The Cultural Script of Special Needs Adoption

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THE CULTURAL SCRIPT OF SPECIAL NEEDS ADOPTION

George Grant, Jr., Ph.D.

Western Michigan University, 2002

The purpose of the study was to examine special needs adoption from the perspective of the adoptive parents. Using the general guidelines of grounded theory, the study analyzed secondary data from a post-adoption program providing services to families who adopted special needs children. The data revealed that adoptive parents function under a cultural script of special needs adoption. The cultural script influences how families view themselves, the environment around them and how they decide to function as adoptive families. The study explains the cultural script, ways that professionals working in adoption can use that cultural script to support adoptive families and assist them in maintaining their adoptive placements. The understanding of the cultural script could play a role in reducing the number of adoption disruptions and dissolutions.
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CHAPTER I

INTRODUCTION/STATEMENT OF THE PROBLEM

Every year in the United States, thousands of children are placed in foster care because of abuse and/or neglect by their primary caretaker(s). The U.S. Department of Health and Human Services noted that:

...of the more than 450,000 children who were in the foster care system in 1994, 100,000 could not return home without jeopardizing their health, safety and development. The majority of them had a goal of adoption, with 27,000 being legally free and immediately available for adoption. (2002)

There was a time when policies on children focused on their remaining in long-term foster care, indentured care, or some type of residential or institutional placement. The last 50 years has seen the development of the belief that adoption will benefit any child and that the adoption experience has a long-term positive impact on the child and the adoptive family (Watson, 1996).

The majority of children who come through the foster care system carry the label “special needs.” Children who fall into this category have “genetic or birth liabilities, developmental delays, or emotional problems as a result of earlier experiences of abuse or neglect; or are part of a sibling group that should be placed together” (Watson, 1996, p. 525). Minority children are also placed in the category of special needs. Downs, Moore, McFadden, and Costin (2000) stated that:

racism in the larger society and within the child welfare system and the acute crisis of the drug epidemic in urban areas have contributed to increasing numbers of African-American and other children of color awaiting adoption who
have special needs characteristics (older, members of sibling groups; behavioral, medical, or developmental disabilities). (p. 412)

There has been a long history of adoption agencies being slow to recruit and approve minority families who wanted to adopt. Traditionally, agencies had not recruited in minority communities, and had been judgmental regarding the lifestyle of minority families, placing their own values on minority families. This has resulted in minority children waiting for adoptive families and families who want to adopt being denied (Jackson-White, Dozier, Oliver & Gardner, 1997). These policies of denying adoption to minority families who want to adopt culminated in fewer same race placements for minority children. Because there were fewer placements, the children became hard to place and were therefore given the label of special needs.

There have always been families interested in adopting special needs children. However, there have never been enough families to meet the ever-growing demand. Due to the interest in healthy infant adoptions, there were fewer families waiting and willing to adopt special needs children. However, with a decrease in infants available for adoption, families still wanting to start a family or expand their family began to seek out special needs children. Some of the reasons for the decline in the number of infants available for adoption included increased acceptance of abortion, use of birth control, teen mothers keeping their babies, increased societal acceptance of single parents, and fathers having more say in the adoption decision (Crosson-Tower, 1998; Smith & Howard, 1991). In addition, with the passage of PL 96-272 in 1980 at the federal level, there has been more emphasis on finding homes for special needs children. "PL 96-272 (1980) shifted the emphasis to permanency planning--finding the

Once the children were adopted, the parents and children had to adjust to the life experiences that the children brought to the adoptive home. Hartman (1984) notes, in general, families adopting special needs children have not experienced the types of behavioral and emotional problems that these children bring to the home. Some of the issues impacting special needs children include physical and sexual abuse, physical and medical disabilities, eating and conduct disorders, and strong attachment to birth parent(s) (Smith & Howard, 1991).

At one time, it was thought that if a parent had abused a child, the child would be happy to be adopted by a loving and caring family. However, Hartman reported that many of these children wanted to return to their birth parent because of parent-child attachment (1984).

Adoptive parents were caring for children who were not part of the family’s traditions, secrets, or experiences. Some families had unreasonable expectations of their adopted children. Some of the adopted children were being compared to the biological or previously adopted children, and because of their special needs or the anticipation of how parent(s) thought their children should act, they were unable to function on the level of the other children in the home (Hartman, 1984). Some extended family members did not recognize adoptive children as members of the family. All of these factors impacted and at times strained the parent-child relationship.

Another concern was that agencies that focused their time and resources on
infant adoptions were inexperienced in making placements for special needs children. Some agencies were not equipped to understand the special needs of these children and tried to make placements similar to the way they made infant placements. Adoptive parents were given very little history of the child and his birth family. Traditionally, once the child was adopted, there were no post-adoptive services (Watson, 1996).

These factors contributed to adoption disruptions and dissolutions. A disruption refers to a child being permanently removed from the adoptive home before the adoption has been legally finalized. Dissolution refers to a child being permanently removed from the adoptive home and a legal court ruling making the adoptive parent(s) no longer legally responsible for the child. There is disagreement regarding the number of yearly disruptions and dissolutions in the United States. However, most studies state that disruptions occur in 9-13% of adoptions (Kadushin & Martin 1988). However, one concern regarding these statistics is that some states have no clear way of keeping statistics on those children (Watson, 1996). A five-state study in 1985 showed a special needs adoption disruption rate around 13% (Rosenthal & Groze, 1990). Kadushin and Martins’ (1988) review of 11 adoption disruption studies between 1975 and 1986 suggested an average disruption rate of 11.3%, with the range of disruptions averaging between a low of 6% and a high of 45%. Most of the literature puts the disruption rate at 9-13% (Berry, 1990; Groze & Gruenewald, 1991).

A number of studies combined infant and special needs adoption statistics in their analysis (Barth, 1993; Rosenthal & Groze, 1990). That combination of adoption
statistics skewed downward the number of special needs disruptions because there were fewer infant adoption disruptions than special needs disruptions. Studies that attempted to separate the information found it difficult to do so because of the content of information and classifications used in data entry.

In this study, special needs children are defined as children who have gone through the foster care system and became permanent wards of the court because their biological parent(s) or legal parent(s)' parental rights were terminated due to abuse or neglect of their children. In this study, families adopted children who were classified as special needs children. The study gathered information from adoptive parents on topics such as the issues that children brought into the home, family support systems, how their support systems responded to the adopted children, and what types of support assisted them in maintaining their adoption. This information suggests methods to reduce the number of adoption disruptions and dissolutions, the difficulties experienced by families who adopt special needs children, and the development of support services for adoptive families. A discussion of the project will assist in understanding what was studied.

Project Description

This is a study about people who adopted special needs children and the issues they faced after the adoption. The study strives for an understanding of the adoption phenomenon and the impact it has on the family environment. I analyzed data from a post-adoption program at a private not-for-profit child welfare agency that provided
training and support services to families who adopted special needs children. The purpose of the study was to understand special needs adoption from the family’s perspective and what types of support they needed. Since they had been exposed to a post-adoption program, families did express what was helpful and what needs were unmet.

The research consisted of the analysis of secondary data collected by a post-adoption program as part of their contract requirement. The data were gathered from four sources.

1. Adoptive parents had the opportunity to participate in a number of workshops and family activities during the existence of the program. After every workshop or activity, the parents had the option of completing an evaluation. Those 307 evaluations were the first source of data for the study.

2. The next source of data came from 64 evaluations that adoptive children completed after a summer camp experience.

3. The third source of data came from a focus group of ten adoptive parents who had been randomly selected to participate in the session.

4. The last source of data came from a mailed questionnaire sent to 190 adoptive parents who participated in a minimum of one post-adoption activity or training. The mailed questionnaire included questions about family and community support, issues the adoptive children brought to the home, the services provided in the post-adoptive program, what makes an adoptive parent successful in caring for special needs children, and what other supports were important in maintaining an adoption.
The mailed questionnaire was the summative evaluation that the agency had to complete on the program.

The research design consisted of using grounded theory to analyze the data. The unit of analysis was families who had adopted special needs children and participated in a minimum of one training or activity in the post-adoption program since the inception of the program in 1997. This approach allowed families to actively participate in strengthening the program design, while at the same time maintaining their anonymity. In addition to the empowering aspects for the families, this study could contribute to the adoption literature in sociology.

Importance to the Field

This study aims to extend the scope of the literature on special needs adoption. The field of sociology has not devoted many resources to the exploration of this issue. Therefore, this study can extend the knowledge base on adoption and the impact it has on families and children. This study can also be used with prior studies to fill in gaps in the literature about effective ways to work with and support adoptive families. Adoption not only affects the child and family, but the community and the society at large. Therefore, when sociologists look at what issues impact society, adoption needs to be included in that equation, as approximately 50,000 adoptions take place each year.

Of next importance, this study will provide systematic information to adoption professionals. By increasing their knowledge base, they may do a better job of
assisting families with special needs children. Professionals working with adoptive parent(s) and children are trying to provide services that will keep the families intact. A systematic analysis of adoptive families may yield information that will assist program staff in tailoring services to better meet the needs of adoptive families. Adoptive families could benefit by receiving more targeted training and support. If adoptive families do not receive the services that they need, their adoptions may suffer disruptions and dissolutions. If families are unprepared, they might abuse their children, or disrupt the adoption (Kadushin & Martin, 1988). Parent(s) who feel unsupported may also be less willing to adopt in the future, which could result in fewer homes for children. If legislators and policy makers gain a better understanding of the needs of adoptive families, they might be more inclined to provide funding to support post-adoptive services. Finally, this research could benefit: (a) adopted children and those waiting to be adopted, by increasing the chance that they will be placed with families who are trained to provide for their needs; and (b) professionals who have the knowledge to work effectively with adoptive parents. The greatest long-term benefit could be a reduction in the number of adoption disruptions and dissolutions.

Research Purpose/Questions

Research Purpose

To determine if the data support existing theory/theories, new theory, or help to reorganize theory regarding special needs adoption.
Research Questions

The use of grounded theory is an inductive process. Based on the grounding, the data, and the coding process, these questions were generated and need to be answered.

1. How do families see themselves *after* making the decision to adopt special needs children, but *prior* to the actual adoption?
2. What is the nature of the interaction between adoptive families and their environment, once the special needs children are brought into the home?
3. How do families reintegrate into the altered environment?

Chapter II provides a discussion of the adoption literature and research.
CHAPTER II

LITERATURE REVIEW

Introduction

There is a growing interest in adoption. With a number of important changes in federal legislation in the last ten years, a decrease in infants available for adoption, the number of celebrity adoptions making the media coverage, the increase in attention toward international adoptions, and stories of refugee children coming to the United States, adoption is gaining a new focus. One area that has gained significant attention is special needs adoptions.

Although there is copious literature on adoption, there is a tendency to combine infant or private adoption, international adoption, and special needs adoption together. Some articles are combining information about infants adopted at birth and teens who had experienced physical and sexual abuse before they were adopted. In reviewing the literature, there was no uniform way to keep statistics on the number of children waiting, the number adopted, whether they were infants or special needs, and the number of disruptions/dissolutions. For example, in the data when infant and special needs statistics were combined, it became unclear if one group's disruption average was impacting the overall average. This study only looked at families who had adopted special needs children.

This chapter provides an extensive review of the literature on special needs
adoption; it is divided into fifteen subcategories: (1) statistics, (2) history/adoptive laws, (3) infant adoptions, (4) special needs children, (5) intact adoptions, (6) adoption disruptions/dissolutions, (7) adoptive families, (8) family formation, (9) adoptive children, (10) harm to children, (11) pre-placement, (12) post-adoption services, (13) biological families, (14) policy, and (15) weakness in the research.

Statistics

There is general consensus in the literature that about 500,000 children are in the foster care system in the United States. Beyond that, there is disagreement over the number of children waiting for an adoptive placement and how those numbers were derived. McKenzie wrote that in 1993, 85,000 children were waiting for an adoptive placement (1993, p. iv). Berry, Barth and Needell (1996) found that 50,000 children were placed in adoptive homes over the last decade, with one-fourth being special-needs children. Groze and Rosenthal (1993) said that of the 20,000 children placed for adoption, a little over half were special needs children (p. 689). Watson (1996) states that there were 1 million children living in adoptive families, with 2-4% of American families having an adoptive child.

Kadushin and Martin (1988) tabulated nine studies covering almost 35,000 infant adoptions and found a disruption rate of 1.87%. In a study by Barth and Berry (1988) that compared disruption rates of foster parents who adopted the child in their home and new adoptive parents, they found a foster parent disruption rate of 8.2% and a new adoptive parent rate of 17.56%.
Berry completed a study in 1990 that showed an 11% increase in the number of special needs children waiting for adoption and a 10% decrease in the number of infants available for adoption. Families who in the past would not have considered a special needs child were now adopting because they wanted a child and infants were not available. This has resulted in a new pool of adoptive parents.

The Michigan Family Independence Agency (FIA) keeps track of all the children in the state welfare system. For nearly twenty years Michigan has ranked sixth in the nation for the number of children in foster care as well as ranking in the same position for children adopted as special needs. According to the State of Michigan Adoptive Foster Care Analysis Reporting System (AFCARS) (Michigan Family Independence Agency, 2002), there are more than 520,000 children in foster care in the United States to date. During fiscal year 2000/2001, Michigan had a total of 28,594 children in all out of home care with a monthly average of 2,383 children in care. Nationally in 1998, there were 36,000 children adopted from the public foster care system. In the same year, Michigan had 2,233 children adopted. In Michigan, each subsequent year saw a continued growth with 2,417 adoptions in 1999, 2,775 adoptions in 2000 and 2,927 adoptions in 2001. The year 2001 saw a 5.5% increase in adoptions over the prior year in Michigan. According to the Michigan Family Independence Agency (2002) in fiscal year 2000/01, 2,955 children were committed to Michigan’s Children’s Institute and available for adoption. Due in part to the implementation of the Adoption and Safe Families Act of 1997, there has been an increase in children being adopted both in Michigan and across the nation.
Foster parent adoption continues to be the first placement option for children free for adoption. The National Adoption Information Clearinghouse (2002) noted that 65% of children adopted from foster care were adopted by foster parents, 15% by relatives, approximately 20% by people unrelated to them, and less than 1% by step-parents. Of the family composition, 66% were adopted by couples and 34% by single parents. Of those families, 86% received an adoption subsidy for adopting a special needs child. Generally, infants and children under three with no physical or mental special needs did not receive a subsidy. This statistical trend was also true for Michigan. In fiscal year 2000/01, 33.52% of special needs children were adopted by a relative family, 56.51% by their foster family, and 9.98% were adopted by families recruited for the child. A small cross-sectional study by the Michigan Adoptive Foster Care Analysis Reporting System showed that of the 86 children receiving services, less than 3% were from relative adoption and the greatest number were from recruited non-related families (2002). The subjects for review were drawn from adopted children in care in 1998. That study suggested that recruited adoptive families (those with no ties to the adoptive child) were at higher risk than kinship or foster parent adopters who had a pre-existing bond with the child.

The following are the Michigan Adoption Resource Exchange statistics for May 2002. There were 412 total children needing adoptive families. Twenty-seven percent or 111 children needed to be placed with their siblings. There were 280 male and 132 female children waiting for placement. African Americans comprised 72% while 24% were Caucasian. Children under the age of 5 comprised 3% of the total,
30% were between the ages of 6-10, 44% were between the ages of 11-13, and 23% were age 14 and older. These children were diagnosed with one or more of the following conditions: 96% had emotional problems, 22% had physical disabilities, 64% had learning problems, and 46% were mentally challenged.

History/Adoption Laws

Historically, adoption has been addressed in many cultures. From the time Moses turned on his adopted family to lead his biological family out of bondage, to a blended family when Joseph married Jesus' mother (this could also have been the first written evidence of an open adoption, because Jesus knew who his father was and had regular contact with him), to an infertile couple who adopted a baby and called him Clark Kent, adoption has been a part of recorded, unrecorded and fictional history since the beginning of people on this planet (Pertman, 2000).

One of the earlier recording of adoption:

...appears in the Code of Hammurabi, drafted by the Babylonians around 2285 B.C., which provided that if a man has taken a young child from the waters to sonship and has reared him up no one has any claim against the nursing. (Carp, 1998, p. 3)

Adoptions have been found in Egypt, China, Rome, Greece, other Asian countries, Africa and throughout ancient and tribal societies (Carp, 1998; Pertman, 2000). Some cultures adopted in order to have a male heir. Other cultures adopted the families of the men who were lost in war:

It is believed, for example, that in Rome, China and other ancient civilizations, many infertile couples and parents who had only daughters formally adopted adult males to serve as heirs, to carry on family names or to participate in
religious ceremonies. (Pertman, 2000, p. 15)

Terrell and Modell (1994) found that in many Pacific Island Tahitian and Trukese societies, adoption was a natural part of their cultural existence. In those cultures, the term kinship extended to the entire community. Their practices included someone in the community parenting a child when the biological parents were unable to provide care. It ensured that all children were cared for by families that could meet their needs. Often these practices included the biological family maintaining a relationship with the child throughout his life. Through adoption the child's support system increased because there were more kin to meet the child's needs.

In Western society, 16th Century England can be used as a reference as to how adoptions were perceived and controlled. In English common law, there was no mention of adoption. The power of the church and the law were the major deterrents to adoption. The church placed emphasis on blood relations. Adoptions were discouraged because of their impact on inheritance. The church, in denouncing adoption, implied that adopted children were born from incest. There was much public scrutiny, and in some European cultures adoption was seen as unchristian (Carp, 1998).

English common law did not recognize adoption. The laws were written to protect the property rights of blood relationships (Carp, 1998).

English common law, on which America's founders modeled our own legal system, made no reference to adoption at all; in fact it wasn't until 1926 that England approved its first generalized adoption statute. Scholars believe the nation saw no need for organized adoption because inheritance was dependent solely on bloodlines, and children without relatives to care for them were placed in almshouse, then made apprentices or indentured savants at very young ages (Pertman, 2000, p. 15).
The colonies that became the United States carried on the traditions of the English Poor Laws and Charitable Choice. They upheld the belief that blood relationships were most important and should be held above all others. However, there were differences in need in the United States than in England. The need for farm labor in the 1700s produced "informal transfers," the placing of large numbers of children to work on plantations. The Industrial Revolution produced so many homeless children that a demand grew to provide services for them. Charitable organizations began the mission of finding permanent homes for children (Pertman, 2000).

Throughout history, societies have found ways to care for children whose biological parents were unable to provide for them. In the United States, "in the 17th and 18th centuries children were placed in foundling homes provided by the state" (Rosenberg, 1992, p. 9). If the child survived infancy in the foundling houses, they were placed in the labor force, or put on orphan trains and adopted by farm families who made them field hands (Rosenberg, 1992).

In 1851, Massachusetts established the first adoption statute that included control of adoption (Rosenberg, 1992, Pertman, 2000). Up until that point children were placed in almshouses or some type of residential facility. Charitable and religious organizations began to arrange adoptions for those children (Rosenberg, 1992).

"In 1912 the United States Children's Bureau was established as the first public child welfare agency" (Rosenberg, 1992, p. 9). Prior to the Children's Bureau, adoption was not addressed in the country in any tangible way. Around 1912
charitable organizations, lawyers and agencies began to place children for adoption (Rosenberg, 1992). By 1929, every state had some kind of adoption law. It was also during this time that the Children’s Aid Society, followed by other organizations, began relocating children to the south on “orphan trains” (Pertman, 2000).

In 1974, the passage of the Child Abuse Prevention and Treatment Act (P.L. 93-247) increased the number of children entering the foster care system (McRoy, 1999). The child abuse act was the federalizing of Children’s Protective Services (CPS), in that every state had to pass and implement CPS laws, policies and investigation systems to protect children. The Adoption Opportunity Act of 1978, and the 1980 Adoption Assistance and Child Welfare Act included provisions to find adoptive homes, provide adoption subsidies, and to develop post-adoption services (McRoy, 1999).

The 1980 PL 96-272 Adoptions and Opportunities Act placed an emphasis on permanency for children and provided money to states for making adoption placements. Other important policies and laws included the Adoption 2002 initiative calling for a doubling of the number of foster care adoptions, the 1994 Multietnic Placement Act, the amended 1996 Interethnic Adoption Provisions, and the 1997 Adoption and Safe Family Act (Bartholet, 1999; National Adoption Information Clearinghouse, 2002). All the changes have placed more focus on permanency for children.

Decrease in Infant Adoptions

In the United States, as in other countries, there is a cultural belief in
reproduction. People grow up thinking about having children, not adopting children.

Ours is a society that glorifies reproduction, drives the infertile to pursue treatment at all costs, socializes them to think of adoption as a second-class form of parenting to be pursued only as a last resort, and regulates adoption in a way that makes it difficult, degrading, and expensive. (Bartholet, 1999, p. 181)

The number of infants available for adoption has decreased. "The social and sexual revolution of the 1960s, the development of more effective birth control measures, and the legitimization of abortion in the 1970s all had a profound effect on adoption practices" (Rosenberg, 1992, p. 10).

From 1952 to 1988 the percent of premarital births placed for adoption declined from 8.7% to 2% (National Adoption Information Clearinghouse, 2002). A study by Bachrach, London, and Maza, stated that the decline in infants being placed for adoption was primarily due to the declining number of white women placing their children for adoption (1991).

All of the above factors have reduced the availability of infants for adoption. Therefore, many of those people who wanted to adopt an infant turn to adopting special needs children.

Define Special Needs

There is no agreement on what is special needs adoption. There are public, private and independent agencies placing children for adoption and each has their own definition of what are special needs. Children who would be classified as special needs in one state, may not have that designation in another state (Watson, 1996).
Pertman provided an overview of the range of children who could be defined as special needs.

But more than 117,000 of them—teenagers who have bounced into and out of innumerable foster homes, infants with emotional or physical disabilities, babies born to prostitutes and people with HIV, and children of all ages who are black, Hispanic or mixed race, or possess other special needs are available for adoption. (Pertman, 2000, p. 157)

In some states minority children are classified as special needs by virtue of their race. Minority children carried the label of special needs because agencies thought they were hard to place (Howe, 1998; Pertman, 2000).

Intact Adoptions

Most adoptions did not disrupt. Over 80% of adoptions remained intact (Groze & Rosenberg, 1998). In fact, adoption disruptions (before finalization) and adoption dissolutions (after finalization) were low, compared to the number of adoptions that remained intact. Groze (1996b) found that 78% of parents were positive about the adoption and by the fourth year, 69% of parents were happy. There is consensus that the majority of adoptions remained intact.

McRoy (1999, p. 70-71) identified and listed factors for agencies and adoptive parents that served to stabilize the adoption.

Agency and Worker Factors

- Communication with adoptive family
- Good match
- Awareness of child’s needs
Adoptive Parents Factors

- Strong commitment
- Strong marriage
- Communication with child
- Openness to seek professional help
- Previous parenting experience
- Previous parenting experience with special needs children
- Support system
- Outside community involvement
- Realistic expectations and flexibility
- Positive personality characteristics
- Maturity/stability

There were numerous systems that played an important role in maintaining adoptions. One often overlooked area was that intact adoptions included the involvement of the biological children in the adoption journey. Biological children of adoptive parents, who were more involved in the adoption discussions and had a better understanding of adoption, results in fewer adoption disruptions. Mullin and Johnson (1999) found that it was important for the adoption worker to spend time with the biological children in their home. The involvement of the biological children in the adoption allowed the adoption worker to gain a greater understanding of the children’s needs, what they know about adoption, and ways to help the adoptive parents to resolve those concerns with their children (Mullin & Johnson). The adoption worker must be an advocate for the biological children, educator for the parents, and have the skills to connect families to resources when appropriate (Mullin & Johnson).

Adoptive families were more successful when there was “the mutual support of family members, including fathers who were prepared to become actively involved in child care as well as supported mothers, helped both children and adults gain
emotional strength” (Howe, 1998, p. 105). One study by Barth and Berry (1988) showed that there were fewer disruptions when relatives lived within visiting distances.

Adoption Disruptions/Dissolutions

One of the most important outcomes regarding adoption had to do with children achieving permanency in the adoptive home. When children are placed in an adoptive home, the hope is that they stay there until they reach the age of maturity, and move out as a part of the natural transition to adulthood. However, some children do not achieve permanency. For them, a disruption or dissolution becomes their destiny. The literature defines the two concepts as follows:

The term disruption is used to describe an adoption which does not continue, resulting in the child returning to foster care and/or to another set of adoptive parent(s). The term dissolution is used to describe an adoption that fails after finalization, resulting in the child returning to foster care and/or another set of adoptive parent(s). (National Adoptive Information Clearinghouse, 2002)

A review of the literature found little distinction between disruptions and dissolutions. If an adoption ended anytime during the placement and supervision, it was called a disruption (Howe, 1998). Supervision of the adoption placement meant that the adoption agency maintained contact with the adoptive family for generally between 6 months to 1 year after the adoptive child was placed in the home. This supervision continued until the adoption was finalized by a judge. However, the literature discussed a number of indicators which could lead to disruptions. One major theme from the adoptive parents’ perspective was the lack of preparation about
special needs adoption and the lack of information about the child they were adopt-
ing. Barth and Berry (1988) completed a study where 20% of adoptive parent(s) said
the agency did nothing to help them learn about adoption and 60% of parent(s) said
the agency did not prepare them for the adoption. Berry (1990) found “that satisfac-
tion with agency preparation was the second most critical predictor of the parents'
satisfaction with the entire adoption, second only to the child’s ability to attach” (p.
407). In that same study, 53% of the parent(s) said the agency told them about the
child, while 73% of adoption workers said that they had informed the family about
the child. Berry found that the parent(s) and the workers had different perceptions of
the behavioral needs of the child. Rosenthal and Groze (1990) found that 35% of
adoptive parent(s) said they received insufficient information and 44% of parent(s)
said the adoption worker was not helpful or only somewhat helpful.

A number of studies identified what they called common problems faced by
adoptive parents. Bean (1984), Hartman (1984), Kadushin and Martin (1988), and
Barth and Berry (1988) all wrote about these common problems as not only affecting
the daily functioning of the family, but playing an important role in determining if the
placement could be maintained or end in a disruption. These common problems were
broken down into six areas:

1. Biological parents may want to maintain contact with their children. This
could be a threat to the adoptive parent(s) who are trying to develop their own parent-
ing authority. Also, unlike infant adoption, most special needs children will know
their birth parent(s), and depending on their age, know how to get in touch with them.
2. How to help the child with issues of entitlement. This addresses the issue of how a child becomes a member of the family. If families have responsibilities divided up, what is taken away from existing members of the family to be given to the new member, and how will people respond to the change?

3. Struggling with how to help the child fit into the home without changing all the rules. This would include things such as what time people go to bed, family activities, beliefs, types of food, and recreational activities.

4. Developing rituals that will include the adoptive child.

5. How parent(s) can meet their own needs while meeting the child’s needs.

6. Reactions of family, friends, and community to adopting a child.

In a publication by the U. S. Health and Human Services (2002), they found three kinds of problems were cited as leading to an adoption disruption: (1) unrecognized pre-existing problems, (2) pre-existing problems that are known but left unexplored, and (3) unpredictable problems which occur after placement.

The age of the children has a significant impact on the stability of the adoption. "...with older children who have behavioral and emotional problems experiencing higher rates of disruption" (Groze & Rosenberg, 1998, p. 1). "Adoption studies regularly confirm that age at the time of placement is the key predictor for how well adopted children will do" (Bartholet, 1999, p.179). The older the child, the more likely the adoption could disrupt.

Adopted children were overrepresented in mental health services (Groze & Rosenberg, 1998). It is possible that the number of children and families needing
mental health services was higher than those actually receiving services. Families may not have recognized the need for services. Others may have believed that they would be viewed as bad parents if they sought help.

Several studies compared adopted and non-adopted children on issues of behavior, relationships and academic work (Brodzinsky, Lang & Smith, 1995; Stein & Hoopes, 1985; Wierzbicki, 1993). A review of the research revealed that adopted children had more emotional, academic and behavioral problems than did non-adopted children. However, Priel, Melamed-Hass, Besser and Kantor (2000) found no significant differences between the two groups. There appears to be some debate regarding which variables to look at when comparing the two groups.

Another area of discussion concerned adopted children maintaining contact with biological family, fictive kin and friends in their life after the adoption. That concept was referred to as an open adoption. The debate was over the impact of open and closed adoption on children. Some professionals took the position that children in closed adoptions experienced identity problems because of the lack of contact with their biological family (Frasch, Brooks, & Barth, 2000). Grotevant, McRoy, Elde, and Fravel (1994) recommended that a level of openness should be developed between adoptive parents and biological parents.

Another area that the literature explored regarding disruptions concerned adoptive families with less success when they had a difficult time maintaining an open, supportive, unconditional relationship with children (Howe, 1998). A family, which could be viewed as a closed system, may have produced an environment that
was difficult for the adoptive child to function appropriately.

Another area of adoption that has not received much attention is the community into which the child was adopted (Miall, 1996). If the community was not supportive of special needs adoption, it may have placed more stress on the family.

The data showed that the higher the family's socioeconomic status, the greater the possibility of the adoption being disrupted (Groze & Rosenberg, 1998). Parents with higher socioeconomic status may have placed unreasonable expectations of achievement and behavior on the adoptive child that the child may not be able to meet.

Finally, Howe (1998) found that 70-80% of adoptive parents reported satisfaction with their adoption. He also found that disruptions increased with the age of the child. There was a 10% disruption rate for children under 10 and a 20-40% disruption rate for children over age 10. “Adoption studies regularly confirm that age at the time of placement is the key predictor for how well adopted children will do” (Bartholet, 1999, p.179).

Adoptive Families

Some studies looked at disruption based on demographic information. Rosenthal and Groze (1990) and Berry (1990) found fewer disruptions with families traditionally screened out of the adoption process. Families who were screened out may not have met the state guidelines for being adoptive parents, or they may not have met the values of the agency doing the determination. Single parents, low-
income families, minority families, and families with other children in the home were less likely to experience a disruption (Rosenthal & Groze, 1990). Single, low-income, and minority parents appeared to have more reasonable expectations for their adoptive children. Middle- and upper-income families, those with mothers who had a college education, and families with no other children in the home were more likely to experience a disruption. Researchers found that middle income parents appeared to have higher and sometimes unrealistic expectations for their adoptive children. Because the children could not live up to the parents’ expectations, it increased the conflict in the home and resulted in a disruption. Some research showed that families with more education have more problems when adopting older children. Parents with a high school education had more success with older adoptions than parents with college degrees (Howe, 1998). The parents were more accepting of the child and the behavior and therefore, the child was not viewed as a disappointment.

Barth and Berry (1988) identified other barriers to a successful adoptive placement. A lack of social support, the transition from not having a child to having a child, establishing a parenting role with the child, managing the child’s behavior, and the parents coping response all impacted on the success of the placement.

There was little research on the role of biological children in the maintaining or disrupting of an adoption. Mullin and Johnson found that agencies needed to prepare biological children for the adoptive children who were going to become part of the family: “The adoption of a child with special needs may be more likely to disrupt when the parents believe that the toll the placement is taking on their birth/Previously

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adopted children is more than they can manage" (1999, p. 2). The biological children may not have participated in the adoption discussion.

Mullin and Johnson (1999), in reviewing adoption literature, found that having biological and adopted children in the same home increased the chance of a disruption. The introduction of a new child to the family disrupted the equilibrium of the family. The adoptive child interrupted the relationships, roles, and rules in the family. They also found that the emotional atmosphere in the home changed. Parents spent more time with the adopted children, while other family members received less attention, and the parents became drained with all the new needs and responsibilities (Mullin & Johnson).

Family Formation

Kirk (1964) and Brodzinsky (1990) discussed three models of self perception among adoptive families. First, there were families that rejected/denied the differences and created a less open and less reality-based environment. Second, there were the families that focused on differences and ascribed blame for difficulties to genetics or pre-adoptive history. Third, there were families that acknowledge the difference openly, sharing concerns and feelings about their adoptive status.

Adoptive Children

Adopted children may have experienced a number of placements before they were adopted. First, they were removed from the birth family. Children may have
developed self-narratives that explained that they were the reason why they were removed from their birth homes (Groze & Rosenberg, 1998). If the child was removed from the foster home, that may have reinforced their belief that they were the cause of the problems in the home.

Harm to Children

There was general agreement in the literature that adoption disruptions were harmful to the child and the family. Children who experienced a disruption were less likely to be adopted in the future. Those children tended to have more behavioral problems, a lack of respect for authority, felt they needed to protect themselves, and were more likely to have had some kind of mental health label (Kadushin & Martin, 1988).

It was also important to remember the circumstances that brought the child into the adoptive system. Watson wrote:

Most special-needs children enter adoption because they were living in a family that could not meet their needs. Some are born the victims of prenatal substance abuse. Many experienced traumatic abuse in their families of origin or in foster families. Statistics indicate that 75% of the children currently in foster care have experienced some sexual abuse, as have 85% of children placed in adoption since 1983. (1996, p. 532)

Each time a child was moved to a new environment, the child was expected to adapt to the new setting. Although there were changes in each setting (rules, relationships, food, expectations, history) the child was expected to adjust to that environment (Hartman, 1984). The child had no history with the family. The family's lifestyle, beliefs, secrets and interactions were all foreign to the child. However, the
child was expected to conform to each environment.

All families have a life story that travels with them throughout the generations. That life story included values, beliefs, history, stories and, for some, a family bond. The literature terms that a narrative (Groze & Rosenberg, 1998). Adoption children experienced a broken narrative when they were moved from their biological home and placed in foster care. Further moves broke the narrative for every foster home the child was placed in, until the child was finally placed in an adoptive home. In the adoptive home, the child came into an environment that was intergenerational. The history, values and culture of the family were passed down from one generation to the next. However, the adoptive child does not know the history, rules, secrets, or relationships of the adoptive family. It takes time for him to learn and understand that history (Groze & Rosenberg, 1998). That could prevent the adoptive child from ever being fully a part of the family.

Howe (1998) discussed two theories regarding the development of adoptive children. “The first argues that poor quality care in an emotionally adverse environment during the first year or so of life has long-lasting negative effects on development and personality” (Howe, 1998, p.72). “The second argues that full developmental recovery is possible if the disturbed child is introduced into a fresh, good quality social environment” (p.72).

There was some discussion about the psychosocial development of older children placed for adoption. A relationship exists between when the child was placed and his psychosocial adjustment. Children placed in institutional care had the
hardest time adjusting. Children placed in foster care and then adopted did better than those in institutional care, but children not involved in the foster care system had the best psychosocial development (Howe, 1998). This is because of the behaviors often exhibited by adoptive children. “Adopted children in general and late-adopted children in particular appear to show more antisocial, externalizing, acting-out, conduct disordered behavior than non-adopted control populations (Howe, 1998, p. 82).

When looking at special needs children, the issue of personality received major attention.

The following behaviors and personality traits are those most frequently used to describe and identify tendencies in late-adopted children:

- Insecure and anxious
- Attention-seeking and demanding
- Restless
- Poor concentration
- Unpopular with peers and relationship problems with peers
- Lying
- Hostility, anger and aggression
- Oppositional behavior
- Conduct disorders including criminal behavior
- Improved social adjustment in early adulthood. (Howe, 1998, pp. 87-88)

It is possible to identify three interesting developmental divisions within the broad category of late-placed adoptions. These are based on the character and quality of the children’s pre-placement experience. At least three types of early life experience can be discerned in adoption research:

1. Institutional care: no experiences of close, regular intimate relationships and therefore, no experience of sustained and personalized rejection, abuse or neglect in relationships with a primary caretaker.

2. Good quality care with main caretaker during the first year or two of life before the relationship takes a turn for the worse and the child experiences
loss, abandonment, rejection, abuse and/or neglect in the subsequent years before being placed for adoption.

3. Continuously poor quality care and loss, rejection, abuse and/or neglect during the years prior to being placed for adoption. (Howe, 1998, p. 88)

The literature discussed the impact of the child’s behavior on placements. “Prior to the final removal from the birth family, children in disrupted/dissolved adoptions were more likely to have been exhibiting aggressive, acting-out behaviors” (McRoy, 1999, p. 63). Therefore, it was important to look at the child’s behavior prior to placement and then to assess how the behaviors manifested themselves in placement. “During the adoptive placement, adopted children in intact placements had significantly decreased their acting-out behaviors, while children in placements that eventually disrupted or dissolved had escalated these behaviors” (McRoy, 1999, p. 65).

Pre-Placement

Some of the studies examined the issues of better screening of adoptive families, providing more information about the child to the family, and better matching of children with families. Berry et al. (1996) outlined the importance of providing records to adoptive parents, allowing adoptive parents to talk with foster parents, and providing birth parent history. In this study, 50% of adoptive parents said they did not receive adequate information on the child’s behavior nor the birth family (Berry et al.). This study also reported that some parent(s) said that they had very little contact with their adoption worker. They never met the foster parent(s) who had been
providing for the child. They had 30 to 45 minutes to read the child’s file and had no information on the biological parents. They did not talk with another adoptive parent, and they said they were not aware of the negative impact the adoption would have on their family, friends and community.

Post-Adoption Services

Some of the studies highlighted the importance of post-adoptive services. These services included support groups, training, counseling, and connecting adoptive parents to other supportive services including referrals to professions who were pro-adoption. The study by Barth and Berry (1988) found that more than 70% of adoptive parents wanted the placing agency to maintain contact with them after the adoptions were finalized.

Groze and Gruenewald found that a major factor in disruptions was the lack of therapy and mental health resources to support the adoptive family (1991, p. 582). Watson (1996) noted that there was still a belief that once a child was adopted, he or she would assimilate into the family and any problems would disappear. However, the research has shown that adoption was an ongoing experience and adjustment. The problems that the child brought to the adoption process stayed with the child after the adoption.

Watson (1996) wrote that adoption impacted the family in three ways: (1) it introduced new complications for the rest of their lives, (2) regardless of how positive the outcome, it began with a traumatic experience, and (3) a legal adoption could not
sever the connection between the children and their biological parent(s). If those issues were not acknowledged, the possibility of disruption was increased.

Kadushin and Martin (1988) found five comprehensive ranges of services that were needed for adoptive parent(s):

1. casework services,
2. the use of volunteer families who have already adopted special needs children,
3. strong linkages to community resources in order to help the family provide for the individual needs of their special child,
4. social events,
5. parent groups. (p. 569)

In addition to the above areas for post-adoption services, Mullin and Johnson (1999) wrote that biological children should receive post-adoption services to assist them in adjusting to the adoption. Research showed that families benefited from support services (Groze & Rosenberg, 1998). Post-adoption services that encompassed family, friends, professionals and financial support all had a positive impact of keeping families together (Howe, 1998).

Biological Families

In the literature there were discussions attempting to define a family. Some of the discussion centered around the concept of family as socially constructed. Social construction:

is principally concerned with explicating the processes by which people describe, explain, or account for the world in which they live. Basically, social construction theory holds that people’s beliefs about the world are social inventions. Reality is socially constructed, based on people’s definitions. (Cheung, 1997, p. 332)

This means that concepts of life, race, class, or family are constructed by the values and norms of a group. A community can decide which types of behaviors are
acceptable and which were not. The concept of family can and has changed as the community or society chooses to move in a different direction.

Philosophers have reminded us that all the activities of our life are embedded with assumptions about the right kind of life that a person should lead. Values, it is said, are not superimposed on a constructed reality, but the very construction of social reality (and by extension normality) is based on and intertwined with...moral visions. (Freud, 1999, p. 334)

The social construction assisted in defining what a family was, how they function, individual roles, how they interacted with the extended family, community, the larger society and most importantly, what is a normal family. One of the most influential people in the discussion of normal families was Talcott Parsons. He outlined the ideal or normal family as follows.

It is uniform in its kinship and household composition in the sense of confinement of its composition to members of the nuclear family, which is effective at any given stage of the family cycle, and in the outside activities of its members, e.g. jobs for adult men, some participation in the labor force for women, school for children, and various other types of community participation. (Adams & Weirath, 1971, p. 53)

Some literature rejects the family life cycle and therefore, the idea of a normal family (Carter & McGoldrick, 1989). One significant argument against it is that living in a postmodern world, families have changed and what was an adaptation is now the norm. Adoptive families do not fit into Parson’s view of family because non-biological children and people starting and adding to their family through adoption is not considered normal.

Policy

The literature discussed the role of public policy in providing resources to
assist adoptive families. The studies stated that once a child was placed with a family, the child would see themselves as a member of the family. Already financially strapped by the large number of children in foster care, policy makers do not have the budget to provide financial resources to assist adoptive families. Bean (1984) states that there has been a lack of national policies on adoption. There has been public discussion, but no national outcry to make changes in adoption policies.

Weaknesses in the Research

One weakness is that in most adoptive studies there were no clear definitions concerning adoption, special-needs, disruptions, and dissolutions. Each state and most counties defined those terms anyway they wanted. Most of the adoptive studies lumped infant, private and special-needs adoption together. Since there were few infant disruptions, those numbers could have been used to offset the higher number of disruptions occurring with older children. Some studies combined first-time adoptive parents, foster parents, and relative placements, which did not give a clear description of each group. A few studies attempted to separate them and showed different disruptions rates among the three. However, the combining of the categories gave a distorted picture of adoption disruptions/dissolutions.

Another weakness was that there was not much literature written from a sociological perspective. Most of the adoption discussion came from social work, psychological journals, and monographs. It is important to look at the impact of adoption on society. The ways that societal values and norms effect adoption could have an
impact on how adoptions are perceived in the future.

Summary

The literature provided some helpful information in looking at special needs adoptions and the impact it has on a family system. There were a number of evaluative tools that could prove helpful. Also, the research must clearly do a better job in separating the categories of adoptive parents into what is special needs adoption, and the difference between disruptions and dissolutions in order to get a clearer picture of which families might be more successful at maintaining and functioning as adoptive families. Finally, the literature review provided some focus regarding what type of evaluation would be helpful when looking at disruptions/dissolutions.

The next step in this study was developing the method for data collection and analysis. Chapter III provides a detailed discussion on what methods were used.
CHAPTER III

METHODS

Introduction

The purpose of this study was to collect data from a post-adoption program to analyze if the data supported an existing theory/theories, new theory, or helped to reorganize theory regarding families who adopted special needs children. This chapter provides a detailed discussion of the methods used in this study. This chapter will be divided into eight categories: (1) population, (2) sampling process/parameters, (3) sample size, (4) data collection and analytical method, (5) secondary data, (6) grounded theory, (7) data processing and analysis, and (8) risk to the subjects.

Population

The post-adoption program had a list of 190 people who were eligible to participate in the program. The study looked at families who had adopted special needs children and who had participated in the post-adoption program. The data were acquired from a mailed questionnaire, evaluations completed after trainings and activities, and a focus group. The data from the children was gathered after their participation in a family camp.

The mailed questionnaires were sent to all families that participated in the post-adoption program. The questionnaire was anonymous; families were informed...
that they did not have to participate in the evaluation and their decision not to participate would have no bearing on current or future services from the adoption agency. If the family completed the questionnaire and returned it in the self-addressed envelope, that qualified as their informed consent. The evaluations from the trainings and activities were completed at the end of each event. Adoptive parents had the option of completing the form. The decision to complete the evaluation qualified as their informed consent. There was no identifying information on the evaluations. There was also no identifying information kept on the adoptive parents who participated in the focus group. The evaluation that the adoptive children answered at the family camp was completed after the children’s parents gave permission. The children also had the option not to complete the evaluation. There was no identifying information on the evaluations. The child welfare agency that conducted the post-adoption program granted written permission to use the data collected from all four sources.

**Sampling Process/ Parameters**

To be eligible to participate in the evaluation, families must have met all six requirements:

1. The family must have adopted a child who has been part of the child abuse and neglect system.

2. The child would have been placed in foster care due to abuse or neglect by the biological parent(s), legal parent(s), or legal guardian.

3. A court was petitioned to have the parental (legal) rights terminated and the
child was legally adopted.  

4. The child had to be under the age of eighteen at the time of the family’s involvement in the post-adoption program.

5. The adoptive parent(s) must have participated in a minimum of one training, activity, or support service during the time of the post-adoption program.

6. Families were not excluded due to race, gender, marital status, sexual orientation, age, income, ethnicity, or geographic location.

Sample Size

Of the original list of 190 eligible participants, 87 families met the criteria for participation from the mail survey. There were 307 parent evaluations that met the criteria. Parents could have attended more than one training or activity; therefore, some parents would be included more than once in the total. Ten adoptive parents participated in the focus group. The 64 evaluations completed by the adoptive children also met the eligibility criteria. Table 3.1 provides an overview of the collected data.

The data collected from the mail questionnaires, the adoptive parent evaluations, the adoptive children’s evaluation, and the focus group data were analyzed using a grounded theory method. Coding and themes were used to create categories, and the final theory was an integration of all of the data analyzed.
Table 3.1

Sources of Collected Data

<table>
<thead>
<tr>
<th>Source</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail Survey</td>
<td>87</td>
</tr>
<tr>
<td>Training/Activities Evaluations</td>
<td>307</td>
</tr>
<tr>
<td>Focus Group</td>
<td>10</td>
</tr>
<tr>
<td>Children’s Family Camp Evaluations</td>
<td>64</td>
</tr>
</tbody>
</table>

Data Collection and Analytical Method

The data were gathered from a three-year post-adoption program that started in 1997 and ended in the year 2000. I used both quantitative and qualitative methods to analyze the data. Quantitative methods were used to provide descriptive information. Tables and graphs were used to assist in understanding the results of the quantitative analysis. The use of tables and graphs helped explain some of the quantitative data when multiple concepts could best be explained through those techniques. Qualitative methods were used as a way to tell the adoptive family’s story. The families were able to describe their life circumstances in a way that best fit with their social reference. Qualitative methods were a flexible way of looking at how people who adopt define themselves and the community in which they live. Qualitative methods also allowed for the building of theory around special needs adoption. Both the quantitative and qualitative data were collected from secondary sources.
Secondary Data

The reason I selected secondary data was because they contained the data necessary for this study. The post-adoption program had to collect the data as part of its contract requirements, and the data covered varying aspects of special needs adoption. In addition, the data were collected from four different sources, which permitted different perspectives in using grounded theory to compare and contrast the categories within the data.

Secondary data are data that have been collected by someone else or the same researcher. As data are collected for research, it may contain information that the researcher has decided is not relevant to the study. However, much of the data is not only relevant but important as well.

Secondary analysis is simply a further analysis of information that has already been obtained. Such an analysis may be related to the original purpose for which the data were collected, or may address an issue quite different from that, which prompted the original data gathering effort. It may involve the integration of information from several sources or a reanalysis of the data of a single source (Stewart, 1984, p. 11).

When evaluating the feasibility of secondary data, there must be a determination whether the data contained enough information pertinent to the areas of the research. After reviewing the data, I determined that the data covered the areas which pertained to the research question regarding special needs adoption.

The use of secondary data analysis held a number of advantages. Secondary data analysis is less expensive and faster then developing a survey and collecting data. Most agencies have to collect data as part of their contracts if they are receiving state
or federal money. Also, many foundations require agencies to conduct an evaluation of program effectiveness (Babbie, 1998; Kiecolt & Nathan, 1985; Soriano, 1995; Stewart, 1984).

However, the use of secondary data was not without a few concerns. One was that the original survey, data collection, or analysis may have been flawed. Data are collected for a specific reason, which could bias the results when analyzing it for other purposes. An added concern was that the data may be untimely. Since it was old data, some of it could be missing, or surveys may not have been completed fully. To analyze the data, one must have an understanding of the methods used in collecting the original data and how to transfer them to the methods being used for the secondary data analysis (Babbie, 1998; Kiecolt & Nathan, 1985; Soriano, 1995; Stewart, 1984; Wholey, Harty & Newcomer 1994). I took all of these issues into consideration before concluding that the data collected from the post-adoption program were suitable for collection and analysis. In addition, I also had to decide on the methods for collection and analysis. For this study, I selected techniques of grounded theory to analyze the qualitative data.

Grounded Theory

The selection of grounded theory to analyze the data was made because this approach is concerned with theory development. For this study, I incorporated the general guidelines of grouped theory. I attempted to follow the guidelines while analyzing how this method would work with secondary data. Instead of employing
grounded theory from a participant observation or ethnographic perspective, I utilized those techniques with previously collected data. Grounded theory allowed me to look at a complex phenomenon by exploring the data and letting the similarities and differences emerge. Although there are numerous methods of quantitative and qualitative data analysis, grouped theory allowed for the possible creation of theory. Instead of deductively developing questions and searching the data for answers, I wanted to inductively allow the data to speak for the adoptive families. Finally, the purpose of this study was to analyze data from a post-adoption program to determine if the data supported existing theory/theories, new theory, or helped to reorganize theory regarding special needs adoption. Grounded theory was an effective method for analysis.

Strauss and Corbin (1990) noted:

A grounded theory is one that is inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Therefore, data collection, analysis, and theory stand in reciprocal relationship with each other. One does not begin with a theory, and then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge. (p. 23)

Grounded theory can be used for quantitative and qualitative data (Denzin & Lincoln, 1994).

The grounded theory method stresses discovery and theory development rather than logical deductive reasoning, which relies on prior theoretical frameworks (Glaser, 1994, p. 96). From the survey data, the participants answered a number of qualitative questions. The goal is to review the data and look for themes. The development of the themes is called coding. Coding is the initial phase of the analytic method, is simply the process of categorizing and sorting data. Codes then serve as shorthand devices to label, separate, compile, and organize the data. Codes range from simple, concrete, and topical categories to more general, abstract conceptual categories for an emerging theory (Glaser, 1994, p. 97).
In the next section, I will discuss how grounded theory was used to analyze the data.

Data Processing and Analysis

Grounded theory techniques were used to analyze the data for this study (Glaser & Strauss, 1973; Strauss & Corbin, 1998). The data gathered from the post-adoption program came from: (1) adoptive parent’s evaluations, (2) adoptive children’s evaluations, (3) a focus group of adoptive parents, and (4) a mailed questionnaire completed by adoptive parents.

Parents who adopted special needs children and participated in the post-adoption program completed the evaluations. Adoptive children who participated in an adoptive family camp also completed an evaluation.

In using grounded theory techniques, I employed six steps: (1) collecting the data, (2) transcribing the data, (3) open coding, (4) axial coding, (5) selective coding, and (6) developing the theory (Glaser & Strauss, 1973; Strauss & Corbin, 1998).

The above steps were all part of the interrelationship of grounded theory. I used grounded theory to analyze the data. Each step was interdependent upon the next step in order to move the data from the concrete, to the abstract, to the building of theory.

In using grounded theory, the analytical techniques assisted me in deconstructing the data and looking at it from a variety of perspectives. Each step was crucial in deconstructing data to identify patterns in the data at their smallest denominators, and
then reconstructing the pieces to see if a theory would emerge. In the following sections, each of the six steps will be defined and discussed in detail and I will use an example from the data to demonstrate how I used grounded theory.

**Data Collection**

The data were collected from the post-adoption program at a child welfare agency. I collected all the evaluations from the post-adoption program and used the data as secondary data for the study. The first step was collecting the data. The data were collected from four sources. The first source of data was the evaluations the parents completed after each training or activity they attended. The second source of data came from the adoptive children that attended the family camp. The third source of data came from a focus group of adoptive parents that had participated in a minimum of one training, activity, or service from the post-adoption program. The fourth source of data came from a mailed survey of adoptive parents that had participated in the post-adoption program. The mailed survey was sent out at the conclusion of the program. The post-adoption program had retained the data and I obtained permission to analyze the data from the child welfare agency. The proposal to conduct the research was approved by the Human Subjects Institutional Review Committee through the university (see Appendix A). There was no identifying information on the evaluations.

In the data collection phase of the process, I attempted to resolve the issues of reliability and validity by using a triangulation approach of collecting data from four
different sources. This approach helped insure that the data met the criteria for special needs adoption which increased validity. I also used quantitative and qualitative methods of data collection to support the grounded theory. The triangulation process fits into the coding aspects of the grounded theory method. That was because the four sources of collected data and the quantitative and qualitative method all became integrated together in order to analyze what types of relationships existed. That technique assisted in validating the relationships between and within the data. Once the data were collected they had to be transcribed.

Transcribing the Data

The next step in the grounded theory process was transcribing the data. That entailed taking the data and putting it in a form that could be easily analyzed. From the quantitative questions, nominal, ordinal and ratio data were entered into SPSS. The qualitative evaluation comments were typed and entered into a word processing program. The focus group data that were on audiotapes were transcribed and also entered into the word processing program. That process of transcribing the data was necessary in order to conduct the coding process of grounded theory. There were three parts to coding the data: (1) open coding, (2) axial coding, and (3) selective coding; each part was designed to move the data toward a possible theory of special needs adoption. All three coding steps were needed in order to conduct further analysis. The three types of coding will be discussed in the following sections.
Open Coding

Open coding is “the analytic process through which concepts are identified and their properties and dimensions are discovered in data” (Strauss & Corbin, 1998, p. 101). Therefore, contents of the data were analyzed, and concepts were generated, identified, given a label, and a category was created. This process was part of the discovery phase of letting the phenomenon emerge from the data. What emerged were categories and subcategories of the phenomenon. In this case the phenomenon was the data on special needs adoption. The categories were the themes that emerged from the data. The subcategories were concepts that did not stand alone, but as part of a grouping that created a category.

Once the extensive categories were discovered, the next step was to refine each category by using properties and dimensions. Properties are “characteristics of a category, the delineation of which defines and gives it meaning” (Strauss & Corbin, 1998, p. 101). Dimensions are “the range along which general properties of a category vary, giving specification to a category and variation to the theory” (Strauss & Corbin, 1998, p. 101). I refined the categories by separating the data into discrete concepts and began the process of grouping the concepts into distinct categories. The purpose was to look for relationships among categories and place them on a continuum. This assisted in determining if a theme fit better in one group than another group. This process broadened the scope of the analysis and assisted in developing and refining categories. Each category had a complete to partial relationship to the phenomenon.
In using open coding, I would take the first piece of data and begin the coding process. By reading through the data line-by-line, I developed the first theme. I was looking for certain words and phases around special needs adoption. Those words and phases attempt to define or provide a summary to the line that is being read. The words and phases are defined by the data, families contextual understanding of how they use the words and phases and how those words and phases are defined in the literature. That summary becomes a theme. One of the first themes to emerge from the data was abandonment. In the data, an adoptive parent commented that she thought the adoptive child was having a difficult time being a part of their family because he missed his biological family. From that comment, I wrote down the words abandonment, separation, loss, and fear. These were a few words that related to the statement from the adoptive parent. As I continued looking at the data, I was doing two things simultaneously. First, I was looking for additional themes in the data. Secondly, I was pursuing theoretical saturation on the theme of abandonment. Theoretical saturation is the process of analyzing the data for the themes that fit into the topic generated. I was determining if there were other themes that related to abandonment. I was also asking questions about that theme. I would ask, what is abandonment? Are there different types of abandonment? Are there degrees of abandonment? Could the statement mean something else? Could the word abandonment be coded into another category? Do the data provide other examples of abandonment? By theoretical saturation, I was looking at what themes related and what themes did not relate. I used memo writing as my technique for conducting theoretical saturation.
I wrote memos about themes I found in the data and if there were any relationships among those themes. "Memos are written records of analysis that may very in type and form" (Strauss & Corbin, 1998, p. 217). I started forming discussion pieces and listed any new questions that might arise from the data. I also looked at the properties of abandonment. I wanted to know how it related to the concept of adoption. In addition, I looked at how the dimensions of abandonment related to all the other ways it could be used in this data.

In reviewing the data, one of the areas that I wrote about was the adopted parents relationship with the adopted child. From the data came a list of themes that, as the theoretical saturation continued, became categories. Some of the categories generated from the data were: abandonment, attachment, claiming behaviors, broken narratives, entitlement, antisocial behavior, sanctions, rewards, resilience and separation and loss.

The above categories were only a few of the many themes that were generated. A number of themes related to adoptive children were discovered. Once I could not generate any more themes, I needed to see if and how they related to each other. First, I looked for duplication in themes or themes that had the same meaning. Second, I looked for themes that at first appeared to fit with one group of themes, but upon closer examination determined they did not fit in that group. That process continued until a set of categories was identified that could not be eliminated nor collapsed into other categories.

After identifying the categories, I tried to see if there was a relationship among
any of the categories, so I grouped the themes into categories. The open coding process is completed once no further categories can be created. The process of open coding eventually exhausts the data. The categories that are created from the data emerge from how adoptive families identify and explain concepts. Part of open coding is analyzing how families define the categories by the context upon which they place the concept. In addition to the family's definitions, the literature is also examined to assess how categories are defined within the context they are used. From the discussion regarding the adopted children, I grouped those themes into one category. The new grouping related to children needed a name that would define the category. The new category that was created was called “survival behaviors.” This title reflected the acts the adoptive children engaged in to protect themselves physically and emotionally. Appendix B provides an example of categories that were developed from the open coding process. Appendix C provides an example of those same categories once placed into 12 distinct groups. Each group represented the major themes from the open coding process. The category of survival behaviors was placed first in Appendix C to further illustrate the coding process.

After completion of open coding, the next step was to use axial coding.

Axial Coding

Axial coding is “the process of relating categories to their subcategories, termed ‘axial’ because coding occurs around the axial of a category, linking categories at the level of properties and dimensions” (Strauss & Corbin, 1998, p. 123).
By explaining the relationship between categories, a better understanding of the phenomenon was achieved. The purpose of axial coding was to determine how strong the relationships were between the category and the subcategories. For this study, open coding indicated that there was a relationship. Axial coding tested that relationship. If the relationships remained intact, those categories and subcategories would move to the selective coding phase of grounded theory. Selective coding will be discussed in the next section of this chapter. If through axial coding no relationship was established or a weak relationship existed between the category and the subcategories, the subcategory would be moved to another category. If all the subcategories were eliminated, the category could be eliminated or moved to a subcategory status. Axial coding is defined as:

There are conditions, a conceptual way of grouping answers to the questions why, where, how come, and when. They together form the structure, or set of circumstances or situations, in which phenomena are embedded. There are actions/interactions, which are strategic or routine responses made by individuals or groups to issues, problems, happenings, or events that arise under those conditions. Actions/interactions are represented by the questions by whom and how. There are consequences, which are outcomes of actions/interactions. Consequences are represented by questions as to what happens as a result of those actions/interactions or the failure of persons or groups to respond to situations by actions/interactions, which constitutes an important finding in and of itself. (Strauss & Corbin, 1998, p. 128)

Under axial coding I developed a number of diagrams to further explore the relationships among and between the categories. The diagrams developed were: (a) Table 3.2: Support System Integration; (b) Table 3.3: Level of the Problem; and (c) Table 3.4: Adoptive Parents Family Relationships.

The diagrams assisted in further clarifying and refining of the data. By
Table 3.2

Support System Integration

<table>
<thead>
<tr>
<th>Category</th>
<th>Accept difference</th>
<th>Reject difference</th>
<th>Insist on difference</th>
<th>Insist on acceptance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siblings</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>In-home biological children</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult biological children</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Grandparents</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Friends</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Agency</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Counselors</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Looking at the diagrams, the relationships among the categories created by open coding became more explicit.

Support System Integration

The support system integration diagram was used to explore how those systems in the family's environment related to the adoption. I took each of the categories that the parents identified that impacted on the adoption, and their level of integration into the adoption process. The categories that parents identified were:
siblings, in-home biological children, adult biological children, grandparents, friends, school, agency and counselors. I took each category, looked at the responses from the adoptive parents in the data, and grouped the common responses; each of the eight categories intersected with one of the four categories. The four topics, (1) accept the difference, (2) reject the difference, (3) insist on the difference, and (4) insist on acceptance, were categories that came from the data.

The diagram illustrated where the relationships were the strongest and therefore had the greatest impact on the adoptive family.

**Level of the Problem**

The level of the program diagram were the themes the parents identified that impact the integration of the adoptive child into the family. The themes were: life cycle, family integration, disruptive factors, identity issues and blood ties. The levels

<table>
<thead>
<tr>
<th>Table 3.3</th>
<th>Level of Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micro</td>
<td>Mezzo</td>
</tr>
<tr>
<td>Life cycle</td>
<td></td>
</tr>
<tr>
<td>Family integration</td>
<td></td>
</tr>
<tr>
<td>Disruptive factors</td>
<td></td>
</tr>
<tr>
<td>Identity issues</td>
<td></td>
</tr>
<tr>
<td>Blood ties</td>
<td></td>
</tr>
</tbody>
</table>

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that the parents could be impacted on were the micro, mezzo, and macro levels. By understanding the level of the problem, it was possible to address those concerns more appropriately. This diagram enhanced the understanding of the relationship among the categories.

Adoptive Parents Family Relationships

The adoptive parents family relationships diagram was a diagram that showed the level of support for the adoptive family in relationship to meeting the adoptive child’s needs. The adoptive parents identified six groups as having an impact on the adoption relationship: (1) biological children, (2) grandparents, (3) adult siblings, (4) friends, (5) fictive kin, and (6) previously adopted children. The closer the group was to the low end, the less supportive its members were about the adoption. The closer

Table 3.4

Adoptive Parents Family Relationships

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>high</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological children</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Grandparents</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Adult siblings</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Friends</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Fictive kin</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Previously adopted children</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
the group was to the high end, the more supportive its members were about the adoption.

The three diagrams provided a better understanding of the relationship among and between some of the categories. Those relationships reflected how the adoptive parents looked at themselves and the community, and the impact they have on the adoption. Those diagrams also assisted in understanding how categories fit together, and as a way to test the strength of those relationships.

The purpose of axial coding was to determine if there were real relationships between the categories and subcategories. Taking the prior example of the behaviors of the children in the adoptive home, axial coding would analyze the relationship between the category and the subcategories. This was done by defining the categories from the adoptive parents' perspective and from the review of the literature.

After placing the concepts of survival behaviors together in one group, I looked for relationships among that list. I found that there was a relationship among the categories related to how adoptive children adjust and function in the adoptive home. Adoptive children on average had a number of placements before they were adopted. They had to learn to adjust to new rules, environments, people and new communication styles. They may go from a family with few rules to one that has rules for most daily situations.

Under the category of survival behaviors, all of the other themes made up the subcategories that related to the larger category. I took each subcategory and asked how it related to the category. Incorporating memo writing that discussed the
relationships among and between categories completed this process. In addition, I used definitions from the adoptive families and from the literature. If the subcategory enhanced or supported the category, the subcategory remained. If it did not support the category, it was removed. If a subcategory was removed, I did check to see if it related to a different category. What I found after looking at those relationships was that the children were trying to adjust to their new environment. They were unsure if the adoptive family wanted them or how long they would stay in the home until they were moved again. Therefore, abandonment, attachment, claiming behaviors, broken narratives, entitlement, antisocial behavior, sanctions, rewards, resilience and separation and loss were classified into two categories. The first category consisted of: abandonment, broken narratives, antisocial behavior, sanctions and separation and loss. The second category consisted of: attachment, claiming behaviors, entitlement, rewards and resilience. I continued to look for relationships among and between the categories: seeking a larger category. By moving the data around, looking at relationships, and writing out how subcategories related and do not relate to each other, I continued to explore the category of survival behaviors. Survival behaviors were the ways that children adjusted to their environment. They had to develop ways to protect themselves from the change of foster parents, the rejection and issues of self worth. The two subcategories worked together, and the results were ways that the children used to survive in difficult environments. The same axial coding process was used with each of the groups in Appendix C. That led me to the final step in the coding process: selective coding. Axial coding is completed once the categories can
Selective Coding

Selective coding is "the process of integrating and refining the theory" (Strauss & Corbin, 1998, p. 143). All other categories in the data were linked to form a theory. That category addressed the relationship among and between categories. As the data developed, there were themes that kept emerging. Those themes began telling a story about adoption and the impact it was having on the families in the study.

To further explore that story, I integrated the categories and subcategories within the framework of a diagram of the phenomenon. The diagram was a representation of the data (see Appendix D).

Selective coding was the process of integrating all of the categories to see if a theory could be constructed. Once that process was completed, all of the categories were integrated to form a theory. I took the category, survival behaviors, and integrated them with the other categories (see Appendix C). As I analyzed the themes in the data, a narrative emerged.

To assist in the process of developing the theory, I developed a diagram. The purpose was to lay out all of the categories and look for the relationships. I looked at the data in relationship to the diagram to see the narrative that was emerging. The theory that emerged from the diagram in Appendix D was the cultural script of special needs adoption.
Developing Theory

The last step in the grounded theory process was developing the theory. Once all the categories were integrated, the last step was searching for and identifying a theory. In this study the theory was the cultural script of special needs adoption. Chapter V will discuss the theory and how it works.

Risk to the Subjects

The amount of risk to participants was minimized because I used secondary data. The mailed questionnaires were anonymous. The evaluations completed by the parents and the children did not include any identifying information and the focus group data were transcribed without names. To decrease any potential risks, the child welfare agency and the post-adoption program were not named in the study.

All the data are at the child welfare agency. By state and federal regulation, all files on families must be stored in a secure place. Therefore, the agency will store the data in the same place it stores all of its confidential files. A second copy of the data are locked in the office of the principal investigator, and the data will be stored for three years. After three years, the data will be returned to the child welfare agency.
CHAPTER IV

FINDINGS

Chapter IV will provide the results of the data analyses and findings from the post-adoption program. This chapter will provide a brief overview of the research problem and the findings. The format for the data analyses was to look at and discuss the four pieces of data that were collected for the study. The first source of data came from a mailed survey sent to all the adoptive parents that had participated in the post-adoption program. The second source of data came from the evaluations that adoptive parents completed after their participation in a minimum of one training or activity. The third source of data came from the evaluations that the adoptive children completed after attending a family camp. The last source of data came from a focus group of adoptive parents that had participated in the post-adoption program. The demographic data came from the mailed survey because it solicited the most detailed description of the participants.

The mailed survey outline is used as the subheading for this chapter. This is because the mailed survey provides the most diversity in covering adoption topics. The parent and child evaluations and the focus group data will be included under the appropriate subheadings.
Introduction

The post-adoption program provided services and support to families that had adopted children through the child welfare system. The goal of the program was to reduce the number of disruptions and dissolutions, as well as the need for temporary removal or residential placements for adopted special needs children. The program tried to strengthen families by making them feel less isolated and connecting parents to appropriate resources so they would be able to provide for their families and maintain the adoptions. To do this, the post-adoption program incorporated trainings, family activities, respite and mentoring services.

Response Rate

There were different response rates for each of the four sources of data. For the focus group data, 10 parents were randomly selected and all 10 agreed to participate. All 64 children that participated in the family camp completed the evaluation. Regarding each parent training, 80-90% of the parents in attendance completed an evaluation. With regards to the parent activities, 80-90% of those parents also completed an evaluation. There were 190 surveys mailed out to adoptive parents. Of that number, 87 were returned.

Demographics

The demographic information came from the mailed survey and the focus group. On the parents’ training and activity evaluations, demographic information
was not included as part of the data collected.

Focus Group

The focus group was made up of 10 people who participated in a minimum of one training or activity through the post-adoption program. Of the 10 participates, eight were married and two were single. The gender was comprised of six females and four males. The racial/ethnic breakdown was six people who identified as Caucasian and four who identified as African-American. There were two single parents: one was Caucasian and one was African-American. The 10 participants had an average of two adoptive children in the home.

Children’s Family Camp

Adoptive children, the biological children in the home, and adoptive parents attended a summer camp. At the end of the camp, the adoptive children were asked to complete an evaluation of their camp experience. Of the 64 adoptive children in attendance, all 64 completed the evaluation. Demographic information was not included on the evaluation form.

Parent Training or Activity

The post-adoption program provided training for adoptive parents. Parents also participated in family activities like the summer camp, festivals and other family planned activities. At the end of the training and activities, parents completed an
evaluation. Demographic information was not included on those evaluations. The information that was kept included the number of people that attended the event and the number of evaluations that were completed. Analyzing all of the training and activity events, the number of evaluations completed ranged from 80-90% for each training and activity.

Mail Survey

Adoptive parents that participated in a minimum of one post-adoption training or activity were asked to complete a mail survey. Demographic information was collected as part of the survey. The results proceeded from 87 responses. Not all of the demographic information was completed on each survey. The demographic information was as follows.

Gender of Participants

A total of 85 people answered the gender question. Females comprised 93% of the respondents while 7% of the respondents were male.

Marital Status

Of the respondents, 90% were married, 7% were divorced, 2% were never married and 1% were widowed.
Race/Ethnicity of Respondent

Caucasians accounted for 87% of the respondents, 12% were African-Americans, and 1% were American Indians.

Race/Ethnicity of Respondents' Spouses

Of the respondents with spouses, 84% were Caucasian, 12% were African-American, and 4% were American Indian.

Gender of Adopted Children

There were a total of 191 adoption children. Of the adopted children, 96 (50%) were male, while 95 (50%) were female.

Race/Ethnicity of the Adopted Children

Caucasians comprised 51% of the adopted children, 21% were African-Americans, 7% were Asians, 2% were Hispanics, and 1% were American Indians. The other category, children classified as biracial, totaled 18%.

Ages of Adopted Children

For both boys and girls, the mean age was 10 years old. The youngest child was 1 year old (part of a sibling group) and the oldest was 18. Twenty percent of the children were under 5 years of age, while 80% were over the age of 5. Of the children, 47% were over the age of 10, and 13% were over the age of 15.
**Special Needs at the Time of the Adoption**

Table 4.1 shows the special needs that the children brought to the adoptive home. Each adopted child could have more than one special need. This was the adoptive family’s understanding of the children’s special needs prior to the adoption. The adoptive parents would have received this information from the adoption worker, foster care worker, the foster parents or the case file. The adoptive parents might have witnessed some of the behaviors during pre-placement visits with the child.

The numbers reflect that the majority of children came to the adoptive home with a number of special needs. The three most significant areas were lying (47),

<table>
<thead>
<tr>
<th>Table 4.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Needs at the Time of the Adoption</td>
</tr>
<tr>
<td>N = 87</td>
</tr>
<tr>
<td>Sexual acting out</td>
</tr>
<tr>
<td>Defiance</td>
</tr>
<tr>
<td>Verbal aggression</td>
</tr>
<tr>
<td>Destruction of property</td>
</tr>
<tr>
<td>Withdrawal</td>
</tr>
<tr>
<td>Fire setting</td>
</tr>
<tr>
<td>Enuresis</td>
</tr>
<tr>
<td>Suicide attempts</td>
</tr>
<tr>
<td>Attention Deficient Hyperactivity Disorder</td>
</tr>
<tr>
<td>Stealing</td>
</tr>
<tr>
<td>Fighting</td>
</tr>
<tr>
<td>Acceptance of adoptive family</td>
</tr>
<tr>
<td>Lying</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
defiance (43), and ADHD (41). Under the “other” category, of the 17 children, 6 children had a physical impairment, 1 was self-mutilating, 1 had a fear of water, 3 had asthma, 4 had fetal alcohol syndrome, and 2 children had a failure to thrive. The “none” category had a total of 8 comments. There were eight children that adoptive parents identified as having no problems at the time of the adoption.

Need for Support

One theme that was present in the data sets was the families’ need for support services. Table 4.2 illustrates the areas where adoptive families identified as not receiving the kinds of support they thought they would. The numbers reflect problems identified out of 87 parents. Parents were asked to select all the areas where they felt a lack of support.

Although children may bring a number of special needs to their new families, sometimes the success of the placement may depend on the family’s historical or pre-adoptive resources. Adoptive parents identified a number of issues that placed stress

<table>
<thead>
<tr>
<th>Identified Lack of Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>N= 87</td>
</tr>
<tr>
<td>Siblings</td>
</tr>
<tr>
<td>Schools</td>
</tr>
<tr>
<td>Extended family members</td>
</tr>
<tr>
<td>Friends</td>
</tr>
<tr>
<td>Counselors</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
on the adoption.

**Siblings**

With respect to siblings, there were a number of areas covered. Some of the adoptive parent’s adult siblings were not supportive of the adoption. Some siblings felt their bothers or sisters were making a mistake by adopting a special needs child. Other siblings felt that the child would be difficult to handle and they did not want to see their siblings struggling to meet the child’s needs. There was concern by siblings that the adoption of a child was not fair to the biological children in the home. The adoptive parents would be taking time away from the biological children in order to care for the adoptive children. That concern about taking away from the family also applied to their role as aunt and uncle. The adoptive parents would have less time to interact with their nieces and nephews because of the time requirements for parenting a child with special needs. Some siblings only recognized blood as being related to the family and elected not to interact with the adoptive children.

The second area was the adult biological children expressing concerns about their parents adopting. They thought the children would disrupt the home and place undue stress on their parents. As one parent wrote. “My adult children resented the turmoil that the adoptive children brought.” Adult children felt that their parents had raised their children and now it was time for them to enjoy the freedom that comes with the children being out of the house. There was concern that their parents would not have time for the grandchildren if they had to devote their time to caring for a
special needs child. Some adult children did not recognize the adoptive child as a sibling or a real member of the family.

The adult children were not ready to accept additional siblings. Some of the adult siblings had little interaction with the adopted children. The older children saw the adoptive children as placing too much stress on their parents. They saw their parents as older and found it difficult for the parents to handle all of the issues the children brought to the home. Those concerns were expressed in the following quote:

Problem was with older siblings who had gotten married and left home. They had a hard time accepting these children as brothers and sisters. Some didn’t understand why we would want to adopt more children.

The biological children in the home may not have been prepared for the adoption. Some chose not to interact with the adopted children. Finally, some biological children had to share a room, share toys, were introduced to the biological children’s friends and were embarrassed by the behaviors or actions of the adoptive children. Some of the comments included:

Sibling is very irritated by the two boys we have adopted. She doesn’t like them, or at least says she doesn’t like them, she is rude with them. Our biological son did not want us to adopt children.

Jealousy among siblings the same age as adoptive child. Hard time sharing parents time and attention. Afraid that the new child may get more perks than established family members. And the same feelings were true of the newly adopted child.

Difficulty with our oldest son fitting in and sharing with the two to be adopted.

Sib embarrassed because child was inappropriate with friends.

Older siblings have been jealous of the two younger adopted children.

Another concern that families identified was the relationship between adoptive
children and the biological children living in the home. The addition of adopted children was a difficult adjustment for some biological children. The role of the biological children changed in the home. The biological child’s birth order, family roles, time spent with their parents, changes in family rules, and the attention that the adoptive children received made the adoption a difficult adjustment for some biological children.

The biological children found the behaviors that the adopted children brought to the home disconcerting. They saw the adoptive children as disruptive, breaking family rules, and saying and getting away with things that they would be punished for. One example was using corporal punishment on the biological children, but being prohibited from using it on the adoptive children. In some cases, the biological children viewed themselves as victims. The biological children resented the turmoil in the home. They felt that there were two sets of rules, one for them and another for the adoptive children.

School

Adoptive parents experienced problems after placing their adoptive children in their local school system. This was challenging for the parents and the school. The parents and the school attempted to form relationships, set rules, learn how to interact with the children, and learn how to handle difficult behaviors.

The adoptive parents saw the children adjusting to a new home, school and friends. Some parents discovered that some of the schools do not have the training
and resources to teach special needs children. The school saw the children as disruptive to the learning environment and would have liked them out of the school. Some schools blamed the adoptive parents for not disciplining their child. Adoptive parents got the message from the school that they were not taking responsibility for their children's behaviors. Adoptive parents expressed frustration when the school called home to complain about the child. They felt that the school was questioning their parenting skills and implying that they needed to do a better job of disciplining their children.

Andy was sent home time after time. For the first few years he never did more than four days a week. He was kicked off the bus at age five for mooning the other kids. He kicked teachers, turned over desks, etc.

The parents thought that the school did not know how to deal with children like these.

School seemed unwilling to test for special services. It would have required hiring additional faculty.

Adoptive parents wondered if their child was being singled out because of the adoption. They wondered if schools found it difficult to separate acting out behaviors that were due to the abuse and neglect and those behaviors that were part of a child's normal development. Parents felt that their adoptive children were being singled out for behaviors which would not be singled-out or dealt with less severely with non-adoptive children.

Adoptive parents felt that some schools lacked a clear understanding of the issues that adoptive children were dealing with. Adoptive parents felt the school treated the children in a way that caused more problems in the home. Parents found
that some teachers believed that there are no differences between adoptive and biological children. Other teachers thought that adoptive children were bad because they came from bad parents. Still other teachers thought that families were causing trouble by bringing those children into the school. All of these beliefs impact the school’s relationship with the parents and the adoptive children.

The relationship between the parents and the school placed stress on the adoptive family. The school were calling for the parents to disciple their children and the parents were learning how to disciple their children. Parents believed that the school’s expectations that the family step in and fix everything was unrealistic and resulted in a conflictive relationship that only served to hurt the adoptive children and placed more stress on the parents.

Family Members

Extended family members played an important role in family functioning. One of the major struggles for adoptive parents was the reaction of family members to the adoption of a special needs child. Are they supportive of the adoption? Can they provide support? Will they make the adopted child a part of the extended family? Those were questions that adoptive parents thought about before and/or after the child was placed in their home.

One example, which expressed the consensus of many adoptive parents, was a grandmother who not only refused to recognize the adopted children, but in the presence of the biological and adopted children, she would make it clear that she was
not related to the adopted children. There were also anecdotes of relatives not talking to the adoptive children, not buying them presents at birthdays and Christmas, asking that family pictures not include the adopted children, and even refusing to come to the house if they had to acknowledge the adoptive children.

When a family made the decision to adopt, some relatives did not support the decision. They did not like children not related to them becoming a part of the family. They viewed them as outsiders. Some family members saw the children as someone else’s troubles. Some of the comments included:

*We sometimes have problems with extended family members who don’t understand why she acts the way she does.*

*Just not understanding the process and that these kids are different and always will be.*

*Non-acceptance.*

*The children are defective, with problems that can’t be fixed.*

*If you did not raise the children, you will not be able to control them.*

*They either believe that the children have suffered and can’t be fixed or they think that the children are just bad. The biological parents were bad and the children are just like the parents.*

*Extended family does not understand mental illness.*

*Family members and friends act as if these children are “Bad”.*

From the comments by the adoptive parents, it appeared that grandparents had a more difficult time than other family members in accepting the adoption. Because the children were not related by blood, they felt the children were not a part of the family.
Mother-in-law had trouble accepting the adopted child and showed favoritism to birth grandchild. She was also critical of adopted child.

Another factor that impacted the relationship with the extended family was the issue of cross-racial adoptions. Adoptive parents saw how their children were treated based on race. The long held beliefs that relatives had about another race were transferred to the adoptive children.

Some family members are not accepting of children from another race as part of our family.

Husband’s parents (grandparents) not accepting of racially mixed children as grandchildren. Grandmother stated, “If they are in the family picture, I don’t want the picture.”

Friends

Some adoptive parents found that after the adoption, their friends were not as involved in their lives. Friends would make statements about not knowing how the adopted children would turn out. Some friends did not want their biological children around the adopted children because of the negative effects it could have on their own children.

Adoptive parents found themselves explaining their children’s disabilities, or why the children were having problems. Friends asked about “how disruptive the children are and why would they want to subject their real family to those problems.” Parents found themselves explaining that the adoptive children were not bad. “It was like they thought it was in the children’s nature to be bad,” said one adoptive mother. Adoptive parents found themselves constantly trying to educate people about adoption
and the impact of abuse and neglect on children. If the children were a different race than the adoptive parents, they had to explain who the children were and why they were in their home.

Adoptive parents found that some of their friends had become too busy to help them. They felt isolated from their historical support systems. When they talked to friends, they did not receive the words of support that they had come to depend on, but questions about why they had adopted. Some of the comments that adoptive parents wrote about friends were:

Friends in particular, could not understand the severity of the behaviors and said, "boys will be boys." They also didn't comprehend the overwhelming feeling of our family doubling (2-4) in one day.

A few people would say things like "you do not know how they will turn out."

Our friends could not understand why we would adopt when we had four biological children of our own.

Isolation from others, friends, and neighbors. Unable to live a "normal life."

Counselors

When families looked for help, it was not always there, or it was not the appropriate kind of help. There were counselors that lacked training regarding adoption issues, nor had they worked with special needs children. When families went to them for help, they felt uncomfortable with the counselor's techniques and recommendations. Some parents thought that the counselors did not know what they were doing or that they lied about their level of experience in working with special needs children.
They didn't know much about adoption.

They give misinformation and suggestions with no understanding about the needs of adoptive families.

Adoptive parents felt that the counselors thought that they were the cause of the problems in the home. The parents were learning how to parent the children and the counselors were saying that they were doing it wrong. They gave parenting advice without understanding the children’s history. Parents were also finding a lack of mental health services that understood adoption. Some of the comments included:

Some counselors think we caused problems although the psychiatrist says its neuro-biological and inherited.

Poor mental health services for chronically mentally ill.

Counselors lied.

Other

Five families had comments in the “other” category. Three families expressed needing more support from their adoption worker. One family discussed how the biological mother and the biological grandmother kept making complaints to Children’s Protective Services in an attempt to get the child placed back with the biological grandmother. The last adoptive family wrote of a birth mother changing her mind about the adoption and the difficulties that arose because it was an open adoption.

Interference from bio-grandparents confusing child, calling protective services, stalling adoption.

Birth mother changing her mind and asking for the child back. With our daughter's open adoption, we are trying to find a comfortable relationship with the birth family. They want more contact than we want.
Biological family found out where the children were placed through foster care visits. Family continues to drop in unannounced. Biological mom had new baby she brought by unannounced. My adoptive children are finding it hard to attach with new family, feels disloyal.

The Point the Problems Started With the Adopted Child

The adoptive parents were asked when they started seeing behaviors that they had to discuss with the adoptive child. Figure 4.1 shows the point in the adoption that problems started. Twenty-eight parents expressed seeing difficult behaviors within the first month of placement. Twenty-six parents saw behaviors within the first six months. Four parents saw problems in both the first and second year. In the other category, 10 parents noted the problems started before the children moved into home.

Figure 4.1. The Start of Problems.
The other six parents noted that they saw problems between the second and third year.

**Problem Solving Strategies**

Adoptive parents were asked to rate each problem-solving strategy they used when looking for supports that they would turn to during difficult times of parenting. Adoptive parents were more likely to talk with friends (70%) and family (55%) when using problem-solving strategies.

**Removal/Residential Placements**

An important result in the data was that 81 families (93%) participating in the post-adoption program never experienced a need for removal or residential placement of their adopted children. However, six families (7%) that had a child permanently removed from their home.

Two other areas regarding placement decisions included the need for temporary removal or residential placement for adoptive children. A strong finding in the data points to families not needing temporary removal or residential placements. When asked why, families noted the support they received from the post-adoption program, the staff, training, and the respite/peer to peer mentoring partner. Families reported that the support they received assisted them during the challenging times. Some families said that the training taught them how to discipline their children, set appropriate rules and expectations, and when to let it go. These skills helped them find the support they needed in order to maintain the adoption.
One of the goals of the post-adoption program was to reduce the need for out of home care. The vast majority of families found the post-adoption program helpful. More importantly, families found the post-adoption program staff supportive and understanding due to the kinds of services they provided. Those services included adoptive families having other adoptive families they could talk with. A number of families felt some level of isolation because their family and friends, that had not adopted, struggled with why they wanted to adopt and why they attempted to keep their family together when the adoptive child was disrupting the family. One parent wrote:

*It has allowed us to interact with other families that look like us. It has allowed us the opportunity to do family activities that we could never otherwise afford.*

This idea of people “who look like us” was a common and powerful theme throughout the evaluations by the adoptive parents. The isolation that adoptive parents felt was decreased by the contact with other adoptive families.

Families noted that the post-adoption program staff was helpful in providing information, developing services, giving advice, and connecting them to valuable resources. One parent said, “they offered respect, a listening ear and advice.” In addition, families felt it was important to allow adoptive children to meet other adoptive children. “It shows the children that they are not alone and that they are just like other children.”

Only a couple of families expressed concern about the post-adoption program. With one exception, the concern about the post-adoption program started with the
adoption worker that made the placement, not with the worker in the post-adoption program. When there was a breakdown in that relationship it appeared to carry over to the post-adoption program. This was identified because, when families listed concerns about the post-adoption program, the areas they selected were adoptive case-worker issues, not post-adoption program issues.

When families were asked to rate the following parts of the post-adoption program: training, family activities, coordinator, respite/peer to peer mentoring partner and staff, the most common response was excellent. Adoptive families found the post-adoption program helpful, supportive, and informative. The part of the program families ranked the highest was family activities. Adoptive families could select all of the categories that applied to them. The closer the mean was to 1, the higher they ranked the helpfulness of the program. Table 4.3 shows which parts of the post-

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<td>Helpfulness of the Post-Adoption Program (Average Scores of Responses)</td>
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<td>N= 87</td>
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<tr>
<td>Post-adoption program</td>
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<td>Post-adoption program coordinator</td>
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<td>Respite/peer to peer mentoring partner</td>
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<td>Post-adoption program staff</td>
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1 = excellent, 2 = good, 3 = poor
adoption program were the most helpful to the adoptive parents.

Post-Adoption Activities

Adoptive families had access to a number of child and family activities. The parents were asked to list or discuss the kinds of activities that were helpful in maintaining the adoption. Adoptive parents stated:

Summer camps for children.

Camp and dinners with other adoptive kids — My daughter realizes that she wasn’t the only one with the feelings she struggles with.

Camp for all of our children, Love and Logic plus other helpful seminars.

Adoption camp, picnic, kids activities, family nights, and movies or museum.

The first adoption camp, respite for one week, yahoo, and love and logic. Adoption Camp, Christmas, and Easter program

Family camp, training, and talking with other parents.

Family activities, hay rides, family dinners.

Easter egg hunt, they like to do hands-on things and see other big adoptive foster families.

Opportunity to meet with other families in unstructured settings without pressure. We are very stressed out and also exhausted, we share our story quickly, but our feelings slowly. Opportunities for our child to be around other children with special needs. One of her very few opportunities for socialization.

Family camping, it was a wonderful experience. Shared experiences with other adoptive families.

The camp was great for our kids. They learned a lot about others who are adopted. It was a great time of respite for us also. Activities we do as a family; also, times when kids interact with other adoptive kids.
As we have few extended family members, the parties have created a place to socialize and make acquaintances.

Post-Adoption Trainings

Adoptive parents were provided trainings and workshops they could attend at no cost. The goal of the trainings was to provide parents with the skills to maintain their adoptions. Parents were asked to list or identify any of the trainings that helped them to maintain their adoptions. Those they listed included:

ADHD, Adoption Subsidy, IEP process and procedure.

Love and logic weekend.

Love and Logic, Trans racial.

Inner racial adoptions.

Workshops on parenting troubled teens or children.

ADD ODD resources.

Love and Logic and other learning seminars. We are thankful for the times of training, encouragement, and refreshment, emotionally, the post-adoptive program has offered us.

Parenting with Love and logic, attachment disorders, FAS, Trans-racial adoption.

Subsidy program, medical subsidies.

Attachment issues, redirecting the sexually abused child.

Getting together to discuss how we can best help each other as an adoptive parent.
Another area of programming that families found valuable was the number and variety of training sessions offered for parents. Parents expressed how training information helped them to do a better job of providing for their family. Some parents wrote:

*Training taught me how to relax.*

*I learned that there are things that you can’t control.*

*I understand my rights when advocating for my child at school.*

Other comments reflected how the trainings provided a safe environment to seek help. The training provided families an opportunity to talk with professionals, have their questions answered, learn from other parents, and to receive it in a non-threatening and non-judgmental environment.

A few parents were not positive about a particular training. In those cases, they noted “not learning anything new” or that a “speaker could have been more interesting.” There were no concerns about having the training and most of the speakers.

Helpfulness of the Program

Families were thankful for the post-adoption program because it brought adoptive families together. Parents wrote about the need for support, because some of their extended family members did not understand why they would adopt a child with special needs and demonstrated a general lack of understanding regarding adoptive children.
An example of such a misunderstanding came from a parent who wrote how people would say, "they are nothing but trouble," when they found out that her children were adopted. This emphasized the importance of the comfort in knowing their adoptive children had other adoptive children to play and interact with. Other parents noted how normal their families were around other adoptive families.

For those families, the post-adoption program provided a way for families to gather in a joyful, relaxed environment without stigma. Families enjoyed the support of others in a similar situation, without any concern that people would believe something was wrong with them and their children. Adoptive families that reported having support from family and friends still indicated that there was a unique benefit in having contact with families that understood the day-to-day challenges and would give advice that supported the family.

*By the events being designed for the family and childcare being provided my husband and I were able to participate rather than just one of us being able to participate.*

*It has given me support, a chance to talk with others parents. It has helped my daughter see that there are other families like ours. It has allowed us to interact with other families that look like ours, it has allowed us the opportunity to do family activities that we could never otherwise afford.*

*Camp for break also a chance to vent and socialize.*

*Offered programs to acquaint child with other teens.*

*More knowledgeable about adoption.*

*We were sent to the conference free of charge. It helped us financially as well as it being educational and was a super break from family responsibilities.*

*Prompted us to find peer to peer mentors and meet other families.*
Socialization for the child. Can be more ourselves without others judging what they do not have a clue about. At least some of the adoptive families have been in our situation before.

It was wonderful doing things at the camp weekend with other adoptive families. Our teens really enjoyed it and wants to do it again. It pulled the family together.

Respite/Peer to Peer Mentoring Partners

Respite/peer to peer mentors were people that had received training in providing support to adoptive families. They could provide respite support, take the adoptive children on an outing, provide advice, or provide a listening ear for adoptive families. There was no expense to the adoptive families for the respite/peer to peer mentors.

The question about the helpfulness of the respite/peer to peer mentoring was answered by three different groups: (1) those that used respite/peer to peer mentoring partners, (2) those that requested but did not receive a respite/peer to peer mentoring partner, and (3) those that did not need a respite/peer to peer mentoring partner.

Those families that had a respite/peer to peer mentoring partner found the experience “wonderful.” They felt the respite/peer to peer mentoring partner provided support, comfort, and a friendly, respectful voice. When families felt isolated and not sure where to turn, their respite/peer to peer mentoring partners provided a listening ear. They wished all families could have a respite/peer to peer mentoring partner and they hoped that the post-adoption program would be able to expand the program.

Some of the comments included:
She offered respite when needed and a listening ear as well as helpful advice and prayers.

She is supportive and will do activities with the children and watch them so we can get a night out.

We talked frequently. Our peer to peer mentor was another family member in our church who had two children the ages of our adoptive son and daughter. This couple was 15 years younger than us but we did many things together. They watched our children when we needed to get away and we watched their's in return.

Has been a role model and a mentor. Has been a respite for us from time to time. Has acted as a parent at times when we couldn’t be there.

The peer to peer mentor is used as a resource person. Our peer to peer mentor has numerous adopted children. She is full of knowledge, but wasn’t able to attend activities because of her large family.

Mostly someone who I can call and talk to about problems. Someone to listen and give advice.

When you’re adopting, I think that it’s almost imperative that you have someone that you can turn to when you’re at your wit’s end. I know some people adopt, and have just one parent, and that’s got to be really hard, especially if you don’t have a respite/peer to peer mentoring partner. But even with two parents, there are times when for weekend relief, we can take the kids out to their house.

A few families stated that they requested a respite/peer to peer mentoring partner, but did not receive the help. One parent wrote:

We have tried to find the right couple but so many have their own families or grandchildren to love and support.

The last group of families were those that did not need a respite/peer to peer mentoring partner. The parents expressed that the support of the program and the other adoptive families provided them with their support and encouragement they needed.
Child Involvement

Another theme emerging from the data included the voice of the children participating in the post-adoption program. One parent wrote:

_Shortly after our son came into our home, we started attending the post-adoption program events. He noticed one April we missed the event because we were going out of town that weekend, and a few weeks later he said to me “Mom, we didn’t go to the post-adoption program this month.” So it is something that includes children and they look forward to something they can relate to._

In the surveys completed by the children, they wrote of the fun experiences they had, the friends they made, and all the activities they participated in. Some of the children noted their ability to maintain friendships with the other children after the activities ended. There were comments about being around and knowing other adoptive children. From the comments, they were seeing the adoption agency as a place where they could go and have fun. The children also asked about having more activities that they could participate in with their family.

What Makes a Successful Adoption

When asked what supports made your adoption successful, the post-adoption program, counselors, church, friends and family were noted. In fact, faith played the most important role in helping families maintain their adoption. The next most important support was the post-adoption program. From workers to trainings and activities, the program provided strength, support, and encouragement during difficult time.
Families identified seven areas that can help families during some difficult times.

Church/Faith

All of the parents made the choice to adopt for a reason. One commonly cited reason for adopting was their faith. They felt blessed by what God has done for them and felt it was their obligation to give back. They saw children in need of families and they felt their family could provide these children a home.

Once they had adopted, they encountered some difficult times. However, their faith in God helped them to maintain the adoption. They mentioned having a heavenly Father that they could turn to in times of need—that faith brought them patience, strength, encouragement and an understanding that they were not alone. In fact, parents believed that when friends and family were not supportive, their faith not only kept them strong, but helped bring people to them who did understand their needs. Their faith brought friends and family members around to be more understanding and supportive of the adoption.

In addition to the post-adoption program, I have a very supportive church family as well as neighborhood friends who help out. I also have a sister who is great to talk to, even if she lives out of state. Also my daughter is a pretty incredible kid. We have issues, but she is definitely a survivor. We have also seen a counselor at times.

God, healthy marriage, supportive and loving siblings, and extended families, encouraging church, family adoption, and adoption subsidy.

Our church and prayer and God’s help, commitment. When we adopted we felt it was no different than being committed to a birth child. We made the decision and there was no going back—we would weather the storm.
Counseling Services

There were times that adoptive parents accessed counseling outside of the adoption agency. Adoptive parents thought that counselors that had some training in special needs adoption had a better understanding of how to work with them. The families had more confidence in what the counselors were saying and they were willing to try some of the suggestions the counselors were making.

*The counselor helped us better understand the emotions of our child.*

Materials

Adoptive families noted that having access to materials such as books and tapes on adoption was helpful. The information provided them with a better understanding of the issues they would face as adoptive parents. Not only was the information helpful before they adopted, but also after the adoption. If they were unsure of how to handle a situation, they could look to the materials for guidance.

Family

Adoptive parents identified their extended family as a source of strength in maintaining the adoption. Adopting special needs children was a challenge, but with the support of their family, it made the process easier. Their families provided respect, support, someone to talk to, and a shoulder to cry on when needed. Families in general dealt with some difficult issues and families helped make it easier.

*Church support, family support, husband, and wife making a commitment to*
make adoption successful. Commitment to a strong marriage and working as one in regard to our children.

Working together as a family. Being fair to all, structure, consistency, never lying to the kids, love and caring, fun.

Family, I have great in-laws that have given great support, from respite to a listening ear.

Friends

Another source of support was friends: those individuals they had known and who accepted them for who they were and were willing to accept their children.

Friends, respite care, friends I can unload on, family - older brothers that sometimes take the younger children one at a time.

Personal Strength

Adoptive families identified themselves as a necessary part of having a successful adoption. Parents wrote:

You have to have confidence in your skills, abilities, and judgment. You need to believe that they are your children and you will make decisions that are in their best interest. This ability to trust yourself is key to a successful adoption.

My son and I always talk, and if he has a problem, he knows that I will be there for him. He is seven years old and when I asked him how his day was, he told me about it, and I asked him if he had a good day and if everything was okay at school and at the sitter’s house.

Post-Adoption Services

Families identified post-adoption services as an important part of having a successful adoption. The first source mentioned was staff that has an understanding
of adoption. The staff provided support, advice, information, and a listening ear when times were difficult.

Next was the program providing services that adoptive families need. Training was an important part of the process. Listening to speakers who have some knowledge in the area of adoption was important. The trainings were held at times that families could attend. Also, asking families what types of training would be helpful made parents feel more a part of the process.

Family activities were important. Developing "fun" family activities was helpful. Including activities that biological children could participate in was a good way to show family unity. If adoptive children are taken out of the adoptive family, they will never be part of the family. Therefore, family activities had to include everyone.

The most important area that families identified was interacting with other adoptive families. They noted how other adoptive families understood the issues they were dealing with. Adoptive parents could give advice because they had gone through some of the same issues. It was a chance for them to be with a group of people and be normal.

Summary

The data provide information on the challenges that adoptive families face when adopting special needs children. When families make the decision to adopt, it can have an impact not only on their nuclear family but on all the systems that the
family interacts with.

With the findings completed, Chapter V provides a discussion of the findings and conclusions in relationship to the literature and the grounded theory method.
CHAPTER V

DISCUSSION

Introduction

The previous chapter provided the results from the data collected on the post-adoption program. I used the process of grounded theory to determine if the data supported exiting theory/theories, new theory or helped to reorganize theory regarding special needs adoption. In using grounded theory, I was able to develop a number of categories and subcategories that provided a theory which explains how adoptive parents see themselves after adopting a special needs child.

This chapter will discuss the categories that were developed from the grounded theory method. In answering the research questions, I will discuss the interdependence of the categories and the creation of the theory. Each question will be answered using part of the theory that was created around special needs adoption.

The data yielded 13 categories from the grounded theory techniques. These 13 categories are divided into two sections. The first section, called pre-adoption, are the three categories that families must make decisions about before they adopt. These three categories are: (1) accept the difference, (2) reject the difference, and (3) cultural script. The second section, called post-adoption, discusses the 10 categories that parents must engage after they adopt a special needs child. These 10 categories are: (1) micro-minority community, (2) survival behaviors of children, (3) societal values,
(4) support system integration, (5) normalizing the environment, (6) accept the difference, (7) reject the difference, (8) insist on the difference, (9) insist on acceptance, and (10) the new cultural script. These categories' contributions to the creation of the theory regarding special needs adoption are also discussed in this chapter.

Research Question 1

1. How do families see themselves after making the decision to adopt special needs children, but prior to the actual adoption?

The first research question focuses on the pre-adoption status of the family. This section analyzes how families saw themselves and the systems they interacted with prior to the adopted child's placement in the home. The three categories discussed under pre-adoption are: (1) accept the difference, (2) reject the difference, and (3) cultural script.

Pre-Adoption

The focus of the post-adoption program was to provide support services to families after they had adopted a special needs child in order to assist them in maintaining the adoption. The evaluations completed by the adoptive families did not contain specific questions relating to their experiences leading up to the adoption, nor did it focus on the attitudes and beliefs of the families prior to the adoption. However, parents' perceptions of adoption and their environment prior to the placement of the child could impact how they saw themselves functioning as adoptive parents. As
parents discussed their experiences within their social environment, it was clear that the adoption experience for some families was not consistent with their expectations.

Three categories emerged from the pre-adoption section: (1) accept the difference, (2) reject the difference, and (3) cultural script. The first two categories reflected how the families saw themselves functioning as adoptive parents before the placement of the child. The third category, cultural script, explained how they prepared for the adoption.

In this section, I discuss the three pre-adoption categories: (1) accept the difference, (2) reject the difference, and (3) cultural script.

Accept the Difference

To accept the difference is to acknowledge that there are real differences between raising biological children and adoptive children. Adoptive parents who accept the difference feel it is important to find support systems that are supportive of the adoption. When problems occur in the adoptive home, they are not as quick to discuss those problems with family and friends. They see these two groups as sources of support, but are unsure of their level of understanding about the adoption process. They do not exclude family and friends, but they see a variety of additional sources of support as being important to maintaining the adoption and therefore, access the supports that best meet their family’s needs.

The literature supported the concept of accepting the difference. Kirk (1964) and Brodzinsky and Schechter (1998) both discussed the importance of how people...
think of themselves as adoptive parents. Families can go into the adoption with the understanding that the adoptive child is integrating into the family. In this way the family prepares for the child with an understanding that there is a cultural and possibly an emotional gap between the family adopting and the child who is being adopted.

The data revealed that adoptive parents understand that the children come from another family and that they could not replace the family of origin. The children come with a history that is unknown to the adoptive family. There are gaps in the histories of the child and adopting families that neither child nor parent can ever really fill or understand.

The literature discussed the concept of the adoptive family life cycle and how it impacted the adoptive family. Rosenberg (1992) explained that when the decision to adopt was made, parents needed to understand the impact of adopting outside of a bloodline and the extended family’s understanding of the “genealogical discontinuity.”

By accepting the difference, the family understands that societal norms are based on families with biological, and not adoptive children. The majority of people they will interact with have not adopted. The people in their social network have little or no knowledge of adoption. The people in their support systems may view adoption as the second best option, and do not see the adoptive family as having the same attachment as they would with a biological child. Families who accept the difference do not always agree with the societal views of them, but they understand that those
views exist. Indeed, families who adopt may know that their family members and friends do not support or encourage adoption and could be hostile to the process.

In the data, adoptive families wrote that some of their support systems members were not supportive of the adoption. However, these families had talked with these members prior to the adoption and they understood that not everyone would embrace their decision to adopt. These families were involved with adoption support and services before they adopted. They expressed an understanding that adoption was not going to be easy, but with adequate supports, they could be successful.

For those families that did not accept the difference, the alternative was to reject the difference.

Reject the Difference

Kirk (1964) and Brodzinsky and Schechter (1998) both noted that to reject the difference was to state that other than a biological distinction, there were no real differences between non-adopted and adopted children. Once the family brought the child into their home, they would treat that child no differently than their biological child. Their extended family, friends, the community and society were expected to treat the child as a normal member of the family. In fact, some families believed that there has been too much emphasis placed on adoption and not enough on the children being a part of a family with parents who love and care for them just like they would a birth child.

From the comments of the adoptive parents in the data, it appears that the
majority of these families would fit into the category, reject the difference. In analyzing the comments of the adoptive parents, there is a common theme of their surprise by the reaction of family and friends regarding the adoption. From their comments, it appears that most of the parents thought that support system members would be supportive of the adoption. They wanted these people near and dear to them to treat the adoption like they would a child born into the family. However, their relatives and friends did not react the same way. They wanted to know why the parents adopted and how they could handle children with all those problems.

The literature presented a number of issues that could lead families to reject the difference between adoptive and birth children. Bath and Berry (1988) found a lack of preparation for families wanting to adopt. If families did not have a clear understanding of the impact of special needs adoption, it could impact how they saw themselves as adoptive parents. They found that some families felt they lacked information about the adoptive child. If the families had an idealized image of the child, the reality of the situation would contradict their belief that adopted and biological children were the same.

In rejecting the difference, adoptive couples believed that the cultural script that related to parents with biological children also related to adoptive parents. They thought that the environment in which they raise the child would be supportive of the child and their family. They engaged in less preparation work with family and friends because they believed the reactions of those around them would not differ from their reactions to a birth child joining the home.
The literature supported the idea that problems which tend to lead to disruptions after the adoption placement can be found in the pre-adoption perspective of the adoptive parents. Two areas identified were, "unrecognized pre-existing problems," and "pre-existing problems that are known but left unexplored" (U.S. Department of Heath and Human Services, 2002). The data indicated that families identified the types of issues that the adoptive children brought into the home. The data also indicated that a number of families believed that problems exhibited before the adoption placement would dissipate once the children were adopted. This perception supported the adoptive parents' belief that once the children were a part of a family, they would function as a member of the family.

The literature identified the parents' level of expectations regarding how the child adjusted to the adoption would impact on the success of the placement. Rosenthal and Groze (1990) found that families with more reasonable expectations about the adoptive child and the impact on their family before the child was placed were more successful with the adoption. The data showed that families that fit the category of reject the difference were more likely to have higher expectations not only about the adoptive child, but about how they would function as adoptive parents.

This discussion about accepting or rejecting the difference occurs prior to the adoption of the child. This was the pre-adoption perspective. In selecting one of those perspectives, the adoptive families were making a decision on how the child would be integrated into the family prior to the child rearing experience. The next section will discuss how that cultural script impacts the family's decision to accept or
Cultural Script

Society generally recognizes that there is a difference between birth children and adoptive children (Adams & Weirath, 1971). The biological relationship is viewed as more sacred. This is because one relationship is by blood and the other by legal statute. Adoptive parents should act as if the adoptive child is theirs, but they must also understand that there will be problems because, in most cases, the bond between the adoptive parent and child is not as strong as the bond between the biological parent and child. This distinction between blood and non-blood relationships is at the heart of societal attitudes and values toward adoption.

With the biological child, there is a creation of another in one’s own image. The biological child symbolizes legacy, lineage, inheritance, and immortality under normal circumstances. Historically, based on cultural norms and values, people thought it was important to have a child, and more importantly, a male child to carry on the family name. In the absence of a biological child, adoption was the next best way to continue the family name.

Adoption is a means for constructing a family. Throughout history, adoptions have been documented. Historically, some cultures viewed adoption as more acceptable than others. Adoption has not been ascribed the same reverence as having biological children. Thus, societal norms have been slow to fully sanctify the same acceptance of adoption.
Because having biological children is part of the social norm, parents with biological children have a cultural script they can follow. This cultural script encourages couples to have children, provides resources and support to assist couples, and throughout history has maintained the concept of parents’ rights. The value of biological children is based on the rights of the parents. With adoptive children, the value is placed on the rights of the child. This is because when a child is placed for adoption, the criteria for placement is which family best meets the needs of the adoptive child.

The literature identifies two corresponding themes regarding families. The first was the idea of a nuclear family, and the second was the family life cycle. Both of those concepts provided a picture of what a normal family should look like, how they develop, and how they function internally and externally (Adams & Weirath, 1971; Carter & McGoldrick, 1989; Rosenberg, 1992). The theory stated that families go through stages of development. Those stages outlined the roles of a married, heterosexual couple, their children, and the extended family. In order for a family to be healthy and normal, they must successfully move through those stages of the life cycle.

There is a biological connection between all the members of the nuclear family. This is a relationship that does not exist in adoptive families (non-relative adoptions). The nonfecund adoptive families, nor the fecund families that adopt, do not fit into the family life cycle, nor are they part of the nuclear family. They fit outside mainstream norms of family functioning.

In the United States, most people have not adopted nor have they had much
interaction with adoptive families. Therefore, their beliefs about adoption relate to their understanding of normative biological values. Since adoption is a non-blood relationship, normative societal values would place it as second best.

Families making the decision to adopt may have gone through a list of decision-making strategies in deciding if they would adopt a child. Some families only thought about the adoption and the joy that it would bring to the child and themselves. Other families wonder what impact adoption would have on their family and friends.

Kirk's (1964) argument was that as children grow up, they dream about and role-play having children. Although they might know little about biological children, they have no conception of adoption. They see babies as a natural part of their family, neighborhood and community. They interact with babies and watch how adults interact with them. In their role-play, they mimic some of the behaviors that they see. That mimicking behavior reinforces their idea about having a family.

As children became adults, there are a number of experiences that assist them in reinforcing the concept of biological children. They have role models. They feel the joy and love that parents express when they interact with their children; they want to duplicate those feelings.

When a couple decides to have a baby, there is support from family and friends. The nine months it takes for a baby to be born provides time for families and friends to adjust to the infant. It also provides extra attention to the couple having the child. It provides nine months of bonding, planning and the developing of a
relationship that is presumed to last a lifetime.

Kirk (1964) wrote that the nonfecund couple did not have the resources and support that the fecund couple had. There was not a community of people who were talking about adoption nor providing the same kinds of support for adoptive couples.

No laws exist regarding having biological children. No income requirements, marital status, race or ethnicity impact the decision to have a biological child. However, if adoption is the choice, many requirements exist. People have to be approved to be an adoptive parent. There is the home study, police checks, state approval and finally approval by a judge in order to adopt a child. With adoption, someone else has to say that you are fit to be a parent. This also means that someone can say that you are not fit to be a parent. No such arbitration is necessary to have a biological child. Someone places the adoptive child with you. This means that someone can take the child from you if they so desire. The biological child is born to you. No one placed the baby with you, so no one has the right to remove the child under ordinary circumstances.

Biological parents have the right to be inadequate. New parents are expected to be unsure about the baby and to ask questions. Adoptive parent feel less comfortable about being inadequate for fear that the child will be taken from them. The biological parents do not have that fear. Adoptive parents are less willing to ask questions for fear of being judged inadequate. Adoptive parents are more concerned about the living conditions of the home. They want it to be clean and in order when the adoption worker comes to visit. The biological parents are less concerned about the
condition of the home because there is naturally some disorder in the home with the arrival of a newborn.

From the 1960’s to the beginning of the 21st Century, many changes occurred in adoption practices and policies. Numerous legislation initiatives took place between 1974 and 1996 that have served to protect children by providing them with a safe environment, developing programs for prevention, support, permanency, and providing more resources for adoptive families. The number of for-profit adoptions by attorneys, agencies and brokers who find infants, both domestic and international, for couples wanting to adopt has increased. The number of adoptions of children who have been classified as special needs has increased. As the number of infants available for adoption has decreased, some couples have moved to adopting special needs children. More information on adoption is available and the number of trainings for adoptive parents and adoption workers has increased. The last 10 years have witnessed a movement toward open adoptions. Open adoptions include: (a) the birth parents selecting and meeting the adoptive parents, (b) both groups maintaining contact after the adoption, and (c) the adoptive child knowing more about his/her history. Adoptive parents and adoptees are gaining access to birth and medical records. The media has indirectly provided more information on adoption by their coverage of celebrities who have adopted. In the last 40 years adoption has moved out of the “closet” with all of its negative connotations, to become a more acceptable way to have a family.

Kirk (1964) discussed nonfecund couples adopting healthy infants in the
United States. Today there are still nonfecund couples wanting to adopt infants. They get on waiting lists, find women who are pregnant and want to release their child, and also adopt infants from other countries. Fecund couples are also adopting children, including special needs children. Diverse ethnic and racial groups are adopting children, as are single male and female parents. The number of relative adoptions has grown. There are gay and lesbian adoptions. This picture is different than the homogeneous families that Kirk painted when he studied adoption.

The central theme in the data is family. Whatever term or concept they may use, the concept of family was the key to people wanting to have a child in their home. Whether it was people with no children who wanted a family, families who wanted to add to their family, families with grown children who wanted more children in the house, or families who believed that every child should have a family, they all embraced the sense of family in their reasons for wanting to be an adoptive parent.

All parents bring a definition of family to the adoption. They have an understanding of adoption, the types of children they want to adopt, and how the children will fit into their family. They come with this view based on environmental factors. The process of how we learn and process information is important to the process of adoption.

Biological parents raise children according to a cultural script. A cultural script is how a family decides to live their lives and bring children into the home. The cultural script also demonstrates how a family should function when they have a biological child.
The data and literature support that adoptive parents have a cultural script. Although the cultural script is derived from mainstream society, it still impacts how adoptive parents should parent. Throughout American history, groups in the minority were told how to act. In the 19th century, many African-Americans were told not to complain, be thankful for what they had, and that they could not handle more responsibility; eventually they fought to end slavery, to vote, to get an education, to walk down any street, and to live where they wanted. Some of those who defied the script were hurt or killed. Therefore, each group, including adoptive parents, have roles to play that societal values have designated.

That cultural script for adoptive parents is assimilation. By assimilation, I mean that adoptive parents are expected to act and function like biological parents to fit into the family life cycle. Adoptive parents should take on the characteristics and behaviors of biological parents. However, American society, like other cultures, places an importance on bloodlines. People are related by blood; that is a powerful bond. This cultural script presents a contradiction to adoptive parents. That is because parents are expected to have the same characteristics and behaviors as biological parents, without the important connection of blood.

Kirk (1964) wrote that adoptive parents do not have a cultural script. This was because adoption was not a part of mainstream society. Adoptive parents did not grow up thinking about starting an adoptive family. They, like most of the people in their community, talked, dreamed and fantasized about having biological children.

One key factor in the difference between assimilation and non-blood
assimilation is the concept of narrative. A narrative is the continuing story of a child’s life. When the child is born into a family, the narrative starts for that child. This can be referred to as an intact narrative. When the child is born into one family, but is adopted by another family, there is a broken narrative. The child must start over in a new home. The history of the child is lost. Each move or prior adoption the child experiences, including the current adoption, produces another broken narrative. These broken narratives had more of an impact on the children in this study because they are older children who remembered their previous placements.

All of these factors provide an understanding of the cultural script that families grapple with before the adoptive child is placed in the home. After the children are adopted, there are a number of issues confronting families. The next section will address the adoptive families and the post-adoption environment.

Post-Adoption

Research Question 2

What is the nature of the interaction between adoptive families and their environment, once the special needs children are brought into the home?

Question 2 addressess the changes that parents face after the adoptive child has been placed in the home.

The first change is with the new adoptive family. The families have to adjust to the addition of the new child in the home. The idea of adoption becomes the reality of adoption. Their beliefs about how they will raise the child will now be tested in
A biological infant comes to the family as a blank slate. There is no history prior to the birth of the infant and that infant is a part of only their family. Special needs children come with a history. The child is not a blank slate. One question that the parents have to address is how do you teach a child that is not a blank slate.

Another change is that the support systems of the adoptive families have to adjust their interactions with the adoptive couple and the adoptive child. The child may engage in behaviors that members of the support system do not understand, approve, or know how to deal with. With a newborn, members of the support system would have had nine months to bond to the idea of a baby and to assist the couple with the adjustments they will make with a new child.

Societal norms expect that an infant will disrupt the homeostasis of the environment. However, members of the support systems have a cultural script for how to adjust to the disruption. They understand the role of the newborn in their system and welcome that adjustment.

With the adoption of a special needs child there will also be a disruption of the homeostasis. However, members of the support system do not understand the cultural script for handling that disruption. The concept of homeostasis has two connotations in the literature (Boss, Doherty, LaRossa, Schumm, & Steinmetz, 1993). The original concept includes the idea of a family trying to achieve some type of balance in their lives. Families try to reach a level of normal functioning. Each member has a role to play and the family functions when each member plays that role. The roles that
members play can be healthy or unhealthy. Homeostasis in a healthy family would apply to Parson's concept of the isolated nuclear family in which members have a function in the family that keeps the family functioning at an appropriate or normal level.

An example of dysfunctional homeostasis from the data in this study is the friends who provided baby-sitting for the biological children in the home. The family adopts a child and the friends are unable to baby-sit. The family must find someone else to provide that service. The friends feel uncomfortable about not baby-sitting and stops having contact with the family. Because of the addition of the adoptive child to the family, part of the system that has been intact is no longer functioning at the level that the adoptive parents need.

One of the arguments against homeostasis is that it is a stagnate model (Boss et al., 1993). In that model, the family does not attempt to grow nor change the patterns of behaviors. The family does not want to function at a higher level, but struggles to maintain a level of existence that is not healthy for the family nor prepares the children for adult life.

The concept of homeostasis in this study relates to adoptive parents wanting the same stability in their lives that biological parents want. People have a regular way of functioning. They find opportunities to grow and experience new things. People have a way of functioning that provides them a level of comfort. If there is constant change, people do not understand their role and how they should function in the family. If there is no homeostasis in the family, in business, or in government,
there is no consistency of purpose or direction. Adoptive families are trying to live their lives, have a family, provide opportunities for their children, and hopefully have meaningful relationships with family and friends.

As adoptive families try to maintain some stability in their lives, most of the parents are exposed to behaviors unfamiliar to them outside of their cultural script. They have to learn how to parent a child that has spent most of his/her life with other families. The home has changed with the addition of the child. The rules in the home must change. They have to learn a parenting style that best provides the child’s needs.

Most parents come into the adoption with a role handicap. With adoptive children, the parents have to learn the role they will play in the children’s lives. When a child is born, it is the responsibility of the biological parents. However, when there is an adoption, parents have a list of responsibilities imposed from the outside. In most cases the children and the parents meet and engage in a number of visits leading up to the children spending the night at the potential parents’ home. If the visits are successful and become more frequent, a date is set for the move to the adoptive home. The adoptive parents meet and interact with the foster care family. There may be more than one child welfare worker involved with the case. The family must go through six months to a year of agency supervision before a court hearing is set and a judge finalizes the adoption. Families with biological children do not go through this process. This puts the adoptive family at a role handicap because this is not a part of a cultural script. There is a strong belief that government should stay out of the lives
of children. However, with adoption, the government is intimately involved in the lives of adoptive parents. Without this involvement by the government, families could not legally adopt.

**Research Question 3**

3. How do adoptive families reintegrate into the altered environment after adopting special needs children?

The question examines how the new community that is created with the adoption of the child will function. There are four areas that will be discussed: (1) micro-minority community, (2) survival behaviors of the children, (3) support system integration, and (4) societal values.

**The Micro-Minority Community**

The adoptive parents have to interact with a number of systems. The adoption of the child moves the family into a micro-minority community. This means that all the systems that the parents interact with will be affected by the adoption and introduction of the child into the family system. The system does not function like the cultural script of blood assimilation, but must function in a system of non-blood assimilation where they have to create the cultural script. The categories of the micro-minority community are made up of (a) the survival behaviors of the children, (b) support system integration, and (c) societal values. Each of those subcategories form a part of the community that the other categories will build around. Each of
those categories will be discussed in detail.

The pre-adoption parents are part of a community. When they adopt, they become part of community of adoptive parents. They become part of a micro-minority community because the community has been altered from the pre-adoption environment. The micro-minority community is made up of three categories: (1) Survival Behaviors of the Children, (2) Support System Integration, and (3) Societal Values.

The three categories are impacted by the introduction of the adopted child. The family as a system has developed ways of functioning and communicating with each other. They have roles to play that keep the system functioning. In this case a special needs child can impact the functioning and the roles that system plays. The child also impacts the adoptive parents. It can alter their relationship with the systems because they have to learn how to function as a family again.

Rosenberg (1992) discussed the family as a system and how it revolves around the family life cycle. The family life cycle, which is made up of the people in the nuclear family should include extended family and fictive kin. All of these systems impact the isolated nuclear family, which means that it is not isolated when it comes to adoption. This is because the literature supports the idea that the extended family can have a positive or negative impact on the adoption.

The data from the adoptive parents supports the literature in the role of extended family and fictive kin. There was a general recognition that the extended family and fictive kin would be a part of the adoptive process. The data showed
examples of parents expressing how the extended family and fictive kin were helpful and supportive in the adoption. They explained how these groups provided support and encouragement during difficult times. However, there were also parents who found that extended family and fictive kin were not supportive of the adoption and this placed more stress on the family. Those natural support systems that they thought they could count on were not there. In terms of the family life cycle, they truly became an isolated nuclear family.

Below is a discussion of the systems that are affected by the adoption. They make up the micro-minority community.

Survival Behaviors of the Children

Survival behaviors are the coping techniques that adoptive children use to adjust to the adoptive environment. These children are part of an abuse and neglect system. They have suffered some form of maltreatment prior to the adoption. Some examples of the maltreatment that the children in this study experienced include abuse and neglect. The abuse included things like hitting with an open or closed hand, shaking the child, pushing the child against a hard object, or beating the child with some type of object. The other form of abuse some of the children experienced was sexual. This included talking about and watching pornographic materials, physical contact, and, for some, ritual sexual abuse. Some of the children witnessed abuse toward others like a parent or sibling.

Regarding neglect, this included a lack of boundary issues, not being fed, lack
of interaction, structure, adult supervision and educational and medical neglect. Both
abused and neglected children lived on the average in five different setting before the
adoption. They may or may not have regular contact with siblings, fictive kin, friends
or any of the pervious placements.

They may have been abused or neglected in other protected settings and some
were previously adopted with it ending in a disruption or dissolution. They have
learned rejection, how to hide their feelings, how not to get attached to family
members, and that they will be moving to another home.

The literature supports many of the themes in the data. Reitz and Watson
(1992) identified issues of low self-esteem and identity as factors resulting from abuse
and neglect. Brodzinsky, Smith, and Brodzinsky (1998) found that children who had
been abused and neglected developed emotional and behavioral problems, cognitive
impairments, aggression, antisocial acts, sexual acting out and suicidality; all that
could be seen in the adoptive placement.

The children brought a number of behaviors to the adoptive home: (a) aban­
donment, (b) separation and loss, (c) antisocial behaviors, (d) identity issues, (e) dis­
placed rage, (f) resilience, (g) attachment, and (h) bonding.

Two subcategories fall under survival behaviors. The first set of sub­
categories includes abandonment, separation and loss, antisocial behaviors, identity
issues and displaced rage. The second set of subcategories includes attachment,
resilience and bonding. These combinations of subcategories impact how the
adoptive children will function in the home. Adoptive children have had to survive in
environments that most adoptive parents have not. Where they lived and under what circumstances were mostly out of their control. The survival behavior category was only part of what impacted the adoptive child. The social environment of the adoptive home greatly impacts the adjustment of the child in the home.

The adoptive parents in the study saw children who were afraid to connect to the family. They saw children who were unsure if they were going to stay in the home. At times they would appear to overly attach to family members. At other times they refused to participate in any family activities. The adoptive parents identified children whose attachment to their biological family resulted in disruptive behaviors in the adoptive home. They wanted to live in a community they were familiar with. Brodinsky et al. (1998) documented issues of separation and loss, self-development issues, and relationship problems impacting the adoptive children in their adoptive homes. Smith and Howard (1991) concurred with Brodzinsky et al. and added that attachment, separation, grief, identity, depression and posttraumatic stress disorder all impact children in their adoptive placements.

Smith and Howard (1991) identified some of the behavioral problems that adoptive children experience. Those behavioral problems were identity, sense of self-efficacy, and capacity for self-regulation. With identity, children are trying to understand who they are and at the same time they are struggling for a sense of belonging. How can someone develop a strong sense of self if the messages that they receive are based on the abuse and neglect they have experienced, moving from foster homes, and the sense that they are the cause of the problems? Without a sense of self-
efficacy, how can children learn self control and self-worth if they feel powerless to control or have any say over what is happening in their lives? Children in biological homes also have no control of those issues, but they do have a sense of belonging and a sense of learning the skills of self-efficacy. The capacity for self-regulation helps children to learn to regulate their emotions. They are learning how to act and function in different settings. With special needs children, they have no sense of how they should interact in different systems because the systems change, the rules change, the people change, and the temperament changes. Thus, they never properly develop a sense of self-regulation.

Smith and Howard (1991) noted that some of the behavior problems that have been identified in children were coping strategies. Children are trying to bring some normalcy to their lives. They are trying to gain some power and understanding so they can function. They are looking for a sense of what is going to happen in their lives the next day.

Smith and Howard (1991) discussed attachment theory in relationship to two models related to adoptive children. The first is disturbed attachments and the second is the grief and mourning model. Children attach because of a need for satisfaction and stress reduction. When children are not given the opportunity to attach it will have a long-term affect on future relationships. The grief and mourning model states that when children experience a loss they must have the opportunity to grieve that loss before they can form new attachments.

Mullin and Johnson (1999) explored the issue of birth and previously adopted
children and the impact they have on the family when a special needs adopted child is placed in the home. They argue that these children, if old enough, should be included in the adoption discussion. They should be part of the family conversations. The adoption worker should talk with them about the adoption and the impact it can have on them and the family. The data support that some of the children in the home at the time of the adoption were not supportive of the adoption. The children knew their place in the family and did not want change. Other children saw the adoptive child as working under a different set of rules. They thought that the adoptive child could say and get away with things that they could not. They saw a double standard.

Another area that impacts the adoptive family but gets little attention is history. History is the experiences that the adoptive children and adoptive parents bring to the adoption. Children have a history before they are adopted. Those experiences help shape who they are and what they will become. Their view of their history may be and, in all probability, is different than what the adoptive parents think. The parents and society will not view the experiences that brought those children to their home the same way the children will. Although the children may understand those differing views, they are also aware of the good experiences and relationships in their life prior to the adoption. They may not see their parents as all bad. They may disagree with how others view their history and may correlate a rejection of their history as a rejection of them, because that’s who they are. Also, as children are moved to different placements that history may be all they have to hold on to.
When the children move to the adoptive home, they are unaware of the history of the adoptive family. They can be told stories, but they never lived that history, knew the people, nor felt the experiences. In fact, there are no pictures of them in the frames that tell the history of the adoptive family.

The adoptive family also does know the history of the adoptive children. They must find a way to join these two histories and form a new family. The children and the family have to examine two subcategories: (1) genealogical bewilderment and (2) hereditary ghost. Both concepts were present in the data. Adoptive parents were aware of the life that the children brought to the home. Some parents wanted to learn and understand the children’s history as something they could embrace. Other parents were aware of the history, but did not want to be a part of it. They saw the history as interfering with the child’s ability to become a part of their family. They saw the abuse and/or neglect of the old life as the cause for the children being removed from their parents. They did not want the history to interfere with their future plans as a family.

Support System Integration

The support systems have an impact on how the adoptive family will function. The support systems are those systems that the family interacts with. They include family, friends, social systems, and the community. Most of the support systems are systems that the parents would have had interaction with prior to the adoption.

The data showed that an important part of the social system is friends. Those
relationships provided support, stability, focus, comfort and guidance. These relationships were ones that adoptive parents planned on continuing after the adoption.

However, after the adoption of a special needs child, there are changes in these relationships. The interactions, discussions, planned and unplanned activities have to be modified. In addition to this, the parents may be talking about how to address certain kinds of behaviors, voicing some of their frustrations and concerns about how they are carrying for the child. These are new conversations for their friends and they may not be sure what to say.

With a biological child there is the anticipation—the nine months of bonding with the family which allows people time to reevaluate the relationship. With adoption, there is a shorter period of time between the child visiting the home, which may not include contact or only limited contact with friends, and the placement of the child in the home. Earlier, I discussed the behaviors that children bring to the adoptive home. The adoptive family may have had some training in how to handle some of the behaviors. The friends have received no training. They are not sure how to interact with the child or support the parents.

From the data, there were a number of issues that the adoptive parents talked about. The data showed that parents were surprised that grandparents were not supportive of the adoption and did not want to interact with the adoptive children. Some grandparents did not buy the adoptive children gifts on special occasions, nor did they want pictures of the adoptive children included in the family photos.

The literature supported the importance of support systems. Reitz and Watson
(1992) noted that when working on adoption issues, the extended family should not be excluded from the process. When support systems are rigid, which can make change difficult, it can have a negative impact on the adoption (Brodzinsky et al., 1998).

Howe (1998) found that families were more successful if there was support from and by extended family. The data supported that parents who had relatives and friends who were supportive of the adoption had fewer problems in trying to maintain those adoptions. Barth and Berry (1988), Bean (1984), and Hartman (1984) were in agreement that the reaction of family and friend to the adoption could impact the family’s level of stress and ability to maintain the adoption.

Societal Values

The role of societal values plays a major part in the lives of adoptive parents. The environment that they live in and the people they watch and interact with help shape their worldview. Societal norms dictate the importance of blood relationships and count adoption as secondary to blood. Societal values define special needs adoption and what types of services they will receive. It is societal values that construct what adoption is, when it is acceptable, and what is the role of the adoptive parents. Societal values state that once you adopt, you cannot abuse or neglect the children. However, societal values allow that if the child becomes too difficult, it is the parents’ right to return the child to the agency.

As the adoptive family interacts with all of the categories in the micro-minority community, they react by making one of four choices: (1) they can accept
the difference, (2) reject the difference, (3) insist on the difference, or (4) insist on the acceptance. Question 4 discusses each of these categories.

Research Question 4

4. Does the data support existing theory/theories, new theory, or help to reorganize theory regarding special needs adoption?

Accept the Difference

Rosenberg (1992) provided a family life cycle for adoptive families. Two key features of the family life cycle were (1) understanding community reactions and (2) acceptance or lack of acceptance by community. The second was the family’s understanding that they will function under a different family model. The data supports the idea that the community does not always support adoption. The adoptive families thought the community would embrace their adoptive child as they did with their biological children. Those families without biological children thought that the community would support the adoption just like the community supported those families with biological children.

McRoy (1999) identified several issues that could impact the adoptive family. One of those issues was seeking professional help. The data shows that families who accept the difference are more willing to accept outside professional help. They did not see themselves as having all the answers and that it was all right to seek assistance from others. The data also shows that they are less likely to see themselves as bad
parents if they seek outside help. Another area that McRoy identified was a strong support system. If there were systems that could be of help when needed, that assistance helped maintain the adoption. The last identified area was outside community involvement. With the stressors of (a) providing for a special needs child and (b) the possible lack of understanding about the issues that parents were dealing with, parents needed physical and emotional breaks. The data support the need for outside activities. Some of the families have relatives and friends that provide respite and a listening ear. Families in the accept the difference category are more likely to use the post-adoption program. They used respite services, attended the trainings and activities, and participated in the camps. The data shows that families like getting together with other adoptive families because they feel normal around them. With people who do not understand, they looked at the parents as if something was wrong with the child and something must be wrong with them for adopting a special needs child.

Reject the Difference

Groze and Gruenewald (1991) found that when there were a lack of resources and counseling services, families had a more difficult time maintaining their adoption. The data addresses this discussion by looking at those parents that did not seek services. They wanted the adoption to be no different than having a biological child. Families with biological children do not typically look for respite and support services. They want to be looked upon as good parents and that cannot happen if they are looking for help.
Watson (1996) wrote how adoption changes the family for the rest of their lives. Although the same is said about biological children, people have a better understanding of how it changes their lives. Members of support systems around the family understand how their lives are changed. With adoption, there are more difficulties in how their lives are changed. Adoptive parents discussed how members of their support systems had a difficult time understanding why they would want to adopt a special needs child. The community does not look at them as parents, but as adoptive parents. Family and friends do not show their support in the way the adoptive parents thought they would. At the same time the family does not seek help from support services because that would indicate they are not like biological parents.

**Insist on the Difference**

Adoptive parents who insist on the difference try to show that they are adoptive parents and how they are different from society. They blame everybody but themselves for any problems in the adoption. Most of the blame is targeted at the adoptive children and any agency they are involved in. They let everybody know that they are adoptive parents. They say that there are differences and that you would not understand what it is like to adopt. With their adoptive children they also insist on the difference. An adoptive family with a 9-year old adoptive child will talk about the adoption to the child as if that is all the child represents. The child knows about the adoption but also wants to fit into the family. The child speaks about looking like other family members. The same nose or eyes might be used as an example when trying to be a part of the family. The parents tell the child that there are no
similarities because you are adopted. The parents insist on reinforcing the differences and affirm the child’s sense of not belonging to the adoptive family as well as not having any biological family.

Kirk (1964) and Brodzinsky (1990) both discussed how those families felt they had done all they could for the adoptive child, and that if there were difficulties, it was because of the genetics of the child, the history of the biological family, the lack of support by the agency, or the agency not providing all the information on the child.

**Insist on Acceptance**

Adoptive parents who insist on the acceptance are accepting of societal values, and acceptance of the community. They work to show that they are in total agreement that their choice to adopt is not the best choice, but an acceptable alternative. The families represented in the data did not fit into the *insist on acceptance* category.

**New Cultural Script**

The new cultural script is adoptive parents living their lives based on one of the four categories. The diagram in Appendix D was the tool used to analyze the relationship between the data and theory developed from the literature. This was helpful in comparing existing theory with the theory developed from the data. This was also helpful in supporting existing theory and the development of new theory.

How the cultural script can impact support services for adoptive families is discussed in Chapter VI.
CHAPTER VI

SUMMARY AND CONCLUSIONS

The purpose of this study was to examine if the data supported existing theory/theories, new theory or helped to reorganize theory regarding special needs adoption. To explore this issue, I examined data from a post-adoption program at a child welfare agency. The method I selected to analyze the data was grounded theory. The grounded theory method allowed me to analyze data by letting categories develop and assessing whether or not a theory emerged.

From this study, the theory that emerged was the cultural script of special needs adoption. This theory states that adoptive families either attempt to raise their adoptive children with the belief that adoption is different than having biological children, or the belief that there is no difference between raising adoptive or biological children. Furthermore, societal values and family’s support systems can have an impact on the adoption. Adoptive families that have an understanding of adoption as being different from having biological children are more successful in using supports, are less reliant on family and friends to meet all of their support needs, and do a better job of preparing family and friends for the adoption.

This chapter will provide a summary and conclusions of the study and make recommendations that could assist adoptive families in supporting and maintaining their adoptions. In addition, I will discuss the limitations of the study and areas for
future research.

Summary

From the data supported by the literature, there is a cultural script of special needs adoption. This means that societal beliefs have a view of adoption and how adoptive parents should raise their children. This belief is based on societal values regarding the importance of blood relationships as played out in having birth children. Adoption is then regarded as less desirable than having biological children. Because the children are not related by blood, if and when problems arise, it is understood as acceptable for the family to make efforts to resolve them. There is a view of adoptive children as having problems that may be too difficult to handle. It is believed by some that if the children had been removed from their birth parents earlier in their lives, that adoptive parents would have had more time to teach them the values of the adoptive family.

After a family adopts a special needs child, they fit into one of the four cultural script categories: (1) accept the difference, (2) reject the difference, (3) insist on the difference, and (4) insist on the acceptance. For this study all of the families fit into one of the first three categories. The only category that none of the families fit into was insist on the acceptance. However, since the categories are holographic, families can and do more between categories.

Adoptive families who were the most successful fit into the category of accept the difference. They saw adoption as different than having birth children. Those
families were more willing to seek assistance from professionals as a necessary part of supporting the adoption. They received more support from extended family, fictive kin, and friends than the families that fit into the other two categories. They were more selective about how they asked for and used that help. They understood that some members of their support systems would have difficulty with the adoption, and therefore, they did not try and force people into accepting the adoption. They were also quick to turn to other adoptive families for support. They felt that other adoptive parents understood the issues they were trying to address.

Adoptive families who either reject the difference or insist on the difference had the most difficulty. The families who reject the difference found it more difficult to handle members of their support systems pulling away after the adoption. They wanted the community to see them as parents, not as adoptive parents. They were slow to seek assistance from professionals because they thought they could count on their support systems. When the support systems did not provide that support, they felt isolated. As problems escalated, they turned inward instead of seeking help from professionals.

The other group of adoptive parents that had problems with the adoption were those that insist on the difference. They wanted everyone to know that they were adoptive parents. They participated in professional activities but more because that was what adoptive parents were expected to do, not because they truly wanted help. They would ask for help from their support systems, but they did not really want the help. Their feeling was that because family and friends had not adopted, they would
not understand what it was like to adopt.

This approach of insist on the difference by the adoptive parents had a negative impact on some of the adoptive children. As the children worked to become a part of the family, the adoptive parents were the first to remind them that they were adopted and therefore, not really part of the family.

The data and the literature affirm that adoption is not the same as having biological children. For biological children, the act of procreation is what is required. For people who want to adopt, a higher standard is required. They must be approved by an agency and by a judge. Those who want to adopt must be judged as acceptable to parent a child. The process can be intense with families having to share part of who they are with strangers who will decide their fitness to parent. Once the parents are approved, and the child is placed, there is a period of supervision by the agency before a judge finalizes the adoption. If the agency believes that the parents are unfit, they can go into court and ask the judge not to finalize the adoption. One parent said: “the children are not really yours until the adoption is finalized. Then you can really ask for help.”

Some of the families were slow to ask for help because of the fear that the adoption worker might judge them as being bad parents. This put additional pressure on the families because some were able to identify a need but were reluctant to seek help because of how they would be seen by adoption professionals.

Adoptive parents were compared to biological parents. The standard of what a family should look like was based on the “isolated nuclear family,” and the “family
life cycle." When adoptive parents were measured by that standard, they were second best. The adoptive family did not fit into the family life cycle. The phase of starting a family was based on the concept of having a biological family. The adoption impacts the family in ways that the family life cycle did not address.

From the data, some of the families wanted to fit the family life cycle model. They worked to present their adoption as being no different than having a birth child. Some of the desire to see themselves as a nuclear family was from the pressure of those around them. The reaction to the adoption--members of their support systems wondering why they wanted to adopt a child with problems and pulling away--reinforced the belief that being different was not good.

Those families that did not accept the family life cycle model appeared to have more success in the adoption. Families that did not fit into the family life cycle did not try and act like biological families. They were willing to seek help when needed. In fact, they felt that support services were an important part of the adoption experience.

The fact that most of the successful families did not fit the model behooves us to rethink how we look at and define successful families. The model that appears to be the most successful for families includes: looking for help outside the nuclear family when necessary, the need for extended family and friends to provide support if they can, and the understanding that some people will not be accepting of the adoption while others will be unwilling to provide support.

The literature supports the idea that families that fit an alternative model
(poor, less educated, single) had greater success (or at least equal success) than those that fit the model of the ideal family (two parent, educated, middle class).

There is a need to include support systems in the adoption environment. Support systems can play an important role in maintaining an adoption. Families expressed the importance of family and friends. Most parents thought that family and friends would be a part of their adoption experience. Those parents that thought it might be difficult for family and friends to handle the adoption still wanted them to play some part in their lives.

The data showed that those parents that became isolated from family and friends had more problems then those that did not become isolated. The problems included lack of support, limited respite, decreased contact, and a general lack of understanding of why they adopted. The literature supports the data in that adoptions are more successful and stronger when there is a good support system of family and friends.

The data showed that there were three types of families that had the most success in their adoptions. The first were families that had a strong support system that continued to play a supportive role in the family the adoption. The second group of successful families were those that accessed the supportive services in the community. Those included agency and community resources. The third successful group was those that used both family and friends' support and supportive services. They were able to draw upon the support and resources from both systems in order to maintain their families.
The data also demonstrated the types of families that had the most problems. The first type were families that felt isolated from their natural support systems. The second were those that felt the use of support services reflected poorly on them as adoptive parents. They felt that people should be able to handle their children without outside help. The third group were those that did not want to be looked upon as adoptive parents. They wanted to be viewed as biological parents, and therefore, worked hard to deny that there was a difference. The fourth group were those that blamed everybody else for all the problems in the home. In this group it made no difference whether the problems were related or not related to the adoption. They saw problems as related to pre-existing problems with the adoptive child. They saw the agency and other professionals as not providing the information they needed before the adoption. What those families failed to see was that the pre-existing problems in the home were exasperated by the addition of the adoptive child, and not caused by the adoption.

Of the 87 cases in this study, there were 6 that resulted in a disruption or dissolution. In those 6 cases, the parents were less likely to participate in support services, and to seek help from professionals. They were more likely to seek assistance from natural supports, but those supports were not as available as they would have liked. Adoptive parents wanted those natural supports that they had cultivated for years to be supportive of them and their adoption. Professionals must find ways to include support systems in the adoption process.

Professionals working with adoptive families—from the recruitment of
families, the placement of adoptive children, and through post-adoption services—play an important role in the entire adoption process. They can create an environment that will assist families through the adoption process, or they can make the experience a difficult one. Professionals need to understand the issues that impact adoptive families. They should not only look at families from the micro and mezzo perspectives, but they must also take a macro approach to the systems that impact families. Professionals must look at the cultural script they use when working with families. It is the professional that is making the decision that the parents are acceptable to be adoptive parents. What messages are professionals sending to adoptive parents? Does the model of the professionals and the families match, or is there conflict in their respective approaches? The model that is used can impact whether or not families seek support, what type of support they seek, and where they receive that support.

From the data, adoptive parents are looking for support. However, the model that is used can impact what support the family receives. If the worker or family believes in the isolated nuclear family, only limited and temporary support will be requested or offered. If parents receive the message from professionals that only limited support is available, they might be more reluctant to seek help for fear of being considered inadequate parents. It is important to remember that someone else is judging the parents’ worthiness. Therefore, they may not want the professionals who gave their approval to think they made a mistake.
Recommendations

The adoption professionals working with adoptive parents must first understand the model that they are using and the impact it has on the family. If all families should function as an "isolated nuclear family," what is the message to adoptive families that do not fit that model? If professionals use the normal family life cycle when working with adoptive parents, some families may be unable to meet their expectations. Adoptive parents may be unwilling to go back to those professionals for help because they have gotten the message that they are inadequate.

Adoptive families, like biological families, are trying to achieve a level of homeostasis. They want to be like normal families trying to raise healthy, responsible children. But they understand that not everyone looks at them in that way. A number of parents expressed happiness that there were adoption groups and activities because around other adoptive families they looked normal. Once the activity was over, they had to return to an environment where they no longer looked normal.

Adoptive families are trying to balance all of the systems that they interact with. Those systems had a way of functioning before the adoption. With the adoption, all the other systems have stayed the same, but the family has changed. As the systems try and move the family back to a balanced state, the family is trying to balance itself while trying to maintain the same interactions with the other systems. If families could receive training in understanding how to understand this homeostasis, they may spend less time trying to balance a system that they do not understand.

Another area that should be addressed is the concept of a broken narrative,
which is the history that adoptive children bring to the adoptive home. All of the special needs children were part of the child welfare system. They had been removed from their birth parents, placed in foster care, and when their parents’ parental rights were terminated, they were placed for adoption. These children carry the history of their biological home and all the foster care placements they were in prior to the adoption. This history is their life story. The broken narrative is the new history that is created each time they moved and the old history that is lost with each move.

The adoptive parents knew little about this history because it is the child’s life experiences. There are two things that can assist the children and the families with the broken narrative. First, each child should have a life book. A life book is pictures, letters, or anything of the child that recounts their history and life experiences. That life book should be shared with the adoptive parents, to help fill in gaps, and make them more a part of the child’s history. The second idea is for the family to create a life book that can be shared with the child. This will assist the child in understanding some of the history and experiences of the adoptive family.

This study provided a discussion regarding the cultural script of special needs adoption and the impact it has on adoptive families. In some areas the study supported the literature regarding issues that adoptive families must face. This study also addressed new areas of discussion when working with the adoptive families. The first is that all adoptive families must understand the issue of a cultural script and the impact it will have on the adoption. Second, adoptive families are more successful when they do not fit traditional models. Those families that move outside the
traditional models and seek support services from professionals, extended family, fictive kin, and friends are more successful than those families that strive to attain the isolated nuclear family model. Finally, adoption professionals must learn how to involve support systems in the adoption process from the beginning.

Extended family and friends should be included in the adoption process. With biological children, family and friends have nine months to adjust to the new addition. Family and friends also understand the cultural script of biological children. What professionals need to do is help the parents include relatives and friends in the adoption experience. First, professionals need to help parents to learn how to tell relatives and friends about adoption and why they want to adopt a special needs child. By including relatives and friends early in the process, they have time to adjust to the new changes that will impact them. Second, professionals should put together information materials that parents can give to relatives and friends about adoption, special needs, the process, and ways they can be supportive of the adoptive parents. Third, professionals should develop ways to include relatives and friends in the adoption experience. One way is to develop a training or activity that relatives and friends can attend. This way members of the support systems can gather information along with the parents, and they might feel more involved in the process. Relatives and friends could gain an understanding of how the adoption might impact their relationship with the parents. They can also learn ways to show support. Finally, the adoptive parents could gain a greater understanding of how the adoption can impact their natural support systems. That way, they are sharing the experience together and
providing a supportive environment for each other.

There is a need for respite services. However, respite is more than someone providing temporary relief for their child. It must be someone the family can trust to handle some very difficult behaviors. If respite providers keep changing, or are not trained to work with special needs children, the parents may be concerned the entire time they are away from the child, or they will have to deal with additional acting out behaviors because of the inability of the respite provider to set boundaries and limits.

Fecund parents are also adopting special needs children. Therefore, the home is made up of adoptive and birth children. Adoptive parents are struggling with the idea of how to parent both when the state the adoption is in imposes rules about how they can parent. Adoptive parents need help in learning how to manage two sets of rules and not negatively impact the biological or the adoptive children.

As adoptive parents try to blend the adoptive and birth children, it would be helpful if activities could be developed that incorporated birth and adoptive children. By separating the children, it only reinforces the differences between them. If family and friends are watching the birth children, while the parents and the adoptive children are at an activity, it reinforces the differences to family and friends.

Although the majority of cases were successful, there were degrees of success. Therefore, professionals should be aware of families where the support systems that were supportive at first are starting to pull away due to the difficulty of the child, and the decreased amount of time the parents have to interact with them. Also, some of the behaviors that parents found difficult to handle occurred in the second year of the
adoption. Families, who may not have needed the services in the first year, may then find it difficult to come back and ask for help. Professionals must develop ways for the doors of communication to stay open long after the adoption has been finalized.

Although this study provided some interesting information, there were limitations to the study. Those limitations will be discussed in the next section.

Limitations of the Study

There were a number of ideas that could improve this study. The first is the use of secondary data. The concern with secondary data is that the people developing the data-gathering instrument do not always ask all the questions necessary to properly qualify the data. There is almost always data missing. The second area that could improve the study would be the use of a larger sample size. A larger sample may have provided more information regarding the impact of special needs adoption on families and the resources that could strengthen placements. The third area was the lack of disruption and dissolution data to provide a closer look at indicators of intact and disrupted families. Finally, grounded theory can be a difficult method to use when analyzing data. One needs to find a level of comfort when employing this method. It is also clear that one cannot get comfortable with this approach without practice.

Future Research

This study examined one aspect of special needs adoption and the impact it
has on adoptive families and their support systems. However, from the study, there are other identified areas where research is needed. The first area is a need for a comprehensive study of adoptive parents’ pre-adoptive perspective and post-adoptive perspective to see if there is a relationship when there is a breakdown in the adoption. Research could also study the characteristics of families that are considered successful and compare those characteristics to families with a disruption or dissolution. A third study could be a comparison of the post-adoption data from a context analysis method and subsequently a comparison of the data from a grounded theory perspective verses a context analysis approach. Finally, there is a need to replicate the study by looking at adoptive children, extended family, friends, and fictive kin to compare the theory of the cultural script in relationship to the other groups.

Conclusions

More work is needed in the area of special needs adoption. Families are opening their homes to care for special needs children and there needs to be community support to assist these families. Policy makers should make adoption an important part of their platform. The field of sociology should devote more time to the study of adoption. As the number of children in the children welfare systems grows, it will have an impact of how these services are funded. The response of the community could impact which direction these services will take.
Appendix A

Human Subjects Institutional Review Board
Approval Letter
Date: 18 August 2000

To: Subhash Sonnad, Principal Investigator
   George Grant, Jr., Student Investigator for dissertation.

From: Sylvia Culp, Chair

Re: HSIRB Project Number: 00-08-07

This letter will serve as confirmation that your research project entitled "Successful Adoptions in Families who Adopt Special-needs-children" has been approved under the expedited category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: 18 August 2001
Appendix B

Open Coding/Categories
Open Coding / Categories

- Acknowledgement of the difference
- Rejection of the difference
- Insistence on the difference
- Acceptance of the difference
- Disruptive factors
- Family formation issues
- Integration of multiple family systems
- Adoption life cycle
- Family identity
- Family integration
- Micro-minority communities
- Abandonment
- Separation and loss
- Attachment
- Broken narratives
- Entitlement
- Claiming behavior
- Antisocial behavior
- Sanctions and rewards
- Resilience
- Survival behaviors
• Genealogical bewilderment
• Hereditary ghost
• Social theory of the past
• Development and personality
• Physical development
• Cognitive development
• Support systems
• Special needs children
• Blood ties
• Role handicap
• Role clarity
• Role autonomy
• Role obligations
• Communication
• Assimilation
• Perception of self
• Normalizing the environment
• Equilibrium
• Social construction of adoption
• Non-blood assimilation
• Identity
• Culture/ complementary
Appendix C

Categories and Subcategories
Categories and Subcategories

I. Survival behaviors (child)
   • Abandonment
   • Separation and loss
   • Antisocial behavior
   • Displaced rage
   • Identity issues
   • Coping
   • Attachment
   • Resilience

II. Cultural Norms
   • Acceptance of the difference
   • Rejection of the difference

III. Micro-minority community
   • Normalizing the environment

IV. Family integration
   • Adoptive life cycle
   • Family identity
   • Integration of multiple family systems
   • Bonding
V. History

- Genealogical bewilderment
- Hereditary ghost
- Social theory of the past

VI. Society

- Blood ties
- Non-blood assimilation
- Social construction of adoption
- Schools
- Agencies
- Counselors
- Religious organizations
- Social organizations

VII. Support systems

- Extended family
- Fictive kin
- Friends
Appendix D

Cultural Script
Cultural Script

Pre-Adoption

Cultural Script

Acceptance of the Difference

Rejection of the Difference

Post-Adoption

Micro-Minority Community

Survival behaviors children support system integration societal values

Normalizing the environment

Acceptance of the Difference

Rejection of the Difference

Insistence on the Difference

Insistence on acceptance

New Cultural Script
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