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Adoption Permanency of Older Children: Evaluation of Adoptive Family Functioning Variables in Families Who Adopt Older Children

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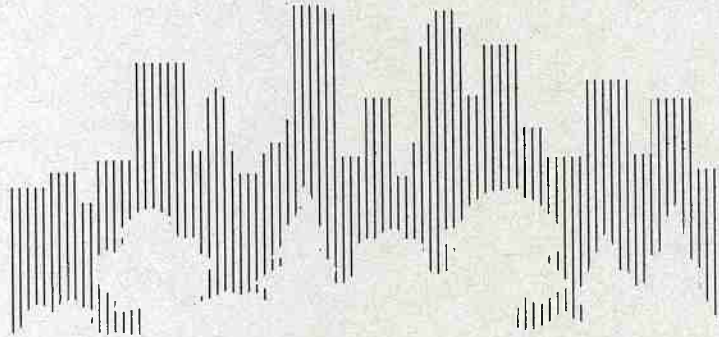
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MASTERS IN SOCIAL WORK THESIS

Rhonda M. Jager-Pippy

**Adoption Permanency of Older Children:
Evaluation of Adoptive Family Functioning Variables
in Families Who Adopt Older Children**

**MSW
Thesis**

Thesis
Jager-

1997

**ADOPTION PERMANENCY OF OLDER CHILDREN:
AN EVALUATION OF ADOPTIVE FAMILY FUNCTIONING
VARIABLES IN FAMILIES WHO ADOPT OLDER CHILDREN**

**A thesis submitted to the Faculty of the Graduate School of
Augsburg College, Minneapolis, MN in partial fulfillment of
the requirements for the degree of Master of Social Work**

by

Rhonda Jager-Pippy

June, 1997

**MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA**

CERTIFICATE OF APPROVAL

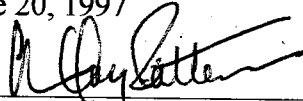
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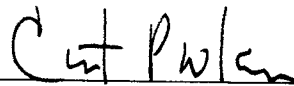
has been approved by the Examining Committee for the thesis requirements for the Master of Social Work Degree.

Date of Oral Presentation: June 20, 1997

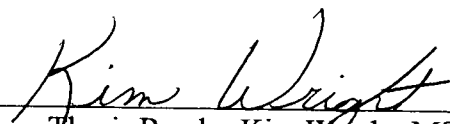
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Thesis Reader-Kim Wright, MSW, LISW

DEDICATION

This Master's thesis is dedicated to all the children who have touched my life. The children who lost their birth families but were able to join new families where hopefully they will grow and flourish,
Code-Man, Princess, Tony Tiger, J. Bull, Tabby, & Lexi

Also, to my own children who have taught me how precious a child's spirit can be, and how quickly time passes as children race through life on their way to adulthood.

Finally, it is dedicated to the families who are willing to share their lives and their homes with another child. They are willing to take a risk because they believe that *Anything* can be.

ACKNOWLEDGEMENTS

Thank-you to all the parents of adopted children in Iowa who participated in this study. Your experience, knowledge, and insight will continue to be a guiding light for me.

A special thank-you to the Iowa Department of Human Service for their assistance and support. A very special thank-you to Deidre Leverette for her extra work on this project.

To my parents, Jarold and Shirley Jager who taught me faith in God and belief in myself and the gifts God has blessed me with. They also offered support in a hundred different ways during this journey.

To my grandmother, Esther Popp whose interest and dedication to my journey has kept me going. She has been a shining example for me that a woman can have almost everything in this life.

To my daughters, Ashley and Nicolette who were my joy and distraction when I was becoming too studious. They give my life balance and meaning.

I am extremely grateful to Dr. Sharon Patten, my thesis advisor, whose knowledge and guidance showed me the way when I was truly lost and whose gentle spirit was always soothing and reassuring. She helped me land the plane, and for that I am forever indebted.

To Dr. Curt Paulsen whose encouragement always made me want to do better, and stretch myself just a little bit further. He taught me to reach beyond myself, while accepting my humanity.

To Kim Wright, my mentor and friend. Whose quick wit could challenge me to think and see the world from many different perspectives. When I felt like my life was out of control, her hilarious stories about her own life made me feel grounded and OK.

To Betty Taylor for her green pen and words of encouragement. She taught me about more than writing. Her experience and wisdom as an adoptive parent was invaluable.

To Diane Schmitz who made me laugh in the face of despair and always encouraged me to do my best.

Most of all, to my husband Bill who is my mentor and guide, lover and best friend. He held my hand when I was afraid, rubbed my neck in the wee hours of the morning, and took care of our family when I was too distracted. And through it all he never once complained.

Listen to the *mustn'ts*, child
Listen to the *don'ts*
Listen to the *shouldn'ts*
The *impossibles*, the *won'ts*
Listen to the *never has*
Then listen close to me-
Anything can happen, child
Anything can be.

Shel Silverstein

ABSTRACT OF THESIS

ADOPTION PERMANENCY OF OLDER CHILDREN: AN EVALUATION OF ADOPTIVE FAMILY FUNCTIONING VARIABLES IN FAMILIES WHO ADOPT OLDER CHILDREN

**Rhonda Jager-Pippy
June, 1997**

Current adoption literature indicated a steady increase in adoptive placements of older children over the past twenty years. The Adoption Assistance and Child Welfare Act of 1980 was based on the belief that every child has a right to a permanent, stable home. The result of permanency legislation increased the number of school age children who were legally freed for adoption. Previous studies indicated the probability of adoption disruption increased as the age of the child increased.

This research study examined adoptive family characteristics and functioning that were related to adoption permanency for older children. This research study was adapted from a previous longitudinal study done by A. Westheus and J. S. Cohen (1990).

One hundred self-administered Family Assessment Measures and Parent Questionnaires were sent to Iowan families who adopted an older child between January 1, 1990 and July 1, 1996. The response rate was 60% (60) of the families and was in regard to 101 children who had been adopted at age four and older. Analysis of the Family Assessment Measure indicated there are a number of family functioning areas where successful adopters differ from families who experienced adoption disruptions. These functioning areas included task accomplishment for the mothers and role performance, communication, and involvement for both parents.

TABLE OF CONTENTS

Table of Contents	i
List of Appendices	ii
List of Tables	iii
List of Graphs	iv

INTRODUCTION

I. OVERVIEW OF THE THESIS	1
A. STATEMENT OF THE PROBLEM	1
II. RESEARCH PURPOSE AND SIGNIFICANCE	2
III. RESEARCH QUESTIONS AND HYPOTHESIS	3

LITERATURE REVIEW

I. HISTORY OF ADOPTION OF OLDER CHILDREN	4
II. ADOPTION LEGISLATION	6
III. ADVANTAGES TO ADOPTION OF OLDER CHILDREN	6
III. ADOPTION DISRUPTION	7
IV. ADOPTIVE FAMILY FACTORS	8
V. THEORETICAL FRAMEWORK	9
A. SYSTEMS THEORY	10
B. FAMILY DEVELOPMENT THEORY	11
C. PROCESS MODEL OF FAMILY FUNCTIONING	11
D. GAPS IN THE LITERATURE	14

METHODOLOGY

I. PURPOSE OF THE STUDY	17
II. RESEARCH QUESTIONS AND HYPOTHESIS	17
II. OPERATIONAL AND CONCEPTUAL DEFINITIONS	17
III. RESEARCH DESIGN	20
A. DATA COLLECTION INSTRUMENTS	20
B. RESEARCH POPULATION AND SAMPLING	22
C. DATA COLLECTION	23
V. PROTECTION OF HUMAN SUBJECTS	24
VI. DATA ANALYSIS	25

FINDINGS

I. ADOPTIVE FAMILY CHARACTERISTICS	27
II. ADOPTIVE FAMILY FUNCTIONING	32
III. CONCLUSIONS	35

DISCUSSION

I. COMPARING THE FINDINGS TO THE LITERATURE	36
II. IMPLICATIONS FOR SOCIAL WORK PRACTICE	41

III.	LIMITATIONS OF THE RESEARCH FINDINGS	43
	A. LIMITATIONS OF THE QUESTIONNAIRE	43
	B. LIMITATIONS OF THE STUDY	45
IV.	IMPLICATIONS FOR FURTHER RESEARCH	48
V.	CONCLUSIONS AND RECOMMENDATIONS	49

REFERENCES	51
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LIST OF APPENDICES

APPENDIX A:	SURVEY COVER LETTER	56
APPENDIX B:	PARENT QUESTIONNAIRE	59
APPENDIX C:	FAM-GENERAL SCALE	62
APPENDIX D:	FOLLOW-UP LETTER TO PARTICIPANTS	67
APPENDIX E:	LETTER OF SUPPORT (IOWA DHS)	70
APPENDIX F:	IRB APPROVAL LETTER	72

LIST OF TABLES

Table		Page
1	Comparing Ages of Families	28
2	Comparing Educational Levels	30
4	Significant Differences in Family Functioning	32
5	Variables Contributing to the Discrimination	35

LIST OF GRAPHS

Graph		Page
3	Adoptive Children's Special Needs	31

INTRODUCTION

I. OVERVIEW OF THE THESIS

The adoption of older children has become one of the most important elements of successful child welfare services today. Adoptions can provide commitment and stability for children who would otherwise be left without families. However, previous research indicates that as the age of the child increases so does the risk of adoption disruption. This concern continues to increase as adoptive case workers seek adoptive homes for children who in the past were not considered adoptable.

The literature review indicates that adoption permanency may depend less on the special needs of the child than on positive characteristics and strengths of the adoptive family. This thesis examines how positive characteristics and functioning variables assist families in developing coping skills needed to meet the special needs of their children.

A. STATEMENT OF THE PROBLEM

Adoption is one of the most important components of child welfare practice today. The Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) mandated permanence and family living situations for children who were removed from their homes due to abuse or neglect. This legislation focused on permanency planning so that children did not spend a long time in temporary care while being moved from one home to another. It was based on the legal assertion of the child's right to a permanent home, a circumstance that child welfare professionals have long agreed is important to a child's development (Slingerland, 1916). The impact of permanency legislation since 1980 has increased the number of children over the age of four, legally freed for adoption. This availability and placement of older children for adoption has changed the historic purpose and scope of adoption (Barth and Berry, 1990).

Since permanence and stability are goals of the current child welfare legislation, adoption is usually preferred to long term foster care as a lasting and developmentally superior choice of home setting for any child. However, adoptions of older children do have some risks. Many studies indicate that the probability of adoption disruption increases as the child's age, at the time of adoptive placement, increases. Specific information regarding the characteristics of older children who are adopted is scarce. Most recent studies (McRoy et al., 1988; Kagan and Reid, 1986; Barth and Berry, 1990) indicate that emotional and behavioral problems are quite common due to the unfortunate histories of family trauma, abuse, neglect, and multiple losses of caregivers.

Research on families adopting older children has increased over the past ten years, but most of this research has focused on the problems experienced by these families. Fewer studies have focused on describing adoptive family characteristics and functioning that may contribute to the permanence of these placements. Some studies (Kadushin, 1970; Katz, 1986) have indicated that adoption permanency is less a function of the adoptive child's special needs, and more dependent on identifiable adoptive family characteristics and levels of functioning. If this is true, families with these characteristics, along with thorough preparation and support services, could have a higher rate of success, despite the child's needs. Therefore, it would be important to find out what these family characteristics and functioning variables might be in order to increase the potential for successful adoptive placements.

II. RESEARCH PURPOSE AND SIGNIFICANCE

This research study seeks to examine and report on family characteristics and functioning that can be related to adoption permanency. This study will attempt to identify characteristics of adoptive families that contribute to sustaining adoptive placements. Second, this study will assess significant differences in family functioning

where an older child placement is sustained. Specifically, this study will examine seven areas of family functioning: task accomplishment, role performance, communication, affective expression, involvement, control, and values and norms, (Skinner, Steinhauer & Santa-Barbara, 1983). Finally, the study will examine if these findings support the hypothesis that adoptive family demographic characteristics and functioning variables play a pivotal role in sustaining adoptive placements of older children.

Adoption disruptions should be avoided if at all possible. It is recognized that adoptions of older children are complex and their outcomes are determined by many factors (Bachrach, 1983; Brodzinsky & Brodzinsky, 1992). Research can help to identify and systematically describe how certain factors can contribute to increasing the likelihood for success and permanence in adoptive placements (Katz, 1977; Bain, 1978; Barth, 1994).

III. RESEARCH QUESTIONS AND HYPOTHESIS

This research attempted to address the following questions regarding adoption of older children:

- 1) Are there specific demographic characteristics regarding adoptive families that contribute to sustaining the adoptive placement of an older child?
- 2) Are there significant differences in the functioning of families where an older child adoptive placement is sustained?
- 3) Do these findings support the hypothesis that adoptive family characteristics and functioning variables play a pivotal role in sustaining placements of older children?

LITERATURE REVIEW

I. HISTORY OF ADOPTION OF OLDER CHILDREN

In the United States the process of adopting older children dates back to the early 1800's. In the late 19th century foster care and adoption were intertwined and generally referred to as placing out (Trattner, 1994). The most common reason for placing out was not the protection of the child but poverty. Many children were placed out by agencies after their birth parents relinquished the child to the agency because they were too poor to provide for the child. Because the agencies were mostly concerned with saving souls and money, they placed poor children who would otherwise cost communities money to care for, in good "Christian homes" (Nelson, 1986). They were concerned more with social problems created by homeless poor children than the individual needs of the children. The Children's Aid Society's first circular indicates the purpose of its work:

The Society has taken its origin in the deeply settled feeling of our citizens that something must be done to meet the increasing crime and poverty among the destitute children of New York....especially to be the means of *draining the city* of these children by communicating with farmers, manufacturers, or families in the country who may need such employment (Trattner, 1994, p.119).

Charles Loring Brace and the Children's Aid Society removed more than 50,000 children from New York City over a twenty-five year period. This system provided a cheap work force for many families to the West. (Trattner, 1994).

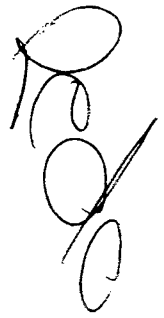
These placements did not always provide for the welfare of the child. In fact, children were frequently abused and neglected while in placement. As late as the middle of the 20th century children were often not removed from placements that were abusive

and neglectful (Witmer *et al.*, 1963). Charles Loring Brace (Barth & Berry, 1988) studied the failure rate of these placements in 1872. He estimated that only about 2% of children placed under the age of fifteen ended in disruption. For children over the age of fifteen he reported a 4% failure rate. However, he only counted children who committed crimes or were put into almshouses. He did not include the children who ran away from their placements. As a result of his study, Brace recommended that placements with families be restricted to children under the age of 14.

Opposition to this movement came from several different venues. Charity workers referred to placing out as “the wolf of indentured labor in the sheep’s clothing of Christian charity” (Trautner, 1994, p. 120). Western states began to voice opposition to what they considered the dumping of thousands of needy and delinquent children. According to a study conducted by the Minnesota’s Board of Charities, 60% of the children got into trouble with the law (Trautner, 1994). Many of the children ran away from homes where they were mistreated and overworked to become public charges. Several of the western states began passing legislation that prohibited the practice of placing out (Festinger, 1986). The placement of older children lost popularity, and for many years adoption was limited to primarily infant adoptions (Barth & Berry, 1988).

Legislation of adoption practices began in the United States in the mid 1850’s and grew out of a concern for the welfare of children. Between 1923 and 1933 regulations regarding home studies for prospective adoptive homes, and trial periods in prospective adoptive homes were written. The earliest laws regarding the annulment (disruption) of adoptions came about during the 1920’s. Annulments were based on the adoptive child manifesting feeble-mindedness, insanity, epilepsy, or venereal disease from conditions that existed before the adoptive placement and were not known by the adoptive parents (Trautner, 1994; Groze, 1996). In fewer states the adoption could be revoked based on

evidence of bad character of the adoptive parents or parental abuse or neglect of the adopted child.



II. ADOPTION ASSISTANCE & CHILD WELFARE ACT OF 1980

The Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) specified that a child's own home is preferable, followed by adoption, guardianship, and foster care. The ranking is based on the degree of permanence offered by each living situation (Berry and Barth, 1987). It mandated that child welfare agencies implement family preservation services, reunification programs, subsidized adoption, and provided periodic reviews for children in care (Borgman, 1981). "The primary purpose of adoption is to provide a permanent family for children who cannot be cared for by their own biological parents. Therefore the child's welfare, her needs, and her interests are the basic determinants of good adoptive practice" (Kadushin, 1984, pp. 3-4).

The impact of permanency legislation since 1980 has been to increase the number of older children legally freed for adoption. This availability and placement of older children for adoption has changed the historic purpose and function of adoption (Barth and Berry, 1988).

III. ADVANTAGES TO ADOPTING OLDER CHILDREN

Adoption has many advantages over long term foster care. Children who have been adopted are more likely than children in long term foster care to finish high school, achieve a college education, and function well emotionally and developmentally. (Barth and Berry, 1988; Waldinger, 1988). Adoption's main advantage is its longevity. It not only provides the child a permanent family in which to grow up, but it also provides a family on whom the child may rely for support and encouragement throughout his/her life. Foster care ends at age eighteen or shortly thereafter. It is not meant to guide youth

through the confusing and challenging areas of higher education, employment choices, development of love relationships, and other life situations faced by young adults.

Studies indicate that former foster youths are more likely to experience homelessness and depression after leaving foster care to move out on their own (Barth, 1988; Waldinger, 1988).

IV. ADOPTION DISRUPTION

Adoption disruption commonly refers to the removal of a child from an adoptive home. Previous terms such as “failed adoptions” or “adoption breakdowns” reflected a viewpoint that a child’s removal from an adoptive placement was due to something the child and/or adoptive family did wrong (Festinger, 1986). The retirement of such terms was long overdue. Most studies of adoption disruption do not distinguish between adoptions that end before or after they are legalized in court. The term “dissolution” is used when adoptive parents decide to return the child to the agency, after the adoption has been legalized. When legalized adoptions are dissolved by the courts, it is known as a “set-aside” (Kadushin & Seidle, 1971). For the purposes of this study, the term disruption will not distinguish between adoptions that end before or after they are finalized in court.

Since permanence and safety are the goals of current child welfare legislation, adoption is usually preferred to foster care as a lasting and developmentally superior choice of home setting for any child. However, adoptions of older children can present unique challenges. Many studies indicate that the probability of adoption disruption increases as the age of the child at the time of adoption increases. Children who are adopted younger than the age of twelve have about a 7-10% chance of disruption (Tremiere, 1984; Barth and Berry, 1988; Boyne et al., 1984). Studies have found a disruption rate of up to 47% (Boyne et al., 1984) among children adopted when 12 or older. Barth and Berry (1988) reported a disruption rate of 22% for children adopted

between the ages of 12-14, and 26% between the ages 15-17. Tremitiere's (1984) review of, 500 adoptions in Canada found that children adopted when 12 or older had a disruption rate of 13.5%. Older child adoptions do not always guarantee that everyone will live together in blissful harmony. When adoptions disrupt it can be painful for the child, the birth family, and the social workers involved (Cohen, 1981). Therefore, disruptions should be avoided if at all possible. The advantages of a stable adoption far outweigh potential risks (Jewett, 1978; Festinger, 1986; Kloepfel & Kloepfel, 1995). With proper assessment and preparation, older children can be successfully placed in adoptive homes, with reduced risk of disruption (Barth & Berry, 1988; Groze, 1996).

V. ADOPTIVE FAMILY FACTORS

There needs to be more research focused on the adoptive family (Westhues & Cohen, 1990). Kadushin and Seidl (1971) estimated that 54.5% of the reasons given for adoption disruption had to do with the adoptive parents and adoptive homes. Results from previous studies are often contradictory and confusing. Some studies have found that the presence of other children in the home, whether adopted or biological, is associated with increased incidence of disruption (Kadushin, 1970). More recent studies have either found no such relationship, or a tendency toward adoption stability when there are other adopted children in the home (Festinger, 1986; Zwimpfer 1983). Earlier work also suggested a higher number of adoption disruptions in higher income families (Jaffe & Fanshel 1970; Seglow et al. 1972). However, more recent studies fail to support these findings Festinger (1986), and Zwimpfer (1983) even suggest that higher-income families may be more successful because of a greater willingness to seek professional help when problems arise.

Older children placed for adoption do create stress for their new families. Westhues and Cohen (1990) suggest that the adoptive parents must be able to

communicate their emotions directly and appropriately in order to address the everyday challenges that can arise. The families who maintained their placements had been married for a longer period of time; the wives/mothers scored higher on values and norms; husbands/fathers assessed the family to be very healthy in the areas of task accomplishment, family involvement; and affective expression; the fathers/husbands held jobs in high status positions; the families were more flexible in how they addressed problem solutions (Westhues and Cohen, 1990).

There seems to be a limited knowledge base regarding adoptive family functioning. More research and theory development is needed to address strengths of families successfully adopting older children so that other families can maximize their efforts to sustain adoptive placements.

Study findings (Barth & Berry, 1988; Westhues & Cohen, 1990; Groze & Rosenthal, 1991) recommend increased efforts to develop pre- and postadoptive services and supports for children and their families. Adoption is not a miracle solution to all children's problems. However, it does appear that with realistic expectations, a long term perspective, and a strong support system, adoptive families can make a significant difference in the lives of adopted children. Conversely, adopted children can have an enriching impact on the lives of their adoptive parents.

VI. THEORETICAL FRAMEWORK

Theoretical Framework

Adoption of the older child means a permanent change in his/her family. The effect of adoption is to create a new parent-child family system. There is an array of theories applicable to adoption of older children.

A. SYSTEMS THEORY

Of the various systems that are important to social work, the family is of paramount importance. Hartman (1981) refers to the family as the primary, “social service agency in meeting the social, educational, and health care needs of it’s members” (p. 10). It is the job of the family to assist each children in developing a sense of self-esteem, belonging, and interpersonal skills. Through these skills children develop character, learn vital roles, and are socialized for their participation in society at large (Hepworth and Larsen, 1993).

The family systems perspective can be used to discuss and evaluate adoptive families. This model uses a structural viewpoint (Hepworth and Larsen, 1993). Structuralism approaches family functioning with the intent of identifying the rules that regulate family relationships and interactions. This approach emphasizes the importance of family structure and organization for the functioning of the family system and the well-being of its members (Barth *et al.*, 1988).

A central theme of the structural model is the belief that family problems and difficulties are related to developmental processes. All families must change as they deal with the transitions and developmental changes in the family (Reitz & Watson, 1992). Difficulties can occur during transitional stress such as when a family member is added to or removed from the family system. The structural model of family functioning is particularly applicable for families adopting older children. When considering the adoption of older children, we must begin with a new definition of the adoption experience. Reitz and Watson (1992) have defined this form of adoption:

A means of providing some children with security and meeting their developmental needs by legally transferring ongoing parental responsibilities

from their birth parents to their adoptive parents, recognizing that in so doing we have created a new kinship network that forever links those two families together through the child, who is shared by both (p. 11).

Understanding how families deal with this unusual process can be valuable information for practitioners who work with adoptive families.

B. FAMILY DEVELOPMENT THEORY

The Family Development theory conceptualizes the development of the family based on various common and unique life experiences that members confront. These life experiences may be created by family members dealing with issues of biological maturational changes, psychological transitions, idiosyncratic troubles, or from other exchanges between the environment and the family. In order to deal effectively with these life changes the family must modify its form and how it functions (Germain, 1991). One of the primary goals of a family is the successful achievement of a variety of basic, developmental and crisis tasks (Westhues and Cohen, 1990). For the adoptive family each of these tasks requires the family to organize or reorganize itself in order to implement a plan for accomplishing these tasks. Through this process of task accomplishment, the adoptive family develops its life values, goals, and objectives which become central to its functioning as a group (Barth and Berry, 1988; Westhues and Cohen, 1990). If the family fails to achieve its tasks, the adoptive placement will be at greater risk for disruption (Cohen, 1981; Brodzinsky & Brodzinsky, 1992).

C. PROCESS MODEL OF FAMILY FUNCTIONING

The Process Model of Family Functioning is a theoretical framework that organizes and integrates various concepts into a comprehensive model (Steinauer, Santa-Barbara, & Skinner, 1984). It emphasizes family dynamics by attempting to define

specific processes by which families function. Consequently, this model emphasizes how basic elements of family functioning interrelate. These basic elements include task accomplishment, role performance, communication, affective expression, involvement, control, values and norms (Skinner, Steinauer, & Santa-Barbara, 1983).

The first key concept states that the primary goal of a family is task accomplishment, the successful achievement of a variety of basic developmental and crisis tasks. In order to meet each task which arises in the course of a family's development, certain organizational demands are placed on the family. Certain objectives are central to the family's life as a group: ongoing development of all family members, providing reasonable security for all family members, ensuring sufficient cohesion to maintain the family unit, and effective functioning by the family. Through the process of task accomplishment the family unit either achieves or fails to achieve these primary objectives. The processes by which families accomplish tasks are: task or problem identification, exploration of alternative solutions, implementation of selected solutions, and evaluation of the results (Skinner, Steinhauer, & Santa-Barbara, 1983).

Successful task accomplishment involves the differentiation and performance of a variety of roles. Role performance includes the assignment of specific activities to each family member, willingness of family members to assume the assigned roles, and the actual carrying out of the prescribed behaviors. Effective communication is essential to both role performance and task accomplishment. The goal of effective communication is the achievement of mutual understanding. If the messages sent are clear, direct and adequate, then mutual understanding is likely to occur. However, the process of communication can be avoided or distorted. Therefore, important aspects of the reception part of communication are availability and openness of the person receiving the message (Skinner, Steinhauer, & Santa-Barbara, 1983).

Another vital element in the communication process is the expression of affect. Affective expression can either impede or facilitate communication. Critical elements of affective communication include content, intensity, and timing of the feelings involved. Affective communication is most likely to be distorted in times of stress.

The kind of relationship or involvement family members have with each other can either facilitate or hinder task accomplishment. Involvement refers to both the quality and degree of interest that family members have with one another. It includes the ability of the family to meet the emotional and security needs of family members, while supporting the autonomy and differentiation of individual family members. According to the process model of family functioning there are five types of family involvement: an uninvolved family, a family that expresses interest devoid of feelings, a narcissistic family, an empathetic family, and an enmeshed family (Hepworth & Larsen, 1993).

The family needs to be successful in maintaining its ongoing functions as well as adapting to differing task demands. In order to achieve these diverse functions family members need to be able to influence one another. This process is referred to as “control”. Critical aspects of control include whether a family is predictable or inconsistent, constructive or destructive, or responsible versus irresponsible in its management style. Different combinations of these characteristics can give rise to four management styles: rigid, flexible, laissez-faire, and chaotic (Hepworth & Larsen, 1993).

Finally, “values “ and “norms” of the culture in general and the family background in particular, may greatly impact the way tasks are defined and how the family proceeds with attempts to accomplish them. Values and norms provide the basis on which all other processes are built. Important elements include whether family rules are implicit or explicit, the amount of freedom allowed for individual family members to

determine their own attitudes and behaviors, and whether family norms are consistent with the culture at large (Skinner, Steinhauer, & Santa-Barbara, 1983).

The Process Model of Family Functioning seeks to incorporate both the family system and intrapsychic approaches to understanding family functioning. Basic family processes are considered with an understanding that a variety of factors (both environmental and/or intrapsychic) can influence these processes (Skinner, 1984).

D. GAPS IN THE LITERATURE

During the 1980s and early 1990s many studies were generated which confirmed and challenged adoption practices while refining the theory and practice of special needs adoptions. This pool of research continues to provide much of the background and support for current policy and practice. However, there were some problems with this pool of research. For example, several studies used ex post facto designs involving secondary analysis of case records (Zwimpfer, 1983; Groze, 1986), surveys or interviews from social workers (Kagan & Reid, 1986), or interviews with adoptive parents (Barth & Berry, 1988). In ex post facto studies, it can be very difficult, if not impossible, to distinguish cause and effect. In addition, case records can show bias because they often lack information regarding all the variables that are necessary to understand the complicated issue of adoption (Groze, 1996).

Some studies relied on qualitative or clinical work as the methodology (McNamara and McNamara, 1990; Groze, 1886; Haines-Simeon, & McMillen, 1992). While these studies were rich in depth and detail, they lacked scientific rigor and generalizability. In addition, these studies were based on small samples that were not chosen randomly, or they relied on clinical populations that were experiencing problems

and seeking professional help. Neither one of these groups could be considered representative of the general population of adoptive families.

Some studies have implemented two or more methods of collecting data, known as methods triangulation (Bailey, 1987), in an effort to strengthen research methodology. However, even studies that use methods triangulation suffer from many of the problems previously mentioned (Barth & Berry, 1988).

One of the greatest concerns is the tendency to rely predominantly on cross-sectional data as the basis for policy and practice decisions (Rosenthal & Groze, 1990, 1991; Groze, 1992; Rosenthal, Groze, & Curiel, 1990). While cross-sectional data can be important for describing phenomena and giving indications of trends, it is also seriously flawed. One cannot determine from cross-sectional data whether correlates of different variables represent causes or effects. For example, family communication problems are associated with more negative adoption outcomes (Westhues &Cohen, 1990, Barth & Berry, 1988). Several interpretations of this finding are possible. One is that as family communication patterns decrease, there is a decrease in the parent/child relationship. Another interpretation is a decrease in parent/child relations leads to a decrease in effective communication patterns. The actual explanation can be distinguished only by longitudinal data.

Longitudinal studies provide the richest understanding of adoptive family life (Groze, 1996). These studies have the added benefit of capturing individual and family changes over time. However, longitudinal studies still have problems. Many longitudinal studies have not utilized random assignment to obtain their original samples, calling into question the generalizability of their results. Also, it can be quite difficult to keep track of individuals and families over an extended period of time. While sample attrition has

been a problem with these studies, most have not compared families who drop out with families who remain in the study (Groze, 1996). In addition, several researchers have been interested in issues regarding genetics and heredity and the roles these may play in adoption. A comprehensive longitudinal study of older and special needs children could fill a gap in this knowledge base.

Of all the longitudinal studies published on adoption, only one has focused on the adoption of older children with special needs. Westhues and Cohen (1990) examined the issue of adoption disruption in special needs adoptions by focusing on family functioning. Family functioning data were collected before adoptive placement; data from the dependent variable of case outcome were collected one year after adoptive placement. Further studies need to be done to focus on the complicated factors that can affect the adoption of older children with special needs.

A major problem with gaps in adoption research is the lack of funding. Without well-funded projects, researchers are forced to piece together individual projects that help fill gaps in the knowledge but fall short of providing comprehensive answers to adoption questions (Groze, 1996). There will always be new issues to address in child welfare and adoption. For example, international adoptions, and placement of children with HIV and other medical needs represent new adoption issues. In addition, little is known about the lives of older and special needs adoptees as they approach adulthood. These outcomes should be compared to outcomes for children who were raised by their birth families, children raised in foster care, and children raised in residential or group care to understand the consequence of these various living arrangements.

METHODOLOGY

I. PURPOSE OF THE STUDY

The purpose of this study is exploratory. It seeks to examine specific adoptive family characteristics and functioning variables to see if they can be related to adoption permanency for older children. It is also explanatory in nature because it seeks to explain why some adoptive families are able to meet the challenges presented by adopting older children. The researcher plans to use the information gained from this study to design a support program for families who are planning to adopt an older child, as well as for families who have previously adopted, and may be experiencing difficulties.

II. PRIMARY RESEARCH QUESTIONS

This research will attempt to address the following questions regarding adoption of older children:

- 1) Are there specific demographic characteristics about adoptive families that contribute to sustaining the adoptive placement of an older child?
- 2) Are there significant differences in the functioning of families where an older child adoptive placement is sustained?
- 3) Do these findings support the hypothesis that adoptive family characteristics and functioning variables play a pivotal role in sustaining placements of older children?

III. OPERATIONAL AND CONCEPTUAL DEFINITIONS

A. Conceptual Definitions

Terms and concepts used in this study may not be common to people unfamiliar with the field of adoption. The terms and their definitions are presented here to give the reader a better understanding of the conceptual framework for this research, the variables used, interpretation of the data, and implications for implementation.

Permanency planning refers to the process of doing whatever is necessary to assure that a child has a permanent home. This concept includes programming for family preservation services, implementing programs to reunify children with their biological families as soon as possible, subsidized adoptions for children who cannot return to their biological families, and periodic case reviews of all children in foster care.

Foster care refers to the temporary care of a child whose parents are not able or choose not to provide care. This care is then provided by the child welfare system.

Adoption is defined as, “a means of providing some children with security and meeting their developmental needs by legally transferring ongoing parental responsibilities from their birth parents to their adoptive parents...” (Reitz and Watson, 1992, p. 11).

Special-needs adoption refers to the adoptive placement of children who are older, minority, part of a sibling group, or who are educationally, physically, or mentally disabled.

Older child adoption refers to the adoptive placement of a child who is older than age four.

Foster parent adoption or “fost-adopt” as it is sometimes referred to, is a situation where the child transitions out of the foster care system and into permanent adoptive placement with the foster family he/she has been living with. The foster parents then take on the roles associated with being the legal parents.

Adoption placement permanency or “placement permanency,” refers to a child continuing in his/her adoptive placement. Additionally, it refers to a child being part of his/her adoptive family for the rest of his/her lifetime.

Adoption disruption: refers to an adoptive family returning a child to the child welfare agency or ceasing to assume responsibility for the child. This includes the legal process of terminating the rights of the adoptive parent(s).

B. Operational Definitions

In order to operationalize the stated research questions for this study, it was necessary to define the important concepts and variables within each question in measurable terms. The first research question, are there specific characteristics of adoptive families that contribute to sustaining the adoptive placement of an older child, was operationalized by asking adoptive parents to complete a brief demographic questionnaire.

The second research question regarding significant differences in the functioning level of families where an older child placement is sustained was operationalized by collecting data on the independent variable of family functioning using the Family Assessment Measure-General Scale (FAM). Adoptive parents were asked to complete the instrument. Therefore, the operational definition for family functioning is the quantitative measures obtained from the eight scales of the FAM, as reported by the adoptive parents themselves.

The dependent variable is placement permanency for older adoptive children. The operational definition for this variable is any child, age four or above, who is continuing in his/her adoptive placement. This variable was measured by asking adoptive families if

they have ever had an adoptive placement disrupt. For the purposes of this study we have included older adoptive children who may have other special needs such as being a minority child, part of a sibling group, or who are educationally, emotionally, physically, or mentally disabled.

IV. RESEARCH DESIGN

A. DATA COLLECTION INSTRUMENTS

Two measuring instruments were used for this study. The self-administered Parent Questionnaire (Appendix B) was designed by the researcher. The first part of the questionnaire was designed to provide information regarding the length of time the child had been placed in the home prior to finalization of the adoption, the total length of time the adoptive child had lived in the home, whether the adoptive family had provided foster care for the child prior to the adoptive placement, and what if any, are the special needs of the adopted child(ren). The second part of the questionnaire was designed to provide specific demographic information regarding the adoptive parent(s), as well as the number of other children living in the adoptive home, and whether the family had ever experienced a placement disruption.

The Family Assessment Measure-General Scale (FAM) (Appendix C) is a Likert scale that assesses the overall functioning of the entire family, from the perspectives of the family members who complete the scale. The FAM-General Scale provides a score on eight subscales: task accomplishment, role performance, communication, affective expression, involvement, control, values and norms, and an overall rating. In addition, the General Scale provides a measure of social desirability and a measure of defensiveness.

The FAM was developed with the aim of providing an operational definition of the constructs of the Process Model of Family Functioning (Skinner 1981, 1987). The normative data for the FAM came from an analysis of 247 adults and 65 adolescents, composing control groups of a variety of health and social settings. Reliability estimates for the General Scale of the FAM are .93. Evidence regarding the test-retest reliability of the FAM can be seen in a study completed by Jacob (1995). The sample consisted of 138 families recruited from the community. This study was part of a larger study that examined the role of time frame in assessment of family function. The median test-retest reliabilities for the FAM were .57 for mothers, .56 for fathers, and .66 for children. These findings support the generalizability of FAM scores, regardless of time frame.

The FAM has been used with many different kinds of studies (Trute & Hauch, 1988; Kufeldt, Armstrong & Dorosh, 1994; Jacob, 1991; Reddon, 1989; Levene, 1991; Garfinkel et al., 1983) Researchers have reported means and standard deviations from a variety of special groups.

Both the Parent Questionnaire and FAM were reviewed by Lynon Stout, the President of Iowa Adoptive and Foster Parents, and Charlsie Parrish and Diedre Leverette from Iowa Department of Human Service Adoption Division in Des Moines, Iowa. They were also pre-tested by five adoptive families from the Lutheran Social Service Center in Spencer, Iowa, on March 19, 1997. The pre-testing provided information regarding the presence of any vague or ambiguous questions, the appropriateness of the questions, the possibility of any questions being particularly offensive, and any perceived gaps in the study.

The FAM is designed to be completed by any family member who can read at or above Grade 5 reading level. For the purposes of this study, both parents in two-parent

families, or one parent in single-parent families were asked to complete the scale. Participants were asked to read each statement and decide how well that statement described their family. They were to respond by circling only one of the provided options (strongly agree, agree, disagree, strongly disagree). It took approximately 10 minutes for an individual to complete the FAM-General Scale. The two measures together (Parent Questionnaire and FAM-General Scale), took approximately twenty minutes to complete.

B. RESEARCH POPULATION AND SAMPLING

The units of analysis for this cross-sectional explanatory study were parents of adoptive families. A random sample of one hundred adoptive families was compiled. The study population consisted of parents in the state of Iowa who had an older child(ren) placed in their home for adoption between January 1, 1990 and July 1, 1996. This population included all subsidized Department of Human Service adoptive placements of older children, regardless of whether they were supervised by the Iowa Department of Human Service or a private agency.

This study focused on adoptive families in Iowa due to the limited resources and time frame. Adoptive families from the entire state of Iowa, who were receiving adoption subsidies, were included in the study population. This allowed for possible differences in family characteristics and functioning variables between rural and metropolitan families.

The second criterion of children placed between January 1, 1990 and July 1, 1996, was selected to ensure that children had been in place a significant amount of time to impact family functioning. Previous research indicates that adoptive placements usually go through an initial “honeymoon period” when there appears to be minimal or no adjustment concerns. This initial period typically ends six to eight months after placement (Barth, 1994). The initial date of January 1, 1990 was used to avoid threats to

internal validity due to extraneous events or longer term maturation affecting how a family functions.

The random sampling procedure for the study was organized and managed by Deidre Leverette, an Adoption Planner from the Iowa Department of Human Service Adoption Division (DHS). DHS clerical staff was used to compile a list of the sample population. Families were selected randomly from the DHS computerized mailing list to achieve the sample population (n=100). To control for possible researcher bias, the clerical staff was instructed not to include any names of adoptive families living in the nine county catchment area of the Spencer Lutheran Social Service Center, where the researcher has been employed for the past eleven years.

C. DATA COLLECTION

After compiling the mailing list, DHS clerical staff prepared the mailing labels for the questionnaire packets. Mailing labels for both the initial and follow-up mailings were prepared at the same time. The mailing labels were then given to a private secretary hired by the researcher to prepare and mail the questionnaire packets. The secretary prepared and mailed the questionnaire packets for the initial mailing. Two weeks later she prepared and mailed the follow-up letter (Appendix D) and questionnaire packets.

An accompanying cover letter (Appendix A) informed the adoptive parents of this research project, and assured them that all responses would be completely anonymous. It also explained the purpose of the Parent Questionnaire and Family Assessment Measure. Adoptive parents were informed that participation in the study was voluntary.

Participants were asked to complete both forms and return them to the research project in the provided stamped and addressed envelope, which was not pre-coded in any

manner. They were asked to refrain from including on the envelope or questionnaires any identifying information. Participants were asked to return the completed materials within a specific time frame of two weeks following the initial mailing date.

All questionnaires were returned to the researcher in a self-addressed, stamped envelope that was sent along with the questionnaire packet. Sixty-five questionnaires were returned after the initial mailing. A follow-up questionnaire was mailed out to all participants two weeks after the initial mailing. The accompanying cover letter encouraged adoptive parents to participate in the study. Adoptive parents were asked to ignore this second questionnaire if they had already completed and returned the first questionnaire or if they had decided not to participate. Three questionnaires were returned after the second mailing, for a total of 68 returned questionnaires. This was a return rate of 68%. A return rate of 50% is considered an acceptable rate for analysis (Rubin & Babbie, 1993).

V. PROTECTION OF HUMAN SUBJECTS

To ensure the anonymity of participants, clerical staff from the Iowa Department of Human Service Adoption Division compiled the mailing list and prepared the mailing labels for this study. The mailing labels were then given to a clerical staff person hired by the researcher. This person was responsible for attaching the labels to the questionnaire packets and mailing them out. This procedure prevented the researcher from knowing the names or addresses of the participants. There was no identifying information on the questionnaires or envelopes and participants were instructed not to sign the questionnaire or use a return address.

Accompanying each Parent Questionnaire and FAM was a cover letter (Appendix A), which explained the purpose of this research study and the voluntary nature of the

study. The cover letter included the following areas: purpose of the study, procedures that participants will be asked to complete, should they choose to participate, any risks they may incur from participating in the study, the anonymity of individual study results, emphasized the voluntary nature of the study, and discussed the potential benefits of their participation in the study. Participants were informed in the cover letter that filling out the questionnaires and returning them would indicate their consent to the research, as well as conclude their role in the study. Additionally, participants were informed that there was no direct benefit for participating in the study other than the opportunity to share their thoughts and experiences concerning the adoption of older children. Finally, the names and phone numbers of pertinent people involved with the study were included so if participants had any questions or concerns they could contact one of those people directly. A follow-up letter (Appendix D) containing the same information was sent with the follow-up questionnaire packet to all adoptive parents on the study mailing list.

All completed questionnaires were returned to the researcher. The questionnaires were kept in a locked file cabinet until they were viewed by the researcher. The questionnaires will be destroyed at the completion of the study, no later than September 30, 1997.

VI. DATA ANALYSIS

The Parent Questionnaire was used to address the first question regarding characteristics of adoptive families that may contribute to sustaining adoptions of older children. Statistical analysis procedures were used to calculate the percentages of each response on the close-ended questions. The percentages, means, and standard deviations were then used to compare the results of the families who sustained adoptive placements to the families who experienced adoption disruption(S). These results were then compared to previous studies done by Westhues and Cohen (1990), and Groze(1996)

regarding adoptive parent characteristics, adoptive family characteristics, and placement characteristics.

Frequency and distributions were calculated. Frequency distribution graphs and tables were used to visually report the collected data. The data was further evaluated to find any patterns of response that indicated family strengths.

To answer the question regarding differences of functioning in families who were able to sustain an older child adoption, the results of the FAM-General Scale were compared for the two groups, as well as, to the normative groups upon which the FAM is based. The average range of functioning on the eight subscales is between 40 and 60. Less than 40 indicates a family strength, and greater than 60 indicates a family problem. When significant differences between the two groups were found on the subscales, these were reported in quantitative and narrative form. Lastly, data was evaluated to determine how many of the adoptive families who sustained their placement(s) exhibited areas of strength in the eight scales of the Family Assessment Measure-General Scale.

FINDINGS

I. DEMOGRAPHICS

At the time of the study there was approximately 642 adoptive families in Iowa caring for approximately 1367 children. One hundred surveys were mailed out to adoptive homes. The response rate of 68% (68 adoptive families) was very good for a mailed survey. An additional three families contacted the researcher by phone to let the researcher know their particular adoption situation did not fit the criteria for the study. Of the 68 responses returned, eight of those were not used to process the data because they did not fit the criteria for the study. Five of those cases were disregarded because the children were under the age of four at the time of adoptive placement; in three cases the

adoptive placement had taken place prior to January 1, 1990. This left sixty 60 (60%) of the responses that were used to compile the following data.

Of the sixty adoptive families who participated in the study, 7 (12%) had experienced an adoption disruption. All seven families, at the time of the study, had another adopted child or children living in the home with them. One respondent did indicate that her sixteen year-old son was presently in placement in a residential facility, but she pointed out this was part of his treatment, and he would be returning to her home following treatment. Therefore, that family was included in the data for families who sustained adoptive placements. Another respondent indicated that her adoptive son, age 18, was presently serving time in an Iowa prison. This family was not included in the study, because the child had been placed in the home prior to January 1, 1990.

A. Data Describing Parents, Children, and the Home

Data from the Parent Questionnaire addressed the first research question: “Are there specific demographic characteristics regarding adoptive families that contribute to sustaining the adoptive placement of an older child?”

One of the distinguishing characteristics of adoptive parents of older children is that, as a group, they are older than adoptive parents in general (Kadushin, 1970; Festinger, 1986; Barth & Berry, 1988; Groze, 1996). Table 1 shows the ages of the parents who responded in both the group who sustained adoptions and the group who experienced disruptions. At the time of the study, in homes where adoptions were sustained, mothers ranged in age from 29 to 61, with a mean of 39.6 years (SD=7.8); fathers ranged in age from 30 to 56 with a mean of 41.9 years (SD=5.8). In homes where adoption disruptions had occurred, mothers ranged in age from 35 to 42 years, with a mean of 37.7 years (SD=4.2); fathers ranged in age from 37 to 44, with a mean of 40 years (SD=2.5). No statistical significance, in terms of age, were noted between the two

groups. These figures are similar to figures for ages of adoptive parents quoted in previous studies of special needs adoptions (Kadushin, 1970; Barth & Berry, 1988; Westhues & Cohen, 1990; Groze, 1996). In a recent study of Iowa special needs adoptions, Groze (1996) noted the mean age of the adoptive mothers to be 42.1 years (SD=8.0), and the fathers to be 43.7 years SD=(9.1).

Table 1
Comparing Demographics of Families Who Sustained Adoptive Placements
and Those Who Experienced Disruptions

	Sustained Mean (SD) n=53	Disrupted Mean (SD) n=7
Age of Adoptive Mother	39.6 (7.8)	37.7 (4.2)
Age of Adoptive Father	41.9 (5.8)	40 (2.5)
Number of Years Married	15.4 (7)	14.1 (4.2)

The majority of families who responded were two-parent families (91%). For families who had sustained adoptions, the number of years married ranged from 5 to 41 years, with a mean of 15.4 years (SD=7). For families where a disruption had occurred, the number of years the adoptive parents were married ranged from 10 to 20, with a mean of 14.1 years (SD=4.2). Table 2 shows a breakdown of the number of years married for both groups. Five (9%) of the adoptive homes were single-parent families; two (3%) women indicated they were widows; one (2%) woman indicated she was divorced; and two (3%) women indicated they were single. One of the single-parent adoptive homes had experienced a disruption, as compared to six of the two-parent homes.

Family income ranged from \$10,001 to over \$80,000 yearly. More than half of the respondents (65%) earned over \$40,000 a year. The average per capita family income for Iowa counties was between \$30,000-\$40,000, as reported by the Iowa Department of Economic Development (1994). Based on this information, 76% of the respondents were at or above the average family income. There were no income difference in the two adoptive groups.

Table 2 illustrates a breakdown of respondents by the highest level of education completed. For families who were adoption sustainers, 14 (28%) of the fathers, and 15 (28%) of the mothers obtained a high school degree; another 17 (37%) of the fathers and 12 (23%) of the mothers had completed technical school training; finally, one mother and one father indicated “other” for this question, but did not specify what that meant. Fifteen (31%) of the fathers were college graduates, and an additional two (4%) had masters level degrees. Nineteen (36%) of the mothers were college graduates, an additional 4 (8%) had masters degrees, and 2 (4%) held doctorate degrees. In families where disruptions had occurred, 4 (67%) of the fathers, and 2 (29%) of the mothers had high school degrees; 1 (17%) of the fathers and 3 (43%) of the mothers were technical school graduates; one (17%) father and 2 (29%) of the mothers had bachelor’s degrees.

There were some differences between the two groups in regard to education. In the group who sustained adoptions 48% of those mothers held a bachelors, masters, or doctorate degree, and 35% of the fathers held a bachelors or masters degree. In the group that experienced adoption disruption 29% of the mothers held a bachelors degree, and 43% had completed technical school. None of the fathers had completed college. In this group 67% of the fathers had a high school diploma, as compared to 28% in the sustainers group. These data indicate that parents with higher levels of education were more likely to sustain adoptive placements of older children.

Table 2
Comparing Demographics of Families Who Sustained Adoptive Placements
and Those Who Experienced Disruptions

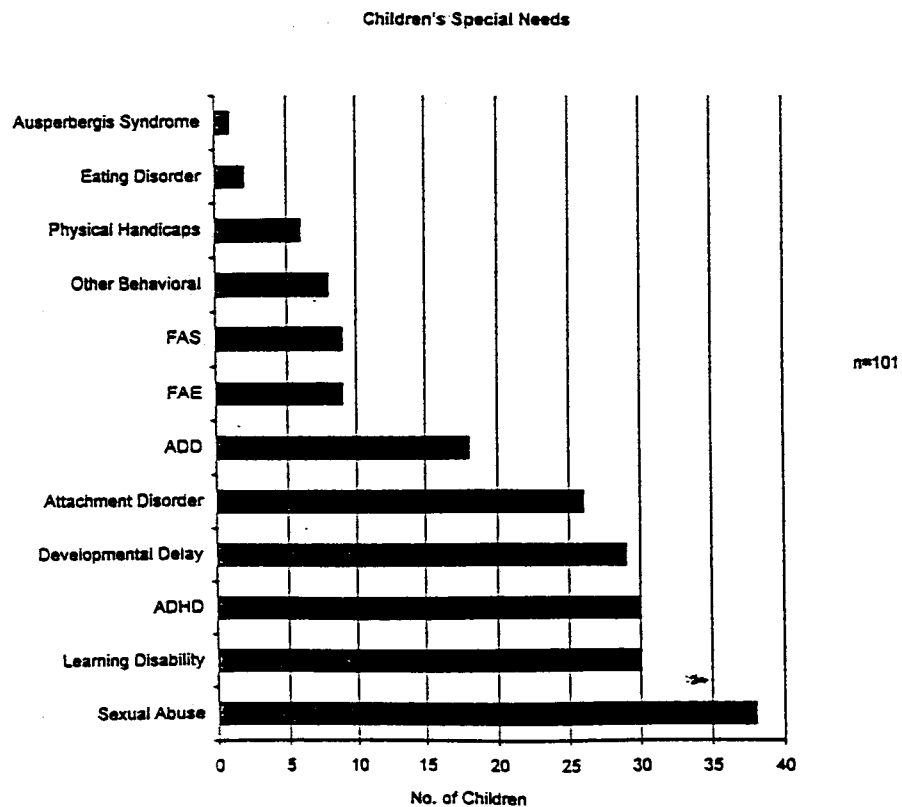
	Sustained n=53	Disrupted n=7
Education of Adoptive Mother		
High School	15	2
Technical School	12	3
College-Bachelors	19	2
Masters	4	0
Doctorate	2	0
Other	1	0
Education of Adoptive Father		
High School	14	4
Technical School	17	1
College-Bachelors	15	2
Masters	2	0
Doctorate	0	0
Other	1	0

Over 88% of the adoptive families had other children in the home. Other children included, adopted, biological, foster and step-children. Eight (13%) of the homes had one or two foster children. Twenty-six (43%) of the adoptive placements were sibling groups. The sibling group placements typically involved two to four siblings placed in the same home. In all families where disruptions had occurred, there were from 2 to 4 other adopted children; there were no biological or foster children. Due to the design of the questionnaire, it was impossible to tell if any of these remaining children were biologically related to the child whose placement had disrupted.

The ages of the children in the study sample at the time of adoptive placement ranged from 4 to 14 years, with a mean age of 7.6 years (SD=3.1). Forty-seven (67%) of the children had been in foster care placement with the adoptive family, prior to adoption. The length of time the child was in foster care placement with the adoptive family, ranged from 1 month to 72 months (6 years), with a mean of 23.3 months

(SD=17.1). The number of months since the adoptions had been finalized ranged from nine months to 72 months (six years), with a mean of, 36 months (SD=22.7).

Parents reported from zero to six special needs per child, although, on average, parents reported three special needs per child. Figure 3 lists the special needs of the children. The most frequent special needs reported were attachment disorder (35%), attention deficit hyperactivity disorder (30%), developmental delay (29%), and learning disability (28%). Approximately half (52%) of the children were known or suspected to have been physically abused; and twenty-seven (38%) of the children were known or suspected to have been sexually abused prior to the adoptive placement. Due to the design of the questionnaire, it was impossible to know the special needs of the children whose placements disrupted. Therefore, no differences, in terms of special needs, were noted between those families who sustained and those who experienced an adoption disruption.



II. DATA ADDRESSING FAMILY FUNCTIONING

The second research question asked, “Are there significant differences in the family functioning of families where an older child adoptive placement is sustained?” To answer this question, respondents were asked to complete the Family Assessment Measure-General Scale (FAM). In two-parent families, each parent was asked to complete a copy of the measure. In one-parent families, the single parent was asked to complete the measure.

The results of the FAM for the families who sustained adoptive placements were compared to both the control group on which the FAM was developed, and to the group of families who had experienced adoption disruption. The average results of the FAM were compared using a t-test. The results of this analysis are presented on Table 4. Several important facts emerged from these data.

Table 4
Significant Differences Between Families Sustaining an Adoption of an Older Child and Families that Disrupted

<i>Family Assessment Measure</i>	<i>Sustained</i>	<i>Disrupted</i>
<i>General Scale</i>		
Wives/Mothers	<i>n=53</i>	<i>n=7</i>
Task Accomplishment	46.7	55.1
Role Performance	40.0	46.1
Communication	46.5	60.3
Involvement	50.1	60.9
Husbands/Fathers	<i>n=49</i>	<i>n=6</i>
Task Accomplishment	49.9	50.9
Role Performance	48.3	56.8
Communication	50.9	62.0
Involvement	47.1	60.9

Differences reported were significant < .05 level using a two-tailed independent t-test.

The average range of functioning on the scales of the FAM is between 40 and 60. Less than 40 indicates a family strength, and greater than 60 indicates a family problem. The means on the subscales on which significant differences between the two groups were found ranged from 46.7 to 51.2 for the families who had sustained, and 56.8 to 64.3 for families who had a disrupted adoptive placement. This is to say that couples from the sustainer group were more likely to report functioning as being in the middle of the average or typical range. Whereas, couples from the disrupter group were more likely to report functioning to be on the higher end of the average range, or the lower end of the problem range. Couple's perceptions of family functioning were somewhat more closely matched in the sustainer group. It is important to note that mothers in the sustainers group tended to report higher levels of functioning than the fathers on the subscales of task accomplishment, role performance, and communication. Couples in the disrupted group tended to have discrepant views of their family functioning, particularly in the areas of task accomplishment and role performance. However, in the area of family involvement, these couples scored identical means (60.9). These scores indicated the couples viewed their family functioning within the problem range.

The third, and final, research question was, "Do these findings support the hypothesis that adoptive family demographic characteristics and functioning variables play a pivotal role in sustaining placements of older children?" The findings of this study do not support the hypothesis that adoptive family demographics play a pivotal role in sustaining adoptions of older children. The family characteristics used for this study showed no significant differences between the two groups, except in the area of education. Parents from the families who sustained adoptive placements did achieve higher levels of education. However, the sample of families who experienced adoption disruption was small, so these results should be viewed as preliminary, rather than conclusive.

The findings of this study do support the hypothesis that some family functioning variables appear to play a pivotal role in sustaining placements of older children. There were significant differences in the functioning of families who sustained adoptions, and those who did not. Sustainers showed particular areas of strength in task accomplishment for the adoptive mothers, role performance, communication, and involvement for both parents. Second, a number of variables appear to allow us to predict the likelihood of a family sustaining an adoptive placement of an older child. To address this issue, a stepwise discriminant analysis was completed using the option that would minimize Wilk's Lamda. A discriminant analysis was used to find the combination of variables that best distinguished between the groups. Variables entered into the analysis were those in which significant differences had been found between the two groups, using the t-test. The default tolerance level of 1.0 was used.

The variables that remained in the discriminate function are reported in Table 5 with the standardized discriminant function coefficients. These data showed the variables remaining in the function included the wife/mother's scores on role performance, communication, task accomplishment, and involvement; the husband/father's scores on involvement, role performance, and communication. This means the scores on these variables appear to be able to distinguish between families who will be able to sustain an adoptive placement of an older child, and those who may not be able to sustain such a placement. It should be noted, the size of the sample of families who disrupted was small (n=7) therefore, these findings should be considered preliminary.

Table 5
Variables Contributing to the Discrimination Between Adoption Sustainers and Disrupters

<i>Variable</i>	<i>Standardized Discriminant Function Coefficients</i>
Wife/Mother	
Role Performance	.41
Communication	.62
Task Accomplishment	.68
Involvement	.77
Husband/father	
Involvement	.62
Role Performance	.71
Communication	.77

Using the stepwise discriminant analysis, prior = .15, .85, the function was found to be significant, $p < .001$.

Sustaining families appeared to be characterized by mothers who believed their family members understand what is expected of them, and agree to do their share in order to get things done. Mothers also viewed their families as being very strong in regard to identifying tasks, and accomplishing them. When problems or crisis arise they seemed to feel their family could explore alternative solutions and creatively problem solve. Family members were able to adapt to new roles as the family grows and changes. Both parents scored the area of communication positively. Communication was viewed as open, direct and clear. Finally, both parents scored their families as having strengths in the area of involvement. They believed family members showed concern and caring for each other. At the same time, there was freedom for each family member to be autonomous.

III. CONCLUSION

The implications of these initial findings could be significant to everyone involved in the adoption process: children, families, agencies, social workers, and other mental health practitioners. As practitioners increase their understanding of the qualities a family should possess in order to have the best opportunity to sustain an adoptive

placement of an older child, we have the hope of reducing the incidence of adoption disruption and/or providing support services for families who experience difficulties.

DISCUSSION

I. COMPARING THE FINDINGS TO THE LITERATURE

Previous research (Barth and Berry, 1988; Groze, 1996) of adoptions of older children, identified several characteristics related to placement permanency. This study did not address all these characteristics, but specific questions were directed toward the following characteristics: number of years the adoptive parents had been married, highest educational level achieved by adoptive parents, yearly income of adoptive family, adoptive family composition, and whether the adoptive family provided foster care for the child prior to the adoptive placement.

One characteristic noted by previous literature was the number of years the adoptive couple had been married. Westhues and Cohen (1990), found that families who maintained adoptive placements of older children had been married for longer periods of time; communicated openly with one another, and were more flexible in how they addressed problems. Barth & Berry (1988), found that couples who had been married longer than five years, had a greater chance of sustaining older child adoptive placements. In this study, 98% of the couples had been married for more than five years, and 80% of the couples had been married for eleven years or more. The literature review indicated that couples who had been married longer had experience in dealing with life situations and problems. They were more likely to have established ways of addressing these concerns, and successfully experienced problem-solving together (Barth & Berry, 1988).

Barth and Berry (1988) found that educational levels of adoptive mothers (only in foster parent adoptions) were associated with disruption. Higher education levels were associated with increased number of disruptions. This study did not find such a correlation. In fact, the highest levels of education were found in the sustainers group of adoptive mothers with 50% of the women holding bachelor's degrees and above. In Barth and Berry's (1988) study, 54% of the women were homemakers, and another 25% of the women worked part-time following their adoption. Groze (1996) completed a longitudinal study of special needs adoptions in Iowa. He reported that 65% of the adoptive mothers worked outside the home, and 59% of the mothers held bachelors degrees and above. This difference may have something to do with the changing roles of women in society. Women are seeking higher levels of education. Previous expectations of choosing to be either a mother or a professional no longer exist. Today, women and men can succeed as parents and professionals.

Family income was another characteristic examined in previous studies. Kadushin (1970) reported that as family income increased there was an increase of adoption disruptions. He attributed this to higher expectations of parents from higher income brackets. More recent studies (Barth & Berry, 1988; Rosenthal & Groze, 1990) reported the families with higher levels of income had more resources and support systems for addressing special needs of the children they adopted. This study found that 76% of the respondents were at or above the average family income for Iowa.

One explanation for these diverse findings may be that in the 1970's there were fewer adoptions of older children. Infant adoptions were the preferred means of adopting children. Consequently, adoptive parents and professionals did not have a wealth of experience or knowledge to guide them through the challenges they faced. Thirty years later, adoptions of older children and other forms of special needs adoptions have

become more common. There has also been extensive experience and research to create a knowledge base for both parents and professionals. Children who have special needs can require services that are both time consuming and expensive. Families do need to have resources to provide these services. However, adoption subsidies have made it possible for families with limited incomes to still provide for the needs of the children they adopt.

Previous studies indicated that foster parent adoptions had the highest rate of permanency (Barth & Berry, 1988). Results of this study showed that 67% of the families had provided foster care to their adoptive child(ren) prior to the adoption. The literature review discussed the strengths of “foster-adopt” placements. Oftentimes, children have lived with the foster families for a number of years. Relationships and family bonds have already been established. The foster parents have the knowledge and expertise to address any special needs the child might have. When a child can be adopted by their foster parents, there is one less move for that child. This translates into not having to lose another family and support system, and subsequently starting over again with a new family.

Previous research found the older a child is at the time of adoptive placement, the greater the risk of adoption disruption. While this study did not directly dispute these findings, it did show that older children can be successfully adopted. Twenty-three (33%) children were age ten and above at the time of adoptive placement; eleven (16%) of the children were age twelve and above; and five (8%) were age thirteen to fourteen years. All of these adoptive placements were sustained. Due to the design of the questionnaire, this study was unable to determine the ages of the seven children who left the adoptive placements.

The process model of family functioning was developed by Skinner, Steinhauer, and Santa-Barbara (1984) to provide a process-oriented conceptual framework for clinical assessment, treatment, and research. This model defines universal dimensions of family functioning and describes how these interact with one another. The family process model pays particular attention to the interface between the family system and the individual subsystems (Skinner et al., 1984). This model is particularly helpful in examining the individual subsystems that come together to form the adoptive family system.

This study, identified four areas of family functioning strengths that contributed to sustaining adoptive placements of older children. The areas that were scored as strengths by the mothers were role performance, communication, task accomplishment, and involvement. Strengths identified by the fathers were role performance, communication and involvement. A family who adopts an older child requires the active participation of both the mother and father. The findings reported in this study support earlier clinical observations by Cohen (1981), and subsequent research findings by Westhues and Cohen (1990).

Westhues and Cohen (1990) noted the couple must be able to communicate openly and directly, with each other and other family members, in order to address day-to-day tasks as well as more serious crisis. In this study the couples who sustained adoptive placements scored themselves in the average range of functioning. However, couples who experienced disruptions scored communication in the problem range of functioning. Effective communication involves mutual understanding between family members. This means the message sent must be clear, direct and sufficient. It also means the person receiving the message must be open to doing so. When an older child enters

the family, he knows nothing about how that family system operates. Additionally, he may have already learned roles, values and norms from the previous families he has lived with. It will be easier for the child to learn about his new family if the communications are clear, direct and sufficient. Communication that is indirect, incongruous, or ambiguous can leave the child and other family members confused and anxious (Skinner et al., 1995).

Role performance was another area of family functioning that was scored as a strength for sustainers, and a problem area for families who had experienced adoption disruption. Skinner et al. (1984) explains that in families where role performance is viewed as a strength, family members know what is expected of them and what they can expect from others. However, as family members get older, changing task demands will require the readjustment of the different member's roles. For families who adopt an older child, there must be flexibility to allow the child to assume a new role within the family system. This can be particularly difficult if the adoptive child challenges the role of another person in the family. For instance, if the child's role in a previous family was "oldest child" and in the adoptive family there is already an oldest child, there may be some vying for that role position. Adoptive parents need to be aware of these struggles, and assist family members in defining new roles that work but allow for flexibility and individual needs.

Family involvement was a third area that was scored as a strength by both the fathers and mothers in the sustainers group. In the group who experienced adoption disruption, both the mothers and fathers scored involvement as a weakness. Involvement refers to family members' interest and concern for one another. When a family is able to meet the emotional needs of its members there is a sense of being valued as an individual, belonging to the family unit, and having the freedom to pursue one's

autonomy. These are important factors for any child, but particularly an older child who is adopted. They need to feel part of their new family, supported and cared for. At the same time, they need the freedom to pursue autonomy, to grow away from the family unit.

Finally, there were significant differences between the two groups of mothers in regard to task accomplishment. Task accomplishment is more likely to occur when family members agree on basic goals, roles, values and norms. When family members experience successful task accomplishment a feeling of family connectedness is strengthened. For adoptive families this can be affirming of their identity as a successful family unit (Westhues & Cohen, 1990).

This research data has further confirmed Groze's (1996) findings. Adoption of older children has difficulties and unique issues that families must face together. Nevertheless, it is a social arrangement that has more positives than negatives, and remains an important option for children who cannot be raised by their biological parents.

II. IMPLICATIONS FOR SOCIAL WORK PRACTICE

Previous research studies have presented a variety of outcomes regarding adoptive parents, children, and family characteristics that are thought to contribute to either sustaining or disrupting placements. Some of these differing outcomes can be attributed to how times have changed over the past twenty years. For instance, some previous studies (Kadushin, 1970) found that as the educational level of the adoptive mother increased, the incidence of adoption disruption increased. Later studies (Barth & Berry, 1988) did not find this to be a factor. This difference in findings may have been due to the changes in our society. In 1970, it was not as common for women to pursue higher

education. Therefore, women who were continuing their education were considered to be in a minority, and were not always supported by either their families or society at large. There were also societal pressures on women to choose either a career or a family, believing that doing both was not possible. Today, women have careers, pursue higher education, and raise families. This is no longer viewed as having a strong negative impact on the family unit.

The initial outcomes of this study indicate there are certain areas of family functioning that can impact adoption permanency. Adoption practitioners could use this information in three different practice areas. First, practitioners could implement the use of a quantitative scale, such as the FAM, when completing adoption studies. Such a tool could assist practitioners in identifying particular family strengths, and/or areas that could present problems in the future. For instance, a family who scores low (40 and below) in the area of role performance, would have family members who understood what was expected of them, and carried out these family tasks. However, members would also be flexible in terms of dealing with changes in the family structure, and would be able to adapt to new roles that may be required in the course of family changes. On the other hand, a family who scored high (60 and above) in this particular area, may tend to have confusion or disagreements about what was expected from different family members. They may also experience difficulties in adapting to new family roles as the family grows and changes. This family could benefit from specific family work to address these issues, prior to placing, and following placement of an adoptive child in their home.

Second, the FAM could actually be used as a training tool for adoptive families. They could complete the assessment in conjunction with an educational class for adoptive parents. When the assessment is scored, they would know where their strengths

lie, and what areas they need to focus on in order to develop new strengths. The course curriculum could actually be developed to include the eight different areas of family functioning.

Finally, the FAM could be used as an assessment reference should the adoptive family begin to experience difficulties once a placement is made. The FAM could be administered to the entire family, and those results could be compared to the FAM completed at the time the adoption study was done. These results could assist both the practitioner and the family in confirming areas of concern, and/or identifying other areas that may need attention. The FAM was created as a tool to assist practitioners and families in identifying both family strengths, as well as, areas of potential confusion or conflict. However, the FAM was never meant to stand alone as a diagnostic tool (Skinner, 1988)

III. LIMITATIONS OF THE RESEARCH FINDINGS

A. Limitations of the Questionnaires

In completing the data analysis of this study, several limitations regarding the Parent Questionnaire designed by the researcher became apparent. Although the Parent Questionnaire was pre-tested for clarity and appropriateness, it was not pretested for the amount of useful and comprehensive information it would gather. Therefore, the limitations identified were in the manner specific questions were asked, or in the failure to ask questions to gain pertinent information. These limitations resulted in the lack of information that would have enhanced the study outcomes. Following is a list of the limitations that were noted by the researcher:

1) The construction of the Parent Questionnaire did not provide specific information (age, special needs, relationship to other children in the adoptive home) regarding the child who left the adoptive home. Therefore, no analysis could be completed regarding these children.

2) The questionnaire did not ask specific questions about when and/or why the child left the adoptive home. These questions would have provided information, from the parents' perceptions, about what caused the disruption. Because the questionnaire did not ask the date of the disruption, one cannot be certain if the reported family characteristics and functioning levels even existed in the family at the time of the disruption.

3) There were no questions regarding the racial background of either the adoptive parents or the adoptive children. The researcher did make a conscious decision to delete these questions, in an effort to keep the questionnaire more brief. However, asking these questions may have provided information regarding different racial and ethnic backgrounds, and how these could impact family functioning dynamics in adoptions.

4) The questionnaire failed to ask any questions regarding the adoptive family's support systems, either formal or informal. The researcher did delete a question that asked adoptive parents to rank order, by importance, their present support systems. This question would have provided information about what kind of support systems were important to the adoptive families in this study.

5) The design of the questionnaire was based on the premise that sustained adoptions were satisfying for all family members. Therefore, no specific questions were asked about the adoptive parent's views on adoption of older children, and/or their level of satisfaction with their adoptive placement(s). Asking such questions may have created

a better understanding of how the adoptive parents viewed the placement, and how they were managing the demands of raising a child who was adopted at an older age.

6) Question #8 should have clarified the difference between a child leaving the home temporarily, (e.g. for residential treatment) and a child leaving the home permanently, as when an adoption is legally set aside. There should have been additional questions regarding the family seeking therapy and/or support services or children leaving the home for treatment purposes. This would have provided information regarding the additional needs of the adoptees and other family members, as well as how families addressed those needs.

7) There is some concern about cultural bias regarding the FAM. This measure appears to rely heavily on traditionally white, Anglo-Saxon family values. Therefore, this instrument may not be valid for families from other cultural backgrounds. Further testing to address this issue needs to be done.

B. Limitations of the Study

There were several limitations to this study that may have affected the results of the study, as well as restricted the ability to generalize the results. A discussion of these limitations follows.

1) The study sample of adoptive families who had a disrupted placement was very small (n=7). Therefore, these results should be considered preliminary and not conclusive. Further studies would need to be completed.

2) All families in the group who had experienced adoption disruptions did have other adoptive children living in their homes. None of the families had biological, step or

foster children. Since the questionnaire did not probe to find out how long ago the disruption occurred, one cannot be certain if the reported family characteristics and functioning levels pertained to the family at the time of the disruption. Therefore, we cannot say with absolute certainty that the identified levels of functioning contributed to the adoption disruptions.

3) The nature of the study was subjective. The responses on the Parent Questionnaire and the FAM depended on the perceptions of the respondents. Many things could have interfered with how the adoptive parents answered the questions, such as how they felt that day, what had occurred to impact their opinions, and the accuracy of their perceptions. A more complete and accurate picture of adoptive family characteristics and functioning could have been obtained by asking all family members to complete the FAM.

4) The study design did not permit causal attribution. For example, family role rigidity is associated with higher incidents of adoption disruption (Westhues & Cohen, 1990; Barth & Berry, 1988). However, several interpretations of this finding are possible. One interpretation is that as family flexibility decreases, there is also a decrease in parent/child relationships. Another, equally viable, explanation could be, a decrease in parent/child relations leads the family to respond by increasing the rigidity of roles. The actual causal relationship can only be established through a longitudinal study.

5) This study does not address individual and family changes over time. The presumption was, based on previous research, adoptions of older children create family stressors that are somehow different from adoption of infants, or families raising biological children. A longitudinal comparative study would need to be completed to

determine if the issues faced by these different kinds of families are really that different as they move through the family life cycle.

6) For this study, adoption permanency represented the “successful” adoption experience. However, in some situations this is not necessarily true. There are some adoptive families who remain intact, but family members feel frustrated and unsatisfied. This study did not explore how different family members actually felt about their adoption experience.

7) The study sample was drawn only from Iowa families receiving adoption subsidies. Since the Iowa Department of Human Services has not kept accurate records of adoptions where families do not receive subsidies, it was impossible to access these families. It is presumed that families who are not getting adoption subsidies have adopted older children who do not have special needs. Therefore, these families may have very different adoption experiences and perceptions of how their family functions.

8) There were several threats to the internal validity of this study that may have compromised the findings. History refers to extraneous events that occurred during the course of the study that may account for the results of the study (Rubin & Babbie, 1993). For example, training and support services for adoptive parents, and increased mental health services for adoptive families may have influenced adoption permanency, as well as adoptive parent’s perceptions of adoption.

9) Maturation refers to people continually growing and changing, and how these changes can affect the results of the study (Rubin & Babbie, 1993). As children grow and mature, families change in a variety of ways. One such change can result in family members changing roles and role expectations within the family. Communications

patterns can also change as children approach adolescence, and no longer feel a need to communicate with their parents.

IV. IMPLICATIONS FOR FURTHER RESEARCH

Studies of adoptions of older children still need to be done. In the past, most studies have been retrospective (Festinger, 1989). The findings of retrospective studies can be distorted by the memories of the respondents. Longitudinal studies allow for the examination of the child and the family prior to placement, the beginning stages of integration, and the ongoing life cycle of the family. This would allow for an assessment of how individuals and families cope with the changes created by bringing an older child into the family.

More research needs to be focused on existing adoption programs. The use of program evaluations to determine the effectiveness of existing programs would add a great deal to the present knowledge base. Both nationally and internationally there have been many programs implemented to address the growing needs of older adoptees and their families. One needs to have a means of evaluating, consolidating, and disseminating the valuable information and potential in these programs.

The nature of what was traditionally defined as special needs adoption is constantly changing. During the 1970s, special needs adoption was defined as being an older child, having a physical, emotional, or behavior handicap, being part of a sibling group, and/or part of a minority group. The 1980s introduced older children who were medically fragile. Many of these children were entering foster care because their parents had died of AIDS, and they too were HIV positive. Another group of children entered foster care because their parents were addicted to drugs such as crack cocaine. The 1990s brought the fall of communism, and the expansion of the United States into the world

trade market. This opened up many opportunities for the adoption of children of all ages from Eastern Europe and other previously communist countries. These children often have special health and developmental needs. These expanding needs place new demands on a child welfare system to find adoptive placements which will provide permanent long term care.

V. CONCLUSION AND RECOMMENDATIONS

In conclusion, we return to the three research questions posed by this study. This study did not identify any of the family demographic characteristics used, as showing significant differences between groups. However, this study did identify several family functioning variables that were considered to be significant. These included task accomplishment, role performance, communication, and involvement. However, it should be noted that the sample of families who experienced adoption disruption was small, so these findings should be viewed as preliminary, rather than conclusive. Finally, it would appear these findings did not support the hypothesis that family demographic characteristics play a pivotal role.

Given these initial findings, it would be advisable for the Iowa Department of Human Service to consider using some form of quantitative evaluation to enhance the process of completing adoptive home studies. Such a practice could be used, not to exclude potential adoptive families, but rather to identify both areas of strengths, and areas where potential problems could occur. Identifying family strengths could help adoption practitioners determine families who could work better with certain kinds of children. Identifying potential problem areas could provide an opportunity for practitioners and family members to address these, prior to a placement being made.

Adoptions of older children are complicated. This study has examined a relatively small number of factors that can impact these adoptions. More comprehensive research is needed in order to explore the many facets, and apply this knowledge to both policy and practice so that families can remain together.

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APPENDIX A

COVER LETTER

Rhonda Jager-Pippy
Box 45
Hartley, Iowa 51346
IRB # 96-46-2

March 31, 1997

Dear Adoptive Parents,

You are invited to take part in a research study of families who adopt older children. A sample of families in Iowa who have adopted children age four and older, between January 1, 1990 and July 1, 1996, have been invited to participate. This study is being conducted by me as part of my master's thesis in the social work program at Augsburg College in Minneapolis, Minnesota.

Background Information

The purpose of my research is to assess family characteristics, and how families function when they adopt older children.

Voluntary Nature of The Study

Your thoughts and opinions are very important to this study. However, you have the choice of whether to participate in the study or not. Neither myself nor the Iowa Department of Human Service will know who is returning the questionnaires. Your decision whether to participate in this study will not affect your relationship with either the Iowa Department of Human Service or Augsburg College.

Anonymity of Participants

- * The individual survey results will be completely anonymous.
- * The Iowa Department of Human Service will compile the mailing list. I will not ever see the names of who the questionnaires were mailed to.
- * **Do not put your name or any other identifying information on the survey, or the enclosed return envelope.**
- * Information from the questionnaires will be tabulated and put into summary form. The summarized data will contain no individual and/or identifying information.
- * The final thesis, including the summarized information, will be shared with the Iowa Department of Human Service.
- * All questionnaires will be kept in a locked filing cabinet in my home office, and will only be seen by myself and my thesis advisor.
- * All questionnaires will be destroyed at the completion of my thesis, no later than September 30, 1997.

Procedures

If you agree to participate in this study, I would ask you to do the following:

- 1) Complete the attached Family Assessment Measure-General Scales (there is one for each parent) and Parent Questionnaire. **You may choose to skip any questions that are uncomfortable for you to answer.** This is a one time commitment that will take approximately 15 minutes. **Please note there are questions on both the front and back pages of the FAM and Parent Questionnaire.**
- 2) Return the FAM-General Scale and Parent Questionnaire survey forms in the provided self-addressed, stamped envelope to the researcher by **April 15, 1997.** Please keep the cover letter for your records.
- 3) Do not include any identifying information, such as names or your address, in the survey or on the return envelope.
- 4) Your completion and return of the questionnaire indicates your consent to participate in the study, and concludes your participation in this study. **Please keep this consent letter for your records.**

Risks of Being a Participant

In completing this questionnaire you may be reminded of experiences and/or feelings that are unpleasant or uncomfortable for you. In the event this questionnaire results in emotional distress for you, please contact your primary adoption worker.

In completing the questionnaire you may choose to skip any questions that are uncomfortable for you to answer. This will **not** cause your questionnaire to be excluded from the study.

Benefits of Being a Participant

There are no direct benefits for the people who choose to participate in this study. However, this is an opportunity for you to share your expertise and personal opinions regarding adoption of older children.

Thank you for your participation in this study. If you should have any questions regarding the survey packet or this study please feel free to contact me, Rhonda Jager-Pippy at (712) 728-2816 or my thesis advisor, Dr Sharon Patten at (612)-330-1723.

Sincerely,

Rhonda Jager-Pippy
MSW Graduate Student

APPENDIX B
PARENT QUESTIONNAIRE

Parent Questionnaire

Instructions: In section one, please answer the questions regarding each child you have adopted who was 4 years old or older at the time he/she was placed in your home for adoption. **Do not include any other children in your home.** Child #1 should be the first child you adopted, #2 should be the second child you adopted, and so on. If you have adopted more than three children, **please only refer to the first three children you adopted who were 4 years old or older at the time of adoptive placement in your home.**

	Child #1	Child #2	Child #3
How old was your child(ren) at the time of placement in your home?	_____	_____	_____
How old is your child(ren) now?	_____	_____	_____
How long has it been since your child(ren)'s adoption was finalized? (Please skip this question if adoption is not finalized.)	_____	_____	_____
How long will it be until your child(ren)'s adoption will be finalized? (Please indicate in months/years. Skip this question if adoption already finalized.)	_____	_____	_____
Did you provide licensed foster care placement for your child prior to his/her adoptive placement in your home?	_____	_____	_____
If yes, how long was that child in your home as a foster child prior to adoptive placement?	_____	_____	_____

What, if any, are the special needs of the child(ren) you have adopted?

Child #1

ADHD(attention deficit hyperactivity disorder)	_____ ADD(attention deficit disorder)	_____ Attachment disorder
FAS(fetal alcohol syndrome)	_____ FAE(fetal alcohol effects)	_____ Sexual abuse
Physical abuse	_____ Developmental delay	_____ Physical handicap
Learning disability	_____ None	_____ Other (please specify)

Child #2

ADHD(attention deficit hyperactivity disorder)	_____ ADD(attention deficit disorder)	_____ Attachment disorder
FAS(fetal alcohol syndrome)	_____ FAE(fetal alcohol effects)	_____ Sexual abuse
Physical abuse	_____ Developmental delay	_____ Physical handicap
Learning disability	_____ None	_____ Other (please specify)

PLEASE TURN THE SHEET OVER TO ANSWER THE QUESTIONS ON THE BACK.

Child #3

<input type="checkbox"/> ADHD(attention deficit hyperactivity disorder)	<input type="checkbox"/> ADD(attention deficit disorder)	<input type="checkbox"/> Attachment disorder
<input type="checkbox"/> FAS(fetal alcohol syndrome)	<input type="checkbox"/> FAE(fetal alcohol effects)	<input type="checkbox"/> Sexual abuse
<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Developmental delay	<input type="checkbox"/> Physical handicap
<input type="checkbox"/> Learning disability	<input type="checkbox"/> None	<input type="checkbox"/> Other (please specify)

se answer the following questions.

ave you ever had a child(ren) placed in your home for adoption, and that placement disrupted (the child left your e)? If more than one child, please indicate the number of children. _____

ow many children do you presently have living in your home?

Birth children to you and/or your spouse. _____

Adopted children. _____

Foster children. _____

Other (Please specify relationship.) _____

What is your marital status? single married divorced separated domestic partnership

If married, how many years have you been married? _____

What is adoptive mother's highest level of education completed (check one)?

<input type="checkbox"/> High School	<input type="checkbox"/> Masters degree
<input type="checkbox"/> Technical School	<input type="checkbox"/> Doctorate degree
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Other (Please specify)

What is adoptive father's highest level of education completed(check one)?

<input type="checkbox"/> High School	<input type="checkbox"/> Masters degree
<input type="checkbox"/> Technical School	<input type="checkbox"/> Doctorate degree
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Other (Please specify)

Please indicate your combined family yearly income?

<input type="checkbox"/> \$10,000 or less	<input type="checkbox"/> \$30,001-\$40,000	<input type="checkbox"/> \$60,001-\$70,000
<input type="checkbox"/> \$10,001-\$20,000	<input type="checkbox"/> \$40,001-\$50,000	<input type="checkbox"/> \$70,001-\$80,000
<input type="checkbox"/> \$20,001-\$30,000	<input type="checkbox"/> \$50,001-\$60,000	<input type="checkbox"/> \$80,001 or more

ANK-YOU FOR YOUR TIME AND EFFORT IN COMPLETING THIS RESEARCH STUDY.

APPENDIX C
FAM-GENERAL SCALE

FAM-III: GENERAL SCALE

Age: _____ Sex: ___M___F
 Family Position: ___Mother/Wife___ ___Father/Husband___

Directions: On the next two pages you will find 50 statements about your family as a whole. Read each statement carefully and decide how well the statement describes your family. Respond by circling one of the provided options (strongly agree, agree, disagree, and strongly disagree). Circle only one response for each item.

We spend too much time arguing about what our problems are.	strongly agree	agree	disagree	strongly disagree
Family duties are fairly shared.	strongly agreed	agree	disagree	strongly disagreed
When I ask someone to explain what they mean, I get a straight answer.	strongly agreed	agree	disagree	strongly disagreed
When someone in our family is upset, I don't know if they are angry, sad, scared, or what.	strongly agreed	agree	disagree	strongly disagreed
We are as well adjusted as any family could possibly be.	strongly agreed	agree	disagree	strongly disagreed
You don't get a chance to be an individual in our family.	strongly agree	agree	disagree	strongly disagree
When I ask why we have certain rules, I don't get a good answer.	strongly agree	agree	disagree	strongly disagree
We have the same views on what is right and wrong.	strongly agree	agree	disagree	strongly disagree
I don't see how any family could get along better than ours.	strongly agree	agree	disagree	strongly disagree
Some days we are more easily annoyed than others.	strongly agree	agree	disagree	strongly disagree
When problems come up, we try different ways of solving them.	strongly agree	agree	disagree	strongly disagree
My family expects me to do more than my share.	strongly agree	agree	disagree	strongly disagree

REMEMBER TO TURN THE PAGE.

1. We argue about who said what in our family.	strongly agree	agree	disagree	strongly disagree
2. We tell each other about things that bother us.	strongly agree	agree	disagree	strongly disagree
3. My family could be happier than it is.	strongly agree	agree	disagree	strongly disagree
4. We feel loved in our family.	strongly agree	agree	disagree	strongly disagree
5. When you do something wrong in our family, you don't know what to expect.	strongly agree	agree	disagree	strongly
6. It's hard to tell what the rules are in our family.	strongly agree	agree	disagree	strongly disagree
7. I don't think any family could possibly be happier than mine.	strongly agree	agree	disagree	strongly disagree
8. Sometimes we are unfair to each other.	strongly agree	agree	disagree	strongly disagree
9. We never let things pile up until they are more than we can handle.	strongly agree	agree	disagree	strongly disagree
10. We agree about who should do what in our family.	strongly agree	agree	disagree	strongly disagree
11. I never know what's going on in our family.	strongly agree	agree	disagree	strongly disagree
12. I can let my family know what is bothering me.	strongly agree	agree	disagree	strongly disagree
13. We never get angry in our family.	strongly agree	agree	disagree	strongly disagree
14. My family tries to run my life.	strongly agree	agree	disagree	strongly disagree
15. If we do something wrong, we don't have a chance to explain.	strongly agree	agree	disagree	strongly disagree
16. We argue about how much freedom we should have to make our own decisions.	strongly agree	agree	disagree	strongly disagree

PLEASE GO TO THE NEXT PAGE.

1. My family and I understand each other completely.	strongly agree	agree	disagree	strongly disagree
2. We sometimes hurt each other's feelings.	strongly agree	agree	disagree	strongly disagree
3. When things aren't going well it takes too long to work them out.	strongly agree	agree	disagree	strongly disagree
4. We can't rely on family members to do their part.	strongly agree	agree	disagree	strongly disagree
5. We take the time to listen to each other.	strongly agree	agree	disagree	strongly disagree
6. When someone is upset, we don't find out much later.	strongly agree	agree	disagree	strongly disagree
7. Sometimes we avoid each other.	strongly agree	agree	disagree	strongly disagree
8. We feel close to each other.	strongly agree	agree	disagree	strongly disagree
9. Punishments are fair in our family.	strongly agree	agree	disagree	strongly disagree
10. The rules in our family don't make sense.	strongly agree	agree	disagree	strongly disagree
11. Some things about my family don't entirely please me.	strongly agree	agree	disagree	strongly disagree
12. We never get upset with each other.	strongly agree	agree	disagree	strongly disagree
13. We deal with our problems even when they are serious.	strongly agree	agree	disagree	strongly disagree
14. One family member always tries to be the center of attention.	strongly agree	agree	disagree	strongly disagree
15. My family lets me have my say, even if I disagree.	strongly agree	agree	disagree	strongly disagree
16. When our family gets upset, we take too long to get over it.	strongly agree	agree	disagree	strongly disagree

REMEMBER TO TURN THE PAGE.

. We always admit our mistakes without trying to hide anything.	strongly agree	agree	disagree	strongly disagree
. We don't really trust each other.	strongly agree	agree	disagree	strongly disagree
. We hardly ever do what is expected of us without being told.	strongly agree	agree	disagree	strongly disagree
. We are free to say what we think in our family.	strongly agree	agree	disagree	strongly disagree
. My family is not a perfect success.	strongly agree	agree	disagree	strongly disagree
. We have never let down another family member in any way.	strongly agree	agree	disagree	strongly disagree

THANK YOU VERY MUCH. PLEASE RETURN TO RESEARCHER IN THE SELF-ADDRESSED ENVELOPE. RHONDA JAGER-PIPPY, BOX 45 HARTLEY, IOWA 51346.

APPENDIX D
FOLLOW-UP COVER LETTER

Rhonda Jager-Pippy
MSW Graduate Student
Box 50
Hartley, Iowa 51346

April 15, 1997

Dear Adoptive Parents,

Two weeks ago, you were mailed a packet regarding this research study and asked for your voluntary participation in the study by completing the enclosed Parent Questionnaire and Family Assessment Measure-General Scale. **If you have already completed the first questionnaires, or if you chose not to participate, please disregard this follow-up letter requesting your participation in this study. If you have not completed the questionnaires, but do desire to participate in the study, please complete the enclosed questionnaires and return them by April 29, 1997.**

Background Information

The purpose of my research is to assess family characteristics, and how families function when they adopt older children. A sample of families in Iowa who have adopted children age four and older, between January 1, 1990 and July 1, 1996, have been invited to participate. This study is being conducted by me as part of my master's thesis in the social work program at Augsburg College in Minneapolis, Minnesota.

Voluntary Nature of The Study

Your thoughts and opinions are very important to this study. However, you have the choice of whether to participate in the study or not. Neither myself nor the Iowa Department of Human Service will know who is returning the questionnaires. Your decision whether to participate in this study will not affect your relationship with either the Iowa Department of Human Service or Augsburg College.

Anonymity of Participants

- * The individual survey results will be completely anonymous.
- * The Iowa Department of Human Service will compile the mailing list. I will not ever see the names of who the questionnaires were mailed to.
- * **Do not put your name or any other identifying information on the survey, or the enclosed return envelope.**
- * Information from the questionnaires will be tabulated and put into summary form. The summarized data will contain no individual and/or identifying information.
- * The final thesis, including the summarized information, will be shared with the Iowa Department of Human Service.

- * All questionnaires will be kept in a locked filing cabinet in my home office, and will only be seen by myself and my thesis advisor.
- * All questionnaires will be destroyed at the completion of my thesis, no later than September 30, 1997.

Procedures

If you agree to participate in this study, I would ask you to do the following:

- 1) Complete the attached Family Assessment Measures (there is one for the father and one for the mother) and Parent Questionnaire. This is a one time commitment that will take approximately 15 minutes.
- 2) Return these survey forms in the provided self-addressed, stamped envelope to the researcher by April 29, 1997.
- 3) Do not include any identifying information, such as names or your address, in the survey or on the return envelope.
- 4) Your completion and return of the questionnaire indicates your consent to participate in the study, and concludes your participation in this study. **Please keep this consent letter for your records.**

Please ignore this second packet if you have already completed and returned the first survey packet, or if you have decided not to participate in the study.

Risks of Being a Participant

In completing this questionnaire you may be reminded of experiences and/or feelings that are unpleasant or uncomfortable for you. In the event this questionnaire results in emotional distress for you, please contact your primary adoption worker.

Benefits of Being a Participant

There are no direct benefits for the people who choose to participate in this study. However, this is an opportunity for you to share your expertise and personal opinions regarding adoption of older children.

Thank you for your participation in this study. If you should have any questions regarding the survey packet or this study please feel free to contact me, Rhonda Jager-Pippy at (712) 728-2816 or my thesis advisor, Dr. Sharon Patten at (612) 330-1723.

Sincerely,

Rhonda Jager-Pippy
MSW Graduate Student

APPENDIX E
IOWA DEPARTMENT OF HUMAN SERVICE
LETTER OF SUPPORT



DEPARTMENT OF HUMAN SERVICES

TERRY E. BRANSTAD, GOVERNOR

CHARLES M. PALMER, DIRECTOR

March 13, 1997

Ms. Rita Weisbrod
Chair, Augsburg College
Institutional Review Board

Re: Rhonda Jager-Pippy

I am writing to notify you that the Iowa Department of Human Services, Division of Adult Children and Family Services, has approved Rhonda Jager-Pippy's request to have access to a random sample of our adoptive parents mailing list in order to conduct her research study. The Department will prepare mailing labels for the research questionnaires and mail them to Ms. Jager-Pippy. Ms. Jager-Pippy will be responsible for preparing the packets, attaching the labels, and mailing the packets. It is my understanding that Ms. Jager-Pippy chooses to remain anonymous and not have direct contact with the names of the families. She has assured the Department that a clerical staff person will complete these tasks to avoid seeing the names of persons participating in the study. The Department has entered into a research agreement with Ms. Jager-Pippy and therefore has no problem with her seeing names of families.

Ms. Jager-Pippy signed the research agreement with the Department on March 10, 1997 which specifies the details of her research study. The focus of the research will be to "examine specific adoptive family characteristics and functioning variables that can be related to adoption permanency

The Department looks forward to receiving the finding of the research. Hopefully this information will assist in the development of training and support programs for families who are adopting older children.

If you have additional questions regarding this matter, please contact me at (515)281-8355.

Sincerely,

Leida M. Leverette
Adoption Program Planner

APPENDIX F
IRB APPROVAL LETTER

AUGSBURG



C • O • L • L • E • G • E

March 17, 1997

TO: Rhonda Marie Jager-Pippy
51 N. 3rd Ave. E.
Hartley Iowa 51346

FROM: Rita Weisbrod, Ph.D.
Chair
Institutional Review Board
(612) 330-1227 or FAX 330-1649

RE: Your IRB application : "Adoption permanency of older children: An evaluation of adoptive family functioning variables in families who adopt older children"

I have received the changes to your proposal on this date and am pleased to report that your project is now approved.

Your IRB # is # 96 -46- 2. This number should appear on all participant- related material..

If there are any substantive changes to your project regarding the use of human subjects, you should let me know so that they may be reviewed for possible increased risk.

I wish you well in this interesting research project!

Copy: Sharon Patten, Thesis Adviser

