

**A. Identifying and Preparing Adoptive Families
for Children with Special Needs**

Conceptual Framework

For much of this century, adoption referred to the placement of healthy infants with childless families. Young, unmarried mothers, or women experiencing hardships, permanently surrendered custody of their newborns to public child-placing agencies, or placed their infants through independent adoption or within their extended families. At the time, adoption programs were established primarily to help infertile couples adopt infants. Children who were older, or who had developmental, emotional, or behavioral problems, were considered "hard to place," and were not often considered for adoption. They were typically cared for in foster homes or institutions.

Social trends in the past 45 years have contributed to significant changes in the national adoption picture. The "sexual revolution" that began in the late 1960s and 1970s significantly changed sexual activity among youth and unmarried young adults. Birth control, and later, abortion, became more widely and easily available. Single parenthood was increasingly common, perhaps as a result of the increasing divorce rate, and it also became more socially acceptable for young and unmarried mothers to retain custody of their infants. Subsequently, the numbers of infants surrendered for adoption decreased, and the length of time prospective adoptive families had to wait before a healthy infant could be placed with them increased dramatically.

Concurrent studies of the national foster care system revealed that thousands of children were languishing in impermanent foster homes. A handful of progressive child welfare agencies began to develop adoption programs designed to place children with "special needs" in adoptive families. Initially, children with "special needs" could be as young as a year old, and few were older than school age. Most were healthy, although many had mild emotional problems and developmental delays as a result of prior maltreatment and separation. It was still widely believed that many children were "unadoptable," including children with serious or multiple physical, medical, behavioral, and emotional problems; children with mental retardation or other developmental disabilities; older children of minority or mixed racial/ethnic backgrounds; and children over the age of 12. "Permanent" plans for these children continued to include long-term foster care or institutional placement.

In 1980, the United States Congress passed P.L. 96-272, The Adoption Assistance and Child Welfare Act, to promote permanence for children in foster care. This legislation mandated that agencies make timely "reasonable efforts" to reunite children in foster care with their families. If reunification was not possible, the agency was to quickly pursue permanent termination of parental rights and placement of the child for adoption. Consequently, specialized programs and strategies were needed to successfully identify and prepare adoptive families for a wide variety of children and youth with complex problems and needs.

By the mid 1980s, toddlers and preschool children were not generally thought of as having "special needs," and they were quickly placed in adoptive families.

School-age and adolescent children with more serious developmental problems,

including many who had previously been identified as "unadoptable," became the norm in adoption practice. The implementation of P.L. 96-272 profoundly impacted adoption services by shifting the focus of practice from "finding children for families" to "finding families for children." All areas of adoption practice, from recruitment to post-legalization services, were modified to reflect this changed perspective. And since so many children with multiple and complex needs had been successfully adopted, the description "unadoptable" was largely dropped from adoption vocabulary.

Despite the inherent difficulties of contemporary adoption practice, the child welfare field's ability to achieve permanence for so many children with exceptional problems and needs has been gratifying. We have not, however, fully met the challenge, as many thousands of children throughout North America, who cannot be returned to their families, remain in impermanent placements.

Who Are Children with Special Needs?

Children with "special needs" typically include a wide range of children with a variety of strengths and needs. They are generally described as meeting one or more of the following criteria: they may be school age or older; they may be part of a sibling group; they may be of minority or mixed ethnic or racial heritage; they may have mental or physical disabilities; or they may have serious emotional or behavioral disorders.

Many children with special needs have histories of physical abuse, sexual abuse, neglect, and/or repeated separations. These experiences can significantly impact

their development. Some may have academic delays, emotional or behavioral problems, physical disabilities, an inability to trust others, or attachment problems. Multiple separations and placement instability may have affected their ability to trust others, and to form attachments with new caregivers. These experiences can create barriers to successful adoption in several ways:

- Some children can be very challenging to parent. This requires adoptive parents who are patient, resilient, creative, and self-assured. Traditional methods of adoptive family recruitment and family assessment have proven ineffective in identifying and preparing such families.
- Preparation for adoption is complicated, since many children are initially resistant to being adopted. They may maintain a strong identification with their biological families. Some children struggle with loyalty issues, and feel that a positive attitude toward adoption is essentially a betrayal of their own families. Adoption also threatens their fantasies of being reunited with their biological families. A few children may adamantly oppose, and diligently work to undermine, any adoption planning and preparation.
- Developing a relationship with the adoptive family may be a struggle for some children, particularly those with attachment problems. Both maltreatment and separation can contribute to the development of attachment disorders, a lack of trust in adults, and poor social skills. The development of attachments may be a lengthy process, and it may not result in the typical parent-child relationship the adoptive family

expects. This can create high levels of frustration for many adoptive parents, who may give much affection and attention to the child, while often getting little reciprocated. Adoptive families of children with attachment problems must often learn special parenting skills. (Refer to Section VIII-A, "Attachment and Attachment Disorders.")

- Some children who are developmentally delayed or mentally retarded may lack the cognitive skill to understand and integrate the abstract concepts related to adoption. Consequently, they may be placed for adoption without fully understanding what is happening to them. When children do not understand the difference between adoption and foster care, adoption is often experienced as another impermanent home, increasing the child's anxiety and making it more difficult to fully integrate the child into the adoptive family.

Stages in the Identification and Preparation of Adoptive Families

Developmental activities to recruit and prepare potential adoptive families can be categorized into four general program components: recruitment, screening, family assessment, and training. Since these activities are essentially the same for both foster care and adoption, many agencies use a single program to recruit and develop both adoptive and foster families. (See related discussion in Section X-B, "Recruitment and Selection of Foster and Other Caregivers.")

For many families, their first exposure to adoption is through the recruitment campaign. It is, therefore, critical that we give families accurate information about adoption at this time. The recruitment campaign should educate

prospective adoptive parents about the types of children who typically need families, and the challenges and rewards of adoption, including caring for children with physical, emotional, behavioral, or developmental problems. Recruitment is most effectively conducted by a team of caseworkers and experienced foster or adoptive families. This assures that prospective families are well-informed early in the recruitment process.

Screening begins to gather information from the prospective adoptive family, and orients them to adoption. During screening, the agency can determine with a family whether they meet the prerequisite qualifications to adopt, based on state or provincial law. Screening often includes a general orientation that gives potential families more in-depth information about the adoption program.

Many families without the necessary ability or commitment will self-select out of the program after the exchange of information during the screening and orientation process. While the agency must screen out families who do not meet basic requirements, the goal is to encourage most prospective families to continue to assess their suitability as adoptive families.

Preservice training and a collaborative family assessment are designed to help them do this. During both, the caseworker and the family together continue to evaluate the family's strengths, skills, needs, and areas of vulnerability, and determine the family's potential to be adoptive parents.

The family assessment serves several distinct purposes. First, it is an educational process that helps family members refine their conception of adoption and fully assess their own interest and commitment. Through discussion with agency staff

and experienced adoptive parents, the prospective family can develop realistic expectations for adoption, and can evaluate how their life experiences may have prepared them for the challenges and stresses they are likely to encounter as adoptive parents.

Second, the family is helped to identify their strengths and areas of potential vulnerability. Certain personal and family attributes are helpful when parenting adopted children and dealing with adoption-specific issues. Adjectives such as "adaptable," "flexible," "patient," "open-minded," "committed," "tolerant," and "consistent," have often been listed among the desired family characteristics. These are often hard to quantify. There are, however, some attributes that can be quantified and should be evaluated by the family and their caseworker during the family assessment. The assessment process also helps families consider the types of children they are best suited to parent, and the types of children they should not adopt.

A third goal of the family assessment is to define, develop, and strengthen the relationship between the family and the agency. A collaborative relationship will promote honest communication between a family and their caseworker. It will also provide the framework for continued collaboration during and after a child is placed with the family. Through the family assessment, families learn to view the agency as an important source of help and support. An agency-family relationship based on trust and mutual respect is begun from the time of the initial contact, but is strongly reinforced during the family assessment and preservice training process.

The process we use to assess potential adoptive parents is essentially the same process we use with any family. The family assessment is collaborative. The assessment caseworker does not conduct an assessment *of* the prospective family, but rather, *with* the family. The skilled assessment worker guides the family through an intensive process of self-examination that enables them to develop realistic expectations for themselves and the adoption experience. Our goal is to help them arrive at well-informed conclusions about their own strengths, interests, and vulnerabilities, and to help them make sound decisions about the nature and scope of their involvement in adoption.

Helping families understand the multiple purposes of the family assessment early in the process may relieve considerable anxiety about being evaluated, which helps family members participate more freely and comfortably. This is important for all families, but particularly for foster families applying to adopt children already in their care, or kinship parents, who may rightfully resent having to be "evaluated and approved" to adopt members of their own extended family. The mutual rapport that characterizes a good family assessment also promotes openness and honesty, which greatly enhances the quality of the assessment. Finally, defining the family assessment as a learning and preparation activity sets the expectation that challenges are normal and expected, and that the most effective adoptive parents are skilled problem solvers, not people who have experienced no problems.

The initial educational phase of the family assessment is best conducted by combining in-home assessment interviews with preservice group training sessions. Preservice training gives participants an overview of the child welfare system and its mission; the purpose of foster care and adoption; and a beginning

understanding of the children and families served by the agency. Formal preservice training begins to prepare families to consider the realities of adoption, raises critical issues, and gives families opportunities to learn from agency staff and experienced adoptive parents.

These program components are essential for the successful development of qualified adoptive families. Even though many families may be highly motivated and eager to parent children with special needs, if they are not properly prepared, trained, and supported, the demands of caring for these children may prove to be overwhelming. The rate of placement disruption is much higher when inexperienced and untrained families are asked to parent children with serious behavioral and emotional problems.

Interviewing to Elicit and Assess Family Process

The family assessment is designed to help caseworkers and prospective families understand key aspects of family process. While certain factual information is necessary, we are more interested in understanding, and helping family members understand, the structure and operation of their family system. This includes typical family roles, relationships, and dynamics; the family members' culture, values, and beliefs; their perceptions and feelings about critical issues; and family members' linkages within their extended family and community.

The skilled assessment caseworker uses interviewing strategies that move the family from the content level to the process level in their communications. (See Section IV-C, "Conducting the Family Assessment.") The caseworker must also use interviewing methods to generate discussion of critical information; to assure

the clarification of important issues; to guide the family in coming to valid conclusions; and to summarize the implications of this information with the family. The caseworker will likely use open-ended and supportive questions early in the process to engage family members, to strengthen the caseworker-family relationship, and to encourage family members to share information. In subsequent contacts, the caseworker will guide discussion to key issues, and help family members explore them in greater depth by using focused questions and clarifying responses. Periodically throughout the assessment, the caseworker will involve the family in summarizing what has been discussed, identifying prominent themes, and considering the relevance of assessment conclusions. All the fundamental principles of casework interviewing apply to the family assessment, including the scrupulous avoidance of leading questions. (See Section IV-F, "The Casework Interview: Implementing the Helping Process.")

The family assessment itself should consist of several interviews with family members. Five or six meetings of one to one-and-a-half hours in length should be considered the average. The assessment caseworker should meet initially with the parents or caregiving adults together, and then with the family as a whole. Follow-up individual interviews should then occur with each adult, and the children individually, if they are old enough. Additional joint sessions with the parents should complete the assessment, but one final meeting should be held with the entire family to summarize and share conclusions, and to develop "next steps."

The Family Assessment Criteria

Criteria are the standards, principles, or rules on which a judgment or decision can be based. The criteria for an adoptive family assessment are those personal and family characteristics that have been correlated with the successful parenting of adopted children, particularly those with multiple needs and problems. The family assessment helps the caseworker and family determine whether, and to what degree, family members possess these qualities, and what further development is needed to strengthen and enhance them.

Historically, it was widely believed that adoptive parenting was not unlike biological parenting. In reality, they are quite different, particularly when adopting older children. It is conventional wisdom among adoption professionals that adopting an older child is more akin to an arranged marriage than to childbirth. Unless the child is adopted by relatives, the adoptive family and the child share no genetic heritage; they have no prior attachment and no shared identity; and their cultural and social backgrounds are often quite different. Yet, after only a brief and closely chaperoned "courtship," they are expected to become emotionally committed to each other and to function together as a family. The children's often traumatic histories can further complicate the process of becoming a family. That so many adoptions are successful, in spite of the odds, is testimony to the strength of the human drive to nurture and to form intimate bonds.

While issues related to the adoption of older children are well-known, professionals and families often fail to recognize adoption-related issues in children who were adopted as infants. Many children may not exhibit adoption-related problems until adolescence or early adulthood, when the primary developmental challenge is to formulate a positive and independent identity.

Adoption issues can exacerbate this already-stressful developmental period. In some cases, the adoption can disrupt, either formally or informally.

After years of evaluation, the individual and family characteristics typically associated with adoption success have been delineated. Not surprisingly, the majority of these traits and characteristics are the same as those associated with successful foster caregiving. Adoptive and foster families are often the same people. Foster families frequently adopt children in their care, and some adoptive families continue to provide foster care after they have adopted. More important, the parenting strategies that work with children who have emotional and behavioral problems are often the same, regardless of whether the child is in a temporary or permanent placement. Many agencies recognize these similarities, and conduct joint recruitment and orientation for adoptive and foster families. They also use a common training and family assessment format, adapting them where needed to assure consideration of relevant differences.

The intent of the following discussion is to help adoption caseworkers recognize and understand the issues to be examined during the family assessment process. The specific traits and criteria delineated below apply equally to both adoptive and foster families for children with special needs. While the main points of this discussion are briefly presented here, the reader should refer directly to Section X-B, "Recruitment and Selection of Foster and Other Caregivers," for a comprehensive delineation of these characteristics, desired and minimal standards, areas that warrant caution, and interviewing strategies and questions that can generate discussion and elicit information.

The criteria for an adoptive family assessment can be divided into two broad categories: 1) the traits and characteristics that will enable the family to parent a child with special needs, without experiencing severe family stress; and, 2) the traits and characteristics necessary to meet children's special needs, and promote their healthy development.

Whenever we compile a list of highly desirable characteristics and use these as criteria with which to assess families, we risk perpetuating the "superfamily" myth. That is, we may begin to view the criteria on our list as the expected standard, rather than the ideal. Clearly, no family will ever have all the desired characteristics on our list to the ideal degree. Therefore, to be realistic, we must define a "minimum standard," in addition to our "desired standard." Families who repeatedly cannot meet the minimum standards should not be approved as adoptive parents. However, many prospective families will meet minimum standards in most, if not all, categories. They will also exhibit qualities closer to the desired standard in other categories. These are, by definition, the family's areas of strength. In addition, education and training can help many families develop their skills in critical areas.

Prospective adoptive families must always be assessed within their own cultural context. Workers must be cautious not to view families through an ethnocentric lens, in which anything "different" is interpreted as "deviant." In the absence of cultural knowledge, differences in family structure, organization, values, and coping abilities may be seen as dysfunctional, while valuable strengths may go unrecognized. While many of the characteristics and traits described in the "ideal" criteria may be shared by many cultures, the ways these are expressed by people from different cultural backgrounds may differ. For example, in one

family, "teamwork" by parents might be expressed as participating equally in all aspects of parenting, child care, and household management. In another family, roles of the parents may be more rigidly defined and distinct, but family members perceive the distribution of responsibility as equitable, and they all make significant contributions to the family. The caseworker must create an environment in which the family's values and beliefs can be fully explored and considered throughout the assessment process. (See Chapter V, Culture and Diversity in Child Welfare Practice.)

In all the descriptions below, the terms "parent" or "parents" refer to the adult caregiver or caregivers in the prospective adoptive family. This may be a single parent, a married couple, a single parent and an extended family member, or another combination of parenting adults. Each adult in the prospective adoptive family should be assessed individually on each of the criteria, and areas of agreement or disagreement should be determined. Areas where parents can support and complement each other should also be identified. Finally, since one of the goals of the family assessment is to determine whether the adults in the family have the ability to act as a parenting team, the caseworker might ask them to first consider each issue individually, then identify where they disagree, and consider how they might need to revise or integrate their approaches to assure consistency in parenting strategies.

Caseworkers must also remember that prospective adoptive families will vary widely on their areas of strength and vulnerability. No family will exhibit strengths in all the areas listed below. Those families with multiple strengths are often our strongest and most committed families. However, families with more modest strengths are often excellent adoptive parents as well. It is the

assessment caseworker's job to help families identify their areas of vulnerability, and avoid placing children in their home who will overly challenge and stress them.

Introduction – Getting to Know the Family

Open-ended questions are recommended early in the family assessment, particularly during the first family-caseworker contacts. The caseworker's genuine interest in the family will help build a relationship, and will help family members feel more comfortable talking about themselves. By using open-ended questions, the caseworker can gain a general understanding of the family's history, structure, organization, and culture. Information gained during initial discussions can help guide the direction of subsequent assessment interviews and raise issues for further discussion.

The caseworker might ask family members to write or prepare an oral "autobiography" and share it with the worker, either before or during the family assessment. The information in the autobiography can provide the topics for initial discussions. Finally, initiating discussion of cultural issues will help the caseworker avoid misjudging family members' behavior because the caseworker is unaware of, or insensitive to, cultural differences.

Category I – The Parents' Expectations for Adoption

There are a variety of reasons people decide to adopt. All prospective adoptive parents have a vision of what they want their families to be like, and how the adoption will help them achieve this vision. Unfortunately, unrealistic

expectations often result in dissatisfaction, disappointment, and potentially, adoption disruption. The caseworker must help prospective adoptive parents explore their vision and assess the reality of their expectations. This is extremely important, as many lack even basic information about parenting a child with special needs.

Prospective adoptive parents should view adoption as an inherently good way to build a family. People who apply to adopt an older child only because they want children, cannot have biological children, and the likelihood of finding an infant to adopt is remote, may not be good candidates to adopt an older child or one with special needs. For these parents, adoption may be seen as an inherently less desirable option, and they are likely to be seriously disappointed.

It is also critical that all family members, particularly the parenting adults, be committed to adoption. Successful adoptive parenting requires consistent support, commitment, and direct involvement from all family members. A considerable lack of involvement by one of the parents can greatly increase stress on the involved parent. Inconsistency in parenting may also encourage the child to "divide and conquer," which further increases stress in the family.

Examples of motivations that are typically associated with adoption success are:

- The prospective adoptive parents enjoy children; they enjoy being around children; and they find parenting to be pleasurable and fulfilling;
- The parents enjoy and thrive on challenges; and

- The parents want to nurture and help a child to grow and progress, and want to make an investment of themselves, their time, and their emotional energy toward this end.

Examples of motivations which are likely to produce an unsatisfactory adoption experience are:

- The prospective adoptive parents view adoption as a means of providing company or a playmate for a biological child;
- The parents have lost a child and seek to "recreate" their family as it was prior to losing their child;
- The parents are receiving considerable pressure from immediate or extended family members to have children;
- The parents believe having a child will strengthen or save their relationship; and
- The parents want to help a "poor, unfortunate child."

People's motivation to adopt may be quite complex. When questioned directly about their motivation, some parents may not be able to answer easily. Issues around motivation and expectations must be discussed throughout the entire family assessment to help family members correctly identify their primary

motivations, and to determine whether these will support or work against successful adoption.

Category II – Personal Maturity

There are several personal characteristics that enable adoptive parents to withstand the challenges presented by adoption without feeling personally threatened, or experiencing severe emotional distress. These include strong and positive self-esteem, the ability to care for themselves emotionally, and several qualities categorized as "ego strengths." People with these abilities are better able to cope with challenges without feeling that their competence, confidence, self-esteem, or identity are threatened. People whose self-esteem is easily threatened, or whose self-worth depends on their doing everything "well," or "right," may not admit problems to themselves or others. They may blame or emotionally reject the adopted child to maintain their own self-esteem.

These traits are often best explored in individual interviews with the prospective adoptive parents. There is also value in asking them to identify each other's personal strengths and areas of potential vulnerability. However, the caseworker must understand that these traits may be exhibited differently in different cultures.

Parents' strengths might include:

- The ability to delay gratification and to find satisfaction in small gains;

- Good emotional control, and the ability to discharge tension and negative feelings in nonharmful ways;
- The ability to continue to parent and nurture a child who cannot show or return affection, nor demonstrate respect and appreciation;
- The ability to seek help and accept constructive criticism from other people;
- The ability to put other people's needs ahead of their own;
- The ability to critically and realistically assess their personal strengths and vulnerabilities; the ability to articulate what situations or behaviors "push their buttons" and how they respond; the ability to set realistic expectations for their own behavior and performance;
- The ability to see humor in stressful situations, and use laughter appropriately to discharge and reduce tension; and
- The ability to make a commitment and stick with it.

Category III – The Stability and Quality of Interpersonal Relationships

People who have a strong and dependable network of supportive and nurturing relationships are better able to cope with stress. When relationships within a family are unstable, or family members can't rely on each other for support, the

emotional strain of adoption may be very threatening. Many foster or adopted children are adept at identifying areas of inconsistency, and playing one adult against another.

Parents must feel secure and confident that their relationship is strong enough to withstand stress and challenges. In two-parent families, the quality and stability of the couple's personal and sexual relationship must be fully assessed. A high percentage of children in adoption or foster care have been sexually abused, and they may act out sexually. The parents must be comfortable talking about sexual issues with children; must set expectations for appropriate and inappropriate sexual behavior; and must be able to cope with children's sexual behaviors without feeling threatened, jealous, or resentful.

Family strengths include:

- The family's history reflects stability in the relationship between the parents or adult caregivers. Parents have the ability to disagree and to negotiate differences without feeling personally threatened; parents have sought and constructively used help to resolve marital and family problems. Single parents demonstrate similar qualities in their close personal relationships.
- When parents have a prior history of divorce or instability in relationships, they have learned and grown from these experiences, and can identify how their current relationship is different from their previous relationships.

- Both couples and single parents have a strong support system of extended family and friends. They utilize this network regularly for emotional support, guidance, and direct assistance when needed.
- Parenting adults can describe how they operate as a team, particularly in parenting activities.
- Parents are comfortable with their sexual relationship. Parents are able to describe their children's sexual behavior, and can discuss sexual issues comfortably and appropriately within the family.
- Expressions of support, affection, and caring are easily recognized by other family members. (The particular ways that affection and support are expressed may vary among cultures.)
- Extended family members and close friends are generally encouraging, and they support the family's choice to become adoptive parents.

Category IV – Resilience, Coping Skills, and History of Stress Management

The prospective adoptive family should have a variety of effective strategies to cope with change and stress. A family that has continued to function productively in high stress situations usually has coping strengths that will help them adjust to the many changes and stresses inherent in adoption. Conversely,

families that have not dealt with instability or crisis often have less well-developed strengths and coping strategies.

We can determine a family's typical responses to stress by asking them to describe difficult or traumatic past life events and relate how they dealt with them. We should look for responses that suggest capable problem-solving activities; effective use of interpersonal and community supports and resources; an attitude of having learned and grown from past stressful experiences; and indication of realistic confidence in their own strengths and coping abilities.

In addition, family members should be able to describe how their family unit has responded to changes brought about by the addition or loss of a family member. Past experiences with the birth of a child, the death of a family member, a divorce or separation, caring for someone else's children, or bringing an elderly parent to live with the family can provide insight into how flexibly the family system reacts to structural changes. Family members should also demonstrate comfort with change and ambiguity, including an ability to "ride with the tide" when necessary.

Finally, while all families should be expected to grow from the challenges of adoptive parenting, overstressing an inexperienced family is certain to increase the likelihood of disruption, and may also result in the loss of a potentially good adoptive family. The caseworker and family should try to determine how much stress and change the family can tolerate without experiencing high levels of distress. This information will be important when matching a child to the family.

Family strengths include:

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- Family members can describe how they have managed difficult situations or crises in the past, such as serious illness, chronic stress, moving, loss of a loved one, etc.
- Family members have experienced changes in the family composition, and can identify how such changes were stressful. The family can describe how they "reorganized" as a family to accommodate a new member, or to regroup after the loss of a member.
- Family members demonstrate adaptability and flexibility in the face of change. They always have back-up plans, and they are able to quickly go to plan two or three when the first plan doesn't work. They are not threatened by a changed schedule. They appear to effectively practice "continual planning."

Category V– The Family is an Open System

An "open system" refers to a family unit that is able to adapt and change in response to challenges from within and outside the family. The "open" family is also linked with a broader network of extended family, friends, and community groups. The boundaries of the family are flexible; people can come and go, and the family can comfortably readjust in response to these changes. (This should not be confused with a family in which the "comings and goings" of members reflect instability, a lack of emotional commitment in relationships, or superficial attachments.) Family roles are also flexible, when necessary, to help the family as a unit adapt to changed circumstances.

A family's "openness" is also reflected by the family's willingness to allow persons from outside the family to help in stressful situations. There may, however, be individual and cultural differences regarding where the family seeks help. For example, some families will not utilize formal community agencies, but they maintain strong informal networks of relatives and friends, or they turn to a minister or a church group for support.

Finally, family members in an "open system" are able to acknowledge and appreciate differences. They enjoy contact with people of various ages and from other cultures, and they seek opportunities to be involved with a variety of people and situations. They accept and value people for whom and what they are, and they can identify strengths and value in most people.

By contrast, a "closed" family system is insular, isolated, and rigid when confronted with change. Members may have fixed roles, which are rarely altered even in changed circumstances. Family members highly value independence and self-sufficiency, and they don't often seek assistance from others. The epitome of a closed family system is, "it's just us against the world." Closed family systems are also often ethnocentric. Their members have difficulty understanding or respecting the values or perspectives of people who are different from themselves. They may also have more rigid standards for acceptable behavior.

The adoptive family system must comfortably incorporate not only the adopted child, but the child's biological family, and at times, prior foster families as well.

Whether or not a child ever has direct contact with members of her biological

family, the child's family is an important part of her history and identity. At many developmental stages throughout the life cycle, the child is likely to need background information. "Open" adoptive families acknowledge and accept the child's biological family as part of the child's history or "extended network." They do not deny the child's relationship with important others, nor the child's need to know about them, or to locate members of her biological family when she reaches adulthood. Some adoptive parents may have direct contact with biological family members, and may collaborate during case planning conferences or during visits. Many adoptions of children by their foster parents remain "open," particularly when the foster family has had ongoing contact with members of the child's biological family while the child was in foster care.

Family strengths include:

- The family has a strong and dependable support network through extended family, close family friends, or through organizational affiliations such as church or community groups.
- The family's extended family and support networks are in agreement and supportive of the family's desire to adopt.
- The family's past behavior demonstrates a willingness and desire to "use all the help we can get," rather than expecting themselves to manage everything on their own.
- The family demonstrates adaptability and flexibility in family roles to meet changing circumstances.

- Family members can describe previous group affiliations (a sports team, a church committee, a community planning group), and can relate how they participated as a team member and benefitted from the experience.
- Family members enjoy and appreciate differences, and are able to articulate ways that their lives have been enriched through contact with people who are different from them. They have personal relationships with people of different ages and social groups. They find diversity stimulating, and can describe how they have learned new things from people from diverse backgrounds. They are aware of how their own cultural traditions strengthen their lives, and they can identify things about their own cultural backgrounds they do not like, or have changed.

Category VI – Parenting Skills

Some prospective adoptive families have biological children, foster children, or other adopted children, or have cared for other people's children. Others may never have parented, and may have had little experience with children with emotional or behavioral problems. In general, people with parenting experience will be better prepared to care for an adopted child, even though parenting a child with special needs may be quite different from their other parenting experiences.

The relevant questions about parenting are, "Do the parents have, or can they develop, the skills needed to successfully parent children with special needs?" and, "Just what types of children are they best suited to parent?"

Parenting strengths include:

- The parents gain considerable pleasure and personal gratification from parenting activities.
- Being a parent is important "life's work," and they take pride in doing it well. An important part of their personal identity is being a parent. (This does not mean that the parent's primary source of self-worth is derived from their children's accomplishments, nor that their children are their only source of gratification. When parents depend upon their children's accomplishments to determine their personal worth, a child's perceived shortcomings are experienced by the parents as personal failures. Few children can live up to such parental expectations, much less children with special needs.)
- The parents truly enjoy activities related to parenting. They enjoy participating in recreation activities, vacations, projects, and other activities with their children. They look for ways to spend time together as a family. The parents express feelings of satisfaction from helping children learn; encouraging children to try new things; exposing children to new adventures; making children feel comfortable and content; and watching children grow and develop.

They may be involved as volunteers with groups of children, such as coaching a sports team or leading a scout troop, "just for the fun of it."

- The parents can realistically assess their own and each other's parenting strengths, and areas of vulnerability. For example, "He's great at calming a frightened child; I do better motivating a child who doesn't want to move."
- The parents have the ability to individualize children and their needs, and to respond accordingly. They are able to use parenting and child management strategies best suited to each individual child. They also understand how they might need to alter their parenting interventions to be responsive to a child's cultural background.
- Prospective adoptive parents who have no children of their own should have had prior experience parenting or working closely with other people's children, including children who have had physical, emotional, or behavioral problems. With some prior experience, there are likely to be fewer surprises. If their only experience has been with typical children, they may greatly underestimate the amount of stress associated with adoption, and they will need considerable coaching to develop effective parenting strategies.
- The parents use discipline strategies appropriate for children who have experienced prior maltreatment and separation; or, they clearly demonstrate a willingness to learn and use these strategies. Generally, these include: setting clear limits and using logical consequences for

infractions; positive reinforcement for desired behavior; time out; restriction of privileges; redirection; and removal of the child from the problem situation. Conversely, harsh physical discipline, strategies that shame or embarrass the child, segregation of the child for extended periods, or withdrawal of affection are potentially very harmful for children who have been subjected to maltreatment and separation.

- The parents recognize the potential effects of adoption on their own children, and have a plan to deal with them. They have talked with their own children about adoption, and have prepared them for the experience. The children understand and can tell the caseworker what things might change, and how they feel about the changes. The parents have considered their children's feelings and needs in making adoption decisions.

Category VII – Empathy and Perspective-Taking Ability

Perspective taking is, simply, the ability to understand someone else's perspective or point of view. Empathy is the ability to relate to and understand another person's situation, feelings, and motives. Both are necessary prerequisites for effective adoptive parenting.

Parenting strengths include:

- The parents are able to recognize and properly interpret one another's, and their children's, verbal, nonverbal, and behavioral cues, and they

can correctly describe what other family members are feeling or experiencing.

- The parents recognize that a child's misbehavior often reflects a feeling or need state. Family members can recognize when other family members are distressed or need assistance. (Workers should be careful to consider cultural factors and communication styles when judging this criteria. The important factor is whether the parents can accurately interpret the child's signals.)
- The parents express empathy for the child's biological family, and can understand the situation from the child's and family's perspective. (The parents' attitudes about biological families must be fully explored during the assessment process. The parents may need to modify pre-existing negative or stereotypic attitudes about biological families, and "abusive" or "neglectful" parents.)
- The parents understand the importance of providing accurate and complete background information to the adopted child. The parents can talk with the child about his biological family, and the child's positive and negative feelings about his history. The parents understand that the scope and depth of the information may need to change as the child develops.

Unique Characteristics of Adoptive Families

There are several traits that are less important when assessing foster caregivers, but which are very relevant when assessing prospective adoptive families. These qualities increase the likelihood of success when adopting children with special needs. They can be described as: 1) parental entitlement; 2) "hands on" parenting; and, 3) a lifelong commitment.

Category VIII – Entitlement

Entitlement is defined as the right to receive, demand, or to do something. In adoption, entitlement refers to the adoptive parents' belief in their inalienable right and responsibility to act in ways that promote the adopted child's best interests. People almost universally feel entitled to parent children who are born to them. The same cannot be said about caring for someone else's children. People are typically more hesitant to intervene, to discipline, or to make decisions for children who are not their own. They, appropriately, do not feel fully entitled to act as a parent. So, they say things like, "We'll have to ask your mother about that," or, "I'm going to have to tell your mother you did that, and she'll decide the consequences."

In adoption, it is not uncommon for adoptive parents to lack feelings of entitlement. The adopted child has been, by birth and by history, someone else's child. Other factors can also interfere with entitlement. The child may have had a traumatic history, or may have been hurt by adults in the past. The child often has emotional problems. Parents may believe that doing the wrong thing in these circumstances may do more harm than good. Parents who lack entitlement are often tentative in their parenting interventions. They fail to appropriately "take charge," make decisions, enforce these decisions, and discipline

appropriately when the child does not comply. Lack of conviction or involvement may be perceived by adopted children as a lack of investment and commitment. The tentative and inconsistent nature of parental responses can also be confusing to these children, who may not fully understand expectations, nor be able to predict the consequences if they do not comply. A lack of parental entitlement often exacerbates parents' problems in managing their adopted child's behavior.

In the common vernacular, entitlement is expressed as, "treating him just like he was one of my own." This trait is essential for successful adoption. The adoptive parents must understand that adoption gives them both the right and the responsibility to be the child's primary and permanent parent, and to act "as if the child were my own." During the family assessment, the caseworker must help the family assess the degree to which they believe they are entitled to parent an adopted child, and to educate them about the importance of developing this belief.

Category IX – "Hands On" Parenting

A characteristic of successful adoptive families is often referred to as a "hands on" style of parenting. The term "hands on" was likely derived from "hands on experience," which means someone rolling up his sleeves and doing a task, rather than watching, hearing, or reading about it. A "hands on" parent is one who does things *with* the child, rather than instructing the child to do them. In behavior management vernacular, "hands on" parents primarily use behavioral approaches to parenting, including: modeling desired behaviors; providing immediate and concrete positive reinforcement for success; shaping desired

behaviors; cheering, directing, and coaching; and disciplining quickly and appropriately when needed. They are not afraid to be directive and controlling when it is necessary, and they often participate with the child in activities.

Many parents use child management strategies of a cognitive nature. They provide instruction by talking things through with the child. They give verbal direction, or provide the child with options, and encourage the child to think for herself. These are excellent strategies to develop a child's capacity to reason, to predict consequences, to make decisions, and ultimately, to develop responsible self-reliance. As exclusive or primary strategies, these are less often effective with children who have emotional and behavioral problems. Children with special needs often respond better to more directive, concrete, consistent parental interventions, and they often need the parent's support and involvement in managing even commonplace daily activities. An exploration of the parent's typical parenting style is essential during the adoptive family assessment. In addition, adoptive families should participate in training to help them further develop "hands on" parenting strategies.

Category X – A "Lifelong" Commitment

A unique feature of adoption is its long-term, permanent nature. This is quite different from the short-term focus of most foster care. Adoptive families must be helped to consider the challenges that are likely to occur throughout the child's development, and to address these challenges. This is equally true for families adopting infants. Preparation must include a discussion of topics such as: identity issues common to adopted children during adolescence and young

adulthood; sexual issues for children who have been sexually abused; reasonable expectations for emancipation of a child with special needs; issues related to search and possible reunion with members of the child's biological family; and the potential need to provide guidance and support well into the child's adulthood. It is useful for prospective families to talk with veteran adoptive families who are at various stages in the adoption life cycle, to help prospective families recognize the lifelong commitment that adoption requires, and to determine whether they can make such a commitment.

When foster caregivers want to adopt children in their homes, the family assessment focuses less on issues of family process, child management, and direct caregiving, and more on long-term planning. Many of the questions we usually ask during a family assessment can be easily answered by talking with the family about their experiences while caring for the child, and by observing their family interactions. However, we must help them prepare for the future by considering the changes that will occur with adoption, and help them to plan for these changes.

Families Who Should Not Adopt

There are several individual or family characteristics and traits that place children at high risk of physical, sexual, or emotional abuse, or neglect. While this is not an exhaustive list of all such traits, the presence of these factors should serve as strong indicators that the family should not adopt. These factors include:

- A prospective adoptive parent has a documented or very strongly suspected history of sexual abuse against a child; or, has a sexual control or conduct disorder, such as pedophilia, voyeurism, or exhibitionism. These put children at high risk of further abuse. The motivation of these prospective adoptive parents might very well be sexual gratification.
- A prospective adoptive parent is currently abusing or addicted to alcohol or other drugs. Current substance abuse by either parent creates a chaotic and unpredictable home environment that places children at risk. The home environment may also be unsafe due to drug trafficking activities, or neglect or abuse when parents are "high."
- A prospective adoptive parent currently has a severe mental illness or emotional disorder, which would interfere with his or her ability to meet the child's needs. Severe individual pathologies such as schizophrenia, paranoia, or severe mood disorders; compulsive disorders, such as compulsive gambling, spending, or eating disorders;

personality disorders; or severe emotional problems, such as a volatile and explosive temper, can place children at risk of harm.

Several other family and personal conditions can potentially affect an individual's ability to parent an adopted child. However, these conditions may exist on a continuum from very severe to less serious, and the circumstances surrounding them often vary. Therefore, workers cannot rely on rigid and overgeneralized standards. A thorough, individualized assessment must be made of each prospective adoptive family. Our goal is to protect children, without inappropriately rejecting potential adoptive families.

These conditions include the following:

- A prospective adoptive parent has a prior history, either substantiated or strongly indicated, as a perpetrator of physical abuse or neglect against a child. This information is generally obtained through a prior involvement with a child welfare agency, from police reports, and from references. These situations require a thorough individual assessment to determine: the circumstances surrounding the alleged abuse or neglect; its scope and duration (whether it was a single, acute, event, or a chronic condition); whether the family structure has changed since the maltreatment occurred; whether the family successfully completed treatment; whether they have demonstrated a long period of effective parenting since treatment; and the potential risk in the family of future abuse or neglect, particularly in highly stressful situations. Extreme caution is always necessary, as workers must assure that children are not placed at risk of future maltreatment.

However, we must consider that some allegations of child maltreatment are unfounded, and that with proper treatment, some people can develop the skills to safely nurture and care for their children.

- A prospective adoptive parent has a history of arrest and/or felony conviction. The history should be fully explored with the individual to determine the nature and severity of the offense(s); the length of time elapsed since it (they) occurred; the circumstances surrounding the offense; and the history of rehabilitation, including the use of constructive coping techniques at present. Many states and provinces have strict guidelines prohibiting approval of persons who have felony convictions, regardless of when the felony was committed. Each individual must be assessed within state or provincial guidelines.
- A prospective adoptive parent has a history of domestic violence and spousal abuse, either as a victim or a perpetrator. This should be fully explored to determine the scope of abuse, when it occurred, the duration, and the history of rehabilitation. Single, isolated instances are generally of less concern than long-term patterns.
- A prospective parent has a history of previous substance abuse or addiction, but is in recovery. If sobriety has been maintained without relapse for an extended period of time, especially under stressful conditions, the individual may be an appropriate adoptive parent. However, workers should consider whether prospective parents, who no longer abuse alcohol or drugs, still maintain a chaotic and

dysfunctional lifestyle that is often typical of persons who abuse these substances. The caseworker should also help these individuals understand how the stress inherent in adoptive parenting might exacerbate their conditions, and contribute a relapse.

- A prospective adoptive parent has significant personal issues related to childhood victimization from physical abuse, sexual abuse, or neglect that would make it more difficult to appropriately deal with an adopted child's needs. Or, a prospective adoptive parent was a victim of sexual abuse, physical abuse, neglect, rejection, or abandonment, but believes these have been effectively worked through and resolved. Some people who were maltreated as children, but who have been able to overcome the impact of these experiences, may have the special insight and empathy to successfully parent a child who has been maltreated. However, current interpersonal and family relationships should not have been negatively affected by the person's history. The person must also be helped to understand how the behaviors, emotions, and attitudes of children who have been maltreated may resurrect old feelings and behaviors, particularly in stressful situations. Unresolved issues can restrict a parent's ability to respond appropriately to a child's behavior and needs. This must be carefully and individually assessed. The parent's history must also be considered in matching. It is generally safer to place a child whose history of maltreatment does not closely parallel that of the prospective adoptive parent.

- Parents who have overly rigid and unrealistic expectations for children's behavior may lead to overly strict enforcement, with severe consequences for noncompliance. Children's behaviors that do not conform to the family's values may be identified as "deviant" or "disturbed." In such families, children are often expected to deny their past history and identity, and to behave in ways rigidly prescribed by the adoptive family. (The caseworker must be able to accurately differentiate between overly rigid and unrealistic expectations, and the parents' ability to provide clear structure and well-defined, but reasonable and age-appropriate, limits.)
- People who had significant problems parenting their biological children may also have difficulty parenting an adopted child. However, some people learn from previous parenting experiences, and can use this knowledge to guide them through difficult times with an adopted child. The caseworker must carefully assess the source of the earlier parenting problems, and make an individual determination regarding the parent's abilities.
- A prior history of mental health problems should be fully assessed by the prospective adoptive parent and the caseworker. Many mental health and emotional problems are treatable. An example is clinical depression, which often can be well managed with medication. In addition, many people with emotional problems respond well to therapy, and having learned to manage or resolve their issues is often a strength. The prospective adoptive parent and caseworker should assess the nature of the applicant's mental health condition; the

family's ability to use supportive mental health services; and how the family has coped with the applicant's condition. However, we must help families understand that the added stress of parenting a child with special needs may exacerbate the applicant's condition, or contribute to a relapse. The caseworker and family must also determine what types of children might be too stressful for the family.

- Significant interpersonal problems, such as an unstable marital or couple relationship, chronic conflict, and significant differences in the parents' motivation to adopt, will likely be exacerbated by adoption, creating a greatly increased risk of disruption. The child may exacerbate family conflict; or, the child may be scapegoated and blamed for the couple's problems. There is also an increased risk of disruption should a divorce or separation occur. Consequently, couples who are currently experiencing serious interpersonal discord should be disapproved or deferred.

Caseworkers must be realistic, however, when assessing the extent of discord in the parents' relationship. Healthy couples have disagreements and arguments. More important is how the parents handle disagreements, and whether they can develop constructive solutions. A couple that airs differences openly and negotiates mutually-agreeable solutions will usually learn to manage conflicts resulting from the adoption.

Many prospective adoptive parents will feel uncomfortable discussing these problem areas. The caseworker must first establish a positive relationship with

the parents, and must then use good interviewing, observation, and listening skills to elicit information, and to help parents objectively consider these issues.

When a prospective parent has a history of substance abuse, mental illness, or emotional disorders, it is often useful to obtain another professional opinion. The caseworker might request a release of information to obtain past records, or may ask the parent to undergo a substance abuse screening, or a psychological exam. When this is necessary, the agency should help find service providers who are culturally sensitive and acceptable to the family. Many agencies also require fingerprinting or police checks of all prospective adoptive families. The caseworker should explain the necessity of this to protect all children from those few families who might place children at high risk of harm.

The caseworker should always try to help families recognize when adoption is not in their own, or an adopted child's, best interests, and encourage them to self-select out. However, the caseworker must also be prepared to disapprove or defer families, where necessary, to prevent placement of children into circumstances that are unsafe or potentially destructive.

Cultural Issues in the Adoptive Family Assessment

Caseworkers must understand the impact of cultural differences on the adoptive family assessment. The caseworker must be aware of cultural attitudes, values, and beliefs to prevent misinterpreting the meaning of family members' behaviors, traits, and communications. Likewise, caseworkers must recognize

how their own words, behaviors, or actions may be misinterpreted by the applicant.

There are many ways that cultural differences can affect a family assessment. For example, during the interview a caseworker may observe that the prospective adoptive parent avoids eye contact. The caseworker might conclude that the individual is not being truthful, or is embarrassed by the worker's questions. However, in the family's culture, diverting one's eyes may communicate deference and respect. Similarly, caseworkers may expect prospective adoptive families to be readily forthcoming with highly personal information. When they are not, a caseworker might conclude that the parents are withholding information or hiding something. However, some cultures place high value on privacy, and people from these cultures may be particularly guarded when dealing with persons outside their families, particularly persons in authority. Similarly, direct eye contact, touching, or aggressive interviewing by the caseworker may be threatening to family members, as can using a person's first name in a culture that views the use of first names by unrelated persons as disrespectful. These miscommunications may create a barrier to the development of the caseworker-family relationship.

In addition, specific words or phrases may have different meanings in different cultures. For instance, when describing family relationships in some cultures, the terms "cousin," "aunt," or "uncle" will refer to family members who are genetically related. In other cultures, this title may be given to persons who have close relationships with family members, regardless of their biological relatedness. A second example is the term, "okay," which can mean that something is good, or that everything is "status quo," or "tolerable." Differences

in the meaning of words and phrases can greatly confound verbal communication.

All cultures have values that describe "good parenting." However, the particular parenting behaviors that are valued in the prospective adoptive family's culture may be different from those in the caseworker's culture. The caseworker must develop an understanding of the accepted child rearing beliefs and practices in the family's culture, when helping the family assess their parenting strengths and vulnerabilities. The caseworker can also help families recognize when additional training or coaching in parenting strategies for children with special needs would be helpful. Most families can benefit from such assistance, either through parent education programs, or coaching from veteran adoptive families.

In general, the caseworker should consider the following when beginning an assessment of a family whose cultural background is different from the worker's:

- Family members may have different communication and interaction styles;
- Nonverbal behaviors, such as eye contact, body posture, and physical touch may have different meaning, and be interpreted differently among cultures;
- There are cultural differences in the use and meaning of specific words and phrases;

- The family structure, the nature of family relationships, and the particular characteristics of the home environment may be determined by cultural variables;
- To prevent misunderstandings, to help establish a positive casework relationship, and to promote an accurate assessment, the caseworker must understand her own cultural background and biases, and their effects on her behavior and communications; and
- If the caseworker does not recognize culture as an issue, there is a high risk of misassessment.

(Refer to Chapter V, Culture and Diversity in Child Welfare Practice, for a more comprehensive discussion of cultural issues.)

The Importance of Family Preparation

Preparation to become an effective adoptive parent is an essential part of the family assessment and subsequent preplacement activities. Thorough preparation of the family greatly increases the likelihood of placement success. There are several critical issues that must be discussed and dealt with during adoption preparation, including:

- Issues related to infertility must be discussed with prospective adoptive parents who are unable to have biological children. They must come to terms with their feelings about infertility, and the effects

these feelings may have on their relationship with each other and with an adopted child. If adoption is perceived as an inherently less desirable option, it may result in unmet parental expectations and disappointment, which increases the chance of disruption.

- Issues related to the applicant's "fantasy family" must be discussed. Every parent has fantasies and expectations for the parenting experience. This includes how they will feel, what they will gain, what their child will be like, and the changes the child will bring to their family. Particularly with first children, these fantasies are quickly tempered by reality (when their "even-tempered and happy" infant cries all night for the third night in a row.) Adoptive parents often fail to consider the effects of children's history of abuse, neglect, sexual victimization and multiple separations on their behavior and ability to form attachments. Consequently, the realities of adoption are often far different than the image in the parents' minds. Adoptive parents must be prepared for the disappointment and "second thoughts" that are common in adoption.
- It will take time to develop a parent-child relationship. Many adoptive parents expect "love at first sight," or a rapid bonding experience, as is typical with childbirth. However, as discussed earlier, adoption is far more analogous to marriage than to childbirth. The family and child are essentially strangers who must learn each other's ways of thinking and behaving, their likes and dislikes, habits, feelings, and idiosyncrasies, and then must make mutual adjustments. As such, the parent-child relationship can initially be superficial and

uncomfortable. Generally, bonds and reciprocity are forged over time. Adoptive families must be helped to develop realistic expectations for the development of attachment.

- It will also take time for the child to adjust to a new environment, and for the family system to accommodate its new member. The adjustment period is likely to be stressful and uncomfortable at best, and disruptive and chaotic at worst. All members of the family will be struggling to assimilate new roles and responsibilities, and to re-establish the family's equilibrium. During this time, the entire family (including the adoptee) is likely to individually (and, often, secretly) question the advisability of continuing the adoption. It is important that families be prepared for these feelings, and be encouraged to express them. The caseworker must be prepared to respond in a constructive, supportive manner.
- Prospective adoptive parents must be helped to understand that their traditional methods of child management and parenting may not be effective with their adopted child. The adopted child may be unique and challenging. Suggestions and advice from friends and family members may be of little use. Adoptive parents must often learn and use a repertoire of new parenting techniques. Linking the new family with veteran adoptive families is an essential part of preparation.
- Adopted children will always be biologically and psychologically part of "another family." Adoptive parents must learn to recognize and validate the importance of the child's biological family. Successful

adoptive parents are able to learn to constructively deal with their child's feelings or fantasies about the biological family. This is equally true when the child was adopted in infancy. At various points in the developmental cycle, adopted children revisit and reconsider issues related to their biological family and the adoption. Ongoing attention to adoption issues is critical, if adopted children are to develop a stable identity and healthy self-esteem. Adoptive parents must be prepared to help children deal with these issues, probably throughout life.

Potential Consequences of Insufficient Preparation

Despite the obvious need for in-depth preparation, some agencies still fail to adequately prepare adoptive families. There are several likely repercussions.

Unprepared adoptive parents will likely have high or unrealistic expectations for the adoption experience, will anticipate a smooth transition, and will expect themselves to be competent parents. They will continue to believe that the child will have minimal problems, or that they have the skills to deal with them easily. They expect attachments to form quickly, and they believe that the child will be readily integrated into their family.

When their expectations are not met, and if their parenting strategies cannot prevent or resolve problems, the adoptive parents may experience disappointment and frustration. They may misinterpret the child's misbehavior as ingratitude, or as personal rejection. They may scapegoat and blame the child, or they may blame themselves, and perceive themselves to be inadequate.

The frustration, emotional pain, and conflict that result from unrealistic expectations greatly increase the likelihood of disruption, displacement, or dissolution. When this happens, the child must deal with another rejection. Disruption can often be prevented if agencies assure that adoptive families are carefully and thoroughly prepared for the adoption experience.

Application

Recruitment Strategies

Many agencies use outdated and inadequate strategies to recruit and assess prospective adoptive families. While space prohibits a lengthy discussion of effective recruitment strategies, the following steps will aid in the development of a successful recruitment program. Agencies must first answer three critical questions:

- 1) For what types of children are families being sought? What types of children are currently awaiting placement? What are their needs?
- 2) What are the characteristics needed in families to successfully parent these children?
- 3) Where can people with the necessary qualifications be found in the local community? How can the agency access such families? Can they be accessed through adoption exchanges?

The answers to these questions can guide the development of an annual recruitment plan. If a group of waiting children have a common characteristic (a history of sexual abuse; attention deficit hyperactive disorder, or ADHD; mental retardation; physical disabilities; or are teenagers), recruitment strategies should highlight that need, and target persons who may have, or can develop, the skills to parent that type of child. Unfortunately, many excellent potential families are

overlooked. They include teachers, pediatric nurses, physical and occupational therapists, child care workers, juvenile court employees, veteran foster and adoptive parents and their extended families, day care providers, sports coaches, Big Brothers or Big Sisters, members of children's advocacy groups, scout leaders, religious education teachers, youth group leaders, and support groups for parenting and children's issues.

The formation of a joint community-agency advisory board is an important prerequisite to effective recruitment. Advisory board members can educate agency staff about community values, norms, and important issues. They can provide guidance in designing culturally sensitive grass roots recruitment strategies, and can help staff gain access to key community members. The board can also help identify resources, such as local newspapers, newsletters, and radio stations, in which to publicize the need for adoptive families, and they can identify appropriate sites for special events.

Suggested members for an advisory board would include ordained and lay ministers; local day care, preschool, or school teachers; day care or teachers' aides; members of service organizations (such as Lions, Kiwanis, and neighborhood groups); small business owners; medical professionals and aides who serve children; city and local government personnel; human service professionals; police and fire department personnel; radio, television, or newspaper reporters; veteran foster, adoptive, and kinship care parents; biological families; and adult adoptees. Adoption workers and other agency staff members should also participate, as every agency staff member is a potential recruiter of adoptive families. Representatives from minority

communities can help access leaders and recruit families from those communities.

An annual strategic recruitment plan should be developed. Recruitment activities require considerable lead time for planning, preparation, and public relations. Agencies generally plan budget expenditures annually, and funds to support recruitment efforts must often be approved a year in advance.

Most child welfare agencies struggle continuously with budget constraints. Recruitment strategies should maximize the use of existing, low cost resources. This can be done in the following ways:

- *Use as many free media events as possible.* Most local radio and television stations and newspapers have a "community bulletin board," where public service announcements (PSAs) can be made at no cost. Newsletters of churches and other organizations (PTAs, labor unions, support groups, etc) will often print information of interest to their members without cost. Newspapers will frequently print human-interest stories regarding foster care and adoption in their Sunday editions. This is particularly likely during National Foster Care Month (May) and National Adoption Month (November). Libraries, churches, schools, and public buildings may have display cases or bulletin boards that can be reserved for up to a month.
- *Work with advisory board members to secure free or reduced cost goods and services.* Advisory board members may know people in the community who would donate or reduce the price on goods, such as

paper products, novelties, or refreshments, or services, such as printing, public relations, space use, and entertainment.

- *Integrate recruitment activities with existing events.* Holding a special event requires a large expenditure of time, money, and staff resources. Therefore, special recruitment events should occur no more than two to three times a year. Instead, staff should identify events or holidays that can be used to publicize the need for adoptive families. Mother's Day and Father's Day are excellent examples. Both holidays are well established and high profile in almost all communities. The agency could place a "Mother's Day Card" or "Father's Day Card" in the newspaper or on a billboard, thanking all foster and adoptive mothers or fathers. A human-interest story could highlight several adoptive families and their experiences. During summer months, festivals and fairs provide an opportunity to generate direct contact with diverse groups of people. In the fall, fliers could be sent home with school children as part of a PTA newsletter. Of course, National Adoption Month, in November, is a great opportunity to highlight special needs adoption success stories.

One underutilized strategy is to involve foster and adoptive parents as recruiters. They are often excellent resources. They have firsthand knowledge of the system, and of caring for children with special needs, and they are a credible source of information to other parents. Veteran families could be asked to identify five potential adoptive families, and talk with them about the possibility of adopting. The adoption recruiter could follow up where indicated. Veteran families could also host a house party, where friends or neighbors could be

introduced to the concept of adoption in a more personal and relaxed atmosphere. Veteran families can become very powerful spokespersons for adoption in newspaper articles, radio call-in shows or TV spots. They can also accompany agency staff to speaking engagements and provide information about adoptive family life.

The use of foster and adoptive parents as recruiters is also an effective strategy to recruit families from minority cultures. Successful adopters can not only help other minority families negotiate the formal system, but can help agency staff become more sensitive and responsive to the needs of families.

Agencies often fail to recognize the need to be culturally sensitive in the development and implementation of their recruitment plans. For example, the media used in recruitment campaigns may not be widely accessed by people in certain communities. The logos and slogans used may not be meaningful to certain groups of people. Agency practices and policies may present barriers to adoption for certain people, and agency practices may be discriminatory. Bureaucratic policies and procedures, application forms, and formal interviews may be barriers to many families. Or, people who have experienced racism and discrimination in the past may perceive agency practices as prejudiced or racist, whether accurate or not, particularly when the authority vested in the agency and its staff is considered. As a result, many agencies have difficulty recruiting and retaining families from minority cultural groups. To be effective, agencies must adopt proactive, culturally competent, and community-specific recruitment strategies. This includes both the utilization of outreach and community-based recruitment strategies, and eliminating barriers to adoption by families from minority cultures.

Recruiters should maintain a high profile in local neighborhoods in which recruitment is being conducted. Face-to-face contact is essential. Speaking engagements should be arranged with as many churches, community organizations, neighborhood centers, schools, clubs, and social service organizations as possible. Adoption staff may have limited time for such presentations. Therefore, adoptive parents, advisory board members, and other agency staff might be organized into a speaker's bureau. Every speaker should be well prepared with accurate information, answers to potential questions, and agency literature. Direct contact by people within their own communities also helps reduce some of the barriers to recruitment of families from minority cultures. The bureaucratic nature of many agencies, including rigidly scheduled appointments held at the agency, lengthy application forms, strict procedures and regulations, and formal interviews may be interpreted by many people, particularly persons from minority cultures, as distancing, impersonal, and insensitive. Outreach and informal discussions with prospective adoptive families can help reduce many of these barriers.

Each neighborhood or community should receive information about adoption in various print media two to three times per year. These can include posters or fliers in grocery stores, barber and beauty shops, restaurants, merchant shops, car washes, laundromats, schools, churches, neighborhood centers, at bus stops and on buses, at sporting events, and during school activities such as plays and music programs. Restaurants can be asked to use specially designed placemats, provided by the agency, for a two-week period. Fliers and notices can also be hung on doors or affixed to home-delivered foods, such as pizza.

Using the media effectively is essential. While some media coverage can be obtained at no cost, many agencies may have to contract for additional advertising. The use of TV, radio, and newspapers as a recruitment tool can be powerful, if used effectively. However, staff must always consider who the agency is trying to reach when planning a media campaign. Consequently, what newspaper to use, where to place the ad, and how to word it may vary greatly, depending on the intended audience. Likewise, the development and scheduling of television and radio public service announcements should consider the demographics of targeted populations. The use of media targeted to minority communities enhances success in reaching this audience.

Print media, including brochures, fliers and posters, should avoid communicating inappropriate messages. Too often, agencies use recruitment strategies that misrepresent reality, including depicting the waiting children as healthy infants or young children. Slogans such as, "Do you have a little extra love to share?" may mislead many people to believe that the adoption of a child with special needs is a simple task. Consequently, recruitment may create inquiries, but the families who make contact with the agency may not always be interested in children with special needs, and they may not be appropriate as adoptive families.

Photographs and text in brochures and other publicity fliers should reflect accurate images of children with special needs. Strategies might include highlighting the challenges and rewards of adoptive parenting ("In our family, one small step is a very big deal!"); stressing the importance of helping children achieve permanence; or joining a "community" of adoptive families who, together, advocate for children with special needs. Photographs should also

represent a variety of children and families of different ages, composition, and from multiple cultural and racial backgrounds.

Every contact with the agency by a potential adoptive parent must be viewed as an opportunity to recruit. Recruitment campaigns generate inquiries. This is the point where many agencies fail to capitalize on their recruitment efforts. The staff person who handles inquiries must be well informed about the adoption process, and must demonstrate a high degree of patience and sensitivity. The staff person must address each caller's questions and concerns in a warm and open manner, while informing the caller about basic requirements. Callers should be invited to attend an orientation session to obtain further information. At times, even if callers do not meet basic requirements, they may know other people who do. A caller's first impression of the agency is the first step towards the development of a collaborative relationship. If this contact is handled improperly, it is also the point at which potential families may be discouraged from continuing.

Application materials should never be mailed to prospective families in response to an inquiry. The paper work can be overwhelming, and may create a significant barrier for families. It also communicates that the agency is a bureaucratic institution, rather than an organization that is responsive to people. Typically, formal application forms should be given to prospective adoptive parents only after they have attended an orientation or preservice training session, during which time they receive more complete and accurate information about adoption. Prospective parents can then complete the forms after having made an informed decision to continue the process. This also enables them to be more realistic in their responses. The adoption caseworker should go over the

forms with the parents in person, and be certain they understand how to complete them, or the forms should be completed together during a home visit.

The written application materials generally include: the application form; a financial form; health and medical information; a police check; reference forms; and questions to help the agency determine, in general terms, the type of child the family is seeking. The written materials may also contain questionnaires or homework assignments that help family members gain insight into the realities of adoption, while simultaneously initiating the family assessment. For example, application packets often ask prospective adoptive parents to prepare a written or oral autobiography or self-study. These can help the caseworker get to know the family; raise important issues; stimulate discussion; and provide insight into the the applicant's attitudes, values, and past experiences.

Orientation and Preservice Training

Orientation and preservice training are the next steps in preparing adoptive families. The five primary goals of orientation and preservice training are:

- 1) To provide families with essential information about the adoption process and the realities of adoptive parenting;
- 2) To maintain the momentum of recruitment by motivating families to continue exploring and considering adoption;
- 3) To help families begin the self-assessment and self-selection process;

- 4) To allow caseworkers to begin to get to know and interact with families within a group setting; and
- 5) To strengthen participants' positive opinions of the agency and its services, thereby improving public relations and the ability of the agency to provide adoption services to the community.

Orientation and preservice training educate prospective families about child welfare and adoption. Sessions should educate families regarding the types and needs of children who are available for adoption; the dynamics of abuse and neglect in the children's histories; the potential challenges faced by most adoptive families; and the rewards of adoptive parenting. The key word in effective preservice training is "basic." Many agencies, particularly those that do not have ongoing training programs for adoptive families, feel compelled to teach prospective adoptive parents "everything they need to know" during the preservice program. Family members cannot assimilate such in-depth information during preservice, and they often become overwhelmed. It is more important that they get sufficient information to make an informed decision about pursuing the formal application and family assessment process.

Preservice training initiates the self-selection process. This goal should be clearly communicated to prospective families prior to beginning the training.

Throughout the course of the training, participants should be reminded and encouraged to ask themselves, "Does this fit for me? Do I want to do this? Can I do this? What do I need to help me do this?" The content of the classes should raise critical issues, confront basic values, and explore participants' level of

commitment to adoption. Consequently, class sessions should provide straightforward information, and generate open and candid discussion. By the final session, most participants will have sufficient information to make an informed decision to either proceed or withdraw.

It may appear that the goals of maintaining motivation to continue the adoption process, and also helping some families self-select out of the process, are at cross purposes. We must remember that recruitment and orientation activities work best when they simultaneously motivate most families to continue, while encouraging inappropriate families to self-select out of the program.

Preservice training also creates an opportunity to gather information to be discussed during the family assessment. An applicant's responses in large or small group activities can provide important insights, which can then be reviewed and further discussed during family assessment interviews. Some families may be more comfortable asking questions or sharing issues in a group setting, whereas a one-on-one "assessment" interview may promote a socially acceptable or expected response.

Preservice activities are also an important public relations event for the agency. Participation in preservice develops impressions of the agency, its staff, and its programs. These will be carried back to the participants' communities, schools, churches, neighborhoods, work places, friends, and families. Even if prospective families ultimately choose not to adopt, a positive word to extended family members or co-workers could motivate others to consider adopting.

Preservice training can be scheduled prior to beginning a family assessment, or it can be integrated as part of the assessment. For some agencies, it can be both. The "preservice first" format is usually 12 to 18 hours in length, generates large groups, and serves as a positive public relations event for the agency. The limitations of this approach are that it does not offer in-depth training, and families cannot immediately consider and apply this information to their own situation.

When preservice training incorporates the family assessment, there is an initial group orientation, after which more intensive training is combined with an individual or group family assessment. The length of the training increases to as many as 24 to 30 hours, and participants are given homework assignments to be discussed with their caseworker during assessment home visits. Participation in large and small group discussions also generates topics for discussion with the assessment caseworker. A coordinated and integrated educational and assessment process results. For some families, however, this format may be too intense, and may not provide sufficient room to weigh and consider their interest prior to committing to a formal family assessment. They may drop out.

Finally, some agencies offer training after the families have completed the individual family assessment. Training offered at this point can be in more depth, and the class size will generally be smaller, which promotes the transfer of knowledge and skills. Basic information will have been provided during the family assessment process by the caseworker. The length of postassessment training may be from 24 to 40 hours. However, in this model, since prospective adoptive families do not attend training until after the family assessment, they

may participate in the assessment without having essential information to make an informed decision of whether or not to adopt.

Clearly, each of these models has its benefits and liabilities. Agencies should select the format that best suits their purposes, needs, and resources. For example, an agency that needs to "jump start" its recruitment and public relations efforts may plan a preservice program that orients and trains prospective adoptive families before the assessment process is begun. This allows the agency to be in contact with the largest number of individuals from the community in a single event. If an agency is focusing on the recruitment and preparation of a small group of targeted families, the agency might use a preservice program that is conducted simultaneously with the assessment process. Agencies might also consider a sequential training program that provides more general information to a large group during an orientation phase; targeted information during the family assessment to facilitate the assessment process; and finally, more in-depth skills training for approved families specific to issues of child management, stress management, and other topics to help families during the adjustment phase during and after placement.

Training sessions should be scheduled to be convenient for families. Sessions can be on consecutive weekdays, weeknights, or Saturdays. Larger urban agencies may offer more than one class at a time. To make preservice training more available to prospective adoptive families in smaller and rural communities, agencies should consider collaborating and combining preservice training sessions.

Preservice training should include basic content on the following areas:

- An overview of adoption, the adoption process, and the role and function of the child welfare agency
- How adoption affects the adoptive family
- Teamwork and using community resources
- The role and importance of the biological parent
- Attachment and separation issues
- Normal child development and the impact of abuse/neglect
- Parenting the sexually abused child
- Discipline and behavior management
- Talking with a child about adoption
- Adoptive parent/child issues
- Subsidy and legal issues

The training should be conducted using a variety of teaching modalities, including presentation, discussion, large and small group activities, videos, overhead transparencies, other visuals, role play, case examples, experiential exercises and guest speakers. Using panels of adoptees, biological parents and veteran adoptive and foster parents are an effective way to communicate important information and expose trainees to "real life" experiences. This helps to validate the training content for trainees.

The preservice trainers must be skilled in both the delivery of content and in group facilitation. Preservice sessions often trigger discussion of underlying personal issues. Some of the issues may reflect strongly held values, such as the belief that adoption success is enhanced by secrecy and denial of the child's prior life. The trainer must tactfully and skillfully handle these challenges. Trainers

should receive formalized instruction in adult education, presentation and group management skills, curriculum development, and use of audio-visuals.

The In-Depth Family Assessment

When conducted effectively, the family assessment is a mutual assessment by the family and their caseworker of the family's capability to parent an adopted child.

The objectives of the family assessment are:

1. To determine the prospective adoptive family's individual and collective strengths and limitations;
2. To assess the family's level of understanding of the preservice training content and its impact on their attitudes, values, and beliefs;
3. To help the prospective parents identify past or current issues, personality characteristics, and behaviors which would significantly impact their ability to parent an adopted child;
4. To continue the family's education and orientation regarding the adoption of children with special needs;
5. To further develop the collaborative relationship between the family and the caseworker/agency;
6. To determine what types of children the family could most effectively adopt, and the types of children the family should not adopt;

7. To provide the family with continued opportunities for education and self-selection; and
8. To document that the family meets the agency's minimum requirements for adoptive parents.

There are several models by which the goals of the family assessment can be met. Many agencies use an individual approach, where the family assessment is conducted jointly by the caseworker and family members. This includes a series of personal interviews with family members, both as a group and in individual sessions.

The self-study, discussed earlier, provides an opportunity for prospective adoptive parents to evaluate and explore their own attitudes, values, beliefs, and goals. This can be accomplished through the use of questionnaires, surveys, or some form of autobiography. The questionnaires generally ask about the applicant's desire to adopt, their past experiences with parenting, their childhoods, and their current relationships with spouse, children, their own parents and siblings, and other extended family members. People who may be shy, or who lack verbal ability, often appreciate the opportunity to express their ideas and thoughts on paper. However, some may view the self-study as a "test," in which they must provide the right answers. If people are not comfortable writing, they could instead be asked to record their thoughts using a tape recorder. If a self-study format is used, the purpose of this activity must be clear, and prospective adoptive parents must understand that honesty can prevent serious problems later.

The following are examples of questions in an adoptive family self-study:

- What are your reasons for wanting to adopt a child?
- What do you consider your most important strengths as a person? As a parent?
- Briefly describe your own family and your development as a child. What experiences most influenced who you are today?
- How did your parents handle discipline problems? Do you feel that they did a good job? What do you do differently?
- All adopted children have a biological family. How might you feel about your child's request to make contact with them?
- How do you and your spouse manage disagreements? What types of things do you typically disagree about in the area of child rearing? How have you dealt with these issues?
- What type of child and what kinds of problems do you think you are best suited to handle? What do you think would be hard for you? What do you know you couldn't handle?

The self-study can stimulate dialogue among family members themselves, as well as with their assessment caseworker, and can raise issues for further discussion during assessment interviews.

Some agencies use group assessment meetings. In this format, families are convened in small groups to receive basic orientation and education about adoption, to receive answers to questions and concerns, to review agency policies and procedures, and to use this information in assessing their personal strengths and vulnerabilities. The participants are often given homework assignments from the group sessions.

Both the individual and group approaches have benefits and limitations. The individual family assessment supports the development of a collaborative relationship between the caseworker and the family. The interviews permit the caseworker to help families explore individual and family issues in greater depth. However, some families feel considerable pressure during these interviews, and may be inclined to provide "the right answer," rather than an honest response. This is more true if the caseworker has not first developed a relationship with the family and alleviated the family's anxiety about the assessment. When an individual family assessment is used exclusively, prospective adoptive families are often isolated, which denies them the opportunity to establish relationships with other adoptive parents and to benefit from their questions and experiences.

A group setting can be less threatening to some families and may help them feel more relaxed and comfortable. Consequently, they may respond more honestly, which enhances the assessment process. Prospective adoptive parents can also

develop relationships with each other, and can serve as an informal support system in the future. However, some people are shy in groups, and may not openly participate. And, the group approach does not permit the exploration of an individual family's concerns and issues to any depth.

Optimally, the integration of several strategies generates a holistic and comprehensive assessment, with the family actively participating in the entire process. For example, family members might attend an initial orientation meeting in a large group to learn basic information about adoption and the agency. Families who do not meet basic requirements, or who do not want to pursue adoption, can be helped to self-select out. Remaining families would then proceed to preservice training. Basic application forms would be distributed and reviewed during preservice training. Preservice training classes would help families begin the self-assessment process. At the midpoint of the training, prospective families would be assigned to an assessment caseworker, who would conduct the individual family assessment interviews while the families are completing their preservice training. This would permit the caseworker to assess family members' understanding and retention of information from the training. Homework assignments given in class would be forwarded to the caseworker to use in generating discussion with family members. The preservice training group could also be formalized into an adoptive family support group, which could continue to meet for additional training and for mutual support after children have been placed in their homes. In some agencies, a support group is also formed for some of the children placed in these families. Meetings give them an opportunity to talk with others about their needs, feelings, and adjustment issues. In some cases, the families and the

adoptees meet together to deal with postplacement issues. (Refer to Section XI-E, "Postplacement and Postlegalization Services to Adoptive Families.")

Home Visits and Assessment Interviews

The adoptive family assessment must include face-to-face contacts with all family members in accordance with these basic guidelines:

- There should be a minimum of four to six contacts with family members, in addition to group sessions. Several of the interviews should include all family members. At least one individual interview should be held with each parent or adult caregiver. The parents/adult caregivers should be interviewed together at least once. When single parents have a "significant other," it is important to involve this person in the family assessment, as he or she is likely to have a high degree of involvement with the child. The caseworker should also talk with others residing in the home, such as extended family members, children, roommates, and nonblood "relatives." The caseworker should talk with the children in the home individually to assess their understanding of adoption, and to identify any potential problems.
- Generally, the family interviews should take place in the family's home. However, when more convenient for family members, or to provide more privacy, individual or joint interviews could be scheduled at the worker's office. Some families may not be comfortable coming to the worker's office, and for some families, transportation and child care may be problem. Then, the caseworker

might consider using a local community center, an office at the church, or other community locations.

The family assessment should be structured to generate discussion that addresses the following:

- To help the prospective parents understand their motivation to adopt, and to explore how this decision evolved;
 - Where appropriate, to determine the parents' attitudes and feelings about their infertility, and to understand their perceptions about childbirth versus adoption;
 - To understand the parents' attitudes, values, beliefs, and experiences related to children and parenting;
 - To identify the feelings of extended family members and family friends regarding adoption;
 - To help parents determine their strengths, and their areas of vulnerability, and to explore how these would affect the types of children they should and should not adopt;
 - To understand the nature of the family's social network, and their involvement in their community;
 - To help family members gain knowledge and insight regarding the adoption of a child with special needs (behavioral dynamics, challenges, attachment process, needs, internal and external resources);
 - To help family members assess their expectations of themselves, the adopted child, and the agency;
 - To help families anticipate problems and consider potential solutions;
- and

- To help the caseworker identify conditions and behaviors that might preclude a prospective family from being approved.

Assessment Interviewing Strategies

Regardless of the strategies used to conduct the family assessment, expert interviewing and assessment skills are essential for the assessment caseworker. A combination of open-ended, supportive, and clarifying responses, as well as direct questions where needed, are most effective in generating information and helping both the caseworker and the family members develop relevant insights. Direct questioning of family members is the least effective method of interviewing for a family assessment, even if the questions themselves are relevant. The following case example illustrates the limitations of direct questions.

Jenny and Kevin Parsons

Jenny and Kevin Parsons, ages 27 and 28, have applied to the Oak County child welfare agency adoption program. They have been married for six years, and have been unsuccessful in conceiving a child. Kevin is an activities director at a local neighborhood center, and Jenny works as a dental hygienist. Despite their two incomes, they are unable to afford the private adoption of an infant. They have come to the agency in hopes of adopting a preschool child. It is obvious to agency staff that the Parsons are very anxious about the adoption process. They have tried to be "the perfect applicants," demonstrated by their early arrival for preservice training classes, their typed (and quickly returned) autobiographies,

and their frequent phone calls to the caseworker to make sure they have "met all of the agency's expectations."

During the first home visit and interview, their caseworker prepared and asked the following questions. The parents' answers are in italics.

Why do you want to adopt?

(We love children and can't have any of our own. We want a family.)

Do you think you could love an adopted child as much as your own child?

(Yes, I'm sure we could.)

Will you tell the child she is adopted?

(Yes.)

If your child wanted to meet his biological parents, would you help him?

(Yes, when he reaches age 18.)

Do you have a stable marriage?

(Yes. We've been happily married for six years.)

Do you believe that you have resolved your infertility issues?

(Yes.)

Are there any behavior problems you feel you may have

trouble handling?

(No.)

During a follow-up case conference, the caseworker related the results of the interview to the supervisor. The supervisor inquired about the couple's strengths and limitations, and what that meant about the types of children the Parsons could potentially parent. The caseworker was unable to respond to her supervisor's questions, and realized that her interview with the Parsons had been superficial and uninformative.

More accurate and comprehensive information can be obtained by more open-ended questions that assess family members' actual life experiences. For example, the caseworker could help the family assess the flexibility of their family roles by asking:

How were household responsibilities divided in your family of origin?
Between your parents? Among the children?

How do you divide your household responsibilities now? How do you
feel about this arrangement?

Has there ever been an occasion when you had to "fill in" for your
spouse? Do someone else's job? How did you feel about that?

Case examples or vignettes can also be used to elicit attitudes, values, and beliefs. They can help the caseworker assess family members' understanding and retention of concepts and issues learned in preservice training. The "case study"

strategy presents hypothetical situations, and asks family members to respond to them. If used correctly, these can be valuable assessment tools.

However, prospective adoptive families are often expected to provide information about situations with which they have no prior experience. This is particularly true if the prospective adoptive families are childless, or this is their first adoption experience. Their answers are then likely to be stereotyped, formulated to please the caseworker, or simply based on speculation. For example, questions like, "If your child sexually acted out, how would you handle it?" or, "If your child was caught stealing, how would you discipline him?" do not always elicit relevant, or accurate, information.

The Parsons' assessment caseworker, with the coaching of her supervisor, developed some case scenarios and relevant questions to promote discussion. She took these to the second interview with the family, and presented the following scenario to them:

Your child is six years old. She joined your family at age five.

Today, the school called because your child stole another child's lunch money. When you come home after work, you confront your child.

She gets angry and screams, "You can't yell at me, you're not my real mom (or dad)!!! I wish I could go back to them. Leave me alone!!!"

The child runs to her bedroom and slams the door.

The follow-up questions were designed to tap the family's past experiences with similar situations, rather than asking the family to hypothetically project what

they might do in this situation at some time in the future. The questions included the following:

1. Why do children steal? Have you ever had to deal with stealing at work or home? How did you feel about it? How did you handle it?
2. What might have caused such an angry reaction in the child? How do you handle angry co-workers? Patients? Clients? How does their anger affect you?
3. What made the child bring up her adoption at this point? How would an adoptive parent feel being told, "You're not my real parent"? In the past, when you have had your feelings hurt, how did you react? How did you handle your feelings?

The caseworker was amazed at the discussion that was generated. She and the family were also aware of the amount of insight they had gained about Kevin and Jenny's strengths, limitations, attitudes, values, and beliefs.

Both had handled stealing problems with children. Kevin caught a boy trying to conceal sports equipment in a gym bag. Jenny discovered that a young child had taken her mirror from the dental tool tray. Both agreed that confronting the children and discovering their motives was critical. Kevin had discovered that the boy did not have any toys at home to play with, and that his family routinely "borrowed" things they needed. Jenny stated that the four year old thought that she could take the mirror for a "good girl" prize. The child was accustomed to picking a small prize from a basket for cooperating with the dental exam. Jenny

said it was a misunderstanding, but the girl's mother took the time to explain to the child about stealing.

Jenny and Kevin had also dealt with their own and other peoples' anger. They related numerous anecdotes of confrontations they had been involved in. Jenny felt that the child in the case example had become angry because she had been caught and would be disciplined. Kevin remembered that the trainer told them that anger in adopted children was often colored by their past history of trauma, including abuse, frustration, fear, or grief. He suggested that perhaps the child was afraid of being abused again for "being bad." Jenny agreed, said that it made sense to her, and then wondered if the child might also be afraid of being rejected.

The Parsons were initially unsure why the child in the example would bring up adoption at this time, but they both felt that any adoptive parent would be hurt and upset by the child's comment. When prompted, both described experiences of being hurt by friends and family. Kevin stated that he would forget about it and act as if nothing had happened. Jenny, on the other hand, stated that it sometimes took her a while to get over being hurt, and that her relationship with the person who had hurt her would be temporarily strained. She found that talking directly to the person helped her the most.

The caseworker decided to help the Parsons stretch their thinking and begin to relate their past experiences to adoption issues. Using strategies her supervisor had demonstrated, the caseworker asked Kevin and Jenny to think of times they might have said things they really didn't mean as a way of testing another person. Jenny blushed and giggled, and said that early in their marriage, in a

fight about Kevin's long work hours, she had said to him, "If you feel that way, maybe you don't really want to be married any more." She related that Kevin had wisely told her, "Of course I want to be married... this has nothing to do with our marriage. It has to do with my career." Jenny realized that she had been feeling threatened by his commitment to his job, and had been asking him to reassure her of his love and commitment to her. Then she said, "I suppose that adopted children might feel that same sense of insecurity." The caseworker commended Jenny for her insight, and told her that understanding children's needs and feelings driving children's difficult behaviors would be a valuable strength in learning to respond constructively to meet the needs than simply applying consequences for the behavior.

The caseworker then asked, if that were the case with the child in the scenario, what would they say to the child? Kevin said he'd give the child a chance to cool off, then try to talk to her and make sure she understood that this was only about stealing and not about whether she was going to stay in their family. He also thought the child's history of neglect might mean she was afraid she wouldn't have money to buy lunch at school. He would reassure her that she was in their home to stay, and that he loved her, would make sure she was always fed, and would not hurt her, but they had to work out a solution to the stealing problem. Jenny agreed that this would be a good strategy. The caseworker suggested they might also involve the child in working out a fair and non harmful consequence for her behavior, and told them they would learn more about this in their preservice session on discipline.

After the home visit, the caseworker felt that she had a better understanding of Kevin and Jenny, and she felt that many of their life experiences were strengths

that would assist them in adoption. The caseworker was impressed with their interactions with children, despite being a childless couple. The caseworker was also able to help them identify further training needs regarding the dynamics of adoption, and children's perceptions of being an adoptee.

Adoption Approval

Because the family assessment is a collaborative process, the formal approval will evolve as part of the family assessment discussions. In most cases, there will be no surprises. Families with obvious limitations will have been helped to self-select or counseled out of the process. Discussions of the family's strengths and vulnerabilities will have resulted in a joint decision about the types of children they should and should not adopt. The final phase of the family assessment is to formalize the conclusions drawn from the family assessment, and to plan next steps. The caseworker must again review all of the applicant's information to identify inconsistencies, vague or unclear statements, or missing information. These should be explored and clarified with the family before proceeding with formal approval.

Formal approval is supported with documentation gathered during the assessment process. The findings and conclusions of the family assessment should be written into a formal family assessment report, which becomes a permanent part of the family's record. The caseworker should also record the age, sex, number, and types of children the family is best suited to parent, and those that the family should not parent. The family should receive notification of formal approval in writing.

In some cases, the caseworker will determine that despite the family's completion of the family assessment, they are not ready for adoption at this time. Reasons could include a serious illness in the family, an unexpected pregnancy, or other situation that involves high levels of stress. Or, it may be due to other conditions, which may or may not be resolvable. For example, if a family cannot realistically assess their potential to adopt because they have had no experience with children, the caseworker might recommend they defer their application and gain additional experience. They might volunteer at a children's recreation center, lead a scout troop or sports team, become a Big Brother or Big Sister, teach religious education classes, or volunteer as a classroom aide at a local school. The caseworker should discuss the relevant issues with each family being deferred, and explain that when their situation is more conducive to adoption, they can reactivate their application. The caseworker should provide the family with written documentation of this decision.

In some cases, the caseworker will have to formally reject a family that is not suitable to adopt. While it is hoped that the caseworker and family could reach this conclusion jointly during the family assessment, at times this does not occur, and the caseworker must deny the family's application. The caseworker should provide the family with written documentation of this decision, and clearly state the criteria for rejection. The family may need to be helped to understand the decision and deal with their disappointment.

Rejecting or deferring prospective families is a difficult task for most adoption workers, particularly when they have worked closely with the family for a significant period of time. They empathize with the family's disappointment and feelings of hopelessness. However, workers must recognize that their role is to

recruit and prepare adoptive families who are capable of providing a stable and loving permanent home for a child. The following suggestions will assist the caseworker in rejecting or deferring prospective adoptive families:

- Raise concerns and issues early in the family assessment process, and continue to discuss them throughout.
- Help family members understand how these factors would be detrimental to children with special needs, and potentially detrimental to their family, if they adopted at this time.
- Give family members a very clear and honest explanation of why they are being rejected or deferred, and support these explanations with specific examples.
- Help them identify resources to resolve their issues and problems, such as marital or family counseling, or treatment for substance abuse. Help the family access these services.

The caseworker must remember that rejecting or deferring a prospective family will likely prevent an adoption disruption or dissolution for a child in the future, and may help some families develop into potential resources at a later time.

Case Examples

The following case examples depict three families who have applied to adopt children with special needs. They have all expressed interest in a school-age child. The first family, Robert and Elizabeth Clarke, appear to be excellent candidates for adoption, based upon preliminary information. However, a more thorough assessment suggests that they may need to make significant changes in their lifestyle to effectively parent a child with special needs. The second prospective adoptive parent is Marjorie Marks, a single parent, whose preliminary information suggests several potential problems. However, a more comprehensive assessment identifies numerous strengths that are not immediately evident. The third family, James and Betty Chambers, have both strengths and limitations that are apparent at the time of assessment, and that should be considered in determining the type of child who should be placed with them.

The information recorded below was gathered during the screening and orientation process, from written application materials, and from the initial in-home interviews with the parents. The families had attended several preservice training sessions as well. While the following information is not comprehensive, it provides relevant data to begin to help assess each family's suitability and readiness to adopt a child with special needs. Further discussion and assessment would be necessary to identify the types of children each family could best parent, and to begin to prepare them for the adoption experience.

Robert and Elizabeth Clarke

Robert and Elizabeth Clarke, an African American couple, have applied to adopt a child of either sex between the ages of five and nine. The Clarkes have been

married for 12 years. Mr. Clarke is 33 years old. He has a master's degree in electrical engineering, and is currently employed by IBM in the research department. He enjoys stamp and coin collecting, and is an avid fan of old movies. Mrs. Clarke is 32 years old and has just completed her master's degree in nursing. She is Head Nurse in the neurology intensive care unit at the local medical center. She enjoys sewing, making pottery, and studying African art and classical music. The Clarkes are very stable financially, have a combined annual income of \$147,000, and they have planned well for their retirement. They enjoy travel, and have taken vacations to Europe, China, Japan, and Kenya. They are active in their church and family – both sets of in-laws reside within one hour's drive. Mr. Clarke was an only child, and Mrs. Clarke was the youngest child of two children. Her parents were in their middle forties when she was born. Her sister, who is 16 years older, lives in another state.

On their application the Clarkes indicate they are unable to conceive a child, and they waited to adopt until they were settled in their careers and financially secure. They feel they can offer a child an education, financial security, and "lots of love and attention."

The caseworker arranged a home visit with the Clarkes. The visit was scheduled during the evening to accommodate their work schedules. When the caseworker arrived at the home, Mr. Clarke apologized that Mrs. Clarke would be late due to an emergency in the intensive care unit. He stated that he was usually the one who was late coming home from work.

Mr. Clarke offered to show the caseworker their home while they waited for Mrs. Clarke. The home was spacious, immaculate, and had been carefully decorated

with antique furniture and lovely oriental rugs. When the caseworker asked if they had hired a professional decorator, Mr. Clarke stated that Mrs. Clarke had done it all herself. He said she put a great deal of time and energy into the home, and was very proud of it. Mr. Clarke showed the caseworker his home office. It was a neatly organized with a computer, bookcases filled with books, filing cabinets, and a drafting table. Mr. Clarke said he often brought work home from the office when there was a tight deadline.

Mrs. Clarke arrived home shortly thereafter. She was a petite, well-dressed woman who looked younger than her 32 years. She apologized for being late, and stated that there had been a staff shortage and she had to fill in. She said it had been a tough day, filled with staff and patient problems, and that she was looking forward to putting her feet up.

The caseworker asked the Clarkes why they wanted to adopt. Mrs. Clarke quickly answered that she liked children and had always wanted a family. When asked about her "fantasy family," she said she wanted one or two children whom she could teach new things, and she would love to have a child to share her hobbies and interests. She said she liked helping people, and had a lot of patience, and she felt that would make her a good parent. The caseworker asked Mr. Clarke for his input. He stated that he had considered parenthood from time to time and hadn't been ready before now. But, he thought he was old enough and settled enough to give it a try. He believed he, too, had a lot to offer a child, and he supported Mrs. Clarke in her desire to have a family. Both the Clarkes felt that they could give a child a good education, as they lived in one of the best school districts in the state. Mrs. Clarke also stated that she would probably be more involved with the child, and would give the child lots of individual

attention, since Mr. Clarke typically worked at home in the evenings, and was often away on business.

Mr. Clarke excused himself briefly, as he was expecting a message regarding a special project on his computer e-mail. Mrs. Clarke went on to say that while they would be happy with either a boy or a girl, she would prefer a girl who could become interested in sewing and pottery. They said they had agreed on a school-aged child, since both of them worked, and they did not want to worry about childcare arrangements. After having attended preservice, she knew she didn't want a child with a lot of emotional or behavioral problems, but felt she could parent many of the other children that were described by the social caseworker. Mrs. Clarke said that with enough advanced notice, she had been able to attend the first two preservice training sessions. Her husband had been unable to attend, but she had told him what she had learned.

Marjorie Marks

Marjorie Marks has made an application to adopt a girl from birth to age 10. Ms. Marks is a 27-year-old African American single parent. Her daughter, Patrice, is 11. Ms. Marks' grandmother, Mrs. Bessie Stokes, age 68, also lives in the home. Ms. Marks has a high school education and works as a nurse's aide at a local nursing home. Her annual income is approximately \$26,500 per year. Mrs. Stokes receives social security payments of approximately \$650 per month. Ms. Marks noted on her application that her hobbies include singing in the church choir, and shopping with her daughter at garage sales and flea markets.

Mrs. Stokes owns the family's home. Ms. Marks does not pay rent, but she performs housekeeping and errands in exchange for housing. Ms. Marks comes from a large extended family of several brothers and sisters, many of whom live in the area. Her father is deceased, but her mother maintains the family home a few miles away, where two of Ms. Marks' younger siblings still live.

Ms. Marks stated that she wants to adopt because she enjoys parenting and she does not want Patrice to grow up as an only child. She believes that she is a good parent, that their family is very close and has a lot to give a child, and that any child would enjoy being part of her family.

The caseworker made a home visit in the late afternoon, as Ms. Marks had requested that Patrice be part of the entire process. The home was located in an older part of the city on a small lot, close to the street. There was a small yard with a swing set behind the house. The house, which was older, appeared to be in need of paint and minor repair. The inside was small and somewhat cluttered, but was clean and colorfully furnished. There was a stack of games, coloring books, and puzzles in one corner of the living room.

Ms. Marks introduced the caseworker to her grandmother, Mrs. Stokes, who appeared to be agile and in good health for her 68 years. Ms. Marks explained that she began living with her grandmother after her grandfather passed away suddenly 11 years earlier. It worked out well, as Mrs. Stokes had provided day care for Patrice, and Ms. Marks was able to finish high school. Ms. Marks offered her grandmother company, provided housekeeping assistance, and transported her to appointments, since Mrs. Stokes has never driven.

Patrice took the caseworker on a tour of the house. There were three bedrooms and a bathroom upstairs. The bedrooms were clean and comfortable. Ms. Marks had decorated with bright fabric curtains and spreads, and each room was decorated differently. In her room, Patrice proudly showed the caseworker her "mini gallery" of art work she had created while enrolled in an art program at a local neighborhood center. The first floor included a living room, dining room, foyer, and kitchen. A door off the kitchen led to an unfinished basement used for laundry, storage, and indoor play for Patrice on rainy days.

Mrs. Stokes invited the caseworker to sit with the family at the kitchen table during the interview. The caseworker asked Ms. Marks why she wanted to adopt. Ms. Marks replied that she had given birth to Patrice when she was in high school, and that she had never regretted it for a moment. She thoroughly enjoyed Patrice and being a parent. She stated that her family had been very supportive of her. She likes parenting and feels that she is ready for another child. She stated that she saw an advertisement for adoption on television and "the light bulb went on." She said that she, Patrice, and Mrs. Stokes had talked about it for weeks. They all realize that it will mean sacrifices on everyone's part, but they are ready to take on the challenge. The reason she requested a girl from birth to age 10 was that the child would have to share a room with Patrice, and she felt that Patrice should remain the oldest child. Ms. Marks said that before the child moved in, she would trade bedrooms with Patrice so the girls would have more space.

Patrice seemed excited about having a new sister. She said she knew there would be fights and jealousy, but she was used to that, since she has lots of cousins. She said she could help her sister get to know the neighborhood and

school, and that she would take her to the public pool and library program next summer. Ms. Marks told the caseworker that Patrice has had problems in school, but she is doing better now. For a long time, the school did not believe that Ms. Marks was working with her daughter at home, since Patrice's performance was so poor. However, Ms. Marks insisted that the school arrange testing for Patrice, and she was found to be dyslexic. Now in special classes, and with the help of Mom and Grandma, Patrice is doing well in school. They also enrolled her in art and music classes at the local neighborhood center to help her find something she could do successfully.

Mrs. Stokes is a retired cook. She is very active in her church and several women's groups. She volunteers one day a week at the local hospital, and she fills in at the soup kitchen as a cook in emergencies. She is looking forward to a new addition to the family, and not so secretly would like an infant; but, she also said she knew an older child was more realistic, and that she "might be around long enough to see an older child grow up." She stated that "being around young people keeps me young." Mrs. Stokes said she had helped raise three of her sister's children years before. She said it had been hard at times, but seeing them grow up and be on their own was her best reward. She said at one time she had nine children in her home!

Ms. Marks, Mrs. Stokes, and Patrice are anxious for the next preservice training class. They have all attended the two sessions to date, and have reportedly learned a lot.

James and Betty Chambers

James and Betty Chambers are an African American couple who are 29 and 30 years old respectively. They have two boys, James Jr., age eight and Darnell, age six. Mr. Chambers is the minister of a local church, and has been with the congregation for three years. Mrs. Chambers is a secretary with a local insurance company. She works full time, but is very active in church and in the children's school activities. The Chambers report a combined annual income of \$46,300.

The Chambers met in high school and married shortly after graduation. Rev. Chambers enlisted in the military for two years after high school, and enrolled in the seminary following his discharge. Mrs. Chambers stayed on base with her husband during his military duty and took night classes. She continued her education while her husband was in college, but she dropped out of school when she became pregnant with James, Jr., because she had a difficult pregnancy. The birth of her second child was also difficult, and resulted in a partial hysterectomy. She only recently returned to work outside of the home, since her youngest child now attends school full time.

The Chambers noted on their application that they wanted to adopt a girl, age eight to 12, as they were no longer able to conceive children. Since they already had two sons, they wanted "the chance to add a girl to our family." Rev. and Mrs. Chambers felt that God had blessed them with two sons, and that they would take this opportunity to give a home to an older child who might otherwise not be adopted.

The Chambers family live in a modest duplex in a suburban area of town. The home was warmly decorated, and family pictures were displayed everywhere. There were three bedrooms and a bath upstairs, and a large kitchen, dining

room, and living room on the first floor. The basement had been partially renovated to provide Rev. Chambers a home office. The yard was fenced in, and had a well-used swing set and basketball hoop. At the present time, each of the boys has his own bedroom. However, following an adoption, the boys would share a bedroom, and the adopted child would have her own room.

The entire Chambers family was very active in church, school, and community affairs, and they enjoyed doing "family" things, such as camping, playing board games, and playing sports. This was evidenced by the toys, sporting equipment, and games that could be seen in and around the home. A large calendar which hung on the refrigerator was filled with appointments and activities. The family attended church Wednesday evenings and all day on Sundays. The whole family sang in the choir, which practiced on Thursday nights.

Rev. Chambers was friendly, outgoing, and well-spoken. He stated that while he enjoyed his boys immensely, he would like the chance to parent a daughter. He said he enjoyed working with the young girls in his congregation, as many of them had absent fathers. He believed his family could provide a moral atmosphere for a child, and he could teach a daughter how to grow up to be a respectable woman. Mrs. Chambers was quiet and reserved. She admitted to being initially shy, especially in strange situations. She appeared to be a well-organized and invested mother who took great pride in caring for her family. She stated that she came from a large family and had five sisters. She remains very close to all of them. She said large families are wonderful, and she would have liked to have had five or six children. However, her difficult pregnancies prevented that.

Both children were reported to be excellent students in school, and well-liked by peers and adults. During the home visit they were polite, well-behaved, and affectionate toward their parents. They appeared to get along well with each other, and played at the dining room table during much of the interview. When the caseworker asked the boys about the adoption plans, Darnell was very shy and hid behind his mother. Mrs. Chambers told the caseworker that Darnell did not talk much around strangers due to a speech problem, but that he will talk once he is familiar with a person. Darnell attends speech therapy twice a week at school. When asked, James, Jr. indicated that he wouldn't mind having a sister around, but that he wasn't very happy about having to share his room with his brother. He also thought it would be better to have another brother so they could "shoot hoops." His father told the caseworker that James is very active in sports, and is currently playing in a basketball league on Tuesday evenings and Saturday mornings.

The Chambers are anxious to begin the adoption process, but are concerned about the scheduling of the preservice training due to their active schedule. They were able to attend the first session, but the second session conflicted with a church activity they were committed to attend.

Synopsis

This early in the family assessment, we have only preliminary impressions of these three families. There has been little in-depth discussion of family members' values, attitudes, beliefs, child-rearing practices, or of adoption-specific issues. With the information to date, the caseworker has begun to formulate perceptions of each family's strengths, possible areas of vulnerability, and how these might

affect the type of child each family could best parent. The following are the worker's thoughts on each family. These would be shared with the families during further interviews to generate additional discussion.

The Clarke Family

At first glance, the Clarke family would appear to be potentially excellent adoptive parents. Both parents have stable careers; they are financially secure; they live in a well-furnished home in an excellent school district; and they could provide a child with many opportunities for development. Mrs. Clarke exhibits skill and patience in caring for persons with serious medical problems, and both Mr. and Mrs. Clarke demonstrate commitment and perseverance, evidenced by their active involvement in their respective careers. However, there were also several issues that would need further assessment and discussion. The Clarks have no parenting and limited child caring experience. Both said that Mrs. Clarke would be the more involved parent, due to Mr. Clarke's often lengthy absences from home and his involvement in his job. They appear to have limited understanding of the changes in their lifestyle that will occur if they become parents, and especially adoptive parents. They currently have little time to devote to a child. They live far from extended family, and their schedules lack flexibility, which would make attendance at appointments, such as school conferences and counseling, more difficult. Their expressed motivation to adopt lacks insight into the needs and problems of the types of children available for adoption. It appears that Mr. Clarke may be ambivalent about parenthood, and he appears less committed to adoption than is his wife.

Based on the information to date, it would be hard to determine whether the Clarkes should adopt a child with special needs. The Clarkes do not yet know enough about adoption to effectively self-assess. In the next family assessment interview, the caseworker should begin to help them better understand the realities of parenting a child with special needs. Their history in managing change and stress should be further explored. The caseworker should arrange for them to meet with adoptive parents of children with special needs to help them better understand the long-term realities of adoption, and the range of emotional and behavioral problems typical of children who have been abused or neglected. The caseworker should prompt the Clarkes to consider lifestyle changes, such as the possibility of Mrs. Clarke working part time, and Mr. Clarke altering his work activities to make time for parenting. Whether they can negotiate changes in their work schedules so Mr. Clarke can participate in preservice training and adoption preparation should, itself, be educational for them.

It is possible that the Clarkes might choose not to adopt, after they better understand the adoption process. However, it is also possible they could develop or demonstrate more interest and commitment than are immediately apparent. The completed assessment might determine that they could potentially be good adoptive parents for certain types of children. For example, they might be good parents for a child with a chronic or correctable medical condition, particularly because of Mrs. Clarke's medical background. They might also be able to parent a child who exhibits few emotional or behavioral problems, but who needs a permanent and secure family, provided the Clarkes can make sufficient adjustments in their lifestyle to accommodate any child. In any case, extensive preservice training and education would be necessary to help prepare them for adoption.

The Marks Family

At first, Ms. Marks seems to have more responsibilities than she can handle. She is a young, single parent who works full time, and cares for both a daughter and an elderly grandmother. Her income is limited, and she lives in a small home. Mrs. Stokes, while currently healthy and agile, is almost 70, and the caseworker would have to question how Ms. Marks might respond if Mrs. Stokes were to become ill. This is of particular importance, since Mrs. Stokes is also Ms. Marks' primary support and, in many respects, her co-parent.

The family has many strengths. Ms. Marks has creatively dealt with and overcome difficulties in the past. The family is very involved in the community, and is part of a large extended family that, historically, has been very supportive. Ms. Marks has shown she can, and will, advocate for her child. Ms. Marks, Mrs. Stokes, and Patrice have thoughtfully made the decision to adopt together, and have planned ahead for expected changes.

The Marks family, at this point, appears to have much to offer a child with special needs. However, they will need to fully consider financial issues and the long-range needs of a child with behavioral and emotional problems. They should be helped to identify sources of long-term emotional and financial support, including subsidy. These issues will be important in determining the type of child and scope of problems the family can handle. Their expectations that a child would be close to Patrice, and would become an integral part of this close knit family would suggest they might not be comfortable with a child with attachment issues. In addition, a child who would require regular and

potentially long-term medical services, intensive counseling, or other complicated treatment interventions might create high levels of stress in the family, since Ms. Marks' job schedule does not appear to be flexible, and Mrs. Stokes does not drive.

The Chambers Family

The Chambers family possesses both strengths and limitations. They are financially secure, and they are well connected and supported by their community and family. They have successfully dealt with the challenges of military life, difficult pregnancies, and Darnell's speech problems. Their marriage has remained strong in the face of these changes and problems. They demonstrate perseverance and the ability to delay gratification; they continued school despite interruptions, and Mrs. Chambers deferred career achievement when they became parents. The Chambers are very involved with their children, and demonstrate a high degree of pleasure in parenting. Rev. Chambers has had some experience working with youth through the church, and feels positive about these experiences.

Their limitations include their exceptionally active lifestyle and very limited free time. This may affect the type of child they should adopt, since parenting a child with special needs is likely to require a significant time investment. The family's expectations for themselves and for an adopted child may be unrealistic. Their request to adopt a child who is older than their boys suggests limited insight into how adoption could affect their own children, particularly James, who would be displaced as the oldest child. The family should be helped to fully assess their

expectations for a child and consider the types of behaviors exhibited by children who have been abused or neglected. For example, based on Rev. Chambers' statement regarding helping a young girl become a "respectable woman," it would be important to help the family explore their level of comfort with sexual and behavioral acting out before considering placement of a child with severe behavior problems, or one who had been sexually abused. Preservice training and follow-up discussions with the caseworker and with other adoptive families would help to further educate the family about the realities of adoption. The caseworker should help the family fully explore their areas of strength and vulnerability, and work with them to select a child whose needs best matched the family's strengths. The potential success of this family will be enhanced with adequate preparation, further education and development; careful matching and selection; and postplacement supportive services.