

HV
875.56
.I8
S83
1990

Subsidized Adoption in Iowa:

A Study of Adoptive Families and Special Needs Children

1990

Principle Investigator:

Victor Groze

Assistant Professor
School of Social Work
University of Iowa
Iowa City, Iowa 52242

Research Assistants:

Mary Brown
Cynthia Keeley
Karin McKeone
David Strabala

Prepared for and in cooperation with Iowa Department of Human Services.
Partial funding for this project was provided by the Iowa Department of Human
Services and the University of Iowa School of Social Work.

Table of Contents

PART 1: THE FAMILY'S RESPONSE

Literature Review on Studies of Special Needs Adoptions.....	1
Methodology for Part I.....	8
Demographic Findings.....	8
Characteristics of Adopted Child.....	13
Parent-Child Relations.....	15
Service Characteristics.....	17
Children's Behavior.....	21
Summary about Behavior Problems.....	23
Predictors of Satisfaction with Adoption.....	28
Family Functioning.....	41
Adoption Impact.....	45
Summary of Parental Responses.....	47

PART II: THE CHILDREN'S RESPONSES

Literature Review on Self-Concept and Adoption.....	49
Methodology for Part II.....	57
Comparing Children Participating and Not Participating in Part II of the Study: Demographics.....	59
Placement and Mistreatment History.....	64
Other Characteristics of Participating Children.....	66
Child Perception of Parent-Child Relations.....	68
Comparing Perceptions of Family Functioning.....	70
Self-Esteem of Children Adopted with Special Needs.....	74
Summary of Responses from Children.....	81
Conclusion and Recommendations: The Benefits of Adoption.....	84
References.....	88

Tables

Table 1	Demographic Description of Adopted Child.....	10
Table 2	Demographic Description of Parents.....	11
Table 3	Demographic Description of Other Children in the Home.....	13
Table 4	Handicaps of Adopted Child.....	14
Table 5	Special Education School Information on Adopted Child.....	15
Table 6	Parent-Child Relationship.....	16
Table 7	Overall Ratings of Adoption.....	17
Table 8	Service Characteristics.....	19
Table 9	Services Since Adoptive Placement.....	20
Table 10	Comparison of Adoption Sample to Clinical and Non-Clinical Samples on the Achenbach Behavior Checklist for Boys.....	24
Table 11	Comparison of Adoption Sample to Clinical and Non-Clinical Samples on the Achenbach Behavior Checklist for Girls.....	26
Table 12	Relationship Between Child's Gender and Satisfaction Variables...	29
Table 13	Relationship Between Minority Status of Child and Satisfaction Variables.....	31
Table 14	Relationship Between Age Categories and Satisfaction Variables...	34
Table 15	Relatedness to Child and Satisfaction Variables.....	36

Tables (continued)

Table 16	Relationship Between Foster Parenting (to child) and Satisfaction Variables.....	38
Table 17	Relationship Between Marital Status and Satisfaction Variables...	40
Table 18	Assessment of Family Functioning.....	43
Table 19	Relationship Between Overall Impact of Adoption and Selected Variables.....	46
Table 20	Demographic Description of Adopted Children Participating in Part II compared to Children not Participating in Part II....	61
Table 21	Demographic Description of Parent and Household Characteristics..	63
Table 22	Mistreatment History of Children Participating in Study.....	65
Table 23	Placement History of Children Participating in Part II.....	66
Table 24	Handicaps of the Adopted Child.....	67
Table 25	Special Education School Information on Adopted Child.....	68
Table 26	Parent-Child Relationship.....	69
Table 27	Satisfaction with Adoption for Adopted Child.....	70
Table 28	Comparing Parent and Child Perceptions of Family Cohesion.....	72
Table 29	Comparing Parent and Child Perceptions of Family Adaptability...	73
Table 30	Self-Concept of Adopted Children.....	77
Table 31	Distribution of Self-Concept Scores of Adopted Children.....	79

Tables (continued)

Table 32

Mean Self-Concept Scores of Adopted Children
and Selected Variables.....83

Subsidized Adoption in Iowa:
A Study of Adoptive Families and Special Needs Children

Part 1: The Family's Response

Adoption in Iowa

While research on families adopting a children with special needs have increased considerably in the last 5 years, most of this research has focused on the problems which are unique to these adoptive families. Less investigation has been focused on describing and understanding typical family functioning of adoptive families. Given that most of these adoptions are successful with approximately 85% or more remaining intact, it becomes critical to inquire into the typical functioning of successful special needs adoptive families.

Literature Review on Special Needs Adoptions

Studies have been conducted since the 1970's which examine the adjustment of children to their adoptive families. The techniques used to investigate families include

in-person interviews, mailed surveys or analysis of case records. At times, a combination of these methods have been used to broaden the understanding of adoptive families. Special issues have included transracial adoptions, single parent adoptions and adoption by foster parents. The studies pertinent to issues in special-needs adoption are briefly reviewed.

Transracial adoptions have received a fair amount of attention since the 1970's. Grow and Shapiro (1974) used in-person interviews to examine the effects of adoption of black youngsters by white parents. The study group consisted of 61 girls and 64 boys who had been living with their adoptive parents a median of 7.2 years. Children ranged in age from 5 years to 19 years; two-thirds were under 10 and their median age was 8.8 years. They found that most youngsters were doing well, as rated

by their parents, and concluded that transracial adoption compared favorably with other types of adoptions studied. At a later date, Silverman and Feigelman (1981) report results from a mailed questionnaire that included older black and older white children in their study. Questionnaires were completed by 63% of adoptive parents. Comparison of parents' ratings of their children's adjustment indicated that white youngsters adopted by white parents (N = 97) were rated better than black youngsters adopted by white parents (N = 56). However, these results were due to age rather than race; that is, when age was controlled for statistically, the effects of race on adjustment were eliminated. Black children are more likely to be adopted at an older age, so the older the child the more problematic the adjustment. Transracial adoption status did not

have a negative impact on the adjustment of black children. Silverman and Feigelman also found that the child was more likely to be rated as maladjusted if the families of the adoptive family opposed the adoption. Gill and Jackson (1983) conducted interviews as part of a follow-up study of children adopted by parents of a different racial origin to their own. Their study included 36 black children adopted as infants by white parents. Most of these children were adolescent at the time of the interview. They found no evidence of identity confusion. The majority of children had experienced some difficulties related to racial background but most could effectively deal with the difficulties. Parents were overwhelmingly positive in assessing their relationships with the children and children were mostly positive about their parents. Rosenthal et al. (in press) analyzed

data from families who responded to a mailed survey (n=799) and who had finalized the adoption of a special needs child (response rate was 65%). Both transracial and inracial adoptive placements were examined. As a group, the transracial adoptees were doing well, supporting the balance of research findings in this area.

In addition to transracial adoptions, several studies have explored single-parent versus two-parent adoptions. Jordan and Little (1966) examined the adoption of eight children by single mothers by interviewing social workers providing adoptive placement. They had very positive opinions about single-parent adoptive homes. Branham (1970) examined case records of 36 one-parent families. Similar to her predecessor she was positive about single-parents as resources for special-needs children waiting for adoptive placement. Feigelman

and Silverman (1977) compared the adjustment of children adopted by a two-parent and a single-parent family through the use of a mailed questionnaire taken from a national sample (60% response rate). Fifty-eight single adoptive parents were compared to an unspecified subsample of couples. No significant differences were reported between one and two parent family ratings of their child's physical or emotional health, growth and development. Six years after the initial study Feigelman and Silverman (1983) recontacted 60% of their original sample (n=35). They continued to report that the familial experiences of adoptive single parents were similar to patterns of adjustment by adoptive couples. Dougherty (1978) mailed a questionnaire to 131 single women who had adopted children. Sixty-seven percent responded and she was positive about the adjustment of both parent and child.

Finally, Shireman and Johnson (1976; 1985; 1986; Shireman, 1988) have been involved in a longitudinal study with single adoptive parents as the focus. Parents and children have been interviewed approximately every four years after placement. The results of their study demonstrate that adoption by single parents was a constructive strategy for children who could not grow up with biological parents. Single-parent adoptive homes provided continuity and stability, the family systems showed strength and changed appropriately to meet the needs of the child, and most adopted children adjusted well. Groze and Rosenthal (in press) described and compared the psychosocial functioning of adopted children in one-parent and two-parent families. Differences in demographic characteristics of children were observed as well as were differences in social and ecological functioning. Single

parents, most of whom are women, tend to adopt girls, children who are older, nonwhite children and mentally retarded children. Single mothers tend to be older and to have finished high school. Single parents tend to be nonwhite and to have lower incomes. Children in single-parent homes experience fewer emotional and behavioral problems than children in two parent homes, although both groups of adopted children show more serious difficulties than the "typical" child. In addition, parent support groups were reported as most helpful more often by single parents. This implies that single parents, who do not have another adult in the home to rely on for support, may use support groups in the community. The findings also suggest that traditional mental health services may not be adoption-sensitive, leading to less involvement of adoptive families in traditional

therapy services. Children in one- and two-parent homes were similar in educational performance. While most families were satisfied with their decision to adopt, there was a modest trend towards more positive adoption outcome among single parents.

The adoption of special-needs children by foster parents is a relatively new phenomenon. Meezan and Shireman (1985) examined foster parent adoptions, conducting interviews with social workers as well as families. Some children were adopted (n=50) by their foster parents while others were not adopted (n=33); these children remained foster children. Also included were interviews about children who had been in foster-adoptive homes whose adoptions had failed (n=12). About half of the children in the study were classified as special needs.

Four areas were investigated:

parent characteristics, child characteristics, parent-child interactions and agency services. Foster parents who had adopted indicated that almost three quarters of adopted children were making excellent adjustments as compared with 20% of children not adopted. Social worker assessments followed these same patterns, adding reliability to the parents' assessment. The number of previous placements, early attachment to the foster family and the degree of matching were not good discriminators between groups but the reasons a child's prior placement was terminated and the experience between the family and the child over time were good discriminators between successful placements and nonplacements. Agency services was the most important discriminator between those who adopted and those who continued to foster. Factors such

as discussing adoption with a worker the family knew well, having a worker with whom the family had a continuous relationship, the quality of the relationship between worker and parent, a good relationship between the child and the worker, the provision of accurate information about the child and the child's experiences prior to coming to the home were also important discriminators. Of particular importance, this study demonstrated the pivotal role of the social worker and agency services to adoptive outcome, particularly the decision to adopt.

Two recent studies have received the most attention in the field of special-needs adoption. Nelson (1985) conducted in-person interviews with adoptive parents one to four years after legalization (n = 177 families). About 57% of eligible families from Chicago, Detroit, and Houston participated in

the study. At the time of the data collection almost all (97%) adoptions were intact. Most parents (85%) reported the child improved in their school work, in health, and the ability to make good relationships. One problem that did not disappear completely was the childrens' ability to form relationships; Nelson concluded that adoption often does not completely reverse psychological damage although some improvement in this ability is noted.

In addition to child functioning, Nelson also examined parental satisfaction. Most families (73%) had a high score on an index of parental satisfaction with adoptions. Approximately one-fourth (27%) indicated that the adoption had a pronounced negative aspect. Details of these experiences were not provided. However, for most families the adoption was a satisfying experience.

Finally, Barth and Berry (1988) conducted a two-tiered study. The initial study sample (n = 927) consisted of special needs placements made in California between 1980 and 1984. The second sample (n = 120) completed in-person interviews. The response rate for this sample was approximately 25%. Using the Child Behavior Checklist (Achenbach & Edelbrock, 1983) the authors established that, as a group, the adopted children demonstrated considerably more behavioral problems than the typical child of the same sex and age.

To summarize, most special needs children do well in their adoptive homes and most families are satisfied with the adoption. The extant research suggests that children adopted transracially or by single parents adjust as well as children adopted inracially or by two-parent families, and that the

extended family can be an important influence on a child's adjustment. Little information has been collected on the experiences of special-needs children and their adoptive families in the state of Iowa. This monograph focuses on issues with special-needs children adopted in Iowa. Previously, this study has been conducted in the states of Illinois, Kansas and Oklahoma (see Groze and Rosenthal, 1989a, 1989b, 1989c). In addition, several publications generated as a result of the studies conducted in the other three states are available (see Groze and Rosenthal, in press; Rosenthal and Groze, 1990; Rosenthal et al., 1990).

This study builds on these previous studies by: 1) providing trend data of the experiences of children and families in intact adoptive placements after legal finalization; 2) providing data on children's behavior that can be compared to

national data; 3) providing data on family functioning and dynamics that can be compared to national data; and 4) comparing the experience of subgroups (single parent adopters, foster parent adopters, transracial adopters and sibling group placements) in the adoption experience.

Methodology for Part I

This report is based on the responses of 191 families who had finalized their adoption of a special-needs child with the Iowa Department of Human Services before February, 1990. A random sample was drawn by selecting every other family from the a list of subsidized adoptions provided by the Iowa Department of Human Services. An initial sample of 283 families were drawn. One family was deleted from the survey because of an incomplete address, 1 was a duplicate mailing and 1 listed a shelter as a parent

for a child. This resulted in a mailing of 280 surveys. Surveys were mailed in the spring of 1990. The first mailing was followed 30 days later by a second mailing. Only children living in the home, whose adoptions were finalized and who were receiving subsidy are included in this report. The response rate of about 68% is excellent for a mailed survey assessment. The data presented in the first section of the monograph represents the adoptive parents' response to the questionnaire.

Demographic Findings

Most questionnaires (87.8%) were completed by the adoptive mother. Questionnaires were completed for 96 males (50.3%) and 95 females (49.7%). The range of ages of children was 2 years old to 19 years old with an average age of 10.2 years old. In this sample, 16.8% were between the ages 0 to 5 years,

43.9% were between the ages of 6 to 11 years and 39.3% were between the ages of 12 to 17. The adopted children were in white (82.9%), black (7.0%), Hispanic (3.2%) and other racial groups (7.0%). The adoption had been finalized 4.4 years on average, with about half the adoptions having finalized 3 years ago. For most adoptions, it was one year from placement to finalization although on average it was 1.8 years from placement to finalization. Table 1 presents demographic data on the adopted child.

Table 1
Demographic Description of Adopted Child

<u>Child's Gender</u>		<u>Age at Time of Survey</u>		<u>Placement</u>
<u>Age</u>				
male	50.3%(n=96)	range	2-19	0-14
female	49.7%(n=95)	mean	10.2	4.6
		mode	11.0	<1.0
		median	11.0	5.0
		standard deviation	4.3	3.71
 <u>Ethnicity</u>				
		<u>Age Groups</u> (time of survey)		
White	82.9%(n=155)	0-5 years	16.8% (n=32)	
Black	7.0%(n= 13)	6-11 years	43.9% (n=84)	
Hispanic	3.2%(n= 6)	12-17 years	39.3% (n=75)	
Other	7.0%(n= 13)			

Table 2 presents the demographic description of the family. The range of fathers' ages was 27 to 67 with a mean of approximately 43 years. The range of the mothers' ages was 27 to 67 with a mean age of approximately 41 years. About three-quarters of the respondents were white (73.9%), black (16.7%), Native American (4.7%), Hispanic (.4%) and other

racial groups (4.3%). The adoptive fathers were white (76.9%), black (12.7%), Native American (7.5%), Hispanic (.9%) and other racial groups (1.9%).

The modal education level was some college for both adoptive fathers and mothers. Table 2 presents the diversity in educational levels among adoptive parents.

Table 2
Demographic Description of Parents

<u>Age</u>	<u>Adoptive Mother</u>		<u>Adoptive Father</u>	
	Respondent	Nonrespondent	Respondent	Nonrespondent
Range	27-67	30-48	30-56	27-67
Mean	42.1	40.0	43.1	43.3
Mode	39.0	44.0	- - -	43.0
Median	41.0	41.0	43.0	42.0
Standard Deviation	7.9	5.8	7.8	8.7
 <u>Ethnicity</u>				
white	73.9%(n=173)		76.9%(n=163)	
black	16.7%(n= 39)		12.7%(n= 27)	
Native American	4.7%(n= 11)		7.5%(n= 16)	
Hispanic	.4%(n= 1)		.9%(n= 2)	
other	4.3%(n= 10)		1.9%(n= 4)	
 <u>Education</u>				
< High School	10.2%(n= 24)		11.8%(n= 25)	
High School Diploma or GED	27.7%(n= 65)		26.5%(n= 56)	
Some College	32.8%(n= 77)		28.9%(n= 61)	
College Grad	17.0%(n= 40)		21.8%(n= 46)	
Masters or Above	12.3%(n= 29)		10.9%(n= 23)	
 <u>Family Income</u>				
Range	\$ 3,000-\$80,000			
Mean	\$32,900			
Mode	\$30,000			
Median	\$30,000			
Standard Deviation	\$14,790			

Family income ranged from \$3,000 to \$80,000 yearly with an approximate average income of \$32,900 a year. The median income was \$30,000; this places the average

family in the middle class income category.

Table 3 presents demographic description of other children in the home. Most homes (82%) had other

children in the home. Many of these adoptions were sibling group placements (44.2%) Other children in the home were most likely another adopted or a biological child. Other children in the home range in age from infancy through adulthood.

Table 3
Demographic Description of Other Children in the Home

<u>Other children in home</u>		<u>Sib Placement</u>	
Yes	81.6%(n=155)	Yes	44.2%(n=73)
No	18.4%(n= 35)	No	55.8%(n=92)

<u>Composition of other children</u>						
	Child #1 (n=156)	Child #2 (n=97)	Child #3 (n=63)	Child #4 (n=40)	Child #5 (n=21)	Child #6 (n=13)
<u>Age:</u>						
range	2-44	1-21	1-27	1-22	1-15	1-10
mean	13.1	11.0	9.3	7.6	7.1	6.1
mode	18.0	8.2	7.0	9.0	8.0	10.0
median	14.0	11.0	9.0	7.5	8.0	6.5
<u>Sex:</u>						
Male	47.4%	50.5%	61.9%	52.4%	52.4%	53.8%
Female	52.6%	49.5%	38.1%	47.6%	47.6%	46.2%
<u>Relationship</u>						
Adopted	49.4%	48.5%	43.8%	40.5%	61.9%	46.2%
Biological	38.5%	35.4%	26.6%	11.9%	14.3%	15.4%
Step	1.3%	1.0%				
Foster	6.4%	13.1%	25.0%	40.5%	23.8%	30.8%
Other	4.5%	2.0%	4.7%	7.1%		7.7%

Characteristics of Adopted Child

Table 4 presents descriptions of handicaps of the adopted child. The most frequent handicaps reported were learning disabilities (31.9%), developmental delays (25.7%), a non-terminal medical problem (23%) or other unspecified handicaps (24.6%).

Both learning disabilities and developmental delays are handicaps associated with emotional disturbance in children (a more comprehensive discussion of child's emotional and behavioral problems is presented later in this monograph).

Approximately 10% of the children were reported to be in each of the categories of blind or vision impaired or having a physical handicap and 16.8% were reported as mentally retarded. Less than 5% of the children were deaf or hearing impaired or had a terminal medical problem.

Table 4
Handicaps of Adopted Child

Blind or vision impaired	10.5% (n=20)
Deaf or hearing impaired	4.7% (n= 9)
Physical Handicap	10.5% (n=20)
Mental Retardation	16.8% (n=32)
Developmental delays	25.7% (n=49)
Learning Disabilities	31.9% (n=61)
Chronic medical problem (non-terminal)	23.0% (n=44)
Chronic medical problem (terminal)	2.1% (n= 4)
Other handicap	24.6% (n=47)

Most children were in school (87.9%); about 13% of the children are not school-age. Table 5 presents the type of special education classes in which the adopted children are enrolled. Of

children attending school, over half are enrolled in special classes. Of these children in special classes, 25.9% attend only special education classes, 23.1% attend mostly special education classes but some regular classes, and 50.9% attend primarily

regular classes and some special classes. The most common special education classes were for learning disabilities and speech and language difficulties.

Table 5
Special Education School Information on Adopted Child

Child Is In:

Learning Disability Class	23.0%(n=44)
Speech & Language Difficulty Class	16.8%(n=32)
Class for Emotionally Disturbed	11.5%(n=22)
Class for Mentally Handicapped	13.1%(n=25)
Deaf or Hearing Impaired	1.6%(n= 3)
Blind or Vision Impaired	.5%(n= 1)
Class for Physical Disabilities	3.1%(n= 6)
Other Special Education Class	7.9%(n=15)

Parent-Child Relations

Table 6 presents information on parent-child relationships.

Overall, these relationships are quite positive. A substantial majority of parents report getting along well with their child, good communications with the child, trusting the child, feeling respected by the child and feeling

close to their child. Depending on the relationship variable examined, less than 11% reported negative parent-child relations.

Table 6
Parent-Child Relationships

How well do you & your child get along?

Very well	63.3%(n=119)
Fairly well	31.4%(n= 59)
Not so well	4.3%(n= 8)
Very poorly	1.1%(n= 2)

How would you rate the communication between you and your child?

Excellent	41.1%(n=78)
Good	39.5%(n=75)
Fair	15.3%(n=29)
Poor	4.2%(n= 8)

Do you trust your child?

Yes, very much	35.1%(n=66)
Yes, for the most part	46.3%(n=87)
Not Sure	8.0%(n=15)
No	10.6%(n=20)

Do you feel respected by your child?

Yes, very much	49.5%(n=92)
Yes, for the most part	33.9%(n=63)
Not Sure	11.3%(n=21)
No	5.4%(n=10)

Do you feel close to your child?

Yes, very much	62.4%(n=118)
Yes, for the most part	30.7%(n= 58)
Not Sure	2.1%(n= 4)
No	4.8%(n= 9)

Table 7 presents global perceptions of the adoption experience. Approximately 70% of families rated the adoption as

having a positive effect on the family. There was diversity in the evaluation of the smoothness of the adoption. Approximately 30% report

it smoother than expected, over 40% reported the experience to be about what they expected and almost 30% report more ups and downs than expected.

Table 7
Overall Ratings of Adoption

Overall impact of adoption on family:

Very Positive	48.9% (n=92)
Mostly Positive	23.9% (n=45)
Mixed	22.3% (n=42)
Mostly Negative	3.2% (n= 6)
Very Negative	1.6% (n= 3)

Overall smoothness of adoption

Smoother than expected	27.8% (n=52)
About as expected	43.3% (n=81)
More ups and downs than expected	28.9% (n=54)

Service Characteristics

Table 8 presents service characteristics. Surprisingly, over one-fifth of the families reported no meetings with the social worker since placement and most (66.3%) had no visits after finalization of the adoption. Most families (31.7%) had

1-3 visits after placement. Most families (81.1%) indicated that the number of visits with the social worker was about the right number. Approximately 18% indicated that there were not enough visits. A substantial majority of families (86.8%) report that the social

services provided by the agency were helpful.

Practitioners with these families commonly report that most families indicate that they don't get enough information about the child. In this sample, about one-third of parents indicated that they did not get enough information. Most (66.3%) indicated that they were given enough information and the information received was accurate (94.9%).

Table 8
Service Characteristics

How many in-person meetings have you had with the social worker?

	<u>altogether</u>	<u>since placement</u>	<u>since finalization</u>
None	10.8%(n=19)	24.4%(n=44)	66.3%(n=124)
1-3	30.7%(n=54)	31.7%(n=57)	21.9%(n= 41)
4-9	26.1%(n=46)	26.1%(n=47)	6.4%(n= 12)
10-19	14.2%(n=25)	9.4%(n=17)	1.1%(n= 2)
20 or more	18.2%(n=32)	8.3%(n=15)	4.3%(n= 8)

Since placement, would you say you had:

More visits than necessary	.6%(n= 1)
About the right number of visits	81.1%(n=129)
Not enough visits	18.2%(n= 29)

Did the social worker provide:

Too much information on the child's background & problems	0%(n= 0)
About the right information	66.3%(n=122)
Not enough information	33.7%(n= 62)

Was the information:

Accurate	67.2%(n=119)
Mostly accurate	27.7%(n= 49)
Mostly inaccurate	5.1%(n= 9)

Thinking about the services provided, were these services helpful?

Yes, very much so	54.4%(n= 99)
Yes, somewhat	32.4%(n= 59)
No, not really	13.2%(n= 24)

In Table 9, of those who received services after the placement, approximately forty percent of the children participated in individual therapy and about forty percent of families had some

contact with other special-needs adoptive families. About one-third of the families participated in family therapy and participated in parent support groups. It should be noted that these categories are not

mutually exclusive so a family could have participated in all four services listed. Of service since placement, parent support groups and contact with other special needs adoptive families were reported as very helpful to a greater degree than family therapy or individual therapy for the child, although services overall were rated as helpful.

Table 9
Services Since Adoptive Placement

Individual therapy for child	41.9%(n=78)
Family therapy	29.2%(n=54)
Parent's Support Group	27.0%(n=50)
Contact with other Special-Needs Adoption Families	42.9%(n=81)

Helpfulness of Services

	<u>Very Helpful</u>	<u>Somewhat Helpful</u>	<u>Not Helpful</u>
Individual Therapy	42.7%	45.3%	12.0%
Family Therapy	44.4%	38.9%	16.7%
Parent Support Group	50.0%	32.6%	17.4%
Contact with Other Families	59.5%	33.8%	5.4%

Children's Behavior

Ratings of children's behaviors were obtained by the Child Behavior Checklist (CBC) developed by Achenbach and Edelbrock (1983). The portion of the CBC used in this research was the list of 113 behavior problems. The CBC elicits parents' descriptions of their children's behavior in a standardized format. To reflect age and sex differences, specific subscales were created. Behavior "scores" for the adoption sample were compared to the scores of clinical and nonclinical normative groups as presented by Achenbach & Edelbrock (1983). The clinical group consist largely of children receiving mental health services while the non-clinical group are "typical" children identified via representative sampling. Specifically, the percentage of adopted children who scored in the clinical range on each scale was

compared to the corresponding percentage in the normative groups. For most behavior scales the clinical range is defined approximately as the upper two percent of the non-clinical normative group. For the generalized internalizing and externalizing subscales, the clinical range is approximately the upper 10% of the normative groups. The usage of the terms are consistent with the CBC authors. Externalizing indicates children who are more likely to act out, while internalizing indicates children who are less likely to act out their difficulties. Tables 10 and 11 presents the comparisons of the adoption sample to clinical and nonclinical samples. It is important to note that there are different sub-scales and different norms for boys and girls according to age group.

4-5 year old children: For

boys in the adoption sample, the only elevated score was for sex problems. For girls age 4-5, several scale scores for the twelve adopted girls were in the clinical range. For instance, 8.3% of the adopted girls were in the clinical range on the hyperactive scale. In addition, over 10% scored in the clinical range on the anxious and internalizing scales and almost 17% scored high on the social withdrawal scale. However, while having higher scores than the normative group, the adoptive children scores are not close to the percent of children in the clinical group.

6-11 year old children: In this age range, the percentage of both boys and girls in the clinical range is much higher on the externalizing scale (19.4% for boys, 38.2% for girls) than on the internalizing scale (0% for boys, 16.7% for girls). This suggests that "acting out" rather than

"withdrawal" problems predominate.

On the hostile scale adopted boys scored a higher percentage than the clinical normative group. Thirty-six percent of boys scored in the clinical range on this scale as compared to 33% of the clinic sample. For girls, scores were higher for the cruel, delinquent, obsessive and sex problems scales than those of the clinical normative group. On all scales, the percentages of adopted children in the clinical range are markedly higher than the corresponding percentages for the non-clinical sample.

12-16 year old children: For boys 12-16, on the aggressive, hostile, compulsive, anxious and uncommunicative scales adopted boys scored a higher percentage than the clinical sample. For girls 12-16, the adopted sample did not have a higher percentage on any scale when compared to the clinical

sample. Both boys and girls show elevated scores on the externalizing (boys = 36%, girls = 19%) rather than internalizing scales (boys = 31.6%, girls = 4.5%).

Summary

In summary, the behavioral ratings show the adopted children to evidence greater behavioral difficulties than the nonclinical normative group. Pronounced problems were indicated on both externalizing behaviors ("acting out") and internalizing behaviors (withdrawal).

Table 10
 Comparison of Adoption Sample to Clinical & Non-Clinical Samples
 on the
 Achenbach Behavior Checklist for Boys (n=130)^a

Behavior Problem Scales	<u>Ages 4-5</u>			<u>Ages 6-11</u>			<u>Ages 12-16</u>		
	Clin Sample	Non-Clin Sample	Adoption Sample (n=18)	Clin Sample	Non-Clin Sample	Adoption Sample (n=40)	Clin Sample	Non-Clin Sample	Adoption Sample (n=25)
Aggressive	61	6	0%	43	2	23.5%	26	4	36.0%
Delinquent	29	2	0%	40	4	22.2%	35	3	23.5%
Depressed	37	4	0%	31	2	2.9%			
Hostile Withdrawal				34	3	36.4%	33	2	65.2%
Hyperactive							46	4	37.3%
Immature	42	3	0%		3		23	3	56.0%
Obsessive-Compulsive				30	2	17.6%	22	2	33.3%
Schizoid (or Anxious)	14	2	0%	31	3	11.1%	16	2	27.3%
Sex Problems	14	0	6.3%						
Social Withdrawal	37	3	0%	28	2	18.9%			

Table 10 (continued)
 Comparison of Adoption Sample to Clinical & Non-Clinical Samples
 on the
 Achenbach Behavior Checklist for Boys (n=130)^a

Behavior Problem Scales	<u>Ages 4-5</u>			<u>Ages 6-11</u>			<u>Ages 12-16</u>		
	Clin Sample	Non- Clin Sample	Adoption Sample (n=18)	Clin Sample	Non- Clin Sample	Adoption Sample (n=40)	Clin Sample	Non- Clin Sample	Adoption Sample (n=25)
Somatic Complaints	25	3	11.8%	14	2	8.6%	20	2	22.7%
Uncommu- nicative				44	6	16.7%	20	2	28.0%
Internal- izing	59	11	6.7%	68	10	0%	62	10	31.6%
External- izing	62	10	5.6%	70	8	19.4%	66	9	36.0%

^a All figures represent percentages who scored in clinical (problem) range

Table 11
 Comparison of Adoption Sample to Clinical & Non-Clinical Samples
 on the
 Achenbach Behavior Checklist for Girls (n=107)a

Behavior Problem Scales	<u>Ages 4-5</u>			<u>Ages 6-11</u>			<u>Ages 12-16</u>		
	Clin Sample	Non- Clin Sample	Adoption Sample (n=12)	Clin Sample	Non- Clin Sample	Adoption Sample (n=44)	Clin Sample	Non- Clin Sample	Sample (n=32)
Aggressive	32	2	0%	46	3	35%	27	2	0%
Anxious Obsessive							35	2	4%
Cruel				21	2	29.3%	35	1	30.8%
Delinquent				23	2	35.9%	41	2	20.0%
Depressed	23	2	0%	50	3	20.5%			
Depressed Withdrawal							43	2	22.2%
Hyperactive	27	2	8.3%	44	2	40%			
Immature Hyperactive							37	2	30.8%
Obese	18	2	0%						
Schizoid (or Anxious)	31	3	10%				21	2	12.5%
Schizoid Obsessive				19	1	23.7%			

Table 11 (continued)
 Comparison of Adoption Sample to Clinical & Non-Clinical Samples
 on the
 Achenbach Behavior Checklist for Girls (n=107)^a

Behavior Problem Scales	<u>Ages 4-5</u>			<u>Ages 6-11</u>			<u>Ages 12-16</u>		
	Clin Sample	Non- Clin Sample	Adoption Sample (n=12)	Clin Sample	Non- Clin Sample	Adoption Sample (n=44)	Clin Sample	Non- Clin Sample	Sample (n=32)
Sex Problems	13	3	0%	21	2	30%			
Social Withdrawal	29	2	16.7%	45	3	25%			
Somatic Complaints	25	2	0%	19	2	10.3%	36	3	11.5%
Internal- izing	68	9	11.1%	69	9	16.7%	58	5	4.5%
External- izing	42	6	0%	72	9	38.2%	52	4	19%

^a All figures represent percentages who scored in clinical (problem) range

Predictors of Satisfaction with
Adoption

Table 12 presents bivariate relationships between the child's gender and parental satisfaction variables. The first two columns report the percentage who get along well for each of the two categories of the independent variable (male and female). Results are strikingly similar for boys and girls. The sex of the child has no relationship to satisfaction with the adoption. This is interesting given that, while both boys and girls exhibit a great deal of behavior problems, boys have somewhat more difficult behaviors than girls. However, even with behavior difficulties parents report good parent-child relations.

Table 12: Relationship Between Child's Gender and Satisfaction Variables

<u>Satisfaction Variables</u>	<u>Male</u>	<u>Female</u>	<u>Chi-square</u>	<u>p</u>	<u>r</u>	<u>p</u>
How well do you and your child get along?			1.11	.77	-.07	.17
Very Well	60.1%(n=57)	58.9%(n=62)				
Fairly Well	33.6%(n=32)	29.2%(n=27)				
Not So Well	4.0%(n=5)	4.0%(n=3)				
Very Poorly	1.0%(n=1)	1.0%(n=1)				
How would you rate the communication between you and your child?			2.48	.48	-.09	.10
Excellent	35.8%(n=34)	46.3%(n=44)				
Good	42.1%(n=40)	36.8%(n=35)				
Fair	17.9%(n=17)	12.6%(n=12)				
Poor	4.2%(n=4)	4.2%(n=4)				
Do you trust your child?			9.49	.02	-.05	.24
Yes, very much	32.3%(n=30)	37.9%(n=36)				
Yes, for the most part	45.2%(n=42)	47.4%(n=45)				
Not sure	14.0%(n=13)	2.1%(n=2)				
No	8.6%(n=8)	12.6%(n=12)				
Do you feel close to your child?						
Yes, very much	64.2%(n=61)	60.6%(n=57)				
Yes, for the most part	29.5%(n=28)	31.9%(n=30)				
Not sure	3.2%(n=3)	1.1%(n=1)	2.20	.53	.05	.24
No	3.2%(n=3)	6.4%(n=6)				
Overall smoothness of adoption			2.31	.31	.0002	.50
Smoother than expected	30.5%(n=29)	25.0%(n=23)				
About as expected	37.9%(n=36)	48.9%(n=45)				
More ups and downs than expected	31.6%(n=30)	26.1%(n=24)				

Table 13 presents the relationship between the minority status of the child and the parental satisfaction variables. Eighty-one percent of the adopted children are white and about 18% are nonwhite. The satisfaction variables were not significantly related to minority status, although minority children consistently rated higher than non-minority children. For example, parents of minority children report that 75% get along very well compared to 61% of nonminority children. Also, they rate communication as excellent more often (50%) than do parents of non-minority children (39%). Fifty percent of parents of minority children report trusting their child very much compared to 32% of non-minority children. These analyses demonstrate a consistent pattern in parents' relations with minority as opposed to nonminority children; parents of minority children consistently were more satisfied on

all relationship variables than parents of nonminority children. However, these associations did not reach statistical significance for the most part.

It is possible that the greater satisfaction among parents of minority children may reflect the influences of another variable. For instance, these parents may have adopted younger children. Further analysis is necessary to clarify the issues.

Table 13: Relationship Between Minority Status of Child and Satisfaction Variables

<u>Satisfaction Variables</u>	<u>White</u>	<u>Non-White</u>	<u>Chi-square</u>	<u>p</u>	<u>r</u>	<u>p</u>
How well do you and your child get along?			15.35	<.01	<.01	.45
Very Well	61.2%(n=93)	75.0%(n=24)				
Fairly Well	35.5%(n=54)	12.5%(n=4)				
Not So Well	3.3%(n=5)	6.3%(n=2)				
Very Poorly	.0%(n=0)	6.3%(n=2)				
How would you rate the communication between you and your child?			5.69	.13	-.02	.38
Excellent	39.0%(n=60)	50.0%(n=16)				
Good	41.6%(n=64)	31.3%(n=10)				
Fair	16.9%(n=26)	9.4%(n=3)				
Poor	2.6%(n=4)	9.4%(n=3)				
Do you trust your child?			4.39	.22	-.07	.19
Yes, very much	32.2%(n=49)	50.0%(n=16)				
Yes, for the most part	48.7%(n=74)	31.3%(n=10)				
Not sure	8.6%(n=13)	6.3%(n=2)				
No	10.5%(n=16)	12.5%(n=4)				
Do you feel close by your child?			9.40	.02	-.03	.35
Yes, very much	59.5%(n=91)	78.1%(n=25)				
Yes, for the most part	35.3%(n=54)	9.4%(n=3)				
Not sure	1.3%(n=2)	3.1%(n=1)				
No	3.9%(n=6)	9.4%(n=3)				
Overall smoothness of adoption			.44	.80	.05	.27
Smoother than expected	28.3%(n=43)	22.6%(n=7)				
About as expected	42.8%(n=65)	45.2%(n=14)				
More ups and downs than expected	28.9%(n=44)	32.3%(n=10)				

The relationship between age and the satisfaction variables was also studied. Ages of the children were categorized into the same grouping used previously with the Child Behavior Checklist. The age variable represents the child's age at time of questionnaire completion rather than the time of placement. Table 14 presents the relationship between the age categories and the satisfaction variables. All four satisfaction variables were significantly related to the age of the children with parents of the older children reporting less satisfaction than parents of younger children. For parents of 4-5-year-old children, 90% report getting along very well compared to 64% of children ages 6-11 and 51% of children ages 12-17. The same trend exists for parents who rate excellent communication; 68% of children age 4-5, 41% of children age 6-11 and 31% of children 12-17

are rated as having excellent communication with the parents. For parents who trust the children very much shows a slightly different pattern; 52% report this for children age 4-5, 27% report it for children 6-11 and 38% report it for children age 12-17. In examining the overall smoothness of the adoption, for those parents reporting that the adoption was smoother than expected, 32% were ages 4-5, 29% were ages 6-11, and 25% were ages 12-17. The differences in adoption smoothness are not statistically significant. In elaborating on these results, two issues should be noted. First, the results that parents report less satisfaction with older adoptees is consistent with the literature which has discussed the difficulties in these adoptions. Second, these age groups are developmentally different. In particular, 12-17 marks adolescence. Regardless of adoption status, 12-17 year old children change their relationship with their parents. Depending on

the satisfaction variable examined, over one-fourth to over half still have exceptional relations with parents. The decline in satisfaction seems consistent with adolescent relations with the parents in general and is not unique to the relations between adopted adolescents and their parents.

Table 14: Relationship Between Age Categories of Children and Satisfaction Variables

Satisfaction Variables	4-5 years	6-11 years	12-17 years	Chi-square	p	r	p
How well do you and your child get along?				16.36	.01	.25	<.01
Very Well	90%(n=27)	64.3%(n=54)	51.4%(n=38)				
Fairly Well	6.7%(n= 2)	32.1%(n=27)	40.5%(n=30)				
Not So Well	3.3%(n= 1)	3.6%(n=3)	5.4%(n= 4)				
Very Poorly	0.0%(n= 0)	0.0%(n=0)	2.7%(n= 2)				
How would you rate the communication between you and your child?				20.21	<.01	.25	<.01
Excellent	67.7%(n=21)	40.5%(n=34)	30.7%(n=23)				
Good	22.6%(n= 7)	42.9%(n=36)	42.7%(n=32)				
Fair	6.5%(n= 2)	16.7%(n=14)	17.3%(n=13)				
Poor	3.2%(n= 0)	.0%(n= 0)	9.3%(n= 7)				
Do you trust your child?				15.30	.02	.16	.02
Yes, very much	51.6%(n=16)	26.5%(n=22)	37.8%(n=28)				
Yes, for the most part	45.2%(n=14)	56.6%(n=47)	35.1%(n=26)				
Not sure	0.0%(n=0)	7.2%(n= 6)	12.2%(n= 9)				
No	3.2%(n=1)	9.6%(n= 8)	14.9%(n=11)				
Do you feel close to your child?				17.84	<.01	.19	<.01
Yes, very much	93.5%(n=29)	56.0%(n=47)	56.8%(n=42)				
Yes, for the most part	3.2%(n=1)	38.1%(n=32)	33.8%(n=25)				
Not sure	3.2%(n=1)	1.2%(n=1)	2.7%(n= 2)				
No	0.0%(n=0)	4.8%(n=4)	6.8%(n=5)				
Overall smoothness of adoption				1.91	.75	.09	.12
Smoother than expected	32.3%(n=10)	28.6%(n=24)	25.0%(n=18)				
About as expected	48.4%(n=15)	41.7%(n=35)	43.1%(n=31)				
More ups and downs than expected	19.4%(n=6)	29.8%(n=25)	31.9%(n=23)				

The next focus of the study was to examine the relationship between the satisfaction variables and whether the child was a sibling placement or a single-child placement. None of the satisfaction variables had a significant relationship to sibling placement. While there is a tendency for single child placements to be slightly more satisfying, these differences do not approach statistical significance.

Table 15: Sibling Placement and Satisfaction Variables

<u>Satisfaction Variables</u>	<u>Yes</u>	<u>No</u>	<u>Chi-square</u>	<u>p</u>	<u>r</u>	<u>p</u>
How well do you and your child get along?			.21	.98	-.04	.33
Very Well	60.3%(n=44)	63.3%(n=57)				
Fairly Well	32.9%(n=24)	31.1%(n=28)				
Not So Well	5.5%(n=4)	4.4%(n=4)				
Very Poorly	1.4%(n=1)	1.1%(n=1)				
How would you rate the communication between you and your child?			1.34	.72	-.06	.22
Excellent	34.2%(n=25)	42.9%(n=39)				
Good	43.8%(n=32)	37.4%(n=34)				
Fair	17.8%(n=13)	15.4%(n=14)				
Poor	4.1%(n=3)	4.4%(n=4)				
Do you trust your child?			3.67	.30	-.02	.38
Yes, very much	26.4%(n=19)	37.4%(n=34)				
Yes, for the most part	55.6%(n=40)	41.8%(n=38)				
Not sure	4.3%(n=7)	4.9%(n=8)				
No	8.3%(n=6)	12.1%(n=11)				
Do you feel close to your child?			.53	.91	-.04	.31
Yes, very much	60.3%(n=44)	61.1%(n=55)				
Yes, for the most part	30.1%(n=22)	32.2%(n=29)				
Not sure	2.7%(n=2)	2.2%(n=2)				
No	6.8%(n=5)	4.4%(n=4)				
Overall smoothness of adoption			2.70	.26	-.05	.25
Smoother than expected	28.8%(n=21)	27.0%(n=24)				
About as expected	34.2%(n=25)	46.1%(n=41)				
More ups and downs than expected	37.0%(n=27)	27.0%(n=24)				

The next focus of study explores the differences in parent-child relations between those who were foster parents to the child compared to those who were not foster parents to the child (see Table 16). Significant relationships on three variables were found in comparing foster parent vs. nonfoster parent adoptions. For instance, those parents who feel very close are 69% for foster parents compared to 53% of nonfoster parents. Two differences are notable in evaluating the overall smoothness of the adoption. Foster parent adopters report to a greater degree that the adoption was about as expected (49%) compared to nonfoster parent adopters (27%) and report to a much lesser degree than that there were more ups and downs than expected (18%) compared to nonfoster parent adopters (46%).

Foster parents have some knowledge of the child prior to adoption. In addition, there has been a period of time when the child

has lived in the home as a foster child, a time when both parent and child have built a relationship. Foster parents who do not have good relations with the foster child would, for the most part, be less inclined to pursue adoption of the child. When comparing foster parents who adopt to nonfoster parents, the time that the child has already spent in the home results in parents reporting much more positive relations than parents who have not served as a foster family for the child and adopt the child without this period of care.

Table 16: Relationship Between Foster Parenting (to child) and Satisfaction Variables

Satisfaction Variables	Not		Chi-square	p	r	p
	Foster Parent	Foster Parent				
How well do you and your child get along?			4.17	.24	.11	.10
Very Well	70.0%(n=77)	60.0%(n=21)				
Fairly Well	26.4%(n=29)	34.3%(n=12)				
Not So Well	3.6%(n=4)	2.9%(n=1)				
Very Poorly	0.0%(n=0)	2.9%(n=1)				
How would you rate the communication between you and your child?			.92	.82	.07	.20
Excellent	44.5%(n=49)	38.9%(n=14)				
Good	38.2%(n=42)	38.9%(n=14)				
Fair	14.5%(n=16)	16.7%(n=6)				
Poor	2.7%(n=3)	5.6%(n=2)				
Do you trust your child?			.54	.91	.05	.26
Yes, very much	40.0%(n=44)	35.3%(n=12)				
Yes, for the most part	45.5%(n=50)	47.1%(n=16)				
Not sure	6.4%(n=7)	5.9%(n=2)				
No	8.2%(n=9)	11.8%(n=4)				
Do you feel close to your child?			10.4	.02	.22	<.01
Yes, very much	68.8%(n=75)	52.8%(n=19)				
Yes, for the most part	28.4%(n=31)	36.1%(n=13)				
Not sure	1.8%(n=2)	.0%(n=0)				
No	.9%(n=1)	11.1%(n=4)				
Overall smoothness of adoption			10.82	<.01	.20	<.01
Smoother than expected	33.3%(n=36)	25.7%(n=9)				
About as expected	48.6%(n=53)	28.6%(n=10)				
More ups and downs than expected	18.3%(n=20)	45.7%(n=16)				

Finally, marital status, at the time of the questionnaire was examined (see Table 17). In

particular, analysis examined the relationship difference between single parents who adopt compared to a couple which adopt. No relationships were found between marital status and the satisfaction variables. Single parents report the same nature of relationships with the child as do couples.

Table 17: Relationship Between Marital Status and Satisfaction Variables

<u>Satisfaction Variables</u>	<u>Two Parent</u>	<u>One Parent</u>	<u>Chi-square</u>	<u>p</u>	<u>r</u>	<u>p</u>
How well do you and your child get along?			1.54	.67	.04	.32
Very Well	64.1%(n=98)	63.6%(n=14)				
Fairly Well	30.1%(n=46)	36.4%(n= 8)				
Not So Well	4.6%(n= 7)	0.0%(n= 0)				
Very Poorly	1.3%(n= 2)	0.0%(n=0)				
How would you rate the communication between you and your child?			2.89	.41	.04	.28
Excellent	41.3%(n=64)	36.4%(n= 8)				
Good	38.7%(n=60)	54.5%(n=12)				
Fair	14.8%(n=23)	9.1%(n= 2)				
Poor	5.2%(n= 8)	0.0%(n= 0)				
Do you trust your child?			.29	.96	-.002	.49
Yes, very much	34.0%(n=52)	36.4%(n= 8)				
Yes, for the most part	48.4%(n=74)	45.5%(n=10)				
Not sure	6.5%(n=10)	4.5%(n= 1)				
No	11.1%(n=17)	13.6%(n= 3)				
Do you feel close to your child?			2.72	.44	.02	.38
Yes, very much	62.3%(n=96)	59.1%(n=13)				
Yes, for the most part	30.5%(n=47)	36.4%(n= 8)				
Not sure	1.3%(n= 2)	4.5%(n= 1)				
No	5.8%(n= 9)	0.0%(n= 0)				
Overall smoothness of adoption			1.60	.45	.10	.11
Smoother than expected	26.3%(n=40)	36.4%(n= 8)				
About as expected	44.1%(n=67)	45.5%(n=10)				
More ups and downs than expected	29.6%(n=45)	18.2%(n= 4)				

Family Functioning

To assess family functioning, the Family Adaptability and Cohesion Evaluation Scales (FACES III) were used (see Olson, et al., 1985). FACES provides information about two dimensions of family functioning; cohesion and adaptability. Family cohesion is the essential bond that family members have toward one another. Family adaptability is the ability of a family system to change in response to situational and developmental stress. These two dimensions of family functioning are integrated into a Circumplex Model (Olson, et al., 1979a, 1979b, 1980, 1983).

Within the Circumplex Model, there are four levels of family cohesion ranging from extreme low cohesion to extreme high cohesion; they are disengaged, separated, connected, and enmeshed. The two moderate or balanced levels of

cohesion have been labeled separated and connected.

There are also four levels of family adaptability ranging from extreme low adaptability to extreme high adaptability; they are rigid, structured, flexible, and chaotic. The two moderate or balanced levels of adaptability have been labeled flexible and structured.

For each dimension, the balanced levels (two moderate levels) are viewed to be most viable for healthy family functioning and the extreme areas are generally seen as more problematic for families over time. Sixteen distinct types of family systems are identified by combining the four levels of the cohesion and four levels of the adaptability dimensions. Four of these 16 types are moderate on both the cohesion and adaptability dimensions (balanced types).

Balanced families, according to the

model, will function more adequately than extreme families. It is assumed that families extreme on both dimensions will tend to have more difficulties coping with situational and development stress. This means that too little or too much cohesion or adaptability is seen as dysfunctional to the family system. However, families that are able to balance between these two extremes seem to be coping better. In addition, balanced families are seen as having more positive communication skills than extreme families (see Olson, et al., 1985).

This model has been empirically tested throughout its inception. Norms have been established for the dimensions of family functioning discussed above.

Table 18: Assessment of Family Functioning

FACES Cohesion Scores

	Mean	SD
Normative Group	39.8	5.4
Adoption Sample	40.6	5.3

Cohesion Categorization (%s)

<u>All Families</u>	<u>Disengaged</u>	<u>Separated</u>	<u>Connected</u>	<u>Enmeshed</u>
Normative	16.3	33.3	36.3	13.6
Adoptive	13.6	29.8	38.7	17.7
<u>Only Families with Adolescents*</u>				
Normative	15.9	37.3	32.9	13.9
Adoptive	10.0	10.0	80.0	0.0

FACES Adaptability Scores

	Mean	SD
Normative Group	24.1	4.7
Adoption Sample	25.9	4.7

Adaptability Categorization (%s)

<u>All Families</u>	<u>Rigid</u>	<u>Structured</u>	<u>Flexible</u>	<u>Chaotic</u>
Normative	16.3	38.3	29.4	16.0
Adoptive	10.0	30.0	20.0	40.0
<u>Only Families with Adolescents*</u>				
Normative	7.3	32.7	29.1	30.9
Adoptive	12.9	33.5	33.3	20.3

*"Cutting" points different for all families and families with adolescents

Table 18 presents the results of the analysis of family functioning. The adoption sample has a mean score of 40.6 on the cohesion scale and a mean score of 25.9 on the adaptability scale. This places adoptive families in the balanced levels of family functioning. This is interpreted as meaning that adoptive families see themselves as functioning well.

Further analysis examined each level of cohesion and adaptability, comparing these levels to normative groups for all families and families with adolescents. Examining cohesion, there are differences between normative and adoptive families. Adoptive families see themselves as more connected and close (enmeshed) than normative families see themselves. There are also marked differences, however, between normative and adoptive families with adolescents. Adoptive families with adolescents are more

enmeshed and more disengaged than their normative counterparts.

Examining adaptability, there are differences between normative and adoptive families on levels of rigidity and chaos. Whereas about 16% of normative families are rigid, only 10% of adoptive families are rigid; while 16% of normative families are chaotic, 40% of adoptive families are chaotic. Similar patterns exist when comparing normative families with adolescents to adoptive families with adolescents.

The increased cohesion of adoptive families compared to normative families is due, in part, to the immaturity of the children in their families. Rather than displaying "typical" adolescent behavior and the family moving to less cohesion in its life cycle and preparing to launch their children, adoptive families continue to be cohesive. This is an appropriate family system

reaction since these children lag behind other adolescents in their psychosocial development. The increased adaptability of adoptive parents with adolescents compared to their normative counterparts also attests to the resiliency of adoptive families to function appropriately to the child's development rather than chronological age.

In sum, adoptive families with adolescents are more cohesive and adaptable than their normative counterparts and all adoptive families are functioning as balanced, healthy families.

Adoption Impact

Table 19 focuses on the adoption impact and it's relationship to the child's gender, minority status of child, age of child, whether this was a sibling placement, whether the adoptive parent was also the foster parent for the child and the marital status

of the adoptive parent.

Several variables show a significant difference in the overall impact of the adoption. A greater percent of parents of minority children report being very positive about the overall impact of the adoption on the family (69%) compared to parents of nonminority children (45%). There are also age differences. Sixty-eight percent of parents of 4-5-year-old's report it to be very positive compared to 42% of 6-11 year old's and 49% of 12-17 year old's. While there is a tendency for single child placements to be slightly more positive, this difference does not approach statistical significance. For foster families, 55% of foster parent adopters reported it as very positive compared to 47%

Table 19: Relationship between Overall Impact
of Adoption and Selected Variables

<u>Child's Gender</u>	<u>Male</u>	<u>Female</u>	<u>Chi-square</u>	<u>p</u>	<u>r</u>	<u>p</u>	
			6.27	.18	-.07	.17	
Very positive	47.9%(n=45)	50.0%(n=47)					
Mostly positive	19.1%(n=18)	28.7%(n=27)					
Mixed	28.7%(n=27)	16.0%(n=15)					
Mostly negative	2.1%(n= 2)	4.3%(n= 4)					
Very negative	2.1%(n= 2)	1.1%(n= 1)					
<u>Minority status of child</u>	<u>White</u>	<u>Nonwhite</u>	14.03	<.01	-.07	.17	
Very positive	45.4%(n=69)	68.8%(n=22)					
Mostly positive	26.3%(n=40)	9.4%(n= 3)					
Mixed	25.0%(n=38)	9.4%(n= 3)					
Mostly negative	2.0%(n= 3)	9.4%(n= 3)					
Very negative	1.3%(n= 2)	3.1%(n= 1)					
<u>Child's age</u>	<u>4-5</u>	<u>6-11</u>	<u>12-17</u>				
Very positive	67.7%(n=21)	42.2%(n=35)	48.6%(n=36)	13.88	.09	.17	<.01
Mostly positive	19.4%(n= 6)	31.3%(n=26)	17.6%(n=13)				
Mixed	12.9%(n= 4)	22.9%(n=19)	25.7%(n=19)				
Mostly negative	0.0%(n= 0)	3.6%(n= 3)	4.1%(n= 3)				
Very negative	0.0%(n= 0)	0.0%(n= 0)	4.1%(n= 3)				
<u>Sibling placement</u>	<u>Yes</u>	<u>No</u>	3.54	.47	-.01	.43	
Very positive	42.5%(n=31)	48.9%(n=44)					
Mostly positive	27.4%(n=20)	23.3%(n=21)					
Mixed	26.0%(n=19)	21.1%(n=19)					
Mostly negative	4.1%(n= 3)	3.3%(n= 3)					
Very negative	0.0%(n= 0)	3.3%(n= 3)					
<u>Foster Parent to Child</u>	<u>Yes</u>	<u>No</u>	11.29	.02	.16	.02	
Very positive	55.0%(n=60)	47.2%(n=17)					
Mostly positive	24.8%(n=27)	16.7%(n= 6)					
Mixed	19.3%(n=21)	25.0%(n= 9)					
Mostly negative	.0%(n= 0)	8.3%(n= 3)					
Very negative	.9%(n= 1)	2.8%(n= 1)					
<u>Marital Status</u>	<u>Two-parent</u>	<u>Single-parent</u>	1.93	.75	.07	.16	
Very positive	46.1%(n=71)	57.1%(n=12)					
Mostly positive	26.0%(n=40)	19.0%(n= 4)					
Mixed	22.7%(n=35)	23.8%(n= 5)					
Mostly negative	3.2%(n= 5)	0.0%(n= 0)					
Very negative	1.9%(n= 3)	0.0%(n= 0)					

of nonfoster parent adopters. Finally, no relationship was found between marital status and the adoption impact variable. Single parents report the same impact of adoption with the child as do couples.

Summary of Parental Responses

In conclusion, the majority of parents (71%) reported that the overall impact of the special needs adoption had been positive or mostly positive. On the other hand, a sizable minority (29%) reported mixed or negative impacts. Hence, it is clear that many families are staying together even while the adoption may be a stress-provoking event.

While gender of child showed no meaningful relationship to satisfaction with the adoption, age was a strong predictor. Where children were younger, satisfaction with the adoption tended to be higher. For instance, over one-third of parents of adolescents

reported the adoption to have a mixed or negative impact.

Ethnicity (minority versus non-minority status) of child, family structure (one-parent versus two-parent family), and sibling placement (single child versus sibling placement) showed no meaningful associations to satisfaction.

Foster parent adopters (versus others) reported markedly higher levels of satisfaction in some areas. The higher satisfaction of foster parents undoubtedly reflects that adoptions are more likely to be implemented when the foster parent and child have a strong bond prior to the adoption. Nevertheless, the magnitude of the difference in satisfaction between foster parents and others is substantial. The findings speak to the viability and success of these adoptions, with obvious implications for recruitment strategies.

When a child is placed, it is

important to have complete information on the child. About one-third of respondents indicated that inadequate background information was provided. Clearly, this finding speaks both to the need for careful record keeping and to the need for careful communication with families.

The behaviors of the special needs children, particularly as reflected in the internalizing and externalizing scales, suggest that many parents are dealing with difficult behaviors. Immature behavior, hyperactivity and externalizing behavior appear to stand out. These behaviors suggest difficulties related to separation and attachment as well as some delay in psychosocial development.

The significant numbers of children with behavioral problems, at least as perceived by parents, suggests that post-placement and post-finalization services are needed. Given that social work

services were perceived as helpful by most respondents, a casework model of post-adoptive services merits consideration.

While a number of findings presented are supported by the previous research in this area, it is also important to recognize some of the problems in the study. A major limitation of the study is the status of data analysis as this report is written. In particular, multivariate analyses will be necessary to clarify the myriad of relationships examined here. A second problem involves nonrespondents. There is no way to ascertain the experience of the 30% of the parents who did not respond to the questionnaire.

Adoption in Iowa:

A Study of Adoptive Families and Special Needs Children¹

Part II: The Child's Response

"Studies in child development may disagree about the exact stage in childhood when identity begins to be formed and when it stops, and which are the most crucial stages, but most of them agree that warm, caring and satisfying emotional experiences are important ingredients to the development of a secure self" (Triseliotis. 1984, p.151-152).

¹ The principal investigator would like to acknowledge Mary Brown and her major contribution to the literature review in this section of the monograph.

Part II: The Children's Response

Many special needs adoptive children have been deprived of normal care during their youngest years. Neglect and/or abuse are part of their history. This deprivation effects both development of personality and self-concept (Nickman, 1985). While research on families adopting children with special needs has focused on the problems which are unique to these adoptive families, less investigation has been focused on the children themselves. Given the children's history, it becomes critical to inquire into the adjustment of children who have been adopted with special needs.

Literature Review on Self-Concept and Adoption

The term "self-concept" has been used interchangeably with the terms self-esteem and self-regard. Much research has accumulated examining this issue. Coopersmith

(1967), in the most comprehensive research in the area of self-concept, concludes that the antecedents of high self-concept for children include positive and consistent acceptance by their parents, defined and enforced limits of behavior, and latitude for individual action within the defined limits.

While there has been much research on self-concept in many different subgroups of the population, there has been little done on the self-concept of special needs adoptive children. In order to understand various aspects of how the special needs adoptive child is similar at times and different at times from other population subgroups, it becomes important to see the child as the child sees themselves. In the following literature review, research will be presented that focuses on self-concept in a variety of

settings measured by a variety of instruments.

Since the focus of this research is to study self-concept of special needs adoptive children, it becomes necessary to understand some of the dynamics involved in shaping the self-concept of the special needs adoptive child.

Although there is little information available on special needs adoptive children who have been abused and self-concept, research literature on abuse and its effects on other population groups does exist. However, the results of these studies are conflicting.

Some characteristic behaviors that have been documented about deprived children include listlessness, aggressive and anti-social behavior and superficial relationship attachment (Yarrow (1961, cited in Sack, 1982; Rutter 1972). Yates (1981) and Green (1978) indicate abused children

demonstrate acute anxiety, panic on separation, provocation, testing, punishment seeking, poor impulse control, poor school performance, marginal peer relationship, and abuse fantasies about the caretakers. Several specific studies appropriate for this project merit attention.

First, Kaufman and Cicchetti (1989) studied the effects of neglect and abuse on children in intact birth families. One hundred thirty seven 5-11 year old children participated in the study. Seventy children had a history of maltreatment and 67 children served as demographically matched nonmaltreated comparisons. The children were fairly evenly divided by sex and age. The protective social workers of each of the families where maltreatment had occurred were interviewed using a modification of the Child Abuse Checklist developed by Giovannoni

and Becerra (1979). The largest proportion of the maltreated children (39%) had experienced physical and emotional abuse plus neglect. The percentage in each category of maltreatment is as follows: 16% neglected, 5% emotionally abused, 29% both emotionally abused and neglected, 4% neglected and physically abused, 7% emotional abuse and physical abuse. Telephone interviews were used to screen the comparison families for a history of state involvement for abuse or neglect. The nonmaltreatment statuses of the comparison families were verified by searching the state registry of maltreatment cases.

The California Child Q-sort (Block and Block, 1969) was used to assess adult's evaluation of each child's self-esteem. A nine item rating questionnaire (Wright, 1983) was used to assess social behavior. In order to see how children were

perceived by their peers, a sociometric interview developed by Coie and Dodge (1983) was used.

The maltreated children, irrespective of subgroup classification, differed from the comparison children in a number of ways. The maltreated children scored lower on the self-esteem and prosocial measures and higher on the withdrawn behavior scales completed by the counselors. The children who were physically abused scored significantly higher than the other maltreated children on the aggression ratings completed by their peers.

In a similar project, a random sample of 500 admissions to Monmouth Chemical Dependency Treatment Center in Long Branch, New Jersey were studied. One hundred and fifty cases of physically and sexually abused adolescents were identified and compared with a group of nonabused, chemically dependent

adolescents, and a group of nonabused, non-chemically dependent adolescents. The purpose of the study was to investigate self-esteem in abused, chemically dependent adolescents.

All group subjects were administered the Tennessee Self-Concept Scale (abbreviated TSCS). The abused, chemically dependent adolescents were found to demonstrate significantly lower self-esteem on all subscales when analyzed against the two comparison groups. There were negligible differences with the abused group when the TSCS scores were analyzed according to type of abuse.

Physical abuse, incest and other sexual abuse all appear to have an equally negative impact on their victims (Cavaiola, 1989).

Oates, Forrest and Peacock (1982) assessed abused and nonabused children with clinical interviews and the Piers-Harris Self-Concept

Scale. The abuse had occurred approximately 5.5 years prior to the evaluations. The results showed a significant difference between the groups with the abused children having lower self-esteem scores.

In contrast to the studies documenting the negative impact of abuse, several other projects report conflicting findings. Elmer (1977) compared 17 abused children with 17 non-abused children matched for age. The Piers-Harris Self-Concept Scale (Piers-Harris, 1964) was used. No significant differences were revealed between the two groups.

In another comparison study, delinquent prostitutes who had been sexually abused and delinquent non-prostitutes were studied to determine if there were significant differences between the groups on the basis of self-concept as measured by the Tennessee Self-Concept Scale. Except for the physical self scale, which the

prostitute group scored high on, no statistically significance difference was found between the two groups (Bour, 1983).

Not only is there conflicting reports regarding self concept of abused children, there exists conflicting reports regarding the existence of systemic differences in self-concept. There is evidence to support both the position that females perceive themselves more positively (Brookover, Paterson, and Thomas, 1962; Whiteside, 1976) and less positively (Carpenter and Busse, 1969; Marx and Winnie, 1975; Wylie, 1963) than do males. There also have been several studies that have shown no sex differences in self-concept occur systemically (Chaplin, 1969; Chang, 1976; Olsen and Carter, 1974; Piers-Harris, 1964; Primavera, Simon and Primavera, 1975; Soares and Soares, 1969).

Similarly conflicting research exists related to self perception when examining race and social status. While the findings of Chaplin (1969), Stenner and Katzenmeyer (1976), and Wylie (1963) suggests that Blacks tend to have significantly lower self-concepts than do Whites, there is also considerable data to suggest that Blacks tend to perceive themselves more positively than Whites (Powers, Drane, Close, Noonan, Wines, and Trowbridge, 1972; Zirkel and Moses, 1971). Other studies have shown no significant race differences (Calhoun, Kurfiss, and Warren, 1976; Carpenter and Busse, 1969; Cicerelli, (1977)).

The same conflictual data appears when examining social class. Brookover et. al. (1962) and Wylie (1963) reported less positive self-concepts for children from lower social classes, whereas Cicerielli (1977), Soares and Soares

(1969) and Trowbridge (1970) reported that the self-concepts of children from disadvantaged socioeconomic environments actually surpassed those of more affluent classmates.

The same has been true for age differences in regard to self-concept. Cicerelli (1977), Morse (1964), Olsen and Carter (1974), and Piers-Harris (1964) have reported age differences in self-concept. Others have reported that level of self-esteem does not vary according to the age or grade level of children (Jersild, 1952; Kokens, 1974; Nelson, 1971; Trowbridge, 1970).

Several inferences can be made from the existing literature. There is conflicting empirical evidence suggesting a correlation between self-concept and abuse but ample direct practice testimony to suggest there is a link.

As reviewed in Part I, studies have been conducted since the 1970's which examine the adjustment of children to their adoptive families. At times, a combination of methods have been used to broaden the understanding of adoptive families, gathering information from surveys or interviews with adoptive parents and/or adoption workers. However, little information has been gathered directly from the child. Andrews (1971) proposes that the binding nature of adoption has deep psychological significance to a child. Yet few studies have attempted to gather information from children that assess the impact of adoption. Most of the studies of adopted children have focused on children adopted at a very early age, the majority which would not be classified as a special needs child.

Shireman and Johnson (1976; 1985; 1986; Shireman, 1988) has examined the self-concept of

children who have been adopted in their longitudinal study. One measure of identity used when the adopted children were in early adolescence (average age of 14) was the Piers-Harris Self-Esteem Scale (see Shireman, 1988). Low self concept due to doubts about adoptive status were not found. Scores for the adopted children were above the normative mean scores. For adopted children in single parent families, the children had a mean score of 66.0 ($n=12$). For adopted children in two parent families, the children had a mean score of 66.5 ($n=17$). For children in transracial placement, the adopted children had an average score of 65.9 ($n=21$). Shireman (1988) reports that age was unrelated to self concept scores, but that adopted boys in same-race homes had lower self esteem scores than did nonadopted boys, and girls demonstrated the opposite pattern (adopted girls scored higher). She

concludes that there is little evidence that adoptive status unfavorably effects identity formation in early adolescence.

Gill and Jackson (1983) conducted interviews as part of a follow-up study of children adopted by parents of a different racial origin to their own. Their study included 36 black children adopted as infants by white parents. Most of these children were adolescent at the time of the interview. They found no evidence of identity confusion. The majority of children had experienced some difficulties related to racial background but most could effectively deal with the difficulties. Parents were overwhelmingly positive in assessing their relationships with the children and the children were mostly positive about their parents.

Stein and Hoopes (1985) examined identity formation during high school of adolescents adopted

at an early age. Fifty children were involved in their study. They found no evidence of greater difficulty in adolescents who were adopted. As a group the adopted children were doing well. The overall quality of family relationships and the perceived openness of family communication about adoption issues enhanced identity formation.

While generally positive about the self-esteem of children who were adopted, the studies cited above examined children adopted at a young age. For the most part these children would not be classified as special needs children. Only one study examined what is typically considered special needs children.

Triseliotis (1984) compared the identity and confidence of 44 adoptees to 40 young adults who were raised in foster care. The adopted children were adopted between 3 and 7 and the foster care group were

placed in care between a few months to 9 years old of age. Overall, the former foster children were more cognizant of their fostering status than the adoptees of their adoptive status. In addition, only a small percentage of adoptees rated or described their experiences as negative. In general, adoptees were more confident and secure about themselves compared to those young adults who grew up in long-term foster care.

So the literature provides little direct empirical evidence about the postlegalization functioning of adopted special needs children from the child's perspective. This portion of the study builds on these previous studies and related research by: 1) providing trend data of the self-concept of special needs children in intact adoptive placements after legal finalization; 2) providing data on children's self-concept that

can be compared to normative data; 3) providing data on the child's perspective of family functioning and dynamics that can be compared to parent perceptions and normative data; 4) providing data on the child's perspective of parent-child relations that can be compared to parent perceptions; and 5) comparing the self-concept of subgroups (physically abused children, sexually abused children, children with no known abuse history, children who are members of sibling group placements, etc.) in the adoption experience.

Methodology for Part II

In the second part of the study parents were mailed a consent form asking permission for their adopted child to participate in Part II of the study. Parents were given several choices; they could: (1) not respond to the request; (2) respond but choose not to participate in the study; (3) allow a research assistant to interview their child in the presence of the family; (4) allow a research assistant to interview their child alone; or (5) not want the child to be interviewed but willing to complete the questionnaire with the child and return it in an enclosed, self-addressed envelop. As an added incentive to participate in second part of the study, if parents agreed to allow their children to take part in the study the child's name was added to a lottery. A name was randomly drawn at the end of the

project and the winner received a \$25 savings bond.

Of the 197 families who responded to the initial mailing, the majority of families (about 60%) did not respond to the second part of the study. Approximately 30% allowed their children to participate in the second part of the study. The second part of the report is based on the responses of 57 children. About 60% of the children were interviewed with 49% interviewed in the presence of their family and 12% interviewed alone. Both the parents and the child agreed to the interview. About 37% were not interviewed but completed the survey by mail. Only 24 families (12%) indicated they did not want the child to participate in the study. Parents indicated that they were protecting their child from the stress of an interview, or the child would not be able to

understand the questions because they were too young or too disabled.

Children participating in Part II of the study were administered the Piers-Harris Self-Concept Scales, FACES III and a parent-child relationship scale. The parent-child relationship scale and FACES III were previously completed by the adoptive parent. FACES III has been described in the previous section. The Self-Concept Scales are described later in this section.

A research assistant from the University of Iowa School of Social Work interviewed the child by reading each scale item and recording their response on the appropriate form. Parents were asked to play the role of research assistant if they choose to participate by mail. They were given the same narrative and protocol as were research assistants.

Comparing Children Participating and Not Participating In Part II of the Study

Table 20 presents demographic data on the adopted children participating and not participating in Part II of the study. The range of ages of children who participated in the second part of the study was 4 years old to 19 years old with an average age of 10.9 years old. Children who did not participate in Part II range in age from 2 to 19 with an average age of 10.1 years. At the time of the survey, there were no statistically significant differences in age of the children who participated in Part II compared to children who did not participate. However, the children who participated in Part II were significantly ($t=-3.47$, $p<.05$) older at the time of placement (5.5 years) compared to children not participating in Part II of the

study (4.3 years). More males (57%) than females (43%) participated in the study. The adopted children in Part II were members of white (85.5%), black (3.6%), Hispanic (3.6%) or other racial groups (7.1%). There are not statistically significant differences in the race or gender of the adopted child in Part II compared to children who did not participate. For Part II children, the child had been in adoptive placement 4.6 years on average. Similar to age at placement, the children participating in Part II had been in placement longer (4.6 years), on average, than children not participating (4.3 years). However, this difference is not statistically significant.

In summary, children participating in the second part of the study were not different from the nonparticipating children on the basis of gender, race, age at the

time of the survey, or length of
time in adoptive placement.

However, participating children were
older at adoptive placement than
children not participating in the
study.

TABLE 20
DEMOGRAPHIC DESCRIPTION OF ADOPTED CHILDREN PARTICIPATING IN PART II
COMPARED TO CHILDREN NOT PARTICIPATING IN PART II

<u>PARTICIPATING IN PART II</u>				
<u>Child's Gender</u>		<u>Age at Time of Survey</u>		<u>Placement Age*</u>
male	57.1% (n=32)	mean	10.9	5.5
female	42.9% (n=24)	mode	14.0	0.0
		median	11.0	5.0
		std. dev.	3.7	3.7
		range	4-19	0-12
<u>Child's Ethnicity</u>		<u>Length of Time in Home</u>		
White	85.5% (n=47)	mean	4.6	
Black	3.6% (n= 2)	mode	2.0	
Hispanic	3.6% (n= 2)	median	5.0	
Other	7.1% (n= 4)	std. dev.	3.8	
		range	0-15	

<u>NOT PARTICIPATING IN PART II</u>				
<u>Child's Gender</u>		<u>Age at Time of Survey</u>		<u>Placement Age*</u>
male	47.9% (n=67)	mean	10.1	4.3
female	52.1% (n=73)	mode	11.0	0.0
		median	11.0	3.0
		std. dev.	4.4	3.9
		range	2-19	0-14
<u>Child's Ethnicity</u>		<u>Length of Time in Home</u>		
White	81.8% (n=112)	mean	4.3	
Black	8.8% (n= 12)	mode	1.0	
Hispanic	2.9% (n= 4)	median	3.0	
Other	6.6% (n= 9)	std. dev.	3.6	
		range	0-17	

*p<.05

Table 21 presents the demographic description of family and household characteristics of children participating and not participating in Part II of the study. There is no statistically significant difference between parent and household characteristics for children participating and not participating for the variables marital status, the presence of other children in the home, and whether this was a sibling group placement. There is some indication of income differences with higher income families participating in Part II ($t=3.36$, $p<.05$).

Table 21
Demographic Description of Parents and Household Characteristics

<u>NOT PARTICIPATING</u>			<u>PARTICIPATING</u>
<u>Marital Status</u>			
MARRIED	87.4% (n=111)		87.0% (n=47)
SINGLE	12.6% (n= 16)		13.0% (n= 7)
<u>Family Income*</u>			
Range	\$ 3,000-\$80,000		\$ 8,000-79,000
Mean	\$31,900		\$34,909
Mode	\$30,000		\$25,000
Median	\$30,000		\$32,000
Stan Dev	\$14,657		\$15,291
<u>Other children in home</u>			
Yes	80.6%(n=112)		82.1% (n=46)
No	19.4%(n= 27)		17.9% (n=10)
<u>Sibling Placement</u>			
Yes	41.8%(n=51)		49.0% (n=24)
No	58.2%(n=71)		51.0% (n=25)

*p<.05

Overall, children participating in Part II were similar to children reported on in Part I for most child demographic characteristics and for most family and household characteristics. The differences that exist is that the

children who participated in Part II were older at the time of the placement and reside in higher income families.

Placement and Mistreatment History
of Children

Table 22 presents mistreatment history. Over 50% of the children not participating in Part II had been known or suspected to be physically abused prior to adoption placement and over 70% were known or suspected to be sexually abused. Over 40% of the children participating in Part II had been known or suspected to be physically abused prior to adoptive placement and almost 70% were known or suspected to be sexually abused. This indicates that the majority of the children participating in Part II had experienced some type of abuse prior to adoptive placement. The percent of children participating in Part II known to have been physically abused are statistically significantly under-represented ($Z=2.83$, $p<.05$) but there are no statistical differences

for the other categories of mistreatment.

Overall, these results suggest that these are the children for whom this study was intended. These children, who are older at adoptive placement and have a history of physical and sexual abuse, present unique challenges to the parents that adopt them. Of particular interest, given that a majority of these children had experienced some type of mistreatment prior to adoptive placement, it is important to examine how this history impacts their self-concept.

TABLE 22
MISTREATMENT HISTORY OF CHILDREN PARTICIPATING IN STUDY

<u>CHILDREN PARTICIPATING IN PART II</u>			
	yes	no	suspected
physical abuse	17.9%*	57.1%	25.0%
sexual abuse	44.6%	30.4%	25.0%
<u>CHILDREN NOT PARTICIPATING IN PART II</u>			
	yes	no	suspected
physical abuse	36.6%*	44.8%	18.7%
sexual abuse	57.5%	25.4%	17.2%

*p<.05

Table 23 presents placement history of children participating in Part II. The majority of children (93%) had been in foster care placement prior to adoption. On average, children had been in foster care 2.5 years prior to adoption. Twenty-five percent of children who participated in the study had been in a relative's home for 2 years, on average, prior to adoption. About 14% of the children had spend less

than a year in a psychiatric setting.

TABLE 23
PLACEMENT HISTORY OF CHILDREN PARTICIPATING
IN PART II OF THE STUDY

	<u>percent indicating yes</u>	<u>mean years</u>
relatives home	(25.0%)	2.0
foster home	(92.9%)	2.5
group home	(8.9%)	1.5
psychiatric hosp.	(14.3%)	.4
other	(3.6%)	2.3

Other Characteristics of
Participating Children

Table 24 presents descriptions of handicaps of the Part II adopted child. The most frequent handicaps reported were learning disabilities (37.5%), developmental delays (23.2%), a non-terminal medical problem (19.6%) or other unspecified handicaps (32.1%). Very few of the children who participated in Part II were reported to be in each of the categories of blind or vision impaired, having a physical

handicap, or were reported as mentally retarded. No deaf or hearing impaired and only one terminally ill child participated in Part II.

Table 24
Handicaps of Adopted Child

Blind or vision impaired	8.9% (n= 5)
Deaf or hearing impaired	0 % (n= 0)
Physical Handicap	12.5% (n= 7)
Mental Retardation	12.5% (n= 7)
Developmental delays	23.2% (n=13)
Learning Disabilities	37.5% (n=21)
Chronic medical problem (non-terminal)	19.6% (n=11)
Chronic medical problem (terminal)	1.8% (n= 1)
Other handicap	32.1% (n=18)

Most children were in school (94.6%). Table 25 presents the type of special education classes in which the adopted children are enrolled. Of children attending school, over half are enrolled in special classes. Of these children in special classes, 28.1% attend only special education classes, 12.5% attend mostly special education classes but some regular classes, and 59.4% attend primarily regular classes and some special classes. The most common special education classes were for learning disabilities.

Table 25
Special Education School Information on Adopted Child

Child Is In:

Learning Disability Class	28.6% (n=16)
Speech & Language Difficulty Class	10.7% (n= 6)
Class for Emotionally Disturbed	10.7% (n= 6)
Class for Mentally Handicapped	12.5% (n= 7)
Deaf or Hearing Impaired	0 % (n= 0)
Blind or Vision Impaired	0 % (n= 0)
Class for Physical Disabilities	3.6% (n= 2)
Other Special Education Class	3.6% (n= 2)

Child Perception of Parent-Child Relations

Table 26 presents information on parent-child relationships, comparing both parent and child perceptions of their relationship. Overall, these relationships are quite positive for both parents and children. A substantial majority of parents report getting along well with their child, good communications with the child, and trusting their child. A substantial majority of children report getting along well with their parents, good communications with their parents,

and the parents trust them. Depending on the relationship variable examined, from 7% to 17% of parents reported negative parent-child relations and from 7% to 9% of children reported very negative parent-child relations. The correlation between parent and child perceptions of getting along ($r=.27$), communication ($r=.34$) and trust ($r=.48$) are statistically significant, suggesting that both parent and child share a common perception of parent-child relations.

Table 26
Parent-Child Relationships

<u>PARENT</u>		<u>CHILD</u>
How well do you & your child get along?		How do you & your parents get along?
Very well	63.6% (n=35)	63.6% (n=28)
Fairly well	29.1% (n=16)	25.0% (n=11)
Not so well	5.5% (n= 3)	4.5% (n=2)
Very poorly	1.8% (n= 1)	6.8% (n=3)
How would you rate the communication between you and your child?		The communication (how we talk together) between me and my parents is:
Excellent	37.5% (n=21)	34.1% (n=15)
Good	42.9% (n=24)	36.4% (n=16)
Fair	14.3% (n= 8)	20.5% (n= 9)
Poor	5.4% (n= 3)	9.1% (n= 4)
Do you trust your child?		Do your parents trust you?
Yes, very much	27.3% (n=15)	54.5% (n=24)
Yes, for the most part	45.5% (n=25)	22.7% (n=10)
Not Sure	10.9% (n= 6)	15.9% (n= 7)
No	16.4% (n= 9)	6.8% (n= 3)

Table 27 reports the child's overall satisfaction with the adoption. The majority (92.6%) of the children reported that they were very satisfied or fairly satisfied with the adoption. Only 2 children (3.6%) reported that they were not satisfied or very unsatisfied with the adoption. One of these 2

children was no longer living in the adoptive home but was in group care. One other child was also living out of the home at the time of the study but this child did not express dissatisfaction with the adoption.

TABLE 27
SATISFACTION WITH ADOPTION FOR ADOPTED CHILD

How would you rate your satisfaction with the adoption?	
Very Satisfied	87.2% (n=34)
Fairly Satisfied	5.4% (n=3)
Not Satisfied	1.8% (n=1)
Very Unsatisfied	1.8% (n=1)

Comparing Perceptions of Family Functioning

To assess family functioning, the Family Adaptability and Cohesion Evaluation Scales (FACES III) were used. This model was described in Part I of this study. Tables 28 and 29 compare parent and child perceptions of family functioning. Mean scores for family cohesion and family adaptability are similar for both parents and child and to normative families. This suggests that, on average, both parent and child have a common perception of family functioning and this perception is

similar to normative families.

There are marked difference, however, in parent and child perceptions of the different categories of cohesion and adaptability. Whereas about 15% of parents see the family as disengaged, about 26% of children view the family as disengaged. This difference is even more dramatic for families with adolescents. About 33% of parents with adolescents view the family as disengaged compared to 50% of children in families with adolescents. In addition, whereas about 19% of all parents see the family as enmeshed, about 15% of

children view the family as enmeshed. No adoptees in families with adolescents view the family as enmeshed. The adopted children and their adoptive parents are also different than normative families, particularly in families with adolescents.

rigid and more enmeshed than do normative families.

Regarding adaptability, about 25% of parents view the family as chaotic compared to 33% of children. In regards to families with adolescents, about 21% of parents view the family as chaotic compared to the adoptees who see about 36% of the families as chaotic. In addition, about 12% of parents view the family as rigid compared to 10% reported by children. An equal percent of adoptees and their parents in families with adolescents view the family as rigid (12%). Overall, both adopted children and their families see the family as less

Table 28: Assessment of Family Cohesion

<u>FACES Cohesion Scores</u>				
	Mean	SD		
Normative Families	39.8	5.4		
Adoptive Parents	40.8	5.5		
Adopted Children	39.1	6.9		

<u>Cohesion Categorization (%s)</u>				
<u>All Families</u>	<u>Disengaged</u>	<u>Separated</u>	<u>Connected</u>	<u>Enmeshed</u>
Normative Families	16.3	33.8	36.3	13.6
Adoptive Parents	14.8	24.1	42.6	18.5
Adopted Children	25.9	25.9	33.3	14.8
<u>Only Families with Adolescents*</u>				
Normative Families	18.6	30.3	36.4	14.7
Adoptive Parents	33.3	16.7	33.3	16.7
Adopted Children	50.0	25.0	25.0	0

*"Cutting" points different for all families and families with adolescents

Table 29: Assessment of Family Adaptability

<u>FACES Adaptability Scores</u>				
	Mean	SD		
Normative Families	24.1	4.7		
Adoptive Parents	25.3	5.0		
Adopted Children	26.2	5.7		

<u>Adaptability Categorization (%s)</u>				
<u>All Families</u>	<u>Rigid</u>	<u>Structured</u>	<u>Flexible</u>	<u>Chaotic</u>
Normative Families	16.3	38.3	29.4	16.0
Adoptive Parents	11.5	36.5	26.9	25.0
Adopted Children	9.6	28.8	28.8	32.7
<u>Only Families with Adolescents*</u>				
Normative Families	15.9	37.3	32.9	13.9
Adoptive Parents	12.1	39.4	27.3	21.2
Adopted Children	12.1	24.2	27.3	36.4

*"Cutting" points different for all families and families with adolescents

Overall, the correlation between parental and child perception of categories of cohesion for all families is statistically significant but the perception of parent and child in families with adolescents is not significant. The correlation between parental and child perception of categories of adaptability for all families and

for families with adolescents is not statistically significant. These findings suggest that adoptive families and children share a common perception of family cohesion but adoptive families with adolescents do not perceive family functioning in a similar manner. In addition, adoptive parents and children do not

share a common conception of family adaptability.

Self-Esteem of Children Adopted with Special Needs

The Piers-Harris Scale is an 80-item, self-report questionnaire focusing on children's conscious self-perceptions. Piers describes self-concept as:

"...a relatively stable set of self-attitudes reflecting both a description and an evaluation of one's own behavior and attributes" (p. 1).

In addition to the self-concept scale which is an overall assessment of self-concept, the Piers-Harris also contains six subscales. These six subscales or "cluster" scales are Behavior, Intellectual and School Status, Physical Appearance and Attributes, Anxiety, Popularity, and Happiness and Satisfaction. The Behavior scales is 16 items which

reflect "the extent to which the child admits or denies problematic behaviors" (p. 38). Intellectual and School Status are 17 items that reflect "the child's self-assessment of his or her abilities with respect to intellectual and academic tasks, including general satisfaction with school and future expectations" (p. 38). The Physical Appearance and Attributes subscale consists of 13 items which indicate "the child's attitudes concerning his or her physical characteristics, as well as attributes such as leadership and the ability to express ideas" (p. 39). The anxiety subscale contains 14 items which indicate "general emotional disturbance and dysphoric mood" (p. 39). Popularity is a 12 item subscale that reflects "the child's evaluation of his or her popularity with classmates, being chosen for games, and [the] ability to make friends" (p. 39). Lastly, Happiness and Satisfaction are 10

items that "taps a general feeling of being a happy person and easy to get along with, and feeling generally satisfied with life" (p. 39).

Norms have been developed for the total scale and the subscales. For the total self-esteem score, the normative sample consisted of 1,183 school children from a public school system in a small town in Pennsylvania. Since no consistent sex or grade differences were found, only one normative score was developed. The norms for the subscales were based on a sample of 485 public school children. The authors' urge caution in comparing children to these normative scores. For the reader interested in reliability and validity of the scale, the Piers-Harris Children's Self-Concept Scale Revised Manual 1984 is recommended (Piers, 1984).

The results presented about the adopted children with special-needs

includes the percentile scores. Percentile scores reflect the percentage of individuals in the normative sample who scored lower than the child whose scores are being evaluated. For example, if the scale score is 58 which has a percentile score of 63, this is interpreted to mean that this score equals or exceeds 63% of the normative sample. Average scores are usually considered to be between the 31st and 70th percentiles.

Table 30 presents the data on the self-esteem and subscales. Both data for all children participating in Part II and only children ages 8-18 are presented since Piers recommends using the scales only with this age group (Piers, 1984). The self esteem of special needs adoptees range from a percentile score of 4 to a percentile score of 97. This means that some adopted children had a self-esteem score that equals or exceeds only 4% of

the normative sample and some adopted children had a self-esteem score that equals or exceeds 97% of the normative sample. On average, the special-needs adoptees had a self-esteem percentile score of 74. This means that on average these children's score equals or exceeds 74% of the normative sample. For each self-esteem subscale there is quite a range of percentiles for the adopted children, fluctuating from scores that equal or exceed only 1% of the normative sample to scores that equal or exceed 98% of the normative sample. On average, however, as presented in the lower half of Table 30, the scores of the adoptees are in the 50th percentile for Behavior, Anxiety and Popularity and in the 70th percentile for Self-esteem, School, Appearance and Happiness. These results indicate that, on average, the children adopted with special needs have typical self esteem scores; i.e.,

they do not as a group manifest self esteem difficulties. However, since there is such a range in scores, it is important to examine this range in more detail.

TABLE 30
SELF ESTEEM OF ADOPTED CHILDREN

ALL CHILDREN

<u>Scale</u>	<u>Mean</u>	<u>Mode</u>	<u>Median</u>	<u>Range</u>	<u>Percentile Range</u>
Self-esteem	61.6	60.0	65.0	25-77	4-97
Behavior	13.0	16.0	14.0	3-16	1-95
School	13.8	15.0	15.0	7-17	12-98
Appearance	10.1	12.0	11.0	2-13	2-97
Anxiety	10.0	11.0	11.0	1-14	1-97
Popularity	8.7	11.0	10.0	2-12	4-97
Happiness	8.7	10.0	9.0	3-10	2-90

CHILDREN 8-18

<u>Scale</u>	<u>Mean</u>	<u>Mode</u>	<u>Median</u>	<u>Range</u>	<u>Percentile</u>
Self-esteem	60.5	60.0	64.0	25-77	71
Behavior	12.6	16.0	14.0	3-16	51
School	13.6	17.0	15.0	7-17	70
Appearance	9.7	12.0	10.0	2-13	73
Anxiety	9.8	11.0	11.0	1-14	58
Popularity	8.6	11.0	10.0	2-12	52
Happiness	8.6	10.0	9.0	3-10	72

Table 31 presents the distribution of self-esteem scores for children 8-18. The first column report the raw score on the self-esteem scale (value), the second column (frequency) report how many children received this score, the third column (percent) reports the percent of children with this score, the fourth column (cumulative percent) keeps track of the percent of children in each score and the last column reports the percentile score (percentile) for each individual score. Most remarkable, less than 15% of the adopted children had difficulty with self concept (scored below 30th percentile) and about 20% of the adoptees scored below the 50th percentile (half the normative scores are above and below this score). This is remarkable given that the majority of adopted children had experienced some abuse. The data suggest that the vast

majority of children do not manifest self-esteem difficulties at the conscious level.

TABLE 31
DISTRIBUTION OF SELF ESTEEM SCORES OF ADOPTED CHILDREN

<u>CHILDREN 8-18</u>				
Value	Frequency	Percent	Cumulative Percent	Percentile
25	2	5.3	5.3	5
31	1	2.6	7.9	9
33	1	2.6	10.5	11
43	1	2.6	13.2	24

50	2	5.3	18.4	41
54	1	2.6	21.1	52
59	1	2.6	23.7	66
60	3	7.9	31.6	69
61	1	2.6	34.2	71
62	2	5.3	39.5	74
63	1	2.6	42.1	77
64	2	5.3	47.4	79
65	3	7.9	55.3	82
66	2	5.3	60.5	85
67	1	2.6	63.2	87
68	1	2.6	65.8	89
69	1	2.6	68.4	91
70	2	5.3	73.7	93
71	1	2.6	76.3	94
73	3	7.9	84.2	96
74	2	5.3	89.5	97
75	2	5.3	94.7	98
77	2	5.3	100.0	99

Lastly, Table 32 examines selected variables which are clinically or empirically thought to influence a child's self-concept. Included are child demographics, family and household demographics, service involvement, social support

and the child's mistreatment history. The differences observed between male and female children and white and nonwhite children are not statistically significantly different. The only family and household demographic that is

significant is adoption by a relative. Children who were adopted by a relative have higher self-esteem scores compared to nonrelative adoptions (separate variance estimate, $t=-3.99$, $p<.05$) although both score in the average range. Both indicators of social support are associated with differences in self esteem scores. For adoptive families who had extended family very supportive of the adoption the child indicated higher self esteem than those adoptive families without very supportive extended family (pooled variance estimate, $t=-2.31$, $p<.05$). A different pattern emerges when examining the support of friends. For adoptive families whose friends are very supportive of the adoption, the child indicated lower self esteem than those adoptive families with limited support from friends (separate variance estimate, $t=3.60$, $p<.05$). However, this result should

be viewed with caution since there are only 2 families with limited support from friends compared to 50 family with very supportive friends. So, the results about friend support, due to the small number, likely does not adequately reflect the impact of this support on child self-esteem.

The only significant difference observed with mistreatment history is that sexually abused children report higher self-esteem than nonsexually abused children, although both score in the average (pooled variance estimate, $t=-2.53$, $p<.05$). Finally, there is no difference between whether children participated by mail or were interviewed. However, there is a difference between being interviewed alone or in the presence of the family with children interviewed alone indicating higher self esteem (separate variance estimate, $t=-2.61$, $p<.05$).

Summary of Responses from Children

These analysis offer some conflicting results. While extended family support appears to positively impact child self esteem, support of friends negatively impacts self-esteem. This findings is easily interpreted. As indicated earlier, the number of families with limited support from friends is too small to merit consideration. It makes sense that extended family can impact the family and child and continue to offer the child repeated positive experiences that assist in the development of positive self esteem. It is unusual that the support of friends would negatively impact the child's self concept.

In addition to the above finding, confirmed sexual abuse is not associated with poor self concept, a finding replicated by other studies. In exploring the

reason for this finding, the children who are known to be sexually abused probably receive more attention, support, guidance and nurturing from the family and other professionals to assist them in recovering from the negative effects of the abuse. This increased attention helps to mitigate the negative impact of this abuse.

Finally, children in relative-adoptions score higher on self-concept then to nonrelative adoptions. This higher scoring in undoubtedly the reflection of increased extended family support and endorsement for caring for the child of a family member.

Overall, he administration of the Piers-Harris instrument revealed that the level of self-concept of special-needs adoptees may be similar to that of children in the United States as a whole. While results should be interpreted with

caution due to moderate response rate and sample size, nevertheless, these results are clearly encouraging and suggest that many adoptees have developed good self-images in spite of their often problem-filled backgrounds.

Finally, the children were asked "How can we better prepare other kids like you for adoption?"

Following are representative comments the children made:

FROM MAILED SURVEYS

*Tell them it is neat to be adopted.

*You could tell them that things will change a lot like they did for me. You could also tell them that the new parents will encourage the child to talk to them about what happened when that child was little. You could tell that child that their birth parents won't ever be able to take the child away anymore...

*Let the kids get used to the adoptive parents before they go to live there permanently. You should have monthly checkups to see how things are going with the family. Give free therapy because I had therapy and it helped me. Make sure it's the right family for the kid.

IN-HOME INTERVIEWS

*Explain what is happening...before taking them away from their home

*...Take more time to have visits with kids and adoptive home - you have to get used to your family.

*Not being moved so much in foster care.

*It is important for kids to know that adoptions are helpful.

Children's responses centered around more structure preparation activities that included knowing about the adoption process, knowing more about the adoptive family and spending more time in preplacement visiting.

TABLE 32
MEAN SELF ESTEEM SCORES OF ADOPTED CHILDREN AND SELECTED VARIABLES

Child Demographics

GENDER	MALE	FEMALE
	63.6	55.5
RACE	WHITE	NONWHITE
	59.4	67.7

Family and Household Demographics

	YES	NO
OTHER CHILDREN IN THE HOME	59.5	65.2
SIBLING PLACEMENT	61.5	58.3
FOSTER PARENT ADOPTION	60.5	63.3
RELATIVE ADOPTION*	71.5	59.8
SINGLE PARENT ADOPTION	60.0	60.3

Service Involvement

	YES	NO
INDIVIDUAL THERAPY	59.1	63.4
FAMILY THERAPY	58.6	61.3
PARENT SUPPORT GROUP	59.0	61.2
CONTACT WITH OTHER FAMILIES	63.4	57.7

Social Support

FAMILY VERY SUPPORTIVE*	64.6	53.8
FRIENDS VERY SUPPORTIVE*	59.7	72.5

Child's Mistreatment History

	YES	NO
KNOWN PHYSICAL ABUSE	64.6	59.4
SUSPECTED PHYSICAL ABUSE	59.3	59.4
KNOWN SEXUAL ABUSE*	64.3	52.0
SUSPECTED SEXUAL ABUSE	63.5	52.0

TYPE OF STUDY PARTICIPATION ALONE	MAILED	INTERVIEWED WITH FAMILY	INTERVIEWED
	59.2	57.1	70.3*

*p<.05

CONCLUSION AND RECOMMENDATIONS: THE BENEFITS OF ADOPTION

Theoretical explanations of the adoption adjustment of older, special needs children are quite limited (Barth and Berry, 1988). Attachment theory is one of the first attempts to explain adjustment to adoption. Attachment theory suggests that the preplacement history of the adopted child can influence later adoptive family relationships. Attachment refers to the affective relationships that a child has with other people; it is the psychological and emotional connection one feels towards others. Attachment also refers to the emotional bond between an adoptive parent and child. This bond provides the connection or bridge across which parental ideas, values and expectations are passed (Hirschi, 1969). The data suggests,

when examining the relationship items, that parents and children communicate well, get along well and there is a common perception of trust between parent and child. In essence, there is marked attachment between parents and children in the adoptive home postlegalization.

The child and family's ability to attach to each other is related to a child's sense of self. Children's sense of self or self concept is to a large extent dependent on repeated, positive emotional and other learning experiences that a sense of belonging within a family and social environment generates (Triseliotis, 1984, p.152, 155). This sense of belonging is facilitated by attachment between parent and child.

The results presented here provides indication of the reversibility of trauma for children with abuse histories who are subsequently adopted. Most of the children have positive self concepts. Very few children have poor self-esteem. These findings further support the plan of adoption for children who cannot remain with their biological families. The data would also suggest that the maltreatment history of children can be mediated by assimilation into a new family.

Since adoption continues to be the best plan when a child cannot return to the biological home, it is important to keep in mind when developing strategies for recruitment of adoptive parents that the needs of these child are paramount, and there is a need for creativity and flexibility in the acceptance of special needs adoptive parents (Barth and Berry, 1988).

Results from this and other studies are promising for less wealthy and less educated adoptive families, and for adoption by single parents and foster parents. Minority parents, low income parents, less educated parents, single parents and foster parents reported more positive parent-child relationships and were generally more positive about adoption outcome.

While not asked specifically about preparation activities, there are several implications for adoption preparation. Many parents reported that background information was insufficient and the adoption had more ups and downs than expected. Adoption workers assert that families are prepared and are given available information but that some families cannot realistically hear or process the information given them and continue to have idealistic expectations. The discrepancy between parent and

adoption worker reports suggest that preadoption training continues to require attention.

In addition, the need for accurate and complete information about the child is emphasized. Adoption workers must collect and centralize comprehensive information about birth family, foster family or families and other placements about the child. Information from a biopsychosocial perspective across the child's history including photographs, documents, schoolwork, testing and evaluation information, letters, etc. should be gathered and made available to adoptive parents. Sometimes this will require almost detective work to gather this information, but this knowledge can be essential for both the parent and the child. In addition to parents having complete information about the child, the child needs complete information about his or her history and about the family with whom they

are being placed. Knowledge and information is a resource for families that strengthen the family system. Clearly, a great many parents indicate a need for more complete and accurate record keeping on the children they adopt.

Last, families face enormous challenges in adopting a special-needs child. There continues to be a need for appropriate, adoption-sensitive therapy and mental health resources to support the adoptive family. Adoption is not a time-limited process, and adoption-related issues surface throughout the lives of the individuals involved in the adoption (Bourguignon and Watson, 1987; Duhl, 1986; Winkler et al., 1988). Adoptive families have needs for assistance in concrete behavior management skills appropriate to the range of behaviors and ages of the children, respite care programs that provide a period of temporary relief

or rest from parental responsibilities, the development of support systems such as support groups that can serve as a moderator of parental stress and serve as a link to other formal and informal support services, and assistance with educational programming since a significant number of children evidence learning difficulties and handicaps. While caution is urged in generalizing these results, there is ample cause to feel positive about adoption. The vast majority of families, whether or not they participated in both parts of the study, were overwhelming positive about the adoption outcome. They were positive even though many of the children continue to manifest serious behavior difficulties.

Of course, parents whose children continue to have poor self concepts may have decided to not participate in the second part of the study. There were some

differences between children who did and did not participate in the study. However, there were more similarities than differences in the children who participated, and these children clearly represent children with special needs.

Ongoing research that follows these families over time would be most beneficial. Following families longitudinally will provide stronger evidence for reversing trauma than cross-sectional (snapshot) data. The state of Iowa and adoptive families state and nationwide would benefit from ongoing research.

REFERENCES

- Achenbach, T. and C. Edelbrock. Manual for the Child Behavior Checklist. Burlington, Vt.: University of Vermont, Department of Psychiatry, 1983.
- Barth, R. P., and M. Berry. Adoption and Disruption: Rates, Risks, and Response. New York: Aldine De Gruyter, 1988.
- Bour, D, Young, J. and Henningsen, R. (1983) A comparison of delinquent prostitutes and delinquent non prostitutes on self-concept. Gender Issues, Sex Offenses and Criminal Justice,
- Branham, E. "One Parent Adoptions." Children, 17 (3), 103-107, 1970.
- Cavaliola, A. and Schiff, M. Self Esteem in abused chemically dependent adolescents. Child Abuse and Neglect, Vol. 13, 327-334, 1987).
- Coopersmith, S. The antecedents of self-esteem. San Francisco: Feeman, 1967.
- Dougherty, S. "Single Adoptive Parents and Their Children." Social Work, 23, 311-314, 1978.
- Feigelman, W. and A. R. Silverman. "Single Parent Adoptions." Social Casework, 58 (7), 1977.
- Feigelman, W. and A. R. Silverman. Chosen Children: New Patterns of Adoptive Relationships. New York: Praeger Publishers, 1983.
- Gill, O. and B. Jackson. Adoption and Race: Black, Asian and Mixed Race Children in White Families. Worchester, England: St. Martin's Press, 1983.
- Green, A. The psychopathology of abused children. Journal of the American Academy of Child Psychology. 17: 92-104, (1978).
- Groze, V. and J. Rosenthal. "Single Parents and Their Adopted Children: A Psychosocial Analysis." Families in Society formerly known as Social Casework, in press.
- Groze, V. and J. Rosenthal. Subsidized Adoptions in Illinois: A Survey of Special Needs Children and their Intact Families. Prepared for the State of Illinois, Department of Children and Family Services, August, 1989."
- Groze, V. and J. Rosenthal. Kansas Intact Families and Their Adopted Children: A Survey Analysis of Special Needs Adoptions. Prepared for the Kansas Department of Social and Rehabilitative Services, July, 1989."
- Groze, V. and J. Rosenthal. Special-Needs Adoption Survey: An Analysis of Oklahoma's Intact Adoptive Families and Children. Prepared for the Oklahoma Department of Human Services, June, 1989.

Grow, L. J. and D. Shapiro. Black Children, White Parents: A Study of Transracial Adoption. New York: Child Welfare League of America, 1974.

Hirschi, T. Causes of Delinquency. Berkeley: University of California Press, 1969.

Jordan, V. and W. Little. "Early Comments on Single-Parent Adoptive Homes." Child Welfare, 45, 536-538, 1966.

Kaye, S. Self-image formation in adopted children: The environment within. Journal of Contemporary Psychotherapy, Vol. 13, No.2 Fall/Winter, 1982.

Kaufman, J. and Cicchetti, D. Effects of maltreatment on school-age children's social emotional development: Assessments in a day camp setting. Developmental Psychology, Vol. 25 No. 4, 516-524, 1989).

Meezan, W. and J. F. Shireman. Care and Commitment: Foster Parent Adoption Decisions. New York: State University of New York Press, 1985.

Kokenes, B. Grade level differences in factors of self-esteem. Developmental Psychology, 10, 954-958. 1974.

Morse, W. Self-concept in the school setting. Childhood Education, 41, 195-198, (1964).

Nelson, K. A. On the Frontier of Adoption: A Study of Special-Needs Adoptive Families. New York: Child Welfare League of America, 1985.

Nickman, Steven L. (1985) Losses in Adoption. Journal: The Psychoanalytic Study of the Child, Vol. 40, 365-398.

Oates, R., Forrest, D. and Peacock, A. Self-esteem of abused children. Child Abuse and Neglect, 9, 159-163, (1985).

Olson, D. H., J. Portner and Y. Lavee. FACES III. St. Paul, Minnesota: Family Social Science, University of Minnesota, 1985.

Olson, D. H., Russell, C. S., and Sprenkle, D. H. Circumplex model of marital and family systems II: Empirical studies and clinical intervention. In John Vincent (Ed.), Advances in family intervention, assessment and theory (pp. 128-176). Greenwich, Conn: JAI Press, 1979a.

Olson, D. H., Russell, C. S., and Sprenkle, D. H. Marital and family therapy: A decade review. Journal of Marriage and Family, 42, 973-993, 1980.

Olson, D. H., Russell, C. S., and Sprenkle, D. H. Circumplex model VI: Theoretical update. Family Process, 22, 69-83, 1983.

Olson, D. H., Russell, C. S., and Sprenkle, D. H. Circumplex model of marital and family systems I: Cohesion and adaptability dimensions, family types, and clinical applications. Family Process, 18, 3-28, 1979b).

Osborne, L. and LeGrette, H. (1982) Sex, Race, grade level, and social class differences in self-concept. Measurement and Evaluation in Guidance, Vol. 14 No.4, January, 195-201.

Piers, Ellen V. Piers-Harris Children's Self-Concept Scale, WPS Publisher, Los Angeles, 1984.

Piers, E. and Harris, D. Age and other correlates in children. Journal of Educational Psychology, 55, April, 1964, 91-95.

Rosenthal, J. A., V. Groze, H. Curiel, and P. A. Westcott. "Transracial and Inracial Adoption of Special Needs Children." Journal of Multicultural Social Work, in press.

Rosenthal, J. A., V. Groze, and H. Curiel. "Race, Social Class and Special Needs Adoption." Social Work, in press.

Rosenthal, J. A., and V. Groze. "Special Needs Adoption: A Study of Intact Families." Social Services Review, in press.

Rutter, M., Maternal deprivation reassessed. C. Nicholas and Co., London (1972).

Sack W.H., and Dale, D. (1982) Abuse and deprivation in failing adoptions. Child Abuse and Neglect, Vol.6, pp. 443-451.

Shireman, J. and P. Johnson. "Single Persons as Adoptive Parents." Social Service Review, 50, 103-116, 1976.

Shireman, J. and P. Johnson. "Single-Parent Adoptions: A Longitudinal Study." Children and Youth Services Review, 7, 321-334, 1985.

Shireman, J. and P. Johnson. "A Longitudinal Study of Black Adoptions: Single Parent, Transracial, and Traditional." Social Work, May-June, 172-176, 1986.

Shireman, J. F. Growing Up Adopted: An Examination of Some Major Issues. Chicago: Chicago Child Care Society, 1988.

Silverman, A. R. and W. Feigelman. "The Adjustment of Black Children Adopted by White Families." Social Casework, 62(9), 1981.

Soares, T and Soares, L. Cultural perceptions of culturally disadvantaged children. American Educational Research Journal, 6, 31-45, January, 1969.

Stein, L. M., and Hoopes, J. L. Identity Formation in the Adopted Adolescent. New York: Child Welfare League of American, 1985.

Stenner, J and Katzenmeyer, W. Self-concept, ability, and achievement in a sample of sixth grade students. Journal of Educational Research, 69, 270-273, 1976.

Triseliotis, J. "Identity and Security in Adoption and Long-term Fostering." Early Child Development and Care, 15:149-170, 1984.

Trowbridge, N. Effects of socioeconomic class on self-concept of children. Psychology in the Schools, 7, 304-316, 1970.

Wylie, R. Children's estimate of their schoolwork ability as a function of Sex, Race, and Socioeconomic level. Journal of Personality, 31, June 1963, 204-224.

Wright, L. Correlates of reported drinking problems among male and female college students. Journal of Alcohol and Drug Education, Vol. 28., 47-57, 1983.

Yates, A. Narcissistic traits in certain abused children. American Journal of Orthopsychiatry. 51: 55-62, 1981.

STATE LIBRARY OF IOWA



3 1723 02100 8784