ADOPTION DISSOLUTION FACTORS CONSIDERING NATIONAL DATA:
A QUANTITATIVE STUDY

A Project

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MASTER OF SOCIAL WORK

by

Kelsey Lynn Meraz Masten

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Division of Social Work
Abstract

of

ADOPTION DISSOLUTION FACTORS CONSIDERING NATIONAL DATA:

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The purpose of this study to identify service utilization, desire of services and helpfulness associated with adoption dissolution that exist in families who adopt children from foster care. This may lead to suggestions of ways community and child welfare agencies can better support local adoptive families with appropriate services through their adoption journey with the goal of lowering dissolution rates. Secondary data is used for the current study and was obtained through the CDC from a 2007 study for the National Survey of Adopted Children. Parents of 2,089 families were interviewed via telephone. The current study focused on 766 families who adopted their child from the United States Foster Care system. Nineteen families out of 766 indicated during the survey that they had considered dissolutions and their use or desire of services is compared to 19 randomly selected families from the 747, who had indicated never considering dissolution. The findings from this study indicated there is a statistically significant difference in utilization of services among families who had considered dissolution and the non-dissolution families who indicated not wanting or desiring to access services. The three services that had a statistically significant difference in helpfulness included mental health services for the
child, family counseling, and meeting with an adoption agency for post adoption services and support. Families who had considered dissolution found these three services less helpful at addressing the targeted concerns compared to families who did not consider dissolution. The topic of adoption dissolution is a scarcely studied subject in the area of social work and true numbers of dissolution occurrences are difficult to track. It is the hope through this thesis project that service need and access rates will support a change in how we view post-adoption families.

____________________, Committee Chair
Dr. Francis Yuen, DSW, Professor

____________________
Date
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I dedicate this Thesis Project to my unborn son, Caius Reed. Though just yet, we have not met, already I love you.
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Chapter 1

Introduction

Despite vast documented cases of successful adoption of foster children who remain stable and secure in their placement, a small percentage dissolve and add additional stressors to these children who are returned to foster care. This study intends to analyze service barriers to a lasting and successful adoptive placement of foster care children.

A majority of children in foster care have suffered trauma or neglect resulting in their removal by the state from their biological families or caregivers. Outcomes of children who are adopted from foster care have demonstrated that children who are adopted have more positive outcomes compared to children who remain in foster care. Positive psychological outcomes are created for those who are adopted out of foster care in cases where family reunification is no longer a viable placement option (Triseliotis 2002; Van Ijzendoorn, Juffer, & Poelhuis, 2005). A greater awareness of the negative outcomes associated with foster care drift created a response by states and federal government to increase adoption for foster children to be able to provide better future outcomes that are associated with adoption. Federal financial incentives increased for states to enhance adoption rates and decrease the number of children spending several years in care. This increase in adoptions amplifies the risk of returned to foster care from their adoptive families.

Hartinger-Saunders, Trouteaud, and Matos-Johnson (2014) conducted a survey of adoptive parents and found that of the 405 adoptive parents surveyed, 17% reported
experiencing dissolution with a child they adopted from foster care. An increase in supportive services post-adoption may help families navigate stressors that arise as their adopted child grows and matures. Adoption subsidies as a form of financial support have shown to promote adoption of foster and special needs children (Buckles, 2013). It is an important topic for social workers to investigate in the hopes of further harm reduction for a historically traumatized group of children. Harm reduction, or the promotion of wellness in foster youth, is one goal that should be maintained by social workers. It is the purpose of this study to identify factors associated with adoption dissolution, specifically related to service utilization, that exist in families who adopt children from foster care. This may lead to suggestions of ways local agencies can better support local adoptive families based on barriers shown to exist. This would require growth in the practice of child welfare and other local agencies that can support adoptive families after adoption finalization.

**Background of the Problem**

**Life outcomes.** Copious amount of research exists regarding overall life outcomes for foster youth compared to their non-foster youth counterparts. Research specifically highlights several undesirable life outcomes among foster care children. Some of these undesirable outcomes include: having poorer educational outcomes, higher high school drop-out rates, higher rates of homelessness, increase risk of becoming parents at a younger age, more likely to experience unemployed, and more likely to be dependent on public assistance (Courtney, Dworsky, Cusick, Keller, Havlicek, Perez, Terao, & Bost, 2007; Casey Family Programs: White paper, improving outcomes of
foster youth, 2008; Choca, Minoff, Angene, Byrnes, Kenneally, Norris, & Rivers, 2004; Dworsky & Courtney, 2010; Dworsky, 2005). These undesirable life outcomes which have been thoroughly studied over the years, have lead the social work field to change practices, along with enacting new legislation, to better increase the future success for current and former foster youth.

Legislation. In response to negative outcomes realized by former foster youth and the several thousand children languishing in foster care, Congress passed the Adoption Assistance and Child Welfare Act (AACWA) in 1980. AACWA aimed to keep or return children home as soon as possible through regular judicial reviews and implementing “reasonable efforts” for when a social worker can remove children from their home (Buckles, 2013). If the child cannot be returned home then AACWA increased monthly federal funds for adoption subsidies to families in order to promote adoption of special needs children and children in foster care (Buckles, 2013). AACWA was the first legislation to shift focus to increasing adoption rates by increasing funding; more adoption policies were created following AACWA.

The Adoptions and Safe Families Act (ASFA) of 1997 was created due to the immediate concern of providing permanent placements for children in foster care through either adoptions or reunification, and shortening the overall time spent in care (Miller, 2011). ASFA addressed some of the unintended consequences of AACWA such as states interpreting the law to mean that they must try to keep biological families together. ASFA additionally amended the Social Security Act effecting funding streams (Miller, 2011). More importantly, ASFA created a fundamental shift within Child Welfare to
focus attention and efforts less on reunification and more on the health and safety of children.

Another piece of legislation that was important to the functioning of Child Welfare Agencies was the Child and Family Service Reviews (CFSR) of 1994 that aimed at establishing national evaluating standards. The reviews cover each state’s progress towards meeting the outlined national standards mandated by congress including topics such as safety, permanence, and well-being for foster children (Bass, Shields, & Behrman, 2004).

**Adoption dissolution.** Adoption became a likely answer to the children who were unlikely to reunify with biological family members and gave a solution to reduce the number of children remaining in care for extended periods without permanent placements. Life outcomes for adopted children are vastly positive compared to the outcomes of their counterparts who were not adopted. Some positive outcomes seen in children who were adopted include being more likely to finish high school, achieve a college education, have better family adjustment, better emotional and developmental functioning, housing, financial assistance, etc. (Barth & Berry, 1988). The number of adopted children returned to foster care exists somewhere between 1-4% (Adoption USA, 2009; Bass, Shields, & Behrman, 2004; Triseliotis, 2002). Even at these low percentages, 1-4% accounts for nearly 1.8 million children in the United States.

Some studies attempt to pin point the actual number of adopted foster children who return to care. Tracking this number of children returned to foster care may be difficult for several reasons. Some factors include changes to the child’s name, in some
cases their social security number, and closing of the child’s CPS records (Child Welfare Information Gateway, 2012). All of these changes can occur at court during the adoption finalization hearing. If a child were to come back into the Child Welfare System after their adoption is finalized, the case that is opened would then be opened under the name of the adopted mother and would have no connection or correlation to the original case from the birth mother. Additionally, occurrence of adoption dissolutions would not be tracked by Child Welfare data unless those children encountered a Child Welfare agency for abuse or neglect reasons (Vandivere, Malm, & Radel, 2009).

**Statement of the Research Problem**

The purpose is to identify barriers to successful adoptive arrangements among families and children who were previously involved in the child welfare system. This study contributes to the limited research on dissolution of adoption arrangement of adopted foster youth by addressing these important questions: what concerns and difficulties exist within an adoptive arrangement that can lead to dissolution? What services help to target those concerns and lower dissolution rates?

Care of abused and neglected children in the United States has become an acknowledged social problem in which responsibility of protection fell to the government. The United States Federal Government developed Child Welfare Federal laws dictating how each state would be able to remove, provide care, reunite, and adopt children whom were at risk of abuse or neglect. In California, foster care responsibility has been distributed among each county who operate their own Child Welfare office under the same federal laws. On September 30, 2012, a snapshot of the approximate
number of youth in foster care indicated 399,546 children, with 24% or 95,891 children had the permanent case plan of adoption (Child Welfare Information Gateway: Foster Care Statistics, 2011).

Professionals in the Child Welfare sector openly acknowledge that the Foster Care System was not designed to raise children for long periods. The primary function is to ensure the safety of children and families, and work to rehabilitate and reunite them when possible. Unfortunately, the Child Welfare System is currently dealing with a large number of children in care. In 2013, the state of California had 58,699 children in foster care with 2,570 of those children residing in Sacramento County between the ages of 0-21 (Kidsdata.org, 2013). Sacramento County ranked the fifth largest county according to the number of children in foster care following behind Los Angeles, San Bernardino, Riverside, and San Diego County (Kidsdata.org, 2013). When reunification with biological family is not probable, a concurrent plan, or a plan B, is established in effort to reduce the overall time a child spends in the foster care system. Adoption efforts have amplified in hopes of decreasing time in foster care and providing children with a permanent placement sooner.

This understanding of local statistics regarding adoption may indicate a need to increase post-adoption support to families leading to easier access to services. When services are more accessible, adoptive parents may feel less isolated in their attempts to manage difficulties experienced in their family environment. The most important problem is to identify the major issues or stressors within a family unit that causes
significant distress for the family. The problem is defined as the dissolution of an adoptive arrangement for a child previously in foster care.

**Study Purpose**

The purpose of this study intends to outline areas families need help addressing and services that are mostly utilized to address those concerns. This study also intends to view these services through the lens of local Sacramento services for adoptive families to see if Sacramento offers the appropriate services adoptive families may be in need of. It is the hope that local agencies will develop around these highlighted areas of concern to help support families in their community post-adoption with the goal of decreasing the number of children returned to foster care.

**Theoretical Framework**

Social Learning theory is a fitting theory to view dissolution of adoptive relationships (Coady & Lehman, 2007). Through this lens, children learn their behavioral responses to stimuli in their family of origin or the several foster homes they lived in. The culture of foster care has shaped their behavior by rewarding anger, violence, and teaching them that any family may be willing to give up on them if they act or do not act a certain way (Coady & Lehman, 2007). Consideration of the Social Learning theory is important as the theory lends itself to the idea that thoughts and beliefs are developed through a cognitive-behavioral learning model, taught through human behavior interaction (Coady & Lehman, 2007). Through this theory, researchers have a better way of understanding ways that foster children develop and learn problematic behaviors and also provides an approach for how those behaviors can be addressed through providing
social skills and increased positive reinforcement for appropriate social interaction (Coady & Lehman, 2007). Children who are adopted out of foster care can potentially develop difficult behaviors due to previous traumatic experiences and neglectful home environments in their biological settings. Social learning theory is one lens that can help to understand the undesirable behaviors and concerns that may arise with families who adopt children from foster care.

Another theory that can shed light on children adopted from foster care is attachment theory. Attachment theory helps to explain a child’s potential inability or ability to form secure attachments to caregivers (Coady & Lehman, 2007). This theory asserts that psychological problems developed by an individual can stem from disturbances, deprivations, or disruptions in early caregiving relationships (Coady & Lehman, 2007). These occurrences can be experienced by children who become involved with the Child Welfare System through the neglectful homes they come from or from the trauma of being removed from their family. A child who experiences disturbances, deprivations, or disruptions in caregiving early on in life can continue a pattern of insecure attachment with their adoptive parents, threatening the bond and the overall relationship. It is also believed that attachment disorders in children may form when a child receives inappropriate responses or frequent changes in caregivers, a factor effecting many foster children who frequently experience placement changes (Coady & Lehman, 2007). Attachments theory lends itself well to the study of dissolution as it takes into consideration the human propensity to be close to others throughout life and the
psychological effect early caregiving behaviors can have for the future chances of attachment for foster children.

Definition of Terms

Adoption: Adoption refers to a reassigning of the legal parent-child relationship and the rights that are inherent to a parent. Rights of the original individual(s), typically the biological parents, are legally terminated by the judicial system. This can occur in multiple ways including domestic adoption, international adoption, and adoption from foster care.

-Foster care adoption: “Children adopted from foster care are those who, prior to their adoption, were involved with the child protective services system and removed from their families due to their families’ inability or unwillingness to provide appropriate care. Public child welfare agencies oversee such adoptions, although they may contract with private adoption agencies to perform some adoption functions” (Vandivere, S., Malm, K., and Radel, L., 2009).

Adoption Finalization: Legalization of an adoption (Vandivere, S., Malm, K., and Radel, L., 2009).

Birth Parents: The biological parents of a child who are inherently provided the parental rights over their child at birth to make all legal and other decisions for.

Concurrent plan: A plan of action created by the judicial system and the County Social Worker seeking to reduce the delay for a child in foster care obtaining a permanent long-term placement. This decision involved considering all possible placement options for a
child early in the course of a child welfare case incase reunification is no longer a viable option for the child.

**Disruption:** “instances [where] adoptive parents and children choose to end the relationship with the child and do not proceed with finalization… following the child’s placement in their home” (Vandivere, S., Malm, K., and Radel, L., 2009).

**Dissolution** - Legally ending an adoption following finalization (Vandivere, S., Malm, K., and Radel, L., 2009).

**Foster Care:** “all out-of-home placements for children who cannot remain with their birth parents. Children may be placed with non-relative foster families, with relatives, in a therapeutic or treatment foster home, or in some form of congregate care, such as an institution or a group home.” (Bass, Shields, & Behrman, 2004).

**Removal/Detained:** A child in the foster care system goes through a removal or detaining process from their biological family into the care and custody of the child protection state agency until the child can either be returned safely to their biological parent/guardian through reunification or be placed in an alternative long term placement.

**Reunification:** The process of returning a previously detained child back to their parents or caregivers who they were originally removed from, once safety and stability has been demonstrated to the County Social Worker and legal representatives.
Chapter 2

Review of the Literature

Adopted children comprise only a small piece of the U.S. population, registering around 2 percent total (Adoption USA: A Chartbook Based on the 2007 National Survey of Adoptive Parents, 2009). However, this percent can be sizable, accounting nearly 6,180,000 adopted children in the United States. Statistically, the permanency success of adoptive placements is overwhelmingly positive; on the other hand, even 2 percent dissolution amounts to a large number of children in challenging positions for positive outcomes. Due to the population size, the wellbeing of adopted children should be a concern for social workers. Positive research findings regarding outcomes of children who have been adopted from the foster care system are listed below.

Themes covered below include documented historical outcomes for foster children, psychosocial outcomes for children who are adopted out of foster care, identified barriers to successful adoptive placements, clues to dissolution, and research on pre- and post-adoption services effect.

Foster Care

Future outcomes. A robust amount of information exists on undesirable outcomes that have historically plagued aging-out foster youth compared to outcomes of non-foster youth. Undesirable outcomes may be due to negative psychosocial factors create in the lives of former foster youth such as multiple placements, separation of siblings, school difficulties, etc. Outcomes of former foster youth will be compared to
youth who were not in foster care in order to highlight the significant differences in life outcomes based on the foster care factor.

Dworsky and Courtney lead a Midwest study in 2010, which surveyed youth in the states of Iowa, Wisconsin, and Illinois on the number of pregnancies they had experienced between the ages 17 to 18. Of the 374 former foster youth women surveyed, 124 (32.9%) reported ever being pregnant at least once by age 17 or 18. This compared to 794 non-foster youth ages 17-18 surveyed where only 114 (13.5%) reported of women experiencing a pregnancy. This study shows an increased difference of 19.4% in pregnancy rates of 17-18 year old former foster youth compared to their non-foster counterparts.

Additionally, a 2008 national level study of long-term educational outcomes for children previously in foster care found that youth in foster care are more than twice as likely (37% vs. 16%) to have dropped out of high school than non-foster youth in the general population. Five years later, only 77% of the former foster youth who had dropped out of high school had completed a high school diploma or GED, compared to 93% of the non-foster youth in the general population who had also dropped out. (Casey Family Programs, 2008).

Choca, Minoff, Angene, Byrnes, Kenneally, Noriss, Pearn and Rivers (2004) highlight the bleak housing experience of former foster youth once they exit foster care. Of 1,087 former foster surveyed, 42.2% had experience one night or more of homelessness. In addition, 22.1% of these youth reported having been homeless at least
once within the first year of exiting foster care. This article called for greater attention to be paid to affordable housing options for foster youth alumni.

Motivated by the wealth of documented negative outcomes associated with being a foster youth, De Bellis (2005) used the Developmental Traumatology Model to measure the psychobiological effects of anxiety and stress on brain development associated with neglect. De Bellis hypothesized child neglect affects the brain in many ways including developmental delays in emotional and cognitive functioning and academic achievement. No two children experience the same neglect or abuse, nor would they perceive it the same. Stress can affect brain development in several ways resulting in the child developing delays or deficits in behavioral and emotional regulation, cognitive and psychosocial functioning, antisocial behavior and poor academic achievement (De Bellis, 2005). Increased anxiety leads to multiple neurotransmitter systems and neuroendocrine axes becoming activated. These systems in conjunction with the immune system are interconnected and respond to acute or chronic stressors (De Bellis, 2005). These systems are related to a person’s arousal, stress response, behavioral and emotion regulation. De Bellis’ neurological study noticed a dramatic change in brain structure for children who experience neglect or abuse, particularly evident in the accelerated loss of neurons in developing brains due to elevated levels of stress chemicals.

**Monumental legislation.** Over the last several decades many legislative measures were authorize to improve the end results for exiting foster youth. They also supported efforts to increase the number of foster children exiting foster care into permanent placements. The Adoptions Incentive Program as a part of the Adoption Safe Family
Act (ASFA) of 1997 is an example of one policy action that was passed to increase the adoption rates of foster children. This act increased financial incentives for states that increased their adoption rate of children 9 years or older, due to low adoption rates for older children (White House Task Force for Disadvantaged Youth, 2003).

One outcome ASFA legislation mandated CPS social workers to consider a concurrent or secondary permanent plan of adoption at the same time as reunification. Judicial timelines, or time limits, specified within ASFA demands parental rights to be terminated to a child when a child has been in foster care for 12 months in the past 22 months (Miller, 2011). If sufficient progress by the parents towards reunification has not been made, then a new permanent plan outside of reunification is established. In certain situations, ASFA now requires states to terminate parental rights and provides incentives for states to encourage adoption (Bass, Shields, & Behrman, 2004). Time limits established by ASFA appear to be beneficial in ensuring that children do not remain in care for several years waiting for biological family to complete necessary progress. ASFA eliminated the long-term placement plan as a possible permanent placement plan for a child in foster care, forcing the CPS social workers to work towards a true permanent plan (Bass, Shields, & Behrman, 2004). Miller (2011) suggests that ASFA can be harmful to the child and parent when a major family decision, such as termination of parental rights, is based purely on timelines, ignoring complex factors present in both the adoptive and biological relationships that should be considered in the decision. Miller suggested a few options to combat these concerns including guardianship subsidies, more
clinical involvement of the biological family, and the option for cooperative adoption, which would permit varying degrees of contact with biological families and the child.

Another piece of legislation aimed at establishing national standards was the Child and Family Service Reviews (CFSR) of 1994. Reviews are now mandated by congress to evaluate how well a state agency is meeting the established national standards surrounding safety, permanence, and well-being for foster children in their care (Bass, Shields, & Behrman, 2004). From these reviews, standards that is not being met, the state must submit plans regarding ways they will improve in those areas within a two year time frame or receive monetary fines if not improved. These national standards have proven to be high standards and difficult to meet with current practices of the foster care system since out of 32 states, none met all federal standards (Bass, Shields, & Behrman, 2004). This statistic speaks loudly for the need to better translate policy standards and expectations into foster care agency practices through reform to best serve our most needy children.

Bass, Shields, and Behrman (2004) offered recommendations to create a higher level of functioning and coordination in foster care system. Some of the recommendations target the pitfalls of a system such as high caseloads numbers, lack of appropriate staff training, and the uniformed solutions given to families by the courts despite significant family situation variance. Bass, Shields and Behrman (2004) point out that the major way foster care typically reforms itself is through class action lawsuits. They often lead to investigative panels that review regulations and practices and then compose recommendations for reform. Final recommendations included:
• health assessments for children within 30 days of placement into the foster care system; this is to ensure the upmost health and safety for every children in care
• states to develop and track quantitative forms of well-being measures to include health and educational needs of each child
• states should use the existing programs and community agencies to provide specialized services to clients; this will ensure children receive the services they need while not having to rely on the over burdened child welfare system to receive their specialized needs
• increase cultural competency to ensure sensitivity to different cultural groups
• expand and improve services for provided to birth families since families are the primary means of permanence for children in the foster care system
• better awareness and response to needs of nonrelated family and kin-caregivers such as additional trainings and respite care
• continue to support families through permanent placement to aid in child and family well-being after exiting from the system; this will help to stabilize a family regardless of what type of permanent placement it is
• provide flexible financing
• coordinate services with outside agencies to provide easy access for clients
• restructure state agencies to allow for individualized planning for families in the foster care system (Bass, Shields, and Behrman, 2004).
Foster Care Adoptions

**Adopted foster children’s psychosocial outcomes.** Foster children can benefit greatly from a successful adoptive relationship. Positive outcomes have been seen in children who were adopted include the child being more likely to finish high school, achieve a college education, have better family adjustment, better emotional and developmental functioning, housing, financial assistance, etc. (Barth & Berry, 1988). One major benefit is the long-term support network available to former foster youth through their adoptive families. This long-term support may assist in decreasing the homeless rates experienced by former foster youth (Barth & Berry, 1988).

Meta-analysis compiled by van IJzendoorn, Juffer, and Poelhuis (2005) compared cognitive development of adopted and non-adopted children's IQ and school performance. The meta-analysis of 62 studies consisted of 17,767 adopted children and demonstrated that children who were adopted, compared to those who were not adopted, or left in a dysfunctional family, had higher IQ scores. Unfortunately, due to the small sample sizes of some of the studies used in this meta-analysis, conclusions are difficult to make and requires further study.

An examination of literature on the difference in long-term foster care and adopted children was completed in 2002 by Triseliotis. This examination first made the influential statement that when a child is placed into a placement, long-term foster care or adoption, the intention is always for that placement to be continuous and last until the child is an adult (Triseliotis, 2002). Yet, placement instability is all too common in foster care and can occur in both foster and adoptive placement arrangement. Triseliotis (2002) reviewed
several studies for the following factors: placement stability, adjustment in childhood and adult life, sense of security and belonging, personal social functioning, subject retrospective perceptions, and substitute parents perspective of the child. Two conclusions were drawn from this meta-analysis, first that “because of the type of child currently being adopted or fostered, differences in breakdown rates and in adjustment between these two forms of substitute parents are diminishing and in some age groups evening out” (Triseliotis, 2002, p. 31). Secondly, “compared with long term fostering, adoption still provides higher levels of emotional security, a stronger sense of belonging and a more enduring psychosocial base in life for those who cannot live with their birth families” (Triseliotis, 2002, p. 31). Adoptive families can help to buffer foster children against the negative outcomes associated with foster care by helping to provide permanence, safety, and life-long support.

**Identified barriers to long lasting adoptive placements.** Stressors unique to former foster youth may exist in adoptive families leading to greater risk for unsuccessful adoptive relationships, and potentially conclude in dissolution of adoption. This researcher has observed a gap in literature regarding dissolution and factors contributing to unsuccessful adoptive placements. The following topics of psychosocial characteristics, emotional difficulties, internalizing and externalizing behaviors, mental health of the child, placed without siblings, attachment styles, age of adoption, experiencing multiple placements, and financial support, will be examined as possible contributing factors to dissolution considerations of an adoptive family.
Psychosocial and mother characteristics. Berry and Barth (1990) attempted to uncover psychosocial characteristics of adolescents who were adopted from foster care and who experienced dissolution. Although this study originated in 1990, it is the best study to cover the topic of adoption disruption and the psychosocial characteristics of adopted former foster youth. Berry and Barth (1990) sampled 99 adolescents who were older than 3 years at the time of their adoption and surveyed their adoption workers. The findings demonstrated that there were slightly higher disruption rates among adoptive families who were brand new families to the child, compared to families who had fostered the child first before the adoption. This finding may indicate a stressor to an adoptive relationship if the family is newly meeting the child with specific intentions of adopting, placing more strain on the relationship. Another interesting finding was that there were higher disruption rates among younger mothers and mothers with higher education level compared to older, lower educated mothers. This finding could signify more parenting experience or an increase of patience that may be mastered by older mothers. Lastly, there was a 50% increase in dissolution if the child had emotional problems, and 75% increase if they had emotional problems and were adopted by a couple instead of a single parent (Barry & Barth, 1990). The topic of single parents versus couples adopting a foster child was an interested discussion regarding the dynamic between the relationship between the couple and the relationship they hold with the child. From this study, several factors may influence the success of an adoptive relationship including child factors such as emotional problems. Parent factors look to play a major role in areas such as age of the mother, education level, status of the relationship (single
parent or couple), and whether the parents were foster parents to the child previously or if they were newly meeting their soon to be adoptive child.

**Post-Adoptive Concerns**

**Educational difficulties.** Learning difficulties may create additional stress on an adoptive family. A meta-analysis of eight studies examined how learning problems may affect adoptive arrangement (van IJzendoorn, Juffer, & Poelhuis, 2005). The study totaled 13,291 children of which 3,018 were adopted children. The adopted children in the study experienced significantly more learning problems and required more special treatment compared to the non-adoptive children (van IJzendoorn, Juffer, & Poelhuis, 2005).

Adopted children in this study required an increase in special educational attention, which carries the potential of creating more demands on the adoptive parents. Adoptive parents must identify appropriate supplemental educational programs and designate time out of their normal routine to attend those meetings. Additionally, this comparison highlights greater educational difficulties within the adoption population. Of the adopted children surveyed, 12.8% required special education referrals compared to only 5.5% of referrals made on behalf of non-adoptive children. Educational difficulties insert an additional layer of demand on the adoptive parent and the adoptive relationship.

**Internalizing and externalizing behaviors.** Children’s behavioral issues can also affect the success of an adoptive arrangement. Using the data from the California Long-Range Adoption Study (CLAS), Simmel (2007) completed the only studies to track the emotional well-being of an adopted foster child after exiting care. The study aimed to determine risk and protective factors to the psychosocial functioning and development of
children who are adopted. Using secondary data of 688 family’s collections at 8, 4, and 2 years post adoption, risk and mediating factors were extracted regarding internalizing and externalizing behaviors. Simmel (2007) used the term internalizing behaviors to include depression, problems with self-esteem and self-worth, educational impairments, and suicide. Simmel (2007) used externalizing behaviors to include attention deficit/hyperactivity disorder, oppositional defiance disorder, sexual promiscuity, fractured peer and family relationships, substance abuse, etc. Risk factors for the child displaying concerning behaviors included a history of neglect, sexual abuse, and/or having experienced multiple homes prior to the adoptive placement. Mediating factors included adoptive parent’s readiness to be parents to this child, along with the quality of interaction with the child. The most powerful mediator was the parent’s readiness for the adoption. This study was important to help frame internalizing and externalized behaviors in former foster youth and the role adoptive parents can have on their adoptive child’s internalizing and externalizing behaviors. Many children who exit foster care into an adoptive placement may have a higher probability of historical exposure to risk factors such as neglect, sexual abuse, or having multiple placements. Internalizing and externalizing behaviors may not immediately disappear once the adoption is completed. For this reason, it is important to understand the source of the disruption and to understand the mediating factors that can be enhanced in the adoptive parents.

Mental health concerns. A 2012 study surveyed children ages 4-12 who received specialized foster care due to documented behavioral, or medical concerns, or had developmental needs (Leathers, Spielfogel, Gleenson, & Rolock, 2012). Several of the
children in the study had mental health diagnosis’ that indicated behavioral challenges such as oppositional defiant disorder and conduct disorder. Twenty-five foster parents participated in the study, 15 were in the intervention group that received 16 information and discipline strategies sessions; ten parents were in the control group that received no sessions. Prior to the intervention of the study, externalizing behaviors such as oppositional behavior, aggression, lying, and stealing, were reported in 73% of the 25 foster parents surveyed and were the areas of behavioral concern most noted by parents. Results of the intervention sessions indicated that the more sessions attended by families, the fewer externalizing behaviors reported for children in foster homes. The behavioral interventions of the sessions did not have an effect on the decision of the foster parents to adopt a foster child despite its significant effect on reduction of behavior problems. A hypothesis can be generated that youth’s behavioral problems may have been present prior to their adoptive placement leading to repeated placement changes. This also could be correlated to insecure attachments of the children leading to social, cognitive and interpersonal delays (Simmel, 2007).

**Placements with/without siblings.** Siblings can be a major factor affecting child’s behavior at home and at school. Hegar and Rosenthal (2001) studied children in foster care who had siblings and tracked placements to see if the children were placed without any siblings (split), with one sibling (splintered), or all siblings placed together (together). The study looked at 1,701 children and came to find that there were less adjustment problems or behavioral problems among children placed with one or more of their siblings compared to those who were spilt from all of their siblings in a placement. Social work practice can be
greatly impacted by this study that demonstrates the positive outcomes in adjustment and behavioral problems for children who are placed in foster or adoptive placements with their siblings. The benefits were demonstrated in the youth reporting increased “emotional support they receive from primary caregivers, feelings of closeness to primary caregivers, feelings of being part of the family, and liking of their living situation” (Hegar & Rosenthal, 2011, p. 1247). Placement with or without siblings in an adoptive arrangement can affect the success of an adoption based on the potential effect on the child’s behavior and adjustment. Sibling placement should be considered in every case, especially in cases where children are exhibiting adjustment and behavioral problems.

**Biological children v. adopted.** It would be a disservice to speak about the adoption process, the relationship between the adopted child and their adoptive parents, or the relationship the adopted child may continue to have with biological family without also taking into consideration any biological children of the adoptive parents. Biological children should be viewed as major players in the fostering team.

Sutton and Stacks (2013) completed research on the perspective of biological children of foster-carers on how they have adapted to the fostering experience. The study was conducted though an independent foster care group in the United Kingdom. Six children between the ages of five to eighteen agreed to be surveyed regarding their “experience” of foster-care. Results indicated that all of the participants recalls the initial period when the foster care was placed in their home as being ‘‘awkward’, as there was a ‘stranger’ in the house” (Sutton and Stacks, 2013, p. 601). After using methods to overcome the awkwardness, the children expressed looking forward to the prospect of a
new sibling. Many children additionally commented that they experience personal gains through having the new sibling in their home due to an increase of outings and holidays than previously experienced. Only two of the six children indicated feeling jealous of competing for their parent’s attention; however, both children expressed overcoming these feelings by communicating to their parents. Overall, the child expressed that they did feel very much a part of the fostering team as they felt they were consulted prior to fostering, giving their acceptance and engaging in the process with the family made them feel they were an integral part of the process. When the fostering ended, the children mostly reacted positively to the process as they had been told it was an inevitable part of fostering. Some children indicated struggling with the attachment and felt guilt that the move was somehow related to them. This 2013 study described a primarily positive relationship between biological children of foster carers and foster children and gave breath to the importance biological children play in the fostering and adoption process.

**Attachment styles of former foster youth.** An additional barrier to a successful adoption can be seen in different attachment styles. Researchers van den Dries, Juffer, van Ijzenboorn, and Bakermans-Kranenburg (2009) conducted a meta-analysis study to address the question of whether delays existed in attachment relationships between adopted children with their new families. Attachment styles are associated with emotion regulation, basic trust, child’s confidence, and problem solving in children (van den Dries, et al, 2009). Attachment styles that were coded for this meta-analysis included secure, insecure, and disorganized attachment styles. Children who have a healthy attachment to their caregiver are termed “secure”, due to the child seeking comfort and
support from their caregiver when they are scared, sleepy, or sick. Disorganized is the least desired attachment style for children to have and is demonstrated by the child not seeking comfort from any caregiver and unable to calm themselves when dealing with a stressful situation (van den Dries et al, 2009). The 2009 meta-analysis found a significant difference existed between adopted children compared to foster children. Adopted children demonstrated fewer secure attachments and more disorganized attachments; however, compared more favorably to foster children who had significantly more overall disorganized attachments than the adopted children did. This finding lends to the benefits of adoption for foster children, but offers a glimpse into the negative effect childhood abuse or neglect early in life tend to have on the child’s attachment ability to future caregivers. Furthermore, the 2009 study found a significant difference between attachment styles of adopted children according to the age they were adopted. Children who were adopted early (before 12 months of age) had more secure attachments to their adoptive parents compared to children who were adopted after 12 months of age. This finding may point to the influence of historical trauma on children’s attachment styles as well as the importance of early attachment. Additionally, the benefits are clear regarding the importance of thoughtful initial placement decisions by CPS to provide a greater opportunity for a young foster child in forming healthy attachments early on in life.

**Age of child at adoption.** As children grow and develop in foster care, permanent placement options change. In 1989, Barth and Berry found that only 6% of 13-18 year olds in Northern California had a permanent plan of adoption. The low number of older child in Northern California with a plan of adoption speaks to a larger issue
experienced by this age group regarding their decreased chances for adoption, and lower success rates if adopted. This statistic also mirrors the issue examined by Olsen (1984), which found when a foster child reaches the age of 8 years old, the likelihood of receiving a permanent plan of adoption decreases significantly. Furthermore, if adopted, older children have an increased likelihood of experiencing an adoption disruption as their age increases. Olsen lends this increase of disruption to the higher prevalence of emotional and behavioral problems among children in their adolescent stage. Success for adolescent adoptions found by Barth and Berry (1990) indicate that there was more success for adolescents who were adopted by their foster parents rather than a new adoptive family. A barrier to successful adoptions that can be drawn from this study is both the age factor for the child as well as the placement of an adolescent with a brand new adoptive family.

**Experiencing multiple placements in foster care.** Experiencing multiple foster home placements seems ubiquitous to the foster care system. Achieving placement stability remains a high priority for every foster child, but placement changes occur despite social workers, foster parents, and attorney’s best efforts. With every change of placement the child is not only experiencing another disruption in caregivers, but also a change to their daily schedules, peer groups, neighbors, and schools (Fisher, Burraston, & Pears, 2005).

Proctor, Van Dusen Randazzo, Litrownik, Newton, Davis, and Villodas (2011) preformed longitudinal study using data from the Consortium of Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), which follows samples of child where were
maltreated from the age of 4 through adulthood and interviews children and parents every two years. From this data, Proctor, et al., (2011) examined caregiver stability experienced by foster children between ages 6 and 8, who were placed in out of-home care before the age of 3.5 years. By age 6, these children were living in a number of different permanent placements including reunification, adoption, and long-term foster care/guardianship with relatives or non-relatives. Children who were included in this study must have been placed in out-of-home care by the age of 3.5 years as a result of substantiated maltreatment during an 18-month period ranging, from May 1990 through October 1991, and remained in out-of-home foster care for at least 5 months. (Proctor, Van Dusen Randazzo, Litrownik, Newton, Davis, & Villodas, 2011). Children between the ages of 6 and 8 were tracked to determine the number of changes in care givers they experienced. One out of seven children in the sample of 285 children experienced caregiver instability (14%). Permanent placement instability for these children were related to a combination of factors including the involvement of their father, expressiveness within the family, intellectual functioning of the child, and their externalizing behaviors. A factor that proved to increase stability of the child’s caregiver was if the child was placed into an adoptive placement (Proctor, et al., 2011).

Fisher, Burraston, and Pears (2005) document the number of placement changes experienced by foster children and how their unstable placement relates to successes in maintaining final permanency with either biological family, adoption to relatives, or non-relative. In this 2005 study, the intervention group included foster parents who received specialized training (parent management training) prior to accepting a foster child into
their home. The training aimed at equipping the foster parents with tools to be able to reduce disruptive behavior. The intervention group also provided children with weekly therapeutic play sessions and behavioral interventions, coupled with intensive daily and weekly support for the foster parents. Of the 90 children who began the study, 54 achieved permanent placements (reunification or adoption). Children who achieved permanency and who did not receive the intervention had 36% failure of that permanent placement compared to 10% permanency failure for the intervention group. The number of total placements a child had experienced in foster care prior to their permanent placement also had an impact on the success of permanency. Probability of failed placements related to number of previous foster placements showed little group difference existing between the intervention group, who received the specialized training, and regular foster care children when there was zero to one placement change. A difference began to show within children who experienced three or more prior placements had a failed permanency rate of 26% for the regular foster care and 8% for the intervention group. This study demonstrated the importance and impact of proper training of foster parents on providing ample support and increasing the success of permanent placement for foster children. As number of placement changes rise, so does their probability for experiencing a failed permanent placement in the future. Fisher, Burraston and Pears (2005) conclude that with each failed placement, the child experiences major living changes including relocation, disrupted relationships and renewed uncertainty, none of which facilitate secure psychological well-being and
development. It is important to note from the results of this study that intervention steps can be taken to improve the success of permanent placements for foster children.

Coakley and Berrick (2008) discovered similar findings among the literature. A slight trend exists for male foster children experiencing higher disruption rates compared to their female counterparts; however, findings were mixed. What did stand out as a factor affecting adoption success was the age of the foster child. Among the studies reviewed in the 2008 meta-analysis, a few indicated a more positive trend of adoption success for children who are younger, ages 0-2, compared to older children, ages 2-6. The risk of disruption occurring in an adoptive placement is associated with the age of the child and if there was special needs of a child relating to their cognitive, behavioral, and emotional problems. The presence of behavioral or emotional problems was matched with a high adoption disruption rate, specifically in children with histories of sexual abuse or who displayed non-age appropriate sexual acting-out behavior. Emotional attachment has also been the topic of a few researchers. The emotional attachment a child has towards their adoptive parents, and the existence of emotional attachment to their biological parents, and the rate of disruption. Throughout the research on this topic, it was clear that the attachment, or fantasy of their birth family, inhibited children from forming a close attachment to their adoptive families and contributed to an increase in adoption disruption. The amount of time a child spends in care was not strongly associated with future adoption disruptions. Overall, Coakley and Berrick (2008) found various factors that may or may not have an effect on adoption disruption. This finding is
not surprising given the complex differences that exist between cases of foster children and the varying stress factors that may be involved in disruption.

**Financial support.** Foster and adoptive parents factor into the success of an adoption as well as child. Kirton, Beechman, and Ogilvie (2006) looked at who is adopting children out of foster care. The study primarily focused on the relationship between the financial support foster parents received and their performance as foster parents, although other factors were explored. The survey results of 1,181 foster parents lead to an interesting finding that the foster parents who had considered adopting a foster child were against the idea that foster parents should receive a salary for being foster parents, and showed a lack of concern with money. Foster parents who were supportive of a salary for foster parents described fostering as a profession, and were less likely to have ever considered adopting a foster child. These findings regarding outlooks on payment for foster parents and likelihood to adopt leads to the idea that an increase in financial support many not be at the heart of parent’s motivation to adopt, but rather a bonus to adopting. The three factors that did produce greater interest to adopt in foster parents were 1) the degree of involvement in foster care, 2) having less financial concern, and 3) being valued by the social worker. It should be noted that although less financial concerns was noted as a factor to adopting, a loss of financial support was listed as the most frequent reason for not going forward with adopting a child. The idea that the foster parent wanted to be valued by the social worker may be interpreted as a desire for more control or independence from the social worker. Although 37% of the foster parents considered adoption, only 12% actually adopted a child. It was clear that most of the
children who were adopted, were adopted by foster parents rather than single adoptive parent. The major message to gain from this study is the necessity to have a balance between allowing parents to be foster parents, but to recognizing that often times the most likely candidate for adoptive parents are the foster parents themselves.

Empathy levels in foster parents. Rosenstein (1995) examined a factor of foster parent’s empathy levels towards their children as potential risk of abuse. Empathy was measured in 29 caretakers who all had at least one referral to CPS for physical abuse. Empathy factor was considered for justification that if a caretaker had more empathy for their child’s feelings and had a greater ability to understand the perspective of their child (cognitive empathy) then they would be less likely to physically abuse their children. The study measured stress of the parent to see if having greater empathy for their child acted as a mediator to abuse of their children and demonstrated a negative correlation in the results. No significance existed for empathy scores mediating stress; although 33.3% of parents who indicated having stress did not have recorded physical abuse of their children. The question remains what were the strengths possess by those 33.3% of parents who experience stress as a parent and did not physically abuse their children. This study related to adoptive parents who also experience varying levels of stress as a parent to an adoptive child creating a tense family dynamic. Perhaps an empathy risk assessment can be used as a way CPS Social Workers can enhance the decision making for children in long-term placement to decrease dissolution rates.

Several factors arise as barriers to successful adoptive placements. Behavioral and educational concerns can create added stress to the adoptive family. Other topics that are
less talked about such as the influence of having siblings separated or a children’s history of abuse, neglect, and the effect of multiple placements has on their behavior.

Additionally, adoptive and foster parents play a large role in the success of the adoptive relationship. Being a foster parent is a difficult job for several reasons. Foster parents are expected to provide care and protection for a foster child, work with several different agencies such as CPS, schools, mental health providers, and arrange visits with biological family (Bass, Shields, & Behrman, 2004). If the foster family intends to adopt the child and offering a permanent placement, the last obligation of arranging visits with biological family may be difficult to be supportive of since it may lead to an eventual placement away from their family. It is made clear that there are many factors affecting the success of an adoptive placement of a former foster youth.

**Dissolution information.** Creating a clear picture of dissolution rate in the United States has proven to be tricky. Triseliotis (2002) cites approximately 4% of adopted children annually are return to foster care in the United States. The U.S. Department of Health and Human Services in 2012 claim the figure of adoption dissolutions occurs between 1-5%, while Berry and Barth (1990) averages 10% of children adopted at age 3 or older disrupt. It can be difficult to track adoption dissolutions due to several factors. Some factors include changes in the child’s name and sometimes social security number, which can occur at finalization of adoption when child’s CPS records are closed (Child Welfare Information Gateway, 2012). Additionally, occurrence of adoption dissolutions would not be tracked by Child Welfare data unless those children come back into contact with a Child Welfare agency for abuse or neglect reasons.
(Vandivere, S., Malm, K., and Radel, L., 2009). If the family chooses to dissolve the adoptive arrangement in family court or do not take legal steps to end the relationship, finding alternative placements for the child outside of the home, these occurrences would not be tracked or reported by the Child Welfare state agencies. For these reason, the number of dissolutions that occur in the United States is difficult to measure and track to get a representative number.

The Child Welfare Information Gateway (2012) provides a plethora of information on the topic of adoption dissolution. One important piece of information to note is that the vast majority of adoptions are stable and long lasting. Of the small subset of adopted child that are returned to foster care, fewer face legal dissolution of their adoption. Many children who re-enter foster care from an adoptive placement return to their adoptive parents once services are implemented. Services indicated by adoptive parents as needing more information include educational services, after-school activities, and mental health counseling (Festinger, Freundlich, and Wright, 2003). Dissolutions are occurring at a small rate, but trauma continues to mount for those returned children. Factors associated with adoptions dissolution have not been well examined in research and no national study has been completed to better understand adoption dissolutions (Child Welfare Information Gateway, 2012). Research in this area can help communities develop formal and informal services to provide adoptive families with pre- and post-adoption support as they navigate a variety of stressors that may arise throughout the adoptive relationship.
One study on dissolution was completed by Hartinger-Saunders, Trouteaud, and Matos-Johnson (2014) using a data set available in 2012. The aim of the study is to identify the post-adoption service needs of adoptive parents and any predictors of dissolution. Online surveys were sent to adoptive parents. The researchers received 437 respondents. The questionnaire listed 14 post-adoption services ranging from using resources at a library to accessing crisis intervention. Parents were asked which services they felt they needed and then indicated the services that they actually accessed. Parents also were asked to indicate if they legally adopted a child who they then later returned them to foster care. The service indicated most needed by adoptive parents was a support group for adoptive parents, but fewer than half indicated actually having accessed that service. The services of counseling/mental health services for the adopted child, parent training, and financial assistance, were reported as services needed by families. These services were also accessed by the families and were additionally the highest valued services by the parents. Services that parents indicated as being the most valuable when accessed was substance abuse treatment for the child, crisis intervention and respite care. These services however, were the least accessed. The service parents valued the lowest was post-adoption was case management. Parents who indicated dissolving the adoption were more likely to indicate that their adopted child needed substance abuse treatment and educational advocacy services. A decrease in the likelihood to dissolve the adoptive relationship was associated with the parents accessing educational services for their child and the parents themselves participating in a parent support group. Findings from this study reveal the complex dynamics some adoptive families face. It demonstrates that
accessing services sometimes is not enough to overcome some challenges such as substance abuse issues, nor are these challenges easily remedied by substance abuse services. Further information should be gathered on the impact of accessing substance abuse services and its connection to increased dissolution. Perhaps another method of substance abuse services, such as a whole family model or alternative models will have a greater effect on how valuable the child and family felt substance abuse services are in addressing this issue.

Services

Meeting the long-term needs of newly established families, whether through reunification or adoption, service availability and quality can be helpful in establishing positive and secure family bonds, and may help the family develop healthy skills to use in times of turmoil.

Houston and Kramer (2008) assessed the amount and satisfaction families had with services among 34 newly adoptive families, three years post-adoption. Services that were accessed by the families included informal non-agency support such as families, social networks, friends, neighbors, etc. Informal agency-linked support includes peers, and people associated with the adoption agency such as other adoptive parents. Formal non-agency support includes professionals outside of the adoption agency such as teachers and therapists. Lastly, formal agency support is any support provided directly by the child welfare agency, such as the adoption social worker. It was important to see what types of services adoptive families were using and their satisfaction with those services. Research was clear by Houston and Kramer that each family’s needs and desire
for post-adoption support varies greatly. Nine families of the original 449 families who were surveyed experienced adoption disruption. Families who did not disrupt had higher levels of contact with the adopting agency for support prior to the finalization of the adoption, and parents’ indicated this pre-adoption support was helpful. Parent’s have also indicated they would adopt again (indicating that they were happy the first time around) when their post-adoption contact with informal and formal non-agency support, such as friends and teacher, were high. They indicated the informal agency, such as other adoptive parents were also helpful. It is interesting to note that a lower desire to adopt was related to contact that is more frequent by the formal agency supports. Houston and Kramer (2008) study reflect a need to help adoptive families establish strong and supportive non-agency networks prior to the finalization of adoption so they have those strong networks established. Policy makers and adoption social workers have established a history of successful adoption rates. To ensure this for more adoptive families in the future, additional information is needed regarding the best ways to support adoptive families, both kin and non-relative, in their adoption journey.

In conclusion, the difficulty of tracking failed adoption and causes of dissolutions establishes a clear need of further research in the area of adoption dissolution. Studies mentioned above are important in laying the foundation for identifying stressors that may exist in an adoptive family arrangement. Educational difficulties, child’s behavior relating to the presence of a sibling being placed with them, and behavioral problems relating to the child’s medical, mental health, or developmental needs, all have been shown to affect the stability and happiness within an adoptive family.
services can mediate hurdles experienced by families and could be accessed throughout the life of the child. Keeping families from feeling isolated in their problems may help to elevate stress and provide a route to address concerns without considering dissolution.
Chapter 3

Methodology

The purpose of this study is to compare adoptive families who have considered dissolution of the adoptive relationship to those families who have not considered dissolution; and how their indicated availability and utilization of pre and post adoption resources affect dissolution decisions. The findings from this information will be reported on in Chapter 4, and further explored regarding availability of similar services in Sacramento County in Chapter 5.

Study Design

This is a secondary data analysis of a 2007 Center for Disease Control (CDC) National Survey of Children’s Health, http://www.cdc.gov/nchs/slaits/nsap.htm. This data set is further extracted to isolate information relevant to the purpose of the current study.

The current study aims to examine the following working hypotheses:

1. An increase in stress related to the adopted child’s behavioral, educational, or emotional difficulty is indicated by the parent’s consideration for dissolution.

2. Availability and utilization of pre and post adoption services addressing the above stress factors would be related to lower indication rates of considering, or taking steps to dissolve the adoptive relationship, compared to families who did not have the resources available or utilize them.

3. Feeling that the services were helpful in addressing the concerns would
lower the indication rates of considering, or taking steps to dissolve the adoptive relationship if they felt the services utilized were effective at targeting the problem, compared to families who were unable to utilize services, or who did not feel the services were effective.

The current study utilizes data retrieved from a secondary data source that sampled parents on a national level. This data source is the best form to collect information regarding service availability and utilization from adoptive parents in the United States. Surveying adoptive families can prove difficult due to a variety of reasons including families who may not wish to identify as having adopted children, the family having been thoroughly questioned previously in the adoptive process and may not interested in further questioning. Another reason includes a lack of ongoing connection and communication with adoptive families once the adoption is finalized. All of these areas contribute to reasons why adoptive families can be difficult to locate and survey. A second challenge to studying dissolution factors is imbedded in the current family tracking methods within the Child Welfare System. The current system of tracking children in foster care operates under a method where cases are labeled under the child’s mother’s name, and the name of the child. When a child is adopted from foster care, the first and last name from time to time legally changes. Additionally, if the child is returned to foster care, a new case would be opened under the new adoptive mother’s name; the adoptive child would have a new legal name, both factors contributing to the new case having no connection to the previous case making tracking of dissolution difficult.

The above mentioned challenges makes using the secondary data collected by the
The CDC collected this data in 2007, making it the most recent and far reaching survey of adoptive parents in the United States specifically related to foster care adoption. The secondary data was collected by the CDC for the National Survey of Adoptive Parents (NSAP), which drew their population sample from the National Survey of Children’s Health, 2007 (NSCH). This data set is made available to the public and can be found on the CDC website for the National Survey of Adoptive parents, http://www.cdc.gov/nchs/slaits/nsap.htm.

Data Source

The secondary data used for the current study came from the CDC’s National Survey of Adoptive Parents (NSAP), collected from April 2007 through July 2008 from National Survey of Children’s Health (NSCH). The NSCH conducted phone interviews with families for the purpose of finding national estimates of the characteristics, health, and well-being of adoptive children and their families. The study population for the NSCH was derived from another national study in 2007, known as the National Immunization Study (NIS). The NIS screens over one million households annually for data on immunization in America, providing the NSCH with sufficient families to screen at the same time as NIS screened families about immunizations.

Secondary data set comprised of 2,089 phone interviews of adoptive parents who were living in 9 difference states. All 2,089 interviews are considered in the current study. The NSAP surveyed for three adoptive types: international adoption, domestic/private adoptions, or foster care adoption. The current study only considers the...
data regarding 766 families who participated in foster care adoption within the United States as the child and family factors may differ with other types of adoption.

**Inclusion Criteria**

Purposive sampling method was used to select 19 families who indicated having taken steps to dissolve the adoption, or considered dissolution in the past. Families who indicated ever having thought about ending the adoption make up the 19 families, two of which had taken steps towards dissolution. Further filtering was completed to identify families who had not indicated ever thinking about dissolution and who adopted their child from foster care.

For the main research questions, service utilization and their believed helpfulness at addressing the problem were compared between the 19 families who indicated considering dissolution and 19 families who did not indicate having considered dissolution. Service utilization and helpfulness at addressing the targeted concern will be analyzed using descriptive analysis to shed light on any possible differences between dissolution and non-dissolution family’s services utilized and if one group found any particular service helpful.

**Data Collection Procedures and Instruments**

Questions from the NSAP survey that will be selected for analysis in the current study are questions regarding post-adoption service that would indicate stress within a family in which services may have been or wished to have been utilized to address the concern. Service questions will be evaluated alongside question indicating if the adoptive parent had ever considered or taking steps to dissolve the adoption. Questions will be
selected to view adoption satisfaction, indicated reasons why they had taken action to end the adoption, and reason why they no longer are considering dissolution.

The principle source of data from the CDC was gathered through structured interview phone surveys. The principle survey included the following scales in which the parent answered: Likert scale (1-very positive to 9-I don’t know), dichotomous (Yes/No), and nominal (age for child when placed). Questions that will be analyzed in the current study will include questions related to “stress” within a family including post-adoption services utilized and perceived helpfulness of those services.

**Data Analysis**

The NSAP data set is available to the public for public consumption. The data was originally download in SAS and further converted to SPSS for analysis for the purpose of this study.

Computer files of the secondary data were manipulated to filter the 19 families who indicate having considered dissolution, which will be compared to 19 randomly sampled families who did not indicate considering dissolution. Of the 242 questions asked of the adoptive parents, this current study only considers the relevant questions associated with services, reasons for considering dissolution, and reasons why they are no longer considering dissolution as indicated by the adoptive parent.

Firstly, descriptive statistics were conducted with the whole file of 766 families who adopted from foster care. Analysis was completed to find frequencies and percentages of service utilization and the number of families who considered dissolution, reasons why those families had taken steps towards dissolution, or why those families
who had considered dissolution were no longer considering ending the adoption.

Adoption satisfaction was also analyzed using the file of 766 foster care adoption families as well as later in the separated file.

The data file was separated from the 766 families who adopted their child from foster care, to a smaller file containing 38 families. These 38 families were made up of the 19 families who indicated considering dissolution and 19 randomly sampled families from the 747 who had not indicated having had considered ending the adoption. From this smaller file descriptive analysis was conducted to compare service utilization, the services’ helpfulness in the opinion of the parent, and adoption satisfaction between the two family types. Crosstab analysis was completed using SPSS to gather the Pearson’s Chi-Square in order to observe a difference in services accessed.

Spearman’s Rho correlation coefficient was gathered using SPSS to measure the strength of associate between two ranked variables of services families utilized. Spearman’s Rho was used to find correlation between any two resources benefiting families. A table will be presented to show the services families utilized that achieved a statistically significant Spearman rank-order correlation. Spearman’s Rho was executed on the filtered file of 38 families only and their responses to which resources were access or which services they wished to have accessed. P values were considered for both p<.10 and p<.05.

Mann-Whitney U test was also completed using SPSS on the filtered file of 38 families. Mann-Whitney U test is used to compare differences between the two independent groups of families who considered dissolution and those who did not
consider dissolution to discover if a significant difference exists between the services the two group’s access. A separate Mann-Whitney U test was completed on the same filtered file of 38 families to compare differences in the parent’s indicated sense of helpfulness of services accessed. P values were only considered for p<.10.

**Protection of Human Subjects**

Informed consent and confidentiality was upheld to the highest extent by the primary data collecting source. Secondary data and information regarding the National Survey of Adoptive Parents is public information. The methodology report for this study can be found at http://www.cdc.gov/nchs/data/series/sr_01/sr01_050.pdf. All participants’ information in the original study has been coded to maintain participant’s confidentiality. The participants were informed that their participation was voluntary and were assured that their responses would be kept confidential; that there was no penalty for not answering questions, and that participation had no effect on any benefits the family might receive. In addition, the informed consent statement provided information about the expected interview duration. Respondents were also told that they would receive $25 (or $30 if the household had met certain refusal pattern benchmarks, described below) in appreciation of their time. Finally, respondents were told that the interview might be recorded and monitored by a supervisor for quality purposes.

Participation in surveys conducted by NSCH is voluntary, and information collected on individuals is confidential. For NSAP, assurance of confidentiality was provided to potential respondents as part of the informed consent procedures.
Interviewers acknowledged that they had read the following statement to respondents:

Before we continue, I’d like you to know that taking part in this research is voluntary. You may choose not to answer any questions you don’t wish to answer or end the interview at any time. Whether or not you take part in this survey has no effect on benefits and no known risks. We are required by Federal law to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. The survey will take about half an hour. In appreciation for your time, we will send you [$25/$30]. In order to review my work, my supervisor may record and listen as I ask the questions. I’d like to continue now unless you have any questions. (Bramlett, Foster, Frasier, Satorius, Skalland, Nysse-Carris, Morrison, and Chowdhury, 2010, p. 9)

If respondents had any additional questions or concerns, they were directed to the project website at: http://www.cdc.gov/nchs/slaits.htm for more information. Strict procedures are used by NSAP, data collection contractors, and other agents to prevent disclosure of confidential data in survey operations and data dissemination. Interview Length The average NSAP interview length was 30 minutes, 46 seconds, and the median time was 29 minutes, 24 seconds.

For the current study with Sacramento State University, a Protection of Human Subjects application was completed and submitted to the CSUS. This application
received the approval through the Division of Social Work Research Review Committee as an Exempt study.
Chapter 4

Study Findings and Discussions

The purpose of this study was to analyze services utilized by families that are related to a lasting and successful adoptive placement of foster care children. Data outcomes regarding service utilization and effectiveness may be helpful in developing ways to effectively address barriers and stressors that may arise in an adoptive family with the goal of decreasing dissolution rates. Topics of resource effectiveness and service needs of adoptive parents will shed light on the best ways agencies and community resources can better serve adoptive families. Data from adoptive parent’s experience in accessing services for themselves and their family will be covered and how this relates to dissolution considerations.

The following information will be structured in multiple sections. The overall findings, including the background of the participants surveyed, followed by the specific findings related to the research including charts and tables. Interpretations of the findings will be discussed as well as what the findings may imply for service necessities for adoptive families. Finally, a general summary of the chapter will be provided.

Overall Findings

Data regarding service utilization, desire, and effectiveness was examined to help the social work field develop methods to better serve adoptive families through appropriate services with the goal of decreasing dissolution rates. Two family types were considered in this study, families who indicated in the survey that they had considered
dissolution in the past and families who did not indicate having ever considered dissolution.

Overall findings indicate that there are differences in adoption satisfaction between the family types. Families who had indicated having considered dissolution had less favorable opinions of adoption and were less likely to recommend adoption to others when compared to the families who had not considered dissolution. Reasons for considering dissolution included the following reasons:

1. child’s medical issues
2. financial reasons
3. family problems not involving the child
4. child behavioral or educational problems
5. child did not get along with siblings

Due to a small number of respondents to this question, only speculations can be drawn as to the top rated reasons for why a family considered dissolution. Two families out of 38 answered the above question indicating only two reasons they had considered dissolution. These two reasons were the child’s behavioral or educational problems and the child did not get along with siblings.

Regarding services utilization and effectiveness, results of crosstab analysis revealed that a significant difference existed in the frequency of services used by families who considered dissolution and those who did not. Spearman’s Rho further demonstrated a significant correlation between types of services utilized by families to create a picture of which services may be sought in correlation with each other. An example of one of
these correlations of services included the parent’s awareness of the federal adoption tax credit and the parents actually filing for the federal adoption tax credit. Mann-Whitney U statistics was used to discover the difference in services accessed according to the family type and differences in services that were used or desired by the families. Services that indicated a difference between family times in accessing or desiring services included a variety of services such as, accessing Medicaid to obtain mental health services for the child, meeting with an adoption agency for post-adoption support, wanting their child to spend time in a residential treatment facility.

The use of the Mann-Whitney U statistics further validated a statistically significant difference in the family’s perceived helpfulness of the service. These two services included meeting with an adoption agency about post-adoption services and participating in family counseling. According to family type, the non-dissolution families indicated a higher level of helpfulness accessing an adoption agency for post-adoption support. A large number of families who had considered dissolution indicated that family counseling was not helpful. Details of these findings will be discussed further in the specific findings section.

**Demographic Information**

The current study employs the original responses from participants of the National Survey of Adopted Children in 2007. Telephone interviews were conducted with one parent of each 2,089 families. The screener identified a child the family adopted and all questions the parent answered were related to that single child specifically.
This current study focused on the 766 families who adopted their child from the United State Foster Care system. Further filtering of these 766 families identified 19 families that had indicated considering dissolution. These 19 “considering dissolution” families’ use or desire of services in relation to the care for their child is compared to 19 randomly selected families from the 747 who had indicated never considering dissolution.

Specific Findings

The section of this chapter will discuss the specific findings to the research topic of adoption dissolution. Respondents were asked a variety of questions during the primary research survey. This current study focuses on selected questions related to adoption satisfaction, reasons for wanting to end the adoption, reasons for no longer trying to end the adoption, services used or desired by the families, significant correlation between services, effectiveness or helpfulness of services accessed, and differences in service access according to family dissolution type.

Adoption satisfaction. To examine adoption satisfaction, four questions were examined. These questions include the following:

1. how the parent’s view of having the child in their life compares to how they thought it would be like
2. how the parents thinks their child feels about being adopted
3. if they believe they would or would not adopt the child again if they knew everything about the child that they know now
4. if they would recommend adoption to others.
Table 1 below displays the results of chi-square analysis of differences between the 19 considering dissolution families and the 19 randomly selected families that had not considered dissolution.

Table 1

*Fisher’s exact test of Adoption Satisfaction*

<table>
<thead>
<tr>
<th>Variable</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having child</td>
<td>.000*</td>
</tr>
<tr>
<td>Child Feels</td>
<td>.016*</td>
</tr>
<tr>
<td>Known Everything</td>
<td>.000*</td>
</tr>
<tr>
<td>Recommend</td>
<td>.000*</td>
</tr>
</tbody>
</table>

*Note.* *p*<.10, significant

Due to the nature of the data findings for chi-squared, Fisher’s exact test was used to find the difference in association among variables. This was due to the small number of cases in each cell; therefore, chi-square result could be misleading. The two family types include families who had considered dissolution and families who have not considered dissolution and their satisfaction with adoption. Of the four questions analyzed to discover differences in adoption satisfaction, all four questions were deemed statistically significant. The value (having child, *p*=.000) refers how having the adoptive child in the family’s life compares to how they thought it would be. Families who had not considered dissolution indicated more positive feelings about how having adopted child compares to what they thought it would be. These results can be viewed in Figure 1. The value of (Child feels, *p*=.016) refers to how does the parents think their adoptive child feels about being adopted, indicating that parents who did not consider dissolution felt that their child was happy about being adopted compared to families who had considered...
dissolution. The value (Known everything, p=.000) refers to the likelihood that the parents would still adopt the child if they knew everything they now know about the child. Non-dissolution families indicated more often than the considered dissolution families that they would adopt the child again. The value (Recommend, p=.000) highlights if given their experience with adoption, would the parents recommend adoption to others. The non-dissolution families were much more likely to recommend adoption to others compared to families who considered dissolution.

The families who had considered dissolution had lower satisfaction with their adoption experience. It should be noted that none of the families in this data set had actually terminated the adoption at the time of the study in 2007. Overall, families who indicated having considered dissolution in the past had lower adoption satisfaction and were less likely to recommend adoption to others when compared to families who had not considered dissolution.

The Figure 1 below illustrates the differences in the families’ opinion of how having the adopted child in their lives compares to what they thought it would be like. Depending on the training of the parent pre-adoption, they may or may not have a realistic idea of how it will be like to adopt a child from foster care.
This data leads to more questions as to why families who had not considered dissolution indicated that having the child in their life was better than expected. Perhaps this was due to less overall stress and strains caused by the child’s difficult behavior, and/or educational or emotional difficulties. In contrast, non-dissolution families may have experienced all or some of these strains and stressors, but may have been more successful in accessing services and resources to address the concerns. Additional questions may be raised in regards to the family’s reasons or motivations for adopting, which may highlight areas of concern or mismatch when attempting to adopt a child with high needs from the foster care system.

![Graph](Figure 1. Parent’s view on how having the adopted child in their life compared to what they thought it would be like.)

This data leads to more questions as to why families who had not considered dissolution indicated that having the child in their life was better than expected. Perhaps this was due to less overall stress and strains caused by the child’s difficult behavior, and/or educational or emotional difficulties. In contrast, non-dissolution families may have experienced all or some of these strains and stressors, but may have been more successful in accessing services and resources to address the concerns. Additional questions may be raised in regards to the family’s reasons or motivations for adopting, which may highlight areas of concern or mismatch when attempting to adopt a child with high needs from the foster care system.
The Figure 2 below illustrates the differences in the families’ likelihood of recommending adoption to others. Depending on the experience parents have had throughout their adoption journey affects their recommendation directly.

The researcher weights the question in Figure 2 as an important sign of overall adoption satisfaction as the value of personal recommendations is heavily considered. To provide, or not provide a recommendation on a significant life choice such adoption, speaks volumes to their overall satisfaction with the process. This chart highlights the significant difference of the families who would recommend adoption and those who...
would not. The families who had considered dissolution are spread throughout the options of Yes/No/Depends; however, they solely represent those who indicate not recommending adoption or recommending it depending on other factors.

**Reasons for taking action to end the adoption.** Reasons why a family may consider dissolution is an important to better understand for a clear picture of parent’s motivation for taking steps to end the adoption. This information may shed light on areas of stress the family needs assistance addressing through post-adoption services. Topics that were addressed as possible reasons to take steps to end the adoption include:

- the child’s behavioral or educational problems
- child not getting along with siblings
- child’s medical problems
- financial reasons
- other family problems not associated with the child.

Thirty eight (38) out of the 763 families were surveyed and asked the question: have you thought about ending the adoptive relationship with their child. Nineteen (19) families indicated having considered the dissolution. Only two (2) of the 19 families who considered dissolution indicated having taken action to end the adoption. None of the families were currently trying to end the adoption at the time of the primary study; nor had any families completed dissolution.

Of the 38 families consisting of 19 families who indicated having considered dissolution and 19 who did not indicate ever considering dissolution, only two families responded to the question of reasons why they took action to end the adoption. Due to the
small number of cases for this topic, information cannot be gathered. Speculations can be made based on the responses of to the two families who answer this question. One family indicated that the child’s behavior and education was a very important reason for ending the adoption. The other family indicated that the issue of the child not getting along with siblings was somewhat important to their reason for taking action to end the adoption. The other factors including child’s medical problems, financial reason, and other family problems were listed by these two families as “not important” in their reasons for wanting to end the adoption.

Areas of future research should be conducted with a larger sample of families who have considered dissolution and families who completed dissolution to find out specific reasons why they chose to end the adoptive relationship. A deeper understanding of the specific reasons for the dissolution can further this research of service utilization and help to find better ways of addressing stressors and concerns experienced by families.

**Reasons for no longer trying to end the adoption.** Just as it is important for researchers to understand the rationale as to why adoptive families take action to end the adoption, it is also important to understand why adoptive parents would stop pursuing dissolution. Options provided to the parents as to reasons they are no longer pursuing dissolution that are outlined below in Table 2 and include the following reasons:

- having resolved the problem(s) within the family
- parents discussed situation with relatives, neighbors, clergy
- discussed situation with adoption worker
- discussed situation with another adoptive family
• received additional supportive services such as respite care, intensive family preservation or day care

• family engaged in individual therapy

Table 2

Reasons For No Longer Trying to End the Adoption

<table>
<thead>
<tr>
<th>Reasons for no longer trying to end the adoption</th>
<th>Sum(N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>You resolved the problem(s) within family</td>
<td>5(19)</td>
<td>26.3</td>
</tr>
<tr>
<td>You discussed the situation with other relatives, neighbors, clergy.</td>
<td>5(19)</td>
<td>26.3</td>
</tr>
<tr>
<td>You discussed the situation with another adoptive family</td>
<td>5(19)</td>
<td>26.3</td>
</tr>
<tr>
<td>You discussed the situation with an adoption worker</td>
<td>6(19)</td>
<td>31.6</td>
</tr>
<tr>
<td>You received additional supportive services such as respite care, intensive family preservation, or day care.</td>
<td>6(19)</td>
<td>31.6</td>
</tr>
<tr>
<td>You engaged in family or individual therapy</td>
<td>11(19)</td>
<td>57.9</td>
</tr>
<tr>
<td>You placed your child in a residential program</td>
<td>0(19)</td>
<td>0</td>
</tr>
</tbody>
</table>

As described in Table 2, reasons for no longer considering dissolution varied. Families indicated the highest reasons for no longer considering dissolution, at 57.9% of
respondents, was that the family engaged in family or individual therapy. Service utilization and helpfulness related to family and individual therapy will be discussed further in the data findings. The next highest rated reasons for no longer considering dissolution, both at 31.6%, included having discussed the situation with an adoptions worker and received additional supports such as respite care, intensive family preservation, or day care.

None of the families indicated that a reason for no longer considering adoption was that they placed their child into a residential program. Residential treatment may be considered a more intensive service that might not fully address the needs of families who are considering dissolution.

Post-adoption services used or desired. Due to the diversity of stressors and barriers experienced by adoptive families in the United States, a variety of services and resources were covered with adoptive parents. Service options ranged from mental health services for the adoptive child to respite care for the family. Several questions regarding services additionally asked the parent if they felt the service was helpful. Perceived helpfulness of services will be explored further in the data findings. Documented in Table 3 below are the services that met the statistically significant level of differences between the two types of families (dissolution and non-dissolution).
Statistical difference in service utilization is shown regarding services such as:

- receiving crisis counseling,
- family counseling,
- mental health services for the child,
- using Medicaid to access mental health services for the child,
- utilizing web or internet based resources regarding adoptions related issues.

Differences in services that were desired to be accessed by the family included:

- wanting to attend classes, conferences, lectures, or seminars about adoption,
- wanting to participate in crisis counseling,
- wanting to meet with an adoptions agency regarding post-adoption supports,
- wanting to participated in family counseling,
- wanting child to spend time in a residential treatment or psychiatric facility,
- wanting or needing respite care services.

Mental health services are a commonly utilized service by many people in the United States for a variety of reasons. Children adopted from foster care may struggle
during different times in their lives processing trauma or navigating their new lives in their adoptive family. The Table 3 above confirms that there is a difference in services accessed and desired between the family types. Families who did not consider dissolution indicated that their child had never received mental health services compared to the families who had considered dissolution, which had all 19 families indicating that their child had received mental health services since the time of adoption. Mental health services can be sought for a variety of reasons and exact reasons for these 19 families seeking mental health services is unknown. Based on speculations based on one family who indicated the child’s behavioral and educational issues as the most important reason for trying to end the adoption, mental health services may address these concerns and support behavioral modification needs in child.

Post-adoption supports can be most easily found with the help of an adoption agency worker who can assist families in accessing necessary services post-adoption. Figure 3 draws attention to the differences between family types who wanted to meet with someone at an adoption agency to discuss post-adoption services and supports.
The researcher found the service of meeting with an adoption agency to discuss post-adoption service and support to be critical. Families who adopt children from foster care may experience difficulties finding services they need in the community and may rely on adoption agencies for assistance. There was not a significant difference in the families' rates of accessing the service, fisher’s exact test ($p=.5077$, df = 1, n=37).

Although not a statistically significant level, perceived helpfulness of the service appears to have an effect, fisher’s exact test ($p=.2448$, df=1, n=14). Of significance was the families’ desire to meet with an adoption agency for services and supports, fisher’s exact
(p=.0131, df=1, n=24). As cited previously, 31.6% of families in the current study indicated that a reason they were no longer trying to end the adoption was due to the family discussing the situation with an adoption worker. It may be an important resource for adoptive families to have a link to an agency, which may be accessed at different stages in the families’ lives. These adoptive agencies can remain separate from the family’s daily life and serve as a convenient contact for families in distress. Being linked to an adoption agency can also bring a variety of benefits to families not just through services but also through linking adoptive families together to build a supportive community network of adoptive families.

Family counseling was an additional service that was accessed or desired heavily by families. Figure 4 describes the rate of access of family counseling based on the family type.
Figure 4 demonstrates the statistically significant difference in service access for family counseling. It appears that the families who had considered dissolution had accessed family counseling more often than families who did not consider dissolution. The reason for this difference cannot be exactly determined; however, this researcher hypothesizes that there are fewer stressors present in the families who had not considered dissolution leading them to have few reasons to access family counseling services compared to families who may have higher levels of stress. This finding is additionally important when considering that the highest reason indicated for no longer attempting to
end the adoption was that the family accessed family or individual counseling. Further on in the data findings, helpfulness of family counseling will be explored.

Data indicates a high number of non-dissolution families not having accessed family counseling services leads to the question if those families may have desired to access family counseling. The graph below, Figure 5, explains that not having access to family counseling was not the circumstance.

![Graph](image)

*Figure 5. Did you ever want your family to participate in family counseling since the child's adoption?*

The above graph, Figure 5, demonstrates that the families who did not consider dissolution and who did not access family counseling services, also did not express a need or desire for this service. The idea exists that when families indicate not having
accessed services, it is unknown if they may have wanted to access this service, but the service was not available to them, or they did not know where to access it. Figure 5 rejects this idea as it displays non-dissolution families neither accessed family counseling nor desired to access the service. This indicates that there was no need or desire for family counseling among the non-dissolution families. Further research could be conducted to uncover reasons why a family with adopted children may wish to access family counseling compared to families who did not and do not wish to access family counseling.

Although these two tables concerning family counseling show a significant difference between families who accessed and who desired access to the service, there was not a significant different between the families indicated feelings of how helpful the service was at addressing the concerns. This is important to note as far as service recommendations for adoptive families. Although it is clear from the data that families who considered dissolution wanted and accessed family counseling more often, they did not express a high level of satisfaction with the service at addressing the topic at hand. Levels of helpfulness for each service of significant difference will be further examined.

**Significant correlation between services utilized.** There are a wide range of service options included in the survey of the adoptive parents. Financial services that were inquired about include: ever using Medicaid to obtain mental health services for the child, ease or difficulty of using Medicaid for mental health services, using Medicaid to obtain mental health medications for child, portion of mental health medication paid by parent in last 12 months, portion of child’s dental paid by parent in last 12 month,
medical care for vision and hearing for child in last 12 months, portion of child medical care in last 12 month paid by the parent, assistance paying for child care, assistance paying for residential or psychiatric facility, if the parents were aware of federal adoption tax credit, and if they filed for the adoption tax credit. Financial services that have a significant difference in accessing services are outlined in Table 4 below.

Table 4

*Crosstab of Financial Services*

<table>
<thead>
<tr>
<th>Variable</th>
<th>$X^2$</th>
<th>df</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>18.614</td>
<td>1</td>
<td>.000*</td>
</tr>
</tbody>
</table>

*Note.* $p<.10$, two tailed

The only service to have statistical significance was if the families ever used Medicaid to obtain mental health services for the child ($X^2=18.614$, df=2, p=.000).

Families who had considered dissolution were overwhelmingly (93.33%) more likely to have accessed Medicaid to obtained mental health services for the adopted child compared to the non-dissolution families. Other financial services that were considered did not show statistical significance. Financial concerns were not indicated by families as a reason to end the adoption was due to financial problems. There is no evidence that financial services were accessed at different rates between dissolution and non-dissolution family types. If the non-dissolution family accessed, or did not access a financial service, the dissolution families had the same result. This may indicate that there was not an overall difference of financial services accessed according to family type.
Specific services not including financial support that were surveyed included:

- if they ever met with someone at an adoption agency regarding post-adoption services,
- support group for the child
- support group for the adoptive parents
- mental health care or counseling for child
- family counseling
- crisis counseling
- child receiving alcohol or drug evaluation and/or treatment
- child paired with a mentor
- academic tutor
- parents attended classes/conferences/lectures/seminars about adoption
- utilizing website or internet based resources for information on adoption-related issues.

The results of Spearman’s Rho correlation analyses of these factors are described in Appendix A-B. In Appendix A, a significant positive relationship was demonstrated for the financial service of the parents being aware of the federal adoption tax credit at the time of adoption and the parents actually filing for tax credit ($r_s [13]=.559, p=.030$). This finding is important for community agencies who work with adoptive families to understand that there is a greater likelihood that a family filed for federal tax credits if they are made aware of the opportunity.
Meeting with post-adoption agency. Appendix A reveals a significant positive relationship between a family wanting to meet with someone at an adoption agency to discuss post-adoption supports and resources after the adoption was finalized and the parents wanting to participate in an adoptive support group ($r_s = .663, p = .004$). A significant positive relationship also existed between wanting to meet with someone at an adoption agency and the parents wanting to participate in family counseling ($r_s = .586, p = .003$). This reveals a trend for parents who desire to meet with someone from an adoption agency to also desire access to other services including adoption support group and family counseling. If these parents were able to make a connection with an adoption agency, the adoption social worker may be able to link families to additional services such as support groups and family counseling in addition to any other resource the family may express a desire for.

Child adoption support group. Appendix B demonstrates parents who wanted their adoptive child to participate in a support group show a significant positive relationship between this desire and the utilization of respite care ($r_s = .376, p = .028$), and wanting their child to spend time in a residential treatment or psychiatric facility ($r_s = .577, p = .019$). Appendix B highlights the desire by the parent to have their children in an adoption support group and for the child to spend time in a residential treatment facility. This finding may indicate an increased level of stress experienced by the parents. It is not surprising to this researcher that there is a positive correlation between the parents wanting their child to be in an adoption support group and utilizing respite care. Respite care is designed to provide temporary relief to family members caring for
members who sometimes require higher level of care or supervision. It is important for social workers to inquire about other areas of stress that a family using respite care may be experiencing to see if additional service links can be established to better support the family.

**Child’s mental health services.** Mental health is a commonly sought after service for children who are currently in or had previously been involved in child welfare. The researcher found a positive correlation between parents who accessed mental health or counseling services for their child and a variety of services that can be found in Appendix A-B. Some of the services that were correlated to the child having accessed mental health or counseling services include: the family utilizing family counseling ($r_s[35]=.569$, $p=.000$), wanting to participate in family counseling ($r_s[19]=.482$, $p=.027$), utilizing crisis counseling ($r_s[30]=.384$, $p=.030$), family wanting respite care ($r_s[26]=.694$, $p=.000$), family wanting to attend classes, lectures, seminars, trainings regarding adoption ($r_s[23]=.553$, $p=.004$), and lastly parents utilizing web and internet based services for information on adoption related issues ($r_s[35]=.496$, $p=.002$). A strong correlation exists between accessing mental health services for the child and accessing family counseling. These are the two major services families indicate as reasons for no longer taking steps to end the adoptive relationship. With this knowledge, it may be beneficial for tandem referrals to be made for families. Mental health services for the child appear to be correlated to several different services and may speak to the higher number of families who access a variety of mental health services for the child and the family unit.
Effectiveness/helpfulness of services. Analysis of the perceived effectiveness of services is as important to conduct as discovering services that are used or desired by adoptive families. Families may access a service at low rates, but indicate high levels of effectiveness when access; thus, creating opportunity for the social work field to increase access rates for adoptive families. Likewise, if rates of use are low or high, and the perceived effectiveness is low, alternative services or methods should be considered to address the concern.

Regarding mental health services for the adoptive child, it is meaningful that all 19 families in this study who considered dissolution had their child access mental health services since the time of adoption. While all of the dissolution families had their child receive mental health services, only two families found the service to be very helpful, nine found the service to be somewhat helpful, and eight indicated not very helpful. There is much critique and criticism of mental health services that exists in the community, especially involving children. The parents’ helpfulness response may be an indication of high expectations of the effect of mental health services or a feeling that the true concern and reason for accessing services was not adequately addressed. Mental health professionals may wish to develop further research to find out why parents who link their child with mental health services do not find the service more helpful at addressing the reason for engagement.

Table 5 below demonstrated the Mann-Whitney U test used to compare service helpfulness differences between the two family types. The two services in which
helpfulness differed between the family types were the helpfulness of meeting with an adoption agency regarding post-adoption services and helpfulness of family counseling.

Table 5

*Mann-Whitney U Test on Helpfulness of Services*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mann-Whitney U</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA Helpful</td>
<td>10.500</td>
<td>.058*</td>
</tr>
<tr>
<td>FC – Helpful</td>
<td>5.500</td>
<td>.041*</td>
</tr>
<tr>
<td>Mentor – Helpful</td>
<td>1.000</td>
<td>.134*</td>
</tr>
<tr>
<td>Web Resources – Helpful</td>
<td>15.500</td>
<td>.191*</td>
</tr>
</tbody>
</table>

*Note. *p<.10, two tailed*

There was a difference in perceived helpfulness of meeting with an adoption agency for post-adoption supports. Mann-Whitney U results indicated that perceived helpfulness of meeting with an adoption agency was statistically greater for non-dissolution family than for families who considered dissolution, U=10.500, p=.058. The non-dissolution families indicated that meeting with an agency was primarily helpful; only one family indicating that it was not very helpful. In comparison, among the families who had considered dissolution zero indicated that they felt it was very helpful, three indicated that it was somewhat helpful, and three families indicated it was not very helpful. This raises the question as to why the dissolution families felt that the service was not helpful compared to the non-dissolution families who indicated it was more helpful. This could be due to their needs not being met or perhaps concerns specifically with that adoption agency. Further research should be done on this topic to ensure that each time a family reaches out for post-adoption support that they are able to fulfill some kind of need for the family.
The other statistically significant finding related to perceived helpfulness was related to family counseling. Mann-Whitney U indicated that perceived helpfulness of family counseling was statistically greater for non-dissolution families than for families who considered dissolution, U=5.500, p=.041. Non-dissolution families rated the helpfulness of family counseling as either very helpful or somewhat helpful. Families who had considered dissolution dominated rating with 8 responses of the service not being helpful. Three felt it was somewhat helpful and two indicated it was very helpful. It is difficult to ignore the strong presence of a perceived ineffectiveness of family counseling among families who considered dissolution. This is taken in tandem with the report that 57.9% of the families surveyed indicated that their reason for no longer trying to end the adoption was because they had engaged in family or individual counseling. It seems that the low perception of effectiveness of family counseling is in opposition to what would have been expected considering it was the reason the family was no longer taking steps towards dissolution.

Helpfulness ratings for the services of accessing web and internet based services on adoption-related issues and the child having a mentor did appear to have an effect, but not at a significant level. Availability and ease of access to the internet will continue to make this resource an available service option for many adoptive families seeking resources and information. Social workers in the field should continue to enhance a family’s ability to navigate and access resources through the internet. Additionally, a mentor may be a helpful service to recommend to families who are looking for another steady adult in the life of their child.
**Differences in accessing services according to family type.** The Mann-Whitney U statistics was used to uncover significant differences among the two family types (dissolution and non-dissolution) and the services they accessed. Table 6 below lists out the significant differences identified.

Table 6

*Difference of Services Used or Desired by the two family types*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mann-Whitney U</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>57.000</td>
<td>.000*</td>
</tr>
<tr>
<td>Adoption Agency (AA)</td>
<td>34.000</td>
<td>.010*</td>
</tr>
<tr>
<td>Counseling</td>
<td>38.00</td>
<td>.000*</td>
</tr>
<tr>
<td>Family Counseling (FC)</td>
<td>85.500</td>
<td>.001*</td>
</tr>
<tr>
<td>Wanted FC</td>
<td>30.000</td>
<td>.068*</td>
</tr>
<tr>
<td>Crisis Counseling (CC)</td>
<td>133.000</td>
<td>.018*</td>
</tr>
<tr>
<td>Wanted CC</td>
<td>66.500</td>
<td>.002*</td>
</tr>
<tr>
<td>Wanted RT</td>
<td>10.000</td>
<td>.015*</td>
</tr>
<tr>
<td>Wanted Classes</td>
<td>48.000</td>
<td>.016*</td>
</tr>
<tr>
<td>Web Resources</td>
<td>95.000</td>
<td>.004*</td>
</tr>
</tbody>
</table>

*Note.* *p*<.10, two tailed

Access to Medicaid for mental health services was statistically greater for dissolution families than non-dissolution families (U=57.000, *p*=.000). As indicated previously in the findings, all 19 dissolution families had accessed mental health services exhibiting a statistically significant difference in access when compared to non-dissolution families.

The Mann-Whitney analysis indicated that accessing adoption agency services was statistically greater for non-dissolution families than the dissolution families (U=34.000, *p*=.010). There was a significant difference in the families going to meet with
someone at an adoption agency or post-adoption agency to discuss post-adoption services as 23 families indicated not having met with someone at an adoption agency and only 14 indicating accessing this service.

Differences also existed in their access of mental health or counseling services for their adoptive child. The Mann-Whitney analysis indicated that accessing mental health or counseling services was statistically greater for dissolution families than for non-dissolution families (U=38.00, p=.000). Twenty three families indicated having accessed and fourteen having not accessed mental health services. Most of the families who indicated having accessed this service were the 19 families who considered dissolution of the adoptive relationship.

Interpretations of the Findings

**Adoption satisfaction.** Findings indicate that there are differences in adoption satisfaction where families who had considered dissolution had less favorable opinions of adoption. Dissolution families were also less likely to recommend adoption to others when compared to the families who had not considered dissolution.

**Service utilization, desire, and effectiveness.** The results indicated service utilization, desire, and effectiveness differ according to the family type of considering dissolution or never considering dissolution. Service utilization and helpfulness was interesting to view in companion with family’s indicated reasons for no longer considering dissolution. Indicated reasons such as having discussed the situation with an adoption social worker were compared to findings that families indicated wanting to meet with an adoption agency regarding post-adoption support and services. There was an
additional correlation found between families who accessed meeting with an adoption agency and wanting to participate in a parent adoption support group, and wanted to participate in family counseling. An interesting finding opposite to this concept was that the families who had considered dissolution and who accessed an adoption agency for support and services ranked the overall helpfulness of this service low.

**Supportive services.** A second top rated reason for no longer pursuing actions to end the adoption was that the family received additional supportive services such as respite, intensive family preservation, or day care. Respite care and family counseling were services indicated by families as being desired. The desire for respite care was also correlated with families utilizing child adoption support groups, and counseling services for their child. Differences between the family types showed dissolution families desired respite care services at a greater rate than the non-dissolution families. Financial services aimed to alleviate some financial burned of the adoptive families showed little significant difference in utilization of services. The only statistically significant finding regarding financial assistance demonstrated that neither family type received financial assistance for child care for the adopted child. Child care can be a huge burden for families to meet and may be a reason why respite care was heavily desired.

**Mental health services and family counseling.** The highest rated answer by families for no longer considering dissolution was that the family accessed family or individual therapy. A strong correlation was found between mental health and counseling services for the child and the family accessing family counseling services. Additional service correlations between the child receiving mental health services and:
the family desiring family counseling

family participating in crisis counseling

family desiring crisis counseling

the parents wanting to attend classes, lectures, and seminars based on adoption tops

parents utilizing web- and internet-based resources related to adoption related issues

Although mental health services for the child were correlated with several other therapeutic based services, the dissolution families indicated low perceived helpfulness of mental health and counseling services for their child with a majority of the families indicating that the service was either “somewhat helpful” or “not very helpful”. Family counseling was also rated very low in the perceived helpfulness rating. The non-dissolution families did not access family counseling nor desired to access this service, where as majority of the dissolution families did access family therapy.

Summary

The studies main purpose was to analyze service utilization related to a lasting and successful adoptive placement of foster care children. Data outcomes regarding service utilization, desire, and effectiveness may be helpful to the social work field in developing ways to better serve adoptive families with the goal of decreasing dissolution rates.

Counseling services for the child and the family confirmed to be reasons why a family was no longer considering dissolution and were heavily accessed by dissolution
families. Family counseling proved to be a highly desired service by families and was correlated to families also wanting to access services such as mental health services for the child, and wanting to meet with an adoption agency regarding post adoption services. It is attention-grabbing that dissolution families did not find either counseling services for their child nor family counseling helpful. The question is raised to find specific reasons why the families who sought out these services did not find them effective. This could be due to a mismatch of goals between the professional and the family, or the family’s expectation of change. Further research should be conducted on this area to find ways of increasing the perceived level of effectiveness.
Chapter 5

Summary and Recommendations

The study’s main purpose was to analyze service utilizations related to a lasting and successful adoptive placement of foster care children. Data regarding service utilization, desire, and effectiveness was examined to help the social work field develop methods to better serve adoptive families through appropriate services with the goal of decreasing dissolution rates.

Major findings from this study describe in greater detail the stressors and concerns that adoptive families can face with their adoptive child. There was a low response rate related to parents answering the reasons they had considered dissolution. Only two families out of the 38 families considered answered these questions. Their answers can lead to speculations only. The two family’s top rated reasons for considering dissolution were due to the child’s behavioral and educational problems, and that the child did not get along with siblings. The other three areas that were considered included the child’s medical problems, financial reasons, or family problems not related to the child. These three reasons were indicated by the family as not important reasons contributing to their consideration of dissolution. It is with this speculation and the knowledge of why other families were no longer actively pursuing dissolution in which services should be shaped around. Families indicated no longer trying to end the adoption due to having engaged in family or individual counseling, having discussed the situation with an adoption agency, and received additional supportive services such as respite care, intensive family preservation, or day care.
Summary of Study

The purpose of this study was to outline areas families need help addressing and services that are mostly utilized to address those concerns. This study also intended to view services through the lens of what is available to adoptive families in our local Sacramento community which will be discussed further in Chapter 5. These purposes were accomplished through uncovering trends in service utilization, desire, and effectiveness that exist between families who considered dissolution and those families who had not considered dissolution. By comparing the utilization, desirability and effectiveness of services, it was the goal to create a more comprehensive picture of services that are most useful and desired by adoptive families. Providing the appropriate services to families to help address their specific concerns may help reduce dissolution rates.

Secondary data was obtained through the CDC and was used for the current study. Respondents for the current study came from the primary study for the National Survey of Adopted Children. Telephone interviews were conducted with only one parent of 2,089 families. The current study focused on the 766 families who adopted their child from the United States Foster Care system. Further analysis was completed to compare 19 families out of 766 who indicated during the survey that they had considered dissolution. Their use or desire of services in relation to the care for their child is compared to 19 randomly selected families from the 747 who had indicated never considering dissolution.
Hypotheses. Three study hypotheses were considered for this research related to dissolution and service use. The first hypothesis outlined that an increase in stress for the family would be mirrored by an increased indication that there was behavioral, educational, and emotional difficulties with the adoptive child, and that this stress would be positively related to the parent’s consideration for dissolution. This hypothesis was disconfirmed as there was low response rates by families as to why they had considered dissolution. Only two families out of 38 indicated that the reason they considered dissolution was mainly due to the child’s behavioral and educational problems, or that the child did not get along with the siblings. Due to the low response rates, this hypothesis can only be disconfirmed with speculations being made from the two family’s responses. Service utilization did indicate an increase of families who placed their child into mental health services had considered dissolution. This could be an indication of increased emotional difficulty with the child, although that cannot be confirmed by the research.

The second hypothesis of the study was the availability and utilization of pre- and post-adoption services to address stress factors of educational, behavioral or emotional difficulty. It was thought that more services utilized would lead to lower indication rates of dissolution. This hypothesis was disconfirmed. Families who had considered dissolution indicated higher utilization of services such as utilizing Medicaid for Mental Health services, counseling for their child, participating in family counseling, participating in crisis counseling, and utilizing web or internet based resources regarding adoption related issues. Of these five services, the families who had not considered dissolution indicated at higher rates of not utilizing services. This is contrary to what this
researcher had hypothesized. It was hypothesized that dissolution and non-dissolution families face the same stresses and struggles in their adoptive journey, but may considered dissolution at different rates due to having more success accessing services to address the stressors. The findings from this study indicated there is a statistically significant difference in utilization of services among families who have considered dissolution. Regarding the desire to access services, the data presented similar findings. The services that had a statistical difference in desire to access services included: wanting to participated in family counseling, wanting to participated in respite care, wanting to participate in crisis counseling, wanting to have their child spend time in a residential treatment facility, wanting to attend classes, lecture and seminars on adoption related topics, and wanting to meet with an adoption agency for post-adoption supports. In all of these service categories, the non-dissolution families indicated not wanting or desiring to access these services compared to the higher rate of families who considered dissolution wanting to access these services. Overall, the hypothesis of service utilization and availability or desire to use the services was disconfirmed.

The third hypothesis addressed the effectiveness or helpfulness of services accessed. The hypothesis stated that families who had lower indication rates of considering dissolution would indicate services being helpful at addressing the targeted concerns compared to families who felt the services were not effective. This hypothesis was confirmed. The three services that had a statistical significant difference in helpfulness included mental health services for the child, family counseling, and meeting with an adoption agency for post-adoption services and supports. Families who had
considered dissolution rates found these three services less helpful at addressing the targeted concerns compared to families who did not consider dissolution. This hypothesis was confirmed as the families who had lower indicated rates of dissolution found these services accessed to be more helpful compared to the families who considered dissolution.

Combining the findings for hypothesis two and three, this researcher argues that it is not the frequency of the services utilized that affects dissolution considerations, but it is the quality and outcomes of such services that has an impact. It is the quality of the service and not the quantity. Dissolution families seek more help through service access but for whatever reasons they found the services to not be helpful or effective at addressing the concerns in spite of the frequent visits to service providers. Families who had considered dissolution had higher frequency of accessing services compared to non-dissolution families perhaps indicating a cry for help. It is clear that the stressors and concerns experienced by the family may have been too much to handle and consideration for dissolution was the result. Again, it is important to note that at the time of the primary study’s survey, none of the 766 families who adopted a child from foster care had completed the steps towards dissolution.

Other emerging findings of interest not included in the original research purpose or hypothesis were correlation of services accessed. Services that are accessed in correlation with each other can help social workers better understand services adoptive families are interested in utilizing. This research found a correlation existed between several services such as a correlation between the child participating in an adoption
support group and the family utilizing respite care, the parent’s awareness of the federal adoption tax credit and them actually filing for the adoption tax credit, and meeting with an adoption agency and wanting to participate in family counseling and a parent adoption support group. Mental health services for the child were highly correlated with several other services including utilizing family counseling, crisis counseling and accessing web or internet based resources. Mental health services for the child were also correlated with the family desiring to access family counseling, desiring respite care, and wanting to attend classes, lectures and seminars. Having a better understanding of service correlation will help social workers anticipate the need for several layers of services that are likely to benefit a family.

**Findings related to documented research.** Stressors unique to former foster youth may exist in adoptive families leading to greater risk for unsuccessful adoptive relationships, and potentially conclude in dissolution. This researcher has observed a gap in literature regarding dissolution and factors contributing to unsuccessful adoptive placements. Research was found in areas that were hypothesized to contribute to dissolution such as:

- emotional and educational difficulty
- internalizing/externalizing behaviors
- mental health of the child
- factor of biological and adoptive siblings
- financial support
- meeting with an adoption agency post-adoption
- psychosocial characteristics
- attachment styles
- number of prior placements experienced by the child.

Research in the above topics relate to, or are in contrast with, research findings in the current study on service utilization related to these areas in conjunction with dissolution consideration.

**Confirmed by research.** Internalizing and externalizing behaviors in adoptive children can be difficult for adoptive families to address. Research regarding risk and mediating factors to a child experiencing internalizing and externalizing problematic behaviors was conducted in 2007 by Simmel. Simmel (2007) found that risk factors for developing difficult behaviors included a history of the child experiencing neglect, sexual abuse, and/or having multiple prior homes. Mediating factors were found to include parent’s readiness to be parents to the child and their quality of interaction with the child. Although risk factors of internalizing and externalizing behaviors were not highlighted in the current study, mediating factors were addressed in the findings related to adoption satisfaction rates. Parents who had not considered dissolution far exceeded the ratings for adoption satisfaction than the families who had considered dissolution. Non-dissolution families indicated a positive view of having the child in their life, felt that their adoptive child was also happy being adopted, that they would adopt their child again if given the chance, and that they would recommend adoption to others. An increased in adoption satisfaction may be related to their adoptive children exhibiting or developing less problematic behaviors and acting as a mediating factor.
Mental health services for the adoptive child was a highly sought after service by families who considered dissolution in the current study. Research on mental health needs of adoptive children indicated that children who exhibited externalizing behaviors showed a reduction in problem behaviors when they participated in the mental health intervention groups (Leathers, Spielfogel, Gleenson, & Rolock, 2012). In the current study, all 19 families who had considered dissolution enrolled their child in mental health and counseling services. Mental health access for the adoptive child was also highly correlated with the family accessing additional services such as family counseling, crisis counseling, and web and internet based resources. At the same time, it is difficult to affirm that mental health services were highly effective for families who had considered dissolution. Two families found mental health services for their child to be very helpful, nine families found it to be somewhat helpful and eight found them to be not very helpful. With such a high number of families accessing this service and the findings from Leathers et al. (2012) demonstrating a drastic reduction in problematic behaviors when mental health services were accessed, raises further questions as to why families did not find the service effective or helpful in the current study.

Meeting with an adoption agency for post-adoption services was discussed briefly in the research. Families indicated that meeting with an agency pre-adoption was helpful and that there was a higher level of adoption satisfaction correlated with high contact with informal and formal non-agency supports, such as friends and teachers (Houston & Kramer, 2008). Research further indicated that there was lower adoption satisfaction with frequent contact by formal agency supports; indicating a need to establish strong non-
agency support networks for adoptive families (Houston & Kramer, 2008). The current study found that families who considered dissolution had higher levels of having a desire to meet with an adoption agency compared to families who never considered dissolution. There was not a statistical significance in the level of perceived helpfulness of this service, which may highlight the findings found by Houston and Kramer (2008) as far as the need for more informal support networks to provide on-going post-adoption support.

**Contrast to research.** Research relating to educational or learning difficulties associated with current and former foster youth highlight that children who were adopted from foster care experience significantly more learning problems compared to their non-adoptive counterparts and required more special treatment in school (van IJzendoorn, Juffer, & Poelhuis, 2005). The current study did not find a statistical significance of parents utilizing or wanting to access academic tutoring services regardless of their consideration for dissolution or not. Due to low response rates by families as to why they had considered dissolution, speculations can be made from the two families who did respond. The two families indicated educational issues as a significant reason for considering dissolution. Again this finding cannot be supported by research due to low response rates.

The effect of adoptive siblings on the success of the adoptive arrangement was indicated in the parent’s responses as to why they had considered dissolution. In the current study, the other reason indicated by the two families as to the reasons for considering dissolution was related to the child and siblings not getting along. This is in
contrast to Sutton and Stacks’ (2013) research which demonstrated an overall positive experience reported by adoptive siblings.

One top reason that the two families indicated as not being important reasons for them considering dissolution was financial problems. Researchers Kirton, Beechman, and Ogilvie (2006) found that parents who felt that foster parents should receive a salary considered the job more as a profession and were less likely to consider adoption. Having less financial concerns was shown to increase a family’s interest to adopt. This is not reflected in the current study where none of the families who considered dissolution stated financial concerns to be a major factor in their consideration of dissolution, highlighting a lack of support for financial concerns between family types.

**Not covered in current study.** Psychosocial characteristics of the mother and adoptive parents were not considered in the current study; however, research highlights that these factors may have an effect on the success rates of an adoptive arrangement. Berry and Barth (1990) found that disruption rates among adoptive families were slightly higher when the family was brand new to the child compared to families who fostered the child prior to the adoption. The 1990 study additionally found younger mothers with higher education levels compared to lower educated older mothers had an increased disruption rate. The current study did not consider the psychosocial factors of the family or the adoptive mothers and fathers and the effect they have on dissolution considerations.

Placement with biological siblings was another area not considered in the current study. Researchers Hegar and Rosenthal (2001) studied children placed in foster care
with and without their biological siblings to see the effect it had on the adoptive child’s adjustment and behavior. The 2001 study found that children exhibited less adjustment and behavioral problems when placed with one or more of their siblings when compared to children who were split from all of their siblings. The current study did not consider placement with biological siblings as a factor to successful adoption rates. Placement with biological siblings and its effects on dissolution rates is an area for future research.

Attachment styles were also not researched as a possible barrier to a successful adoption in the current study. It was thought that if the child experienced delayed attachment to their new adoptive family, that it could jeopardize the success of the adoptive family. Researchers van den Dries, Juffer, van IJzenboorn, and Bakermans-Kranenburgn (2009), found that adoptive children do experience more disorganized attachments, but compared favorably to foster children. This was not examined in the current study and could be related to the age at which the child was adopted by the family or the child’s ongoing relationship with biological family.

Lastly, a dissolution factor that was originally considered a factor was if the child had experienced multiple placements prior to their placement with the adoptive family. Researchers Proctor, Van Dusen Randazzo, Litrownik, Newton, Davis, and Villodas (2011) found 14% of their sampled children experienced caregiver instability. When weekly interventions were put in place to attempt to decrease placement changes, the intervention group of children had a decreased rate of placement disruptions (Fisher, Burcaston, & Pears, 2005), highlighting the importance of training and support for foster and adoptive parents. The current study did not consider the number of prior placements
nor pre-adoption training the parents may have participated in and their effect on
dissolution considerations.

**Sacramento Area Resources**

As far as ease of access, web and internet based resources as discussed in the study are the most user friendly resource facet for adoptive families to seek and access information and services regarding adoption. In Sacramento County, a website named Post Adoption Link (www.postadoptionlink.org) is operated thanks to the Sacramento Community Champions Network (CCN) and supported by Capital Adoptive Families Alliance (2015). Post Adoption Link was developed by a collaboration of nonprofit agencies and adoptive parents in Sacramento with the goal of assisting adoptive families. Information offered on the website is vast including a variety of therapeutic services and contact information, support groups organized throughout the greater Sacramento area offered by a variety of adoption agencies, book lists for adoptive parents and children to gain more information or provide help on difficult topics. Financial assistance information is also provided by this website and offers links to Victim Witness compensation programs and the federal Adoption Assistance program. The Post Adoption Link website offers a well-rounded source of information that can be quickly and easily accessed by Sacramento adoptive families.

Adoption agencies whose focus is on adopting foster child operating in the Sacramento area include: Lilliput Children’s Services, Sierra Forever Families, EMQ Families First, and Families for Children. These agencies offer post-adoption services that can be accessed by families once they have adopted a child. For example, Lilliput
offers a variety of support groups including: transracially adopted teen group, adoptive parents to focus on creative outlets, breakfast club monthly support group, adoptive parent leaders to share resources and establish events to benefit adoptive families, and a dads and adoption support group.

The California Department of Social Services (CDSS) offers information and resources for post-adoption services on their website on California Adoptions (State of California, 2007). Post-adoption services appear to be contracted by the state. The two adoption agencies that California contracts with in the northern areas include Lilliput Children’s Services and Sierra Forever Families. These two agencies are responsible to provide post-adoption services to only seven counties in the Sacramento region including Amador, Calaveras, Nevada, Sutter, Tuolumne, Yolo and Yuba.

Implications for Social Work

The hope of this study is to firstly reduce or diminish the idea that once a child is adopted from foster care that all matters are smooth sailing for the family. Diminishing this idea may open the door for families to feel it is acceptable to reach out for additional help and for the creation of more supportive services and resources for adoptive families to access. Adoptive families may struggle during different stages of raising their adopted child, and may wish to receive services targeted at their specific challenges so that they are less likely to consider dissolution. It is important to have the topic of dissolution discussed not only within the social work profession, but also within the adoptive community at large. To let the adoptive families know what resources are available to
them and to have highly educated agency workers who are aware of the specific struggles of adoptive families.

The society also benefits from a better understanding of resources and supportive needs requested by adoptive families pre- and post-adoption. Better understanding of specific resources that are beneficial to adoptive families may reduce the number of dissolutions and considerations of dissolutions. It is the hope that with a strengthened understanding of service utilization and desire will lead to further reduction of dissolutions or families considering dissolution. A reduction in dissolutions are primarily beneficial to the former foster youth who suffer greatly each time they experience a placement change. Fewer disrupted placements, including disrupted adoptive placements, will improve their future outcomes while being able to maintain life-long permanent connections through their adoptive families.

**Recommendations**

Lessons learned from completing this research was that service utilization cannot always be assumed for different groups of families. There was an assumption that families who have not consider dissolution may have accessed certain services at a higher rate, therefore were better at addressing concerns and stressors associated with adopting a child. I also anticipated a greater utilization of financial resources by families who had not considered dissolution. There is an overall idea that stressors and strains on an adoptive family would be similar across family type and that the decision to consider dissolution or not may rest on the families ability to best address the concerns quickly and effectively through appropriate services. I found that this is not always the case, that
perhaps some adoptive families experience varying levels of stress and strain within their family and do not find it necessary to access any of the targeted services in this study. It was clear that it is not simply the frequency of service utilization that affects dissolution, but it is the quality and outcomes of the services that count towards reduction of dissolution considerations.

Future research would be highly beneficial to expand the findings from this research based on national data to a local level survey. Accessing families who have successfully adopted a child from foster care and still maintain contact with an adoption agency would be a highly sought after population to study to find what services they have accessed, or desire to access, and how helpful they rate these services. As mentioned previous in this study, tracking and maintaining contact with families post adoption or identifying them once they come back into contact with the Child Welfare Agency can prove difficult. Any way of improving this gap in tracking should be considered.

Future areas of study based on questions that arose from the current study include uncovering perceptions and expectations parent’s hold regarding how adopting their child will change their lives and how this differs from reality. What are the different reasons a family chooses to end an adoptive relationship? Family counseling and counseling for the child were highly utilized services by the families who considered dissolution; however helpfulness levels were very low. Further research should be conducted to find the reason(s) for the low helpfulness rating and finding ways to increase the family’s sense of effectiveness of child’s counseling and family counseling. This may be achieved through further uncovering the specific areas of concerns the family had hoped to address from
family/individual counseling. Lastly, families who considered dissolution indicated that meeting with an adoption agency for post-adoption services was not helpful. What are the reasons indicated by the families as to why this service was not helpful? Finding ways to improve the effectiveness of meeting with an adoption agency may serve as a way to provide a stable link families can access throughout their adoption journey.

**Limitations**

Using secondary data brings its benefits and consequences to the internal validity of this study. A disadvantage of using a quantitative descriptive study is that this researcher was not able to be directly interview adoptive, or ex-adoptive parents, or their children. Therefore, there is a chance that specific information or questions on different areas of topic needed for this research are unlikely to be gathered. The CDC gathered information for their study through telephone contact made by NSAP. This researcher did not have control over the population to be surveyed, potentially leading to the data being unreflective of the true representation of the topic. A weakness of this sample is that the parents who participated in the interview by NSAP were not able to choose the adoptive child the survey was regarding; rather the NSAP chose the child the parents would be answered the questions regarding. This could lead to a situation where questions of stress relating to a child’s behavior could be very different if the survey was about the family’s more concerning child.

Another limitation to this study is concerned with the secondary data set utilized which did not include any parents or families who had actually completed dissolution of their adoptive arrangement. This is a limitation to my study due to the reality that there
may be different stressors indicated by families who have completed dissolution compared to families who have only considered dissolution.

Additionally, other factors outside of “stressors” created by an adoptive child’s behavioral, educational, or emotional instability may contribute to a family’s decision to dissolve an adoptive relationship. There was no open ended questions to allow for parents to express any concerns or difficulties they experienced with their adoptive child, or for reasons why they had considered dissolution.

**Conclusion**

The current study found a difference in utilization, desire, and effectiveness of services varying according to family type of if they had considered dissolution previously or not. Families who had considered dissolution accessed more services than families who did not consider dissolution. Mostly, the families who did not considered dissolution did not desire to access services either. Families who considered dissolution had overall lower levels of the indicated effectiveness of services compared to families who did not consider dissolution. It is the hope through this thesis project that service need and access rates will support a change in how we view post-adoption families.

The topic of adoption dissolution is a scarcely studied subject in the area of social work. The occurrence of adoption from foster care has increased with the help of legislation and changes in Child Welfare practice, whose emphasis is now on finding children in foster care permanent long term placements. Increases in adoption rates can amplify the risk for dissolution as more children are adopted. The occurrence of a dissolved adoption has the potential of inflicting further trauma on an already traumatized
group of former foster youth. Not only can it be damaging to the child, but also to the adoptive family who may face several emotional struggles throughout the experience as they attempt to address the stressors that may ultimately lead to the decision to dissolve the adoption. Adoption for children in foster care can be a positive and stable lifelong opportunity; however, if challenges experienced by adoptive families and the adopted child cannot be appropriately addressed, further trauma can be inflicted by returning the child to foster care. An increase in supportive services post-adoption may assist families while they navigate a variety of stressors that arise as their adopted child grows and matures.

Even as an intern for only a short time with Child Protection Services in the Emergency Response Unit, I have already come across several families who fit this category of struggling adoptive families. Working with these families makes it more clear how prevalent this issue is in the Sacramento community. It is professionally frustrating to see colleagues in child welfare and research topics continuing to be conducted that does not give weight to dissolution concerns. Adoptive families are struggling in the Sacramento communities, and nationwide. Families are coming into contact with Child Protect agencies due to their ongoing struggles, rather than being able to access resources, services, and advice early. As a future social work practitioner I make a commitment to work differently with adoptive families and strive to find ways they can be better linked to post-adoption supports in their community. I will advocate for an increase in awareness of dissolution and the need for a better system to help families post-adoption. It is a true disservice to our adoptive families to support them during the
pre-adoption process to then abandon them after the adoption is finalized. The child welfare field should make a more active effort in sending our families away with the knowledge of where to access help and services down the road as their child grows and matures. This is change that can be made to lower dissolution rates and better support our adoptive families in their post-adoption journey.
Appendix A

Spearman's Rho, Significant Correlation Between Adoption Services

<table>
<thead>
<tr>
<th>Measure</th>
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## Appendix B

**Spearman’s Rho, Significant Correlation Between Adoption Services, continued**

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*Note: **p < 0.01, two tailed. *p < 0.05, two tailed.*
References


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