

Supporting Families as They Adopt Children with Special Needs

Author(s): Laurie Kramer and Doris Houston

Source: *Family Relations*, Oct., 1998, Vol. 47, No. 4, The Family as a Context for Health and Well-Being (Oct., 1998), pp. 423-432

Published by: National Council on Family Relations

Stable URL: <https://www.jstor.org/stable/585273>

REFERENCES

Linked references are available on JSTOR for this article:

https://www.jstor.org/stable/585273?seq=1&cid=pdf-reference#references_tab_contents

You may need to log in to JSTOR to access the linked references.

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <https://about.jstor.org/terms>



JSTOR

National Council on Family Relations is collaborating with JSTOR to digitize, preserve and extend access to *Family Relations*

Supporting Families as They Adopt Children with Special Needs*

Laurie Kramer** and Doris Houston

The stability of adoptions involving children with special needs is likely to be enhanced when families perceive that they are receiving support. The purpose of this study was to identify the types of formal and informal supports that are used and desired by families who are parenting children with special medical, behavioral, or developmental needs. An overarching goal was to provide recommendations for addressing parents' unmet needs. Forty parents, who were in the process of adopting at least one child identified as having a special need, completed a comprehensive questionnaire about their use and preferences for support. Two parents also participated in in-depth interviews. Although adoption and child welfare agencies have traditionally assumed responsibility for meeting the needs of pre-adoptive families, the current results indicated that parents rely on a variety of resources that include, but are not restricted to, the adoption agency. Informal, agency-linked resources, such as access to family resource support specialists and experienced "master" adoptive parents, appear to be relatively untapped sources of help for many pre-adoptive families. Results are discussed in terms of the desirability of providing pre-adoptive families with more integrated support systems.

Adoption provides an opportunity for a renewed sense of belonging, security, and family stability for children in foster care who cannot return home to their biological parents. Although healthy infants are eagerly sought for adoption in the United States, older children and children with special needs may wait years in substitute care until an appropriate adoptive placement becomes available. Once a placement is identified, the transition to adoption can be a difficult one for both children with special needs and parents. Children who are removed from their homes due to abuse or neglect typically enter pre-adoptive placements with complex medical, emotional, developmental, and behavioral needs (Partridge, Hornby, & McDonald, 1986; Rosenthal & Groze, 1992; Smith & Howard, 1994). For example, growing numbers of children enter foster care as survivors of sexual exploitation and drug and HIV exposure (IDCFS, 1996; Lakin, 1992). Many foster children have been identified as experiencing psychological difficulties such as depression, post-traumatic stress disorder, and problems related to separation and attachment (Smith & Howard, 1994). Furthermore, children with traumatic histories may demonstrate a range of maladaptive behaviors including eating disorders, sexual acting out, suicidal behaviors, fire setting, stealing, vandalism, and aggression (Berry, 1990; Berry & Barth, 1990). Thus, families who adopt children with a history of abuse or neglect often face serious challenges that can threaten the stability of the adoptive home. One important factor that may enable parents to sustain their commitment to a child who presents challenges is access to supportive resources (Barth & Berry, 1988; Groze, 1996; Nelson, 1985; Partridge et al., 1986). The purpose of this study was to further our understanding of the needs of pre-adoptive families who are parenting a child with special medical, behavioral, or developmental needs.

There is growing evidence that children experience better developmental outcomes when they are adopted rather than remain in substitute care (Barth & Berry, 1988; Rosenthal, 1993). For example, Lahti (1982) showed that adoptive children demonstrated enhanced family adjustment, emotional stability, and development when compared to their peers who remained in long-term foster care. Similarly, Kagan and Reid (1986) showed that 70% of youth who experienced multiple living arrangements and institutionalization demonstrated greater than expected levels of stability in their educational and work placements following adoption.

Adoption also offers benefits to the families who desire the opportunity to extend love and nurturance to a child (Rosenthal & Groze, 1990). Despite the challenges associated with adopting a child with special needs, adoptive parents are typically satisfied with their decision to adopt (Glidden, 1991; Prater & King, 1988;

Rosenthal & Groze, 1990). In terms of benefits to society as a whole, a 1988 study estimated that adoption services for an average eight-year-old in foster care costs taxpayers \$46,000 less than if the child was to remain under state guardianship until age 18 (Barth & Berry, 1988).

Given the many and diverse challenges associated with parenting an adoptive child with special needs, it is not surprising that adoption disruption sometimes occurs. Rosenthal and Groze (1990) and Barth and Berry (1991) estimated an 11–13% disruption rate for adoptions involving children with special needs. Thus, consistent with family stress theories (e.g., Boss, 1988; Hill, 1971; McCubbin & Patterson, 1983), the adoption of a child with special needs can be viewed as a process in which families are presented with a series of *stressors* and psychosocial tasks. For example, events that place stress on special needs adoptive families may include management of the child's medical, developmental, educational, and mental health problems (Partridge et al., 1986; Rosenthal & Groze, 1990), a need for information about the child's biological family and early history (Barth & Berry, 1988), and a need to adjust family roles and relationships in response to the child's entrance into the family (Groze, 1996). With respect to the latter set of adjustments, Glidden and Pursley (1989) found that the adoption of a child with developmental disabilities was accompanied by increased disagreements between spouses, child management problems with respect to children already in the household, negative reactions from extended family members, and financial difficulties.

In addition to stressors associated with the child's history of abuse or neglect or developmental disabilities, the adoptive family may face additional psychosocial tasks such as resolving issues of infertility (Westhues & Cohen, 1990), relinquishing a "fantasy expectation" of adoptive family life (Rosenthal & Groze, 1992), and adjusting to social pressures that may place a lesser value on

*This research was supported by the Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign which is funded in part by the Illinois Department of Children and Family Services, and the Program for Rural Human and Family Development Research, Department of Human and Community Development, University of Illinois at Urbana-Champaign which is funded by the Illinois Council on Food and Agricultural Research. We appreciate the contributions of the participating families and the staff of the Illinois Department of Children and Family Services.

**Address correspondence: to Laurie Kramer, Department of Human and Community Development, University of Illinois, 1105 W. Nevada, Urbana, IL 61801 or electronically to l-kramer@uiuc.edu.

Key Words: adoption, child welfare, foster care, special needs children, support networks.

(Family Relations, 1998, 47, 423-432)

adoptive family ties when compared to biological family relations (Groze, 1996). Furthermore, Groze (1994) noted that one of the most significant challenges facing adoptive families is "family integration," a process by which an adoptive family and child come together and work to "blend" to create a new family system that incorporates aspects of their separate life experiences. This process often involves the adoptive family coming to accept the child and his or her strengths and limitations, while also accepting the reality of the child's history and former relationships (Groze, 1994). Thus, the *meaning* attached to the event by the family (individually and collectively) is another factor that can mitigate or accentuate the impact of a stressor on families according to family stress theories (Hill, 1971/1949).

Family stress theories also posit that families work to manage stress by drawing upon available resources. Groze (1996) identified three general types of supportive resources that are generally needed by pre-adoptive families: emotional support, informational support, and concrete aid. Emotional support refers to interpersonal exchanges that help an individual to feel cared for and validated. For example, emotional support can help alleviate parents' feelings of isolation, validate their concerns, and allow them a safe and non-judgmental forum to vent frustrations (Berry, 1990; Conklin, Veilbig, & Blakely, 1962). Informational support may include background information about their adoptive child, information about community and professional resources, and preparatory information about the kinds of problems they may be likely to encounter because of their child's special needs. Finally, concrete aid may include adoption placement services, psychotherapy, medical care, educational services, child care, recreational opportunities, and financial subsidies. The current research seeks to identify the types of resources that are necessary to support optimal coping in families participating in the adoption process.

Traditionally, child welfare or adoption agencies have taken primary responsibility for providing support and assistance to families adopting special needs children through pre- and post-adoption services. Adoption preparation services for the prospective family often include: (a) recruitment services aimed at building a pool of eligible adoptive families; (b) individual or group home studies to provide families with realistic information about special needs adoption and to assess eligibility for adoption; and (c) child placement services which include matching children with families who can meet their specific needs. In addition, the adoption agency provides the family with available background information about the child and his/her birth family and guides the family and child through a series of pre-placement visits. Once the child moves into the pre-adoptive home, the adoption agency usually provides in-home monitoring services to help the child and family resolve problems and issues that arise, makes resource referrals for medical, educational, and therapeutic services, and provides financial assistance for medical care, mental health services, and adoption-related legal fees.

Clearly, the child welfare or adoption agency serves as a primary source of informational support and concrete aid for adoptive families and children. However, other individuals, who are not directly linked to the adoption agency, may also provide valuable assistance. The contribution of these individuals in facilitating the adoption transition are often overlooked. For example, school personnel, such as teachers and counselors and other representatives of "formal" helping services may contribute to adoption stability (Barth & Berry, 1988; Partridge et al., 1986). In addition, the family's own informal support network (e.g., family

members, friends, church members, and other adoptive parents) can be quite helpful in promoting adjustment to adoption (Berry, 1990; Westhues & Cohen, 1990). Members of the informal support network often provide a wide range of support including information (e.g., about available community resources), concrete aid (e.g., child care or financial assistance), and emotional support (e.g., outlets for venting emotions and validation of parenting efforts). Thus, it is important to follow an ecological theoretical perspective and consider a range of supports and resources that may be drawn upon by pre-adoptive families, such as those that are available in their neighborhood, community, or social institutions. However, very little is known about who adoptive parents actually reach out to for assistance and how this help is experienced. For example, do families reach out to their formal support systems for certain types of problems, and to their informal support network for others? Moreover, do families perceive the supportive resources available to them to be adequate and sufficiently integrated? Which of their needs continue to be unmet? By identifying the support and service needs of pre-adoptive families with children with special needs, this research will help child welfare agencies and social service professionals to plan future policies, programs, and collaborative efforts aimed at increasing family satisfaction and promoting adoption stability.

In summary, this study investigates the types of formal and informal supports that are used and desired by families who are in the process of adopting a child with special needs. The specific research questions addressed in this study include: (a) What problems are most prevalent among families adopting a child with special needs? (b) Who do pre-adoptive parents seek out when faced with problems related to their child's special needs? (c) How helpful do families perceive their available resources to be? (d) What services and supports do families need but are not receiving?

Method

Participants

Adoption unit staff from Department of Children and Family Services (DCFS) offices in six counties in a midwestern state were asked to provide the researchers with a list of all pre-adoptive families on their caseloads who were preparing to adopt a child meeting one or more of the state's criteria for special needs status. These criteria included: (a) a documented physical, emotional, learning, or developmental disability; (b) children of color over age 3; (c) White children over age 6; and (d) children who will be adopted together as part of a sibling group. (The different age standards for White and Black children used by the State stemmed from the fact that it is generally more difficult to place children of color who are in the 3–6 year age range than White children in this age range. However, this practice changed as of April 1998 [after the collection of data] so that all children over age 3 are now considered as having special needs.) In addition to meeting state requirements, pre-adoptive children included in this study were required to be between 2 and 17 years old and were to have lived with their non-relative, pre-adoptive family for at least six months in order to allow time for the pre-adoptive parent to learn about the child and his/her needs. Although these criteria encompass widely different dimensions, one attribute that children with these characteristics generally share is a long wait for an adoptive home.

All 87 of the parents who were identified through this process were invited to participate in this research. Forty of these parents

(27 females), representing a total of 29 families, agreed to participate and completed the research procedures described below. This represents a response rate of 46%.

Family characteristics. Twenty-two (55%) of the parents were White, 15 (37.5%) were Black, 1 was bi-racial (2.5%), and 2 (5%) were Native American. Mothers were 46.07 years of age on average ($SD = 10.95$) and fathers were 40.92 ($SD = 6.83$) years. Mothers reported a mean of 13.52 ($SD = 2.62$) years of education whereas fathers reported 12.67 ($SD = 3.28$) years. Twenty-nine (72.5%) of the parents were married, 5 (12.5%) were divorced, 5 (12.5%) were single, and 1 (2.5%) parent was widowed. Median family income was in the \$30,000–39,999 range. Thirteen families (45%) were from rural parts of the State whereas 16 families (55%) were from urban (mostly small city) areas. These family characteristics resemble those found in other samples of special needs adoptive families (Groze, 1996), particularly in terms of parental marital status, education, and income.

Characteristics of pre-adoptive children. The total number of pre-adoptive children in the 29 families was 48. However, most of the families had additional children residing in the home. In all, parents reported caring for a total of 106 children which, in addition to the 48 pre-adoptive children, included 9 biological children, 34 foster children, 13 previously adopted children, and 2 grandchildren. Families intended to adopt 1.71 children on average ($SD = 1.05$). Nineteen (39.58%) of the 48 pre-adoptive children were female. Pre-adoptive children were 6.6 years of age on average ($SD = 3.53$) and came from the following ethnic backgrounds: 20 (41.66%) were White, 19 (39.58%) were Black, 7 (14.58%) were bi-racial, and 1 (2.08%) was Latino. One child's race was listed as unknown.

Children in pre-adoptive care had resided with their pre-adoptive parents for an average of 2.60 years ($SD = 1.69$) at the time of the study. Parents reported that these children had spent approximately 3.3 years ($SD = 1.60$) in foster care; however, these data were unavailable for eight children. Furthermore, parents reported that the children had lived in an average of 2.4 foster homes prior to their pre-adoptive placement (this information was unavailable for 18 of the children).

Forty (83%) of the pre-adoptive children were reported by their pre-adoptive parents to have experienced child neglect, 24 (50%) experienced emotional abuse, 15 (31.25%) experienced physical abuse, and 6 (12.50%) sexual abuse.

Parents reported that their pre-adoptive children entered their care with the following characteristics: 33 (68.75%) demonstrated behavioral problems, 30 (62.50%) were exposed to drugs at birth, 25 (52%) had medical problems, 25 (48%) had emotional problems, 24 (50%) had educational problems, and 15 (31.25%) had developmental problems. It was quite likely for children to be described as having multiple problems.

Procedure

The project coordinator contacted eligible parents by phone to explain the research procedures and to ask for their consent. Parents were assured that their decision to participate or not would in no way impact their relationship with the agency. Mothers and fathers who agreed to participate were then mailed a written informed consent form along with the questionnaire packet. To ensure anonymity, each questionnaire was coded with an identification number. A stamped, return envelope was included to facilitate the return of the questionnaire and consent form. Par-

ents who agreed to participate but who did not return their questionnaire were called at least twice to encourage them to complete the instrument. Each parent who returned a completed questionnaire was mailed a check for \$10 as compensation for their time.

SNAPS questionnaire. The Special Needs Adoption Parent Support Questionnaire (SNAPS) was designed to assess parents' perceived needs for support as well as the types of support and services they currently receive related to raising their adoptive child. The questionnaire included a comprehensive list of problematic circumstances that families with a special needs child might face. These circumstances, which were derived from relevant research (Groze, 1996; Smith & Howard, 1994), encompassed seven domains: (a) the child's behavior at home; (b) health and medical issues; (c) child development and education; (d) the child's birth family and history; (e) family adjustment during the transition to adoption; (f) concerns about receiving adequate services; and (g) concerns about acceptance from the community. Three to five items were included to tap each of the seven domains of problems.

Parents were asked in Part I of SNAPS to indicate whether or not they have experienced each of the 25 problem items while parenting their pre-adoptive child. If they had experienced the problem, they were asked to identify the individuals they normally turned to for help with this problem. If they had not experienced the particular problem, parents were asked to identify who they might turn to for help if this problem were to arise. A list of 33 potential resources were provided to parents for these selections. This list included members of the parents': (a) formal, agency related resource network (e.g., caseworkers, other adoption staff); (b) formal, non-agency related resource network (e.g., medical specialists, therapists, school representatives); (c) informal, agency related resource network (e.g., experienced "master" adoptive parents, the child's former foster parent); and (d) informal, non-adoption agency related resource network (e.g., spouse, extended family members, friends, church affiliates). Parents could also list additional sources of support that were not specified on the questionnaire.

In Part II of SNAPS, parents indicated how often they turn to each potential resource for help (daily, weekly, monthly, twice a year, or once a year or less).

Subsequently, in Part III, parents were asked to rate on a 5-point Likert scale how helpful each potential resource person has been in helping them with issues related to parenting their adoptive child (5 = extremely helpful, 1 = harmful). Parents could also endorse a "not applicable" response if they did not have contact with a particular type of helper.

Part IV of SNAPS consisted of two open-ended questions that invited the respondents to: (a) describe the areas of support they need but were not currently receiving; and (b) identify individuals they feel they ought to be able to turn to for help, but feel that they cannot. These responses were later content analyzed using the following procedure. First, a list of all responses was generated without information identifying respondents. Second, the project coordinator reviewed the list of responses and created categories that reflected the general topics expressed in the short narratives. Seven categories emerged: (a) delays in adoption finalization; (b) access to agency staff and resources (e.g., needing a caseworker to answer questions about court procedures); (c) access to non-agency services (e.g., needing a medical referral); (d) access to informal sources of support (e.g., parent support groups); (e)

counseling and/or help with child behavior problems; (f) financial assistance; and (g) child care and respite. Next, each parental response was coded using one or more of the above categories. The coding process was then repeated by an independent research assistant. Inter-rater reliability was 92%.

Finally, a general information form was included to assess a variety of family characteristics (e.g., family size, composition, structure, SES, ethnicity), current status of the adoption, characteristics of the child they plan to adopt (i.e., ethnicity, amount of time the child has lived with the pre-adoptive parent, number of years the child spent in foster care, areas of special needs, brief history of abuse and neglect).

The reliability of the SNAPS questionnaire was supported by its internal consistency. Parents' responses about whether they faced a particular problem or not within each of the seven domains yielded alpha coefficients that ranged from .50 to .86 (Median = .70).

Parental interviews. Two parents, who completed the SNAPS Questionnaire, were randomly selected to participate in a 2-hour semi-structured interview. The purpose of this interview was to obtain qualitative information that might extend or enrich the quantitative results. We were particularly interested in ascertaining whether parents would raise needs and concerns that were similar to those assessed on the SNAPS questionnaire (thereby providing limited converging evidence to support the validity of the quantitative findings) or whether new information might arise if the issues under study were approached from a qualitative perspective. Furthermore, the interview also allowed us to study an additional component of family stress theory (Hill, 1971; McCubbin & Patterson, 1983). Whereas the SNAPS questionnaire assessed parents' perceptions of stressors and resources (the A and B components of the ABC-X model), the interview also encompassed cognitive components (the C in the ABC-X model) such as parents' understanding of their situation and the meaning it has had for them. X in the ABC-X model is an outcome variable that can refer to either the level or stress that is experienced or the occurrence of a crisis (Boss, 1988).

Topics explored in the interview were selected in accordance with the family stress and ecological conceptual frameworks that guided this research. Topics included: (a) the family's overall motivation and expectations for adoption; (b) the rewards that have come from the pre-adoptive placement as well as anticipated benefits; (c) challenges and needs that have been faced while parenting a pre-adoptive child with special needs; (d) parents' perceptions of the availability of supports; and (e) continuing and unmet needs for support. Although an interview guide was followed, participants were free to share their unique stories of adoption. Probes were used to elicit concrete examples of the ways in which the parent obtained or failed to obtain support from informal and formal resources.

The two parents who participated in the interviews were female African Americans who had multiple children in pre-adoptive care. Their children presented a variety of special needs. Interestingly, the two women represented diverse sides of the pre-adoptive experience due to their marital status and income. One parent, "Ruth" was married and was currently raising two biological children in addition to two foster children. The other parent, "Melinda" was divorced and decided to become a foster parent for five siblings after her two birth children reached adulthood.

The interviews took place in the parents' homes and were audio-taped. The taped responses were later transcribed and content analyzed. The procedures for the content analysis were identical to those used to analyze parents' responses about unmet needs described above.

Results

Preliminary Analyses

Preliminary analyses were conducted to investigate whether mothers and fathers held similar perceptions of the types of problems they faced in parenting their pre-adoptive child, the level of support they received, and the helpfulness of this support. No significant differences were found between the reports of mothers and fathers in terms of the types of problems that they experienced or in the frequency with which they had contact with potential sources of support. Only one significant difference emerged with regard to parents' reports about the helpfulness of members of their support network. Mothers ($M = 3.40$, $SD = 1.07$) considered master adoptive parents to be more helpful than fathers ($M = 1.83$, $SD = 0.75$), $F(1,14) = 9.74$, $p < .01$. Given the strong degree of agreement between mothers and fathers in all other items, their reports were combined in subsequent analyses.

Key Problems Faced by Parents Adopting a Child with Special Needs

The reports of one parent per family (selected at random) were used for the descriptive analyses of the types of problems experienced by parents during the pre-adoptive period. This procedure allowed us to avoid over-representing the characteristics of children whose pre-adoptive mother and father both responded to the survey.

Parents reported a total of 205 problems related to parenting their pre-adoptive children. The number and percentage of parents who reported experiencing each of the 25 problems assessed in SNAPS are presented in Table 1.

As shown in Table 1, the pre-adoptive parents in this study indicated that their largest areas of concern were related to their children's health and medical issues, child development and education, and child behavior problems at home. Fifty-one of the 205 problems reported by parents (25%) were in the area of health and medical issues whereas 21% of the problems related to child development and education, and an additional 20% related to child behavior problems at home. Concerns related to the child's birth family and history, and agency and service concerns were reported less frequently: 29 of the 205 problems reported by parents (14%) were associated with the child's birth family and history, and 10% of the problems related to service concerns. Concerns reported least frequently were in the areas of family adjustment (6%) and acceptance from the community (3%).

To Whom do Pre-adoptive Parents Reach Out for Help?

We next examined who parents reported turning to for help with each of the above problems. Table 2 shows the extent to which parents' choices for assistance represented helpers from the four categories of formal/informal and agency related/non-related resources. In the text below, we provide more specific information about which of the 33 potential helpers were most frequently cited by parents as individuals they turn to for help with particular problems.

Table 1
Parenting Problems Reported by Pre-adoptive Parents (n = 29)

Type of problem	Number of parents reporting problem	Percentage of parents reporting problem
Health and medical issues		
Child was exposed to drugs at birth	20	69.0%
Child has problems with bedwetting	11	37.9%
Child has attention deficit disorder	20	69.0%
Child's behavior at home		
Child threatens children in home	11	37.9%
Child destroys property	12	41.4%
Child refuses to follow rules in the home	14	48.3%
Child acts out sexually	7	24.1%
Child development and education		
Child is not developing at a normal pace	11	37.9%
Child has learning problems at school	13	44.8%
Child has behavior problems at school	17	58.6%
Child's birth family and history		
Child misses his/her birth family	11	37.9%
Behavior problems after visiting birth family	11	37.9%
Questions about child's past that I cannot answer	7	24.1%
Family adjustment		
My other children don't get along with child	2	6.9%
I disagree with my spouse about ways to parent	1	3.4%
I can't get over not having a child by birth	3	10.3%
Adoptive parenting is different than I expected	7	24.1%
Agency and service concerns		
I can't get needed services from adoption agency	7	24.1%
I haven't received enough background information	8	27.6%
My child is not getting needed medical care	3	10.3%
My child is not getting needed school services	1	3.4%
My child is not getting needed counseling	1	3.4%
Acceptance from community		
My friends and family do not accept my child	1	3.4%
My child is teased about being a foster child	5	17.2%
Our community doesn't respect us as an adoptive family	1	3.4%

Health and medical issues. As shown in Table 2, parents were most likely to turn to members of their formal support system, who were not directly linked with their adoption agency, for help with health and medical issues. Further inspection of parents' specific endorsements revealed that 27.06% of parents' choices for help with health and medical issues were doctors. Although endorsed less frequently, parents also viewed their agency caseworker (16.76%), their child's therapist (13.82%) and spouse (9.71%) as potential sources of support for health-related problems. It is likely that adoption agency staff would be called upon to assist in making a referral to a medical provider or to give approval for medical payments. The remaining endorsements (33.65%) were thinly divided across the other potential helpers.

Child's behavior at home. Table 2 shows that parents were most likely to seek help from both formal and informal support resources who were not directly linked with the adoption agency when addressing child behavior problems. Inspection of parents' specific endorsements revealed that 24.30% of parents' choices for help with their child's behavior at home were therapists. Parents

Table 2
Parents' Choices for Help (Percentages) (n = 40)

Problem area	Type of resource			
	Formal agency	Formal, non-agency	Informal agency	Informal non-agency
Health and medical	22.65	47.65	12.94	16.76
Behavior at home	24.95	32.68	9.90	32.47
Child development and education	14.79	65.75	6.30	13.15
Birth family and history	29.06	19.37	22.74	28.83
Service concerns	57.33	19.06	13.33	10.29
Family adjustment	13.92	17.56	17.56	50.96
Acceptance from community	13.04	10.84	21.95	54.17

also selected their spouse as their second most frequently used support resource (18.49%). The assigned caseworker (15.05%) was also endorsed as a source of support although less frequently.

Child development and education. Not surprisingly, parents overwhelmingly reported seeking help from formal, non-agency linked resources when faced with problems related to child development and education (see Table 2). Parents were most likely to seek assistance from their child's teacher (21.92%), therapist (12.33%), doctor or medical specialist (11.23%), child development specialist (10.41%), or school counselor (8.22%) to address issues related to development and learning.

Child's birth family and history. Parents appeared to seek out a wide range of supportive resources when confronting issues about their child's origin. Parents reported being willing to turn to their adoption agency caseworker (18.26%) and other adoption staff (10.39%) when faced with problems related to their pre-adoptive child's birth family and history. In addition to these formal resources supplied by the adoption agency, parents also relied heavily upon the professional services of their child's therapist (16.01%) as well as support from their spouse (14.33%).

Family adjustment. Parents appeared to rely heavily on their informal, non-agency related network of support when they addressed problems related to family adjustment (see Table 2). Parents overwhelmingly endorsed their spouse as the person they would turn to for support in this area (18.42%), followed by the agency-sponsored family support specialist (11.13%), the child's caseworker (9.64%), and therapist (9.42%).

Agency and service concerns. As shown in Table 2, pre-adoptive parents selected adoption agency staff as their primary support resource when faced with problems in accessing services from the agency and from other formal service providers such as health clinics, counseling centers, and schools. Analysis of parents' specific endorsements revealed that parents overwhelmingly turn to their caseworker (23.78%), adoption agency staff member (16.86%), and agency supervisor (14.33%) under these circumstances.

Acceptance from community. Parents indicated that they seek support from their spouse (20.28%) most often, followed by their parents (7.50%), family support specialists (11.67%), best friend (7.22%), extended family (6.94%), and minister (5.56%) when confronting problems related to community acceptance.

Summary. Overall, the results indicate that mothers and fathers who experience problems related to parenting their pre-adoptive child seek help from a variety of supportive resources. Although their concerns relate to parenting their pre-adoptive child, parents do not only turn to representatives of the adoption agency for

help. Rather, their choices for help depend largely on the type of problems they are experiencing. It was also notable that pre-adoptive parents rarely reported seeking help from master adoptive parents, child care or respite providers, agency nurses, agency directors, attorneys, or court-appointed child advocates (CASA volunteers).

Frequency of Contact with Helpers

Parents' reports about how often they sought help from the 33 potential resources were examined next (see Table 3). A repeated measures multivariate analysis of variance (MANOVA) was conducted to test for differences in the degree to which mothers and fathers reported having contact with resources from each of the four categories of helpers. A significant main effect was obtained for the helping categories, $F(3,36) = 25.24, p < .001$. The effect for parent gender, as well as the interaction effect for parent gender and helping categories, were not significant. Follow-up analyses, using paired t -tests, revealed that parents reported having the highest level of contact with informal, non-agency resources ($M = 3.02, SD = 1.10$) in contrast to informal agency-linked resources ($M = 1.83, SD = 0.89, t(39) = 9.90, p < .001$), formal agency resources ($M = 1.89, SD = 0.86, t(39) = 8.36, p < .001$), and formal non-agency linked resources ($M = 1.91, SD = 1.19, t(39) = 6.92, p < .001$). Thus, relative to other resources, parents report having the highest level of supportive contact with their spouse, best friend, parents, extended family members, and church members.

Table 3
Frequency of Contact with Helping Resources and Parents' Perceptions of Helpfulness (n = 40)

Resource	Frequency of contact		Helpfulness rating	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Informal, non-agency resources				
Spouse	4.63	(0.99)	4.55	(0.90)
Extended family member	3.17	(1.17)	4.14	(0.82)
Parent	3.28	(1.22)	4.31	(0.87)
Best friend	3.56	(1.11)	4.11	(0.99)
Neighbor	2.37	(1.08)	3.83	(1.16)
Minister	2.62	(1.16)	3.72	(1.08)
Church member	3.05	(1.13)	3.97	(0.89)
Employer	1.82	(1.21)	3.67	(1.34)
Day care provider	2.71	(1.79)	3.86	(1.21)
Informal, agency-linked resources				
Family support specialist	1.17	(1.10)	3.57	(1.10)
Master adoptive parent	1.62	(1.23)	2.81	(1.22)
Child's former foster parent	1.45	(0.79)	3.11	(1.33)
Other foster parent	2.31	(1.10)	3.93	(0.88)
Other adoptive parent	2.24	(1.09)	3.71	(0.90)
Respite provider	1.83	(1.15)	3.45	(0.96)
Child's birth parent	1.14	(0.44)	2.16	(1.34)
Child's birth relative	2.88	(2.61)	3.00	(1.27)
Formal, agency resources				
Agency caseworker	2.84	(0.62)	4.03	(0.81)
Agency adoption staff	2.46	(0.99)	4.05	(0.91)
Agency supervisor	1.54	(0.91)	3.73	(0.91)
Agency licensing rep.	1.69	(0.92)	3.79	(1.01)
Agency nurse	1.52	(0.90)	3.19	(1.23)
Agency director	1.42	(0.79)	3.45	(0.96)
Formal, non-agency linked resources				
Child's therapist	2.69	(1.28)	4.07	(1.00)
Parent's therapist	1.89	(1.28)	3.69	(1.49)
Child's teacher	3.30	(1.37)	4.06	(0.94)
School counselor	1.88	(1.20)	3.76	(1.26)
Doctor/medical specialist	2.47	(0.68)	4.24	(0.89)
Child development specialist	1.57	(1.06)	3.50	(1.26)
Physical therapist	1.43	(1.04)	2.83	(1.70)
Child's guardian ad litem	1.10	(0.30)	2.72	(0.94)
CASA volunteer	1.00	(0.00)	2.40	(1.17)
Attorney	1.60	(0.74)	3.81	(1.20)

As shown in Table 3, potential resources that were contacted only minimally (i.e., once per year or less) by parents included family support specialists, the child's former foster parents, child development specialists, master adoptive parents, school counselors, and the child's court appointed guardian ad litem.

How Helpful Do Pre-adoptive Parents Perceive their Available Resources To Be?

Parents' ratings of the helpfulness the resources available to them are presented in Table 3. A repeated measures MANOVA was conducted to test for differences in the degree to which mothers and fathers reported that the four categories of resources were helpful to them. Again, a significant main effect was obtained for the helping categories, $F(3,36) = 5.24, p < .05$, whereas the effects involving parent gender were not significant. Follow-up analyses, using paired t -tests, revealed that parents reported that informal, non-agency resources were most helpful to them ($M = 4.02, SD = 1.03$) in contrast to informal agency-linked resources ($M = 3.64, SD = 1.13, t(39) = 2.56, p < .05$), formal agency resources ($M = 3.51, SD = 1.19, t(39) = 3.00, p < .05$), and formal non-agency linked resources ($M = 3.71, SD = 0.97, t(39) = 2.67, p < .05$). Thus, as shown in Table 3, parents considered individuals in their informal, non-agency resource network such as their spouse, extended family members, and best friends to be most helpful to them. In addition, affiliates from church, neighbors, and child care providers also received relatively high ratings of helpfulness.

Table 3 also shows that particular representatives of formal support agencies also received high endorsements of helpfulness. For example, the child's doctor or medical specialist, therapist and teacher were reported to be very helpful. Also noteworthy is that parents considered their caseworker and other adoption staff members to be very helpful. In contrast, family support specialists, master adoptive parents, the child's former foster parent, birth parent, school counselor, child development specialist, physical therapist, guardian ad litem, CASA volunteer, and attorney received relatively low ratings on helpfulness. However, as discussed below, low ratings of helpfulness may relate to low access to these particular resources.

Unmet Needs for Service and Support

Twenty-four parents provided written comments in response to the open-ended questions about their unmet needs for service and support. Six of these sets of comments were not retained for content analysis because they discussed their satisfaction or general experiences with adoption rather than unmet needs. In all, 41 discrete unmet needs were identified through the content analysis of the parents' responses. Below, we present the main themes that represent these comments along with the frequency with which they were endorsed. However, it should be noted that because parents generated these concerns without reference to a standard list of possible unmet needs, it is likely that the reported frequencies do not represent the full scope of parents' concerns. Rather, these frequencies are best conceptualized as representing parents' most salient or pressing concerns.

Access to agency staff. Eight of the 41 comments about unmet needs (19.50%) reflected difficulty in accessing caseworkers. Parents generally did not blame their caseworkers for restricted access but instead viewed the problem as the result of a system that has insufficient staffing and that places too many responsibilities on individual caseworkers. For example, one parent stated, "I

know the system is not perfect and that workers are extremely overworked. I appreciate what they have done for us.” Nonetheless, parents consistently remarked that their need for staying in contact with their caseworker was significant: “We need help getting a caseworker. It’s been a long haul and they don’t have enough workers, due to health, pregnancy, and whatever. . . . It takes too long to get anything done.” Furthermore, one parent wrote, “I wish there was a general phone number that parents could call for quick general questions and for it to be a human voice.”

Delays in adoption finalization. Six of the 41 comments about unmet needs (14.63%) involved the necessity to finalize the adoption and receive adequate background information about the child in a more expedient manner. These parents shared experiences of waiting years to have their child’s adoption completed, either due to staff shortages, court delays, or other administrative setbacks. For example, one mother reported that her 7-year-old pre-adoptive son had been in foster care since he was 1½ years of age, having lived in eight different foster homes prior to coming to her home. This mother stated, “What a long time for a child not to know where his home is!” Similarly, another parent reported that their 3-year-old had been legally free for adoption since 7 months of age but that the adoption has not yet been finalized. Another parent reported that their adoption has been delayed because of a one-year wait for the results of fingerprint screening.

Access to non-agency services through the adoption agency. Seven of the 41 unmet needs (17.07%) reflected a need for assistance with accessing and paying for non-agency services such as medical care, educational or developmental evaluations, developmental services, child care, and recreational services. Parents expressed dismay at not being given complete information at the onset of the pre-adoptive placement about the types of resources that might be received and how to arrange for payment for these resources. As one parent stated, “I never knew DCFS paid for YMCA or some other services until I heard it from another foster parent.” One parent offered the following suggestion, “I wish there was a directory of services that could be presented to foster/adoptive parents that could hold the names of services available that DCFS helps fund.”

In several cases, parents reported being aware of the medical, school and mental health services that their pre-adoptive child needed but found it very difficult to gain access to these services through the adoption agency. For example, one parent wrote, “Several referrals for medical and counseling appointments have been made for “Josh” by people working with him (therapist and school personnel). His caseworker told us 7 months ago she was going to call the medical and counseling services and make these referrals. As yet, she has not done so.” Similarly, another parent stated that she had been unsuccessful in getting a referral for help with her son’s attention deficit disorder and speech delays until he began school. She wrote, “I just started really getting help once he got in school and other people could see his behavior.”

Counseling. Six of the 41 unmet needs (14.63%) reported by parents involved the need to obtain counseling services. Several parents requested counseling services to meet the unique cultural needs of African American male children. Additionally, parents reported needing therapists who had experience in working with entire families.

Child care and respite. Five of the 41 unmet needs (12.20%) reflected difficulties in finding adequate child care for children with special needs. As one parent wrote, “Many child care

providers are unable or unwilling to handle behavior problems. This has been the single most stressful part of fostering. Without child care support for working parents, some might get out of fostering/adoption all together.”

Several parents reported needing help in financing child care. One single mother spoke of her inability to take a break from her parenting responsibilities because she could not afford a babysitter.

Financial assistance. Five of the 41 unmet needs (12.20%) pertained to financial demands as parents pointed out that adoption of a child with special needs can be an expensive proposition, particularly for low to middle income families. For example, “More African Americans would adopt if they could get financial help, because a lot of us only make \$20–30,000 a year and that is not a lot to raise a family these days with no help.” In addition, parents called for financial assistance in providing children with extra-curricular or recreational activities.

Informal support. Four of the 41 unmet needs (9.76%) involved the desire to receive support from other adoptive parents. Parents viewed both informal get-togethers with families facing similar issues and involvement in more structured support or self-help groups as potentially helpful. Further, they viewed the adoption agency as a logical base for establishing these informal support networks. As one parent stated, “Maybe some other family unit who has similar problems could help. We could all share our ideas.” Similarly, a second parent wrote, “Sometimes just talking to another person who shares the same everyday obstacles is great.”

Parental Interviews

Content analysis of the two interview transcripts reinforced the findings obtained using the SNAPS questionnaire. For example, both parents indicated unmet needs with regard to access to agency staff, non-agency resources, delays in adoption finalization and obtaining complete background information about the children, child care/respite, counseling, financial assistance, and informal support. However, their verbal descriptions in the interview also produced new information about how parents conceptualize and respond to these stressors and unmet needs.

One new finding ascertained through the interviews relates to family resiliency. Instead of waiting passively for the adoption agency to act, some parents may take charge of their own resources to remedy their needs. For example, when “Melinda” received very little background information about her pre-adoptive children, she enlisted the aid of her social network: “I found out about the children’s background indirectly through my friend who knew the kids’ grandmother. This helped me to understand the children much better. I learned that the kids’ mother neglected them and had several domestic violent incidents with the kids present. They have been in and out of foster care all of their lives.” Furthermore, Melinda learned how to become an effective advocate with the school system despite the fact that as a foster parent she had no legal authority as it pertained to educational planning for the children.

The interview with “Ruth” highlighted the fact that life circumstances often arise unexpectedly that have a substantial impact on parenting abilities and that the provision of short-term supports during these times may have lasting value. During the first year that her pre-adoptive children had been placed with her, Ruth underwent extensive surgery and was bedridden for several weeks.

Although Ruth felt that the adoption agency should have done more to support her family during this time, for example, by providing funds for child care or homemaker services, she was able to garner assistance from her network of church members, family and friends.

Interestingly, the interviews also revealed that there are some situations in which a parent's drive and determination may paradoxically prevent them from getting the assistance they need. For example, because she was successful in parenting her children, Melinda believed that her adoption caseworker, as well as some of her church acquaintances, thought that she could manage without their support. "They see that the children are well dressed and their hair is always done neatly. No one has ever asked me if I need a break or if they can bring the children home for me after choir rehearsal. I suppose they just think that I am doing all right by myself, but this is not true. I do need help." Melinda's experiences highlight the fact that we need to avoid service models in which families only receive support when they are chronically in need or on the brink of a crisis.

Discussion

Historically, it was assumed that the adoption agency would fulfill virtually all of the needs of the pre-adoptive family. However, the current results show that parents rely on a variety of resources to meet their child's needs that include, but are not restricted to, the agency sponsoring the adoption. For example, parents reported turning to community-based professionals for help with medical, educational, and mental health concerns. They also seek help and advice from informal agency-linked resources, such as other adoptive parents, when finding ways to help their child reconcile issues related to their birth family. In addition, parents reported relying heavily on their indigenous support system that includes their spouse, parents, extended family, and friends, particularly when they experience challenges related to family adjustment and integration. Apparently, pre-adoptive parents do not approach the adoption agency to meet all of their needs. Rather, they depend upon the adoption or child welfare agency to help them connect with relevant resources.

Previous research is not available to tell us whether these preferences for support represent a change from the past. Some researchers have suggested that children are now entering foster and pre-adoptive care with more serious problems than in past decades (Lakin, 1992). Although it is very possible that children experienced similar problems that went undetected in past decades, it is clear that pre-adoptive families now regularly confront multiple problems related to their child's physical well-being, developmental delays, school problems, and behavior disorders. As such, it is understandable that physicians, teachers, child development specialists, and therapists would be considered by pre-adoptive parents to be integral members of their support network along with family members and friends.

The Value of Informal Supports

Few adoption preparation programs explicitly encourage pre-adoptive families to take advantage of their indigenous support network (e.g., family members, friends, church members) as they confront the challenges of adoptive parenthood. This may have been because these individuals were not thought to possess information about adoption per se or about parenting a child with medical, developmental, or learning difficulties. However, the cur-

rent results suggest that pre-adoptive parents do turn to these individuals for help and find them to be quite helpful. Parents may reason that even if these individuals know little about adoption or children with special needs, they may be able to help in other ways, for example, by providing emotional support or concrete assistance with child-care or respite needs.

One area that requires extensive development is adoptive parents' access to informal, agency-linked support resources. Individuals such as master adoptive parents and family support specialists may provide an important service to pre-adoptive parents by extending first-hand knowledge and expertise about the ways to manage the challenges of adoptive parenthood (Berry, 1990; Nelson, 1985). Although many services to adoptive families disappear once the adoption has been finalized, contact with a family support specialist or master adoptive parent can continue, making it an excellent mechanism for ongoing mentoring. Ongoing informal interaction with experienced adoptive parents may help to diffuse crises and prevent the escalation of problems that might lead to formal agency intervention or adoption disruption. However, the results of the current study indicate that many parents do not know that this type of help is available. Nonetheless, mothers considered master adoptive parents to be helpful.

Adoption and child welfare agencies could play a role in encouraging the use of informal networks by: (a) encouraging pre-adoptive parents to seek emotional and concrete forms of assistance from family members, friends, church associates, etc. when feasible and inviting extended family members and friends to become involved in the adoption preparation process; (b) encouraging providers of informal support to not withdraw support prematurely, even if it appears that the adoptive parents are coping well; (c) advertising the availability of master adoptive parents and family resource specialists and increasing the availability of these resources; (d) referring parents to existing support and self-help groups; (e) sponsoring the formation of new support or self-help groups that are targeted at particular issues (e.g., parenting a child who was exposed to drugs at birth); and (f) providing ongoing opportunities for families to learn about resources in their community such as recreational and mentoring programs.

Parents' Perceptions of the Helpfulness of their Support Networks

Although the pre-adoptive parents who participated in this study reported concerns about not having as much access to resources as they felt they needed, most reported that the assistance they did receive was quite helpful. In particular, they considered the support they received from their informal, non-agency related support network (e.g., spouses, extended families and friends) to be most helpful. In addition, the respondents reported finding the direct service staff from the adoption agency to be very helpful. Given the high levels of reported health-related, developmental, and educational problems, it is also reassuring that the support provided by medical specialists, therapists, and educational professionals is considered to be valuable.

Parents' Concerns and Unmet Needs

Parents' comments about their unmet needs in the interviews and narratives suggest that agencies could better serve families by promoting timely adoption finalizations, increasing efforts to provide thorough background information about the adoptive child, enhancing adoption subsidies, and establishing local direc-

tories of service providers and community resources. Greater access to community resources such as specialized child and respite care, culturally sensitive therapists who can work with families, and self-help groups are pressing needs.

The Need for an Integrated System of Support

The fact that parents perceive a wide range of needs suggests that they may benefit from a more coordinated and integrated system of support. This is consistent with an ecological theoretical perspective. At present, families are typically referred to individual service providers. If a child has needs in multiple areas (which is often the case), the family may be referred to multiple service providers. Current practice suggests that service providers usually operate independently of one another, coming together only occasionally for an administrative case review coordinated by the child welfare agency. Thus, there is a danger that professionals may not possess the same information about the child and his/her family and so may operate at cross-purposes. Furthermore, low levels of inter-disciplinary collaboration may increase the risk that a child's need is not recognized or, alternately, result with a duplication of services. Thus, it would be valuable if professionals could be brought together in multi-disciplinary teams to provide a more integrated treatment approach. Greater collaboration between adoption/child welfare agencies and auxiliary professionals will also help to ensure that the community-based professionals are knowledgeable about families who adopt children with special needs and to ensure that adoption staff members have accurate information, that can be conveyed to parents, about the types of services that professionals provide.

Limitations

Some caveats need to be considered when interpreting the current results. First, the sample was relatively small in number and included children who entered pre-adoptive care for several different reasons. Children in pre-adoptive care are not a homogeneous group (Rosenthal, 1993) and families are likely to experience different constellations of challenges and supports in accordance with their child's particular needs. Future research should seek to distinguish how parents' needs for support differ when children enter pre-adoptive care because they are older, have experienced child abuse or neglect, have a medical, developmental, educational, or emotional disability, or are part of a sibling group. However, the results of the current study suggests that disentangling the effects that each of these types of problems have on families' adjustment to adoption will be quite challenging as individual children enter pre-adoptive care with multiple difficulties.

Second, the adoptions were being handled by various field offices of a large state-operated child welfare agency in the mid-west. The extent to which families in other states have similar or different experiences around support is not clear. Further, as many states are now electing to subcontract adoption services to smaller private or non-profit social service agencies, it will be important to investigate whether experiences with support differ when the adoption is being handled by a different type of agency.

Third, the SNAPS was a new instrument and its psychometric properties were unknown at the outset of the research. The results of the current study suggest that the instrument is internally consistent and that it produces data that overlaps substantially with information obtained through a limited set of parental interviews. Nonetheless, the reliability and validity of the SNAPS questionnaire should be further investigated in subsequent research.

Finally, it is important to consider the degree to which the results of this study are generalizable to other populations of pre-adoptive parents. The current sample of participating parents resembled volunteers in other studies of special needs adoption (e.g., Groze, 1996) in terms of income, educational level, and marital status. However, it is possible that parents who chose to participate may differ from non-respondents in ways that could have affected the results of this study. For example, it is possible that respondents were more verbal, more comfortable expressing their opinions, or had a greater appreciation of the potential value of research than non-respondents. It is also possible that individuals who had relatively strong feelings about their situation used the study as a forum for expressing their concerns or satisfactions.

Future Directions

It is our hope that this preliminary study will lay groundwork for future research and programming endeavors aimed at supporting adoptive family life and improving permanency outcomes for children with special needs. Of particular interest is the question of whether parents' perceptions of support during the pre-adoptive period will predict: (a) whether parents maintain their commitment to adoption over time so that a finalized adoption results; and (b) whether or not the adoption is sustained over time. We hypothesize that long-term family stability, as well as greater well-being for children and parents, will be enhanced when family members perceive that their support network is functioning adequately. Further, parents who feel that they have direct access to diverse components of their support network may demonstrate greater coping and resilience. We plan to investigate these issues by following this sample of parents and children over the next several years.

Summary

In summary, the successful parenting of an adoptive child with special needs has been described as being based on a partnership between the family, the adoption/child welfare agency, auxiliary professionals, and members of the families' informal support network (Groze, 1996; Rosenthal, Schmidt, & Conner, 1988). Efforts to support the long-term success of adoption may be strengthened by actively involving representatives from the medical, mental health, and educational disciplines in the planning and coordination of services for adoptive children with special needs. In addition, success is more likely when parents are encouraged to draw upon other families who are experienced with adoption and children with special needs as well as members of their natural support system.

Child welfare agencies and professionals from related disciplines now have a unique opportunity to build upon current programs and to draw upon new innovative techniques to promote the long-term outcomes for neglected and abused children through adoption. The reports of parents in this study, as well as prior research and theory, lead us to believe that the most successful programs will highlight mechanisms for linking families with needed supports. Adoption will become a more attractive option to growing numbers of families if we can find ways to help them build strong community-based networks of support.

References

- Barth, R. P., & Berry, M. (1988). *Adoption and disruption: Rates, risks, and responses*. New York: Aldine de Gruyter.

- Barth, R. P., & Berry, M. (1991). Preventing adoption disruption. In D. G. Unger & D. R. Powell (Eds.), *Families as nurturing systems: Support across the lifespan*. New York: Haworth.
- Berry, M. (1990). Preparing and supporting special needs adoptive families: A review of the literature. *Child and Adolescent Social Work*, 7, 403-419.
- Berry, M., & Barth, R. P. (1990). A study of disrupted adoptive placements of adolescents. *Child Welfare*, 69, 209-226.
- Boss, P. (1988). *Family stress management*. Newbury Park, CA: Sage.
- Conklin, L. T., Veilbig, A. J., & Blakely, T. C. (1962). Use of groups during the adoptive post-placement period. *Social Work*, 7, 46-52.
- Glidden, L. M. (1991). Adopted children with developmental disabilities: Post-placement family functioning. *Children and Youth Services Review*, 13, 363-377.
- Glidden, L. M., & Pursley, J. T. (1989). Longitudinal comparisons of families who had adopted children with mental retardation. *American Journal of Mental Retardation*, 94, 272-277.
- Groze, V. (1994). Clinical and nonclinical adoptive families of special-needs children. *Families in Society*, 75, 90-104.
- Groze, V. (1996). *Successful adoptive families: A longitudinal study of special needs adoption*. Westport, CT: Praeger.
- Hill, R. (1971). *Families under stress*. Westport, CT: Greenwood Press. (Originally published in 1949).
- Illinois Department of Children and Family Services (1996). *Child abuse and neglect statistics*. Annual report-fiscal year 1995. Springfield, IL: DCFS.
- Kagan, R. M., & Reid, W. J. (1986). Critical factors in the adoption of emotionally disturbed youths. *Child Welfare*, 65, 63-73.
- Lahti, J. (1982). A follow-up study of foster children in permanent placements. *Social Services Review*, 56, 556-571.
- Lakin, D. (1992). Making the commitment to adoption. In Spaulding for Children (Eds.), *Trainers guide: Special needs adoption training curriculum*. National Resource Center for Special Needs Adoption.
- McCubbin, H. I., & Patterson, J. M. (1983). The family stress process: The double ABCX model of adjustment and adaptation. *Marriage and Family Review*, 6, 7-37.
- Nelson, K. A. (1985). *On the frontier of adoption: A study of special-needs adoptive families*. New York: Child Welfare League of America.
- Partridge, S., Hornby, H., & McDonald, T. (1986). *Legacies of loss, visions of gain*. Portland, ME: University of Southern Maine.
- Prater, G., & King, L. T. (1988). Experiences of Black families as adoptive parents. *Social Work*, 33, 543-545.
- Rosenthal, J. (1993). Outcomes of adoption of children with special needs. *The Future of Children*, 3, 77-88.
- Rosenthal, J., & Groze, V. (1990). Special-needs adoption: A study of intact families. *Social Service Review*, 64, 475-507.
- Rosenthal, J., & Groze, V. (1992). *Special needs adoption: A follow-up study of intact families*. New York: Praeger.
- Rosenthal, J. A., Schmidt, D., & Conner, J. (1988). Predictors of special needs adoption disruption: An exploratory study. *Children and Youth Services Review*, 10, 101-117.
- Smith, S., & Howard, J. (1994). *The adoption preservation project*. Normal, IL: Illinois State University, Department of Social Work.
- Triseliotis, J., & Russell, J. (1984) *The outcome of adoption and residential care*. London: Heineman Educational Books.
- Westhues, A., & Cohen, J. S. (1990). Preventing disruption of special needs adoptions. *Child Welfare*, 69, 141-155.

Laurie Kramer is an Associate Professor of Applied Family Studies in the Department of Human and Community Development, University of Illinois, 1105 W. Nevada, Urbana, IL 61801 (l-kramer@uiuc.edu).

Doris Houston is a doctoral student in the Department of Human and Community Development, University of Illinois. She is also a Public Service Administrator in the area of foster care and adoption at the Illinois Department of Children and Family Services.

Received 10-2-1997

Revised & Resubmitted 6-3-1998

Second Revise & Resubmit 7-1-1998

Accepted 7-13-1998

Resources for Family Life Education and 1994 Supplement

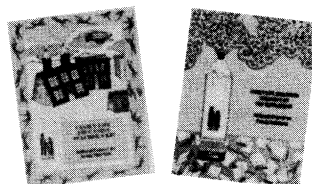
(formerly Family Life Education Teacher's Kit and 1994 Supplement)

The original **Resources for Family Life Education**, published in 1993, consists of 66 lesson plans based upon the ten family life substance areas used as criteria for the Certified Family Life Educator program. The popularity of Resources for Family Life Education prompted the production of the 1994 Supplement. It consists of 30 additional lesson plans. There are three lesson plans in each of the ten substance areas. The Supplement is meant to be added to the original Resources for Family Life Education; however, it can also stand alone. The lesson plans in both kits are geared toward high school, undergraduate, and graduate level audiences as well as adult education and/or extension classes. Resources for Family Life Education and the Supplement provide family life educators with tested lesson plans that are, for the most part, ready to use. Includes lesson plans, overhead masters, and handouts.

Resources for Family Life Education

\$29.95* NCFR Member/CFLE

\$34.95* Non-member



1994 Resources for Family Life Education

\$24.95* NCFR Member/CFLE

\$29.95* Non-member



National Council on Family Relations

3989 Central Avenue N.E., Suite 550 • Minneapolis, MN 55421

(612) 781-9331 • FAX (612) 781-9348 • Toll free (888) 781-9331 • E-mail: ncfr3989@ncfr.com

FR 1098

*Includes postage & handling. Non-U.S. orders add \$3.00 postage per book. U.S. funds drawn on U.S. banks only. Canadian orders add 7% GST. (123-830-465). 10% discount on 10 or more copies. FEI 41-0762436.