



Utah's Post Adoption Support Three-Year Plan: Evaluation of Year Two

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Executive Summary

The objective of this report is to summarize Utah's progress to date at the end of the second year of a comprehensive three-year plan to improve post adoption services for children placed and supported by the Division of Child and Family Services (DCFS). A utilization-focused Evaluation of Post Adoption Support in Utah—funded by the U.S. Children's Bureau and conducted independently by the University of Utah Social Research Institute—provides a voice for adoptive parents and service professionals in the post adoption system, and provides direction for policy and programming developments in the three-year plan.

In developing the Three-Year Post Adoption Plan, DCFS and its partnering agencies collaboratively established seven specific goals with a total of twenty-six concrete objectives for year two. At the end of the year, all of the objectives have been accomplished or are nearing completion.

The Evaluation of Post Adoption Support in Utah gathered data on parents' and professionals' perceptions of the various systems that serve adoptive families. Mailed surveys were received from 531 parents and questions were added to glean important insight into families' experience with mental health services, the education system, and crisis intervention.

Another twelve focus groups made it clear that Utah's communities have varied capacities and abilities to support adoptive families, and that increasing sensitivity to adopted children with special needs is needed in mental health settings, schools, crisis intervention, respite care, and other services. The majority of the qualitative interviews completed this year were with parents whose adopted children no longer live in their homes as the adoptions have disrupted or dissolved. These parents shared their heartache over unmet expectations, grief, and a lack of support during the crises they faced. The following recommendations are based on findings of Year Two of the evaluation.

- Clearly identify the post-adoption support contact in each DCFS region of the state and provide dedicated time for these workers to respond to adoptive families in crisis.
- Further the development of parent-to-parent support networks. Make these networking opportunities flexible and accommodating for parents who are unable to participate in on-site parent groups (i.e. facilitate mentoring, phone contact, on-line chats, etc.).
- Continue to support the mental health system's efforts to increase its adoption competency.
- Support the education system's understanding of and responsiveness to the needs of special needs adoptive children and their families.
- Address the critical need for both scheduled and crisis respite care throughout the state.

- Increase opportunities for collaboration among multidisciplinary service providers who serve adoptive families.
- Empower local regions to address their unique needs for post adoption service development and improvement.
- Increase adoptive families' awareness of and access to services that have recently been developed.

Recommendations derived from added information this year:

- Take advantage of the new quarterly newsletter to distribute information about the availability of post adoption services and how to access them. Maintain the newsletter's focus on post adoption.
- Create and provide a *quick reference* list of services for parents and distribute either in magnet form or a cut-out form included in the newsletter.
- Educate community partners about post adoption services. Many families in crisis do not approach DCFS initially and schools, police, private mental health providers, etc. are their first point of contact. These agencies need to be informed of available services in order to make appropriate referrals into the post adoption system.
- The number of children adopted out of foster care in Utah who now reside in other states is growing. Many of these families face increased barriers to service access and are not well informed about services in their areas. This is true for children adopted from other states into Utah, as well. Communication and coordination among states needs to be improved and families should not face discriminating barriers based on state.

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To the hundreds of special needs adoptive families who have shared their joys and heartaches on paper and into the tape recorder—thank you for allowing me to illuminate your collective voice. To the many multidisciplinary service professionals who came to the post adoption table in your own communities not always knowing why you were invited or knowing what you could provide for adoptive families, kudos for your past, present, and future contributions to the well-being of Utah’s special needs children.

“Actually he called me and let me know that what was happening was ‘normal’ for post adoption. He talked for almost an hour...and sent me information about developmental stages of adoptive children and put me in touch with the lending library on the Internet which I have found very helpful!”

---Adoptive parent survey response

Overview of Year Two Goals and Accomplishments

A three-year action oriented post adoption support plan was put in place in Utah on August 27, 2001. A copy of this plan was distributed to adoptive parents, legislators, and other community partners. The Three Year Plan included statements of mission, purpose, and guiding principles; identified needs and priorities for post-adoption assistance; established three year priorities for specific service areas; and delineated seven goals, with specific time targeted objectives, for Year One. Year One’s goals and objectives, along with results from the first year of this Evaluation, were reported in *Utah’s Post Adoption Support Three-Year Plan: Evaluation of Year One* (available on-line at <http://www.socwk.utah.edu/pdf/postadoption.pdf>). The following section provides a brief narrative report on progress toward on the goals established by the State of Utah for Year Two.

Goal 1. Continue to facilitate the coordination of local post adoption resources available to adoptive parents in each area of the state and inform adoptive parents of the availability of those resources.

Representatives from the Adoption Exchange, the University of Utah Social Research Institute, and DCFS state administration visited each region of the state this year to follow-up on the development of local post adoption resources, and to present information on statewide resources and how to access them. These meetings were scheduled and coordinated by local DCFS Post Adoption Workers who invited DCFS staff, community partners, and adoptive parents to join in discussions of resource development. The results of these gatherings are reported under “Focus Groups” beginning on page 16 of this report.

Goal 2. Provide regular, ongoing information to adoptive families about the post adoption resources available to them in each area of the state.

The Utah Adoption Exchange contracted with DCFS to prepare and distribute four newsletters during this year to all adoptive families receiving adoption assistance from DCFS. These newsletters contained information about post adoption services and statewide staff, as well as supportive and informative articles on issues important for special needs adoptive families.

Goal 3. Establish a statewide DCFS protocol for providing disclosure to adopting parents of a child’s available medical, educational, mental health and behavioral history prior to placement.

A DCFS Charter was written to establish a work group tasked with addressing parents’ requests for more and better information about their adopted children’s history prior to placement. This group worked on revising birth parent non-identifying information forms and coordinating with nurses who work with birth families immediately when the child is

placed in foster care to have them gather this critical information. This document and protocol will not only help adoptive parents and their children, but will be available to assist foster parents and reunified families in meeting the medical, educational, mental health, and behavioral needs of their children.

Goal 4. Develop a model for in-home respite care for adoptive families.

DCFS contracted with Family Support Centers and Youth Services Programs in the Wasatch Front (Salt Lake City, Ogden, Provo metro areas) to pilot an in-home respite program for families receiving adoption assistance from DCFS. Staff for the programs was trained by a DCFS adoption consultant in the unique needs and dynamics of children adopted out of foster care. Several of these staff members are young adults who grew up with parents who were foster care providers and the experience and understanding they gained while growing up with foster siblings proved to be a great asset. This program is up and running, but is underutilized to date.

Goal 5. Provide adoption competency training to mental health, DCFS, and other allied agency staff through local selected DCFS and mental health trainers.

The Adoption Exchange Missouri's *Adopt Care Network Training Curriculum* was selected as a framework for training mental health and other service providers, and adapted to meet the needs of Utah's families and service systems. During this year, multi agency professionals were "trained as trainers" by representatives from Missouri's program. A training manual and PowerPoint presentation of Utah's adaptation of *Adopt Care* were developed and provided to potential trainers statewide. These trainers are beginning the process of organizing trainings for providers in their areas.

Goal 6. Develop more support for the adoptive parent support groups in each area of the state.

DCFS and the Utah Foster Care Foundation (UFCF) have pursued funding through Casey Family Services to provide additional support for foster/adoptive cluster groups. DCFS, UFCF, and the Utah Foster and Adoptive Parent Association have worked in coordination with local cluster leaders to assess need and develop adoption sensitive family support networks. Information about cluster groups has been included in the post adoption newsletter and on the website. Post adoption information continues to be available to adoptive families through the Adoption Exchange on-line lending library, the information and referral phone line, and the post adoption website.

Goal 7. Continue the University of Utah, College of Social Work, Social Research Institute *Evaluation of Post Adoption Services*.

Researchers from the University of Utah Social Research Institute completed a second round of statewide focus groups, another mailed survey of all adoptive parents receiving adoption assistance from DCFS, and additional qualitative interviews of adoptive parents. Findings and recommendations of this evaluation are the focus of this report and will also be reported at the next post-adoption summit in April 2004.

Evaluation of Post Adoption Support in Utah: Adoption Opportunities Grant 2001-2004

Research Questions

This evaluation is designed to provide evidence-based information with regard to special needs adoptive children and their families and to facilitate an increased understanding of these issues for program designers, policy makers, and child welfare practitioners in Utah and elsewhere. Specifically, the purpose of this research project is to answer the following research questions:

1. What are baseline rates of special needs adoption disruption and dissolution and how are these rates influenced by improvements in post adoption services?
2. How do parents and other key stakeholders perceive the post adoption support changes implemented as part of the Three-Year-Plan and what are their suggestions for continued improvement of services?
3. How do families' perceive post adoption mental health, education, respite, and crisis intervention support services and what are their suggestions for the improvement of these systems?
4. What are the dynamics of special needs adoption disruption and dissolution and how do families experience these losses?

This exploratory study utilizes mailed surveys, focus groups, and in-depth interviews to gather data from adoptive parents and other key stakeholders in Utah's special needs adoption community. Data from Utah's SAFE Database is also used in an attempt to track disruption and dissolution rates.

Surveys sent to parents focus on their perceptions of changes in post adoption supports as implemented under the Three Year Post Adoption Support Plan, as well as solicit their suggestions for continued system improvements. **Focus groups** provide a forum for adoptive parents, adoption professionals, and other collateral service providers to collectively discuss the issues involved in making the necessary support improvements, and to offer direction and input into the post adoption services system. **In-depth interviews** with a select number of adoptive parents gather rich qualitative data on families' experiences of accessing post adoption support from the health, mental health, developmental services, and educational systems in Utah. Additionally, another set of in-depth interviews, in process with adoptive parents who have experienced the disruption or dissolution of their placements, will provide insight into the most difficult challenges facing special needs adoptive families.

Mailed Surveys

Data Collection

All adoptive parents who receive post adoption support subsidies from DCFS were mailed a research packet in April 2003. This packet included: (a) A cover letter from Richard Anderson, the director of DCFS, inviting parents to participate; (b) A letter from Dr. Susan Egbert, of the University of Utah Social Research Institute, addressing the purpose, procedures, risks, and benefits of the study and explaining issues of confidentiality and consent; and (c) A *Post Adoption Support Survey 2*. The *Post Adoption Support Survey 2* solicited the same information as the original post adoption support survey sent in January 2002, with the following modifications:

- The question regarding the status of the adoption was removed, since the survey population included only parents whose adoptions are still legal, but children may have spent time out of the adoptive home in residential treatment, temporary custody of the state, etc. to address emotional and behavior issues.

- The wording on the item asking parents to rate their perceptions of their ability to attach to their child, and their child's ability to attach to them, was changed from "attach" to "adapt". *Attach* was perceived by the survey design team to be a very "loaded" and subjective term, and *adapt* addressed the research questions more appropriately.
- Three questions were added about parents' perceptions and experience with mental health treatment as a post adoption service. Parents rated the quality of mental health services on a scale from 1 to 7, qualitatively described their experience with this service, and gave their suggestions for improvement of the system.
- A set of questions about post adoption crisis was added to gather data on where families turn and what response they receive when their needs become critical.
- Utah's Adoption Connection Newsletter, a post adoption service introduced in the last year, was added to the post adoption services table.

The original survey was developed to measure parents' perceptions, satisfaction, and suggestions regarding system changes and improvements based on the goals and objectives of the three-year plan. The survey instrument was written by Dr. Egbert with collaborative input from the same committee who finalized the goals and objectives of the three-year plan.

The quantitative and short answer qualitative data obtained in the mailed surveys allowed numerous parents' input into the post adoption support system with the goal of providing a continual quality improvement function to anchor the evaluation and provide solid data for ongoing service development.

Following approval of the survey modifications from human subjects review boards at the University of Utah and the Utah Department of Human Services, the research team assembled and sealed the packets and returned them to the agency. DCFS then addressed the envelopes to the adoptive parents and mailed them. Participants who chose to complete the surveys, which contained no identifying information, returned them by mail directly to the University of Utah Social Research Institute in the enclosed postage paid envelope.

Informed Consent. This non-intrusive method of mailed surveying allowed the participants to read about the study and self select if they wanted to respond, with no pressure from the researcher or the agency. Consent was implied by the participant's efforts to complete and return the survey. Contact information for participants who have concerns about the research was included on the cover letter along with the researcher's phone number.

Confidentiality. The mailed survey portion of this study was designed to allow adoptive parents and their responses to remain completely anonymous. Although DCFS provided the addressing and mailing of the survey, their staff never knew who responded to the surveys and all findings are reported in aggregate form.

The strengths of this sampling plan include the maintenance of both the confidentiality and anonymity of adoptive parents and the efficiency of contacting a large group of parents. The weaknesses of self-selection are the risk of a lack of representation of all parents' attitudes and ideas, and the potential for bias toward parents who feel comfortable reading and writing and who feel strongly enough to return the survey. Self-administration of the survey

instrument is another limitation and may result in inaccurate data if the survey is misunderstood or filled out incorrectly.

Data Analysis

The Statistical Package for the Social Sciences (SPSS) computer program was used for the management and analysis of quantitative data. Written qualitative data gathered from the survey using open-ended questions allowed parents to comment personally on each post adoption support service and its related issues. Qualitative data analysis followed a process of organizing the data; and generating categories, themes, and patterns utilizing open, axial, and selective coding.

Results

Out of 1,362 survey packets sent to adoptive parents in April 2003, 531 parents returned completed surveys resulting in a 39% response rate. No second mailing was attempted.

Demographics

Demographic data were collected on the adoptive parents who completed the survey, and on the child they reported on. Descriptive statistics on these data are presented in the following table.

<u>Demographic Variable</u>	<u>Survey Results</u>	
Child's current age	Range: .2 to 20 years	Mean: 9.5
Child's age at time of adoptive placement	Range: 0 to 13.9 years	Mean: 4.4
Child's age at adoption finalization	Range: 0 to 19 years	Mean: 5.6 years
Total time since placement	Range: .2 to 17.25 year	Mean: 5.3 years
Time since finalization	Range: 0.1 to 15.7 years	Mean: 4.21 years
Number of child's previous foster placements	Range: 0 to 20	Mean 1.7
Number of child's previous adoptive placements	Range: 0 to 5	Mean: 0.24
Sibling group status	Sibling group: 44.8%	Single child adoption: 55.2%
Child's race	White: 66.3%	Biracial or Multiracial: 5.2%
	Latino: 18.4%	African American: 4.8%
	Native American: 3.3%	Asian American: 1.5%
	Pacific Islander: 0.6%	
Child's gender	Female: 48.4%	Male: 51.6%
Parent's age	Range: 23-76 years	Mean: 42.1
Parent's race	White: 94.1%	Latino: 2.7%
	African American: 1.1%	
	Asian, Native American, Pacific Islander: Each less than 1%	
Parent's gender	Female: 92.6%	Male: 7.4%
Parent's marital status	Married: 89.1%	Single: 5.7%
	Widowed: 1.2%	Divorced or separated: 4.0%

Results in the next table reflect parents' reports on their children's histories of abuse and neglect.

<u>Form of Maltreatment</u>	<u>Yes</u>	<u>No</u>	<u>Unknown but Probable</u>
Physical Abuse	51.3%	26.2%	22.5%
Physical Neglect	81.9%	12.6%	5.5%
Sexual Abuse	26.6%	45.9%	27.4%

Emotional Abuse	64.2%	18.3%	17.5%
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With regard to the current status of the adoptive placement, 87.4% of the children remained in their adoptive homes while 12.6% were in out of home placements when the surveys were completed.

Quantitative Data

Parents were asked to rate their perception about five general issues on seven-point rating scales, and identify whether or not they had Internet access. These results appear in the following table.

<u>Overall Issues</u>	<u>Parent Ratings</u>
Parent's level of ease or difficulty adapting to adoption of child	Range: 1 to 7 (1=difficult; 7=easy); Mean: 4.47
Child's level of ease or difficulty adapting to adoption	Range: 1 to 7 (1=difficult; 7=easy); Mean: 4.76
Level of post adoption support available	Range: 1 to 7 (1=no support; 7=great support); Mean: 4.64
Overall satisfaction with the availability and accessibility of support	Range: 1 to 7 (1=not satisfied; 7=very satisfied) Mean: 4.6
How likely to use Internet to access services	Range: 1 to 7 (1=not likely; 7=very likely) Mean: 4.34
Easy access to Internet	Yes: 89.3% No: 10.7%

The mailed survey also requested that parents respond specifically with regard to the services targeted for development in the Three-Year Plan. The table on the next page appears just as it did in the survey instrument, with the addition of parents' responses being summarized.

Qualitative Data

Parents were invited to share their perceptions in response to open-ended questions about their experience of mental health treatment as a post adoption service, the education system that serves their children, and post adoption crisis. Parents were also asked for their suggestions on improving the post adoption services developed as part of the three year plan. Qualitative data has been summarized and will be reported by individual question. Responses of "N/A", "none", or "no experience" are not reported.

Summary of Survey 2 Multi-Service Table Responses (N =529)

Typically only those who used the service indicated how many times they had used it and rated its quality

<u>Service</u>	<u>Are you aware of this service?</u> <i>In %</i>	<u>Do you know how to access this service?</u> <i>In %</i>	<u>Please rate the ease of accessing this service. 1=very difficult 7=very easy</u> <i>R=Range M=Mean</i>	<u>Have you used this service?</u> <i>In %</i>	<u>How many times have you used this service?</u> <i>R=Range M=Mean</i>	<u>Rate the quality of this service.</u> <i>1=poor quality 7=high quality R=Range M=Mean</i>	<u>How could this service be improved?</u> <i>(Comments, continue on back of page if needed)</i>
Post adoption resource guide	Yes: 51.1 No: 48.9	Yes: 33.5 No: 66.5	1 2 3 4 5 6 7 R: 1-7 M: 4.37	Yes: 12.8 No: 87.2	R: 0-25 M: .8	1 2 3 4 5 6 7 R: 1-7 M: 4.7	[<i>All qualitative comments reported in text.</i>]
DCFS post adoption worker	Yes: 74.8 No: 25.2	Yes: 70.3 No: 29.7	1 2 3 4 5 6 7 R: 1-7 M: 4.99	Yes: 47.3 No: 52.3	R: 0-50 M: 2.72	1 2 3 4 5 6 7 R: 1-7 M: 5.10	
Telephone resource line	Yes: 23.2 No: 76.8	Yes: 24.4 No: 75.6	1 2 3 4 5 6 7 R: 1-7 M: 4.29	Yes: 5.6 No: 94.4	R: 0-25 M: 0.66	1 2 3 4 5 6 7 R: 1-7 M: 3.50	
Post adoption resource connection website	Yes: 25.5 No: 74.5	Yes: 24.2 No: 75.8	1 2 3 4 5 6 7 R: 1-7 M: 4.4	Yes: 10.7 No: 89.3	R: 0-8 M: 0.58	1 2 3 4 5 6 7 R: 1-7 M: 4.51	
Lending Library	Yes: 32 No: 68	Yes: 25.2 No: 74.8	1 2 3 4 5 6 7 R: 1-7 M: 4.35	Yes: 9 No: 91	R: 0-10 M: .67	1 2 3 4 5 6 7 R: 1-7 M: 5.08	
Local ongoing training	Yes: 61.6 No: 38.4	Yes: 56.7 No: 43.3	1 2 3 4 5 6 7 R: 1-7 M: 5.13	Yes: 32.6 No: 67.4	R: 0-17 M: 2.30	1 2 3 4 5 6 7 R: 1-7 M: 5.56	
Foster/adoptive parent cluster groups	Yes: 72.3 No: 27.7	Yes: 56.4 No: 43.6	1 2 3 4 5 6 7 R: 1-7 M: 4.76	Yes: 20.9 No: 79.1	R: 0-12 M: 1.41	1 2 3 4 5 6 7 R: 1-7 M: 4.61	
Other local adoptive parent groups	Yes: 24 No: 76	Yes: 21 No: 79	1 2 3 4 5 6 7 R: 1-7 M: 4.06	Yes: 7.4 No: 92.6	R: 0-90 M: 1.61	1 2 3 4 5 6 7 R: 1-7 M: 4.44	
Respite care	Yes: 57 No: 43	Yes: 44.4 No: 55.6	1 2 3 4 5 6 7 R: 1-7 M: 4.10	Yes: 15.5 No: 84.5	R: 0-20 M: 1.22	1 2 3 4 5 6 7 R: 1-7 M: 4.49	
Utah's Adoption Connection Newsletter	Yes: 69.5 No: 30.5	Yes: 59.9 No: 40.1	1 2 3 4 5 6 7 R: 1-7 M: 5.70	Yes: 45 No: 55	R: 0-10 M: 1.0	1 2 3 4 5 6 7 R: 1-7 M: 5.56	

Experience with Mental Health Treatment. Parents were asked to rate their satisfaction with mental health services on a quantitative scale from 1 to 7. Responses ranged from 1 to 7 with a mean of 4.24. Parents were then asked to write about their experience. Some parents described mental health treatment provided to their adopted children in a positive light: “*excellent*”, “*very necessary*”, and “*they did their best, they were always there for us*”.

Other positive comments include:

“Our daughter meets weekly with a therapist. We have seen improvement and that’s encouraging.”

“We still go weekly to therapy. They have allowed us to continue this service after adoption. They are my greatest resource. There are still attachment issues we are dealing with.”

“We have worked with two wonderful therapists who have helped both of us through many events we’ve needed to work through.”

“Excellent access and quality.”

“The post adoption mental health treatment is the only thing that has kept this adoption from failing.”

Other parents, however, shared negative experiences—especially with the public mental health system. The following responses illuminate themes of difficulty accessing services, feeling blamed by service providers, and not finding the available services to be effective.

“It’s virtually non-existent for my child because of our location. No qualified people close by.”

“It’s extremely difficult to find a really good Medicaid therapist for REALLY troubled teens in our county.”

“Very difficult to get/find the right kind of services and stay within our insurance coverage. Our only choice for residential treatment for our son is the state hospital.”

“Very difficult to get in. They are all booked.”

“We are a small community, not many resources. Our mental health experience was poor. I will not use the service.”

“After years (at least three years) of bi-weekly to bi-monthly therapy sessions all we got was a lot of heartache—a little help but no diagnosis of the root disorder. We had little or no support. In fact, maybe the opposite, with the fault being laid or implied at our feet.”

“Because we have used the state agencies—they mostly deal with the parents that have lost their children—they tend to stereotype me into the same, not realizing that I am the adoptive parent, not the one who lost their children to state custody.”

“There are plenty of mental health services available—but not very qualified people.”

“We were told he didn’t need treatment any more but all the behavior continued. He told lies and made up stories to tell therapists. They believed what he was telling them and didn’t even talk to us about what was going on.”

“We only tried once and the therapist did not impress us. After several (4 or 5) meetings with our son, the therapist still could not remember the reason my son was seeing him.”

“As parents we were told how to treat and help him. As a mother I felt I was told his behavior was all my fault.”

Other parents expressed mixed reviews of their experiences.

*“Tried once—never again! It was a terrible experience. What started out as seeking help for our son turned in to being told that I needed mental help. We sought assistance elsewhere and received a 28 page document explaining our son’s disability, weaknesses and strengths, and ways for his teachers to help him understand what they were trying to teach him. There was no comparison in the assistance we received from Dr. * and what we received from [public] mental health.”*

“The first experience was absolutely horrible. The mental health treatment we are receiving now is fantastic.”

“They are not trained in adoptive issues, even on the hospital level. Mental health is better privately.”

Ideas for Improvement of Mental Health Treatment. Parents shared ideas for improvement of mental health treatment as a post adoption service. More choice in service provider selection was suggested by many parents:

“Allow families to have financial assistance if they choose other mental health providers than the Medicaid card allows. Luckily our insurance started supporting mental health so we could get the qualified help we needed.”

“Keep options other than county Medicaid.”

“Get rid of county mental health! Let the families decide where the best place is to take our children and support us on it, don’t fight us every step of the way. We have enough to worry (fight) about dealing with these troubled children. Don’t drain us more by making us fight on another front trying to get them the help they/we need. That leaves us with nothing left to help our children and ourselves.”

“Allow parents choice of provider. Choice of options.”

Parents also requested better trained and less overloaded service providers:

“Train workers!”

“Mental health here is not well trained in adoption issues or treating children with disabilities beyond ADHD or mild learning disabilities.”

“Therapists’ loads need to be reduced or spread out amongst more therapists so they can give children the care they need as individuals.”

“These children have been through the worst—they deserve the best psychologists/psychiatrists with proven reputations.”

“Better trained therapists and a willingness to refer for more help if needed.”

“[Providers] familiar with post adoption problems instead of ‘whoever’.”

Other parents gave specific ideas for what they would like from treatment, most reflecting the idea that treatment limited solely to individual office based therapy for their children is not the ideal:

“I would like more immediate help. I would like to be able to borrow books to read from Mental Health or the psychologist. I would like concrete ideas to try with charts to keep track of things. I would to try my ideas out (role play) with someone observing who could coach me through things, etc. What I don’t want is to go there every week, tell them things I’m struggling with, have them be empathetic and understanding and send me home with nothing.”

"Lots of counseling for parents and family. Lots of trouble shooting."

"Should have appointments with all family members that are able to come."

"Group sessions would be helpful so children don't feel like they are alone."

"Please make in-home therapy available. With five adopted siblings, therapy in a clinical setting is impractical, inconvenient, and ineffective."

"Talk to the adoptive or foster parent."

Parents also perceived a lack of awareness of services and how to access them:

"I need to know what's available by where I live."

"It would not only be nice to be able to have a list of individuals, but also their specialty! Age group they work with."

"We need information on how to access services."

"Supply a list of names and numbers at the time of adoption."

"Traveling therapist. Even once a month for remote areas would be great."

Finally, parents suggested an increase in professionalism and consideration on the part of mental health treatment providers:

"It would be nice not to feel like we are just another number."

"Adoptive parents should feel safe seeking assistance at mental health. They should not be put on the defensive."

"I am sure that after dealing only with problem parents it is hard not to feel that every parent is the problem. But this isn't always true."

"If being paid for a 50-minute hour, counselors should spend that time. Most see you for 20 minutes."

"Maybe someone could return a phone call or an email."

"Listen and hear the parents. We are the 24/7 therapists."

"I felt [mental health treatment] was mandated for most people who attended that facility. We were there on our own terms seeking assistance. I didn't like the attitude of us being there as a requirement. We will seek private assistance now."

Experience with the education system. Quantitatively, parents rated their satisfaction with the education system that serves their children on a scale from 1 to 7 with a range from 1 to 7 and a mean of 5.02. Many felt supported and well served by their schools:

"The schools have been great. Teachers were willing to work with the children and mentors when the children were first placed."

"The school teachers have been supportive and worked diligently with the kids."

"The principal has been very helpful in picking good teachers for my son. He's been aware of problems and works with me trying to solve those problems. He's had great teachers who are patient and go more than the extra mile for him."

"My children are very fortunate to go to an excellent school where the staff is committed to helping where needed."

"The school teachers have been supportive and worked diligently with the kids."

"Teachers are dedicated. She is doing well."

"They have been in the best help in my child's adjustment."

"The teachers all know my child and give him many opportunities to learn, grow, and be confident in himself. They are great."

Many view the school system as "trying", but ineffective:

"They really try but she needs more help than they can give."

"Our community is starting to make some changes for the better. Being a small town, education is a little behind."

"Children with problems have a harder time in our schools."

"His core teacher is wonderful, but the rest of the education is way too slow to help with his needs!"

"Parent teacher meetings went o.k. But they really didn't understand my child's problems and needs."

"We have had 1-2 teachers who were somewhat insensitive and/or uneducated about issues which adopted and foster children deal with. However, the system as a whole has been good. The school has provided extra structure when needed, as well as special groups or classes for children with emotional or behavioral issues to deal with."

Others expressed only frustration with their experience:

"They are not trained to handle my child's needs as they or I would like."

"My son has ADHD, Bi-polar Disorder, severe learning disabilities, and Tourette's Syndrome. There is no where for him."

"I don't like the system with the labeling."

"When our boys became psychotic they told us we would have to choose which child they would help but they couldn't help both."

"Having a hard time getting my child resources because tests say she doesn't qualify. She's very behind!"

Suggestions for improvement of the education system.

The most prevalent suggestion for improvement of the education system was to listen to and cooperate with parents:

"When they can see problems—work with parents to address them—don't fight us."

"Listen to the parents, they do know what they are talking about."

"Trust the parent and don't wait so long to agree on intervention."

Many parents suggested additional training for school personnel to increase their awareness of and sensitivity to the meaning of adoption issues for a child's school experience:

"Schools need to be more understanding that we don't know what happened before five years old. Lots of previous baggage."

"Specific training on adoption related issues."

“Maybe have teachers learn to deal with students so they don’t fight with them or put them down. I know it’s hard to learn new ways but these kids have so little self esteem as it is”

“Teachers being more sensitive to adapt assignments for children who didn’t join their family at birth, but later.”

“More training in college for ALL teachers on teaching special needs children.”

Other parents gave specific ideas to improve assistance for special needs adopted children.

“More one on one education and smaller group education because of his brain injury.”

“Need help during placement before and after adoption is finalized.”

“Listen to the parents’ concerns. Budget for kids with more learning disabilities and create programs for those kids whose IQs fall below average yet too high to qualify for services. They fall through the cracks and become behavior problems out of frustration. They can’t manage mainstream, but don’t qualify for help or support and then become frustrated and quit.”

“They need to get help for these kids a lot sooner than they do.”

“Our child did well when he was being monitored at all times. As soon as the monitoring stopped, the child began to fail.”

“I would like to see a behavior unit reestablished. Special Ed kids who WANT to learn should be given that chance without the disruption of unruly children.”

“Special needs should include emotional needs for troubled teens at Junior High.”

“It would be nice if the school system treated foster children as if they weren’t leaving soon.”

A few parents suggest that alternatives to public education better meet the needs of their adopted children:

“I’m considering home school. I need help!”

“I would recommend home schooling for any family who adopts—if it is wonderful and healing for all of us.”

“More child specific—at child’s pace—like home school.”

Experience of post adoption crisis.

Parents were asked for the first time this year, “Since finalization, have you experienced what you would consider a *post adoption crisis*?”, “Who did you contact for support during this crisis?”, and “Did you receive the responsiveness and support you needed?” They were also asked to qualitatively describe their experience of the support available during the crisis. Thirty-seven percent of parents reported having a post adoption crisis, leaving 63% without a crisis experience. Of those who had experienced a crisis, 68.6% indicated that they had received the response they needed, while 31.4% did not.

Parents reported contacting the following sources for help (some parents listed more than one).

Source of Support Contacted during Post Adoption Crisis	# of Parents
Utah DCFS (Past caseworker, post adoption worker, liaison, subsidy worker)	69
Mental health services (Psychiatrist, mental health center, past or present therapist or counselor, crisis center, residential treatment, hospital)	60
“Nobody”: Did not know who to contact/nobody responded	19
Family	13

Source of Support Contacted during Post Adoption Crisis (continued)	# of Parents
Police	9
Medical doctor	8
Parent organizations/support groups (formal or informal)	5
Friends	5
Church (formal or informal helping systems), school, private insurance, youth services, God, disability services	2-4 each

Most parents experienced a positive response from those they sought help from:

“Very good, came out to the house, talked and gave us much informational help.”

“A listening ear and a sounding board was all we really needed from DCFS. Then we sought help from a psychologist we had worked with previously.”

“Child needed extreme intervention as all usual resources had been tried—liaison was very helpful in working with us to find answers and next steps.”

“I was provided with respite for two of the girls. It really helped. I also talked with my foster care consultant. She has always been great!”

“They helped diffuse the emotional crisis and helped the kids agree to the therapy needed.” (police)

“We had a post adoption worker come into the home. That made all the difference.”

“They immediately provided support, ideas, and recommendations. They helped us to get our son into residential adolescent drug rehab. They are now helping us with resources and support in transitioning our son back into our home and community. He is doing very well now. We greatly appreciate all the help we have received.”

Other parents’ responses reflected a perception of “They tried, but . . .”

“The worker was responsive but resources for what I needed were limited and needs poorly met”.

“They referred me to DCFS post adoption specialist. They were a god-send. Unfortunately, too late.”

“She was nice and caring and was supportive but couldn’t help much because we were out of state. My husband’s work insurance did more to help than anyone.”

Parents’ negative experiences are reflected in these comments:

“We were told Utah couldn’t help us.”

“I was told I would have to relinquish rights to them to get them the help they needed.”

“Had to threaten to ‘give child back to state’ to get results.”

“We got the royal run around.”

“I could not find anyone in DCFS who knew what to do or who to call.”

“No one would call me back.”

“There was no support of “in home” help offered. It seemed we had to choose between hospitalization and discussion of the problem at the next scheduled appointment. We chose to blunder through by ourselves.”

“Had a hard time convincing people it was real.”

Multiple Services Table

On the multiple services table (quantitative data reported on page 7), parents also shared their suggestions for post adoption services newly developed as part of the Three Year Plan. The following quotations reflect the major themes represented in their qualitative suggestions.

Post Adoption Guide: Increase awareness of this service and keep it current.

“Make families aware.”

“Make sure everyone gets a guide.”

“I was not aware of this service until 10 years after placement when my daughter said we were abusive and a DCFS caseworker came to investigate.”

“Update when numbers and people change.”

DCFS Post Adoption Worker: Better communication, do not overload workers, “check-in” with families every few years, and increase awareness of this service.

“Better call back, quicker paperwork.”

“Follow ups, better communication.”

“Worker spread thin.”

“Get more workers, he’s overloaded.”

“Make calls to see how things are going.”

“Worker could check in by phone every 3 years or so.”

“We just found out about a DCFS post adoption worker.”

“No idea who to contact if the need arises.”

Telephone Resource Line: Continue to promote awareness of this service.

“Not aware of it.”

“Is this a crisis #?”

“Send out information.”

Website: Increase awareness of this service.

“Let people know.”

“I’d use this—I’ll look it up. I’ve been to Oregon’s site many times.”

“Make families aware.”

Lending Library: Keep up the good work and increase awareness.

“It was great!”

“All my education comes from this resource.”

“Make known.”

“What library?”

“More informative, videos, etc.”

Local Ongoing Training: Make more convenient, help with childcare, and increase awareness.

"Times are not convenient for me."

"Local is NOT Provo or Salt Lake City."

"Hours hard, use up family time at night."

"Can't take kids and no one to watch them."

"Place to take toddlers during day classes. I would pay for it."

"Childcare needs to be provided."

"We'd go if we knew when and where."

"Never get notice of training."

"You could email me with class information."

Cluster Groups: Too far away, need help with childcare, and need information.

"Not available in our area."

"I'm not aware of too many families near here."

"Husband travels, can't leave children during critical evening hours."

"Hard to find someone to baby sit other kids too."

"Have not attended any, just learned about them."

"I would like more information about what cluster groups do."

"They could find adoptive parents and inform us."

Other Adoptive Parent Groups: Inform parents about existing groups and develop more support.

"Need names of current groups. I was very involved years ago."

"I wish I could find one. I was told there is no group. Adoption support group needs to be started, PLEASE!!"

"Nothing local."

Respite Care: Increase accessibility and affordability.

"I tried to find this type of care with very little success."

"We have to spend a lot of time to arrange any respite. We have to search for prospective helpers, etc."

"I didn't think we could use respite care post adoption!"

"You need people in city wide day care centers trained for special needs kids."

"I have not used respite after adoption, do not know how."

"The price for respite care is prohibitive."

"I am disabled and can't afford their fee."

Newsletter: Keep it coming and provide information about services.

"I love it. It keeps me connected and informed."

"Keep this coming. It is my best reminder of services and help available. Thank you so much."

"Send me one."

“Connection newsletter needs to prominently advertise website and phone #'s.”

Additional Survey Comment Themes: Felt “dropped” at adoption, adoptive family needs support, have never needed post adoption services, and live out of state and cannot access Utah’s services.

“Once the kids were adopted we have heard from no one.”

“Our case worker couldn’t disappear fast enough after he was placed with us. The entire department could benefit from a thorough overhaul instead of an occasional “tune-up”.

“I feel that there should be services available for support of the adoptive families’ biological children to help with the trauma caused by adopting and dealing with having an emotionally damaged or mentally ill child becoming a permanent sister or brother—for them to have some training or emotional support.”

“Marriage counseling is needed after an older child adoption. You can’t very often parent these kids in the same way you parent birth kids because they come with so much baggage. Lots of guilt for the father because he couldn’t accept them.” [Now divorced]

“We have not taken advantage of these services as we probably should.”

“Our adoption experience has never warranted the use of these services. Everything has gone fine.”

“Haven’t need these yet, but will access when needed.”

“We no longer live in Utah.”

“Since I moved out of state there is no follow through. I do not know where these resources are here.”

Lessons Learned from the Mailed Survey

Parents who are aware of and have used the newly developed post adoption services have mostly positive reports. Increasing awareness should remain a focus and the newly created post adoption newsletter appears to be an effective vehicle with which to deliver information to adoptive parents. Responses to questions about mental health services and education showed parents to be only marginally satisfied with the ability of these systems to be sensitive to adoption issues and to provide effective service for their children.

Focus Groups

During year two of the Post Adoption Plan, twelve focus groups statewide continued to provide a forum for adoptive parents, adoption professionals, and other collateral service providers to collectively discuss the issues involved in making improvements, and to offer direction and input into the post adoption services system. Purposive sampling methods were again utilized to obtain a focus group sample based on geographical regions of Utah. Most participants were the same as last years’, although there were some changes in group makeup. Researchers, along with the Program Coordinator of the Utah Adoption Exchange traveled to the various regions to facilitate the focus groups. Utilization of this “on location” method provided rural regions with the opportunity to address issues and needs specific to their communities and encouraged participation in the evaluation. Small cash incentives (\$10 for each group member per meeting) acknowledged the valued contribution of each participant.

DCFS post adoption workers coordinated the invitations, and meeting times and places in their respective regions. Their leadership in this process was enlisted both because of their knowledge of the community and because of our goal to establish sustainable local collaborative relationships that will continue beyond this research project. Focus group participants included adoptive parents and service providers from DCFS, mental health, schools, crisis nurseries, youth services, childcare resource and referral agencies, and foster/adoption support groups. An average of 8 to 10 participants attended each meeting.

Focus group participants signed informed consent forms before meeting with the researcher, and consent issues were explained again before each group began. Focus groups were videotaped and audiotaped for transcription purposes. The following agenda guided each of the twelve separate semi-structured focus groups held in the groups' diverse communities:

Focus Group Topics Agenda—Year Two

- Introductions of group members and group facilitators, review of confidentiality issues.
- Review of last year's focus group discussion.
- Review the Post Adoption Plan Year 2, including guiding principles and values.
- Post Adoption Services Update: What's been developed and how to access it.
- How have the changes being implemented as part of the three-year plan impacted special needs adoptive families in your community?
- What, if any, positive changes have you observed as a result of DCFS' policy and programmatic changes in post adoption support?
- What is any, negative effects have DCFS' policy and programmatic changes brought about in your community?
- What are your suggestions for continued and effective improvement of post adoption support in you community?
- What are your ideas as to how these changes can be implemented?

Data reduction and categorization was undertaken with a reduce-as-you-go process utilizing coding methods. The process of coding, while attempting to logically uncover themes, was undertaken guided by a focus on the participants and their meanings. The following tables provide an aggregate summary of the Year Two focus groups (the 10 of 12 groups that have been transcribed and analyzed to date) in percentages of groups identifying each of the most common themes. Results do not follow the topics agenda, but are grouped by the three major themes that emerged of:

1. Positive impacts of post adoption policy and program changes.
2. Ongoing challenges and problems in post adoption services.
3. Suggestions for continued improvement of post adoption support.
4. Ideas for implementing suggested changes.

Positive Impacts of DCFS' Post Adoption Policy and Program Changes

<u>Positive Impacts</u>	<u>% of Groups Identifying</u>
Specific post adoption workers who “go the extra mile”	70%
Better collaboration with community partners	60%
Increased awareness of post adoption services	50%
Wrap around service using the team approach	40%
Out-of-home placements for children, without having to take them in to DCFS custody	30%
Medicaid carve-out is helping families get more effective mental health treatment	30%
Development of cluster groups	30%
DCFS staff getting better at identifying post adoption issues and working with them	30%
Post adoption is being “heard” more	20%
Better supports for adoptive placements	20%
Post adoption worker provides a clear point of contact	20%
DCFS more aware of developmental needs of the children	20%
DCFS seen as more community friendly	20%
There are more resources identified to serve families after adoption	20%
Better crisis response and respite	20%
Research information on adoption	20%
Getting information out via the newsletter and website	20%

Other positive impacts identified by various focus groups included: Help with subsidies, increased worker training, and more older children being adopted—prospective parents know there will be supports available.

Ongoing Challenges and Problems in Post Adoption Services

<u>Challenges and Problems</u>	<u>% of Groups Identifying</u>
High work loads for DCFS and mental health providers	50%
Foster care workers/ mental health workers not adoption “savvy”	40%
Adoptive parents feeling blamed	30%
Barriers to accessing developmental services for children	20%
Inadequate staffing and funding to meet needs of children and families	20%
DCFS policies, workers wear “many hats”, regions fight with each other	20%
Negative attitude of education system toward adopted children, especially those brought into school districts from other areas	20%

Suggestions for Continued Improvement of Post Adoption Services

Ninety percent of Year Two focus groups identified “early support” as a critical improvement needed for post adoption services, suggesting that families need to be aware of or connected to services “before things get so bad”: *“There is a point where the parent is open and can use that support and then there is a point at which it becomes so traumatic that they shift the blame mentally to the child. ‘Our family was just fine before this kid came.’ It all kind of gets shifted to the child and at that point. It’s like you’re done. To reframe that and get it to a working relationship is almost like getting to a point in a marriage, trying to work with it after the decision to divorce has been made. At that point, you’re too late.”* Many other suggestions appear in the following table.

<u>Suggested Improvements</u>	<u>% of Groups Identifying</u>
Continued improvement in informing families about services	50%
<ul style="list-style-type: none"> ▪ Knowledge of community resources ▪ Respite care ▪ Continuity of treatment even after adoption ▪ Better training for DCFS staff on children's issues ▪ Establish a central point of contact for crisis and services ▪ Provide service providers and parents information on developmental issues and expectations for adopted children. 	40% each
<ul style="list-style-type: none"> ▪ Mentoring ▪ Decrease DCFS/mental health worker turnover ▪ More post adoption specialization ▪ Training for systems that work with high numbers of adopted kids – specifically Youth Corrections, courts, juvenile probation, education ▪ Eliminate disincentives, such as funding and support cuts when child is adopted: support children who need it after age 18. 	30% each
<ul style="list-style-type: none"> ▪ Strengthen informal networks connect with others – meetings, conferences ▪ Better training for adoptive families ▪ Cross regional funding – share the burden ▪ More information on the child – family history, etc. ▪ Regular post-adopt follow-up for families ▪ Get the education system involved ▪ Get adoptive families involved in clusters ▪ Better recruiting ▪ Day treatment in summer/after-school treatment ▪ Track kids in custody ▪ More cluster groups ▪ Voice for kinship care ▪ Mental Health needs to lose preconceived notions about what the problem is/address children from where they are ▪ Family therapy 	20% each
<ul style="list-style-type: none"> ▪ Not having to go through court to get services ▪ Address sexual reactivity issues ▪ Workers with in-home experience ▪ More awareness of the number of adopted children in the community ▪ In-home services ▪ Address reunification issues (don't cut off contact with birth parents) ▪ Collaboration/networking ▪ Link non-DCFS adoptive parents to resources ▪ Competent families for respite ▪ Recognition of needs of children already in the home 	10% each

Ideas for Implementing Suggested Changes

<u>Implementation Ideas</u>	<u>% of Groups Identifying</u>
To avoid turf wars/regional divisiveness—have the money “follow” the child	40%
<ul style="list-style-type: none"> ▪ Good transition from foster to adoption: <i>“It is a traumatic event to be taken out of your environment. An ice cream cone on the way is not necessarily going to fix it. We need to acknowledge that and help them understand that. Every move.”</i> ▪ Lifebook/Records: <i>“My wonderful post-adoption worker, she had worked with the biological mother and one of our daughter’s wishes was that she had pictures when she was a baby. The birth mom had been approached several times, but would not give her pictures up. No way. So the worker called her and said, “Look, this is what your daughter really wants. And you know this might be something that could really open the doors between you and the adoptive parents to allow her to have contact with you, develop the trust that’s needed in order to make it better for her all the way around.” So the post adoption worker picked her up, took her, copied all the pictures, made an extra copy of the pictures. The pictures were given to us. I bought a book to put the pictures in. She carries that book with her. She took it and showed it to her birth mom, that it was done. I mean that book is just everything to her. And it’s been wonderful.”</i> ▪ Worker training/sensitivity training: 1) <i>“Accept the families in and then be supportive of them. Greet people and put them at ease when they come in.”</i> ▪ Focus on the how the child’s dysfunction is affecting the parents, not the parents’ dysfunction: <i>“It’s hard enough to get help for a kid that you got already half grown, but to be blamed and judged as if you’re the one who traumatized this child, that’s very hard.”</i> ▪ Send a panel to a conference for educators. 	30% each
<ul style="list-style-type: none"> ▪ Pay professionals to come to rural areas ▪ Train community service providers about partnering with the various systems: DCFS, youth corrections, foster care, DSPD, mental health, education. 	20% each
<ul style="list-style-type: none"> ▪ Inform families about emergency respite ▪ Use community education programs to inform people about adoption ▪ Give families experience prior to adopting (doing respite, foster care) ▪ Get DSPD (developmental services) to work with adopted kids ▪ Inform providers that they can be part of the carve out program 	10% each

Lessons Learned from Year Two Focus Groups

Focus groups provided another year of dynamic environments for discussing post adoption support issues. As occurred last year, each community shared its own unique perceptions, assets, challenges, needs, and capacities. Strong post adoption leadership in some regions has resulted positive changes and improved trust and rapport among service providers and adoptive parents. Other regions are still working toward this goal.

Qualitative Interviews

Participants in the in-depth qualitative interviews represent a purposive sample. By the end of this three-year evaluation, twenty interviews will be completed with parents whose adoptions had unsuccessful outcomes and whose children have been placed outside of their home with no plans to return. Another twenty interviews will be sought

with parents whose adoptions remain in effect and the children are still in their homes. Selected individuals were identified and personally invited to participate by DCFS post adoption workers.

Those who chose to be interviewed as part of this project gave informed consent either by mail or verbally to DCFS staff, and then their contact information was provided to the researcher. Interviews were then scheduled at a time and place of each participant's choice. Participants were given the option to be interviewed alone or with their parenting partners. Small cash incentives (\$20) were provided to participants to acknowledge the value of their time. Interviews were audiotaped with the participant's permission. Participants live in a wide variety of communities throughout the state.

A question list/topics agenda for interviews follows:

Parents currently in system

1. What types of challenges do you face as an adoptive parent?
2. How would you describe the level and intensity of the challenges you face as an adoptive parent?
3. What sources of support do you have access to?
4. What sources of support do you use most?
5. What are your perceptions with regard to your experience with the following systems?
 - health care
 - mental health
 - education
 - developmental services
 - respite
 - DCFS
 - crisis intervention
 - parent support groups
6. What are your suggestions for the improvement of these systems?

Parents whose adoptions have disrupted or dissolved

Same questions as above and the following two added.

7. How would you describe the events of your adoptive placement dissolving?
8. What impact did this dissolution have on your family and on the adopted child?

The analysis of qualitative data obtained in the interview process utilized the same axial, selective, and open coding methods described in the Focus Group section above. Year One's report covered the first eight interviews that had been transcribed and preliminarily analyzed at that time. This report covers an additional 15 separate interviews that were transcribed and analyzed during the second year of the project. The following results, organized by topics inquired of in the interviews, are therefore preliminary:

Challenges

Consistent with last year's interviews, **understanding and addressing their child's behavior** remains the paramount challenge faced by special needs adoptive parents. "Behavior" was identified as a challenge in all 23 interviews.

"Time went on and then we found out from discussion with the girls and then some discussions with the boys—actually from their own mouths—found out that there was a huge problem and both boys had been sexually molesting the younger children."

"He was basically at kindergarten academically, but he was a two-year-old in the way he would eat, the way he would emotionally control himself."

"I've never been in a harder time than what we are in right now--allegations being made because they want to get back to their real parents. If you don't want to take out the garbage, say you're being sexually abused."

"We didn't understand why there was so much chaos in their lives. They displayed it through anger – destroyed clothes, destroyed toys. For instance, you buy them new clothes and they rip or tear or spill on them. I mean, like take scissors, cut off a button or tear something into it. Toys are always broken you know, first day."

The challenges of **learning to parent the child** with special needs, having a **lack of support**, and being **surprised by problems** they were unaware of prior to adoption were each identified by thirteen parents. **Bonding/attachment issues** and **broken promises of financial support** were named as challenges by ten parents each.

"If you start with a child at birth and they grow with you every day of your life, it's totally different than all of a sudden bringing someone else into your life that does not know you. You do not know them. They don't know what you expect. You don't know what they can give. You have to go through that learning experience, and that's not something that happens overnight."

"It was a difficult thing. I don't feel like we had support. They (DCFS) were just leaving us to flounder."

"I guess the biggest challenge I faced was having someone in DCFS really listen to me and get him the help he needed. And we never really did."

"We shouldn't have to get to that point of feeling desperate, and I think people get to that point of feeling desperate because the state doesn't support you very well."

"Before a family even starts they should be educated more. Why does the system take well-meaning couples or single hopeful parents and say it's going to be a joy? If you hug them enough and buy them enough toys and make them look great, you are just going to be this great family. That's a bunch of bull."

"I think that was one of the biggest things for adoptive parents. You don't know what issues you are going to face when you have an adoptive child placed in your home. You think everything is going to be fine, but we don't realize all of the baggage that they are going to have to handle throughout their life."

"I cried a lot of tears, and I am still crying tears over the whole thing. It's just really messed me up to think that I tried so hard. Nobody cared." (Dissolved adoption.)

"You think that if you help enough then they'll finally understand how much you love them. But they don't and it's a horrible, horrible empty feeling. It's so painful I can't tell you."

"At that point it was basically, we kind of got the feeling that, 'This is your problem. You have adopted these children and you can put them in therapy but you have got to deal with it. This is just part of being parents.'"

Children's special medical or mental health needs posed a challenge for twelve of the parent participants:

"I adopted a three-year-old who was mentally retarded and who had cerebral palsy, and I didn't have the good sense to even ask, 'Will I need any service?' Therefore not until three years later when I became a single parent did it even occur to them that maybe I needed a medical card, maybe I should get a subsidy, and maybe I should get some direction."

"She had \$8,000 dollars in bills coming to our home. That was just for the hospital because she had scoliosis. So it's just been a fight from day one to have things taken care of."

"She couldn't suck so you had to hold her jaw. She had to be fed every two hours instead of every three or four because she could only take an ounce at a time. After we had her a year, she had a reservoir. She had that removed then she had to have a shunt put in."

"A lot of mental illness has shown up in puberty. I am sure that even with the teenagers the behaviors change as it is anyway."

"He's a high maintenance child. He is better on his meds but he won't stay on his meds. He becomes a rather dark person. He takes drugs. He self-medicates with that. Drinks, never has an ability to say no to himself, or no feeling of consequence."

Complicated interaction with the child's birth and/or previous foster family was brought up by eight parents.

"I think this would be as with all adoptive parents. You have the biological family, the illusion of the biological family, the child fantasizing about the way their biological family may or may not have been – at least the way they wanted it. They come into this situation where it is a real situation and not that fairy tale idealistic situation."

"One time he had to go pick up (child) at the house and the natural parent was having a big rowdy part with beer-drinking and everything else under the sun happening. And he had to go pick up, where usually it's the caseworker that picks up the child and then delivers the child to the foster parent, but I mean he as a foster/adoptive parent went to the home and they were having this big rowdy party and he came very close to having to fight his way out of the house. He was called every name in the book."

"The birth parent – because of their guilt and remorse and wanting to have another chance to parent, if they feel at all like they are going to get that then they can create havoc by calling CPS and making allegations that are very false."

"We had a real difficult transition because the foster family they were with chose not to adopt them. Then she made it really difficult. She did not let them bring their pictures. She did not let them bring their special toys."

Perceived **rejection by community, barriers to getting educational services, lack of respite care** and **lack of awareness of all services** were all identified as challenges by at least four parents.

"I just got investigating and found out that what we were told all those years ago is not necessarily true, that she actually can get some more sessions through Medicaid now. If I had known that for these last five or six years, I would have accessed it."

"There isn't anybody I can call here and say, 'I want you to take him for a month or for two or three weeks' or something like that so that I can have some time with my husband."

Intensity of Challenges

Parents' descriptions of the intensity of these challenges reflected a variety of experiences. In fifteen interviews, behavior emerged as fueling the intensity. Parents were all passionate about the intensity of other issues including: feeling blamed and discounted (6) and having to fight for services (5).

"Not only did she say that she did not want to come back but she also said that she enjoyed making us upset and that was really scary to me."

"I have one good day out of the year with him, one good day and I don't mean it was damage free, but it was a happy day where he felt good. He was sweet. I enjoyed him even though just doing regular things was struggling. It's like when you have to fight and you know every day is a battle and you take up smoking and you go out and hide outside to get away from your son, to get a break. It's not good"

"All the time, we were the bad parent. We were the cause. That would always baffle me because it was 'wait, they came this way, you know. They entered our lives this way'"

"We called for help nine months before the dissolution. We were having problems and (the DCFS regional office) wouldn't give us any help. They just pushed us off to the side. 'You don't know anything.'"

"So trying to get two states to work together was a horrendous headache. Having to have a lawyer and go through this whole battle with the state then win was a problem."

Four parents indicated that their **difficulties had increased with time** and that was a source of increased challenge intensity.

"I thought that in time his behaviors would be better. He started to get more aggressive as he got older."

Sources of Support

Family members were identified as sources of support by fourteen adoptive parents, and **caring professionals** were named as supports by twelve participants. Eleven parents felt supported by their **communities**, with eight identifying specific **friends** who helped them.

"My mom takes care of my little one that has fetal alcohol syndrome because I haven't been able to get any childcare assistance for him while I go to school and work."

"I don't know if that falls under her job (the caseworker) but she has been really great to do extra things for us. I just call (her) and then she tells me what I need to do. When she retires or when she is gone, I won't know who to call."

"We have one family here in town that is the one that got us involved in foster adopt, and so we have a lot of contact with them."

"The ones that do understand I think are the ones that either have family that have done a lot of foster care or have adopted, or they have been adopted themselves, which is a very small percentage of people."

Eight parents described their own **commitment to adoption** and **attitude** as a source of self support.

"I worked with the schools. I went up and met with the counselors there, met with the principal. I established a rapport. And they knew I was credible, that I wasn't a kooky parent that was going to be loud-mouthed and obnoxious. I hate to keep bringing that up, but I've seen adoptive parents do just the opposite and they defeat so much of the cause."

"I had so many special needs kids, but I try to sit back and I try to evaluate. Should I really not have done this, should I not have taken all these frustrated kids? But I think the reality is that they need more people like me that understand what these special needs kids really need, and aren't afraid to be aggressive when you have to be and aren't afraid to cry when you have to cry. And you are not afraid to love because you know maybe they don't love you back but I think it really, I think I wouldn't do it differently."

"I think a lot of that depends on your attitude going into adoption. If you are very open and understanding that these things are going to happen you are going to ride the storm. The children are yours and you're not going to throw them away at the first sniff of trouble. We actually, with our oldest son, when we had to put him in the hospital, one of the case workers asked us, 'Well, do you want to give him back?' And we said, 'Well no. He is our child. We are going to work through this problem.'"

Specific services were named as supports by ten parents.

"Their medical card didn't work so then we went to privately using my insurance. So, insurance is a support to a private health care provider that could include mental health care providers, psychologists who are trained in RAD, conduct disorders, and schizophrenia and all the different issues we are dealing with."

"I used the lending library from the Adoption Exchange a lot."

"The respite person came and her schedule just fit in perfectly".

Four parents identified **support groups** as a help.

"...I am having problems with this child and somebody will have an idea or they will say, 'Well wait a second. What do you think you can do about this?' And we have a strong sense of what the other person is going through because of the kids that we have that nobody else would really understand."

Finally, two parents indicated that **training and information** were supportive to them.

Perceptions of and Experience with Services

Health Care. Twenty-two parents said they had a good experience with health care. Five specified that with supplemental private insurance, they had “no worries” about health care.

“Health care has been excellent. We have a great pediatrician and he accepts Medicare. He’s just great, and any time I’ve needed to take the kids anyplace, we’ve had the access with the medical card.”

Seven parents noted that they had had problems with the Medical card.

“I have had extraordinary health care for the kids. The only problem that I have had was is the difficulty of getting dentists out here.”

“We pay for their eyes because it is not compatible with the Medicaid and if you go to the Medicaid provider you can’t get anything that is decent that is going to last.”

Mental Health Care. Some parents were not as impressed with mental health services. Fourteen provided details about why they felt the service was not helpful. Ten stated that mental health services are difficult to access.

“She just felt like she had to wait in the waiting room, was the way she put it. And she’s very people shy, so at one point they called her name; she didn’t hear it, so she thought they’d never called her name. And she never would go back after that because they called and wanted to know why she’d missed her appointment.”

“I was unhappy with the therapist. She had kept pushing us off, kept breaking appointments. The person, the head honcho there just told me, almost to the first of the conversation that they weren’t going to pay to take her any place else. That was their concern, was the money. I needed help and it was kind of like well, you know, I was at the mercy of their availability which made it very, very difficult.”

“He was in therapy with someone who really didn’t get it. I mean she really didn’t get it. And I couldn’t quite figure out how she didn’t get it. But she was having individual sessions with him. And when she finally did pull me in, when we started talking, I’m finding out, you know, he’s coming in here every day and just bold-faced lying to you. So I’m not sure how much this is helping. He’s just lying to you. And this is the kid if we took his hand to the cross the street he’d start screaming ‘Child abuse! Child abuse! Child abuse!’ So he was very good at manipulation. And he really had her. That didn’t work out. We didn’t go back to therapy for a long time.”

“Then the therapist that was supposed to take over, the one that was in group that was going to take him individually, I could call the man till the cows came home and he couldn’t call me, couldn’t talk to me, couldn’t call me, didn’t have time, maybe next month, maybe next month.... This went on until we moved.”

Eight parents reported having a positive experience with mental health services.

“Mental Health out here has been very good and they gave me a list of all of their programs so that we are aware of them in case we want to use them.”

“Mental health has been great, so I haven’t had any problems with that. I know when my mom adopted her kids went through the public mental health system and she hated that, so. But mine has been great. The therapist that we had

at first, she's moved to private practice now, but she was quite knowledgeable on the adoption and the grieving process with the kids."

Education. Nineteen parents had positive perceptions of their children's education services.

"The school district down here is really good, we do the total inclusion. They are in their own little classes."

"The education has been great. They have bent over backwards to help us. And when we'd ask them, 'these are the things we see at home, are you seeing that at school?' 'Oh yes, I'm seeing this, this, and this.'"

"Once they have gotten to know you and that you respect the teachers ahead of what your kids say about the teachers, you are going to get the best service possible. They know that they can call me, and I'm not going to say, 'What did you do to cause this?' Other families create great havoc with teachers when they don't get the service they need because they have got animosity between them."

Nine experienced their education system as lacking sensitivity to their child's needs.

"As far as the two girls in special ed, they are at the top of special ed to where they don't have anything for them to do because they are too high. But in normal classes they're too low or can't function in a normal classroom. So they're falling through the cracks."

"Well, they believe in inclusion and so they have him do, they give him the same work sheet that the rest of the class does so that he looks the same. But instead of doing the math questions he would circle it, something like that. What is that teaching him? Nothing. He doesn't need to look like everybody else because he is different. He never will be like everybody else and they need to focus on what he can do and try to teach the things that he needs."

Nine parents also reported difficulty getting services and six indicated that their school lacked the necessary services.

"I would like some of the services to be more specific for his disability and his needs and not just put him in a resource environment with kids that are higher functioning just because that is what they have always done."

"They get twenty minutes a day maybe twice a week and that's not speech therapy, that's a stab in the dark but that's not speech therapy."

Developmental services. Five of these parents' children had not needed or received developmental services. Ten of the parents who did have experience had positive things to say about it.

"They listen to the parents when we say, 'I think there is something wrong with this kid, you know, not quite right.' Then they kind of look at it with you and help you figure out what is going on with them."

Eight had experienced barriers and long waiting lists when accessing this service.

"If you want anything, you have to push for them. It shouldn't be so hard. It just shouldn't be."

Respite. Ten parents had never needed to access this service. Seven said it was hard to find or did not exist in their area. Seven others reported the service was problematic and "caused more problems than it fixed".

"We have older children and so we don't use any outside respite. We have our college kids come and help."

"We feel uncomfortable having somebody we don't know come into our home, even though they may be provided. We just didn't feel comfortable having somebody that we didn't know, somebody that did not know our children come into our home."

"It got to the point where we needed some respite care. He's a 24-7 child, even though he's the oldest. And it was hard when you have others that are even younger. The support is not there. They just don't have it. It doesn't exist out here."

"We went to pick him up and the mother wasn't there; the father wasn't there. He was there with a thirteen-year-old boy and a ten-year-old girl. So we are like, wait a minute, this kid has some problems. These people are not even there and that was a Sunday afternoon, you know and I am like, we were really disappointed."

"I also think that adoptive parent are notoriously bad at taking care of themselves. We have some idea that we took this on knowingly, of our own volition, and so we are highly responsible for everything that happens. And so needing or asking for respite care is sort of a cop out, a cry for help, a weakness, maybe. And that's unfortunate. But if you have adoptive parents who are in your support group who will say 'What you need here is respite care,' and make you use it. And, you know, it's great. But I would only use it in crisis situations. I just wouldn't use it other wise."

Six parents had used respite and found it helpful.

"We make sure that as a couple we go out every week and have a date. We feel like that's really important that we have a life together. So every Friday night our respite worker comes in and takes care of the children while we go out. And we do that through DSPD funding and not post adoption."

"When we first got him as a foster child, before I adopted him, the state did set that up so we had one weekend a month. He went to the family he had been living with, the foster family, and they knew his special needs. And so he would go for one weekend a month just so that we all had a break."

DCFS. Fourteen parents reported positive things about the DCFS system.

"When she was my worker – she's an adoptive parent many times over – and her attitude she tells me is that 'I'm trusting these people that I'm putting this child with. I've got to trust them to be bright enough and smart enough and on the ball enough that they don't need me in their lives all the time.' So she's there if I need her, but she's not intrusive."

"I had positive help from DCFS not only because the worker has known me for years, but there are others that have known me for years, and known my children."

Eleven parents perceived DCFS to be unresponsive, eight said they had experienced very limited help, and six noted the challenges caused by the high turnover rate of DCFS staff.

"I think they need to get past their plan of 'Come in. We will talk to you, lay your whole insides out, and then leave you. We will discuss happens in your life, and we will let you know how we are going to choose for you'"

“You get a lot more support (from the caseworker) with the foster care. I mean you get two percent as a foster/adopt parent. You get 98 percent as a foster parent.”

“It was very destructive to have to deal with several different workers that did not know the kids and did not know the circumstances.”

Crisis intervention. Twelve parents never had to test this service, six tried but found no help, four said they were “at wit’s end” before they got a response, four were unaware of any crisis services, and four others said they received a positive response.

“We never have had to call anybody for crisis. We hope we never do.”

“I remember early on, I was at a point where I thought I was going to hurt him. He was driving me crazy. I called somebody the caseworker told me about, I think the (crisis nursery). And so I called them and they said, ‘Well we can’t take him today.’ But, but, but the problem is today! You know? And I never used them again. I never called them again.”

“I have not been impressed with the police. I think they are very rude. I do not like them and my children do not like them. They are snide, rude when we need their help. I would never call a police officer now.”

“I did it once. I did it once because he was out of control. I called (for respite) and there was no one. I called the police to help me and he said we should take him there. It gave me time to get myself together.”

Support Groups. Five parents each said they were too busy or had no childcare to support their attendance at support groups. Four had used them and had a positive experience. Four indicated that they had no interest. Three would attend support groups were available in their areas. Two used informal connections with other adoptive parents for their support “group”.

“It’s one of those things where you finally feel some, you feel that support and you almost feel human again, because the people are accepting. And you can laugh about the fact that they are peeing and marking, you know, and no one is judging. They are not ‘Oh, you are kidding’. They are like, ‘Yea, I know. I understand’.”

“Because I live rural, it’s 25 miles to go anyplace.”

“We have a monthly luncheon of just adoptive parents. It’s something that the three of us put together. It’s a huge release for us to just sit there and tell each other how hard our kids are, and how okay we are. So that is my support group.”

Factors in adoption disrupting/dissolving. Thirteen of the qualitative interviews completed this year were with parents who had experienced adoption disruption or dissolution. Parents whose adopted children were no longer in the home and had no plans for return shared several dynamics with regard to their unfortunate outcomes. These dynamics included unmet expectations, grief, exhaustion, and failure. Five of thirteen indicated that they had felt pressured and rushed into finalizing the adoption. Four stated that they had tried to get help before the child left the home, but they received no response.

“He was out of control and whatever we understood or knew or were capable of doing, it just wasn’t helping, and that’s very frightening when you think, ‘I am going to lose everybody.’ I was just like, ‘I can’t lose everybody. I can’t’. We will always be his parents but we can’t afford to invest anything, any more time, because we are not getting any return.”

“I was not prepared for this sort of child. I don’t know what he is up against. I know they said attachment disorder, you know, and all kinds of other oppositional behavior, whatever disorder. I was prepared for the puberty. I was prepared for that. But the aggression, the total sexually acting out stuff, the gay issues, the straight issues, the I don’t know issues, the deceitfulness of things far outweighed the love – any love he was able to give. I thought as a youngster I showed him how to love, how to be cared for, and by example and by showing him, by doing things with him, and it just never was there.”

“They gave us an ultimatum, you know. You only have till September. Two months to make your decision. They had been in our home six months, and I said, ‘Don’t we get time to fall in love with them? Don’t we get time to know if this is right?’”

“We made that decision (to dissolve) because we thought it was the best thing for him at the time, and I still think it is. But I had no idea at the time that I was not going to have any contact with him.”

“Disruption might not have happened if we would have had the support the first time we called. We might still be able to work with them if we had been validated and they had said, ‘Oh, so he does have this and this, and what can we do to help? And this is what we have to offer.’ And there is nothing to offer. They don’t believe a word you say, and you are an idiot.”

“Love is a wonderful thing, and if you have to work hard to get it, it’s really awful to see somebody work so hard to dissolve it. And it does die.”

“It breaks my heart. I feel like a failure. I feel like I didn’t have what it took or what it takes to take care of him, and as a parent and as a mother, I should be able to.”

Four viewed the disruption or dissolution as a positive experience.

“My children are now laughing more, scared less. Of course they miss her, but the stress in their lives is gone. They are performing better in school and have less sibling rivalry. The older girls are being more cooperative in the home and they are willing to go out of their way to help. It is amazing. Sometimes I almost feel guilty that I enjoy the peace and quiet and I don’t wonder what is going to set her off next.”

Suggested Improvements

Sixteen parents suggested more trust and understanding from all the post adoption systems they are served by:
“I think they need to understand how it isn’t a shortcoming or the parents’ fault, that it is the relentless drip drip drip. It’s the water torture that drives us to the office and ‘Here fix my kid!’ I think there are a lot of things they don’t understand about the dynamics of the family.”

“There needs to be trust that they’re going to work with you, and not try and take your kids away from you. If a problem arises, they’ll help you.”

“Fact of the matter is that not only would it have been better to have say one or two therapists that all work together, and talk together, but it would have actually been nice to have therapy for the parent or for the other siblings. Instead, it was, there was no therapy actually offered for the other siblings until after they were abused.”

Improvements in preparation and support during transition to adoption were suggested by nine parents.

“They bring them into their home. They want them and treat them like their own, but they don’t have any training that these kids have been traumatized and they are going to throw fits and they are going to hurt your kids. They are going to break all your furniture. They are going to do all kinds of stuff that you don’t allow and you are not going to be able to touch them. I mean, they need to get some kind of class in parenting.”

“I think that it would be probably a good idea that whenever there is a new placement that occurs that, that the workers be more aggressive in trying to provide services. Because I think what happens is you kind of (think), “Well we can try and do it on our own.”

“Spell out the realities. You know, this is going to try you and people say, ‘Yea, your biological children do that’. No. It is a whole different world. My children would stab me. They kick me. It almost put us in financial ruin in the beginning, you know, but I am not bitter. But I think the parents, potential parents, should be educated.”

“The (legal) process isn’t explained to you at all. It wasn’t to me, anyway. And I think that needs to be explained more, step-by step what happens.”

Nine parents specifically requested improved mental health services.

“I think that we should have more mental health therapists that know about adoption and adoption issues and not lump an adopted child as a troubled child simply because they are adopted. And, so I think with mental health, it would be great to have somebody on staff for (public mental health provider) in every office in the whole entire state that knows how to deal with adopted children because permanency is totally different than working with a foster child. And so, you need to be able to deal with those issues.”

“It would be really nice if they had a clinic out here once in a while that offered services.”

Seven parents wanted better availability of and access to respite care services.

“The thing that I think could help us the most would (be) the respite. If we could have some times, just a few hours. This causes a lot of strain in our relationship as well as the relationship with the kids, and I think if we could just have some time to ourselves. And also I think at times the children may need a little bit of time away from us. I am sure it works both ways.”

Six parents suggested providing more information on what is available for their children and families. Ten parents suggested special needs and adoption sensitivity training for service providers.

“If I were going to change anything, it would be to put some money into the training of the special ed aides and paraprofessionals.”

“We could educate educators to get past that stigmatism that every child is living with the person that gave birth to them, whether it is a foster child or an adopted child or kinship placement or anything, get past the stigma”.

Three parents each suggested better pay for professionals so they would provide better service, improved screening for adoptive placements, and improved coordination among service providers.

“I think Medicaid needs to pay the doctors better. You can’t expect them to lose money, and if the paperwork is that big of a hassle, that is not right. If they can help the doctors feel like, ‘Sure I will take Medicaid’, even if it is a little bit lower paying, if they feel like they are at least helping someone but they are getting compensated for it so that the people who are on Medicaid or have Medicaid don’t feel like dirt.”

Lessons Learned from Qualitative Interviews in Year Two

Qualitative data continue to provide rich information for a developing post adoption system. Parents have obviously thought critically about many facets of their post adoption experience and have candidly shared their insight and suggestions.

Recommendations

Utah’s Three Year Post Adoption Plan and the Evaluation of Post Adoption Supports in Utah continue to provide opportunities to focus on post adoption accomplishments and needs on the statewide and local levels. U.S. Children’s Bureau funding has made a second year of ongoing applied research possible and has contributed to the voices of stakeholders, especially parents, being illuminated and heard by policy and program developers. Because this year’s evaluation findings are consistent with Year One’s, last years recommendations still apply and are repeated below:

- Clearly identify the post-adoption support contact in each DCFS region of the state and provide dedicated time for these workers to respond to adoptive families in crisis.
- Further the development of parent-to-parent support networks. Make these networking opportunities flexible and accommodating for parents who are unable to participate in on-site parent groups (i.e. facilitate mentoring, phone contact, on-line chats, etc.).
- Continue to support the mental health system’s efforts to increase its adoption competency.
- Support the education system’s understanding of and responsiveness to the needs of special needs adoptive children and their families.
- Address the critical need for both scheduled and crisis respite care throughout the state.
- Increase opportunities for collaboration among multidisciplinary service providers who serve adoptive families.
- Empower local regions to address their unique needs for post adoption service development and improvement.
- Increase adoptive families’ awareness of and access to services that have recently been developed.

Recommendations derived from added information this year:

- Take advantage of the new quarterly newsletter to distribute information about the availability of post adoption services and how to access them. Maintain the newsletter’s focus on post adoption.

- Create and provide a *quick reference* list of services for parents and distribute either in magnet form or a cut-out form included in the newsletter.
- Educate community partners about post adoption services. Many families in crisis do not approach DCFS initially and schools, police, private mental health providers, etc. are their first point of contact. These agencies need to be informed of available services in order to make appropriate referrals into the post adoption system.
- The number of children adopted out of foster care in Utah who now reside in other states is growing. Many of these families face increased barriers to service access and are not well informed about services in their areas. This is true for children adopted from other states into Utah, as well. Communication and coordination among states needs to be improved and families should not face discriminating barriers based on state.