☐ Very Active
- ☐ Active
- ☐ Not Very Active
- ☐ Inactive
- ☐ Not Applicable

10. How would you describe the geographic area where you live?

- ☐ Urban
- ☐ Suburban
- ☐ Rural

11. What type of residence do you have?

- ☐ Single family home
- ☐ Farm or ranch
- ☐ Apartment
- ☐ Duplex, condo, townhouse, etc.
- ☐ Mobile/Modular Home
- ☐ Other: If yes, please explain _____

12b. Do you own or rent? _____

12c. How many times have you moved in the last 5 years? _____

13. Spouse/Partner Information: If you have a spouse/partner who is not completing an information sheet, please provide the following

13a. Your Spouse or Partner's Date of Birth: _____

13b. Your Spouse or Partner's Ethnicity:

- ☐ Black/African American
- ☐ White/Caucasian (non-Hispanic)
- ☐ Hispanic/Latino (please specify) _____
- ☐ American Indian/Native American (please specify) _____
- ☐ Asian/Pacific Islander (please specify) _____
- ☐ Other: (please specify) _____

13c. Your Spouse or Partner's Occupation: _____

14. Parenting (Extra Tables are included if you do not have enough rows to list all of your children.):

14a. BIOLOGICAL CHILDREN

	First Name	Sex	Date of Birth	Grade	Race/Ethnicity	Living with you? (Y/N)	Does this child have special needs? If yes, please list.
1							
2							
3							

14b. ADOPTED CHILDREN:

(Please do not include those children already listed above)

	First Name	Sex	Date of Birth	Grade	Age at Entry into Foster Care	Age when Placed with You	Adoption Final? Yes/No	Age at Adoption Finalization NA if not final	Race/Ethnicity	Living with you? (Y/N)	If not living with you, where does child live?	Does this child have special needs? If yes, please list.
1												
2												
3												
4												
5												

14c. Have you ever been a foster parent? ____ Yes ____ No

14d. Were you a foster parent for any of the above listed adopted children first? ____ Yes ____
No

If yes, which child(ren)

14e. How many foster children have you foster in total? _____

14f. Are you currently a foster parent? ____ Yes ____ No

14g. **FOSTER CHILDREN** you are currently fostering:

	First Name	Sex	Date of Birth	Grade	Age when Placed with You	Race/ Ethnicity	Have you considered adopting this child? (Y/N)	Living with you? (Y/N)	If not living with you, where does child live?	Does this child have special needs? If yes, please list.
1										
2										
3										
4										
5										

14g. Are any of the adopted or foster children listed above biological siblings?

____ Yes ____ No

If yes, please list the names of the sibling groups:

14h. Other Parented Children

Please list other children you are currently parenting (i.e. step children, grandchildren, nieces, nephews) or have parented: (Do not include those children already listed above.)

	First name	Sex	Date of Birth	Grade	At what age did child come into your home?	Relationship to you	Race/ethnicity	Living with you? (Y/N)	Does this child have special needs? If yes, list.
1									
2									
3									
4									

14i. List the Total Number of Children you currently have living in your home:

Thank you for completing this questionnaire.

APPENDIX D

CHILD PREPARATION QUESTIONS –

ADOPTIVE PARENT INTERVIEW SCHEDULE

The Collaboration to AdoptUSKids

Adoptive Parent Interview

Study 2

9. Did you participate in any pre-placement visits or activities with (focus child)? *If yes*, please describe.

FA5. Did your family receive counseling to assist with the transition from foster care to adoption? (Probe for type of counseling, length, frequency etc.)

FA7. Did you discuss adoption with (focus child) at any time prior to the adoption? If yes, when did you have this conversation. Please describe the conversation. *If not*, why not?

FA8. Did (focus child) 's worker or an adoption worker discuss the adoption plan with (focus child) prior to the adoption? *If not*, why not?

FA9. Did (focus child) receive counseling to assist with the transition from foster care to adoption? (Probe)

17. Was (focus child) asked if he or she wanted to be adopted?

18. How did (focus child) feel about being adopted before being placed in your home?

19. How was (focus child) prepared for adoptive placement? (Probe what was done, length of time and by who – therapist, social worker etc.).

20. Did (focus child) have a Lifebook completed before being placed in your home?

21. *If yes*, who prepared it and how did (focus child) participate? Please describe the Lifebook.

22. Did (focus child) participate in any adoption preparation groups? Please describe.

23. Did (focus child) receive counseling to deal with loss and grief issues prior to being placed in your home? (Probe a) length of time, b) from whom – therapist, social worker etc., c) number of sessions, and d) how often)

FA11. Did (focus child) consent to the adoption at finalization?

24. Which preparation activities were the most helpful to (focus child)?

25. Which preparation activities did not seem to be helpful to (focus child)?

26. Are there any other preparation activities that (focus child) either did not receive or participate in that you believe would have been helpful?

31. Please describe the time around the arrival of (focus child) in your family. (Probe for details and feelings, such as excitement, joy, concern, feeling overwhelmed.)

35. How would you describe (focus child) behavior when he/she was first placed in your home (Probe: pleasant, easy, fussy, difficult, etc.)?

36. What was your relationship like with (focus child) when he/she was first placed in your home?

37. What were some of the most satisfying times you experienced when (focus child) was first placed in your home?

38. During the first year of (focus child) 's placement did (focus child) experience any significant problems adjusting to being placed in your home. (Probe: behavioral problems at home or at school, bedwetting, excessive crying, etc.)

41. ***If child was adopted out of state***, did (focus child) experience adjustment issues as a result of leaving his/her community? (Probe for adjustment issues such as behavioral problems, excessive crying, etc.)

42. Was (focus child) adopted from another city or community? If yes, did (focus child) experience adjustment issues as a result of leaving his/her community? (Probe for adjustment issues such as behavioral problems, excessive crying, etc.)

43. How do you currently feel about (focus child) 's adoption? *Give the following choices:*

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Moderately Satisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

Please explain:

50. How easy or difficult has (focus child) been to parent? *Give the following choices:*

- ☐ Very easy
- ☐ Easy
- ☐ Somewhat easy
- ☐ Difficult
- ☐ Very difficult

Please explain:

. What post-adoption services have been offered to you and your family?

66. Were any of these services offered specifically for (focus child)? *If so*, what are they?

67. What post-adoption services have you and your family utilized?

68. What post-adoption services have you wanted but not received?

69. How has the agency been most helpful since the placement?

70. How could the agency have been more helpful?

71. Did you have any difficulty in negotiating or obtaining adoption subsidy or Medicaid for (focus child)? *If yes*, please explain.

72. Does (focus child) need services not covered by subsidy or Medicaid? *If so*, what are they?

If child is 5 years and above:

73. Does (focus child) participate in an adoption support group since the adoption? Counseling? (Probe for Frequency of participation. e.g. how often, etc.).

APPENDIX E

SELECTED QUESTIONS ADOPTIVE PARENT SURVEY A

**The Collaboration to AdoptUSKids
Adoptive Parent Survey-Part A**

5. What were the circumstances that resulted in the child's removal from the biological family? *Check all that apply*

- ☐ Physical Abuse
- ☐ Sexual Abuse (relationship of perpetrator to child: _____)
- ☐ Physical Neglect
- ☐ Medical Neglect
- ☐ Emotional Abuse
- ☐ Prenatal exposure to drugs or alcohol
- ☐ Parental Incarceration
- ☐ Other: _____
- ☐ Don't know

7. How many times has the child been removed from the birth home and placed in foster care? _____

8. How long was the child in foster care prior to being adopted by your family (total length of all foster placements)? _____

9. How many foster placements was your child in prior to being adopted by your family?

O. Prior adoption disruptions YES NO Don't know

IF YES, please specify number _____

APPENDIX F

PARENTING STRESS INDEX – YOUNGER CHILD

The Collaboration to AdoptUSKids

Adoptive Parent Survey- Part B

Date Completed: _____

Please answer the following questions about _____

B. In answering the following question. In answering the following questions, please think about the adopted child who is the focus of your participation in this study. Please mark the degree to which you agree or disagree with the following statements by circling the number which best matches how you feel. Your first reaction to each question should be your answer.

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. My child rarely does things for me that make me feel good.	1	2	3	4	5
2. Most times I feel that my child likes me and wants to be close to me.	1	2	3	4	5
3. Sometimes I feel my child doesn't like me and doesn't want to be close to me.	1	2	3	4	5
4. My child smiles at me much less than I expected.	1	2	3	4	5
5. When I do things for my child I get the feeling that my efforts are not appreciated very much	1	2	3	4	5
6. I have found that getting my child to do something or stop doing something is (circle one): a. much harder than I expected b. somewhat harder than I expected c. about as hard as I expected d. somewhat easier than I expected e. much easier than I expected.					
7. My child looks a little different that I expected and it bothers me at times.	1	2	3	4	5
8. In some areas my child seems to have forgotten past learnings and has gone back to doing things characteristic of younger children.	1	2	3	4	5

B. contd.

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
9. My child doesn't seem to learn as quickly as most children.	1	2	3	4	5
10. My child doesn't seem to smile as much as most children.	1	2	3	4	5
11. My child does a few things which bother me a great deal.	1	2	3	4	5
12. My child is not able to do as much as I expected.	1	2	3	4	5
13. My child does not like to be cuddled or touched very much.	1	2	3	4	5
14. Compared to the average child, my child has a great deal of difficulty in getting used to changes in schedules or changes around the house.	1	2	3	4	5
15. My child reacts very strongly when something happens that my child doesn't like.	1	2	3	4	5
16. Leaving my child in someone else's care is usually a problem.	1	2	3	4	5
17. My child gets upset easily over the smallest thing.	1	2	3	4	5
18. My child easily notices and overreacts to loud sounds and bright lights.	1	2	3	4	5
19. My child's daily routine has been much harder to establish than I expected.	1	2	3	4	5
20. My child usually avoids a new thing for a while before beginning to try it out.	1	2	3	4	5
21. It takes a long time and it is very hard for my child to get used to new things.	1	2	3	4	5
22. My child doesn't seem comfortable when meeting strangers.	1	2	3	4	5

23. When upset, my child is (circle one):

- a. easy to calm down
- b. harder to calm down than I expected
- c. very difficult to calm down
- d. nothing I do helps to calm my child.

24. Which statement best describes your child (circle one):

- a. almost always likes to spend time with me
- b. sometimes likes to spend time with me
- c. usually doesn't like to spend time with me
- d. almost never likes to spend time with me.

25. Think carefully and count the number of things which your child does that bothers you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc. Please circle the letter which includes the number of things you counted.

- a. 1-3
- b. 4-5
- c. 6-7
- d. 8-9
- e. 10+

26. When my child is upset, the incident usually lasts (circle one):

- a. less than 2 minutes
- b. 2-5 minutes
- c. 5-10 minutes
- d. 10-15 minutes
- e. more than 15 minutes

B. contd.

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
27. There are some things my child does that really bother me a lot.	1	2	3	4	5
28. My child has had more health problems than I expected.	1	2	3	4	5
29. As my child has grown older and become more independent, I find myself more worried that my child will get hurt or into trouble.	1	2	3	4	5
30. My child turned out to be more of a problem than I had expected.	1	2	3	4	5
31. My child seems to be much harder to care for than most.	1	2	3	4	5
32. My child is always hanging on me.	1	2	3	4	5
33. My child makes more demands on me than most children.	1	2	3	4	5

Abidin, 1986. Parenting Stress Inventory.

APPENDIX G

PARENTING STRESS INDEX – OLDER CHILD

The Collaboration to AdoptUSKids

Adoptive Parent Survey- Part B

Date Completed: _____

Please answer the following questions about _____

Please use N/A for items that are not applicable or not age appropriate.

B. In answering the following questions, please think about the adopted child who is the focus of your participation in this study. Please mark the degree to which you agree or disagree with the following statements by circling the number which best matches how you feel. Your first reaction to each question should be your answer.

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. My child rarely does things for me that make me feel good.	1	2	3	4	5
2. Most times I feel that my child likes me and wants to be close to me.	1	2	3	4	5
3. Sometimes I feel my child doesn't like me and doesn't want to be close to me.	1	2	3	4	5
4. My child smiles at me much less than I expected.	1	2	3	4	5
5. When I do things for my child I get the feeling that my efforts are not appreciated very much	1	2	3	4	5
6. I have found that getting my child to do something or stop doing something is (circle one): a. much harder than I expected b. somewhat harder than I expected c. about as hard as I expected d. somewhat easier than I expected e. much easier than I expected.					
7. My child looks a little different than I expected and it bothers me at times.	1	2	3	4	5

B. contd.

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
8. In some areas my child seems to have forgotten past learnings and has gone back to doing things characteristic of younger children.	1	2	3	4	5
9. My child doesn't seem to learn as quickly as most children.	1	2	3	4	5
10. My child doesn't seem to smile as much as most children.	1	2	3	4	5
11. My child does a few things which bother me a great deal.	1	2	3	4	5
12. My child is not able to do as much as I expected.	1	2	3	4	5
13. My child does not like to be cuddled or touched very much.	1	2	3	4	5
14. Compared to the average child, my child has a great deal of difficulty in getting used to changes in schedules or changes around the house.	1	2	3	4	5
15. My child reacts very strongly when something happens that my child doesn't like.	1	2	3	4	5
16. Leaving my child in someone else's care is usually a problem.	1	2	3	4	5
17. My child gets upset easily over the smallest thing.	1	2	3	4	5
18. My child easily notices and overreacts to loud sounds and bright lights.	1	2	3	4	5
19. My child's daily routine has been much harder to establish than I expected.	1	2	3	4	5
20. My child usually avoids a new thing for a while before beginning to try it out.	1	2	3	4	5
21. It takes a long time and it is very hard for my child to get used to new things.	1	2	3	4	5
22. My child doesn't seem comfortable when meeting strangers.	1	2	3	4	5

23. When upset, my child is (circle one):

- a. easy to calm down
- b. harder to calm down than I expected
- c. very difficult to calm down
- d. nothing I do helps to calm my child.

24. Which statement best describes your child (circle one):

- a. almost always likes to spend time with me
- b. sometimes likes to spend time with me
- c. usually doesn't like to spend time with me
- d. almost never likes to spend time with me.

25. Think carefully and count the number of things which your child does that bothers you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc. Please circle the letter which includes the number of things you counted.

- a. 1-3
- b. 4-5
- c. 6-7
- d. 8-9
- e. 10+

26. When my child is upset, the incident usually lasts (circle one):

- a. less than 2 minutes
- b. 2-5 minutes
- c. 5-10 minutes
- d. 10-15 minutes
- e. more than 15 minutes

B. contd.

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
27. There are some things my child does that really bother me a lot.	1	2	3	4	5
28. My child has had more health problems than I expected.	1	2	3	4	5
29. As my child has grown older and become more independent, I find myself more worried that my child will get hurt or into trouble.	1	2	3	4	5
30. My child turned out to be more of a problem than I had expected.	1	2	3	4	5
31. My child seems to be much harder to care for than most.	1	2	3	4	5
32. My child is always hanging on me.	1	2	3	4	5
B. Contd.	Strongly	Disagree	Not	Agree	Strongly

	Disagree		Sure		Agree
33. My child makes more demands on me than most children.	1	2	3	4	5
34. I think my child steals things	1	2	3	4	5
35. My child has done serious damage to our home	1	2	3	4	5
36. My child respects the property of others	1	2	3	4	5
37. I believe that my child drinks more alcohol than I would like	1	2	3	4	5
38. My child yells at me or my spouse/partner	1	2	3	4	5
39. My child has threatened to hurt people	1	2	3	4	5
40. My child thinks I am unfair	1	2	3	4	5
41. My child thinks I do not love him or her	1	2	3	4	5
42. I find myself giving up more of my life to meet my child's needs than I ever expected.	1	2	3	4	5
43. Since my child became a teenager, my spouse/partner and I have been less physically affectionate than I would like	1	2	3	4	5
44. Having a teenager has caused more problems than I expected in my relationship with my spouse/partner	1	2	3	4	5
45. Since my child became a teenager, my spouse/partner has not given me as much help and support as I expected	1	2	3	4	5
46. When I think about myself as a parent of a teenager, I believe I can handle anything that happens	1	2	3	4	5
47. I expected to have closer and warmer feelings for my child at this age than I do	1	2	3	4	5
48. I am usually successful at getting my child to do what I ask	1	2	3	4	5
49. When my child misbehaves or gets in trouble I feel responsible, as if I didn't do something right	1	2	3	4	5

Abidin, 1986. Parenting Stress Inventory.

APPENDIX H

CHILD PREPARATION QUESTIONS – WORKER INTERVIEW

The Collaboration to *AdoptUSKids*
Family Staff Interview
Success Factors in Special Needs Adoption – Study 2

Do we have your permission to tape this interview?

In this interview we will be asking questions concerning the *{insert family name}* family who adopted *{insert child's name}* in *{month/year}*. It is our understanding that you were one of the worker's involved with the *{insert family name}* family at the time of the adoption. Please answer the following questions as completely as possible. There are no right or wrong answers to these questions—we are interested in your perceptions and beliefs.

This first set of questions are about you and your professional background.

1.1 What is your gender? _____ Male _____ Female

1.2 Which of these best describes your ethnic background?

- _____ Black/African American
- _____ White/Caucasian (non-Hispanic)
- _____ Hispanic/Latino (specify _____)
- _____ American Indian/Native American (specify _____)
- _____ Asian/Pacific Islander (specify _____)
- _____ Other: _____

1.3 Which of the best describes your age category?

- _____ 21 – 29 yrs
- _____ 30 – 39 yrs
- _____ 40 – 49 yrs
- _____ 50 – 59 yrs
- _____ 60 yrs and over

1. What is your current position with the agency? (**If not with adoption agency that placed child**, probe for information about new position/career, retirement if applicable)

2. How long have you worked with this agency?

2.1 If not with adoption agency that placed child: How long did you work for *{insert family adoption agency name}*?

3. How many years of experience do you have working in adoptions? Special needs adoptions?

4. Do you have any other child welfare experience? If yes, please explain. (Probe for years, job description i.e. cps/foster care/ family preservation etc.)

5. What is your educational background?

Bachelors Degree _____ Major _____

Masters Degree _____ Field _____

Ph.D. Degree _____ Field _____

Other Please specify: _____

6. Have you ever had any training specific to preparing children for adoptive placement? If so, how much and please describe. (Probe for mandatory training, ongoing training, how often etc.)

Child Preparation for Adoption:

26. Did (focus child) complete a life book in preparation for adoptive placement? If yes, please describe. (Probe: how was the child involved in the completion of the lifebook?)

27. Did (focus child) receive counseling or therapy to deal with loss and grief issues pre or post adoptive placement? If yes, please describe frequency and duration?

28. Did (focus child) receive counseling or therapy specifically to assist in transition from foster care to adoption? If yes, please describe frequency and duration?

29. Did (focus child) attend any adoption preparation group? If yes, please describe.

30. Did you or any other worker discuss adoption with (focus child)? If yes, how did (focus child) feel about being adopted?

31. Did (focus child) have a good-bye visit with his/her biological family including birth mother, birth father, siblings or extended family? If yes, please describe.

32. Did (focus child) consent to the adoption?

33. *If a foster parent or relative adoption*, was (focus child) asked if he/she wanted to be adopted by this family? If no, why not?

33a. Did you the child and family have pre-placement visits? **PROBE: DETAILS – how many, what type, how often, how long did the pre-placement period last etc.)**

34. Were there any other child adoption preparation activities completed with *{insert focus child's name}* that have not been mentioned? (Probe for pre-placement visits –
35. In your opinion, what adoption preparation activity was the most helpful to *{insert focus child's name}*?
36. In your opinion, what adoption preparation activity was the least helpful to *{insert focus child's name}*?
37. What do you believe to be the most helpful activity or task in preparing children on your caseload for adoptive placement? Why?
38. Is there anything that stands out or is unique (positive or negative) regarding the adoption of *{insert focus child's name}* during: (Please explain)
- 38.1 Time child or children spent with birth family
 - 38.2 Time child or children spent in foster care
 - 38.3 Child or children's preparation for adoption
 - 38.4 Information provided to the adoptive family about the child(ren) – disclosure
 - 38.5 The matching process
 - 38.6 Time child spent in the adoptive home – trial adoption period, pre-finalization
50. Do you have anything you would like to share with us regarding this child, this family or special needs adoption?

Thank you for participating in our research study. Please feel free to call our office at 1-866-471-7372 if you have any further comments or questions.

REFERENCES

- Abidin, R. R. (1986). *Parenting stress-index – manual*(2nd ed). Charlottesville, VA: Pediatric Psychology Press.
- Ainsworth, M. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Oxford, England: Lawrence Erlbaum.
- Ainsworth, M. D. S., & Bell, S. M. (1970). Attachment, exploration, and separation illustrated by the behavior of one-year-olds in a strange situation. *Child Development*, 41(1), 49-67.
- Allen, M., & Bissell, M. (2004). Safety and stability for foster children: The policy content. *The Future of Children*, 14(1), 49-73.
- Aust, P. H. (1981). Using the life story book in treatment of children in placement. *Child Welfare*, 60(8), 535-560.
- Avery, R. J. (1999). *New York state's longest waiting children 1998: A study of New York state children in need of adoption* (Research Study). Ithaca, NY: Cornell University.
- Backhaus, K. A. (1984). Life books: Tool for working with children in placement. *Social Work*, 29, 551-554.
- Barth, R. P. (1988). Disruption in Older Child Adoption. *Public Welfare*, 16(1), 23-29.
- Barth, R. P. (1990). On their own: The experiences of youth after foster care. *Child and Adolescent Social Work*, 7(5), 419-440.

- Barth, R. P. (1997). Effects of age and race on the odds of adoption versus remaining in long-term out-of-home care. *Child Welfare*, 76(2), 285-308.
- Barth, R. P., & Berry, M.B., (1988). *Adoption and disruption*. New York: Aldine De Gruyter.
- Bass, C. (1975). Matchmaker, matchmaker: Older child adoption failures. *Child Welfare*, 54(7), 505-512.
- Berry, M. B. & Barth, R. P. (1989). Behavior problems of children adopted when older. *Children & Youth Services Review*, 11(3), 221-238.
- Berry, M. B., & Barth, R. P. (1990). A study of disrupted adoptive placements of adolescents. *Child Welfare*, 69(3), 209-226.
- Bird, G. W., Peterson, R., & Miller, S. H. (2002). Factors associated with distress among support-seeking adoptive parents. *Family Relations*, 51, 215-220.
- Bowlby, J. (1969). *Attachment and Loss: Attachment* (Vol. 1). New York: Basic Books.
- Bowlby, J. (1988). Developmental Psychology Comes to Age. *The American Journal of Psychiatry*, 145(1), 1-10.
- Boyatzis, R. E. (1998). *Transforming Qualitative Information: Thematic Analysis and Code Development*. Thousand Oaks, CA.: SAGE Publications.
- Brodzinsky, D. M. (1987). Adjustment to adoption: A psychosocial perspective. *Clinical Psychology Review*, 7, 25-47.
- Brodzinsky, D. M. (1990). A stress and coping model of adoption adjustment. In D. M. Brodzinsky, & M. D. Schechter (Eds.), *The Psychology of adoption* (pp. 3-24). New York: Oxford University Press.

- Brodzinsky, D. M., Singer, L. M., & Braff, A. M. (1984). Children's Understanding of Adoption. *Child Development*, 55, 869-878.
- Brooks, D., & Barth, R. P. (1998). Characteristics and outcomes of drug-exposed and non drug-exposed children in kinship and non-relative foster care. *Children and Youth Services Review*, 20(6), 475-501.
- Brooks, D., Barth, R. P., Bussiere, A., & Patterson, G. (1999). Adoption and race: Implementing the multiethnic placement act and the interethnic adoption provisions. *Social Work*, 44(2), 167-178.
- Beeman, S. K., Kim, H., & Bullerdick, S. K. (2000). Factors affecting placement of children in kinship and nonkinship foster care. *Children and youth services review*, 22(1), 37-54.
- Carey, W.B., Lipton, W.L. & Myers, R. A, (1974). Temperament in adopted and foster babies. *Child Welfare*, 53(6), 352-359.
- Chestang, L. W., & Heymann, I., (1976). Preparing older children for adoption. *Public Welfare*, Winter, 35-40.
- Cline, F. (1992). *Hope for high risk and rage filled children*. Evergreen, CO: EC Publications.
- Cole, E. S., & Donley, K. S. (1990). History, values, and placement policy issues in adoption. In D. M. Brodzinsky & M. D. Schechter (Eds.), *The Psychology of Adoption* (pp. 273-294). New York: Oxford University Press.
- Costin, L. (1972). *Child welfare: Policies and practices*. New York: McGraw-Hill.

- Courtney, M. F., & Dworsky, A., (2005). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 19*. Chicago: University of Chicago, Chapin Hall Center for Children.
- Cushman, L. F., Kalmuss, D., & Namerow, P. B. (1997). Openness in adoption: Experiences and social psychological outcomes among birth mothers. *Families and Adoption*, 7-18.
- Davidson, J. R., & Davidson, T. (2001/2002). Transracial adoptions: Helping parents understand white privilege. *The Journal of Intergroup Relations*, 28(4), 19-32.
- Derdeyn, A.P. (1990). Foster parent adoption: The legal framework. In D. M. Brodzinsky & M. D. Schechter (Eds.), *The Psychology of Adoption* (pp. 332-348). New York: Oxford University Press.
- Downs, S. W., Moore, E., McFadden, E. J., Michaud, S., & Costin, L. B. (2004). Families by adoption. In *Child Welfare and Family Services: Policies and Practice* (7th ed.). Allyn & Bacon.
- Dukette, R. (1984). Value issues in present-day adoption. *Child Welfare*, 63(3), 233-243.
- Egbert, S. C., & LaMont, E. C. (2004). Factors contributing to parents' preparation for special-needs adoption. *Child and Adolescent Social Work Journal*, 21(6), 593-609.
- Elbow, M., & Knight, M. (1987). Adoption disruption: Losses, transitions, and tasks. *Social Casework*, 68(9), 546-552.

- Erich, S., & Leung, P. (1998). Factors contributing to family functioning of adoptive children with special needs: A long term outcome analysis. *Children and Youth Services Review*, 20(1-2), 135-150.
- Erickson, E. H. (1978). *Childhood and society* (2nd ed.), New York: Norton
- Egeland, B., & Sroufe, L. A., (1981). Attachment and early maltreatment. *Child Development*, 52(1), 44-52.
- Fahlberg, V. I. (1991). *A child's journey through placement*. Indianapolis, IN: Perspectives Press.
- Festinger, T. (2002). After adoption: Dissolution or permanence. *Child Welfare*, 81(2), 515-534.
- Festinger, T., & Ehrenkranz, S. M., (2001). *After adoption: A study of placement stability and parents' service needs*. New York: Children's Rights.
- Flango, V. E. & Flango, C. R., (1995). How many children were adopted in 1992. *Child Welfare*, 75(5), 1018-1032.
- Flynn, C., Welch, W., Paget, K., (2004). *Field-initiated research on successful adolescent adoptions final report 2004*. Columbia, The University of South Carolina, College of Social Work, The Center for Child and Family Studies.
- Freundlich, M. (2002). Adoption research: An assessment of empirical contributions to the advancement of adoption practice. *Journal of Social Distress and the Homeless*, 11(2), 143-166.
- Freundlich, M., & Gerstenzang, S., (2003). *An assessment of the privatization of child welfare services*. Washington DC: CWLA Press.

- Gill, M. M. (1978). Adoption of older children: the problems faced. *Social Casework*, 59(5), 272-278.
- Gillis-Arnold, R., Crase, S. J., Stockdale, D. F., & Mack C. Shelley, I. (1998). Parenting attitudes, foster parenting attitudes, and motivations of adoptive and nonadoptive foster parent trainees. *Children and Youth Services Review*, 20(8), 715-732.
- Grotevant, H. D. (1992). Assigned and chosen identity components: A process perspective in their integration. In G. R. Adams, T. P. Gullotta, & R. Montemayor (Eds.) *Adolescent Identity Formation* (pp. 73-90). Newbury Park, CA: Sage.
- Grotevant, H. D. (1997). Coming to terms with adoption: The construction of identity from adolescence into adulthood. *Adoption Quarterly*, 1, 3-27.
- Grotevant, H. D., Dunbar, N., Kohler, J. K., & Esau, A. M. L. (2000). Adoptive Identity: How Contexts Within and Beyond the Family Shape Developmental Pathways. *Family Relations*, 49, 379-387.
- Grotevant, H. D., & McRoy, R. G. (1998). *Openness in adoption. Exploring family connections*. Thousand Oaks, CA: Sage Publications, Inc.
- Groza, V., & Ryan, S. D. (2002). Pre-adoption stress and its association with child behavior in domestic special needs and international adoption. *Psychoneuroendocrinology*, 27, 181-197.
- Groze, V., & Rosenthal, J. A. (1993). Attachment theory and the adoption of children with special needs. *Social Work Research & Abstracts*, 29(2), 5-13.
- Haugaard, J. J., & Hazan, C. (2003). Adoption as a natural experiment. *Development and Psychopathology*, 15, 909-926.

- Henry, D. L. (2005). The 3-5-7 Model: Preparing children for permanency. *Children and Youth Services Review*, 27, 197-212.
- Hoggan, P. (1988). Preparing children for family placement through the use of small groups. In J. Triseliotis (Ed.), *Groupwork in adoption and foster care*(pp. 98 - 111). London: B.T. Batsford Ltd.
- Hollinger, J. H. (1998). *A Guide to the Multiethnic Placement Act of 1994 As Amended by the Interethnic Adoption Provisions of 1996*. Washington, DC: The ABA Center on Children and the Law National Resource Center on Legal and Court Issues.
- Hollingsworth, L. D. (1998). Adoptee Dissimilarity from Adoptive Family: Clinical Practice and Research Implications. *Child and Adolescent Social Work Journal*, 15(4), 303-319.
- Holloway, J. S. (1997). Outcome in placements for adoption or long term fostering. *Archives of Disease in Childhood*, 76, 227-230.
- Hopkins, J. (2000). Overcoming a child's resistance to late adoption: how one new attachment can facilitate another. *Journal of Child Psychotherapy*, 26(3), 335-347.
- Howard, J. A., & Smith, S. L. (2003). *After Adoption: the needs of adopted youth*. Washington, DC: CWLA Press.
- Howe, D. (1995). Adoption and Attachment. *Adoption & Fostering*, 19(4), 7-15.
- Howe, D. & Feast, J. (2001). The long-term outcomes of reunions between adult adopted people and their birth mothers. *British Journal of Social Work*, 31, 351-368.

- Hughes, D. A. (1999). Adopting Children with Attachment Problems. *Child Welfare*, 78(5), 541-560.
- Jewett, C.L., (1978). *Adopting the older child*. Harvard, MA: The Harvard Common Press.
- Jones, M. L. (1979). Preparing the school-aged child for adoption. *Child Welfare*, 58(1), 27-34.
- Kadushin, A. (1970). *Adopting Older Children*. New York: Columbia University Press.
- Kagan, R. M. (1980). Using redefinition and paradox with children in placement who provoke rejection. *Child Welfare*, 59(9), 551-559.
- Katz, L. (1977). Older child adoptive placement: A time of family crisis. *Child Welfare*, 56(3), 165-171.
- Kemp, S. P., & Bodonyi, J. M. (2000). Infants who stay in foster care: child characteristics and permanency outcomes of legally free children first placed as infants. *Child and Family Social Work*, 5, 95-106.
- Kerman, B., Wildfire, J., & Barth, R. P. (2002). Outcomes of young adults who experience foster care. *Children and Youth Services Review*, 24(5), 319-344.
- Kohler, J. K., Grotevant, H. D., & McRoy, R. G. (2002). Adopted Adolescents' Preoccupation with Adoption: The Impact on Adoptive Family Relationships. *Journal of Marriage and Family*, 64, 93-104.
- Kriebel, D. K., Wigfield, A., Reilly, D., Krebs, M., & Marklin, J. (2002). Preparing for change: Results from a therapeutic intervention with foster children in the midst of permanency planning. *Adoption Quarterly*, 6(2), 59-65.

- Kubler-Ross, E. (1969). *On Death and Dying*. New York, NY: Macmillan.
- Levy-Shiff, R., & Bar-Ilan, U. (1990). Psychological aspects of adoption. *Psychologia: Israel Journal of Psychology*, 2(1), 68-76.
- Maluccio, A. M., Fein, E., Hamilton, J., Klier, J. L., & Ward, D. (1980). Beyond permanency planning. *Child Welfare*, 59(9), 515-529.
- McDonald, T. P., Lieberman, A. A., Partridge, S., & Hornby, H. (1991). Assessing the role of agency services in reducing adoption disruptions. *Children and Youth Services Review*, 13(5-6), 425-438.
- McDonald, T. P., Propp, J. R., & Murphy, K. C. (2001). The postadoption experience: Child, parent, and family predictors of family adjustment to adoption. *Child Welfare*, 80(1), 71-95.
- McKenzie, J. K. (1993). Adoption of children with special needs. *The Future of Children*, 3(1), 62-76.
- McInturf, J. W. (1986). Preparing special-needs children for adoption through use of a life book. *Child Welfare*, 65(4), 373-386.
- McRoy, R. G. (1994). Attachment and racial identity issues: Implications for child placement decision making. *Journal of Multicultural Social Work*, 3(3), 59-74.
- McRoy, R. G. (1999). *Special needs adoptions: Practice issues*. New York: Garland.
- McRoy, R.G., Grotevant, H. D., & Zurcher, L.A. (1988). *Emotional disturbance in adopted adolescents*. New York: Praeger.

- McRoy, R. G., Zurcher, L. A., Lauderdale, M. L., & Anderson, R. N. (1982). Self-esteem and racial identity in transracial and inracial adoptees. *Social Work, 27*(6), 522-526.
- Meezan, W., & Shireman, J. F. (1982). Foster parent adoption: A literature review. *Child Welfare, 61*(8), 525-535.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks: SAGE Publications.
- Pertman, A. (2004). *What's working for children: A policy study of adoption stability and termination*. New York: Evan B. Donaldson Adoption Institute.
- Pinderhughes, E. E. (1998). Short term placement outcomes for children adopted after age five. *Children and Youth Services Review, 20*(3), 223-249.
- Phinney, J. S. (1990). Ethnic identity in adolescents and adults: Review of research. *Psychological Bulletin, 108*(3), 499-514.
- Proch, K. (1982). Differences between foster care and adoption: Perceptions of adopted foster children and adoptive foster parents. *Child Welfare, 61*(5), 259-268.
- Reilly, T. (2003). Transition from care: Status and outcomes of youth who age out of foster care. *Child Welfare, 82*(6), 727-750.
- Reilly, T., & Platz, L. (2003). Characteristics and challenges of families who adopt children with special needs: An empirical study. *Children and Youth Services Review, 25*(10), 781-803.
- Reitz, M. (1999). Groundswell change in adoption requires anchoring by research. *Child and Adolescent Social Work Journal, 16*(5), 327-355.

- Rosenthal, J. A., & Groze, V. K. (1992). *Special-needs adoption: A study of intact families*. New York: Praeger.
- Rosenthal, J. A., Groze, V., & Curiel, H. (1990). Race, social class, and special needs adoption. *Social Work, 35*(6), 532-538.
- Rosenthal, J. A., Groze, V., & Morgan, J. (1994). Services for families adopting children via public child welfare agencies: Use, helpfulness, and need. *Children and Youth Services Review, 18*, 163-182.
- Rosenthal, J., Schmidt, D., & Conner, J. (1988). Predictors of Special Needs Adoption Disruption: An Exploratory Study. *Children and Youth Services Review, 10*, 101-117.
- Rushton, A. (2004). A Scoping and scanning review of research on the adoption of children placed from public care. *Clinical Child Psychology & Psychiatry, 9*(1), 89-107.
- Rushton, A., Quinton, D., Dance, C., & Mayes, D. (1998). Preparation for permanent placement: Evaluating direct work with older children. *Adoption and Fostering, 21*(4), 41-48.
- Ryan, E. (2002). Assessing Sibling Attachment in the Face of Placement Issues. *Clinical Social Work Journal, 30*(1), 77-93.
- Schmidt-Tieszen, A., & McDonald, T. P. (1998). Children who wait: Long term foster care or adoption. *Children and Youth Services Review, 20*(1/2), 13-28.
- Schwartz, A. (2002). Societal value and the funding of kinship care. *Social Service Review, 76*, (3), 430-460.

- Sharma, A. R., McGue, M. K., & Benson, P. L. (1996). The emotional and behavioral adjustment of United States adopted adolescents: Part I. An Overview. *Children and Youth Services Review, 18*(1/2), 83-100.
- Singer, L. M., Brodzinsky, D. M., Ramsay, D., Steir, M., & Waters, E. (1985). Mother-Infant attachment in adoptive families. *Child Development, 56*, 1543-1551.
- Sobol, M. P. & Cardiff, J. (1983). A sociopsychological investigation of adult adoptees' search for birth parents. *Family Relations, 32*, 477-483.
- Sokoloff, B. Z. (1993). Antecedents of American adoption. *The Future of Children, 3*(1), 17-25.
- Testa, M. F. (2004). When children cannot return home: Adoption and guardianship. *The Future of Children, 14*(1), 115-129.
- Timberlake, E. M., & Elwood R. Hamlin, I. (1982). The Sibling group: A Neglected dimension of placement. *Child Welfare, 61*(8), 545-552.
- Triseliotis, J. (2002). Long-term foster care or adoption? The evidence examined. *Child and Family Social Work, 7*, 23-33.
- UCLA Department of Statistics (2002). Power calculator. [on-line]
<http://calculators.stat.ucla.edu/powercalc/>
- U. S. Census Bureau. (2003, October). *Adopted children and stepchildren: 2000: Census 2000 Special Reports* (CENSR-6RV). Retrieved July 5, 2004 from
<http://www.census.gov/prod/2003pubs/censr-6.pdf>

- U.S. Department of Health and Human Services. (2004a). *The AFCARS report #10: Preliminary estimates as of August 2005*. Retrieved June 20, 2005, from <http://www.acf.hhs.gov/programs/cb/publications/afcars/report9.htm>
- U.S. Department of Health and Human Services (2004b). *General findings from the federal child and family services review*. Retrieved June 8, 2005 from <http://www.acf.hhs.gov/programs/cb/cwrp/results/statefindings/genfindings04/genfindings04.pdf>
- U.S. Department of Health and Human Services (2004c). *Trends in foster care and adoption*. Retrieved June 8, 2005 from http://www.acf.hhs.gov/programs/cb/dis/afcars/publications/afcars_stats.htm
- U.S. Department of Health and Human Services (2001, October 2). *Background Paper: Child and Family Service Reviews National Standards*. Retrieved July 1, 2004 from <http://www.acf.hhs.gov/programs/cb/hotissues/background.htm>
- U.S. Department of Health and Human Services (2002). *National Adoption Information Clearinghouse*. Retrieved November 2002 from <http://naic.acf.hhs.gov/>
- Waterman, A. S. (1982). Identity development from adolescence to adulthood: An extension of theory and a review of research. *Developmental Psychology*, 18, 342-358.
- Wilson, J. B., Katz, J., & Geen, R. (2005). *Listening to parents: Overcoming barriers to the adoption of children from foster care*. John F. Kennedy School of Government, Harvard University. Boston, MA.

Wulczyn, F. H., & Hislop, K. B., (2002). *Adoption dynamics: The impact of the Adoption and Safe Families Act* (Topic #3). Chicago: Chapin Hall Center for Children at the University of Chicago.

VITA

Michele Denise Hanna was born in Jamaica, New York on July 11, 1960, the daughter of Astrid Dyett Barron and Wesley Doyle Silva. After completing her work at Father Lopez High School, Daytona Beach, Florida, in 1978, she entered Catawba College in Salisbury, North Carolina. She received the degree of Bachelor of Social Work from Catawba College in May 1982. During the following years she worked for several social service agencies as a social worker and began employment with the Department of Human Services of Oklahoma in June 1988 and remained employed there until August 2002. She received the degree of Masters of Social Work from the University of Oklahoma in 1999. In August 2002 she entered the Graduate School at The University of Texas at Austin.

Permanent Address: 1578 South Buchanan Circle, Aurora, CO 80018

This dissertation was typed by the author.