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FAMILIES WHO ADOPT SPECIAL NEEDS CHILDREN: A DESCRIPTIVE AND EXPLORATORY STUDY

A Dissertation

Presented for the

Doctor of Philosophy

Degree

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Hollace Leonard Brooks

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ABSTRACT

This was an exploratory-descriptive study which examined families who adopt special needs children in the state of Tennessee. The major objectives of this study were to: (1) describe the characteristics of parents who adopt special needs children; (2) determine the differences, if any, between outright adopters and foster parent adopters of special needs children; (3) explore with outright adopters the history of the decision to adopt special needs children; (4) explore the outright adopter's perceptions of their preparation for adoption during the home study phase; and (5) determine whether outright adopters adopted children with characteristics within the acceptable range of their initial request or whether they adopted children with characteristics outside the range of their initial request.

The study found: (1) parents who adopted children with behavior and learning problems were more likely to feel the group preparation and information received about the child or children adopted was less than adequate in comparison with families who adopted children without these problems; and (2) families will adopt more children than they had initially requested and families will adopt children who are older than they had initially requested.

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CHAPTER I

INTRODUCTION AND PROBLEM STATEMENT

Introduction

Relatively little is known about families who adopt special needs children or about the specific needs of such children. This knowledge is important to the development of recruitment strategies and pre- and postadoption placement services that will improve the likelihood of increasing the number of successful adoptions of special needs children. With a view to contributing to that knowledge, this research examines families who adopted special needs children from the TDHS from 1980 to 1989 and whose adoption records were not sealed.

Kadushin (1983) defines special needs children as those children who because of age, racial heritage, or handicapping condition may have no readily available adoptive home. The Tennessee Department of Human Services considers special needs children to be white children age nine and above, Black children of all ages, children in sibling groups of three or more, and any child with a significant mental, emotional or physical handicap (TDHS, 1983). People who adopt special needs children may be the foster parents with whom children are placed for foster care or people with whom children are placed specifically

for adoption, also known as "outright adopters" (Nelson, 1985).

Problem Statement

Prior to the mid-nineteen seventies, the adoption community had reasonably good knowledge about the children who were available for adoption, some agreement about the acceptable characteristics of people who were seeking to adopt, and a general understanding about what the adoption process should involve. The children available for adoption were primarily infants and young children. Each applicant had to meet specified criteria that included being between thirty-five and forty-five years of age, of good physical and emotional health, married, infertile, of the same religious persuasion as that of the adoptive child, and financially stable (Kadushin, 1983). Applicants also had to be found suitable for parenthood. The adoption process involved a "study" that included a series of office and home visits between a social worker and applicant. The purpose of the study was to gain information for making a decision about the application and, if approval was granted, to prepare parents emotionally for parenthood (Kadushin, 1983).

During the past two decades, the availability of infants and young children for adoption through agencies has decreased sharply. The greater tolerance by society of

births out of wedlock and of single parenthood has made it possible for many young women to keep babies who might have been surrendered a decade ago. Also, the wide availability of contraceptive methods and the legalization of abortion have reduced the number of unwanted pregnancies (Fielgeman and Silverman, 1983).

Although the number of infants available for adoption has decreased, a growing number of special needs children have become available for adoption. This increase has stemmed from the large number of children languishing in foster care who, unless adopted, would be likely to remain in foster care for the duration of their childhoods (Festinger, 1976; Gambril and Wiltse, 1974; Fanshel, 1971; and Maas and Engler, 1959), and from the related development of permanency planning, which has focused on freeing for adoption foster children who are not likely to return to their natural parents (Lahti, 1982; Stein, 1976; DHHS, 1978; DHHS, 1980; and P. L. 96-272).

In addition, the researcher's discussions with adoption workers in Tennessee suggest that the characteristics of children available for adoption have changed. Unlike children available in the past, these children are much older (11 years old and above), more likely to be emotionally and physically handicapped, and members of larger sibling groups. Unless adopted, many of

these children are likely to remain in foster care throughout their childhoods.

In 1985, there were 33,000 special needs children in foster care nationwide awaiting adoption (TDHS, 1986). The State of Tennessee provided care for five hundred ninety-nine special needs children free for adoption and awaiting placement (TDHS, 1987). During 1986-87, one hundred thirty-two special needs children were adopted in the State of Tennessee (TDHS, 1988). From July, 1986, to June, 1987, Davidson County placed ten special needs children for adoption while fifty-one children were free for adoption and awaiting placement (TDHS, 1988).

Special needs adoption has become a top priority for adoption agencies throughout the country. Many State agencies have contracted with voluntary adoption agencies and/or developed special programs for the recruitment of parents for special needs children. In addition, many State adoption agencies, including the Tennessee Department of Human Services, have ceased taking adoption applications for infants. Since March, 1982, except for one month in 1989, TDHS has only accepted applications from people who wish to adopt special needs children.

In many adoption programs, applicants are no longer required to meet the previously stated criteria. Studies have found that typical applicants are single,older, and fertile, and may have biological children (The National

Adoption Center, 1986; Nelson, 1985; and Kadushin, 1983). Also, a significant number of adopters are foster parents (The National Adoption Center, 1986; and Nelson, 1985).

Nonetheless, recruitment of adoptive parents continues to be difficult. Agencies are using numerous tactics to recruit and influence people to adopt special needs children. Radio and television programs regularly feature children who are available for adoption. Foster and single parents are encouraged to adopt special needs children. States are providing subsidies to help defray the medical and legal costs of adoption. Also, in the adoption home study, parents are encouraged to broaden the range of characteristics they will accept in a child or children. Through this process, often referred to as "stretching," adoption workers attempt to influence prospective adoptive parents to "stretch" the range of the child's or children's age, the behavior, and the handicapping condition they are willing to accept. Recent research (Nelson,1986; and The National Adoption Center, 1986) suggests that a number of parents are persuaded to adopt a child or children who have characteristics outside the range of acceptable characteristics of their initial request.

Study Objectives

The objectives of this study are: 1) to describe the characteristics of parents who adopt special needs children; 2) to determine the differences, if any, between outright adopters and foster parent adopters of special needs children; 3) to explore with outright adopters the history of the decision to adopt special needs children; 4) to explore adoptive families' perceptions of their preparation for adoption during the adoption home study; and 5) to determine whether adoptive parents adopt a special needs child or children who have characteristics within the acceptable range of their initial request or whether the child or children they adopt have characteristics outside the acceptable range of their initial request.[1]

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[1]In the adoption study, applicants indicate the number of children they are willing to adopt. Also, they complete a checklist indicating the characteristics of children that are acceptable to them, including age, behavior, and handicapping condition. In this study "within the range" of acceptable characteristics identifies a child or children who have characteristics that were checked as "acceptable" on the initial application. "Within the range"also refers to the number of children parents were willing to accept at the initial request. "Outside the range" of initial request identifies a child or children who fall outside the age, behavior, handicap, and/or sibling ranges that parents requested in the initial application.

Importance of the Study

As indicated earlier, relatively little is known about the families who adopt special children or about the specific needs of the children they adopt. The findings of this study should be helpful in providing information about families who adopt special needs children that will be of use to social science researchers, policy makers, and practitioners in foster care and adoption. For example, this research will provide a profile of both outright and foster parent adopters that can help focus recruitment efforts. In addition, it will identify gaps in the delivery of services and identify areas where adoption workers need training to better serve the needs of prospective adoptive parents and children.

Research suggests that a significant number of foster parents adopt special needs children. But little, if any, data exist on the characteristics of foster parent adopters. This research can provide much needed information about foster parents who adopt special needs children and can enhance the development of policy and practice when considering foster parents for adopting special needs children. More important is the limited amount of data on outright adopters. As indicated earlier, recruiting parents for special needs adoption is a top priority. However, little is known about those who become outright adopters or about how they come to make the decision to adopt special

needs children. The present research will provide information that may be helpful in recruiting outright adopters and in better targeting children for outright adoptive placement.

Finally, the literature suggests that special needs adoptions are likely to be problematic (Barth and Berry, 1988; Partridge, Hornby and McDonald, 1986; Festinger, 1976; Zwimpher, 1983; Boyne, Benby, Kettenring, and Weeler, 1981; and Kadushin and Siedl, 1971). During 1986-87, 10 percent of the special needs placements in Tennessee were disrupted, and the children were returned to TDHS (TDHS, 1989). When problems occur, there are significant costs to the agency, which has expended considerable dollars, time and person hours; to the child, who is usually placed in another foster home and may experience psychological damage; to the adoptive parents, who may have unresolved feelings about adoption; and to the state, which must appropriate more dollars to insure that the child has another chance at adoption. Although these costs are not the focus of this study, exploring the history of the adoption decision and the preparation gained during the home study may provide some clues to providing better services to adoptive parents, services which may, in turn, affect costs.

Summary

This research is an exploratory-descriptive study of outright adoptive families and foster parent adoptive families who adopt special needs children in Tennessee. The availability of infants and young children for adoption has decreased significantly, while a growing number of special needs children have become available for adoption. Both the characteristics of people who seek to adopt and the characteristics of children available for adoption have changed. Thus, the recruitment of adoptive parents and the placement of special needs children is difficult.

Some factors which are thought to be relevant to special needs adoption and which are addressed in the study include selected background characteristics of outright adoptive families and foster parent adoptive families. Also included are the perceptions of outright adoptive parents about their decisions to adopt special needs children and their perceptions of the preparation gained during the adoption home study.

This research is similar to the few existing studies of special needs adoption in three ways. First, it seeks to determine the differences between outright adopters and foster parent adopters who adopt special needs children. Second, it seeks to determine outright adopters' perceptions of the preparation gained in the home study phase. And third, it seeks to determine whether parents

adopt children who have characteristics within the acceptable range of their initial request or whether they adopt children who have characteristics outside the acceptable range of their request. This study is different from past research in that it seeks to explore how parents come to make the decision to adopt a special needs child or children. The findings of this study can provide much needed information about people who adopt special needs children that can be helpful to adoption and foster care practitioners, policy makers, and researchers in guiding the ongoing development of systematic and effective processes for recruiting and preparing adoptive parents and placing special needs children.

CHAPTER II

REVIEW OF MAJOR RESEARCH STUDIES

Introduction

This chapter reviews the major research studies of special needs adoption. Because special needs adoption is a recent practice, relatively few studies have been done on the topic. Initial studies of special needs adoption focussed primarily on a particular type or category of special needs child. More recent studies include all the categories of special needs children.

Studies of Single Categories of Special Needs Adoption

Most of the early studies of special needs adoption focussed on one of the various categories of special needs children, namely transracial children, older children, black children or handicapped children. Many of these studies were either descriptive studies of the characteristics of parents who adopted a child in one of the special needs categories or qualitative studies focussing on the problems that occurred in the adoption of a specific type of special needs child.

Transracial Children. The research on parents who adopted transracial children is the most extensive (Kirk,

1964; Falk, 1970; Fanshel, 1972; Kim and Reid, 1975; Grow and Shapiro, 1974; Simon and Alstein, 1977; Zastrow, 1977; Ladner, 1977; Feigelman and Silverman, 1983; and McRoy, Zurcher, Lauderdale and Anderson, 1984). These studies provided needed information about families who adopted transracial children and focussed primarily on the child's adjustment to the adoption and the family's ability to handle the racial aspect of the adoption.

During the peak of the practice of transracial adoption, Grow and Shapiro (1974) conducted a comprehensive study under the auspices of the Child Welfare League of America, entitled "Black children:White parents." The study population included Black children who were at least six years old and who had been in white adoptive homes for at least three years. Parents were interviewed at the beginning of the study and again one year later. A total of one hundred twenty-five families from twenty-five agencies throughout the country were interviewed by trained social workers. At the end of each interview, the interviewer rated various aspects of the family's and child's adjustment, as well as the parents' ability to handle the racial aspect of the adoption.

The study covered a range of topics, including a description of the general family situation, the neighborhood, the family's leisure activities, the parents' general social attitudes, their attitudes on racial issues,

and their contacts with Blacks and Black culture. Also explored were the parents' recall of the adoption experience,their general satisfaction or dissatisfaction with the adoption, the reactions of family and friends to the adoption, the parents' activities with the adopted child, their attitudes toward child rearing, and their openness to other types of children waiting for adoption.

Data gathered for the study included parents' responses on the Weinstein Scale of well-being and scales from the Missouri Children's Behavior Checklist. The adopted child was administered the California Test of Personality, and his or her teacher completed a one-page form asking for judgements about the child's academic work and classroom performance.

Grow and Shapiro (1974) found seven characteristics of the adoptive families and children that correlated positively with the success of the adoption. These were: 1) parents were willing to acknowledge the Blackness of the child; 2) the adoptee was a girl; 3) the adoptee had been in placement at least five years; 4) the adoptive father was in a professional occupation; 5) infertility provided the initial motivation for the adoption; 6) the adoptive family had frequent contact with relatives; and 7) the agency met the family's preference with respect to the child's intellectual level.

The major conclusion of the study was that the large majority of children in the study were well adjusted and that the degree of success of transracial adoption compared favorably with that of other types of adoption studied. Critics of this study argued that "success" was judged primarily on the basis of information about the child's behavior that was obtained from parents and teachers,rather than upon reports from the children themselves. Also, since the children had not yet reached adolescence, questions concerning the type and severity of identity problems the children may confront remained unanswered (Bayerl, 1977).

Older Children. Much of the research on the adoption of older children focussed on problems that parents and adopted children faced in the adoptive placement (Jaffee and Fanshel, 1970; Sharra, 1970; Braden, 1970; Chema, Oakley, Farley and O'Brian, 1970; Bohman 1970; Neilson, 1972; Seglow, 1972; Bass, 1975; Chestang and Heymann 1976; Dong, 1977; Jewett, 1978; Gill, 1978;and Ward, 1981). For example, Gill (1978) taped twenty-two hours of sessions with adoptive parents and reported on the common post-placement concerns of parents and children. A number of problems were identified including loyalty versus disloyalty to the adoptive family, battles between new and old families, testing of beginning attachments, and the stresses an additional child can place on the marital

relationship. In general, these studies provided little, if any, descriptive information about families who adopt older children.

Kadushin (1970) conducted one of the first comprehensive studies of parents who adopted older children. This was a follow-up study on the experiences of parents who adopted white, healthy, older children through one adoption agency over a ten-year period. Children in this study's sample became available for adoption as a result of court action to terminate parental rights because of neglect or abuse. Data for the study were obtained from the adoption records, semistructured interviews with the adoptive mothers and fathers, and adoptive parents' written responses to items addressing issues not freely discussed in the interview. Two criteria for judging outcome were used in the study. One was a composite score of overall parental satisfaction with the adoption experience, and the second was the ratio of discrete satisfactions to dissatisfactions expressed by the parents in the interviews and identified by at least two social workers with experience in adoption.

The study found that, at the time of adoption, the mean age of the mothers was forty and the mean age of the fathers was forty-one and one half. The adoptive couples had been married an average of fourteen years. Thirty-one percent of the adoptive mothers and 30 percent of the

adoptive fathers had some college education and 85 percent of the adoptive parents were Protestants. Sixty-one percent of the women either were infertile or had a history of repeated miscarriages and/or still births at the time of adoption application.

The mean age of the adopted children at the time of placement was seven years and two months, while at the time of the study their average age was thirteen years and nine months. The children had spent an average of approximately three and one half years in foster care before being placed for adoption.

Outcome, or parental satisfaction with the adoption, was related to the characteristics of both the adopted children and parents. For adopted children, outcome was related to the number of foster care placements before adoption and the capacity to develop interpersonal relationships. For adoptive parents, outcome tended to be less favorable when a woman had experienced miscarriages or the reason for infertility was not clearly established. Also,there was a positive relationship between the parents' acceptance of the child, as indicated by their perception of him or her as member of the family,and outcome. There was a negative relationship between the parents self-consciousness about their status as adoptive parents' and their satisfaction with the adoption. It is important to note that, unlike the current study, this research

considered neither parents who adopted older minority children nor parents who adopted older physically and emotionally handicapped children; nor did it explore in detail factors that influenced parents to adopt children.

Black Children. Research on the adoption of Black children has indicated that Black adoptive families are similar in significant respects to white adoptive families (Kadushin, 1983; Day, 1979; Lawder et al., 1971). Scott (1976) reviewed the results of a special nationwide interagency effort to find Black adoptive homes for Black children. The characteristics of the Black applicants mirrored those of the usual white adoptive applicants. Most were married and had middle-class family incomes, and about 40 percent had at least some college education.

There are two recent reports of families who adopt Black children. Prater and King (1988) conducted an exploratory-descriptive study of twelve Black families focussing on their ideas and feelings about adoptive parenthood. The average age of adoptive parents was forty-three years. Both spouses worked, and families had annual incomes of $25,000 or more. Most parents had completed college and held professional positions. The study found that the primary reasons for adoption were: 1) parents were unable to have biological children; and 2) parents wanted to share their love with a child. In

addition, the researchers noted that parents were open in discussing the adoption experience.

In a similar study of Black adoptive parents, Hairston and Williams (1989) also found that most of the families were clearly middle class. In addition, most of the adoptive parents were married, well educated, in professional occupations, and had incomes greater than $35,000 per year. It is also important to note that, although most of the Black families were similar to white adoptive families in many respects, Black families differed from white families in that both parents were more likely to work outside of the home; a large number of the families had biological children; and there were several single Black women who had adopted children.

Handicapped Children. Far less research exists concerning parents who adopt handicapped children. Kadushin (1983) suggests that some parents who adopt handicapped children have often served previously as their foster parents. An attachment to and a relationship with the child develops, and adoption results (Kadushin, 1983 p. 604). Ferman and Warren (1974) studied the adoption of physically handicapped children in a six-state area. Adoption workers in these states had placed one hundred seventy-eight children who had such disabilities as Down's Syndrome, congenital heart disease, epilepsy, muscular dystrophy, and

sickle cell anemia. The adoptive families of these children most frequently fell into one of three groups: foster parents with whom the child had lived for some time; people who had personal and/or professional experience with physical and mental disabilities; and persons whose application for a white, normal infant was not likely to be accepted because of their age, the number of children already in the family, or similar factors. Experience with a disability was a factor in motivating the adoption of a handicapped child.

In summary, most of the early studies of special needs adoptions involved two-parent, white, middle-class families. Major limitations of these studies were: 1) study samples included few Black families, single-parent families or foster-care adoptive parents, thus not allowing comparisons among different kinds of families who adopted special needs children; 2) the focus on one category of special needs children which did not allow comparisons among families who adopted children with different kinds of special needs; and 3) few studies focussed on families who adopted physically and emotionally handicapped children or sibling groups.

Studies Including Multiple Categories of Special Needs Children

Within the past five years, three studies have provided much needed information to the adoption community about parents who adopt special needs children (Nelson, 1985; The National Adoption Center, 1987; and Deiner, Wilson and Unger, 1988). For the most part, these studies defined special needs children as children nine years or older,children with physical, mental or emotional impairments and children in sibling groups of two or more. Also, Black children comprised from one-fourth to one-third of the study samples.

Nelson(1985) conducted an adoption outcome study of special needs adoptive families who lived in the Detroit/Lansing, Chicago, and Houston areas. The principle source of data was an in-person interview with one of the parents, usually the mother. Additional sources of information were a self-administered questionnaire and the family case record. The sample consisted of one hundred seventy-seven families who adopted two hundred fifty-four children. The majority of the children were impaired, most often by emotional or behavioral problems. The study covered a variety of topics, including why the parents had adopted special needs children, the parents' experiences with the adoption agency, the receipt of financial

assistance and professional services, gaps in the parents' support systems, and the outcome of the adoption.

Approximately two-thirds of the children were placed with outright adopters, and one-third were placed with foster parent adopters. Nelson found that outright adopters tended to be white and middle aged. Foster parent adopters were more likely to be Black and older parents. Outright adopters tended to be professional people (52%) with annual earnings of $25,000 and above (67%). Foster parent adopters had less than high school educations (39%), were semiskilled or unskilled workers, and earned less than $24,000 a year (57%).

The study also found that most families (73%) were more than satisfied with the adoption. With regard to the home study process, outright adopters cited unmet preparation needs, and 57 percent indicated they "stretched" their preference in adopting the children they did. Nelson concluded that no one type of family adopted a child with special needs.

The second study, "Who adopts special needs children," was conducted by the National Adoption Center (1986). The researchers used data from two adoption exchange centers and information provided by adoptive parents through a series of group interviews they conducted. The sample included urban, suburban and rural couples; Black and white couples; and single parents. Researchers asked the parents

about their motivations for adopting special needs children with physical and/or emotional handicaps.

The researchers found that the primary motivation for adoption was that parents wanted to share their love with a child or children. Families identified personal strengths in their marriages and families and good information from agencies and other parents as key factors in deciding to adopt a special needs child. Families tended to adopt more disabled children than the stated preference in the adoption records. Further, compared with people or couples who did not adopt a disabled child, people who adopted a disabled child were older, had been married longer, had other children, and were predominantly white Catholics. Parents were least accepting of the adoption of mentally retarded children and most accepting of the adoption of children with mild physical and emotional disabilities.

Based on their findings, the authors concluded that factors that support successful adoption are the strength of marriage; adoptive parent support groups; church support; the support of extended family, particularly for single people; and the availability through employers of adoption leave and benefits. Also, the researchers raised a number of questions about adoption recruitment, study, and placement polices and procedures for Black and single-parent families. With regard to Black families there were concerns that the Black media are under utilized; that

Black families are not informed that young, healthy Black children are waiting for adoption; and that Black families wishing to adopt babies are subject to the same requirements for infertility testing as white families, although there are Black infants waiting for adoption. With regard to single parents, the concerns were that the message does not reach single people that they can adopt; that single people are generally not allowed to adopt infants; that single men are not allowed to adopt female children; and, that single men are seen as prospective parents of last resort and they are offered only the difficult children.

The third and final study was conducted by Deiner, Wilson and Unger, and reported in "Motivation and characteristics of families who adopt children with special needs: An empirical study" (1988). The study sample consisted of fifty-six families, fifty foster parent adopters and six outright adopters, who had adopted seventy-two children since 1979 and who were receiving adoption subsidies. The researchers conducted in-depth interviews, primarily with adoptive mothers, which focussed on motivation for adoption and on factors related to the successful adoption of special needs children.

The instrument consisted of fifteen questions relating to background information, thirty-five forced-choice questions, twenty-four open-ended questions, and the Family

Adaptability and Cohesion Scales (FACES III). In the forced-choice questions, parents were asked whether they agreed or disagreed with statements about parenting, in general,and about the adoption of special needs children. The twenty-four open-ended questions explored the history of the adoption. FACES III,a twenty-item self-report assessment, measures family cohesion and family adaptability. Cohesion is defined as the emotional bonding family members have with one another, how they handle distance and closeness, and the degree of autonomy a person has in the family system. Adaptability refers to the ability of the family system to change or modify its power structure and role relationships in response to different situations (Olson, et al., 1983).

Ninety-one percent of the respondents were female and 80 percent were married. At the time of adoption, the average age of the adoptive mothers and adoptive fathers was forty-two and forty-five years,respectively. The median family income was $19,000. The majority (70%) of the respondents were white, with the remainder Black (28%) and Hispanic (2%). Seventy percent of the families who were foster families adopted children who were their foster children. The results of FACES III indicated that, overall, people who adopt special needs children view their families as closely connected; are more flexible than most families;

and see the need to be even more flexible than they currently are.

Since the time of the current study, Rosenthal and Groze (1990) and Rosenthal, Groze and Cruiel (1990) have authored two articles reporting findings of their study of special needs adoption. The first article is entitled "Special needs adoption: A study of intact families." The study population included seven hundred ninety-nine parents who adopted children with special needs. Families completed a mail questionnaire covering such areas as the perceived helpfulness of social work and supportive services; school attendance, grades and attitudes; behavioral problems; family functioning; parent-child relationships; and the impact of the adoption on the family (Rosenthal and Groze, 1990).

The sample consisted of two hundred sixty-seven (33%) families from the Oklahoma Department of Human Services, eighteen (2%) families from a private Oklahoma adoption agency, one hundred eighty-four (23%) families from the Kansas Social and Rehabilitative Services, and three hundred thirty (41%) families from the Illinois Department of Children and Family Services. The questionnaire consisted of closed-ended questions and two standardized instruments, the Child Behavior Checklist and The Family Adaptability and Cohesion Scales (FACES III). The closed-ended questions covered the demographic

characteristics of the respondents, social work and supportive services, and school related issues. The Child Behavior Checklist, a one hundred-eighteen-item scale, was used to compare clinical and nonclinical groups with the adopted children. The clinical groups were composed of children who were at the intake stage of treatment at forty-two mental health centers and the nonclinical group was composed of children selected at random from a metropolitan area. The Family Adaptability and Cohesion Scales III permitted comparisons of family functioning with a representative sample of nonadoptive families (Rosenthal and Groze, 1990).

The study found that 52 percent of the adoptive families had been foster parents at some time while 43 percent of the foster parents adopted their foster child. Ten percent of the adoptive placements were with relatives, and the remaining adoptive placements were with outright adopters. Sixteen percent of the adoptive placements were single parent adoptive placements, and one third of the placements were sibling groups of two or more (p. 483).

Sixty-two percent of the children were white, 22 percent were Black, 1 percent were Asian-American, 5 percent were Native American, 4 percent were Hispanic, and 6 percent were biracial. Eleven percent of the children were age five or younger, 48 percent were age six to

eleven, and 41 percent were twelve and older. One percent of the children had vision impairments, 4 percent were deaf or had hearing impairments, 8 percent had physical handicaps, 11 percent were mentally retarded or had mental handicaps, 6 percent had chronic medical problems that were not terminal or life threatening, and 2 percent had chronic medical problems that were terminal or life threatening. Ninety-two percent of the children were attending school and 28 percent of the parents indicated their children had learning problems. Of the children attending school, 40 percent were enrolled in some form of special education. Over 67 percent of the parents reported that their children "enjoyed" school and 28 percent reported their children "like and dislike" school (p. 484).

The authors reported that most families were satisfied with the services provided by the adoption worker(s). Specifically, 55 percent families indicated that the services were helpful, 31 percent indicated the services were somewhat helpful and 14 percent indicated the services were not helpful. Thirty-five percent families indicated that background information on the child was inadequate (Rosenthal and Groze, 1990).

With regard to child behavior, the study found that among those children ages four and five at the time of the survey, the percentage of adoptive children and nonclinical children scoring in the clinical range were similar. For

children age six to eleven and twelve to sixteen years olds, the percentage of adopted children scoring in the clinical range far exceeded the percentages in the nonclinical sample (pp. 485-486). These data suggest serious behavior problems for many of the adopted children in these age ranges (Rosenthal and Groze, 1990).

The Family Adaptability and Cohesion Scales (FACES III) indicated that in comparison to all families, adoptive families scored slightly higher on both adaptability and cohesion, and for families with adolescents, adoptive families scored substantially higher on cohesion. Parent-child relationships were measured by a five-item scale probing communication,trust,respect, closeness between parent and child and how the parent and child "get along." Families were asked two questions. The first question dealt with the closeness and companionship between parent and child and the second question pertained to how parent(s) and child "get along." With regard to the first question, "Do you feel close to your child?," 58 percent responded "yes, very much so," 33 percent responded "not sure" and 5 percent responded "no." With regard to the second question, " How do you and your child get along?," 66 percent responded "not sure," 30 percent responded "fairly well," 3 percent responded "not so well," and 1 percent responded "very poorly" (p. 490).

Overall three-fourths of the respondents indicated that the impact of the adoption on their family was "very positive" or "mostly positive." Finally, predictors of positive adoption outcomes were found with regard to the nature of the impact of the adoption on the family and the adoption by minority parents, the adoption of minority children, lower incomes and lower educational levels, close association between parent-child relationship, the child's enjoyment of school and family cohesion (pp. 495-498). Predictors of negative outcome were older age at placement, placement in new adoptive home, behavioral problems, and inadequate background information (p. 500).

In the second article, Rosenthal, Groze, and Curiel (1990) compared minority, mixed, and white families with regard to selected family, child, and service characteristics. The study found that there were significantly more single-parent families among minority and mixed families than among white families; subsidized adoption was more common in minority families and mixed families; and children in minority and mixed families were less likely to have been sexually abused prior to adoption, had less often experienced group care or psychiatric hospitalization, were less often handicapped, and less often had behavior problems. Fifty-five percent of the parents in minority families and 57 percent of the parents in mixed families indicated that the impact of the adoption

on the family had been mostly positive or very positive in comparison with 43 percent of the parents in white families; and particularly good parent-child relationships were observed in minority families and lower-income families (Rosenthal, Groze and Curiel, 1990).

Summary

In summary, the earliest studies of special needs adoption focussed on specific categories of special needs children, namely transracial adopted children, older children, Black children, or handicapped children. These studies also tended to focus on the adjustment problems that both families and children were likely to encounter in the adoption.

There have only been five studies of special needs adoption that have included all of the categories of special needs children, all conducted since 1985. Unlike the earlier studies, these studies tended to focus primarily on the characteristics of families who adopted special needs children. Nelson (1985), The National Adoption Center (1986), and Deiner, Wilson and Unger (1988) found that outright adoptive parents are likely to be white and middle class, to have been married longer than foster parent adopters, and to have biological children. Foster parent adopters are likely to be Black, to be older, and to have less than a high school education. This study will add

to the present literature by providing more information about people who adopt special needs children, which may assist in developing a more definitive profile of such people. Ultimately, this research may help in recruiting people for special needs adoptive placement.

Nelson (1985) and the National Adoption Center (1986) also found that parents do not always adopt within the range of their initial preference. These two studies support the contention that parents are likely to stretch their initial preference to adopt a much older child, a more physically or emotionally handicapped child, or a larger sibling group. The present study also examines whether parents adopt children with characteristics within the range of their initial request or children who have characteristics outside the range of their initial request.

Another issue of concern is the preparation received for the adoption from the adoption worker and/or the adoption agency. Nelson (1985) reported that parents' preparation needs were not met by the adoption worker and/or adoption agency. The National Adoption Center (1986) also reported a number of concerns and problems regarding preparation in the adoption process. And, Rosenthal and Groze (1990) reported that 35 percent of the adoptive families in their study indicated that the information about their adopted child was insufficient. The present study seeks to provide further information about the

preparation which parents receive during the home study phase of the adoption process.

The research pertaining to parents' decisions to adopt special needs children is severely limited. While many of the studies identified some factors associated with parental motivation, only one study (Deiner, Wilson, and Unger, 1988) explored this topic in any detail. This study also seeks to provide further knowledge about the history of parents' decisions to adopt special needs children.

CHAPTER III

DESIGN AND METHODOLOGY

Design

This was an exploratory-descriptive study designed to examine selected characteristics of people who adopt special needs children and to investigate the differences, if any, between the characteristics of foster parent and outright adopters. In addition, a structured interview was conducted with a small sub-sample of outright adopters. The purpose of this interview was to explore the history of outright adopters' decisions to adopt children and their perceptions of the preparation received during the adoption home study.

Study Setting

The study was conducted in Tennessee which is divided into eight districts by the Tennessee Department of Human Services. Four districts are urban, namely Memphis, Nashville-Davidson County, Knoxville and Chattanooga; and four districts are rural. The urban districts consistently place the largest number of special needs children for adoption.

In urban and sometimes in rural counties, when a sufficient number of families have applied for adoption,

they do not go through an individualized home study. Rather, the adoption applicants participate with people wishing to become foster parents in a series of group sessions designed to prepare people for becoming parents of special needs children. During the last session of the study, applicants meet separately with either foster care workers or adoption workers. In four group home studies observed by this researcher, there was little, if any, exploration of the history of the decision to adopt special needs children and limited preparation for the adoption of a special needs child. These observations were consistent with the descriptions of group home studies provided in this researcher' discussions with TDHS adoption workers.

Study Sample

The study sample included fifty-two outright adopters and thirty-nine foster parent adopters with whom special needs children were placed for adoption through the Tennessee Department of Human Services (TDHS) from July 1980 to June 1989. Approximately 75 percent of all special needs children in Tennessee are placed by the Tennessee Department of Human Services. Adoption laws forbid the opening of sealed adoption records after adoptions have been finalized. Therefore, only those people whose adoptions had not been finalized were eligible for inclusion in the study. Families with whom special needs

children were placed through independent and relative adoptions or through agencies other than TDHS were not included in the study. The criteria and preparation for adoption for these families differ from the criteria and preparation for adoption for families that TDHS generally recruits and prepares for the adoption of special needs children.

One hundred and ninety families were eligible for inclusion in the study, including 121 outright adopters and 69 foster parent adopters. Ninety-one (47.8%) of the identified families participated in the study. Two families turned out to be ineligible, and the questionnaires sent to nine others were returned undelivered. Considering only those 179 eligible families who received the letter requesting their participation in the study, the adjusted response rate was 50.8%.

Only eleven of the twenty outright adopters who lived within a one hundred mile radius of Nashville Tennessee completed and returned the questionnaires. Nine agreed to be interviewed however one could not be reached by mail or telephone. This aspect of the study was limited to adopters from only a few of the ninety-nine counties of the state because of their proximity to the researcher.

Data Collection

Survey data were collected by a mailed questionnaire developed by the researcher; and interview data were collected in a structured interview, using a schedule developed by the researcher. Data collection for the mail questionnaire began on July 1, 1989, and ended during the middle of October, 1989. Three requests were made to eligible families soliciting their participation in the study. Each request consisted of a letter co-signed by the Director of Adoption Services for the State of Tennessee and the researcher, and the survey questionnaire. To protect the confidentiality of eligible families, all requests for participation in the study were mailed by the Director of Adoption Services and returned to her. The questionnaire that outright adopters received asked for their permission to be contacted by the researcher to schedule an in-home interview.

The researcher scheduled appointments by telephone with the eight families who agreed to be interviewed. The interviews were conducted by the researcher in the participants' homes from mid-September, 1989 through the last week of October, 1989. In all of the interviews, the adopted children were at home, either in bed or entertaining themselves under the watchful eyes of the parents. Early in the interview, participants were asked if they had any questions or reservations concerning their

involvement. They were also assured that any information they provided would be treated confidentially and that they would in no way be identified as individuals in the report of the study.

The interviews generally took about one and one-half hours. Before the end of the interview, interviewees were asked to complete a behavior checklist and a handicapped checklist concerning the child or children they had adopted. These check lists asked the adoptive parents to indicate the type of behavior problem and/or handicapping condition, if any, that the child or children they adopted had at the time of placement for adoption. Also, if the parents had completed a behavior checklist and handicapped checklist at the time of application, they were asked to sign a release of information form granting permission to examine these forms. Following the formal interview, the interviewer was often invited to stay for coffee and conversation. These informal discussions generally centered around questions raised during the formal interview. Many times these discussions were quite lengthy, giving the impression that the people interviewed were very interested in discussing their experience with adoption.

Questionnaires

Data for this study were collected using a mail questionnaire and a structured interview schedule. The self-administered mail questionnaire was completed by outright adopters and foster parent adopters. It asked for demographic information about each family and for information about the adopted child or children, the family's motivation to adopt and the preparation for adoption the family received from TDHS. Couples were asked to complete questionnaires together, if possible. The researcher neglected to ask who had, in fact, completed the questionnaire but there was no indication from the written responses that questionnaires completed by couples together posed difficulty because of disagreement about the responses.

The self-administered questionnaire was an adaptation by this researcher of several previously tested questionnaires that had been used to collect data from families who had adopted special needs children (Beasley, 1976; Nelson, 1985; and Diener, Wilson and Unger, 1988). The Director for Adoption Services for TDHS and colleagues who had knowledge and experience in the field of child welfare services reviewed the instrument for content and clarity. The questionnaire included both fixed-alternative questions and questions that asked for responses to be written in.

In addition to providing demographic information about their adopted child or children, respondents were asked the date the child was placed for adoption;whether the child or children had behavioral, learning, and/or medical problems at the time of placement; the extent of the behavioral, learning, and/or medical problems; and the characteristics of children whom parents had hoped to adopt. Respondents were also asked to answer a short series of questions about how acceptable children with specific characteristics were to them at the time of application.

Regarding their motivation to adopt, parents were asked to select from a variety of statements those which characterized their important motivations, such as the desire to have a more nearly complete life, the desire to contribute to the development of another human being, and the desire to love and be loved. Respondents were also asked if they participated in a group to prepare them for the adoption and, if so, whether the group adequately prepared them for the adoption; whether the agency provided information about the child or children adopted; and whether the information was adequate, somewhat adequate or inadequate.

Adoptive parents were asked for demographic information about themselves including their age, race, marital status, educational background and religious affiliation. Adoptive parents were also asked about their

occupation and family income, whether they had biological and/or other adopted children, and whether they received support from TDHS, family and friends.

The interview schedule was administered only to outright adopters who had agreed to a home visit. Many of these questions were an adaptation of questions developed by Diener, Wilson and Unger (1988). Only the parent who had the primary responsibility for caring for the child was asked to participate in the interview. In four families, both parents participated in the interview and in the remaining four, only the mother participated. Parents were asked a series of open-ended questions about the history of their decision to adopt a special needs child or children from the time of their initial interest to the placement for adoption. Parents were also asked questions about their reasons for considering adoption; whether they had preferences about the child they wanted to adopt; their expectations about adoption and changes and adjustments they had to make as a result of the adoption, whether expected or not; the benefits and negative aspects of the adoption; and their overall satisfaction with the adoption experience.

Parents interviewed were asked a series of questions about the preparation they received from the worker or agency during the home study. "Preparation" was defined as ordinary information about the child and any special

preparation by the agency for the adoption of a special needs child. Examples of these questions, which included some developed by Nelson (1985) are: 1) What information did the agency give you about the child? 2) Did you consider it adequate, or did you need more information? 3) How accurate or correct was the agency's information about the child? and 4) Did you receive any group preparation to prepare you for the adoption, and, if so, how adequate was the group preparation.

In order to determine whether the outright adopters adopted a child or children who had characteristics with in the range of their initial request or whether they adopted a child or children who had characteristics outside the range of their initial request, parents were asked to complete a behavior checklist and handicapped checklist indicating the actual characteristics of the child or children adopted. These list were compared with those completed in the initial application on which the applicants indicated characteristics that would be acceptable to them.

Limitations

To review, this was an exploratory-descriptive study of families who adopted special needs children in Tennessee. The sample consisted of ninety-one adoptive families,including fifty-two outright adopters and

thirty-nine foster parent adopters. Data were collected using a mail questionnaire and a structured interview schedule. The variables this study examined included: 1) the characteristics of outright adopters and foster parent adopters; 2) selected characteristics of the adopted children; 3) "special needs" characteristics of children available for adoption that the adoptive parents had indicated were acceptable to them at the time of application; and 4) the adoptive parents' views about the information and preparation for adoption they received during the home study. In addition, a small sub-sample of outright adopters were interviewed regarding the history of their decision to adopt special needs children and their perceptions of the preparation for adoption they received during the home-study.

This study had several major limitations. The first was its exploratory nature. The findings should be viewed as tentative and suggestive rather than as explanatory and/or predictive.

The second limitation was that the study was conducted only in Tennessee. In addition the adoption process experienced by the adoptive parents included in the study differs in some respects from the process experienced by persons from rural counties in the state. For example in some rural counties, parents do not participate in preparation groups.

A third limitation was the nature of the study sample. This was a self-selected sample and the TDHS does not collect the kind of data that would have been useful in comparing respondents and nonrespondents.

The final limitation had to do with the interview subsample. The extent to which the actions beliefs, attitudes and opinions of the parents interviewed reflect those of the parents not interviewed remains unknown.

Despite these limitations the findings of this study provide much needed demographic information about some of the families who adopt special needs children in Tennessee. This information was previously unavailable and which can be useful to the Department of Human Services in its efforts to improve its adoption services. The findings also add to the scant information available about special needs adoption and can be compared with the findings of earlier studies in an effort to both build a better knowledge base about special needs adoptions and develop hypotheses for further testing.

CHAPTER IV

A DESCRIPTION OF ADOPTIVE FAMILIES

The Adoptive Parents

There were ninety-one families in the study, fifty-two outright adoptive families and thirty-nine foster parent adoptive families. These families had adopted a total of one hundred sixteen special needs children. Of the ninety-one families in the study, forty-six of the adoptive families were Black and forty-two were white. Three families did not specify race.

Eighty-nine adoptive mothers and seventy-four adoptive fathers participated in the study. The mean age of adoptive mothers in this study was forty-one years, and the mean age of adoptive fathers was forty-two and one half years.

Of the ninety-one families in the sample, seventy-two (79%) were headed by married couples and nineteen (21%) were headed by single parents, including eight who were divorced, seven who were widowed,and four who had never been married. All but two of the single-parent families were headed by women. As shown in Table 1, of the seventy-two married couples, sixty-four (89%) had been married six years or more and nearly one fourth had been married for more than twenty-one years. The mean number of years married was fourteen and three-fourths.

Table 1. Number of Years Married

Years	Number of Couples (n = 72) Number %
1 - 5	8 (11.1%)
6 - 10	21 (29.2%)
11 - 15	11 (15.3%)
16 - 20	15 (20.8%)
21 - above	17 (23.6%)
Total	72 (100%)

Thirty-six families reported that one or both spouses had been married before. Twenty-four mothers had one prior marriage, and three mothers had two or more prior marriages. For the adoptive mothers, twenty-three prior marriages had ended in divorce and eight ended in death. Nineteen fathers had prior marriages. Sixteen fathers had one prior marriage and three fathers had two prior marriages. For the adoptive fathers, nineteen prior marriages ended in divorce, and three ended in death.

Level of Education, Occupation, Family Income and Religious Affiliation

The highest level of education attained by eighty (90%) of the adoptive mothers and sixty-three (85%) of the adoptive fathers was the completion of high school education or above. For adoptive mothers twenty-eight

(31.5%) were high school graduates, twenty-four (27%) mothers had some college; and twenty-eight (31.4%) were college graduates. Nine (10.1%) mothers had less than a high school education. Of the 74 adoptive fathers, twenty-one (28.4%) completed high school, eighteen (24.3%) had some college and twenty-four (32.5%) were college graduates. Eleven (14.9%) fathers had less than a high school education.

Table 2 shows that the employment for mothers and fathers varied considerably. More than one-third of the adoptive mothers responding were homemakers and a little less than one-third were in professional occupations. As with the adoptive mothers, one third of the adoptive fathers who responded were in professional occupations. Another 43 percent of the adoptive fathers were employed in skilled or semiskilled jobs.

Table 3 depicts the wide range of income for adoptive families. Of the eighty families who responded to this question, family income ranged from $5,250 to $150,000. Somewhat more than three-fifths of the families responding had annual incomes of $25,000 or more, with more than one-fourth having incomes of $45,000 or more. Twenty-five families (31.3%) earned less than $25,000, with twelve (15%) families earning less than $15,000. The average family income was $35,560 and the median family income was $35,500.

Table 2. Occupation of Mothers and Fathers

Occupation	Mother (n = 86)[a] Number %	Father (n = 72)[b] Number %
Professional/Managers	26 (30.2%)	25 (34.7%)
Clerical/Sales	17 (19.8%)	7 (9.7)
Skilled Labor	2 (2.3%)	10 (13.9%)
Semiskilled Labor	4 (4.7%)	21 (29.2%)
Homemaker	31 (36 %)	2 (2.8%)
Unemployed	2 (2.3%)	2 (2.8%)
Retired	4 (4.7%)	5 (6.9%)
Total	100	100

[a]Three mothers did not respond to this question.

[b]Two fathers did not respond to this question.

Table 3. Family Income

Annual Income	(n = 80)[a] Number %
0 - 14,000	12 (15%)
15,000 - 24,999	13 (16.3%)
25,000 - 34,999	19 (23.8%)
35,000 - 44,999	13 (16.3%)
45,000 and above	23 (28.8%)
Total	100

[a]Eleven families did not respond to this question.

Black and white adoptive parents were compared with regard to income, education, and occupation. Collapsing family incomes to $24,999 and below and $25,000 and above, these data indicate that there was no significant difference (X^2 = 3.15, df 1, p = .10). Collapsing education to high school graduate and below, some college, and college graduate and graduate school, there were no significant differences in education between either Black and white mothers or Black and white fathers (X^2 = 3.8, df 2, p = .15) and (X^2 = .59 df 2, p = .74), respectively. As with the income and education of adoptive parents, there was no significant difference between Black and white mothers and fathers with regard to occupation,collapsing occupation to professional and all other (X^2 = .41 df 1, p = .51 and X^2 2= 1.47 df 1, p = .22, respectively).

Table 4 shows that the religious affiliation of mothers and fathers in this study also varied considerably. The most frequently reported religious affiliation (45% of the mothers and 40.5% of the fathers) was Baptist. Of the seventy-two married couples in the sample, sixty-two couples had the same religious affiliation. Respondents were also asked to specify the level of their involvement in church activities. Of the eighty-nine mothers who reported a religious affiliation, seventy (78.7%) were actively involved in church; twelve mothers were moderately active in church; and seven mothers were not active in

church related activities. Of the seventy-one fathers who reported a religious affiliation, fifty-four (76%) fathers were active in church and attended meetings regularly, eight fathers were moderately active, seven fathers were not active and two fathers did not specify level of religious involvement.

Table 4. Religious Affiliation of Adoptive Mothers and Fathers

Religious Affiliation	Mothers (n = 89) Number %	Fathers (n = 72)[a] Number%
Baptist	40 (45%)	30 (41%)
Catholic	5 (5.6%)	6 (8.3%)
Church of Christ	9 (10.1%)	8 (11.1)
Presbyterian	3 (3.4%)	3 (4.2%)
Episcopal	4 (4.5%)	3 (4.2%)
Methodist	12 (13.4%)	9 (12.5%)
Other	15 (16.9%)	10 (13.9%)
No Religion	1 (1.1%)	3 (4.2%)
Total	100	100

[a]Two fathers did not respond to this question.

In summary,adoptive parents were early middle age, with adoptive fathers being slightly older than adoptive mothers. Most parents who adopted were married couples, although one-fifth of the adoptive parents were single-parent adopters. Adoptive parents' level of education was generally high school or above, with the

majority having a level of education ranging from some college to graduate school. Over one-half of the mothers worked outside the home, almost one-third in professional occupations. Somewhat more than one-third were homemakers without outside jobs. The occupations of adoptive mothers and fathers varied considerably.

Biological, Other Adopted, and Foster Children

There were one hundred-sixteen adopted children in this study, sixty-five adopted by outright adopters and fifty-one adopted by foster parent adopters. In addition to these one hundred-sixteen children, the adoptive families had biological children from their current and previous marriages or relationships, other adopted children, and foster children. Twenty-nine families had a total of seventy-three biological children from their current marriage. Biological children ranged in age from two years to forty-seven years, with an average age of twenty years. In twenty-one of the twenty-nine families, some or all of the biological children lived in the home at the time of the study. Twenty-six families reported that they had biological children from a prior marriage or relationship. The children ranged in age from one year to forty-three years of age, with a mean age of twenty-six years. Of the twenty-six families, only eight had some or

all of these children living in the home at the time of the study.

Nineteen families had a total of thirty other children adopted during the current marriage, evenly divided between males and females. Other adopted children ranged in age from two years to nineteen years. The mean age of other adopted children was eleven years. Fifteen of the nineteen families reported that the children lived in the home, and four reported that the children lived outside the home.

Twenty-eight of the thirty-nine foster parent adopters had a total of fifty-eight foster children in the homes. Foster children ranged in age from one year to eighteen years of age, and the mean age for foster children was eight years.

In summary, one third of the families had biological children, and one-fifth of the families had other adopted children from the current marriage. Twenty-six (28.6%) of the families had biological children from a prior marriage or relationship, and twenty-eight of the thirty nine foster parent adopters had foster children at the time of the study. The average number of children per family living in the home, including all adopted children, all biological children, and foster children was 2.7.

Motivation to Adopt

The "Motivation to Adopt scale" had sixteen statements of possible motives for adopting. Respondents were asked to check each statement that characterized one of their motives for adopting. As shown in Table 5, parents had multiple motivations. The most frequently identified reasons for adopting were the desire to contribute to another person (86.6%), the desire to love and be loved (86.6%), the desire to parent a child not born to them naturally (74.7%), and a desire for more complete life (52.7%). The least frequently identified motives for adopting were: parents desired not to have biological children of their own, availability of caucasian children decreasing, and compatibility with handicaps of other children.

Respondents were then asked to identify, in order of preference, the three statements that were "probably the most important to their interest in adopting a child." Table 6 shows that, in general, there was considerable variation in the motivation identified as "most important."

None of the statements was endorsed as the most important reason by more than 24 percent of the sample. A little more than one-fifth of the sample identified two reasons as most important, namely, the "desire to love and be loved," and "desire for a child that they had grown to

Table 5. The Motivation of Families to Adopt

Statement of Motivation	Yes (%) (n = 91) Number %
Desire for a complete life	48 (52.7%)
To parent a child not born to them naturally	68 (74.7%)
To contribute to another person	79 (86.8%)
Desire to love and be loved	79 (86.8%)
To enrich and be enriched	21 (23.1%)
Desired no biological children	9 (9.9%)
Desired child grown to love in foster care	39 (43%)
Desired a child of a specific sex	12 (13.2%)
Additional biological children were impossible	33 (36.3%)
Being foster parents influenced us to adopt	37 (40.7%)
Influenced by social worker	13 (14.3%)
Influenced by publicity about children	16 (17.6%)
Caucasian children decreasing	7 (7.7%)
Influenced by religious conviction	21 (23.1%)
Compatibility with handicaps of other children	3 (3.3%)
Other	10 (11%)

Table 6. First, Second and Third Most Important Motivation to Adopt

Motivation	First Most Important (n = 84)[a] Number (%)	Second Most Important (n = 81)[b] Number (%)	Third Most Important (n = 80)[c] Number (%)
Desire for a complete life	13 (15.48%)	14 (17.28%)	4 (5%)
To parent a child not born to them naturally	7 (8.23%)	11 (13.58%)	15 (18.75%)
To contribute to another person	8 (9.52%)	14 (17.28%)	19 (23.75%)
Desire to love and be loved	20 (23.82%)	17 (20.99%)	15 (18.75%)
To enrich and be enriched	--	2 (2.47%)	4 (5%)
Desired no biological children	2 (2.38%)	--	1 (1.25%)
Desired a child grown to love in foster care	19 (22.62%)	8 (9.88%)	2 (2.5%)
Desired a child of a specific sex	1 (1.19%)	--	2 (2.50%)
Additional biological children were impossible	6 (7.14%)	4 (4.94%)	9 (3.75%)
Being foster parents influenced us to adopt	1 (1.19%)	8 (9.88%)	5 (6.25%)
Influenced by social worker	--	--	1 (1.25%)
Influenced by publicity about children	1 (1.19%)	2 (2.47%)	1 (1.25%)
Influenced by religious conviction	2 (2.38%)	--	7 (8.75%)
Other	4 (4.76%)	1 (1.23%)	1 (1.25%)
Total	100	100	100

[a]Seven families did not respond to this question.

[b]Ten families did not respond to this question.

[c]Eleven families did not respond to this question.

love in foster care," while 15 percent identified the "desire for a more complete life."

Among the second most important reasons, "to contribute to another person" and "to parent a child not born to them naturally," were identified by approximately 21 and 13 percent of the sample, respectively. Regarding the third most important reason, a little more than one-fifth sample identified "to contribute to another person." The "desire to love and be loved" was consistently identified as a major reason for adopting. Sixty-one percent of the respondents identified it as one of the three most important reasons.

Adoptive parents were also asked about their capability for natural parenthood at the time of adoption. Fifteen adoptive mothers and forty-two adoptive fathers reported that they were fertile. Seventeen mothers and three fathers reported that they were infertile. Twenty-one mothers and ten fathers reported that infertility was unclear, but there was a failure to conceive. Twenty-eight mothers and eight fathers reported "other" situations regarding their fertility status. In most cases "other" referred to medical or health-related problems.

Preparation for Adoption

One of the most important contributions an adoption worker can make to the adoption process is to prepare families for the adoption. Nelson (1986) found that many adoptive parents cited preparation needs unmet by the adoption worker or adoption agency. Parents in this study were asked whether they participated in a group to prepare them for the adoption and, if so, how adequate the preparation was. Thirty (33%) families participated in a group to prepare them for adoption. Of those who participated in a group, seventeen families felt the preparation was adequate and thirteen felt the preparation was somewhat adequate or inadequate. The latter two categories (somewhat adequate and inadequate) were combined into "less adequate" for the purpose of statistical analyzes.

Comparisons on the adequacy of the group preparation were made between the families who adopted children with behavior, learning and medical problems and those who did not adopt any children with these problems. Families who adopted children with behavior and learning problems were far less likely to rate the group preparation as adequate than those who adopted children without such problems. Seven of the nine families who adopted children with behavior problems felt the group preparation was less adequate as compared to six of the twenty-one families who

adopted children without these problems (Fisher Exact Test, $p < .018$). Seven of the eight families who adopted children with learning problems felt the group preparation was less adequate as compared to six of the twenty-two families who adopted children without these problems (Fisher Exact Test, $p < .005$). There was no significant difference between families who adopted children with medical problems and families who adopted children without such problems in regard to the adequacy of the study group preparation for the adoption ($X^2 = .015$, df 1, $p = .90$).

Parents were also asked whether the agency provided information about the child or children whom they adopted. Eighty-one families reported that the agency provided information about the child or children whom they adopted. Nine families reported that the agency did not provide this information and made no further comments, and one family did not respond to this question. The families who reported that the agency provided information were asked whether the information was adequate, whether it was somewhat adequate with a need for more information, or whether the information was inadequate. Of the eighty-one families, forty-two (51.9%) families reported that the information was adequate; thirty-three (40.7%) families felt that the information was somewhat adequate with a need for more information; and, six families felt that the information was inadequate. Of the thirty-nine families who reported

that more information was needed, thirty-seven families provided written comments regarding the type of information needed. The majority of these parents wanted more information on the medical, psychological, biological, and educational backgrounds of the children. The following quotations were written on the questionnaire by adoptive parents with regard to the additional information needed about the child or children adopted:

> The X family: . . . medical and school records were inadequate, as well as some legal identifying information such as social security number.
>
> The Y Family: . . . a better background check into the behavior and upbringing, for example schooling and home environment.
>
> The Q Family: Medical records are greatly needed and desired, but have not been made available.
>
> The P. family: . . . more medical background more psychological/behavioral background. The information we received was both inadequate in some ways and inaccurate in many other ways.
>
> The F. family: . . . more medical information, whether child has been abused or not . . . what the parents were like.
>
> The R. family: . . . prenatal care, birth information (weight, etc.) . . . information about life before foster care, family history, and school history.

Eleven of the families also reported that they did not know that the child had problems, or they were not made aware of the extent of the problems, until after the child had been placed in the home for adoption. The following

quotations were written by adoptive parents who adopted such children:

> The A. Family: My child had a series of problems as an infant that were carried over after she became my child. If I had known her medical history, I would have been more prepared to deal with them and to solve most of the problems that occurred later.
>
> The O Family: One of the children previously had some emotional problems and had been receiving counseling. None of this was brought to my attention. I felt later that this was deliberately withheld from me.
>
> The C. family: We were not told the severity of the problem.
>
> The D. Family: I wish in both cases that we had known about the emotional problems the girls had. Both were children who had never bonded as infants. This made it very difficult for them to bond and therefore makes parenting difficult.

Families who adopted children with behavior, learning and medical problems were compared with families who did not adopt any children with these problems in regard to the adequacy of the information they received at the time of placement about the child or children adopted. Again collapsing somewhat adequate and inadequate, families who adopted children with behavior and learning problems were less likely to feel that the information was adequate by comparison with families who adopted children without such problems. Twenty-three of the thirty-one families who adopted children with behavior problems indicated the information received about the child was less adequate as compared with sixteen of the fifty families who adopted

children without these problems (X^2 = 13.645, df 1, p = .0002). Twenty of the twenty-nine families who adopted children with learning problems indicated that the information was less adequate as compared with nineteen of the fifty-two families who adopted children without these problems (X^2 = 7.84, df 1, p < .005). There was no significant difference between families who adopted children with medical problems and families who adopted children without these problems in regard to their perception of the adequacy of the information provided about the children adopted (X^2 = 1.632 df 1, p = .20).

Subsidy of Adoption by TDHS

Fifty-six (61.5%) families reported that TDHS provided an adoption subsidy. From the time of placement, one-half of these families had received a financial subsidy for less than three years and the remaining families had received the subsidy for three years or more. The amount of money received varied from less than $99 to $500 or more per month. As expected, TDHS provided an adoption subsidy for significantly more families who earned less than $24,999 than for families whose earning were $25,000 or more ($X^2$ = 3.87, df 1, p < .05).

Parents were asked if TDHS had paid for services for the child or children whom they had adopted. Fifty-one (56%) of the eighty-nine families who responded to this

question reported that TDHS paid for services for the children whom they were currently adopting. Thirty-eight (41.8%) families reported that TDHS has not paid for such services, and two families did not respond to this question. The length of time TDHS has paid for services ranged from less than one year to seven years. The types of services TDHS has paid for included medicaid, medical hospitalization, doctors' visits, dental care, psychological testing and counseling, speech and language testing and therapy, educational evaluations, special school tuition, after school programs, and attorney fees and court costs. There was no difference in regard to family income and payment for services (X^2 = 2.08 df 1, p = .15)

Support From Family and Friends and Community Involvement

Table 7 depicts the adoptive parents' responses regarding how often relatives and friends help them. As illustrated in the table, families relied more heavily on family than on friends for help.

Of the eighty-nine mothers in the sample, fifty three (59.6%) mothers were involved in the PTA, in the community, or in a social club. Likewise, of the seventy-four fathers in the sample twenty-nine (39.2%) fathers were involved in the PTA, in the community or in a social club. Almost all of the fifty-three mothers and twenty-nine fathers who were

Table 7. How Often Family and Friends Help Out

How often adoptive families receive help	Family Help Out (n = 89)[a] Number (%)	Friends Help Out (n = 88)[b] Number (%)
Very Often	27 (30%)	9 (10%)
Fairly Often	22 (25%)	22 (24%)
Not Too Often	18 (20%)	29 (33%)
Never	12 (14%)	11 (13%)
Never Needed Help	10 (11%)	17 (20%)
Total	100	100

[a]Two families failed to respond to this question.

[b]Three families failed to respond to this question.

involved in community activities reported they were active or moderately active (94% of the mothers and 90% of the fathers).

Summary

This chapter has described selected background characteristics of families who adopt special needs children. Adoptive parents were early middle age with adoptive fathers being slightly older than adoptive mothers. Most parents were married couples who had been married six years or more; however, one-fifth of the parents were single parent adopters.

Adoptive parents had high school education or above, with the majority having at least some college. Over

one-half of adoptive mothers worked outside of the home, many in professional occupations. Also a substantial number of adoptive mothers were homemakers. One-third of the adoptive fathers were in professional occupations and 43 percent of the fathers were in skilled or semiskilled occupations. More than three-fifths of the families' annual incomes were $25,000 or above with twenty-three (28.7%) families reporting incomes over $45.000. Families were also actively involved in their church or religion.

Approximately one-third of the adoptive families had biological children from the current marriage, and approximately one-fifth of the adoptive parents had other adopted children from the current marriage. Also, some adoptive parents had biological children from a prior marriage or relationship. For most families, these other children were not in the home. Three-fourths of the thirty-nine foster parent adopters had foster children in the home. In all, the families in this study had an average of 2.7 children in the home including the child they were currently adopting.

Personal or humanitarian reasons were the primary motivations to adopt a special needs child or children. The most important motivations to adopt were to parent a child not born to them naturally;to contribute to another person; the desire to love and be loved; and the desire for a complete life. The least important motivations were desired

no biological children; number of caucasian infants decreasing; and compatibility with handicaps of other children.

Only one-third of the families participated in an agency sponsored group to prepare them for the adoption. Also, most families received information about the children adopted. Forty-three percent of the families reported that the information they received about the child was somewhat adequate,with more information needed,or that the information was inadequate. Parents identified medical, psychological, biological and educational information as being the type of information that was either somewhat adequate or inadequate.

With regard to the group preparation by TDHS, there was a significant difference between families who adopted children with behavior and learning problems and families who did not adopt children with these problems. Families who adopted children with behavior and learning problems were likely to feel that the group preparation was less adequate than families who adopted children without these problems. There were also significant differences between families who adopted children with behavior and learning problems and families who adopted children without these problems with regard to the receipt of information about the child or children adopted. Families who adopted children with behavior and learning problems were less

likely to feel that the information received was adequate than families who adopted children without these problems.

In terms of financial support, approximately three-fifths of the families received an adoption subsidy, and TDHS had paid for, or at the time of the study was paying for, services for three-fifths of the children adopted. Families whose earnings were $24,999 or less were more likely to receive an adoption subsidy than families whose earnings were $25,000 and above. Also, there were no significant differences between the payment for services and family income. Finally,families more often relied on family members for help rather than on friends.

CHAPTER V

THE ADOPTED CHILDREN

One hundred and sixteen children were adopted by ninety-one families. Seventy-one families adopted one child, and twenty families adopted a sibling group of two or more. Outright adopters adopted 65 (57.1%) children and foster parent adopters adopted 51 (42.1%) children. At the time of placement,the children ranged in age from a few months to twenty years of age. The mean age of outright adopted children at the time of placement was six years and the mean age of foster parent adopted children at the time of placement was seven and three-fourth years. The mean age for all children at the time of adoption was seven years. Of the 114 children whose ages were reported, seventy-one (61%) of the children ranged in age from a few months to eight years, and forty-three (39%) children were nine years of age or above, that is, were special needs children by virtue of their age.

Fifty-eight (50.9%) of the adopted children were male, and fifty-six (49.1%) of the adopted children were female. Fifty-six (49.1%) of the adopted children were Black, fifty-two (45.6%) were white, and six (5.35%) were biracial. One family did not report the sex and race for two children. With regard to the time elapsed since

placement, outright adoptive children had been in their adoptive homes from a few months to more than ten years. The way the question was worded may have been confusing to some foster parents. Many foster parents adopters reported how long children had been in the home since placement for foster care, rather than since the children were officially designated as in an adoption placement. Therefore, it could not be ascertained how long these children had been in the home as adoptive children.

Behavior Problems

Behavior, learning and medical/physical impairments were identified according to the adoptive parent's perception of the child's problem at the time of placement for adoption. With regard to behavior problems, thirty-three families adopted a total of forty-four children described as having behavior problems. Of the forty-four children who represented 38 percent of the adoptive children, thirty-five children were reported to have moderate or severe behavior problems; eight children were reported to have mild behavior problems, and one family reported that they did not know the extent of the child's behavior problem.

Overall, adoptive families reported that adoptive children had a variety of behavior problems at the time of placement and that children were likely to have multiple

problems. The behavior problems reported included lying, stealing, misbehavior in school, running away, temper tantrums, violence and rage, hyperactivity, oppositional behavior and rebelliousness, isolation, living in a fantasy world, rocking, crying, sexual acting out, suicide attempts, destructive behavior, disobedience, significant immaturity for age, bed wetting, biting, scratching, hitting, self-abuse and self-berating activities, untrustworthiness, antisocial behavior, moodiness, and seeking constant attention.

The most frequently reported behavior problems were lying, stealing, and misbehavior in school.

> The M. family: S. tells vicious lies to get other members of the family in trouble, especially daughter that was already in the home. She wanted her to run away so that she could be the only child. She would do anything to get her way.
>
> The B. family: Lying, stealing, constantly seeking out the most undesirable types in friends . . . associates.
>
> The R. family: aggressive behavior toward classmates . . . inability to focus attention . . . lying.
>
> The L. family: Lying, stealing, and very misbehaved in school.
>
> The H. family: stealing, lying, going into others' homes . . . not minding, not doing things right.

Some parents who adopted sibling groups reported that two or more of the children they adopted had behavior problems at the time of adoption.

The C. family: child one . . . disruptive, disobedient, lying . . . destructive; child two temper tantrums . . . disobedient, not fully potty trained.

The K. family: child one is extremely violent and angry . . . verbally and physically abusive . . . very destructive . . . temper tantrums; child two ate out of a dish like a dog, very hostile, angry and abusive . . . temper tantrums; child three is moody, temper tantrums, socially behind.

The E. family: child one acting out, stealing, lying, tantrums, rebellious; child two depressed, low self esteem . . . disturbed peer relations . . .

The S. family: child one hyperactive, oppositional aggressive, isolates self from others; child two hyperactive; child three hyperactive.

Of the forty-four children reported to have behavior problems, thirty-three had received counseling for the behavior problems since placement for adoption. Fourteen families reported that they had also been involved in counseling for the child's or children's behavior problem since the adoption placement.

Learning Problems

Thirty-one families reported that they adopted a child or children with a learning problem. Of the thirty-eight children reported to have learning problems, representing 33 percent of the adopted children, twenty-two were reported to have moderate to severe learning problems. These learning problems included poor attention span, poor reading and comprehension skills, mild to severe

developmental delays, and mild to severe speech and language problems. The most frequently reported learning problem was mild to moderate developmental delays.

> The A. Family: B. has developmental delays in cognitive, fine motor, writing . . . social and emotional skills.

> The C. family: My daughter did not have structural skills needed . . . walking, bouncing a ball, etc. . . . all the play skills needed before reading and writing.

> The S. family: J functions in the borderline range of mental retardation.

The second most frequently reported learning problem was poor attention span.

> The B. family: C. is unable to stay on task . . . easily distracted . . . preoccupied.

> The D. family: F. has poor attention span, concentration, too active to learn . . . [problems] staying on task.

Some families had adopted two or more children with learning problems.

> The M. family: Child one has mild mental retardation visual and auditory perception problems, fine and gross motor problems, attention deficit disorder, and poor reality testing. Child two has speech problems, fine and gross motor problems . . . and child three has speech problems, fine and gross motor problems and auditory problems.

> The T. family: Child one is very slow and can't retain anything and child two is fast and forgetful.

> The W. Family: Both are in special education classes in Metro schools. Child one has a mild learning disability and child two has a moderate behavior problem.

Of the thirty-eight children reported to have learning problems, thirty-one children had received or were receiving special education for the learning problem, and seven children had not received help for the learning problem. Two families failed to respond to this question for two children.

Medical/Physical Problems

Twenty-five families reported that they adopted a total of twenty-nine children with mild to severe medical/physical problems, representing 25 percent of the adoption children in the sample. Of the twenty-nine children, twenty-three had moderate to severe medical/physical problems. Adoptive families reported that children had the following medical/physical problems at the time of placement: scoliosis, congenital emphysema, epilepsy, hearing and vision impairment, cerebral palsy, allergies, congenital foot disorder, seizures, asthma, attention deficit disorder, bone disease, neurological brain damage, and von Willebrand's disease.

> The A. Family: She has to wear a back brace for scoliosis . . . when she becomes 10 years old, she will have an operation.
>
> The F. Family: My adoptive child has congenital emphysema and has to be checked every six months and she has to see the specialist much more.
>
> The K. family: My child's feet were turned out. She walked with a hump in her back.

Three families adopted two or more children with medical problems at the time of adoption.

> The M. family: Child one has epilepsy, hearing and vision impairments, mild cerebral palsy and mental retardation. Child two has mild cerebral palsy, allergies, speech problems and foot deformity. Child three has hearing impairment, allergies, mild cerebral palsy, and congenital foot deformity.
>
> The N. family: Child one has mild cerebral palsy and epilepsy. Child two has mild cerebral palsy.

Twenty-five of the children who were reported to have medical/physical problems were receiving help for the problems.

Overall more than one-third of the adopted children had behavior, learning, and/or medical/physical impairments at the time of adoption. Most children had received or were receiving help for the identified impairments, and in some instances families were involved in counseling to help cope with problems that the adopted children presented.

Characteristics of Children Parents Had Hoped to Adopt

Parents in this study were asked the number, age, sex, and race of children they had hoped to adopt at the time of their application. Of the eighty-two families who responded to this question, fifty-nine (72%) families wanted one child; seventeen (21%) families wanted two children; and six (7%) families wanted three children. Seven families

indicated the number of children whom they had hoped to adopt did not matter.

Twenty-three families had hoped to adopt a sibling group of two or more at the time of application. For seventeen of these families, the age, sex and race did not matter. Six families specified the age, sex and race.

Fifty-five of the seventy-one families who adopted one child indicated an age preference for the child that they had hoped to adopt. As shown in Table 8, 81 percent of the fifty-five families who responded to this question had hoped to adopt infants and preschoolers whereas the remaining eleven families were interested in school age children and adolescents. Thirty-two of the families who wanted to adopt one child were hoping for a girl, and sixteen of these families were hoping to adopt a boy. For the remaining families, the child's sex did not matter.

Table 8. Age Range of Child Preferred by Families Who Had Hoped to Adopt One Child

Age Range	Number of Families (n = 55) Number (%)
0 - 2	27 (49.09%)
3 - 5	17 (30.91%)
6 - 12	8 (14.55%)
13 - above	3 (5.45%)

[a]Four families failed to specify age.

Fifty-six of the seventy-one families who adopted one child indicated a racial preference. Twenty-seven (48.2%) families hoped to adopt a Black child, twenty-three (41%) hoped to adopt a white child, and six (10.7%) of the families hoped to adopt a biracial child.

Families in this study were also asked to review a list of characteristics a child awaiting adoption might have and to indicate how acceptable ("very acceptable," "acceptable" or "not acceptable"), each characteristic was to them when they were considering adoption. Seventy-nine families of the ninety-one families responded to this question. The characteristics were: 1) child or children are ten years of age or older[1]; 2) child or children with physical problems or medically diagnosed problems; 3) child or children with learning problems; 4) child or children are of a different race from one or both parents; and 5) sibling group of three or more.

As shown in Table 9, children who were ten years or older, children who had physical/medical problems, and children in sibling groups of three or more were the least acceptable to prospective adoptive parents. Children with learning problems and children who were of a different race

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[1]Tennessee defines older special needs children as age nine and above. However the TDHS checklist completed by applicants at the intake specifies "ten years of age or older." Using the question as it appears in the checklist resulted in not soliciting their original preference from five families whose children were nine years old (and, thus, special needs children) at the time of placement.

from one or both parents were the most acceptable to these parents.

Table 9. Acceptability of Characteristics a Child Awaiting Adoption Might Have.

Acceptability	ChildTen or Older (n = 79) N (%)	Physical Medical (n = 79) N (%)	Learning Problem (n = 79) N (%)	Different Race (n = 79) N (%)	Sibling Group (n = 79) N (%)
Very Acceptable	18 (23%)	10 (13%)	15 (19%)	17 (22%)	16 (20%)
Acceptable	12 (15%)	29 (37%)	40 (51%)	31 (39%)	14 (18%)
Not Acceptable	49 (62%)	40 (51%)	24 (30%)	30 (39%)	49 (62%)
Total	100	100	100	100	100

One objective of this study was to determine whether or not parents adopted children with characteristics within the acceptable range of their request at the time of application. Parents were asked: 1) the number of children adopted and whether they adopted the number of children they were hoping to adopt; 2) their acceptance of a child age ten or older and whether they adopted a child ten or older; 3) their acceptance of a child with learning problems and whether they adopted a child with learning problems; 4) their acceptance of a child with physical/medical problems and whether they adopted a child with physical/medical problems; 5) their acceptance of a child of a different race from one or both parents and whether they adopted a biracial child; and 6) their acceptance of a sibling group of three or more and whether

they adopted a sibling group of three or more. In these analyses the categories of "very acceptable" and "acceptable" were collapsed. Parents were not asked about the acceptability of children with behavior problems because, at the time of application, prospective adoptive parents are not asked about behavior problems in general but about twelve discrete behavior problems.

With regard to the number of children adopted and the number of children parents had hoped to adopt, sixteen families did not adopt the number of children they were hoping to adopt. Five families adopted more children than they had hoped to adopt and eleven families only adopted one child when they had wanted two or more children. These analyses revealed that twenty-eight families adopted thirty-eight children age ten or older. Twenty of these families had initially requested children within this age range and eight of these families had initially requested children younger than ten years of age. Twenty-nine of the thirty-one families who adopted a child with a learning problem indicated that these children were acceptable to them. Of the twenty-five families who adopted children with physical/medical problems, twelve families indicated that these children were acceptable to them. Twelve of these families did not answer this question and one family indicated that such children were not acceptable to them at the time of application. Six families adopted a biracial

child and all six of these families had indicated that these children were acceptable to them. Finally, five families adopted a sibling group of three or more and all five of these families had indicated that a sibling group of three was acceptable to them.

Summary

This chapter has described selected background characteristics of the children adopted and the children whom families were hoping to adopt. The ninety-one families adopted one hundred sixteen children ranging in age from a few months to twenty years. The average age was seven years. Forty percent of the children had behavioral problems; 33 percent had learning problems; and 25 percent had medical, and/or physical impairments at the time of the adoption. Sixty-five different children had at least one problem and thirty-five of these had more than one problem.

Nearly two-thirds of the families had hoped to adopt one child at the time of their application and one-fifth had hoped to adopt two or more children. Of the fifty-nine families hoping to adopt one child, most wanted a child no older than five, slightly more than two-thirds wanted a girl, and an equal number of families wanted Black and white children, reflecting the racial distribution of the families in the sample. The special needs children whom parents were most willing to accept included children with

learning problems and children of a different race from one or both parents. Children who were least acceptable to adoptive parents were children ten years of age or older, sibling groups of three or more, and children who had physical and medical problems.

Sixteen families did not adopt the number of children that they were hoping to adopt. Twenty of the twenty-eight families who adopted a child age ten or above had indicated that a child in this age range was acceptable to them, and eight of the families who adopted a child age ten or above had indicated a child in this age range was not acceptable to them. One of the thirty-one families who adopted children with learning problems and one of the twenty-five families who adopted children with medical problems had indicated that children with these problems were not acceptable to them at the time of application. Twelve families who adopted children with physical/medical problems did not respond to this question. All of the families who adopted biracial children and sibling groups of three or more had indicated that such children were acceptable to them.

CHAPTER VI

FINDINGS: COMPARISON OF SELECTED BACKGROUND CHARACTERISTICS OF OUTRIGHT ADOPTERS AND FOSTER CARE ADOPTERS

Introduction

Ninety-one families--fifty-two outright (OT) adopters and thirty-nine foster parent (FP) adopters--participated in the study. One of the objectives of this study was to determine the differences, if any, between OT and FP adopters of special needs children. As noted in chapter II, earlier studies of special needs children provided some evidence of differences between OT and FP adopters (Nelson, 1985; and Diener, Wilson and Unger, 1988). Additional comparisons are important for developing a more specific profile of families who adopt special needs children in Tennessee and for enhancing the knowledge in general about families who adopt special needs children for practitioners in adoption and foster care.

This chapter reports the finding of comparisons between outright adopters and foster parent adopters and between the children they adopted on selected background characteristics. Adoptive parents were compared on demographic variables; participation in religious activities; subsidy, if any, received from the Tennessee

Department of Human Services; motivation for adoption; perceptions of the preparation for adoption received from TDHS; and preferred characteristics of the child or children to be adopted. OT and FP families were also compared on selected characteristics of children adopted including age, sex, race, the presence of a behavior, learning, and/or medical problem and, if present, the extent of the problem. No comparison was made on the receipt of information from TDHS since 90 percent of all families reported receiving some information.

Demographic Comparison of Outright and Foster Parent Adopters

The fifty-two OT families included fifty mothers and forty-three fathers. The thirty-nine FP families included thirty-nine mothers and thirty fathers. Outright and foster parent adopters were compared in terms of age, race, marital status and number of years married, presence of biological children, level of education, employment, and income.

Age. As shown in Table 10, there was a significant difference in the ages of OT and FP adoptive mothers. As might be expected, OT adoptive mothers were typically younger than forty while FP mothers were primarily

forty-one or over. One foster parent mother failed to specify age.

Table 10. Comparison of the Ages of Outright Adoptive Mothers and Foster Parent Adoptive Mothers

Age	Outright Adoptive Mothers		Foster Parent Adoptive Mothers[a]	
	N	%	N	%
26 - 40 years	39	(78)	15	(40)
41 - 67 years	11	(22)	23	(60)
Total	50	(100)	38	(100)

[a]One FP mother did not respond to this question.

$X^2 = 13.5$, df 1, $p < .001$

There was also a significant difference in the age of the OT and FP adoptive fathers (Table 11). As with the OT mothers, the OT fathers tended to be younger than forty while the FP adoptive fathers tended to be forty-one or over. One foster parent father failed to specify age.

Race. There was no significant difference in the race of adoptive couples ($X^2 = 3.5$, df 1, $p = .10$). Thirty-one (61%) of the fifty-one OT adopters who responded to this question were Black as compared with fifteen (41%) of the thirty-seven FP adopters who responded to this question. Twenty (39%) OT adopters were white as compared with twenty-two (59%) FP adopters.

Table 11. Comparison of the Ages of Outright Adoptive Fathers and Foster Parent Adoptive Fathers

Age	Outright Adoptive Fathers		Foster Parent Adoptive Fathers[a]	
	N	%	N	%
26 - 40	31	(72)	8	(27)
41 - 67	12	(28)	22	(73)
Total	43	(100)	30	(100)

[a]One FP father did not respond to this question.

X^2= 14.65497, df 1, p < .001

Marital Status. As with the race of families in this study, there was no significant difference in the marital status of the two groups of adoptive parents (X^2 = 0.00, df 1, p = 1.0). The percentage of two-parent and single parent families was similar for both groups. Of the fifty-two OT adoptive families, forty-one (77%) were two parent families; and of the thirty-nine FP adoptive families, thirty-one (79%) were two parent families.

The comparison between outright adopters and foster parent adopters regarding the number of years married revealed that, consistent with the difference in their ages, FP adopters tended to have been in the current marriage longer than had OT adopters. Table 12 reveals that twenty-two (71%) FP adopters had been married fifteen years

and above while only ten (24%) OT adopters had been married for this length of time.

Table 12. Comparison of Length of Marriage of Outright Adopters and Foster Parent Adopters

Length of Marriage	Outright Adopters		Foster Parent Adopters	
	N	%	N	%
1 - 15 years	31	(76)	9	(29)
16 and above years	10	(24)	22	(71)
Total	41	(100)	31	(100

X^2= 15.5, df 1, p < .001

Biological Children. Again, as might be expected of older couples, married longer, who had first been foster parents, the FP adoptive families were more likely to have a child from their present marriage than were the OT adoptive families. Of the forty OT adopters responding to this question ten (25%) had biological children from the present marriage,while nineteen (61%) of the thirty-one FP adopters had biological children (X^2 = 8.08, df 1, p < .01).

Education. As shown in Table 13, OT adoptive mothers had more education than FP adoptive mothers. The categories of high school and less than high school were collapsed in these analysis. Thirty-four (68%) of OT mothers had some

Table 13. Comparison of Level of Education of Outright Adoptive Mothers and Foster Parent Adoptive Mothers

Level of Education	Outright Adoptive Mothers		Foster Parent Adoptive Mothers	
	N	%	N	%
High School Graduate	16	(32)	21	(54)
Some College	13	(26)	11	(28)
College Graduate	21	(42)	7	(18)
Total	50	(100)	39	(100)

X^2= 6.58336, df 2, $p < .05$

college or were college graduates while twenty-one (54%) FP mothers were high school graduates or had less than a high school education. The comparison of the level of education for OT and FP adoptive fathers revealed no significant difference (Table 14).

Occupation. As might be expected from the difference in their levels of education, there was a significant difference in the employment of OT adoptive mothers and FP adoptive mothers. As can be seen in Table 15, twenty (41%) of the forty-nine OT adoptive mothers who responded to this question were employed in professional occupations while only six (16%) of FP adoptive mothers who responded to this question were employed in professional occupations. As with the education for adoptive fathers there was not a

Table 14. Comparison of Level of Education of Outright Adoptive Fathers and Foster Parent Adoptive Fathers

Level of Education	Outright Adoptive Fathers		Foster Parent Adoptive Fathers	
	N	%	N	%
High School Graduate	17	(40)	15	(48)
Some College	11	(26)	7	(23)
College Graduate	15	(34)	9	(29)
Total	43	(100)	31	(100)

X^2= .58328, df, p = .747

Table 15. Comparison of Employment of Outright Adoptive Mothers and Foster Parent Adoptive Mothers

Employment	Outright Adoptive Mothers		Foster Parent Adoptive Mothers	
	N	%	N	%
Professional	20	(41)	6	(16)
Non-Professional	29	(59)	31	(84)
Total	49	(100)	37	(100)

X^2= 6.04847, df 1, p < .013

statistically significant difference in the employment of OT and FP fathers (Table 16).

Comparisons were made between OT adoptive mothers and FP adoptive mothers with regard to homemaker and all other occupations. FP adoptive mothers were more likely to be

Table 16. Comparison of the Employment of Outright Adoptive Fathers and Foster Parent Adoptive Fathers

Employment	Outright Adoptive Fathers		Foster Parent Adoptive Fathers	
	N	%	N	%
Professional	18	(43)	7	(23)
Non-Professional	24	(57)	23	(77)
Total	42	(100)	30	(100)

X^2= 2.94303, df 1, p < .0862

homemakers in comparison to OT adopters (X^2 = 6.6, df 1, p < .02). Nineteen (51%) of the thirty-seven FP adoptive mothers who responded to this question were homemakers in comparison to twelve (24%) of the forty-nine OT adopters who responded to this question.

Family Income. A comparison of family income between OT and FP adopters revealed no significant difference (X^2 = 2.439525,df 1, p = .1183). Of the forty-seven OT adopters and thirty-three FP adopters who responded to this question, approximately, 77 percent OT adopters and 58 percent FP adopters had family incomes of $25,000 and above.

Participation in Religion and Parent Teachers Association

Outright adopters and foster parent adopters were similar in their participation in religious activities, in that they were actively involved in attending meetings and participating in church-related functions. On the other hand, and as expected, there was a difference with regard to adoptive mothers' participation in the Parent Teacher's Association ($X^2 = 7.7$, df 1, $p < .01$), and adoptive fathers' participation in the Parent Teacher's Association ($X^2 = 6.43$, df 1, $p < .02$). Foster Parent mothers and fathers tended to be very involved in such activities whereas, outright adoptive mothers and fathers tended not to be involved in these activities. One possible explanation for this difference is that OT adopters were more likely to adopt younger children in comparison with FP adopters, who were more likely to adopt school age children.

Subsidy of Adoption by TDHS

With regard to the receipt of a direct or indirect (through payment for services) subsidy from the Tennessee Department of Human Services, there was a significant difference between OT and FP adopters. Of the thirty-eight FP families who responded to this question, TDHS has provided an adoption subsidy for thirty-two (84%) FP families, while it has provided only twenty-four (46%) of

the fifty-two OT families with adoption subsidies (X^2 = 11.9, df 1, $p < .01$). Also, TDHS has paid for services for more children adopted by FP adopters. Of the thirty-eight FP adopters who responded to this question, TDHS has provided services for twenty-nine (76%) FP adoptive families, while it provided services to twenty-two of the fifty-one OT adopters who responded to this question (X^2 = 8.5, df 1, $p < .01$).

Motivation to Adopt

As indicated in chapter IV, the "Motivation to Adopt Scale" had sixteen statements of possible motives for adopting. Respondents were asked to check each statement that characterized one of their motives for adopting. OT and FP adopters were compared on all sixteen statements. For the most part there were no significant differences between outright adopters and foster parent adopters in regard to motivation to adopt. There were two items on which a significant difference was found. Forty-nine (94%) OT adopters indicated that "the desire to love and be loved" was an important motivation to adopt whereas nine (23%) of the FP adopters indicated that this was an important motivation for adoption (X^2 = 4.4, df 1, $p < .05$). Also, thirty-three (63%) OT adopters indicated that "the desire for a complete life" was an important motivation to adopt whereas fifteen (38%) FP adopters

indicated that was an important motivation to adopt (X^2 = 4.6, df 1, p < .05).

Preparation for Adoption

There was no significant difference between the number of OT and FP families that participated in preadoption preparatory groups (X^2 = 1.1, df 1, p = .28). Ten (26%) of the thirty-nine FP adopters and twenty (38%) of the fifty-two OT adopters participated in such groups. Further, for the twenty OT adopters and ten FP adopters who did participate in a group, there was a significance in the perception of group preparation between the two groups. FP adopters were more likely to feel that the group did not prepare them for the adoption in comparison to OT adopters. Collapsing "somewhat" and "did not prepare," three of the ten FP adopters felt the group preparation was adequate in comparison to fourteen of the twenty OT adopters (X^2 = 4.343, df 1, p < .05). Families were similar regarding their perceptions of the adequacy of the information they received at the time of placement (X^2 = .252, df 1, p = 1.00). Fifty-four percent OT adopters and sixteen (48%) FP adopters felt the information was adequate.

Comparison between Outright Adopters and Foster Parent Adopters Regarding the Adopted Children

There were no significant differences between OT and FP adopters in the number of children adopted; the race and sex of children adopted; whether the child or children had behavior problems, learning problems, or medical/physical problems at the time of adoption; and the number of children that parents were hoping to adopt. There were significant differences between OT and FP adopters regarding the age of children adopted and the preferred characteristics of a child or children to be adopted. As shown in Table 17, thirty-four (54%) of the children adopted by OT adopters were less than six while twenty-one (41%) of the FP children were less than six.

Table 17. Comparison of the Age of Children Adopted by Outright Adopters and Foster Parent Adopters

Age of Children	Children Adopters by Outright Adopters[a]		Children Adopted by Foster Parent Adopters	
	N	%	N	%
0 - 2 years	25	(40)	3	(6)
3 - 6 years	9	(14)	18	(35)
7 - 12 years	23	(37)	18	(35)
13 years and above	6	(9)	12	(24)
Total	63	(100)	51	(100)

[a]Two FP families did not respond to this question.

$X^2 = 21.87466$, df 3, $p < .01$

Seventy-nine of the ninety-one families in the study responded to the questions regarding acceptability of children with selected characteristics. Collapsing "very acceptable"and "acceptable" Tables 18, 19, 20, 21, and 22 indicate that more FP adopters than OT adopters were accepting of children ten years of age or older; children with medical/physical problems; children with learning problems; children of a different race from one or both parents; and a sibling group of three or more.

Summary

In summary, in comparison to outright adopters, foster parent adopters tended to be older, to have been married longer, to have biological children from their current marriage, to have received money and services for support of the child or children adopted from the TDHS, and to feel that the group preparation was inadequate. Outright adopters and foster parent adopters were similar in regard to race, income, marital status, participation in religious activities, and the adequacy of information received about the child or children adopted at the time of placement. They were also similar in their motivation to adopt, except that significantly more outright than foster parent adopters indicated that " the desire to love and be loved," and the "the desire for a complete life" were more important motivations for adopting.

Table 18. Comparison of Acceptability of a Child Ten Years of Age or Older of Outright Adopters and Foster Parent Adopters

Acceptability of Ten Years or Older	Outright Adopters		Foster Parent Adopters	
	N	%	N	%
Acceptable	10	(20)	20	(67)
Not Acceptable	39	(80)	10	(33)
Total	49	(100)	30	(100)

X^2= 14.99791, df 1, p < .001

Table 19. Comparison of Accepatibility of Child with Physical and Medical Problems of Outright Adopters and Foster Parent Adopters

Acceptablility of Physical/Medical Problems	Outright Adopters		Foster Parent Adopters	
	N	%	N	%
Acceptable	16	(33)	23	(77)
Not Acceptable	33	(67)	7	(23)
Total	49	(100)	30	(100)

X^2= 12.71387, df 1, p < .001

Table 20. Comparison of Acceptability of a Child with a Learning Problem of Outright Adopters and Foster Parent Adopters

Acceptability of Learning Problem	Outright Adopters		Foster Parent Adopters	
	N	%	N	%
Acceptable	27	(55)	28	(93)
Not Acceptable	22	(45)	2	(7)
Total	49	(100)	30	(100)

X^2= 11.11497, df 1, p < .001

Table 21. Comparison of Acceptability of a Child of a Diffferent Race from One or Both Parents of Outright Adopters and Foster Parent Adopters

Acceptability of Different Race	Outright Adopters		Foster Parent Adopters	
	N	%	N	%
Acceptable	25	(52)	23	(77)
Not Acceptable	23	(48)	7	(23)
Total	48	(100)	30	(100)

X^2= 3.73242, df 1, p < .05

Table 22. Comparison of the Acceptability of a Sibling Group of Outright Adopters and Foster Parent Adopters

Acceptability of Sibling Group	Outright Adopters		Foster Parent Adopters	
	N	%	N	%
Acceptable	14	(29)	16	(53)
Not Acceptable	35	(71)	14	(47)
Total	49	(100)	30	(100)

X^2= 3.84966, df 1, p < .05

When compared with outright adoptive mothers, foster parent mothers tended to have less education, tended to work in other than professional occupations, were more likely to be homemakers, and tended to participate in the Parent Teacher's Association. With regard to adoptive fathers, FP fathers in comparison with OT fathers were more likely to participate in The Parent Teacher's Association. There were no significant differences between outright adoptive fathers and foster parent adoptive fathers in education and occupation.

Outright adopters and foster parent adopters were similar in regard to the number of children adopted; the race and sex of children adopted; and whether the child or children had behavior, learning, or medical/physical problems at the time of adoption. They were also similar in regard to the number of children they were hoping to adopt.

Outright adopters and foster parent adopters were different in that outright adopters tended to adopt younger children than foster parent adopters. Foster parent adopters were also more likely than outright adopters to indicate the acceptability of children ten years or older, children with physical/medical problems, children with learning problems, children of different race from one or both parents, and a sibling group of two or more.

CHAPTER VII

FINDINGS: THE IN-DEPTH INTERVIEWS WITH OUTRIGHT ADOPTERS

Introduction

The purpose of the in-depth interviews was to explore with a subsample of outright adoptive parents, through a series of opened-ended questions, the history of their decision to adopt a special needs child and their perceptions of their experience with adoption from preparation through placement. Parents were asked about the reasons for considering adoption; whether they had adoption preferences; what they expected they could do for the adopted child; family changes and adjustments which occurred as a result of the adoption; the benefits and negative aspects of the adoption; and their overall satisfaction with the adoption experience.

Because of convenience to the researcher, only those outright adoptive families who lived within a one hundred mile radius of Nashville, Tennessee were contacted for an interview. Of the fifty-two outright adoptive families in the sample, eleven were from the middle Tennessee region. Eight of these families agreed to participate in the interview. Although no conclusions can be drawn from this small interview sample, the families' responses suggest

potentially fruitful areas of quantitative and qualitative research about the adoption of special needs children.

The Communities and Homes of Adoptive Families

Four of the eight families resided in Nashville-Davidson County, a large metropolitan community of 450,000 people. Two of the families lived in Columbia, TN, and one family lived in Murfreesboro, TN. Both cities have populations of fewer than 50,000 people and are thirty-five and sixty-five miles south of the Nashville area, respectively. One family resided in Portland, TN, a city with a population of 20,000 people located seventy-five miles north of the Nashville area.

Seven of the adoptive families lived in middle income communities, and one adoptive family lived in a suburban apartment complex. All the homes were modestly furnished.

The Adoptive Families

Seven of the eight families interviewed were two parent families. All of the mothers were interviewed and four of the seven fathers participated with their spouses in the interviews. Five of the families were Black families and three were white families. The average age of both mothers and fathers was approximately thirty-four years. Six families adopted one child, and two families adopted sibling groups of two and three respectively. Three of the

eight families had biological children, only one of whom lived in the home. Two of the eight had other adopted children in the home and three of the eight had no other children. Three families had adopted before and five families were involved in a first time adoption.

For couples, the length of time married ranged from one year to fourteen years, and the average length of time married was seven years. Two adoptive mothers and one adoptive father had been married before. These marriages had ended in divorce.

In six of the seven two-parent families, both parents worked outside of the home. Occupations ranged from unskilled to management/professional. One mother reported that she was a homemaker. Adoptive families' annual incomes ranged from $9,000 to $70,000 with an average income of $35,500. The median family income was $37,500 (S.D.= 17.94). One family received an adoption subsidy, and one family was in the process of negotiating an adoption subsidy. In the latter two families, TDHS was also paying for various services for the adopted children. The educational level for adoptive mothers and fathers ranged from high school graduate to graduate school. One mother and one father were college graduates, and one mother and one father had completed graduate school.

Ten of the fifteen parents reported Baptist as their religious affiliation. Other religious affiliations were

Catholic (1), Methodist (1), and Lutheran (1). One family did not report a religious affiliation. The seven families who reported a religious affiliation said that they were actively involved in church activities and attended meetings regularly.

The length of time families had their adopted children was between five months and two years with an average of thirteen months. The average age of the eleven adopted children was a little over five and one-half years. The average age was skewed by the five children in sibling groups whose average age was almost eleven years. The average age of the six only children adopted was one year and five months. Of the eleven children adopted, six were males and five were females.

Three families, who adopted infants, indicated that the children had no special medical problems at the time of placement and two families reported minor problems. Three families reported that the children had serious problems at the time of placement. One family, who adopted an infant with a serious health problem, reported finding out about the problem after the child had been in the home for eight months. The two remaining families adopted sibling groups and said their children had medical, emotional and behavioral problems and poor social skills.

Why Parents Adopted Special Needs Children

The primary reason that five families gave for adopting was that they were unable to have children biologically. The remaining three families said that they had always considered building a family with both biological and adopted children. A father said:

> This was a part of our family planning, we wanted two of our own and we wanted to adopt two.

One family said that their adoptive children--a sibling group of three--were placed on an emergency basis. The children were in an adoptive placement that had disrupted. The family, who had been previously approved for adoption by TDHS, was asked to take the children and agreed. Two families were also motivated to adopt a special needs child by altruism, that is, by the concern about the needs and welfare of children needing homes. One family commented:

> We knew that there were kids that needed homes and love and we knew that we could do that and be right for somebody.

Families learned about children with special needs in various ways. Two families said that they found out about special needs children through a media campaign conducted by TDHS. Three families had adopted children before and knew to contact TDHS. One family had heard about special needs children from other people who had adopted, and two families didn't learn about special needs children until they started the adoption process. One couple stated:

> We were not looking for a special needs child, we just wanted a Black baby. But when we started looking into it, we found out that all Black babies were special needs children.

Adoption Preferences

Families were asked whether they had age, sex, race and/or sibling group preferences at the time of adoption. Six of the families said they wanted a child ranging from newborn to two years of age. Most families said they wanted children of this age because they wanted to start with children as young as possible. One mother commented:

> They can grow with the family. The earlier you get them, you can train them better and its easier to bond with them. They can also adapt to your ways and rules, whereas with an older child it may be more difficult.

Another mother who did not want a child who had spent a lot of time in foster care stated:

> When they (TDHS) have children, sometimes they put them in foster care and the children move from home to home. I was thinking that I wanted to start with one as early as possible; one that didn't have any earlier experiences in foster care. There's no telling what may happen to children who spend time in foster care until age two or three.

Two families said they wanted older children specifically and a sibling group.

Four families reported that they had no sex preference. Three of the families said they had wanted a female child and one family said they had wanted a male child. In each situation, the parents' preferences were met. When asked about the reason for preferring a female

child, parents said they just wanted "a little girl" to start off with because a girl would be easier to handle. The single adoptive mother commented:

> I wanted a little girl first to get my feet on the ground with the adoption. I wanted to be sure that I was strong enough to handle the adoption. Being a single parent and all and little boys needing that male role model, I thought that I'd better go with a little girl first.

Three families said that they wanted a Black or biracial child. Two families said they wanted white children, and three families said they did not have a racial preference. The parents' preferences were met. In response to a general question about their preferences, only one family commented:

> We knew a family who adopted a biracial child and it was rough on the children. We didn't want to put the children through that.

How Families Came to Adopt

Seven of the eight families had gone through an adoption study by TDHS and then waited for the department to contact them. Two families said that they were not prepared for the long wait, given the number of children that TDHS said needed homes. These families had waited from two to three years before a child was placed for adoption. In all instances, children were placed in the homes within a few days after TDHS contacted them to say that a child or children were available. Seven families adopted the first child or children that were presented to them. One family

rejected the first child presented to them because of severe medical problems. This family was not informed of the child's severe medical problems until the day of the visit.

Couples were asked how they came to the decision to accept the child or children who had been presented to them. Six families said that the moment they saw the child or children, they knew immediately the child or children were for them. One mother said:

> We knew the first time we saw them. We had tried so hard to have children. When we found the two of them, we knew in our hearts that they were ours and for us.

Another mother commented:

> We knew this was the child when we walked in the door. She had been cared for by a good foster mother. She (child) smiled at the father and he was sold.

One couple, who had several biological children and who adopted two other children said that it was a total family decision to adopt a sibling group of three.

Expectations, Changes, and Adjustments

Families were asked the following questions regarding expectations, changes and adjustments in relation to the adoption: 1) What did they expect to be able to do for the adopted child, and were these expectations being met; 2) In what ways had parents thought their lives would change when they adopted, had these changes occurred, and were there

changes that they had not anticipated; and 3) What adjustments, if any, did the family make to accommodate the adopted child or children. Five families said they expected to have more responsibility and to become busier tending to the child or children's needs. Three families said that they were not prepared for some of the changes at the time of the adoption.

With regard to adjustments they had to make, seven of the eight families indicated they had to make adjustments when the child or children came into the home. The two families who adopted sibling groups said there were many adjustments. One of these adopted mothers stated:

> Clothing was a big adjustment, the children came in rags. Nothing fitted, we had to buy all new clothing. And,I had to adjust my cooking habits. We had to make a lot of adjustments.

The other mother who had adopted a sibling group commented:

> The children were presented to us at Christmas. We had to go out and buy clothes, Christmas gifts, furniture, rearrange the house, and make sure their pictures were included on the wall with the other pictures of family members.

Three families had to make adjustments regarding scheduling, daycare and babysitters, and transportation to and from daycare. One mother quit work to provide full-time care for her adopted child. Two families stated that siblings had a difficult time adjusting to the child in the home. A mother commented:

> Our other adopted son had to do more adjusting. He regressed . . . stopped walking, and demanded more attention.

In a follow-up question,parents were asked whether there had been any changes as a result of adopting that they had not anticipated. Five families said there have been no unexpected changes. Of the three families who reported unanticipated changes, one family said they had not expected the overwhelming involvement with the child's medical problems, and the single adoptive mother said she lost friends because of the adoption. This mother commented that before she adopted most of her friends were single and did not have children. When she adopted, they (friends) no longer wanted to associate with her. The third family, who adopted a sibling group stated:

> We didn't think about the expense in adopting three children, and all the running around and transportation involved.

This same adoptive mother said that she had been fired from her job because she unexpectedly had to take time off from work to tend to the child's severe emotional problems. The single parent adoptive mother also said that she had been laid off from her job shortly after the child came into the home. She couldn't find a reliable babysitter and often missed work or reported late.

When asked what they expected to be able to do for the child or children they adopted, all of the parents reported that they wanted to give the child or children a good home, love, and every opportunity in life. A mother commented:

> I want to raise her to have every opportunity in life, a high level of self esteem,

> and achieve anything as well as anybody else. I want her to feel special and raise her to be independent.

Five families also said that they wanted to raise their children in a Christian environment. One family who had adopted a sibling group said that they expected to teach the children appropriate social skills and to keep them together as a family. All the parents felt that they were doing the best that they possibly could to make these things happen for the child or children.

Beneficial and Negative Aspects of the Adoption

All the adoptive parents reported that there were benefits from having adopted, most notably, a sense of emotional well-being and happiness. Three families reported that they had grown closer as a family. One father commented:

> Her being here has added happiness, added something more to the household.

A mother who adopted a sibling group commented:

> We have gotten a lot of emotional benefits, a lot of love from the kids. We have learned a lot, learned a lot of patience.

Three families who had adopted infants reported that there were no negative aspects of the adoption to date. The five families who identified negative aspects discussed a variety of problems, with some families reporting more than one problem. The negative aspects of adoption reported by these families, who had adopted older children, seemed

typical of the kinds of problems one might expect in this situation. Two families reported that they were having problems with TDHS. Both families felt that they were not receiving the financial support necessary to meet the child's medical and other needs. One mother commented:

> We are having a problem with the agency because they have refused to provide an adoption subsidy to meet the medical needs of R. And we just did not anticipate having to do all the things related to caring for her.

Two adoptive families said they were having problems with relatives accepting the adoption. A white family that had adopted a biracial child said that the adoptive father's extended family refused to accept the adoption. The single-parent adoptive mother said that some of her relatives did not understand why she did not have biological children. One adoptive family reported serious behavior problems that had occurred at the time the children were first placed in the home. The adoptive mother commented:

> Yes, temper tantrums. The children were totally out of control. There were times when we questioned the adoption and our ability to parent.

Important Qualities For Families Who Adopt Special Needs Children

Families were asked what they think are the special qualities required in being parents of a special needs child. Parents gave a variety of answers, with some parents

identifying more than one quality. Six families agreed that love for children and patience were the primary requirements of a parents. Three parents said that flexibility and understanding were important. A father who adopted a sibling group discussed a number of qualities:

> Parents have to be flexible, patient, tolerant, . . . can't fly off the handle. . . . Have to be able to talk it over later. . . . And, well weathered as a parent.

Another father who had adopted a biracial child commented:

> You've got to be totally unbiased regarding medical and racial issues and so forth. You must have a true desire to be a parent, and you have to know in your heart that you want kids.

In a follow-up question, parents were asked what types of people, if any, should not adopt a special needs child or children. Again, the parents answers varied and tended to reflect their own experience with adoption. For example, two parents who had adopted infants said that people who have a low tolerance for crying babies and chaos should not adopt special needs children. A father who had adopted a biracial child said:

> People who are not mature in age, who are not willing to see it through, and people who can't accept the culture difference of the child.

Another family who had adopted a child with serious medical problems commented that parents who don't understand the developmental needs of small children should not adopt special needs children. Also,a family who had adopted a sibling group said:

> Parents who can't change, and can't accept responsibility; and parents who have little experience as parents.

Preparation For Adoption

The interviewer also explored the outright adoptive parents' perceptions of the preparation for adoption gained during the home study period. Parents were asked whether the agency gave families enough information about the child, or whether they needed more information. Six families reported that TDHS provided as much information as they legally could have. However, some parents were still concerned about the child's background. An adoptive father commented:

> They gave as much as they could, but we're concerned about the medical background. We don't know what's in the child's background; therefore, we don't know what to expect. We would have liked more information.

Another family who had received very little information about the child's medical condition commented:

> TDHS did not give us enough information. They (TDHS) have been very cruel. We didn't know that she had this problem at the time of adoption . . . thought she was a healthy child. Eight months later we found out about this problem. It was devastating.

One family who adopted a sibling group said that TDHS provided no information about the children whom they adopted.

In a follow-up question,families were asked whether the information they received was accurate. Six of the

families reported that the information provided was accurate. Two families reported that the information was not accurate. One of these families felt that TDHS knew about the medical problem and deliberately withheld the information. The other family reported that, although they received no information, what the social workers later said about the children was not true. Families were also asked whether the information they received about the child was sufficient. Four families felt that the information was partially sufficient, and two families reported that the information was not at all sufficient. These parents indicated that they either had unanswered questions about the child's background or were not provided with enough information about the child's background.

Five of the eight families had participated in the agency-sponsored parent training groups for adoptive parents and foster parents. Two families had a series of parent training meetings with a social worker. One family did not participate in the parent training groups or meet with a social worker but sought and participated in a group on their own. The latter family adopted a sibling group and felt they needed more specialized training from a voluntary agency. In regard to the group sessions, two families said they would like to have heard from parents who had adopted before to find out more about the problems that they had encountered and how they dealt with these problems.

The responses to the question about what the agency or social worker might have done differently to make the experience as an adoptive parent more successful and satisfying were varied. Two families reported that the social worker was "fantastic." One mother stated: "The caseworker was fantastic, she was well suited for the job." Two families reported that they would have liked the process to have moved more quickly. One of these families had waited three years for the adoption placement, and the other family said the agency had lost their application. This family said they contacted the agency again after one year and had to complete another application. Two families commented about the lack of information provided, and two families felt that the agency had not provided enough support to help deal with the numerous problems that occurred since placement.

Three families stated that they would adopt another child or children. Three families said "maybe" and two families said that they would not consider adopting another child. Of the three families who indicated they might adopt another child, one family said that they needed more time to think about it. Another family said they would accept a newborn, and one family said that they would consider an older child. This latter family commented:

> We are not through parenting . . . maybe consider an older child because he/she would be compatible with our other children.

One of the families said "no" because of the adjustment related to caring for a child with severe medical problems.

Finally, families were asked to think about their overall experience with TDHS and to comment on their level of satisfaction with the adoption experience. Comments ranged from very satisfied to very dissatisfied. Four families reported they were very satisfied with the adoption experience. Two families reported that they were somewhat satisfied with the adoption, and two families reported they were very dissatisfied with the adoption. One family who was dissatisfied with the adoption experience commented:

> We are very dissatisfied with the way that they (TDHS) are handling things. There has been poor communication and we don't trust TDHS workers.

The other dissatisfied parents commented:

> We are very dissatisfied. There is a lack of humane feelings on the part of the social workers. They provided no support and the system "stinks."

Both of these families had adopted a child or children who had severe medical and emotional problems that they were not aware of at the time of the adoption. One mother, who later found that their child had severe medical problems, commented on how she found out:

> They told us she was a normal child. She had a hernia but the doctor said that it could be corrected . . . but she wasn't okay. We knew something was wrong with her, she would bruise easily. One night I got up in the middle of the night and she was lying in a pool of blood. I was

terrified. We rushed her to the hospital and after a few days we found out about her problem.

One aspect of this study was to determine whether or not families adopted a child or children who had characteristics within the acceptable range of their initial request during the interview. Parents were asked questions about this. They were also asked to complete a behavior and handicapped checklist, that was then compared with the checklist that parents had completed at the time of application. All of the study families reported that, at the time of adoption placement, they were told that the child's or children's characteristics were within the acceptable range of their initial request. A comparison of the before and after checklists revealed that six of the eight families had adopted a child or children within the acceptable range of their initial request. Three of these families said that they were called by social workers on numerous occasions and asked to accept a child with characteristics outside the range of their original request but declined. Two adoptive families believed they were adopting children within the acceptable range of their initial request, and later discovered serious problems, one medical and the other psychiatric. These families believed that the TDHS had knowledge of these problems and did not inform them. These families were also the most dissatisfied.

Summary

Eight families from the middle Tennessee region agreed to participate in the in-depth interviews. Parents were asked a number of open-ended questions about the history of their decision to adopt a special needs child or children from the time of the initial interest to placement for adoption.

Three families reported that the children they adopted had either medical or emotional and behavioral problems at the time of adoption. Five of the six families who adopted infants reported fewer problems. The primary reason for adopting among families who adopted infants was that they could not have biological children of their own. Families learned about special needs children in various ways, ranging from the media to word of mouth and from friends who had adopted a special needs child.

Overall families felt that they knew immediately that the child or children presented were right for them. Five families expected their lives to change, that is, to have more responsibility and to become busier tending to the child's needs. Families had to make adjustments, including purchasing new clothing and furniture for the children, making arrangements for daycare, babysitters, dealing with the adjustment problems of other siblings, and transporting the children to various activities. Most of the families expected these changes. Two adoptive families did not

anticipate the changes that occurred in the adoption; these families had adopted children with severe medial or emotional problems that they learned about after the child or children had been placed for adoption.

The primary benefit reported from having adopted was the joy and happiness that children added to the lives of parents and other family members. Five families also reported that there were negative aspects of the adoption. These included failure of relatives and friends to accept the adoption; serious behavior problems that the children presented during the early stages of the adoption; and lack of agency support to care for the emotional and medical needs of the children they adopted. The adoptive families believed that parents who adopt special needs children should have a great deal of patience, should be flexible and understanding, and should be unbiased. Four families felt that TDHS provided as much information as they could have and that the information was accurate. Two families felt that the information not accurate. Four families thought the information was sufficient, while four families felt the information was somewhat sufficient or not at all sufficient.

All the families indicated that, at the time of adoption, they thought they were adopting a child within the acceptable range of the characteristics that they had indicated on the initial application. Subsequent to the

adoption two adoptive families found out that the children whom they adopted had severe medical and psychiatric problems that were outside the acceptable range of their initial request.

Family satisfaction with the overall adoption varied. Four families who adopted infants were the most satisfied. Two families who felt that the wait was too long were somewhat satisfied. And, two families who had adopted children with serious problems were the least satisfied. These families were also more dissatisfied with TDHS, particularly with the lack of financial support provided by the agency.

CHAPTER VIII

SUMMARY AND IMPLICATIONS FOR PRACTICE AND RESEARCH

This was an exploratory-descriptive study which examined families who adopt special needs children in the State of Tennessee. The major objectives of the study were to: 1) describe the characteristics of parents who adopt special needs children; 2) determine the differences, if any, between outright adopters and foster parent adopters of special needs children; 3) explore with outright adopters the history of the decision to adopt special needs children; 4) explore the adoptive parent's perceptions of their preparation for adoption during the home study phase; and 5) determine whether parents adopted children with characteristics within the acceptable range of their initial request or whether they adopted children with characteristics outside the range of their initial request.

Summary of Sample and Data Collection

Participants in the study lived throughout the State of Tennessee, and their participation in the study was secured through the Tennessee Department of Human Service. One hundred and ninety families were eligible for inclusion in the study, including one hundred twenty-one outright adopters and sixty-nine foster parent adopters. Outright

adopters were those people with whom children were placed specifically for adoption and foster parent adopters were foster parents with whom children were placed for foster care. Ninety-one families completed and returned the self administered questionnaire, fifty-two outright adopters and thirty-nine foster parent adopters. Eleven of the twenty outright adopters who lived in a 100 mile radius of Nashville returned the mailed questionnaire. Eight of the eleven outright adopters agreed to an in-home interview.

Data for this study were collected by mailed questionnaire and a structured interview schedule. Both instruments were an adaptation by the researcher of several previously tested questionnaires that had been used to collect data from families who had adopted special needs children. The self-administered questionnaire was completed by outright adopters and foster parent adopters. The interview schedule was administered only to the outright adopters who had agreed to an in-home interview.

Review of Study Limitations

There were five limitations of this study.

1. This was an exploratory study.
2. The study was only conducted in Tennessee, and the findings may not be generalizable to other states, particularly out of the southeast.

3. The nature of the study sample was a self-selected sample and only those families whose adoptions had not been completed were eligible for participation in the study.
4. There was no way to know in what ways or the extent to which respondents were similar to or different from nonrespondents, because TDHS does not collect the kind of data that would have been useful in comparing respondents and nonrespondents. Thus the extent to which the actions, beliefs, attitudes, and opinions of the parents interviewed reflect those of the parents not interviewed remains unknown.
5. The researcher did not ask parents' views about adopting a child with behavior problems; therefore, he was unable to determine whether parents had wanted children with behavior problems.

Despite these limitations, this study provides much-needed demographic data about some of the families in Tennessee who adopt special needs children, which has not been available before. These demographic data can assist in the recruitment efforts for potential adoptive parents. Second, the findings of this study may be useful in pinpointing gaps in providing pre- and postadoption services to families who are seeking to adopt.

Summary of Findings

One in three of the adoptive families had biological children from the current marriage. One in five families had other adopted children from a current marriage or relationship. For three-fourths of these families, other children were adults living on their own. Three in four of the foster parent adopters also had foster children living in the home. The average number of children living in the home, including adopted children and foster children, was 2.7. Respondents identified the following motivations as the primary reasons for adopting: 1) the desire to parent a child not born to them naturally; 2) to contribute to another person; 3) the desire to love and be loved; and 4) the desire to have a more complete life.

Approximately seventeen of the thirty families who participated in an agency-sponsored parent group felt the preparation was adequate and thirteen felt the preparation was less adequate. Almost 90 percent of the families reported receiving information about the children whom they adopted; however, 48 percent of these families cited unmet preparation needs in regard to specific information about the children they adopted. These parents identified medical, psychological, biological and educational information as being either somewhat adequate (41%) or inadequate (7%). With regard to the adequacy of their preparation for adoption, including both group preparation

and information received, there were significant differences in the perceptions of preparation between those families who adopted children with behavior and learning problems and those who did not adopt such children. Of the thirty parents who participated in the group, families who adopted children with behavior and learning problems were more likely to feel the group preparation was less adequate in comparison with families who adopted children without these problems. With regard to information received, those who adopted children with behavior and learning problems were more likely to view the information received about the child or children adopted as less adequate in comparison with families who adopted children without these problems. Perceived adequacy of preparation for adoption and the receipt of information about the child or children adopted was not significantly related to the adoption of a child with physical/medical problems.

Sixty-two percent of the families received financial support for the children whom they adopted. TDHS also paid for medical, psychological, and education services that the adopted children needed for a little over one-half of the families. In addition, 74 percent of the families tended to rely on family for help and for most families this help was in the form of child care.

Outright adopters and foster parent adopters were similar in regard to race, income, marital status,

participation in religious activities, motivation to adopt and preparation for the adoption. As might be expected, in comparison to outright adopters, foster parents adopters tended to be older, be married longer, have biological children, and to have received money and services for support of the child or children adopted from TDHS.

Sixteen of the ninety-one families did not adopt the number of children that they had initially indicated they wanted at the time of application. Eight of the twenty-eight families who adopted children age ten years of age or older had wanted younger children. However, only one of the thirty-one families who had adopted children with learning problems had indicated that children with these problems were not acceptable to them. The data with regard to children with medical problems is incomplete. Twelve of these families did not respond to this question, and only one of the thirteen families who responded had wanted children who were free of these problems.

Implications for Practice

These findings suggest several areas for consideration about the recruitment of adoptive parents for special needs children and the placement of special needs children in adoptive homes.

First, adoptive families in this study were clearly middle class. A significant population of working class and

poor families may be overlooked in the recruiting efforts, particularly with regard to Black families and potential foster parent adopters.

Second, the department should consider placing younger and more problem free children with outright adopters and placing older children and children with more problematic characteristics with foster parent adopters.

Third, with regard to "stretching," and the various kinds of special needs children available, adoption workers should consider that families may be most willing to adopt more children than they hoped to adopt and children who are older than they had initially hoped to adopt.

Fourth, 43 percent of the families in this study were foster parents adopters and one-fifth of the families were single parent adopters, including two single men. It might be helpful if the Department would consider developing public awareness material to inform people that being a foster parent can help them decide whether they want to adopt a special needs child and that single men and women are eligible to adopt.

Fifth, overall adoptive families in this study indicated that the information received about the adopted child or children was adequate. However, more than two-fifths of the families reported the information was insufficient. Moreover, many of these families adopted children with behavior, learning and medical/physical

problems. It would obviously help to provide more detailed information to families, particularly when workers know that children have problems. The Department could review with adoptive parents the information about the child or children at the time of placement. Also, they should consider expanding the information given to adoptive families about the adoptive children to include information about the child's biological background, any medical/physical or psychological information, and a history of the child's educational background, if applicable. Further, the Department might find it helpful to let parents know the kinds of information they do not have.

Sixth, given that only a third of the families participated in the preparation groups, the Department should encourage more families to participate in the preadoption study group to better equip them for dealing with the unique problems that many special needs children bring into the adoption placement. In addition, the preadoption study group curriculum should be revised to include information on parenting older children, sibling groups, and children who have been victims of abuse and/or neglect.

Seventh, the Department should consider using specialists in the fields of education and medicine to discuss with parents issues pertaining to learning and

medical problems. Outright adopters and those wishing to become foster parents should be separated for more than one session and the curriculum for outright adopters should be expanded to include issues related, but not limited, to dealing with a problematic adoption, the procedures for qualifying for an adoption subsidy and payment for special services that the adoptive child may need.

Finally, the Department should consider a means for identifying problems that occur early in the adoption placement. Perhaps this could be done through expanding postadoption services to include post adoption group meetings as a means for adoptive parents to discuss their concerns about parenting as well as the adoption in general.

Implications For Further Research

The focus on adoption of special needs children is a relatively new phenomenon. Few studies have focused on families who adopt special needs children from a longitudinal perspective. There is a strong need for such studies. More importantly, there are many variables in special needs adoption that need further research. For example single people and foster parents are excellent sources for adoption, but little is known about how to recruit them for adoption. The term "special needs" is a "catch all" for all children needing adoptive homes who are

not white, healthy young children and infants. Older children, children of racial minorities, children with behavior, learning and physical/medical problems are all unique. Both they and the people who adopt them need much more individualized attention from a research point of view. For example, Black children are over represented with regard to the need for adoptive homes, and adoption agencies are in desperate need for information about how to recruit Black families for adoptive placement.

This research indicated in a limited way a relationship between "stretching" and the adoption of some special needs children. Sixteen of the families in this study did not adopt the number of children they had hoped to adopt. A little more than one-fourth of the families in this study "stretched" their initial preference to adopt an older child than they had initially considered. One family adopted a child who had medical/physical problems when they had indicated that such children were not acceptable to them; and one family adopted a child with learning problems when they had indicated that such children were not acceptable to them.

Little is known about "stretching" or about how families come to "stretch" their preferences in the adoption process. There is a strong need for more research in this area. Five areas for further research are suggested.

First, do parents come into the adoption process already "stretched" in some way. For instance, are parents who had hoped to adopt infants already "stretched" to adopt older children by simply knowing that infants are unavailable for adoption.

Second, what do the medical, psychological and behavioral terms describing the characteristics of various special needs children mean to parents at the time they are completing the behavior and handicap checklists. Families may have different levels of understanding about what these terms mean.

Third, in what ways do parents expectations change with regard to knowing that only special needs children are available for adoption and how do adoption workers address this issue in the home study. Fourth, how much pressure do families receive from adoption workers to "stretch" and how much pressure do families put on themselves to "stretch."

Fifth, is there a relationship between "stretching" and the disruption of older child adoptions. The literature suggests that older child adoptions have a high rate of disruption (Barth and Berry, 1988).

Finally, adoption agencies need to know whether pre- and postadoptive services are meaningful to adoptive families, and if so,what these services should consist of to all families, as well as to special groups of families, as for example, those who are first-time adoptive parents

or those who adopt children with moderate and severe problems. Many adoptive families in this study did not participate in the preadoption preparation groups and the Department provided few postadoption services. Knowing the meaningfulness of such services to adoptive families may aid in the development of programs to better serve the needs of people who are hoping to adopt and people who have already adopted special needs children.

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APPENDIXES

APPENDIX A

Dear Adoptive Parent(s)

This letter is to introduce Mr. Hollace Brooks, a doctoral candidate at the University of Tennessee College of Social Work, who has several years of experience, much of it in the field of child welfare services. Mr. Brooks is conducting a study to learn more about the experiences of people who have adopted special needs children.

Our department is cooperating in this study, and we believe the results will be of value in improving services to adoptive parents who adopt children with special needs. We are writing to ask if you would be willing to share your thoughts about the experiences you have had by completing the enclosed questionnaire. Also, we are asking families who live within a 100 mile radius of Nashville to consent to an in-person interview.

Your participation in this study is voluntary, and we will understand if you feel you cannot participate. If you agree to participate, please complete the enclosed questionnaire and return it to the Tennessee Department of Human Services in the enclosed envelope.

Mr. Brooks will conduct the interview. It will be confidential, and your name will not appear in any report. Mr. Brooks is not concerned with talking with your children, but only meeting with one or both adoptive parents.

If you wish to participate and for various reasons can not complete the questionnaire, Mr. Brooks will be glad to telephone you for the information. Rather than complete the questionnaire, write your name and telephone number on the card enclosed and place in the envelope to the Department of Human Services. Mr. Brooks will be in contact with you within a few days.

If you have any questions about this study, please call Joyce Harris at (615) 741-5935 or you may contact Mr. Brooks collect at (615) 367-0669 after 6 p.m.

Thank you for your contribution in this endeavor and for your contribution to the development of much needed research in the field of adoption.

Sincerely,

Ms. Joyce Harris MSSW
Director of Adoption Services

Mr. Hollace Brooks MSSW
Doctoral Candidate

APPENDIX B

Dear

This letter is to introduce Mr. Hollace Brooks, a doctoral candidate at the University of Tennessee College of Social Work, who has several years of experience, much of it in the field of child welfare services. Mr. Brooks is conducting a study to learn more about the experiences of people who have adopted special needs children.

Our department is cooperating in this study, and we believe the results will be of value in improving services to adoptive parents who adopt special needs children. We are writing to ask if you would be willing to share your thoughts about the experiences you have had by completing the enclosed questionnaire.

This questionnaire will be confidential, Mr. Brooks will not know your name and your name will not appear in any report. In addition to yourselves, more than 100 other adoptive families are being asked to participate in the study.

Your participation in this study is voluntary, and we will understand if you feel you cannot particpate. If you agree to participate, please complete the enclosed questionnaire and return it to the Tennessee Department of Human Services in the enclosed envelope. If we don't hear from you, someone from the Department of Human Services will be in contact with you regarding your decision.

If you have any questions about this study, please call Joyce Harris at (615) 741-5935, or you may call Mr. Brooks collect at (615) 367-0669.

Thank you for your contribution in this endeavor and for your contribution to the development of much needed research in the field of adoption.

Sincerely,

Joyce Harris

Ms. Joyce Harris MSSW
Director for Adoption Services

Mr. Hollace Brooks MSSW
Doctoral Candidate

APPENDIX C

ADOPTION STUDY QUESTIONNAIRE

INSTRUCTIONS TO ADOPTIVE PARENTS

You can help with this research by completing the attached questionnaire from item number one through number twenty-seven. If you are are a couple we would prefer, if possible, that you complete the questionnaire together. The questionnaire is short in length and requires about twenty (20) minutes of your time to complete. In responding to this questionnaire please think about your most recent adoption. Place a check mark or an X in the blank beside the answer that is most nearly correct for you or write in the answer when called for. Please feel free to write in any comments you wish to make.

A relatively small number of adoptive families were selected for the study, therefore your participation is important to this research and will be greatly appreciated. Please return the completed questionnaire by July 14, 1989.

I will sincerely appreciate your cooperation in this research effort.

Hollace Brooks

ID #_____

1. Please write in the first initial, age, sex, race and placement date of this child or children that you are adopting. (your most recent adoption)

First Initial	Age	Sex	Race	Date Placed for Adoption Month	year

2. Did this child or any of the children whom you are adopting have behavior problems at the time of adoption? (check one only)

___ (1) yes (If yes, go to 2a., 2b., 2c and 2d.)
___ (2) no (If no, go to 3. on next page)

2a. If yes, how severe were the behavior problems at the time of adpotion? (Check one only for each child who has behavior problems)

child one	child two	child three	child four
___(1)mild	___(1)mild	___(1)mild	___(1)mild
___(2)moderate	___(2)moderate	___(2)moderate	___(2)moderate
___(3)severe	___(3)severe	___(3)severe	___(3)severe
___(4)don't know	___(4)don't know	___(4)don't know	___(4)don't know

2b. Has this child or children whom you are adopting received individual counseling in relationship to the behavior problems, since placement for adoption? (check one only for each child who has behavior problems)

child one	child two	child three	child four
___(1)yes	___(1)yes	___(1)yes	___(1)yes
___(2)no	___(2)no	___(2)no	___(2)no

2c. Has the parent(s) or family received counseling in relationship to the behavior problems since placement for adoption? (check one) _____(1)yes _____(2)no

2d. In the space below please write a brief description of the behavior of each child for whom you checked "yes".

3. Did this child or any of the children whom you are adopting have learning problems at the time of adoption? (check one only)

___(1)yes (If yes, go to 3a., 3b. and 3c.)
___(2)no (If no, go to 4.)

3a. If yes, how severe were the learning problems at the time of adoption? (check one only for each child who has learning problems)

child one	child two	child three	child four
___(1) mild	___(1)mild	___(1)mild	___(1)mild
___(2)moderate	___(2)moderate	___(2)moderate	___(2)moderate
___(3)severe	___(3)severe	___(3)severe	___(3)severe
___(4)don't know	___(4)don't know	___(4)don't know	___(4)don't know

3b. Has this child or children whom you are adopting received special educational services for the learning problem since placement for adoption? (check one only for each child who has a learning problem)

child one	child two	child three	child four
___(1)yes	___(1)yes	___(1)yes	___(1)yes
___(2)no	___(2)no	___(2)no	___(2)no

3c. In the space below please write a brief description of the learning problem of each child for whom you checked "yes".

4. Did this child or any of the children whom you are adopting have a physical or medical handicap at time of adoption? (check one only)

___(1)yes (If yes, go 4a., 4b. and 4c.)
___(2)no (If no, go 5. on next page)

4a. If yes, how severe was the physical or medical handicap at the time of adoption? (check one only for each child who has a physical or medical handicap)

child one	child two	child three	child four
___(1)mild	___(1)mild	___(1)mild	___(1)mild
___(2)moderate	___(2)moderate	___(2)moderate	___(2)moderate
___(3)severe	___(3)severe	___(3)severe	___(3)severe
___(4)don't know	___(4)don't know	___(4)don't know	___(4)don't know

4b. Has this child or children whom you are adopting received medical help for the physical or medical problem since placement for adoption? (check one only for each child who has a physical or medical problem)

child one	child two	child three	child four
___(1)yes	___(1)yes	___(1)yes	___(1)yes
___(2)no	___(2)no	___(2)no	___(2)no

4c. In the space below please write a brief description of the physical or medical problem of each child for whom you checked "yes".

5. At the time of application, how many children were you hoping to adopt? (check one only)

___(1)one (go to 5a., 5b., and 5c.)
___(2)two (go to 5d. and 5e.)
___(3)three or more (go to 5d. and 5e.)
___(4)didn't matter (go to 6.)

5a. At the time of application, what age child were you hoping to adopt? (check as many as apply)

___(1) 0 - 2 years
___(2) 3 - 5 years
___(3) 6 - 12 years
___(4) 13 years and above
___(5) didn' matter

5b. At the time of application, were you hoping to adopt a male or female? (check one only)

___(1) female ___(2) male ___(3) didn't matter

5c. At the time of application, write in the race of the child whom you were hoping to adopt. _____

5d. (For parents who preferred a sibling group at the time of application only) Did the age and sex matter?

___(1)yes (If yes, go to 5d.)
___(2)no (If no, go to 6.)

5e. Please write in the age, sex, and race of the children whom you preferred at the time of application.

child one	child two	child three	child four
___(1)age	___(1)age	___(1)age	___(1)age
___(2)sex	___(2)sex	___(2)sex	___(2)sex
_____(3)race	_____(3)race	_____(3)race	_____(3)race

6. Below is a list of characteristics a child awaiting adoption might have. Please write in the blank in front of each characteristic one of the following three numbers indicating how acceptable each characteristic was to you when you were considering adoption:

(1)very acceptable
(2)acceptable
(3)not very acceptable

___ Child or children are ten years of age or older.
___ Child or children have physical problems or medically diagnosed problems.
___ Child or children have learning problems.
___ Child or children are of a different race from one or both of you.

___ A sibling group of three or more.

PART II MOTIVATION TO ADOPT

7. Please check as many of the following statements that applied to your interest in adopting this child or children at the time you adopted.

___(1) We desired to have a more nearly complete life.

___(2) We desired to accept parental responsibility for a child not born to us naturally.

___(3) We desired to contribute to the development of another human being.

___(4) We desired to love and to be loved.

___(5) We desired to enrich and be enriched by a child from another culture.

___(6) We desired no biological children or no additional biological children.

___(7) We desired to adopt this child whom we had grown to love through foster parenting.

___(8) We desired a child of a specific sex and adoption was the only assurance of obtaining the desired sex.

___(9) Additional biological children were medically impossible or difficult to have.

___(10) Being foster parents influenced us to adopt.

___(11) The idea for adoption was suggested by our social worker.

___(12) We were moved by publicity telling about the plight of homeless children.

___(13) The possibility of adopting a healthy, Caucasian child was remote.

___(14) We adopted because of our religious conviction about our responsibility toward our fellow human beings.

___(15) We adopted because we wanted a child compatible with the handicaps and special needs of our other children. (please explain, using space below)

___(16) Other (Please write in your answer)_____
_____

8. Now look at the statements you have checked in question #7. Pick out the three statements that were probably most important to your interest in adopting this child or children.

___Most important (write in the number of the statement)
___Second most important
___Third most important

PART III PREPARATION FOR ADOPTION

9. Did you participate in a group to prepare you for adoption?

___(1) yes (If yes, go to 9a. and 9b.)
___(2) no (If no, go to 10.)

9a. Please check one of the following about the preparation for adoption.

___(1) The group adequately prepared me for the adoption.
___(2) The group somewhat prepared me, but could have provided more information.
___(3) The group did not prepare me for the adoption.

9b. If the group did not adequately prepare you for the adoption, what other preparation was needed? (Please write in your answer)

_____
_____
_____

10. Did the agency provide you with information about the child or children whom you adopted?

___(1) yes (If yes, go to 10a. and 10b.)
___(2) no (If no, go to 11.)

10a. Please check one of the following about the information provided about the child or children whom you adopted.

___(1) The information was adequate.
___(2) The information was somewhat adequate, but more information was needed.
___(3) The information was inadequate.

10b. If more information was needed, or the information was inadequate, what other information would have been helpful? (Please write in your answer)

_____
_____
_____

PART IV FAMILY PROFILE

11. Please write in the age and race of adoptive parent or parents.

Adoptive Mother	Adoptive Father
Age___	Age ___
Race___	Race___

12. Present marital status: (check one only)

married ___ (If married, go to 12a., 12b., 12c, 12d and 12e.)
divorced___ (Go to 13.)
widowed ___ (Go to 13.)
separated___ (Go to 13.)
single and not previously married ___ (Go to 13.)

12a. How many years in this marriage? ____ (write in number)

12b. Do you have biological children from this marriage?
___(1) yes ___(2) no (If yes go to 12c. If no go to 12d.)

12c. Write in the first initial, sex and race of any biological children from this marriage and indicate with a check whether he/she is living with you or is out of the home.

First Initial	Sex	Age	Race	In home	Out home

12d. Do you have other adopted children from this marriage.
___(1)yes ___(2)no (If yes go to 12e. If no go to 13.)

12e. Write in the first initial, sex and race of any other adopted children from this marriage and indicate with a check whether he/she is living with you or is out of the home.

First Initial	Sex	Age	Race	In home	Out home

13. Has either adoptive mother or adoptive father been married before? (check one only)

___(1) yes (If yes, please go to 13a., and 13b)
___(2) no (If no, go to 14)

13a. Number of earlier marriages: (check one only)

Adoptive Mother	Adoptive Father
one ___	one ___
two ___	two ___
three ___	three ___

13b. For each earlier marriage, please write in either "divorce" or "death" to describe how each one ended.

Adoptive Mother	Adoptive Father
First_____	First_____
Second_____	Second_____
Third_____	Third_____

14. Do either adoptive father or adoptive mother have biological children from a prior marriage or relationship?

___(1)yes (If yes, go to 14a.)
___(2)no (If no, go to 15.)

14a. Please write in the first initial, age and sex of biological children from a prior marriage or relationship and indicate with a check if he/she is living in the home or out of the home.

First Initial	Age	Sex	In home	Out home

15. Do either adoptive father or adoptive mother have other adopted children?

___(1)yes (If yes, go to 15a.)
___(2)no (If no, go to 16.)

15a. If yes, please write in the first initial, age and sex of other adopted children and indicate with a check whether he/she is in the home or out of the home.

First Initial	Age	Sex	In home	Out home

16. Do you have foster children in the home?

___(1)yes (If yes, go to 16a.)
___(2)no (If no, go to 17)

16a. If yes, please write in the first initial, age and sex of each foster child in the home.

First Initial	Age	Sex

17. Do relatives or friends live in the home?

___(1)yes (If yes, go to 17a.)
___(2)no (If no, go to 18.)

17a. If yes, please write in the first initial, age, sex and relation (for example cousin, uncle, grandmother or friend to adoptive child).

First Initial	Age	Sex	Relation

18. Educational background: (check one only)

	Adoptive Mother	Adoptive Father
Less than high school	___	___
High school graduate	___	___
Some college	___	___
College graduate	___	___
Graduate school	___	___

19. Please write in the current occupation of adoptive mother and adoptive father. (If unemployed, looking for work, and/or housewife, also write in the blank.)

Adoptive Mother

_____

Adoptive Father

_____

20. Please write in the approximate family income per year? _____

21. Has the Department of Human Services provided you with money or paid for services for the child or children that you are currently adopting to help with this adoption?

___(1)yes (If yes, go to 21a. and 21b.)
___(2)no (If no, go to 22)

21a. For how long has the Department of Human Services provided money or pay for services for this adopted child or children? _____

21b. Please write in the services that the Department of Human Services pays for. _____
_____

22. Religion or church (If you check or write in a religion or church, go to 22a. and 22b. If no religion or church was checked, go to 23.)

	Adoptive Mother	Adoptive Father
Catholic	___	___
Jewish	___	___
Baptist	___	___
Church of Christ	___	___
Presbyterian	___	___
Episcopal	___	___
Jehovah's Witness	___	___
Seventh Day Adventist	___	___
Other (Specify_____)	_____	_____
No church or religion	___	___

22a. For adoptive mother are you (check one only)
___(1) active, attend services or meetings regularly
___(2) moderately active, attend services or meetings sometimes
___(3) not active, seldom attend services or meetings

22b. For adoptive father are you (check one only)
___(1) active, attend services or meetings regularly
___(2) moderately active, attend services or meetings sometimes
___(3) not active, seldom attend services or meetings

23. Are adoptive mother or adoptive father involved in the Parent Teachers Association, community club or social club?

Mother	Father
___(1)yes (If yes, go to 23a.)	___(1)yes (If yes go to 23b.)
___(2)no (If no, go to 24.)	___(2)no (If no, go to 24)

23a. For adoptive mother, are you (check one only)
___(1) active, attend meetings regularly
___(2) moderately active, attend meetings sometimes
___(3) not active, seldom attend meetings

23b. For adoptive father, are you (check one only)
___(1) active, attend meetings regularly
___(2) moderately active, attend meetings sometimes
___(3) not active, seldom attend meetings

24. What was your capability for natural parenthood at the time of adoption? (check all items that describe your situation)

Mother

___(1) fertile, capable of having children
___(2) infertile
___(3) infertility unclear, but failure to conceive
___(4) other (please specify) _____

Father

___(1) fertile, capable of having children
___(2) infertile
___(3) infertility unclear, but failure to conceive
___(4) other (please specify)

25. How often do people in your family -- sisters, brothers grandparents, aunts, in-laws and so on -- help you out? (check one only)

___(1) very often (Go to 25a. below and 25b. on next page)
___(2) fairly often (Go to 25a. below and 25b. on next page)
___(3) not too often (Go to 25a. below and 25b. on next page)
___(4) never (Go to 26. on next page)
___(5) never needed help (Go to 26 on next page)

25a. How much help are they to you? (check one only)
___(1) A great deal of help
___(2) A lot of help
___(3) Only a little help

25b. In what way are they most helpful to you?
(please write in your answer)

_____
_____
_____

26. How often do friends help you out?
(check one only)

___(1) very often (Go to 26a. and 26b.)
___(2) fairly often (Go to 26a. and 26b.)
___(3) not too often (Go to 26a. and 26b.)
___(4) never (Go to 27)
___(5) never needed help (Go to 27)

26a. How much help are friends to you?

___(1) A great deal of help
___(2) A lot of help
___(3) Only a little help

26b. In what way are they most helpful to you?
(please write in your answer and go to 27)

_____
_____
_____

27. Mr. Brooks would also like to talk with adoptive parents who live within a 100 mile radius of Nashville about how they came to make the decision to adopt special needs children and the preparation gained during the adoption process. If you live within a 100 mile radius of Nashville, would you agree to him contacting you for an interview?

( ) yes
( ) no

If yes, would you please give us a telephone number where you can be reached during the evening hours.
Telephone number _____

Thank you for your participation

Please place in the return envelope and return to the Tennessee Department of Human Services.

APPENDIX D

OUTRIGHT ADOPTERS INTERVIEW SCHEDULE

1. We'll start by asking you the first name, age, sex, and relationship to adoptive child of people who live in your home.

First Name	Age	Sex	Relationship to Adoptive child

2. Do you have any other children who are not currently living in your home? Yes____ No _____ 2a. If yes, could you give me their names, ages and sex.

First Name	Age	Sex

3. How did you learn about children with special needs who needed adoptive homes?

4. Thinking of the time prior to your adopting _____ can you tell me your reasons for considering adoption.

5. Thinking of the time prior to your adopting _____ did you have:

Age preference (Probe for reason)

Sex preference (Probe for reason)

Sibling Group (Probe for reason)

Race Preference (Probe for reason)

6. How did you come to adopt_____?

(Probe for what influenced the adoption - caseworker, media, reaction to the child, foster child, other.)

7. (If couple): How did you and your spouse reach this decision?

8. When you adopted _____, did he/she/they have special needs?

9. In what ways did you think your life would change when you adopted _____.

Probe: Have these changes (repeat parents last words) occured?

Probe: If not changed, do you still think it will happen?

10. Most families experience some change when they adopt a child. What adjustments did your immediate family make to accommodate _____?

Probe: Did you expect this when you adopted?

11. Have there been any changes you did not anticipate? (If yes, describe)

12. When you adopted _____, what did you expect to be able to do for him/her/them.

Probe: Is this happening?

Probe: If not happening, do you still expect it to happen?

13. Do you feel there have been benefits of having adopted?

(If yes, describe)
(If no, probe)

14. Everything has two sides. Have there been negative aspects of this adoption?

15. What special qualities do you think are required in parenting a special needs child?

16. What types of people , if any, do you think should not adopt a special needs child or children?

17. Have you adopted any other children besides _____?

Name	DOB	Sex	Date of Adoption	Special Needs Category	Foster Child

18. Would you consider adopting another child?

1 No

2 Maybe (Probe)

3 Yes

4 No answer

One of the reasons for doing this study is to obtain suggestions for ways in which adoptive agencies can improve their services to couples who are in the process of adopting.

19. Did the agency give you enough information about the child, or did you need more information? (Probe for what additional information was needed)

---

20. How accurate was the agency's information about the child?

_____Accurate
_____Partly accurate
_____not at all accurate

21. How sufficient was the agency's information about the child?

_____Sufficient
_____Partly sufficient
_____Not at all sufficient

22. Did you recieve preparation for the adoption by an experienced parent or parent group? _____yes _____no 25a. (If yes) Did the agency sponsor the parent group or did you seek a group on your own?___

24. Do you think your agency or social worker might have done something differently to make your experience as an adoptive parent more successful and satisfying?_____

---

25. Think about your entire experience with the agency, how satisfied were you with the way that they handled the adoption?

_____very satisfied
_____somewhat satisfied
_____equally satisfied and dissatisfied
_____somewhat dissatisfied
_____very dissatisfied

Comment:_____

I would like to learn more about the child or children whom you adopted. Could you please complete a handicapped checklist, and a behavioral checklist on each child whom you adopted.

BEHAVIOR CHECKLIST

Please indicate with an X or a check mark in the blank, if the child or children had any of the behavior problems below at the time you adopted them.

1. Sets fires _____
2. Bangs his/her head _____
3. Withdraws totally _____
4. Acts out sexually _____
5. Has unrully behavior _____
6. Has been sexually abused _____
7. Has destructive behavior _____
8. Has trouble behaving in school _____
9. Lies or steals _____
10. Wets the bed _____
11. Has been deprived _____
12. Has been physically abused _____

HANDICAP CHECKLIST

Please indicate with an X or a check mark in the blank, if the child or children whom you adopted had any of the handicaps below at the time of adoption. (If sibling adoption, please complete for each child)

1. Cerebral Palsey _____
2. Sickle Cell Anemia _____
3. Born of an Incesteous Relationship _____
4. Cystic Fibrosis _____
5. Spina Bifida _____
6. Heart Disease _____
7. Orthopedic Problems _____
8. Allergies, Asthma _____
9. Epilepsy _____
10. Deafness _____
11. Visual, Hearing Problems _____
12. Speech Problems _____
13. Diabetes _____
14. Blindness _____
15. A Heart Murmur _____
16. Significant Scarring _____
17. A learning disability or is a slow learner _____
18. Borderline Retarded _____
19. Moderately Retarded _____
20. Trainably Retarded _____
21. Severely Retarded _____
22. Biological Family Background of Mental Retardation _____
23. Biological Family Background of Mental Illness _____
24. Biological Family Background of Diabetes _____
25. Biological Family Background of Sickle Cell Anemia _____
26. Biological Family Background of Epilepsy _____
27. Biological Family Background of Drug Addiction _____
28. Biological Family Background of Tuberculosis _____
29. Biological Family Background of Alcohol Use _____

VITA

Hollace Leonard Brooks is the second son born to Mr. and Mrs. George Brooks on September 27, 1948. His primary and secondary educational experiences were in Nashville, Tennessee. He graduated from Pearl High School June 6, 1966.

In September 1966, he enrolled in Tennessee State University where he majored in Social Welfare. He graduated with the Bachelor of Science in Social Welfare August 23, 1970. One year later, he was accepted into the University of Tennessee School of Social Work at Nashville, where he graduated with the Master of Science in Social Work June 9, 1973. In September of 1983, he enrolled in the doctoral program in Social Work at the University of Tennessee, Knoxville, and completed all requirements for the Doctor of Philosophy in Social Work May 1991.

He has had numerous practice experiences in mental health and medical social work. At the time of this writing, he has been an Assistant Professor with the faculty of the Department of Social Work and Sociology at Tennessee State University for the past eleven years.