

**Hennepin-University Partnership (HUP)
Child Well-Being**

Adoption Disruption and Dissolution Report

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**Hennepin-University Partnership (HUP)
Child Well-Being**

**Adoption Disruption and Dissolution
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Adoption Disruptions and Dissolutions

Background of Project

In 2004, Hennepin County and the University of Minnesota began a collaboration titled the Hennepin-University Partnership (HUP). The goals of this strategic collaboration include developing knowledge on key topics relevant to local communities, promoting community-based research sharing of academic and practitioner expertise, and providing increased opportunities for real-world experience to university students.

In 2009, a group of Hennepin and University staff met to develop questions of further interests around child well-being. This group included Traci LaLiberte, Director of the Center for Advanced Studies in Child Welfare (CASCW) at the University, and Deb Huskins, Area Director of Hennepin County Human Services and Public Health Department. It was decided to focus on and gain a better understanding of three key areas of child welfare practice and policy, including: (1) re-entry to foster care, (2) adoption disruptions, and (3) systems of care working with long-term foster care youth transitioning to adulthood. The report on re-entry to foster care was completed and reviewed in February 2010. The second identified topic, adoption disruptions, is the focus of this current report. The final report on systems of care will be completed by July 2010.

For each of the three topic areas, CASCW is conducting a comprehensive literature review. The reports for each topic provided to Hennepin County will include a report and executive summary of the literature review, an annotated bibliography and a brief guide to current evidence-based practices in each area. Each of these sections is included in this second report, *Adoption Disruption and Dissolutions*.

Definitions:

In the literature on failed adoptions, several key terms are used. *Adoption disruption* is a term that is used differently by various scholars. Some scholars use this term broadly to include all failures of an adoptive placement at any point after the child is placed in the adoptive home. Most often though, *adoption disruption* is used to denote a placement disruption before legal finalization of the adoption, and that is how the term will be used in this report. *Adoption dissolution* is defined in this report as the legal process of dissolving or ending an adoption, which occurs after the adoption had been legally finalized. This report focuses on research and literature on adoption dissolutions, but will also discuss research on adoption disruptions.

Methodology of Search Process

In the review of the literature and research on adoption dissolutions, the following databases were searched:

- Child Abuse, Child Welfare & Adoption Database (1965 to April 15, 2010)
- Social Sciences Citations Index (1975 to April 15, 2010)
- Cochrane Library (1996 to April 15, 2010) at
(http://www.mrw.interscience.wiley.com/cochrane/cochrane_search_fs.html)
- Google Academic

In conducting the searches, the following keywords were used: adoption dissolutions, adoption disruptions, international adoptions, failed adoption, post-adoption services, pre-adoption services, adoptees, and adoptive parents. Studies in this comprehensive literature review include correlational studies that indicate risk and protective factors for adoption dissolutions.

Comprehensive Review of Academic Literature on Adoption Dissolutions

A significant challenge in discussing adoption disruptions and dissolutions is the lack of a national data tracking system for all types of adoptions, including domestic and international adoptions, private and public agency adoptions, and independent adoptions completed without agency involvement (Child Welfare Information Gateway, 2004; Stolley, 1993). Without this national, central data system, the number of finalized adoptions is difficult to track, and the rates of disruption and dissolution reported in the literature are estimates by scholars who have researched samples of the adoption population. Post-legalized adoption dissolutions are even more difficult to track, since adoption records are closed to the public and often the names of children and other identifying information change after adoption (Child Welfare Information Gateway, 2004). Given these limitations, the data that does exist can still help us begin to understand the scope of adoption disruptions and dissolutions.

The Child Welfare Information Gateway (2009) reported that, since 1987, the estimated number of adoptions has remained relatively constant, ranging from 118,000 to 127,000 annually. Estimates of recent data suggest that adoptions through publicly funded child welfare agencies accounted for approximately 45% of all adoptions, a decrease from the past decade, in which public agencies represented the majority of adoptions. Inter-country adoptions have fluctuated with significant increases in the 1990s followed by decreased rates in the last decade (Child Welfare Information Gateway, 2009). In 2009, international adoptions accounted for less than 15 percent of all adoptions. The other 40% of adoptions are primarily through private agency, kinship, or tribal adoptions (Child Welfare Information Gateway, 2009).

Information on adoptions from public child welfare agencies is tracked nationally through AFCARS data. The most recent available data from 2008 indicates that 55,000 children

were adopted with public agency involvement within that year (U.S. Department of Health and Human Services, 2007). Of the children adopted with public agency involvement, 89% received an adoption subsidy (U.S. Department of Health and Human Services, 2007). Of the 55,000 children, 54% were adopted by their foster parents, 30% were adopted by other relatives; and 16% were adopted by non-relatives (previously unknown adult).

Rates of adoption disruptions and dissolutions vary by study, but most research indicates that the vast majority of adoptions are permanent and stable placements for youth. Most studies indicate that disruption rates prior to finalization of adoption range from 6% to 11% for all youth (Coakley & Berrick, 2008); with rates for youth over the age of three ranging from 10% to 16% (R.P. Barth, Gibbs, & Siebenaler, 2001); and rates of disruption for adolescents ranging as high as 24% (M. Berry & Barth, 1990). Recent studies on adoption dissolution after legal finalization indicate that rates of dissolution range from 1% to 7% (Coakley & Berrick, 2008).

Although it is good news that most legalized adoptions are truly permanent homes for youth, the research suggests that adoptive families and adopted youth experience challenges and struggles. The negative impact and outcomes for youth who do experience adoption disruption or dissolution compel child welfare researchers, policy-makers and practitioners to prevent adoption disruption when possible. This report provides an overview of the risk and protective factors for adoption disruptions, the perspective of adoptive parents on effective practices, and a review of evidence-based interventions that aim to sustain adoptions. It should be noted that although the research contains a wealth of information from the adopted parents' perspectives, which has helped inform and improve adoption programs and policies, research on adoption is still missing the perspective of the adopted youth. Scholars note the need for more research that

includes the adoptee's perspective to better inform adoption practice and policies (Atkinson & Gonet, 2007; Brodzinsky, 1993; Coakley & Berrick, 2008; Kim, 1995).

Risk Factors

Although the studies on adoption disruptions and dissolutions vary according to sample characteristics, geographic context and methodology, several key factors are identified that have been found to increase risk of adoption disruption. Findings from this review are not meant to suggest that cases with these factors will ultimately end in disruption, but this research can help practitioners and policy-makers better understand the factors that increase risk of adoption disruption and dissolution. Some of the findings below are based on a recent and comprehensive review of this topic by Coakley and Berrick (2008). The risk factors identified from the literature review are organized by child, family and child welfare characteristics.

Child Characteristics

The most robust and significant child characteristic that increases risk of adoption is the age of the child. The older the age of the child at the time of adoption, the higher the risk of disruption or dissolution (M. Berry & Barth, 1990; Kadushin & Seidl, 1971; Rosenthal, Schmidt, & Conner, 1988; Smith & Howard, 1991; Snowden, Leon, & Sieracki, 2008). An early study suggests that children age three and up are at increased risk (Kadushin & Seidl, 1971). Another study suggests that with each additional year at the time of placement, risk of adoption disruption increases (Coakley & Berrick, 2008; Thomas P. McDonald, Lieberman, Partridge, & Hornby, 1991; Sharma, McGue, & Benson, 1996). Age at time of disruption is also significant as the average age of children at the time of disruption is older as well (M. Berry & Barth, 1990).

Children with special needs are also at increased risk for adoption disruption and dissolution. Studies indicate that children with special needs, particularly externalizing behaviors, emotional difficulties, and sexual acting out, are at increased disruption risk ((Richard P. Barth, Berry, Yoshikami, Goodfield, & Carson, 1988; M. Berry & Barth, 1990; Rosenthal et al., 1988; Smith & Howard, 1991). Specific externalizing behaviors characteristic of youth who disrupt from placement include: lying and manipulation, defiance, verbal aggression, peer problems, physical aggression, destruction of property, stealing, hyperactivity and running away(Smith, Howard, & Monroe, 2000). Physical health and developmental disabilities have not been consistently shown to increase risk of adoption disruption (Rosenthal et al., 1988).

One study examining disruptions of special needs adoptions, in which two parents were very involved in parenting the adoptive child rather than one, found that the role of the adoptive father was very important in maintaining these placements (Westhues & Cohen, 1990). This study also indicated that families with stable special needs-adoptions had more demonstrated flexibility in how they interacted to solve problems (Westhues & Cohen, 1990).

Schweiger (2005) also examined adoptions of children with special needs and suggested using an ecological approach to both pre- and post-adoption intervention services. This author recommended extending support beyond the adoptive parents to include meso-system level services that extend and link multiple environments experienced by the child, such as schools, extra-curricular and community activities(Schweiger & O'Brien, 2005).

Evidence from the research suggests that strong, continued child attachment to birth parents also increases risk of disruption (Schmidt, Rosenthal, & Bombeck, 1988; Smith & Howard, 1991). The authors suggest this finding may intersect with the finding that children who are older at the time of adoption are at increased risk of disruption. This may be due to the

increased time the older child had with the biological family heightening the potential level of attachment, relationships with, and memories of their biological parents.

The role of race and gender as risk factors are more mixed in study findings. Gender does not seem to play a significant impact on risk although males tend to be slightly over-represented in cases of adoption disruption (Coakley & Berrick, 2008; Rosenthal et al., 1988). The role of race remains unclear. While some studies indicate that children of color are less likely to experience adoption disruptions (Richard P. Barth et al., 1988; M. Berry & Barth, 1990), other studies did not uphold this finding (Coakley & Berrick, 2008). Festinger (2002) suggests that the larger proportion of African American families represented in kinship adoption may impact the rates of disruption when looking at race as a variable, since kinship adoptions are more stable.

Outcomes of transracial adoptions are also still unclear and quite controversial. Many studies found that transracial and inter-country adoptions were as stable as or more stable than same-race and domestic adoptions (Kim, 1995; Rosenthal et al., 1988; Smith & Howard, 1991). Other studies suggest that even when placements are stable, children in transracial adoptions experience more challenges than in same-race adoptions (Evan B. Donaldson Adoption Institute, 2008); this is particularly true for African American male children adopted into White families (Brooks & Barth, 1999). Scholars suggest that research is still needed to explore more comprehensive measures of child well-being to include positive racial and ethnic identity in both transracial and inter-country adoptions (Evan B. Donaldson Adoption Institute, 2008; Kane, 1993; Kim, 1995; Selman, 2002).

Family Characteristics

Several studies indicate that adoptive families with a higher education level for the adoptive mother have increased risk of adoption disruption or dissolution (M. Berry & Barth, 1990; Festinger, 2002; Rosenthal et al., 1988). The authors of these studies suggest that this finding could be explained by the correlation between educated mothers and having both adoptive parents working outside the home, which may lead to additional challenges for the child (Coakley & Berrick, 2008). Another reason hypothesized by the authors to explain the link of maternal education level with disruption is that college-educated parents may have more demanding expectations of the adopted youth (Coakley & Berrick, 2008). Higher income of the adoptive parents was also found to be linked to increased risk of disruption (Rosenthal et al., 1988).

Research indicates that older adoptive parents are at decreased risk of disruption (M. Berry & Barth, 1990; Groze, 1986; Rosenthal et al., 1988). A potentially related finding is that adoptive parents with previous parenting experience have a greater likelihood of adoption stability (M. Berry & Barth, 1990; Groze, 1986; Rosenthal et al., 1988; Smith & Howard, 1991). Most studies found that having other children in the home is linked with adoption stability (M. Berry & Barth, 1990; Groze, 1986; Rosenthal et al., 1988) although an earlier study found the opposite (Kadushin & Seidl, 1971).

Research on marital status is also mixed. Some studies indicate that the involvement of two parents helps reduce the risk of disruption (Westhues & Cohen, 1990). However, recent studies have found that single adoptive parents may increase adoption stability, particularly for special needs adoptions in which the youth may experience attachment disorders (Burrell Cowan, 2004; Evan B. Donaldson Adoption Institute, 2004). Authors of these studies suggest

that youth with attachment issues may have an easier time connecting with one adult in the home. Adoptive families with strong spiritual faith may be at reduced risk for adoption disruption (Burrell Cowan, 2004; Smith & Howard, 1991).

Agency Characteristics

One of the most consistent findings across studies is that adoptions by strangers (placed with a new family) rather than adoption by kin or the child's foster parents increases the risk of adoption disruption (Richard P. Barth et al., 1988; M. Berry & Barth, 1990; Festinger, 2002; Rosenthal et al., 1988; Smith & Howard, 1991). Findings across studies unequivocally suggest that efforts should be made to promote adoptions by adults previously known to the child.

Although an early study by Kadushin (1971) suggests that placing siblings together in an adoptive placement increases risk of disruption, most recent studies suggest that adopting siblings together poses no greater risk and may even reduce risk of disruption (M. Berry & Barth, 1990; Festinger, 2002; Hegar, 2005; Rosenthal et al., 1988; Smith & Howard, 1991). Another risk factor found in several studies indicates that placement instability or multiple placement moves prior to the adoptive placement increases the risk of adoption disruption (Coakley & Berrick, 2008; Festinger, 2002; Groze, 1986; Rosenthal et al., 1988; Smith & Howard, 1991).

Agency structural issues may impact adoption stability. Worker consistency, in which families have one worker throughout the adoption process, has been linked to adoption stability (Festinger, 2002; Rycus, Freundlich, Hughes, Keefer, & Oakes, 2006). Other structural factors that might pose barriers to successful adoptions include: inconsistent policies, staff turnover, and unmanageable workloads (Rycus et al., 2006).

Protective Factors

Although much of the research focused on risk factors, several protective factors can also be identified from the literature. One of the key protective factors found in the research was adoption by relatives or foster parents; that is, the adoptive parents were known adults to the child rather than strangers (Richard P. Barth et al., 1988; M. Berry & Barth, 1990; Coakley & Berrick, 2008; Rosenthal et al., 1988; Smith & Howard, 1991). This finding has significantly influenced adoption policy and practice in public child welfare with increased attention on recruiting foster parents who are willing to be potential adoptive resources, as well as increasing kinship adoption and subsidized guardianship.

Another protective factor found in the research is the provision of supportive services to families before and after adoption (Festinger, 2002; Houston & Kramer, 2008). Services provided by adoption-competent professionals, who understand the unique dynamics of adoption, may be particularly helpful in stabilizing adoptions (Rycus et al., 2006). Preparation for adoption is a critically important protective factor for the placement and involved the adoptive parent: visiting with the child; reading the child's lifebook; using training and materials to help prepare for what they can expect; talking with birth relatives of the child, and participating in pre-adoption counseling (Marianne Berry, Barth, & Needell, 1996). Even though the provision of services before and after adoption is linked to adoption stability, few specific interventions have been rigorously tested. Research has also found that providing adoptive families with sufficient adoption subsidies to cover the costs of caring for youth, particularly for special needs adoptions, can promote adoption stability (Festinger, 2002; Houston & Kramer, 2008; T. P. McDonald, Propp, & Murphy, 2001; Reilly & Platz, 2004).

Adoptive Parent Perspectives

Many studies on adoption disruptions and dissolutions have included gathering data directly from adoptive parents. The perspectives of the adoptive parents provide a rich source of information for policy-makers and practitioners in the adoption field. Some scholars have suggested that until more rigorous outcome studies are completed on specific adoption support interventions, the perspectives of the adoptive parents may provide the best information to inform the direction of current policy and practice (Howard & Smith, 2003). In a review of all the studies that included the adoptive parents' perspective, the following types of services and support to stabilize the adoptive placement and improve child and family outcomes were noted as the most helpful to families.

Educational and Informational Services

Many adoptive families stressed the need for full disclosure of information about their child, including the child's social, medical, and genetic history (Richard P. Barth et al., 1988; M. Berry & Barth, 1990; Brooks & Barth, 1999; Child Welfare Information Gateway, 2004; Evan B. Donaldson Adoption Institute, 2004; Schmidt et al., 1988). Parents who have experienced an adoption disruption often cite lack of accurate information about the child and his or her history as a significant factor (Schmidt et al., 1988). Many adoptive parents also reported that educational materials offered through pamphlets, books, videos, trainings and on-line resources on specific adoption-related topics were very helpful (Burrell Cowan, 2004; Child Welfare Information Gateway, 2004; Evan B. Donaldson Adoption Institute, 2004). Educational and social support services are often requested by adoptive parents, many of whom suggest that these services are more useful than clinical services, which some feel pathologize their problems (Evan B. Donaldson Adoption Institute, 2004; Schweiger & O'Brien, 2005).

Clinical and Social Services

Counseling and therapeutic services are often requested services by adoptive families, especially of special needs children. However, these services are not always received (Child Welfare Information Gateway, 2004; Lenerz, Gibbs, & Barth, 2006). This may be due to several factors, such as: services are not accessible; adoptive parents do not know how to access services; adoptive parents perceive stigma related to the services, or adoption-competent services are not available (Brooks & Barth, 1999; Howard & Smith, 2003; Schweiger & O'Brien, 2005). Respite care is another frequently requested service although not all adoptive parents know how to access this resource even when it is available (Child Welfare Information Gateway, 2004; Howard & Smith, 2003; Schmidt et al., 1988).

Material Services

Another often reported need by adoptive parents is the need for adoption subsidies, medical care, and special education options (R.P. Barth et al., 2001; M. Berry & Barth, 1990; Houston & Kramer, 2008; Howard & Smith, 2003). The need for adequate subsidies has been empirically linked to adoption stability, and adoptive parents support this finding. For children who are adopted with special medical, educational, emotional or mental health challenges, adoptive families require additional resources, support and money to best meet the needs of children (Evan B. Donaldson Adoption Institute, 2004; Houston & Kramer, 2008; Howard & Smith, 2003).

Types of Adoptions

Studies examining specific types of adoptions indicate that no significant differences in outcomes have been found. For example, little difference has been found in the outcomes of

domestic adoptions between private or public agencies (Smith & Howard, 1991). Additionally, other studies have not found different disruption rates for international and domestic adoptions (Victor Groza, Ryan, & Cash, 2003; V. Groza & S.D., 2002; Juffer & van IJzendoorn, 2005; Kim, 1995); although Juffer (2005) found evidence of better outcomes of child behavior for international adoptees compared to domestic adoptees. Berry, Barth and Needell (1996) did find that preparation of adoptive parents differed by adoption type with independent adoptions receiving the least preparation, and families working with private agencies feeling the most prepared and satisfied.

Implications and Recommendations for Practice and Policy

Several implications for practice and policy arise from this review of the literature on adoption disruptions and dissolutions. One concern is the pressing need for better data collection on all types of adoptions, including independent, private agency, public agency, and international, to better inform policy-makers about the realities and scope of adoption disruptions and to better inform potential solutions to issues as they arise.

Another current gap in the field is the need for additional training and resources for all professionals who work with adoptive parents, including social workers, therapists, school personnel and counselors, to increase understanding about the complex issues and contexts experienced by adoptive families and adopted youth. States also need to ensure that services are available in all regions for all adoptive families, including culturally relevant services. The need for more research on effective pre- and post-adoptive interventions is also needed.

Findings from this review and from existing evidence suggest the need to provide adoptive families with formal and informal support that meets their changing needs over time. Some scholars recommend the need for an expanded model of post-adoption support that follows

ecological and developmental frameworks to link adoptive families within their community contexts and that recognizes the needs of the adopted child will change over time. This suggests that flexibility is needed to adjust adoption subsidies and support over time.

Research also suggests that pre- and post-adoptive services must include elements to help youth work through issues of ambiguous loss, grief, anger, and issues of identity throughout each developmental stage. For transracially and internationally adopted youth, research indicates the need for better understanding of the complex psychological issues unfolding throughout their life spans. Strategies can be identified to help adoptive families, professionals and communities to foster historical continuity, social linkage with the children's background, and ethno-racial identity formation of adopted children.

Greater use of kin and foster parents as adoptive resources should be considered . Recruitment efforts should be made to increase the pool of caregivers who are interested in adopting their foster children if reunification efforts fail. The Fostering Connections Act of 2008 can be a foundation for efforts to increase the engagement and support of kinship families. Agencies should also continue efforts to better match and educate during pre-adoption, including more comprehensive disclosure policies about the child and his or her history. Training protocols such as the Model Approach to Partnerships in Parenting (MAPP) and the Parents' Resource for Information, Development and Education (PRIDE) can help provide realistic expectations for potential adoptive parents.

Summary and Conclusions

Although the research is varied, findings in the literature suggest several risk factors for adoption disruption and dissolution. For child characteristics, older children, children with an

enduring attachment to their biological family, and children with special needs (particularly children exhibiting externalizing behaviors) are at greater risk of adoption disruption. For family characteristics, higher education of adoptive mothers and adoptive parents who lack previous parenting experience are at greater risk of adoption disruption. For agency factors, adoption by strangers, multiple workers assigned to the case, and placement instability of the child prior to adoption are all linked to increased risk of adoption disruption and dissolution.

A primary protective factor in preventing adoption disruption is increased adoption by kin and foster parents (rather than adoption by strangers). Placing siblings in the same adoptive home may also increase adoption stability. Providing adoptive families pre- and post-adoption services may also help prevent adoption disruption. Providing adequate adoption subsidies may also promote adoption stability.

Adoption policy-makers and practitioners need better data on rates of adoption and rates of disruption and dissolutions. Once gathered, this data can help identify specific needs and issues of each state or county. Information gleaned from this literature review can then help inform the next steps to be taken by decision-makers in the adoption arena.

The literature on adoption disruptions highlights the need for efforts in the following areas: developing adoption-competent services in mental health, school and community settings to better support adopted children in multiple contexts; flexible subsidies and supports for adoptive families that recognize the changing needs of adopted children over the course of their development; the use of strategies to help adopted youth address issues of grief, loss and a sense of identity, including ethno-racial identity; recruitment and support of kinship and foster families as adoptive resources.

Further research on adoption should include the perspective of adoptees and birth parents, perspectives that are currently lacking in the literature. It has also been recommended by scholars that adoption research and theory shift to coping models rather than pathology models; recognize the wide variability in adoption experiences for adoptive parents; adoptees and birth parents (both within and between these groups); and more fully consider the powerful effects of race, culture and socioeconomic status in the development of research designs and in drawing conclusions (Zamostny, O'Brien, Baden, & Wiley, 2003).

This initial section of the report provides the theoretical and empirical foundation that identifies key risk and protective factors for adoption disruption. Although not extensive, research and evaluation has begun to take place to examine the effect of services on adoption outcomes. These interventions and strategies are outlined in the following section entitled *Evidence-Based Interventions User's Guide*.

User's Guide: Evidence on Addressing Adoption Disruptions and Dissolutions

For this project, the following categories will be used, adapted from the California Evidence Based Clearinghouse for Child Welfare (California Evidence-Based Clearinghouse for Child Welfare - CEBC, 2009). For a more complete description of the criteria, see Appendix A.

- 1) Effective practice – supported by multiple studies**
- 2) Promising Practice – supported by at least one study**
- 3) Emerging Practice – effectiveness is unknown**
- 4) Evidence Fails to Demonstrate Effect – research shows no effect**
- 5) Concerning Practice – research shows negative effect**

Effective Practices

To date, there are no specific interventions or service models that have been tested in multiple, rigorous studies that have conclusively been shown to prevent or reduce adoption disruptions or dissolutions. However, there are many promising and emerging practices that might serve as examples and models for preventing adoption disruption and dissolutions. These are listed below.

Promising Practices

Illinois Adoption Preservation Services Support Groups

In the early 1990s, Illinois began this project with families who were referred to agency adoption preservation services. Current state law reflects a legal mandate for providing family preservation services to adoptive families who are at risk of child placement disruption or adoption dissolution. Adoption preservation services are provided through 10 contracts with private agencies across the state, and each county in the state is assigned to an adoption preservation program. Families come to services through many routes: families may call DCFS with concerns and be connected with adoption preservation, be referred by other community service providers, or seek services directly, perhaps after seeing an agency brochure or reading a newspaper article.

This program offers in-depth assessment, intensive therapeutic services, support groups for children and parents, 24-hour crisis intervention, case management and advocacy services, and limited cash assistance. Caseload size is meant to be small, ranging from 8 to 15 families per

worker. Families can receive services for six months and, if needed, receive an additional six months of service.

An evaluation of the Illinois project included 234 children who received a variety of services intended to prevent adoption dissolution (Smith & Howard, 1994). Overall, parents reported a significant reduction in their child's CBC scores for each of the summary measures (internalizing, externalizing, and total) after services with this project. Family support groups were reported by parents to be the most beneficial aspect of adoption preservation services, which helped them work through issues and stay together. Workers cited the value of the support groups in helping parents see the behavior of their child in a new context (i.e. making sense of behaviors in light of the child's history). Eighty-two percent of children remained in the home at the end of the service period, six months to one year (Smith & Howard, 1994).

Oregon's Post-Adoption Family Therapy (PAFT) Project

The Post-Adoption Family Therapy Project teams an adoption worker and a family therapist, both of whom are licensed clinical social workers, to provide services to families struggling with post-adoption issues, including issues related to the mental health of their adopted children. In-home sessions focus on helping parents develop better ways of relating to their adopted child's belief systems and a better understanding of their children's behaviors. Services are provided for an average of 3 months.

An evaluation of this program indicated that only 8% of the fifty families served by PAFT disrupted by the end of the service period, compared to 18% disrupted adoptions of the 34 families who were referred to the program but did not receive services (Richard P. Barth & Miller, 2000). Evaluators attribute PAFT's success to the idea of co-therapists, as well as helping parents better understand their child's behavior (Prew, 1990 as cited in Barth, 2000).

Maine IV-E Waiver for Post-Adoption Services and Training of Community Professionals:

This program is a state partnership involving Casey Family Services and the University of Southern Maine, who developed a Title IV-E waiver and Medicaid Targeted Case Management demonstration project to address the growing need for post-adoption support and mental health services, as well as the need for training on adoption for community mental health providers (Richard P. Barth & Miller, 2000). The Maine Adoption Guides program, developed under this demonstration waiver, addressed the needs of adoptive families through clinical case management services, provided by a master's level, adoption-competent social worker who served as the family's "guide." The interventions included in-home family services and supports, therapeutic services for the entire family, parent and youth support groups, and limited financial help for activities to support child well being.

An evaluation was conducted using a comparison group of post-adoptive families not receiving services (Lahti & Detgen, 2004). Results of the pilot indicated that children served through the program scored better on measures of mental health and services appeared to meet different kinds of families' needs. The disruption rate for families in this program was 1%, compared with an estimated 6% in the state. However, family and parent satisfaction and functioning did not appear to differ for the intervention and comparison group. Although the results of this program were promising, the demonstration waiver for this program ended in 2004.

Virginia's Adoptive Family Preservation (AFP) program

Virginia's Adoptive Family Preservation (AFP) program is a public-private partnership that integrates the adoption services of five private agencies into a statewide post-adoption services delivery network. This program was based on the National Consortium for Post Legal Adoption Services' model for preserving and supporting adoptive families (See Appendix B for the a conceptual map of this model). Services delivered include advocacy, information and referral, service coordination, counseling, crisis intervention, parent support groups, children's support/activity groups, and training. Limited clinical intervention and consultation are provided as well as family retreats.

A study evaluating this program (Atkinson & Gonet, 2007) used data from in-depth interviews with 500 adoptive families who received post-adoption services through the AFP program. When asked to identify which AFP service had been the most helpful to them, parents rarely named a single service, which suggests it is appropriate for post-adoption services to offer an array of services to best meet families' needs that vary over time. The most common needs stated by families were support from other adoptive families, respite, adoption-competent counseling, and information about the child's history and available resources. The evaluators assessed that AFP was providing all of these services. The authors of the study stress the need for basic knowledge and skills in adoption-specific competencies, including an understanding of attachment theory, role theory, family systems theory, and ecological theory. Another important consideration is the central role of building family capacity and community capacity to better support adoption and understand the many facets of adoption on children and parents.

Washington Medina Children's Services and HOMEBUILDERS Collaboration

In Tacoma, Washington, a collaboration was established between Medina's Children's Services, a well-established special needs adoption agency, and HOME-BUILDERS of Tacoma, Washington. Families were referred to this program at the point of crisis, when the family was actively considering dissolution of the adoption. Families in this program received four weeks of intensive in-home therapy, with each therapist handling a caseload of only two families.

An evaluation of this program included 22 children and their adoptive families. Results indicated that one year after services were initiated, nine children remained with their adoptive

families, nine petitioned for disruption, and four children were not living in the home (either in group home or living on their own) but had not experienced disruptions (Barth & Miller, 2000).

PARTNERS (Post Adoption Resources for Training, Networking, and Evaluation Services)

This Iowa-based program provided a continuum of services to adoptive families, including support groups, sustained adoption counseling, and intensive services. PARTNERS consisted of five phases: screening, assessment, treatment planning, treatment, and termination. While in treatment, the families worked with two therapists who addressed such issues as family integration, normalizing the experiences of the adoptive family, re-parenting, and increasing the family's access to resources.

Of the 39 families who participated in an evaluation of PARTNERS, 29% of the children were in out-of-home placements at the end of the service period (Barth, 1991; Groze et al., 1991 as cited in Barth & Miller, 2000). The majority of these out-of-home placements were due to sexual offending on the part of the children. As in other cases, families often accessed these services at the point of desperation or crisis, in which they already were considering dissolution.

Attachment Therapy

Attachment therapy was evaluated in a study that examined the effectiveness of attachment therapy for adopted children diagnosed with Reactive Attachment Disorder (RAD) (Wimmer, Vonk, & Bordnick, 2009). Although attachment therapy is widely utilized in the practice community, outcomes of such therapy have not been well documented. In this study a pretest–posttest one-group design was used with a sample of 24 adopted children who received attachment therapy from trained, licensed therapists. Therapy was funded by the Georgia Office of Adoptions under a contract with a non-profit adoptive parent advocacy group which provided training of therapists and direct services to families. RAD was measured with the Randolph Attachment Disorder Questionnaire (RADQ), Third Edition; functional impairment was measured with the Child and Adolescent Functional Assessment Scale (CAFAS). Statistically significant decreases in scores on the RADQ and CAFAS from pretests to posttests indicate improvement for the children who received therapy.

Emerging Practices

Mental Health Models

Multisystemic Family Therapy (MST) has been shown to be an effective mental health treatment for treating youth with serious conduct problems. Principles of MST include: targeting specific problems, working at a developmentally appropriate level for the youth, working with the youth in the context of families, schools, and communities. MST has shown success with oppositional defiant disorder, conduct disorder, school

failure, and substance abuse, which have also been identified as presenting issues in adoption disruptions. MST has many of the same characteristics as intensive family preservation services (e.g., low caseloads for treatment staff who are on call at all times), and so may also be an effective intervention with post-adoptive families (Barth & Miller, 2000).

Assertive Community Treatment (ACT) is another intervention with substantial empirical support, which has been shown to be effective intervention with adults with severe and persistent mental illness. ACT components include small caseloads (no more than 10 cases per clinician), emphasis on a team approach, attention to vocational needs of the young client, the availability of crisis services, use of specialized staff (i.e., psychiatrists, nurses, and substance abuse specialists), work with community support networks, and a no drop out policy (Teague et al, 1998 as cited in Barth & Miller, 2000) Barth and Miller (2002) suggest that ACT may be an effective post-adoption support for families in which the youth is experiencing mental illness.

Technical and On-Going Support

Together as Adoptive Parents: Pennsylvania helps link adoptive families with information about adoption-competent community mental health practitioners and other supports, through internet technology. Funded by the State, the organization has created an interactive website that provides data on therapists from around the state. The data is broken down by county, and the site reaches almost all of the counties in the state.

Comprehensive Approaches to Adoption-Competent Support, Education and Mental Health Services: The National Consortium for Post-Legal Adoption Services developed a multi-level approach to adoption-competent service delivery (See Appendix B for a diagram of the model). The components of this approach includes a strong family-centered philosophy about the unique aspects of adoption, partnerships needed to implement comprehensive adoption-competent services and an array of prevention and intervention services needed episodically by adopted children and their families at different developmental stages. Positive outcomes for adoptive families were found in an evaluation by the National Consortium, and included strengthened family integration; attachment; family functioning; identity formation of family members and community networks.

Adoption Practice Certificate Program for Public Agency and Mental Health Professionals: The State of New Jersey/Rutgers University School of Social Work developed this program for child welfare practitioners and community mental health providers to increase competency in adoption-specific topics.

Adoption Competency Curriculum Trainer's Guide: Family Assessment and Preparation Module is a curriculum developed and presented by the National Child Welfare Resource Center for Adoption in 2008. This comprehensive curriculum explains the process of adoption of children and youth from the child welfare system (available at <http://www.childwelfare.gov/adoption/preparing.cfm>).

Adoption-Competent and In-Home Therapeutic Intervention Programs

A common post-adoption need identified by families was the need for mental health services with qualified adoption-sensitive mental health professionals. In a study of adoptive families, results indicated that some families sought services from up to 10 practitioners before locating one who understood their unique circumstances, while some were unable to ever find such a professional (Casey Family Services, 2003) . The study suggested that at times, families themselves had to teach therapists about the most basic issues of adoption: trust, loss, rejection and divided loyalties. Another concern noted in this study is that in some states, in order to access necessary in-patient psychiatric or residential mental health treatment, adoptive parents may have to relinquish custody to the public child welfare or juvenile justice systems, since private insurance may not cover residential treatment.

There are several examples of adoption-competent mental health assistance provided through intensive in-home adoption preservation programs. These services offer hands-on crisis intervention and long-term support with pre-adoptive and post-adoptive families. Although some of these program may be promising, they have not yet been rigorously evaluated.

Summary

There is limited rigorous research on outcomes of pre and post adoption services. Many states have implemented programs in response to expressed needs by adoptive families (Casey Family Services, 2003). Although services vary considerably by program, a study by Casey Family Services (2002) highlights some common practice elements: connecting adoptive families with information; connecting adoptive families with one another; training and for adoptive parents, local or regional support teams; case advocacy; and a range of treatment options.

Other research by the Child Welfare Information Gateway, highlights the impact of several core components of adoption services. These include the following (Child Welfare Information Gateway, 2005):

- (1) **Parent support and educational groups:** Families who participated in peer groups reported feeling less isolated, more knowledgeable about adoption-related issues, more confident in their ability to parent their children successfully, and more committed to working through problems and seeking help when needed. It was also found that these families tended to seek help sooner (i.e., before situations reached the point of crisis) than families who did not participate on an ongoing basis.
- (2) **Children's support and educational groups:** These groups gave children an opportunity to meet and interact with other children who were adopted, where they could talk about their experiences and concerns with others who understood and even shared their concerns.
- (3) **Information and referral:** Information about available support to adoptive families is often provided directly (through case managers or hot lines) or through resource directories, lending libraries, websites, and newsletters. Adoptive families reported these information and referral services were helpful.
- (4) **Training for Service Providers:** Some post-adoptive projects provide adoption competency training for providers within the professional communities, including the health, mental health, education, and justice systems. The focus of these trainings are on helping providers better understand the impacts of abuse and neglect, involvement with the child welfare system, and separation and loss on children who are adopted.

Results of some studies indicated a marked discrepancy between the percentage of families who needed services and the percentage who actually received them (National American Council on Adoptable Children, 2007). Barriers that families identified included: limited availability of mental health treatment providers, particularly in rural areas; accessibility issues, such as inconvenient locations and office hours; lack of adoption competence on the part of

mental health providers; and cost of services. Others have suggested that families that adopt through private agencies may also perceive a stigma attached to public child welfare services, or may not know what services are available to them. Some evaluations of programs have found that adoptive families tend not to seek services until they are in crisis, which suggests that if agencies can establish a relationship with families early in the life of the adoption, this may help families know where and how to seek help when it is needed (Child Welfare Information Gateway, 2005).

Other studies found disparities by state in the extent of post-adoptive programs and subsidies in meeting the needs of adoptive families (Barth et al., 2001). Studies that compared public and private post-adoptive found the following advantages of private contracted services: better protection against fluctuations in state agency budgets, the ability to standardize services in county-administered systems, and the avoidance of the stigma that adoptive parents might feel when approaching the child welfare system for PAS (Barth et al., 2001).

Evaluations of post-adoptive services are often limited to collecting data on the number of clients served and service usage, evaluations of client characteristics, and satisfaction with services (Barth et al., 2001). It has been suggested that currently available outcome evaluations are mostly insufficient to make any comparisons across sites, which suggest the need for more rigorous evaluations of post-adoptive services (Barth et al., 2001). Evaluating outcomes of post-adoption services programs is challenging for a number of reasons, including: difficulty demonstrating that outcomes are related to the services provided; lack of clear points in time at which to measure outcomes; lack of consensus within the field about which outcomes to focus on; the small number of families served by post-adoption services programs; difficulty in

measuring prevention efforts; and the vast diversity of programs making cross-site evaluations difficult (Child Welfare Information Gateway, 2005).

In a multi-grant effort reported by the Child Welfare Information Gateway (2005), grantees used a combination of process and outcome evaluation methodologies. Outcomes reported by grantees included: improved parenting skills; improved ability to understand and cope with adoption-related issues; increased use of community resources; improved child functioning; improved children's relationships with their parents; and reduction of adoption disruptions for families participating in services. Many of the outcomes reported were anecdotal or descriptive in nature, but they can still help inform practice.

Recommendations for Adoption Support Services

Based on the review of the literature on adoption support services, the following efforts are recommended to strengthen support for families (Casey Family Services, 2002, 2003; National American Council on Adoptable Children, 2007):

- Increased use of support and networking groups for adoptive parents;
- Creating broad networks of adoption-competent and culturally relevant services and supports available in communities, ranging from prevention and early intervention services to intensive in-home treatment services, as well as educational support;
- Improving data tracking of entry and re-entry to foster care of children adopted through all means (public, private, international adoptions);
- Provision by adoption agencies of complete and accurate information to pre-adoptive parents about adoption subsidies, child history, and availability of services throughout the course of child development;
- Partner with schools of social work and/or private agencies to develop innovative adoption-competent professional educational models for child welfare practitioners, community providers and mental health professionals;

- Collaboration with universities to expand the knowledge base about post-adoption through rigorous evaluations and research; and
- Greater use of technology to create centralized information systems on existing services and supports for adoptive families at the local level.

Summary of Findings

Risk Factors Associated with Adoption Disruption or Dissolution

Child Characteristics

- Older age of the child at the time of adoption increases risk of adoption (age 3 and up)
- Adoption of children with special needs increases risk, particularly externalizing behaviors, emotional difficulties, and sexual acting out.
- Strong and enduring child attachment to birth parents increases risk of disruption
- Impact of race of the adopted youth has mixed results in different studies. Most studies indicate that transracial and international adoptions are no more likely to disrupt than same-race or domestic adoptions.

Family Characteristics

- Higher education level of adoptive mother, having both adoptive parents work outside the home, and higher income are all linked with disruption.
- Younger adoptive parents are at greater risk for adoption disruption
- Previous parenting experience of adoptive mother and having other children in the home is linked with adoption stability.

Child Welfare Administrative Characteristics

- Adoptions by strangers, rather than by kin or child's foster parents, increases risk of adoption disruption.
- Worker consistency, in which families have one worker throughout the adoption process, is linked to adoption stability.
- Placement stability of child prior to adoption decreases the risk of adoption disruption.
- Most recent studies suggest that adopting siblings together poses no greater risk, or may reduce risk, of disruption.

Protective Factors Associated with Adoption Disruption or Dissolution

- Adoption by relatives or foster parents (known vs. stranger adoption)
- Adopted at younger age
- Supportive services to families before and after adoption may be a protective factor, but specific services have not been rigorously tested.
- Sufficient adoption subsidy to cover the costs of caring for youth, particularly for special needs adoptions.
- Adoptive families with strong spiritual faith may be at reduced risk for adoption

Needs Identified by Adoptive Parents

- **Educational and Informational Services:** the need full disclosure of information about their child, including the child's social, medical, and genetic history; information about adoption related topics through peer support and mentoring groups, libraries, on-line information, and training are cited as very helpful by adoptive parents.
- **Clinical and Social Services:** counseling and respite care often requested, but not always utilized; need for adoption-competent service providers; adoptive parents have requested adoption-competent service providers and therapeutic services; improved access and information about services and respite care is needed through different stages of the adoptive families' development.
- **Material Services:** need for services for their children such as medical care and special education options; need for adoption subsidies that meet the costs of caring for adopted child.

Summary of Findings

Effective Practices

- No interventions met the criteria for this level.

Promising Practices

- Illinois Adoption Preservation Services Support Groups
- Oregon's Post-Adoption Family Therapy (PAFT) Project
- Maine IV-E Waiver for Post-Adoption Services and Training of Community Professionals
- Virginia's Adoptive Family Preservation (AFP) program
- Washington Medina Children's Services and HOMEBUILDERS Collaboration
- PARTNERS (Post Adoption Resources for Training, Networking, and Evaluation Services)

Emerging Practices

- **Mental Health Models:** Multisystemic Therapy (MST), Assertive Community Therapy (ACT)
- **Technical and On-Going Support:** Internet-based and technology-enhanced information and referral systems; National Consortium on Post Legal Adoption Services Framework; Adoption Practice Certificate Programs, Adoption Competency Curriculum

Implications for Practice and Policy

- Need for better data collection and data management on all types of adoptions (independent, private agency, public agency, and international) to better understand the scope of current issues.
- Greater use of kin and foster parents to be considered as adoptive resources.
- Improve matching, preparation and education of potential adoptive parents through systematic and strength-based family evaluations, and through the use of tools/protocols such as the Model Approach to Partnerships in Parenting (MAPP) and the Parents' Resource for Information, Development and Education (PRIDE).
- Develop more comprehensive disclosure policies by adoption agencies to prospective adoptive parents to provide accurate information about the child and their history; adoption subsidies and the availability of supports.
- Create broad and reliable networks of adoption-competent and culturally relevant services and supports through prevention, early intervention, mental-health, educational and juvenile justice systems.
- Increased use of support and networking groups for adoptive parents;
- Greater use of technology to create and enhance centralized information systems on existing services and supports available for adoptive families at the local and regional levels.
- Support adoptive parents and service providers in facilitating children's ethno-racial identity, and working through issues of grief, loss and trauma.
- Provide adoptive families with formal and informal support that meets their changing needs over time, using an expanded model of post-adoption support that follows ecological and developmental frameworks to support adoptive families within their community contexts.
- Recognition of the complex psychological issues unfolding throughout the life span of adoptees, and the need for fostering historical continuity and social linkage with the children's background for transracial and international adoptees.
- Need for more research that seeks the adoptee's point of view.
- Partner with schools of social work and/or private agencies to develop innovative adoption-competent professional educational models for child welfare practitioners, community providers and mental health professionals;
- Collaboration with universities to expand the knowledge base about post-adoption through rigorous evaluations and research of interventions and strategies to reduce adoption disruptions and dissolutions.

Annotated Bibliography: Factors Linked to Adoption Dissolution

Barth, R. P., Berry, M., Yoshikami, R., Goodfield, R. K., & Carson, M. L. (1988).

Predicting Adoption Disruption. *Social Work*, 33(3), 227-233.

This article presents an analysis on the disruption rate of adoptions of children over the age of 3 in California during 1980-1984, using a sample of 1,155 children. Findings indicated that the percentage of overall adoptions that disrupted (including disruptions before and after legal finalization) decreased from 1980 to 1984, from 18.8 percent to 7.4 percent. Authors largely attributed this decrease in disruptions to the greater use of foster parent adoptions, rather than adoptions by strangers. The authors of this study used regression analysis to identify characteristics that could predict adoption. Findings indicated that siblings placed together and transracial adoptions were no more likely to disrupt. Older children with previous adoptive placement were at greatest risk for adoption disruptions. A classification of five variables, using information available at the time of placement, accurately predicted 70 percent of adoption disruptions. These variables were: previous adoptions; child age; non-foster parent adoption; number of child problems and education of adoptive mother.

Berry, M., Barth, R. P., & Needell, B. (1996). Preparation, support, and satisfaction of adoptive families in agency and independent adoptions. *Child and Adolescent Social Work Journal*, 13(2), 157-183.

This study surveyed 1,056 adoptive parents who filed for adoptive placement in California in 1988-1989. The surveys were conducted in two waves, one in 1990, and another way in 1992. Of the adoptions in the sample, 388 were completed by public adoption agencies (36.6%), 517 were independent adoption attorneys and centers (48.8%), 103 were private adoption agencies (9.7%), and 46 were international agencies and attorneys (4.6%). The majority of families in this sample were very satisfied with how their adoption is going at four years, and continues to feel that their agency prepared them well for the journey. Families using public adoption agencies did not feel as satisfied as private agencies and independent agents. Many independent adopters reported receiving no preparatory services, such as talking with birth relatives or receiving reading materials or pre-adoption counseling. Overall, families adopting through private agencies felt best prepared and satisfied.

Berry, M., & Barth, R. P. (1990). A study of disrupted adoptive placements of adolescents. *Child Welfare*, 69(3), 209-225.

This article analyzes a subset of data on adoptive placements of adolescents (N=99), which is part of a larger survey in 1988 of older-child adoptions in northern and central California. Data was collected from intake forms used by adoption workers for each youth. Findings from this study indicated that white children in the sample were more likely to disrupt (23%) versus Latino children (10% disrupted) and African American (14%) youth. The overall disruption rate for adolescent adoptions is about double that of all other adoptions of youth older than 3 years of age (11%). This study also found that transracial adoptive placements disrupted at a rate of 11% while same-race placements disrupted at a rate of 28%. Findings of this study indicated that adolescent placements have a higher chance of success when the adoption is by the foster parents of the youth, when adoptive parents are in their forties or older, when there are other foster children present in the home, and when adoption subsidies are sufficient to cover the needs of the

child and family. Parents whose adoptions of adolescents disrupted were significantly younger than those whose adoptions remained intact. This study also found that adoptions receiving greater subsidies were less likely to disrupt.

Burrell Cowan, A. (2004). New strategies to promote the adoption of older children out of foster care. *Children and Youth Services Review*, 26(11), 1007-1020.

This article reviews the literature on adoption policies and practices, and suggests the need for empirical data on factors that reduce adoption disruptions for older youth. The authors highlight findings from the research that indicates youth with emotional and behavioral needs are less likely to disrupt from adoptive families with single parents and fewer siblings, perhaps due to easier attachment with few adoptive family members for youth with attachment concerns. Adoptive families with strong faith, adoptive mothers at least 40 years of age, adoption by the child's kin or foster parents, all tend to have fewer disruptions. Authors also suggest that both the federal government and state governments need to mobilize funds to create networks of post-adoption services that will provide adoptive families with the support that will enable them to succeed as life-long caregivers, including needed financial subsidies and accessible services for adoptive families.

Child Welfare Information Gateway (2009). Adoption statistics. Retrieved on April 10, 2010 from http://www.childwelfare.gov/pubs/s_adopted/s_adopted.cfm

Since 1987, the number of adoptions annually has remained relatively constant, ranging from 118,000 to 127,000. In 2001, adoptions through publicly funded child welfare agencies accounted for two-fifths of all adoptions. Intercountry adoptions accounted for more than 15 percent of all adoptions. The other two-fifths of adoptions are primarily private agency, kinship, or tribal adoptions.

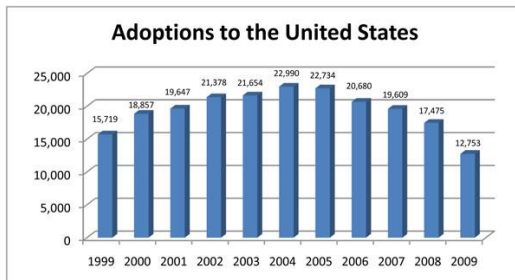


Figure 1. Source: U.S. State Department (http://adoption.state.gov/news/total_chart.html)

Child Welfare Information Gateway. (2004). Adoption disruption and dissolution report [Electronic Version]. *Numbers and Trends*. Retrieved April 10, 2010, from http://www.childwelfare.gov/pubs/s_disrup.pdf

This national report provides an overview on adoption disruption and dissolution in the United States. This report highlights the need for national data collected on the number of independent, private, or tribal adoptions, which is currently lacking.

Studies of adoption disruptions indicate that rates range from about 10 to 25 percent. Data indicate that, contrary to concerns expressed by professionals about an increase in disruptions,

most studies indicated that the rate of disruptions has been constant for several decades. However, with increased number of adoptions, the overall number of disruptions may still increase. Studies reviewed in this report indicate that disruption is less likely when services have been provided, although particular services have not been linked to a decrease in disruption rates. Other characteristics, such as staff discontinuities (different workers responsible for preparing child and family), have been linked to disruption as well.

This study stresses that accurate data on dissolutions are even more difficult to obtain, because at adoption, a child's records may be closed, first and last names and social security number may be changed, and other identifying information may be modified. If the child comes to the attention of public child welfare systems after dissolution, this information may be captured. Studies that have examined this topic estimate that between 1 and 10 percent of adoptions end in dissolution. Studies indicate that risk factors for adoption dissolution include older age of child, male gender, non-Hispanic children; and adoption of children with special needs. Families also reported in studies that the lack of information about resources for adoptive families and the cost of services are barriers to adoption success.

Coakley, J. F., & Berrick, J. D. (2008). Research Review: In a rush to permanency: preventing adoption disruption. *Child & Family Social Work, 13*(1), 101-112.

This article includes an extensive review on the literature on preventing adoption disruptions. Even though the vast majority of adoptions are stable and secure, concerns about adoption disruption have led to studies dating back to the 1970s that examine factors linked to disruption rates. Factors identified in the literature that were most consistently linked to adoption disruption included: the adoption of older children; adoptions carried out by strangers; adoption into homes where no children or fewer children are present; adoption to younger or better educated mothers. Recommendations offered by the authors include the following: (1) additional training and resources are needed to complete family assessments of adoptive placements that considers the needs of the child and the risk factors identified in the literature (i.e., age of a child, the age of the adoptive parents, number of children in the home); (2) recruitment efforts should be made to increase the pool of caregivers who are interested in adopting their foster children should reunification efforts fail through community education and media campaigns regarding concurrent planning; (3) and the need for more research on effective interventions (pre and post adoption) to reduce adoption disruptions.

Erich, S., & Leung, P. (2002). The impact of previous type of abuse and sibling adoption upon adoptive families. *Child Abuse & Neglect, 26*(10), 1045-1058.

This study included data from interviews with 55 parents of adopted children, between the ages of 2 and 16, who have special needs status. The results indicated that parents with adopted children who have histories of physical and sexual abuse reported lower family functioning than those parents with adopted children who only have histories of neglect. Parents who adopted sibling groups reported fewer externalized child behavior problems but lower family functioning than those parents who adopted a single child. The authors suggest that one potential reason for decreased reporting of behavior problems with decreases reports of family functioning, might be that connections with birth siblings have a positive effect upon adopted children's behavior while the demand of parenting larger families lowers parents perception of how well their families

function. Another explanation offered by the authors is that parents may be less able to report accurately the frequencies of behavior problems when more than one child is involved, which may have artificially lowering their total child behavior problem scores.

Evan B. Donaldson Adoption Institute. (2008). *Finding Families for African American Children: The Role of Race & Law in Adoption from Foster Care*. New York: David and Lucile Packard Foundation.

This report highlights research on transracial adoptions that indicate that while parents are equally satisfied, there is a higher rate of problems in minority foster children adopted transracially than same-race adoptions. Recent studies use more rigorous methods to directly measure the racial and ethnic experiences of adoptees and how these experiences may contribute to psychological adjustment. These studies indicate that adoptive parents' attitudes and behaviors related to racial socialization affect their transracially adopted children's outcomes on a range of variables. When adoptive parents facilitate children's ethno-racial identity, research indicates that children show more positive adjustment in terms of higher levels of self-esteem, lower feelings of marginality, greater ethnic pride, less distress, and better psychological adjustment. Some specific challenges confronting transracially adopted children based on a review of the literature include: challenges in coping with being "different" and struggles with acceptance of their physical appearance (i.e., children of color with dark skin wishing to be white); struggles to develop a positive racial/ethnic identity; and the ability to cope with discrimination.

Evan B. Donaldson Adoption Institute. (2004). *What's Working for Children: A Policy Study of Adoption Stability and Termination*. New York: David and Lucile Packard Foundation.

The study included a review of the literature and a survey of 15 geographically, demographically and structurally diverse state child welfare agencies on their adoption policies and practices.

Results of the study indicate the following:

- (1) Data collection in many states is inadequate, which prevents a thorough understanding of the real scope of disruption and dissolution rates and an understanding of the impact of various risk factors. These include a lack of uniformity in definitions and inadequate data collection.
- (2) Although the data is limited, this study indicated that adoption terminations are not very common, with states reporting that the vast majority of adoptions from foster care remain stable over time. States reporting disruption information to the Adoption Institute for this study averaged 8.4% and dissolution rates were ranged from 0.4% to 5.4%. These rates parallel findings of a GAO study in 1999-2000.
- (3) Nontraditional parents are effective. Findings indicate that adoptive families headed by single, foster, older, lower-income and less-educated parents (as well as by kin) have better stability rates than the average. This suggests important opportunities for recruitment and placement from foster care.
- (4) Post-adoption services are vital. In addition to careful matching and preparation before a placement, providing assistance of various kinds after the child is in a home is vitally important in helping to minimize disruptions and promote adoption stability.

- (5) Researchers have identified factors that represent increased risk for disruption and dissolution: older children; multiple placements while in foster care; increased behavioral issues of child; parents' expectations; and lack of information regarding child's history and needs.

This report recommends the following for policy and practice:

- **Improve matching, preparation and education.** Careful family evaluations should be systematically conducted to enhance the matching process, including thorough strengths-based assessments as well as tools/protocols such as the Model Approach to Partnerships in Parenting (MAPP) and the Parents' Resource for Information, Development and Education (PRIDE). Greater use of kin and foster parents should be considered for adoptive resources.
- **Develop more comprehensive disclosure policies.** Many terminations occur because parents have unrealistic expectations based on inadequate information.
- **Provide consistent, reliable support.** Post-adoption services are increasingly viewed as critically important, both to lessen the possibility of termination and to enhance the functioning of intact adoptions. Availability of adoption-competent mental-health services and access to temporary residential care, when necessary, may also enhance stability.

Festinger, T. (2002). After adoption: dissolution or permanence? *Child Welfare, 81(3), 515-533.*

In this study, results are presented on a random sample of 497 adopted children in New York City in 1996. Data from interviews with adoptive parents were augmented by information from adoption subsidy records and state child tracking files. Of the children in the sample, only 5.4% were not living at home with their adoptive parents at the time of this study. Of these, 9 children were in foster or congregate care, 8 were residing with birth relatives or adoptive family relatives, and 10 were independent, having reached the age of majority. A higher proportion (8.1%) of children adopted by kin than by non-kin (2.5%) were out of the home, because more of the former children had moved out of the adoptive home to live independently or with other relatives. Although formal dissolutions were few, the authors suggest that the post-adoption period included many challenges, struggles, and unmet needs for families, and not all families received the help they needed. Families who adopted children from foster care reported feeling abandoned and felt they did not know where to turn for information and support when the need arose. Most had been these children's foster parents for quite some time and had been accustomed to a variety of agency supports until the day they adopted.

Groza, V., Ryan, S. D., & Cash, S. J. (2003). Institutionalization, Behavior and International Adoption: Predictors of Behavior Problems. *Journal of Immigrant Health, 5(1), 5-17.*

This article reports that since the mid-1990s, over 10,000 children have immigrated to the United States annually via international adoption. This article presents predictive models on behavioral health problems for one group of international adoptees from Romania (n = 216). Findings suggest that a history of institutionalization had minimal long-term adverse effects on a child's behavioral health. The parent-child relationship was a strong resource for parents, but there was

also was a link found between negative reports of parent-child relationship and presence of child behavior problems.

Groza, V., & S.D., R. (2002). Pre-adoption stress and its association with child behavior in domestic special needs and international adoptions. *Psychoneuroendocrinology* 27, 181–197.

This article presents data from studies of children adopted through the United States public child welfare system and children adopted internationally from Romania. Results indicate that the most significant predictor of children's behavior, measured by Achenbach's Child Behavior Checklist (CBCL), is a negative pre-adoptive history of abuse or institutionalization and the current parent-child relationship. In addition, the domestic and international adoptees' behavior is more similar than it is different. The study highlights the importance of helping families understand how early traumatic and stressful experiences are associated with behavior difficulties. Results suggest that families may have similar need for social and medical services, regardless of the country of origin of adoption.

Groze, V. (1986). Special-needs adoption. *Children and Youth Services Review*, 8(4), 363-373.

The study used multivariate analysis to explore the characteristics of families and children that can be utilized to predict successful adoptions of children with special needs. Data were collected from a private, nonprofit agency that specialized in special-needs adoption on 91 children, using home study reports, supervision reports, and information accompanying a child for families that have adoption finalized or disrupted by this agency. Several factors were found to increase the risk of adoption disruption, including: older age of child; lack of other children in the home; second placement for family; younger age of the adoptive mother; increased family income; and trans-racial placement.

Hegar, R. L. (2005). Sibling placement in foster care and adoption: An overview of international research. *Children and Youth Services Review*, 27(7), 717-739.

This article reviews 17 studies from several countries which address definitions and descriptions of sibling groups in care, characteristics of children placed together or separately, and outcomes of sibling placements. This review includes studies of siblings for both foster care and adoption. Kinship placements are more likely to have siblings placed together. Most studies examining outcomes suggest that joint sibling placements are as stable as, or more stable than, placements of single children or separated siblings and those children do as well or better when placed with siblings. This finding counters earlier research that suggests sibling placements may be linked to disruptions, and has important implications for policy, practice, and research.

Houston, D. M., & Kramer, L. A. (2008). Meeting the long-term needs of families who adopt children out of foster care: A three year follow-up study. *Child Welfare*, 87, 145-170.

The purpose of this study was to assess the extent to which agency and non-agency supportive resources contributed to the stability and well-being of 34 newly adoptive families over 3 years. Telephone interviews were conducted with the families, all of whom had also completed a pre-

adoption interview. Results revealed significant pre- to post-adoption declines in families' contact and satisfaction with formal and informal helping resources. Results from this study also indicated that families with greater pre-adoption contact with formal adoption agency staff (even compared to other professionals) had increased adoption stability and lower levels of family conflict at the 3-year assessment. The authors suggest that the results highlight the importance of providing adoptive families with formal and informal support that meets their changing needs over time, as families may need different types and amounts of support both pre and post adoption. The authors also suggest the need for an expanded model of post-adoption support that follows ecological and developmental frameworks to link adoptive families within their community contexts.

Howard, J.A. & Smith, S.L. (2003). *After adoption: the needs of adopted youth.* Washington, DC: CWLA Press.

This study surveyed 1,343 parents of children adopted from the public child welfare system to explore how they are functioning years after the adoption. Parents in the study were receiving adoption subsidies and had adopted children who were currently 6 years old or older. The study analyzed the risk and resiliency factors associated with adjustment and examined differences in adoptions by kin, foster parents, and previously unknown adoptive parents. In this study, parents rated children on their functioning in the home, school, and community, as well as their health and mental health. The significant majority of children were rated as doing well or very well in all domains. The majority of reported problems occurred in school, with the behavior of 54% of children interfering with their learning and 40% of children in special education classes. Although most children were rated as doing well in the community, 20% of teens had experienced involvement with the police or legal system. In this sample, 53% of children had seen a counselor for emotional or behavioral problems and 12% experienced psychiatric hospitalization or residential treatment. The results indicated that the most powerful risk factor for child behavior problems was prenatal substance exposure. Overall, parents reported high satisfaction of the adoption experience, but the experience of the adopted youth indicates that many youth face significant challenges and could benefit from more comprehensive post adoptive services.

Juffer, F. & van IJzendoorn, M.H. (2005). *Behavior Problems and Mental Health Referrals of International Adoptees: A Meta-analysis.* *Journal of American Medical Association* (293), 2501-2515.

The authors examine the effects of international adoption on behavioral problems and mental health referrals. International adoption involves more than 40,000 children a year moving among more than 100 countries. This study is a metaanalysis of 34 articles on mental health referrals and 64 articles on behavior problems. Results of the study indicated most international adoptees were well-adjusted, but they were referred to mental health services more often than non-adopted controls. This study also indicates that international adoptees present fewer behavior problems and are less often referred to mental health services than domestic adoptees.

Kadushin, A., & Seidl, F. W. (1971). Adoption Failure: A Social Work Postmortem *Social Work, 16(3), 32-38.*

This early study indicated that only 3 percent of adoptions disrupted before legal finalization in this Wisconsin agency sample of 2945 cases. Findings of this study indicated that risk of adoption disruption increased for older children (age 2 to 6 at time of adoption); families with other children in the home (adoptive or birth children); and for adoptive parents over age 35.

Kane, S. (1993). The movement of children for international adoption: An epidemiologic perspective. *Social Science Journal, 30(4), 323.*

This article examines the inter-country adoptions using epidemiologic parameters of time, place and person. This study examined international adoptions from 1980-89, estimating that 170,000 to 180,000 children were adopted inter-country, and that there has been a 62% increase in international adoptions in this timeframe. Results indicated that during this timeframe, Asia was the predominant sending region, but if current trends continue South America may become the major sending region. Authors suggest that it is important to study whether children's rights are being protected in countries which are experiencing rapid growth in international adoption activity.

Kim, W. (1995). International adoption: A case review of Korean children. *Child Psychiatry and Human Development, 25(3), 141-154.*

Findings of a literature review suggest that in 75-80% of inter-country adoptions the children and adolescents function well, with no more behavioral and educational problems at home and at school than other children. Findings also suggest that on average, Korean children seem to be doing better than adoptees of other ethnic groups. The author suggests that this may be in part due to well organized pre-adoption and adoption arrangements in the Korean adoption agencies. This author also states the need for studies beyond adolescence and young adulthood that will be able to illuminate complex psychological issues unfolding throughout the life span of international adoptees. The author also suggests the need for fostering historical continuity and social linkage with the children's background.

Lahti, J. (1982). A Follow-up Study of Foster Children in Permanent Placements. *The Social Service Review, 56(4), 556-571.*

This study evaluated a demonstration project to find permanent homes for children in foster care. This study used random samples of children in the project and a comparison group of children not in the project. Children scoring highest on well-being measures were younger, were seen as permanently entrenched in their home, and got along well in the placement initially. Parents of these children felt prepared for the child's arrival, knew enough about the child's past, and felt the past had not caused problems. Findings also indicated that placements in which project children were reunited with their parents were significantly less stable than placements in which children were adopted by new parents in both the project and the comparison group.

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.

This study examined data from six agencies for 235 placements, 27 percent of which resulted in disruptions or dissolutions. Data was collected through questionnaires completed by adoption agency staff. Findings from this study indicate that disruptions are more a function of factors related to the child than family or agency variables. Age of the child is the single best predictor. This study found that while agency services appear to be targeted to the neediest children, they play a relatively minor role in predicting the placement outcome. Authors suggest this may be due to agencies not becoming aware of problems until right before the disruptions occur. This suggests that if families became aware of and accessed services earlier, this might lead to reduced rates of disruption.

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), 71-94.

Eighteen to 24 months after they adopted children in state custody, 159 parents were surveyed regarding their postadoption experiences. Most (97%) children in this sample remained with their new families. Although parents saw how the child contributed positively to their lives, results of the survey suggested that parents expressed dissatisfaction with the speed of the adoption, the availability of community supports, and the ability to link with supports. Increased children's special needs and older age at adoption were predictive of more negative postplacement adjustment, as was marital dissatisfaction.

Reilly, T. & Platz, L. (2004). Post-Adoption Service Needs of Families with Special Needs Children: Use, Helpfulness, and Unmet Needs, *Journal of Social Service Research* (30)4, 51-67.

This study was comprised of 249 of the 609 families in Nevada who were receiving adoption subsidies or who had an adoption subsidy agreement. Each family completed a "Needs and Satisfaction with Services Inventory," addressing whether they needed and/or received particular services. This study found a significant relationship between post-adoption service utilization and positive adoption outcomes. Outcomes examined included parental satisfaction, quality of parent-child relationships, perceived impact of the child's adoption on the family, and perceived impact of the child's adoption on the marriage. The most needed services reported by adoptive parents on behalf of their children included: financial subsidies (73%); dental care (65%); routine medical care (63%); and individual counseling (52%). While some of these needs were met, counseling and in-home supports were the most frequently reported unmet needs. Results indicated that parents who received informal support services (support groups, time with other adoptive parents), financial services (subsidies, health insurance), or other support services (social work coordination, legal services) reported higher satisfaction with parenting. The authors recommend the following:

- Develop and nurture informal supports for adoptive families;
- Provide adoption-specific training for community mental health providers;
- Promote policies that support enhanced subsidies;

- Have specific post-adoption staff available to work with families who adopt special needs children; and
- Link families who have adopted with each other and assist in the formation of support systems for parents and children.

Rosenthal, J. A., Schmidt, D., & Conner, J. (1988). Predictors of special needs adoption disruption: An exploratory study. *Children and Youth Services Review, 10(2), 101-117.*

A matched pairs design (N = 54) was utilized to identify predictors of special needs adoption disruption prior to legal finalization. Variables predictive of intact rather than disrupted placement included: younger age at time of placement (4.4), female gender of child, foster care adoptive placement as opposed to placement with a new family, and sibling placement as opposed to non-sibling placement. Minority ethnic status as well as lower income and lower education level of adoptive parents were modestly associated with increased likelihood of intact placement. Emotional/behavioral but not cognitive handicaps predicted disruption. Social worker assessments of level of parenting skills were highly associated with intact placement.

Rushton, A. (2004). A Scoping and Scanning Review of Research on the Adoption of Children Placed from Public Care. *Clinical Child Psychology and Psychiatry, 9(1), 89-106.*

This review of the literature covers research on the problem profiles of placed children and the challenges to new parents, matching and preparation, contact arrangements, medium and long-term outcomes and interventions with adoptions in difficulty. Findings indicate a need for more research that includes the perspectives of birth families and adopted children. Some interventions that are being employed to support adoption parenting interventions; direct work with individual children in cognitive-behavioral, play therapy, psychoanalytic or attachment related services; adoptive parent peer and mentor support groups; and parent-child interaction therapy. However, none of these interventions have been rigorously evaluated for use with adoptive families.

Rycus, J. S.; Freundlich, M.; Hughes, R.C.; Keefer, B.; Oakes, E. J. (2006). Confronting barriers to adoption success. *Family Court Review (44)2, 210-230.*

This article describes three broad categories of barriers that undermine successful adoption outcomes: intra-organizational and intersystem obstacles, such as inconsistent policy, insufficient staff, staff turnover, lack of technology, and unmanageable workloads; chronic lack of specialized services to address the special needs of adopted children and their families; and widespread lack of knowledge and understanding regarding the unique dynamics of adoption. This article provides a contextual framework for discussing these challenges.

Schmidt, D. M., J. A. Rosenthal, et al. (1988). Parents' views of adoption disruption. *Children and Youth Services Review 10(2): 119-130.*

In-depth, semi-structured interviews were carried out with 12 couples and 3 single adoptive parents whose adoptions of special needs children, aged 4 to 17, had disrupted prior to legal finalization. The disruption was highly stressful and painful for most parents. Six themes emerged in the interviews to help explain the disruption from the parents' point of view: (a) the

inability of the children to attach to the adopting families, (b) the children's' difficulties in letting go of birth families, (c) the parents' expectations of a less difficult child, (d) the impacts of unresolved infertility issues on the adoptive process, (e) gaps in information and child history and (f) the importance of worker expertise and support.

Schweiger, W. K., & O'Brien, M. (2005). Special Needs Adoption: An Ecological Systems Approach. *Family Relations*, 54(4), 512-522.

There has been an increase in the past decade in the number of children defined as having "special needs," which includes children who are at risk for physical, emotional, or behavioral problems. This article uses Bronfenbrenner's ecological systems theory as a framework to review the literature regarding child and family adjustment to adoption, with particular emphasis on special needs adoptions. The authors recommend that pre- and post-adoption intervention services should extend beyond support to the adoptive parents, but also include mesosystem level services that extend and link multiple environments experienced by the child. Authors also recommend that specific adoption competent training is provided to community providers, such as life educators, counselors, clinical psychologists, pediatricians and social workers who are not part of the child welfare systems, which may reduce the stigma for adoptive families seeking services.

Selman, P. (2002). Intercountry adoption in the new millennium: The "quiet migration" revisited. *Population Research and Policy Review*, 21(3), 205-225.

The author outlined an estimate of the number of intercountry adoptions world-wide, using data recorded by 18 receiving states in the 1990s. Data from selected receiving countries are used to estimate the number of adoptions from states of origin. Comparisons are made with data for 14 countries over the period 1980–89 collated by Kane (1993). The global estimate of at least 32,000 adoptions in 1998 is much higher than the numbers usually cited and suggest a rise of fifty percent over the previous decade.

Sharma, A. R., McGue, M. K., & Benson, P. L. (1996). The emotional and behavioral adjustment of United States adopted adolescents: Part II. Age at adoption. *Children and Youth Services Review*, 18(1-2), 101-114.

In this study, a sample of 4682 adolescent adoptees were divided into four groups, according to age at adoption: age 0-1 (infants), 2-5 years, 6-10 years, and above age 10. Comparisons among these four groups and a matched control group of non-adoptees were made on 12 factors of emotional and behavioral adjustment and family functioning. Results showed that as age at adoption increased, level of overall adoptee adjustment decreased. Of the four age at adoption groups, infant adoptees were the most similar to the control group. Those adopted above age 10 differed most from controls. This study results suggests that adoptee/nonadoptee differences are strongly moderated by age at adoption.

Smith, S. L., & Howard, J. A. (1991). A Comparative Study of Successful and Disrupted Adoptions. *The Social Service Review*, 65(2), 248-265.

This study compares a group of 74 disrupted cases with a group of 74 legalized adoptions (matched by age), in order to identify risk factors associated with adoption disruptions. Findings indicate that significant risk factors include: the child's history of sexual abuse, strong attachment to the birth mother, and specified behavior problems pre- and post-placement (such as sexual

acting out, lying and vandalism); adoption by strangers (not foster parents or kin); no previous adoptions for family and adoptive mothers who did not attend church.

Smith, S. L., Howard, J. A., & Monroe, A. D. (2000). Issues underlying behavior problems in at-risk adopted children. *Children and Youth Services Review, 22(7), 539-562.*

This study analyzed assessment and case-closing data on 292 adopted children whose families received services from Illinois Adoption Preservation Program from 1991 to 1994. Over half the adoptees served by this project exhibited externalizing behaviors characteristic of conduct disorders: lying and manipulation, defiance, verbal aggression, peer problems, physical aggression, destruction of property, stealing, hyperactivity and running away. A significant minority of children demonstrated behaviors related to attachment problems including rejecting affection and withdrawal. Very serious problems present in a minority of children included sexual acting out (27%), arrests and legal difficulties (22%), suicidal behavior (21%), firesetting (17%), and sexual aggression (11%). A majority of children were found to be dealing with identity issues. The children served by the Adoption Preservation Project who are identified as having post traumatic stress symptoms have significantly higher behavior problem scores than those not identified as having these symptoms, and their parents are more likely to raise dissolution as an option. Authors suggest that the most common behavior problems among these adopted children are externalizing behavior problems, but often this acting out anti-socially is in response to a number of internal negative feelings such as anger, powerlessness, low self-esteem, fear of becoming attached, unresolved grief, a poor sense of identity and anxiety. The authors suggest that professionals in interventions working with adoptees' need training in helping youth work through experiences of loss and trauma, unresolved grief, anger and fear, and issues of identity.

Stolley, K. S. (1993). Statistics on Adoption in the United States. *The Future of Children, 3(1), 26-42.*

This article provides the most comprehensive data on adoption statistics at this time. In 1993 and still now, scholars state that data on adoption is inadequate. Data is not collected consistently across jurisdictions, and data is not collected in one central place to include all types of adoptions, including adoptions through public agencies, private agencies, domestic, international adoptions, and adoptions completed without any agency involvement.

Valdez, G. M., & McNamara, J. R. (1994). Matching to prevent adoption disruption. *Child and Adolescent Social Work Journal, 11(5), 391-403.*

Matching in foster care has shown some positive outcomes for stability, and these authors suggest using similar matching criteria for adoptive parents and children to prevent adoption disruption. Some criteria noted for consideration include: mood of child compared with flexibility and expectations of adoptive parents; parenting attitudes and skills with child needs; and parents that are tolerant of ambivalence and refuse to accept rejection by the child. Authors suggest a matching protocol and assessment process for all adoptions that includes child's history and current emotional, behavioral and health concerns; child's temperament; and parental factors noted above.

Westhues, A., & Cohen, J. S. (1990). Preventing Disruption of Special-Needs Adoptions. *Child Welfare, 69*(2), 141-155.

The study analyzes the difference between stable special needs adoptions and those that disrupted. The sample included all families from five Children's Aid Societies in Southern Ontario who had had a special-needs child placed with them from January 1984 to September 1985. The final sample size was 58 families, who had adopted 79 children. Data analyzed was from a family assessment measure completed by each adoptive family. Results indicate that the role of a father is very important in maintaining these placements. Families that sustained adoption in this study were, on average, married for a longer period of time than those whose adoption disrupted, and had more demonstrated flexibility in how they interacted for solving problems.

U.S. Department of Health and Human Services. (2007). *A Report to Congress on Barriers and Success Factors in Adoptions from Foster Care: Perspective of Families and Staff*. Retrieved April 10, 2010, from <http://www.acf.hhs.gov/programs/cb/pubs/barriers/barriers.pdf>

This study included 161 families, a total of 270 individual adoptive parents, who had finalized their adoptions between one and 14 years earlier. "Success" in this study was defined by the parents as an adoption in which: parents were committed to the child and the child's adoption into the family; the child was still living in the home and was showing progress; the parents and child had bonded with each other; and parents had realistic expectations of the child. Despite the parenting challenges, 88 % felt their child's adoption was a success, 17% were not sure, and 2% percent felt it was unsuccessful. Key findings of this study:

- The most commonly reported post-adoption services used were financial supports including adoption subsidies (89 %), help with routine medical care (79%), and help with routine dental care (77%). Ninety percent or more of the families who received these three services found them very or extremely helpful.
- Approximately 70% of families who were counseled on parenting skills, abuse, separation, sexual, and adoption issues found the counseling very or extremely helpful. Most families (67%) found their child's individual therapy to be very or extremely helpful.
- Many families (41%) reported a problem with finding time to access services, and other reported (35%) that insurance did not cover the needed service. Attachment issues, significant behavioral problems of the child, and lack of services were cited as reasons that parents believed their adoptions were not successful.
- Adoptive families suggested to adoption agencies that adequate resources and services, such as respite care, subsidies, support groups, and counseling, should be provided to both the family and the child.

Zamostny, K. P., O'Brien, K.M.; Baden, A.L.; Wiley, M.O. (2003). *The Practice of Adoption: History, Trends, and Social Context. The Counseling Psychologist, 31*(6), 651-678.

This article presents an overview of the practice of adoption to counseling psychologists to promote clinical understanding of the adoption experience and to stimulate research on adoption.

This article describes adoption trends, highlighting that the number of foster care adoptions increased significantly following the 1980 Adoption Assistance and Child Welfare Act, and that rates of international adoptions have grown consistently since the 1950s, with number of international adoptions doubling in the 1990s. The authors stress that research on outcomes suggest overall success of adoption, but that the details of disruption and later life adjustment suggest a more nuanced picture. The authors outline the varying theoretical frameworks used to discuss adoption, which include psychodynamic perspectives, social role theory, family systems perspectives, attachment theory, and stress and coping theory. The authors of this article summarize by recommending that adoption research and theory shift to coping models rather than pathology models; include the study of the wide variability in adoption experience rather than studying triad members (adoptive parents; adoptees and birth parents) in aggregate groups; and consider the powerful effects of race, culture, socioeconomic status, and social context in research designs and conclusions.

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APPENDIX A

For this project, the following categories will be used, adapted from the California Evidence Based Clearinghouse for Child Welfare (California Evidence-Based Clearinghouse for Child Welfare - CEBC, 2009):

- 1) **Effective practice – supported by multiple studies**
- 2) **Promising Practice – supported by at least one study**
- 3) **Emerging Practice – effectiveness is unknown**
- 4) **Evidence Fails to Demonstrate Effect – research shows no effect**
- 5) **Concerning Practice – research shows negative effect**

The criteria for these categories are as follows:

1. Effective Practice

- Multiple site replication: At least two rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.

2. Promising Practice

- At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice. The study has been reported in published, peer-reviewed literature.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.

3. Emerging Practice – Effectiveness is Unknown

- The practice is generally accepted in practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers.
- The practice lacks adequate research to empirically determine efficacy.

4. Evidence Fails to Demonstrate Effect

- At least one study with some type of control or comparison group has found the practice has not resulted in improved outcomes, when compared to usual care.
- If multiple outcome studies have been conducted, the overall weight of evidence does not support the efficacy of the practice.

5. Concerning Practice

- If multiple outcome studies have been conducted, the overall weight of evidence suggests the intervention has a negative effect upon clients served; and/or
- There is a reasonable theoretical, clinical, empirical, or legal basis suggesting that the practice constitutes a risk of harm to those receiving it, compared to its likely benefits.

Even though the CEBC provides the basis for the criteria used in this guide, “evidence-based practice” includes evidence based not only on research and theory, but also includes evidence gleaned from four cornerstones of evidence-based practice (Gilgun, 2005). These include: **(1) research and theory; (2) practice wisdom; (3) person of the practitioner (including personal assumptions, values, biases and world views); and (4) person of the client and what they bring to the situation.**

Appendix B

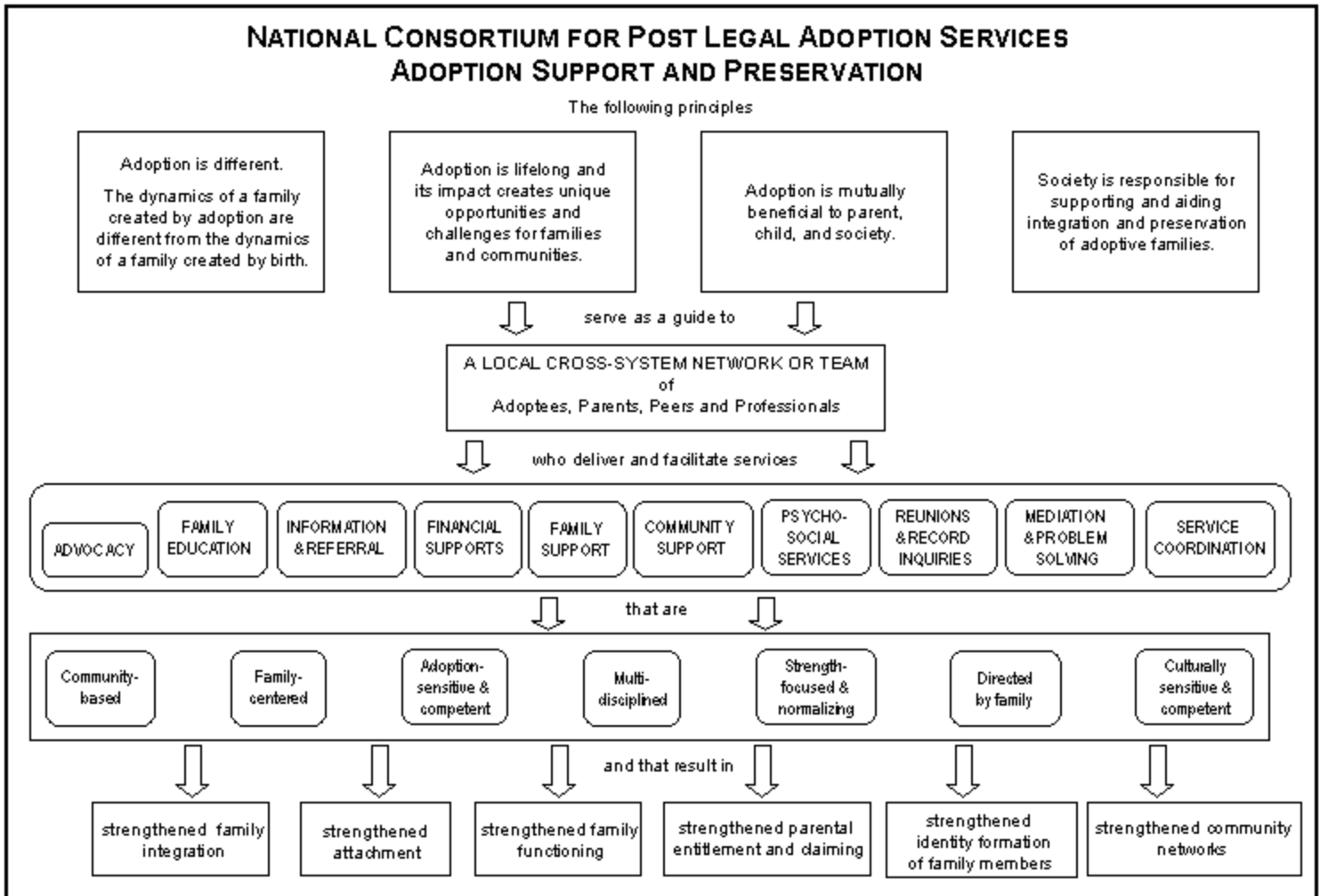


Figure 1. Child Welfare Information Gateway.
<http://www.childwelfare.gov/pubs/conceptmodel.cfm>