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## **Achieving permanency in the adoptions of special needs children: What factors lead to adoption disruption?**

Stephanie Frances Duran

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ACHIEVING PERMANENCY IN THE ADOPTIONS OF SPECIAL  
NEEDS CHILDREN: WHAT FACTORS LEAD TO  
ADOPTION DISRUPTION?

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Stephanie Frances Duran

September 2011

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NEEDS CHILDREN: WHAT FACTORS LEAD TO  
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September 2011

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## ABSTRACT

Adoption is a critical component of the child welfare system in the United States. Children who can no longer be cared for by their birth parents because of abuse, neglect, or other reasons need a lifelong connection with adults in order to mature into healthy, productive adults. For various reasons some adoptions do not work out. These disrupted adoptions are difficult on the adoptive parents and, of course, the children. This study examined the relationship between disrupted adoptions and the services received by adoptive parents before and after they adopted special needs children from a private adoption agency in California. Quantitative data obtained from thirty-five mailed surveys to adoptive parents whose adoptions had disrupted and parents whose adoptions had not disrupted revealed that when adoptive families of special needs children used more services before the adoption was finalized there was a decreased likelihood of disruption. Service related factors that seemed most related to preventing disruption were adoption/foster care education classes, adoptive parents' perceptions that they had received adequate information from social workers about the children they were

adopting, and the support groups for adoptive families provided by the agency. This study adds to the relatively small amount of literature on the relationship between the services offered by private adoptions agencies and disrupted adoptions in those agencies and may lead to additional services being provided or perhaps more research using a larger sample.

## ACKNOWLEDGMENTS

I would like to thank Dr. Ray Liles, D.S.W., Social Work Practice Lecturer for all the support and guidance in completing this project. I would also like to thank Patty Liles, L.C.S.W. and Melissa Dodson, M.S.W. from Kinship Center for the guidance and supervision in relation to the field of adoptions.

## DEDICATION

I would like to specially thank Randy and Randy Jr. for all the love and support through this graduate program, I could have not got through it without them. I would also like to thank my family for the support they have given me.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

According to the U.S. Department of Health and Human Services Administration for Children and Families, fifty-one thousand children were adopted in 2007, compared to fifty-three thousand in 2002 (U.S. Department of Health and Human Services). Adoption rates have fluctuated over the years, but the desire to adopt special needs children has increased. Special needs children refer to children that are difficult to place in permanent homes. Children with special needs include "older children, children of color, children with physical, mental or emotional problems, and children who are part of a sibling group" (McKenzie, 1993, p. 62).

The increase in special needs adoptions has led to an increase in disruptions in adoptions overall. Disruptions are termination prior to the legal finalization of the adoption (Rosenthal, 1993, p. 78). The increase in disruptions has been linked to the increase in special needs adoptions. There have been an estimated 10-16% of disruptions in special needs

adoptions (Wind, Brooks, & Barth, 2005, p. 46). Adoption disruption rates for non-special needs children have been reported as low as 1.9% (Stolley, 1993, p. 28). Special needs children have a greater chance for disruptions due to the older age of the children, inadequate background information received by adoptive parent(s), low level of support for the adoptive family, history of abuse prior to adoption, amount of time in foster care, finances, how severe behavioral problems are, and most significant are the lack of post-adoption services received by families (Reilly & Platz, 2003; Rosenthal, 1993; Smith, 2010; Westhues & Cohen, 1990).

Awareness of special needs adoptions was raised in the 1970s and since then there has been more knowledge and attention given to special needs adoptions. The Adoption and Safe Families Act of 1997 "offers bonuses to states that provide more children waiting in foster care with permanent families through adoption" (Hansen, 2007, p. 1411) in order to lessen the amount of time children remain in foster care and to advance the number of special needs adoptions. Placement permanency for special needs adoptions is dependent upon many factors, including financial support, children's behavior or disability,

social welfare systems and social work professionals, self care of the adoptive parent, and the medical system (Wind, Brooks, & Barth, 2005; Rosenthal, 1993). There is a need for additional information and research on the types of support adoptive families need after their adoptions have been finalized to decrease the likelihood of disruptions. Services offered to the families after the adoption has been finalized are generally referred to as post-adoption services and seem to be critical in many special needs adoptions (Reilly & Platz, 2003).

Special needs adoption disruptions raises concern on many levels including adoption agencies, foster parents and adoptive families, social workers (present and future), and for the children in the disrupted adoptions. Adoption agencies could benefit from learning more about what leads to disruptions. By understanding what services families need and what assistance could be provided, adoption agencies could work to improve services. Foster and adoptive families benefit most from this study. To prevent disruptions families benefit from understanding how they could help the children better adapt and attach in the home in order to have a successful adoption over time.

Social workers could benefit from this study by understanding what services are most needed by adoptive families that are adopting special needs children. This study will make known some of the services that are currently being used by adoptive families and their satisfaction with the services at one adoption agency in California. This study could also identify services that are not provided, but desired by adoptive families. Future social workers could benefit from this study, especially those interested in adoptions as a career. An increased understanding of the need for specialized post-adoption services in special needs adoptions may help social workers better understand the needs of families adopting. Their understanding may result in better and more targeted services being provided by adoptions social workers in agencies like the one in which this study was conducted.

Lastly, children in the foster care system that are being adopted may benefit from this study in that their needs are better identified when in adoptive placement through increased assessment and intervention planning which could act to prevent disruptions in some cases.

## Purpose of the Study

The purpose of this study was to look at the factors that lead to disruption in the adoption of special needs children. If social workers and adoption agencies have a greater understanding of the factors that lead to disruption in special needs adoptions they can make necessary changes and improvements in their programs.

Families that adopt special needs children may or may not be aware that they need post-adoption services and may be reluctant to ask for them even when they are experiencing difficulty. The provision of post-adoption supportive resources and services may help parents uphold the commitment to the special needs adopted children (Wind, Brooks, & Barth, 2005). According to a study done by Isaacson and Thomas (2004), adoptive families need social workers to make them conscious of the services available post-adoption, as well as to indicate which services will meet the children's needs. A suggestion by the Evan B. Donaldson Adoption Institute was for the creation of post-adoption services that are useful and accessible to adoptive families. In order to increase the likelihood of adoption success the challenge that has

come from the lack of post-adoption services available to adoptive families must be addressed (Smith, 2010).

Pre-adoption services are more commonly provided to families and are more accessible than post-adoption services (Brooks, Allen, Joan, & Barth, 2002, p. 217). Pre-adoption services refer to the services that are offered to the adoptive families before the adoption has been finalized (Westhues & Cohen, 1990). According to a study done by Brooks, Joan and Barth, under 30% of the adoptive families interviewed utilized post-adoption services (2002, p. 213). However, many of the families studied read books and articles, and attended adoption lectures and seminars on their own. This study focused on post-adoption services to help recognize the services needed by adoptive families of special needs children. Post-adoption services may help to reduce the chance for disruption in the adoption after finalization by resolving the difficulties the families face in attaining services. Adoptive agencies and social workers could learn more about what services need to be offered to the families and learn more about how they can work further to make the families aware of services available.



The study was conducted using a quantitative method to measure the responses from the adoptive parent(s) regarding the pre- and post-adoption services received for their special needs children. With the use of the data collected from surveys, the factors that have led to the disruption of adoptions were evaluated.

#### Significance of the Project for Social Work

The projected study may be important for social work practice in that the results might help social workers, adoptive families, and adoption agencies better understand the needed services for the families adopting special needs children. The increased rate of disruptions in special needs adoptions requires a closer look at the factors that may contribute to the disruption of the adoption. The results can lead to further research in special needs adoptions once the factors are better understood, and policies can be put in place for agencies for the families. The results of this study may help with planning and implementing services for adoptive families.

The chance that special needs adoptions will result in a disruption after the children have been placed in the home may increase over time if needs, such as

counseling and educational needs, are not met by required services. Studying what can be done early on in the adoption and over time to decrease the risk of disruption might give the adoption agencies, families, and social workers the information they need to achieve adoption permanency.

The findings of this study might make a contribution to social work practice for special needs adoptions. With the increase in knowledge about what leads to successful adoptions disruption rates may decrease. This study may also help social workers assist families with needed post-adoption services for decreased likelihood of disruptions, by understanding what services are most utilized and what services are needed more. Therefore the question for the study is does a lack of post-adoption services offered to and used by adoptive families increase the likelihood of disruptions in special needs adoptions?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

Families that adopt special needs children may face many problems. Although there are numerous studies done on special needs adoptions and the problems faced by these families, there is a relative lack of research on the causes for disruptions in special needs adoptions. Very little research has been conducted on the lack of post-adoption services in special needs adoptions. Characteristics of children, characteristics of and parents, and differences in adoptions agency practices and settings have been the challenges faced in special needs adoptions.

#### Frequency and Rates of Adoptions

Children with special needs are difficult to place with adoptive families because of the problems associated with the children. Special needs children need extra care and many need counseling or other services. According to a study done of 700 adopted children with special needs, 8.7% ended in disruption (Rosenthal, 1993, p. 79). With a special needs adoption comes many challenges. It has been

noted that adoptive families need to use pre- and post-adoption services to help with the concerns of adoptions or that occur after adoptions have been finalized and families are dealing with developmental, identity, and attachment issues (Brooks, Allen, Joan, & Barth, 2002, p. 214).

According to the National Adoption Center, in 2005 there were 52,000 children adopted and 115,000 waiting for adoption (Adoptions, 2010). Many of the children waiting had special needs, including older children, minority children, who were part of a sibling group, or had a mental, physical or emotional disability. Infant, domestic and international adoptions have been quite common in earlier years. Today there are more adoptions of children from the child welfare system than from infant and international adoptions (Smith, 2010).

The "foster/adopt" program is one in which children are placed as "foster" children into licensed foster homes, but with a potential permanent plan of adoption in those homes. Social workers from a Department of Children and Family Services provide birthparents reunification services to reunify the family when children have been removed. If children are not able to reunify with their

birthparents or be placed with relatives, social workers consider adoption as an alternative permanency plan (Gates, Lee, & Macomber, 2007). Many of the adoptions over the past few decades have been adoptions of children from the child welfare system who were originally removed from birth families due to abuse or neglect. Children from the child welfare system may have some adjustment and developmental issues when placed in adoptive homes and therefore require more attention, care, and services from adoption agencies and social workers as well as their adoptive parents.

#### Lifelong Issues in Adoption

There are seven core issues faced by children, birthparents, and adoptive families in adoption. Adoption is a lifelong process that can bring both happiness and sadness because adoption involves the loss of one family and the gain of a new family. The issues include loss, rejection, guilt/shame, grief, identity, intimacy, and mastery/control (Kaplan & Silverstein, 1999).

Every adoption involves loss. Children lose their birth families, birthparents lose their children, and adoptive families commonly experience the loss of a dream

of having a birthchild. The second core issue is rejection. The experience of loss commonly leads to a feeling of being rejected. Adopted children feel rejected by their birthparents, birthparents may feel rejected by society, and adoptive parents feel rejected by their bodies and the ability to have their own children (Kaplan & Silverstein, 1999).

The third issue is guilt/shame, children may feel rejected or part of the problem for the reason they are not with their birthparents. Birthparents may feel shame and guilt for losing their children. Adoptive parents feel guilt and shame over their possible inability to have children of their own (Kaplan & Silverstein, 1999).

According to Kaplan and Silverstein the fourth core issue in adoption is grief because "every loss in adoption must be grieved" (1999). Adopted children, birthparents, and adoptive families experience grief over what was lost, it is common to go through the five stages of grief: denial, anger, bargaining, depression, and acceptance (Kaplan & Silverstein, 1999). Grief can be expressed through depression, acting out, aggression, or denial. It can be common for grief to last for several years.

The fifth core issue is identity. Identity changes are brought out when loss has been experienced. Adopted children may wonder about what their family history is, or who what their birth family is like. Family can be a great part of a person's identity. Birth parents and adoptive parents experience role confusion. Birthparents may lose the identity of being a parent and adoptive parents gain a role of being a parent. With both roles there may be confusion because both birthparent and adoptive parent cannot give full claim to the adopted children (Kaplan & Silverstein, 1999).

The sixth core issue is intimacy. Intimacy can affect trust and relationships. Adopted children may have trouble getting close to people and attaching to adoptive parents because of abuse and neglect that either never allowed birthparents and children to bond, or may have negatively affected the relationship. Adoptive parents may have experienced intimacy issues within the couple due to infertility. Birth parents may begin to fear relationships and getting close to people for the fear that they will be taken away, just as their children had been (Kaplan & Silverstein, 1999).

The last core issue is mastery and control. All of the parties involved in an adoption potentially experience a loss of control in one or more areas. Birthparents lose control over their children and their ability to care for and parent their own children. Adopted children have no control over being removed from their birthparents. Judges and social workers appear to make the life altering decisions for the children and it can be difficult for the children. Adopted parents do not always have much control over the adoption and the court process, therefore the loss of control can be difficult for them as well (Kaplan & Silverstein, 1999).

Since the seven core issues of adoption are a lifelong process for the adopted children, birthparents, and adoptive family, it is important to understand and identify them. Especially when working with adopted children and adoptive families it is important to understand what they are feeling and the reasons why the adoptive placement may be difficult and require post-adoption services.



## Challenges for Special Needs Adoptions

Children's characteristic challenges include older children, behavioral issues, sexual abuse, sibling group placement, and emotional, psychological, or behavioral problems (Reilly & Platz, 2003, p. 782). Special needs children can be more demanding for attention and care. Some issues experienced by adoptive children include harm to themselves or others, behavior issues, lack of self-care, aggression, mood swings, bad eating and sleeping habits, and for some lack of cognitive skills (Brown & Rodger, 2009, p. 41). Many behavioral issues could worsen as the children get older as adoption is a lifelong issue. Therefore post-adoption services offered to the family are critical to prevent a breakdown later in the adoption. Older children and sibling placements are difficult in adoption placement because the demand is not high, and it also has been noted that these adoptions are likely to end in disruption (Westhues & Cohen, 1990, p. 143). Sibling placement in particular could be difficult because placing siblings together could reduce trauma and loss, but on the other hand could bring more problems into an adoptive home (Fahlberg, 1991).

A problem faced by families who adopt special needs children has been the lack of self-care on the adoptive parents' part. In many adoption studies the adoptive mother has taken the role of primary caregiver of the special needs children, and therefore has taken full responsibility of taking care of the children. Special needs children may demand a great deal of time, attention and care. Many of the caregivers have reported that their family members do not understand that it has been difficult to find time to meet all the children's needs, and the difficulty of the multiple roles required of them (Brown & Rodger, 2009, p. 41). Supportive services offered to the adoptive families, such as respite care, could help alleviate some of the stressors the parents in these families commonly experience.

Other problems faced by families include the relative lack of targeted services needed by these families and their children. Before the children were placed in the adoptive home, many adoptive parents have reported that they did not receive sufficient and/or accurate information about the children's backgrounds. Post-adoption needs include financial support and post-adoption services, such as counseling, parenting,

respite care, and support groups (Rosenthal, 1993, p. 85). The costs associated with adopting special needs children may be high and therefore pose greater stresses on an adoptive family. Costs include specialized medical care, educational services, psychological services, transportation, and time invested (Brown & Rodger, 2009, p. 41). Families that adopt children from the welfare system typically have been able to qualify for Adoption Assistance. The amount of money children qualify for Adoption Assistance varies depending on the special need of the children (Smith, 2010) and may or may not be sufficient to provide the extra services these children may require.

Agency setting challenges include shortage of post-adoption services, inadequate pre-adoptive placement training, and incomplete background information on the children (Reilly & Platz, 2003, p. 784). Practice issues include multiple placements for the children, children who have had several workers involved in the different aspects of adoption, and the long time between being freed for adoption and the actual placement (Westhues & Cohen, 1990, p. 143). Challenges with the medical system have also been studied with special needs adoptions.

Problems include wrong diagnosis, lack of information on children's disability and medical history, and difficulty in finding an adequately trained or experienced physician for the children (Brown & Rodger, 2009, p. 44).

Post-placements services that may help link families with the medical system in accessing services would be beneficial.

#### Lack of Post-Adoption Services

The main challenge with disruptions in special needs adoptions has been the lack of post-adoption services. Once children have been adopted various needs for additional services to address problems that were not apparent in the pre-adoptive process may arise. Adoptive parents have experienced problems with finding information on needed services and a lack of coordination between the foster care agency, medical and education systems in organizing services required (Brown & Rodger, 2009, p. 41).

Much of the research done on special needs adoptions has been related to the characteristics of the children, family, and agency. There is insufficient research on the lack of post-adoption services offered to many of these

families. Many of the studies have concluded that there has been a relative lack of post-adoption services, but there have been few studies focused on the factors that increase the likelihood for an adoption disruption. Some of the needs for additional services include financial and medical assistance, social support (support groups), counseling and clinical needs, education related needs, advocacy, and service coordination (Smith, 2010).

In much of the research on special needs adoptions there has been an emphasis on the importance of social support and support groups for adoptive families. Support groups provide a safe place where an adoptive family can learn and gain information from other families who may be experiencing similar problems. Support groups are a place where the parents and children can gain validation for feelings of frustration, anger, happiness, and confusion. Support groups "can be healing and can normalize perceptions of their situations" (Smith, 2010, p. 28).

Another area lacking in regards to post-adoption services has been the amount of qualified professionals in the field of adoption. There have not been enough service providers available that have sufficient understanding of adoption needs, including the attachment

and behavior problems experienced by adopted children (Smith, 2010). According to the study done by Evan B. Donaldson Adoption Institute "a primary barrier to receiving effective post-adoption services is the scarcity of mental health professionals who understand adoption issues and the experiences of adoptive families" (Smith, 2010, p. 33). Service providers that lack an understanding of the impact of the separation and loss experienced includes counselors, teachers and other school personnel, as well as doctors and psychiatrists.

A study by Isaacson and Thomas (2004) about experiences in accessing needed services by foster parents raising special needs children showed that foster parents were satisfied with the services received for their special needs children. But the study had limitations, including a small sample size, which may make it difficult to generalize the results. The authors mentioned as a limitation of their study that post-adoptions services were not addressed (Isaacson & Thomas, 2004). This study might be important to understanding the lack of post-adoption services which may increase the likelihood of adoption disruptions.

## Theories Guiding Conceptualization

Ecological systems theory can be important in understanding this study. According to the Bronfenbrenner's ecological systems theory children's development is looked at through the framework of the systems of relationships that shape their environment. The four ecological systems include the microsystem, mesosystem, exosystem, and the macrosystem. In relation to special needs adoption, the microsystem includes the immediate family setting and environment. The mesosystem consist of the links between microsystems, such as adoptive family and birth family. The exosystem includes indirect settings that influence microsystems, such as post-adoption services. Lastly, the macrosystem includes the overall society, culture, and its influences (Schweiger & O'Brien, 2005). All the systems influence the environment of adopted children and can influence either permanency or disruption of the adoption. The ecological systems theory can be applied to understand the pre- and post-adoption services needed.

At the center of adoptions are the children, but there are systems within adoptions. Systems include not only the family, but also include services and support. A

great deal of research has focused on the adoption triad when studying adoption. The adoption triad has been the adoptee, adoptive parents, and the birthparents. The adoptions systems have expanded to include not only the adoptee, birthparents, and adoptive parents, but also extended family, professionals, partners, and other supportive people. The systems and subsystems working in adoptions have become more developed as research has continued in adoptions. The "adoption triad" concept has changed over time to the "constellation" which is more inclusive (Kim, 2010) and more accurately reflects the adoptions systems and subsystems.

Attachment theory can also be important in understanding adoption. John Bowlby is considered by many to be the father of attachment theory. He concluded that when an infant enters the world with an attachment behavioral system it allowed children to seek closeness to a parent when feeling threatened, the parent was then a secure base. When children are provided with nurture and care from a parent and have had their needs met they will develop a healthy emotional and social development (Bowlby, 1988; Holmes, 1993). Attachment is developed over the first few years of life. In many, if not most



cases, adoptive parents were not with the adopted children in the first few years of their children's lives and this often results in serious attachment issues between adoptive parents and their children. In order for adopted children to develop secure attachments they should obtain nurturing and loving care from adoptive parents (Groze & Rosenthal, 1993).

In relation to adoptions, "the preplacement history of the adopted child(ren) can influence later adoptive family relationships" (Groze & Rosenthal, 1993, p. 5). It may be difficult for adopted children to attach to adoptive families because they have endured abuse and neglect from parental figures in the past. The loss and separation experienced may make it difficult to form new attachments (Groze & Rosenthal, 1993; Fahlberg, 1991). The problems that arise from the lack of attachment have been known to reduce the adoptive placement's stability. Studies have reported that parental satisfaction with the adoption decline when there was a lack of attachment between adoptive parents and adopted children (Groze & Rosenthal, 1993). The lack of stability and parental satisfaction can be predictors for adoption disruptions.

## Summary

The use of post-adoption services for special needs children has not been studied a great deal. Much of the research has been on children, parent, and agency characteristics that may lead the adoption to disruption. Post-adoption services are important for families adopting special needs children because of the problems that may arise after the adoption has been finalized. Special needs adoptions have an increased rate of disruption. Having a better understanding of what services the families need in order to function properly could help decrease the disruption rate.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter discusses the design for the study of what factors lead to disruption in special needs adoptions. The steps that were taken to acquire the data will be discussed, including the variables used, sample used, and data collection instruments.

#### Study Design

The study evaluated the factors and services in post- and pre-adoption services that may have increased the likelihood of adoption disruption in special needs adoptions. The research method used was a quantitative method. The services that were offered to families pre- and post-adoption were measured as to whether they helped in the adoption process before and/or after the adoption was finalized. The rationale for choosing this approach was that it evaluated adoptive parents' experiences with disrupted adoptions for special needs children through a survey because some families may have been apprehensive talking about their experiences.

A limitation of the study may have been a low response rate from families that did not wish to discuss the disrupted adoption, therefore leading to a low sample size. Low sample sizes make it difficult to have confidence in the findings and to generalize the results. The participants were sent questionnaires in the mail that allowed for more anonymity. Therefore some participants may have felt freer to answer honestly without feeling judged by the researcher. The question for the study is what factors increased the likelihood of disruptions in special needs adoptions?

#### Sampling

The data was obtained from a sample of thirty-five adoptive parents who had adopted through the Kinship Center. Kinship Center is a licensed Foster Family Agency, more information will be detailed below. The families selected were those that have adopted special needs children. The families that had disruptions in the special needs adoptions and families that had successful adoptions were included. This sample was chosen so that the researcher could compare the level of satisfaction with the adoption and the use of services between

families that have and have not had a successful adoption. It was important to include the families that have terminated their adoption in order to find out what factors increased the likelihood of the termination. The adoptive parents were randomly chosen from a list of families that adopted special needs children through the Kinship Center. The participants chosen were mailed a survey regarding the pre- and post-adoption services and the level of satisfaction with the adoption. Included was a question regarding whether the adoption ended in disruption.

Kinship Center is a licensed Foster Family Agency. In addition to other services, the Kinship Center provides adoption services. The families that adopt special needs children receive support and education throughout the adoption process in order to achieve adoption permanency. The majority of the children adopted through the Kinship Center are from the foster care system. Kinship Center offers services in adoption, foster care, mental health, relative care, wraparound services, and has an Education Institute. The mission statement for Kinship Center is as follows, Kinship Center is *"Committed to the core belief that every child*

*deserves a family, Kinship Center provides the full spectrum of family-centered support to strengthen the families and communities we serve" (About Kinship Center, 2007-2010).*

#### Data Collection and Instruments

The data collected for this study was obtained from a survey created for this study which includes demographic information and information regarding services received before and after the adoption, and satisfaction with services. A copy of the survey is attached. (See Appendix A.) The survey specifically asked participants to list services received and to rate their satisfaction of the services.

The independent variables in the study were the services including counseling, consultations, referrals, adoption home studies, parenting classes, respite care, educational workshops, conferences/seminars, support groups, post adoption visits and reports, fost/adopt education classes, background information made available to adoptive parents, and demographic information related to the parents and their children. The level of measurement was mostly ordinal as the satisfaction

received from the services was measured on a Likert type scale. The Likert scale included whether the services were highly beneficial, somewhat beneficial, or not beneficial. The dependent variable was whether the adoption was successful or if it ended in disruption. The level of measurement was nominal, the adoption was either a success or not.

The survey was pretested on adoption social workers working through the Kinship Center in order to determine the time participants would have needed to complete. The potential strength of the instrument was that the survey allowed for confidentiality and the participant could feel free to answer freely without feeling uncomfortable with talking about a potentially difficult situation. The weakness of the instrument and the way it was used was the potential low response rate from mailed surveys.

#### Procedures

The data for this study were collected through surveys that were mailed to the selected sample of adoptive parents. The sample was collected from randomly chosen families that adopted special needs children through the Kinship Center (offices based out of Redlands

and Tustin for this particular sample). The survey was accompanied by a cover letter, informed consent, debriefing statement, resources, and a pre-addressed and paid envelope to return the survey. Over the fall quarter of 2010 the surveys were distributed through the mail and collected when the surveys were returned. Three weeks after the surveys were mailed, participants that had not responded were mailed reminder letters in addition to the original survey.

#### Protection of Human Subjects

Each participant in the study was given a number that would connect their survey and personal information. This information was kept in a locked cabinet and was destroyed upon completion of this study. Participation in this study was on a voluntary basis where informed consents were received from participants. (See Appendix B.) Each participant was provided with a debriefing statement with contact information if they had any questions or concerns regarding the study. (See Appendix C.) For any participants who experienced discomfort from this study, resources were provided.



## Data Analysis

The data collected were quantitative with each variable (service) assigned a numerical value in order to allow for further analysis and statistical testing. By assessing satisfaction with services received by the adoptive parents, the services with low satisfaction rates were evaluated in comparison with whether the low satisfaction may have contributed to the disrupted adoption.

The study intended to find whether either the lack of particular service(s) received or the lack of satisfactory with services may have attributed to the disrupted adoption, correlations were examined. The statistical tests used for the bivariate analyses include testing for positive or negative correlations, and independent t tests.

## Summary

The study evaluated client satisfaction with services received from an adoptive agency before and after the adoption was finalized. The study design and method used allowed for the participants experiences with services received as adoptive parents to be evaluated.

## CHAPTER FOUR

### RESULTS

#### Introduction

Data analysis was completed on the data received from the respondent surveys. Frequencies were obtained on the demographic characteristics of the respondents, characteristics of the adoption, and use of pre- and post-adoption services. Other data was analyzed using independent t-tests in an attempt to detect correlational relationships between disruptions and the use of pre- and post-adoption services.

#### Demographic Characteristics of the Respondents

The demographic characteristics of the respondents are displayed in Table 1 (below). There were 35 adoptive families that participated in this study. Out of the 35 respondents to the survey 29 (82.9%) were female. The majority of the respondents, which was 27 (77.1%) out of 35, were White not Hispanic. Eighteen (51.4%) out of the 35 respondents in this study reported being married. The respondents were between the ages of 26-65 years with an average age of 45.6 years.

Table 1. Demographic Characteristics of Respondents

Variable	Frequency (n)	Percentage (%)
Gender (n = 35)		
Male	6	17.1
Female	29	82.9
Marital Status (n = 35)		
Married	18	51.4
Single	12	34.3
Separated	1	2.9
Divorced	2	5.7
Widowed	1	2.9
Same sex Domestic Partnership	1	2.9
Age (n = 35)      Mean = 45.6		
20-30	1	2.9
31-40	10	28.5
41-50	14	40
51-60	9	25.7
61-70	1	2.9
Race/Ethnicity (n = 35)		
White Not Hispanic	27	77.1
Hispanic	4	11.4
Asian or Pacific Islander	1	2.9
Black not Hispanic	2	5.7
Other	1	2.9

#### Characteristics of the Adoption

Characteristics of the adoptions are displayed in Table 2 (below). The adoptive families that participated in this study adopted only one child in 22 (62.9%) of the 35 cases. Children who had special needs were adopted in 31 (88.6%) of the cases. Most of the adoptions had

continued without disruption or even the thought of disruption. In fact, there was no disruption of the adoption in 27 of the cases (77.1%) and 21 (60%) of the parents reported that they had not had a desire to terminate the adoption at any time during the adoption.

Table 2. Characteristics of the Adoption

Variable	Frequency (n)	Percentage (%)
Adopted Children with Special Needs (n = 35)		
No	4	11.4
Yes	31	88.6
Type of Adoption (n = 35)		
Single	22	62.9
Multiple	1	2.9
Siblings	12	34.3
Desire to terminate adoption (n = 35)		
Yes	13	37.1
No	21	60.0
Unsure	1	2.9
Adoption Disruption (n = 35)		
Yes	8	22.9
No	27	77.1

Table 3 (below) shows the services that the adoptive families used before the adoption was finalized. The adoptive families reported attending adoption or foster care education classes in 34 (97.1%) out of the 35 cases.

Adoptive families also reported that they had participated in an adoption home study through the foster family agency in 34 (97.1%) out of the 35 cases. Support groups were also common, 27 (71.1%) of the 35 adoptive families reported using support groups before the adoption was finalized. The adoptive families that participated in this study used between 1 and 10 (std. deviation = 1.5) services before the adoption was finalized with an average of 5 pre-adoption services used.

Table 3. Adoptive Family's Use of Pre-Adoption Services

Variable		Frequency (n)	Percentage (%)
Counseling	(n = 35)		
Yes		17	48.6
No		18	51.4
Adoption/Foster Care Education Classes	(n = 35)		
Yes		34	97.1
No		1	2.9
Referrals	(n = 35)		
Yes		5	42.9
No		20	57.1
Adoption Home Study	(n = 35)		
Yes		34	97.1
No		1	2.9

Variable	Frequency (n)	Percentage (%)
Parenting Classes (n = 35)		
Yes	21	60
No	14	40
Adequate Background Information on Child (n = 35)		
Yes	20	57.1
No	15	42.9
Support Groups (n = 35)		
Yes	27	77.1
No	8	22.9
Other Services (n = 35)		
Yes	2	5.7
No	33	94.3
Total Number of Services Used (n = 35) Mean = 5		
1	1	2.9
2	3	8.6
3	3	8.6
4	7	20
5	7	20
6	7	20
7	5	14.3
8	1	2.9
10	1	2.9

Table 4 (below) shows the services that the adoptive families used after the adoption was finalized. The most commonly reported post-adoption service was support groups, where 16 (45.7%) of the 35 respondents attended support groups. Out of the 35 respondents in this study 10 (28.6%) reported attending counseling after the

adoption was finalized. The last of the commonly reported services after the adoption was finalized was the post-adoption visit and/or report. Actually, 15 (42.9%) of the 35 respondents to the survey reported receiving either a visit or report from the foster family agency social worker. After the adoption was finalized the adoptive families used an average of 2 services. Adoptive families reported using anywhere from 0 to 7 post-adoption services (std. deviation = 1.8)

Table 4. Adoptive Family's Use of Post-Adoption Services

Variable		Frequency (n)	Percentage (%)
Counseling	(n = 35)		
Yes		10	28.6
No		25	71.4
Respite Care	(n = 35)		
Yes		2	5.7
No		33	94.3
Post Adoption visit/report	(n = 35)		
Yes		15	42.9
No		20	57.1
Support Group	(n = 35)		
Yes		16	45.7
No		19	54.3
Educational Workshop	(n = 35)		
Yes		6	17.1
No		29	82.9

Variable	Frequency (n)	Percentage (%)
Conference or Seminar (n = 35)		
Yes	2	5.7
No	33	94.3
Adoption/Foster Care Education Class (n = 35)		
Yes	5	14.3
No	30	85.7
Other Services (n = 35)		
Yes	5	14.3
No	30	85.7
Total Number of Services Used (n = 35) Mean = 2		
0	6	17.1
1	10	28.6
2	9	25.7
3	6	17.1
4	3	8.6
7	1	2.9

### Presentation of the Findings

T-tests were used to detect correlations between the independent variable, "adoption disruption" and the independent variables which included the services used before and after the adoption was finalized.

In regards to the main values in this study, an independent t-test was conducted on the dependent variable adoption disruption and the independent variable of services used before the adoption was finalized. There was a significant difference between whether the adoption



disrupted and the amount of pre-adoption services used,  $t(33) = -2.715, p < .05$ . This finding showed a correlation linking whether or not the adoption disrupted and the use of pre-adoption services. In other words, the respondents that did not have a disruption ( $M = 5.41$ ,  $std. deviation = 1.6$ ) used more services before the adoption was finalized.

An independent sample t-test was conducted on the dependent variable adoption disruption and independent variable amount of services used after the adoption was finalized. There was no significant difference between whether or not the adoption disrupted and the amount of post-adoption services used,  $t(33) = -0.493, P > .05$ . In other words, the use of post-adoption services did not have an effect on decreasing the likelihood of an adoption disruption in this study.

The last t-test examined the correlation between the dependent variable of adoption disruption with the independent variables of pre-adoption services. The pre-adoption services analyzed were adoption/foster care education classes, referrals, adoption home study, parenting education classes, social worker having provided adequate background information on the adopted

children, and support groups. Three of the six pre-adoption services showed significance.

There was a statistically significant difference between whether or not the adoption disrupted and the use adoption/foster care education classes,  $t(33) = -3.320$ ,  $p < .05$ . Parents that used the adoption/foster care education classes were less likely to experience a disruption ( $M = 4.48$ , std. deviation = 0.80). This finding showed a correlation between whether or not the adoption disrupted and the adoptive family attending and receiving education on topics related to adoptions and the foster care system. Therefore respondents who reported that they had not attended the education classes on adoptions and the foster care system were more likely as a group to have an adoption disruption.

There was a statistically significant difference between whether or not the adoption disrupted and the adoptive family having received adequate background information on adopted children,  $t(29) = -2.082$ ,  $p < .05$ . Parents that did not have an adoption disruption ( $M = 3.7$ , std. deviation = 1.46) reported having received an adequate amount of background information. This finding demonstrated a correlation between whether or not

adoptions disrupted and the amount of background information adoptive parents reported having been given early in the adoptions process. In other words, parents who reported have been given less information were more likely as a group to have disruptions.

There was also a statistically significant difference between whether or not the adoption disrupted and the use of support groups,  $t(29) = -3.331, p < .05$ . The respondents that did not experience a disruption ( $M = 4.38, \text{std. deviation} = 0.97$ ) were more likely to use support groups. This finding showed a correlation between whether or not the adoption disrupted and the adoptive family attending support groups before the adoption was finalized. In other words, adoptive families that did not attend support groups before the adoption was finalized were more likely to experience a disruption.

There was no statistically significant difference between whether the adoption disrupted and the use of post-adoption services. Post-adoption services examined were respite care, post adoption visit/report, support groups, adoption/foster care education, workshops, and adoption conferences.

## Summary

The results of this study found that respondents from the adoptive families were female, with an average age of 46.6 years, and married. Twenty-seven respondents reported their ethnicity/race as white. Twenty-two of the adoptions were of single children and with special needs. The majority (21) of the respondents did not have a desire to and did not terminate the adoption (27). There was not a significance relationship between the use of post-adoption services and adoption disruption. There was however a significant relationship between pre-adoption services used and whether or not the adoption disrupted.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

The results of this study showed that when adoptive families of special needs children used more services before the adoption was finalized there was a decreased likelihood that the adoption would disrupt. Limitations to the study may have made it difficult for the researcher to thoroughly explore post-adoption services used by the survey respondents.

#### Discussion

The results of this study showed the majority (29) of the adoptive parent respondents were female with an average age of 45.6 years. Just over half of the respondents (18) were married and three-quarters (27) were White not Hispanic. Almost all (31) of the adoptive families had adoptive children that were identified as having at least one special need. The majority of the adoptions were of single children (22). Out of the adoptive families that participated in this study twenty-seven did not experience a disruption and eight had an adoption disruption.

Adoptive parents of special needs children showed an increase likelihood of adoption success, as defined by the lack of disruption, when more services were used before the adoption was finalized. Adoptive families that used more adoption services before the adoption finalization showed a higher satisfaction with the adoption and had a decreased likelihood for adoption disruption. The majority of the respondents used between four and six services before the adoption was finalized. An increased amount of adoption services used before the adoption was finalized may be likely to help the family better adjust to the adoptive placement.

The services that were most used by the adoptive families before the adoption was finalized were the adoption/foster care education classes, social workers having provided adequate background information on the children and the support groups for adoptive families.

It is important to note that the use of more services before the adoption is finalized reduced the likelihood for disruption. The more systems involved with the family during the adoption process increased likelihood for adoption success. Bronfenbrenner's ecological systems theory suggests the functioning of the

adoption placement is influenced by the combination of services used. The findings in this study are consistent with the research by Schweiger and O'Brien in that services offered pre-adoption increases adoption success. The use of more services and involvement from all systems, including adoptive family, birth family, social workers and other professionals, supports positive adjustment for the adoption placement.

The adoptive families represented in this study were from the Kinship Center. Kinship Center has a low disruption rate for adoptive families because of support provided once children have been placed in the home, up until the adoption has been finalized. Kinship Center requires that adoptive parents take the adoption/foster care education classes as part of the adoption home study and requires that the families attend the support groups once the children have been placed in the adoptive home. These services were significant in the study in decreasing likelihood for disruption. After the adoption has been finalized Kinship Center continues to provide families with services as needed, but services are not required.

The adoptive parents of special needs children did not have an increased likelihood of adoption "success" when using more services after the adoption was finalized. More than half of the adoptive families only used one to two services after the adoption was finalized. It is important to note that several respondents indicated that they had not finalized their adoptions and therefore could not say they had any post-adoption services used. The post-adoption services that were used more by the adoptive families were support groups, post adoption visits by social workers, and counseling.

#### Limitations

There were a few limitations to the study that should be acknowledged. The first is that the data were obtained through the use of mailed surveys rather than in person interviews. The relatively low response rate resulted in a total sample in which only eight families had experienced a disruption which makes it difficult detect real differences between the groups on the dependent variables. The low sample size not only makes it difficult to have confidence in the results of this



study but it also makes it difficult to generalize the results outside of the agency where the study was conducted.

Another limitation to this study was the wording or meaning of "post-adoption" and "adoption finalization" to the respondents. A few respondents indicated that they had not been finalized, yet they answered that they had received services after the adoption was finalized. The intent of the researcher was to focus on comparing services received before and after the adopted children were placed in the home and when the adoption was finalized. When choosing families from Kinship Center the researcher did not exclude families that had not yet finalized. The families that had not finalized were not able to answer questions regarding post-adoption services which led to missing data. The missing data affected the quality of the data gathered from the surveys on services received after the adoption was finalized.

#### Recommendations for Social Work Practice, Policy and Research

This study revealed that the majority of the adoptive families that responded had an increased likelihood for success when using services before the

adoption was finalized. However, future researchers in adoptions should take a closer look at the expectations of the adoptive parents going into the adoption on whether or not the adoption disrupted. This study did not address the parental expectations for the adoptive parents.

In prior research on adoptions the adoptive parents reported unrealistic expectations about the adoption in regards to attachment, behaviors, and trust from the adopted children (Smith, 2010). Future research might address the expectations parents have when they start the process of adopting special needs children, especially from the child welfare system. Parental expectations have been known to lead to adoption disruption. Research has shown that when adoptive parents feel more prepared because of knowledge about special needs children they are more prepared for the adoption (Egbert & LaMont, 2004). The more prepared the adoptive parent is the increased likelihood of parental satisfaction.

According to a study by Egbert and Lamont, adoptive parents who were more prepared for the adoption and the needs of adopted children had a better adoption

experience than parents that were not prepared (2004). Whether adoptive parents felt prepared or not depended partly on if adoptive parents and adopted children were able to attach (Egbert & LaMont, 2004). Attachment with adopted children can play a central role in whether or not the adoption disrupts. Adoptive parents that have realistic expectations about the adoption may feel more prepared and better able to attach.

It is important for social workers to understand how they could help adoptive families better adjust to adoptive placements. By increasing the adoptive parents' knowledge about special needs adoptions and the needs of adopted children, social workers can create realistic parental expectations. According to Schweiger and O'Brien there "is a lack of practical, concrete information about the parenting challenges they (adoptive parents) are likely to face" (2005, p. 519). Although it may be difficult for social workers to give adoptive parents a full understanding because some of the adopted children's history is unknown, it is important for social workers to help adoptive families prepare for the adoption.

This research study lacked sufficient information about services received after the adoption was finalized

compared to whether or not the adoption disrupted. Maybe future researchers could conduct in-person interviews with adoptive parents to clarify what services were used before and after the adoption was finalized. Satisfaction with the services pre- and post-adoption compared to whether or not the adoption disruption could be better analyzed when families have the opportunity to ask the researcher to clarify any confusion.

### Conclusions

This study showed that when adoptive families of special needs children from Kinship Center used more services before the adoption was finalized, the families were less likely to experience adoption disruptions. There was an insufficient amount of disrupted adoptions represented from the adoptive families in this study regarding post-adoption services because some of the families did not respond to services received after the adoption was finalized. The researcher was unable to obtain correlations between the use of services after the adoption was finalized and whether or not the adoption disrupted.

Future research might focus more on parent satisfaction when adopting special needs children. Although Kinship Center works very hard to teach prospective adoptive parents about the needs of children from the foster care system, Kinship Center and other agencies alike that work with adoptive families could benefit from learning more about how they can better prepare adoptive families who are adopting special needs children. The "adoptions constellation" is a complex set of subsystems within the larger adoption and child welfare system in which professional social workers and other service providers in multiple agencies and roles attempt to help adoptive parents and adopted children deal with the seven core issues of adoptions over what may be a lifetime of continual adjustment and development. Future research in this area may help agencies to provide services that allow adoptive parents to form a lifelong reciprocal connectedness with some of society's neediest children.

APPENDIX A  
QUESTIONNAIRE

Survey: What is your level of satisfaction with your special needs adoption and the services received before and after the adoption?

**Background Information/Demographics**

- 1. What is your marital status?
  - Married                     Single                     Divorced
  - Separated                     Widowed
  
- 2. (a) What is your age? \_\_\_\_\_ (b) What is your spouse's/partner's age? \_\_\_\_\_
  
- 3. (a) What is your race/ethnicity?
  - White not Hispanic                     Black not Hispanic                     Other: \_\_\_\_\_
  - Hispanic                     Filipino
  - Asian or pacific islander                     American Indian

(b) What is the race/ethnicity of your spouse/partner?

  - White not Hispanic                     Black not Hispanic                     Other: \_\_\_\_\_
  - Hispanic                     Filipino
  - Asian or Pacific Islander                     American Indian
  
- 4. (a) What is your gender?                    (b) What is the gender of your spouse/partner?
  - Male                     Male
  - Female                     Female
  
- 5. (a) Are you employed?                    (b) Is your partner/spouse employed?
  - Full time                     Part time                     Full time                     Part time
  - Not employed                     Not employed
  
- 6. What is your total household income?
  - Less than \$45,000                     \$45,001 - \$55,000
  - \$55,001 - \$65,000                     \$65,001 - \$75,000
  - \$75,001 - \$85,000                     More than \$85,001
  
- 7. Do you have *other* adoptive children in the home?
  - No                     Yes                    If yes how many: \_\_\_\_\_
  - Indicate sex and age of each child

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8. Do you have biological children that live in the home?  
 No                       Yes                      If yes, how many: \_\_\_\_\_  
  o Indicate sex and age of each child.  
  \_\_\_\_\_  
  \_\_\_\_\_  
  \_\_\_\_\_
9. Does your adopted child(ren) have any special needs? (A child of special needs includes, but is not limited to, emotional, physical or developmental disability, children over the age of 8, sibling groups, and children of a non-white ethnic group).  
 No  
 Yes  
If yes, please indicate the child and what the special needs are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What type of adoption did you have?  
 Single  
 Multiple  
 Siblings
11. Please rate your level of satisfaction with the adoption services you received, 1 being not satisfied and 5 being fully satisfied.  
 1  
 2  
 3  
 4  
 5
12. Did you or your partner/spouse ever have feelings toward wanting to terminate the adoption prior to finalization?  
 Yes  
 No  
 Unsure
13. (a) Did your adoption end in disruption (disruption meaning that the child was removed from the home before the adoption was finalized)?  
 Yes  
 No  
(b) If yes, when did the disruption occur?                       Before the adoption was finalized  
   After the adoption was finalized  
(c) If so, how long after child(ren) placement in the home did the adoption terminate?  
\_\_\_\_\_  
*(Please indicate time frame, for example 6 months, 2 years, etc. to the best of your knowledge)*



**Adoption Services**

1. What services did you receive *prior* to the adoption?
  - Counseling
  - Adoption and/or foster care education classes
  - Referrals (agencies, physicians, attorney's, support groups)
  - An Adoption Home Study
  - Parenting Classes
  - Adequate background information on child(ren)
  - Support Groups
  - Other (please list) \_\_\_\_\_
  
2. What services did you receive *after* the finalization of the adoption?
  - Counseling
  - Respite Care
  - Post adoption visit and report
  - Support Groups
  - Educational workshop
  - Conferences/seminars
  - Adoption and/or foster care education classes
  - Other (please list) \_\_\_\_\_
  
3. Please list any other services that you *were not* offered *prior* to adoption that you could have benefited from.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Please list any other services that you *were not* offered *after* the adoption that you could have benefited from.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. For the services listed please rate on a scale of 1 to 5 on how beneficial they were to your family in regards to the adoption; 1 being not beneficial at all, to 5 being highly beneficial. Check in the appropriate box.

	1 Not beneficial	2	3 Somewhat beneficial	4	5 Highly beneficial
<b>Services before the adoption was finalized</b>					
Counseling					
Foster care and/or adoption Education classes					
Referrals					
Adoption Home Study					
Parenting Classes					
Adequate background information					
Support Groups					
Other (as you listed in question 1)					
Other (as you listed in question 1)					
<b>Services after the adoption was finalized</b>	1	2	3	4	5
Counseling					
Respite Care					
Post-Adoption visit and report					
Support Groups					
Adoption and/or foster care education class					
Educational Workshop					
Conferences or seminars					
Other (as you listed in question 2)					
Other (as you listed in question 2)					

Designed by Stephanie Duran

APPENDIX B  
INFORMED CONSENT

## **INFORMED CONSENT**

The study in which you are being asked to participate is designed to explore the factors that lead to disruptions in special needs adoptions after the legalization of the adoption. This study is being conducted by Stephanie Duran under the supervision of Dr. Ray Liles, Lecturer in Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

The survey provided will ask you questions regarding who you are as well as questions regarding your experiences as an adoptive parent of a special needs child (or children). The survey should take about 10-15 minutes to complete. Once the survey has been completed please place the survey in the pre-paid addressed envelope provided for you and mail back via the United States Postal Service.

The data that are collected from this survey will be kept confidential; any identifying information will be kept in a secure and locked location and will be destroyed upon completion of the study. Your participation in this study will aid in the understanding of the services received by adoptive parents in order to help increase the rates of successful adoptions of special needs children. Potential discomfort may arise with completing this survey because of the emotions that may arise when discussing the terminated adoption. Resources will be provided in the case that you need someone to talk to.

Your participation in this study is completely voluntary and you have the right to withdraw at any time without penalty. If you have any questions or concerns about the study, please feel free to contact Dr. Ray Liles at (909) 537 - 5557. The results can be obtained after September 2011 at the California State University, San Bernardino Pfau Library, or through the Kinship Center.

Please initial below if you agree to participate in the study; if so please mail back with the survey.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX C  
DEBRIEFING STATEMENT

## **DEBRIEFING STATEMENT**

Debriefing statement was included within the informed consent. Families were informed in the informed consent that the study was designed to investigate and evaluate the services received pre- and post-adoption by adoptive families of special needs children. The families were also provided with my supervisor's name and number, a statement of Institutional Review Board Approval, and where and when the study can be obtained. Therefore no debriefing statement was included; resources were provided on a separate page from the informed consent.

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