International Adoption and Adoption Services [1]

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Adoption services can either strengthen families who adopt internationally or contribute to the stresses in adoptive family life. Along with other factors, the stresses from the service system can result in more negative adoption outcomes. This chapter presents the results of a mailed survey that examined pre-and -post-adoptive service needs of 399 families who adopted 475 children from Romania. It concludes with implications, drawing both from the data as well as from professional experience in international adoption.

International adoptions have increased since the end of World War II and currently represent about 10% of all adoptions in the United States (Barth, 1995). While children are adopted from every continent, different countries have been primary sources for international adoption. Although 6,500 children were adopted from Germany by American families during the years 1963 to 1981(Dodds, 1997), before 1990 most international adoptees came from Asia or South America. Beginning in 1990, international adoptions increased from Eastern and Central Europe. European adoptions, particularly in 1990 and 1991, were predominantly from Romania. By 1992, more children were adopted from the republics of the former Soviet Union rather than Eastern Europe. In 1995, there was an increase in children arriving from China. While the history and culture of each of these countries are different, there are many similarities in their child welfare systems that affect the issues faced by families who adopt internationally.

Child welfare systems, in most emerging countries, are institutional or group-care-based systems, unlike the United States, which is a foster-family-based system. Thus, the overwhelming majority of children adopted internationally have spent time in institutional settings. Many of these children are placed at infancy or shortly thereafter. Most of these children are not orphaned in the traditional sense, in that they still have birth parents who are alive but are unable or unwilling to care for them. Often, these children become part of the child welfare system due to family poverty. There are many similarities in the structure of the institutional systems, even though they are located in different countries. For example, the structure of the system in Romania, as described by Johnson, Edwards and Puwak (1993), is similar to the Russian structure, as described by Sloutsky (1997). Media reports of those institutions accessible by foreigners in China suggest a similar structure, although the quality of care observed in Chinese institutions is reportedly better then the quality of care in Eastern European or Russian institutions. Nevertheless, understanding the experiences of one cohort of families who adopted internationally may be very helpful to other families, regardless of the country from which they adopted. To have an accurate understanding of international adoption, practitioners must also have an understanding of the risk inherent to children who are institutionalized early in their lives. These risks have implications for preparing families to adopt international and for the delivery of post placement adoption services.

Early institutionalization increases the risk of attachment difficulties (Bowlby, 1951; Tizard & Joseph, 1970; Tizard & Rees, 1974, 1975; Tizard & Hodges, 1977; Goldfarb, 1943a, 1943b, 1944, 1955; Kirgan, Goodfield, & Campana, 1982; Magid & McKelvey, 1987). It can slow the child's emotional, social, and physical development as well as affect the child's ability to make smooth transitions from one developmental stage to another (Bowlby, 1951; Dennis, 1973; Freud & Burlingham, 1973; Provence & Lipton, 1962; Spitz, 1945; Kaler & Freeman, 1994; Tizard & Joseph, 1970; Tizard & Rees, 1974, 1975; Tizard & Hodges, 1977; Goldfarb, 1943a, 1943b, 1944, 1955). Early institutionalization also increases the risks that the child will have psychiatric impairments as an adult (Frank, Klass, Earls, & Eisenberg, 1996).

However, it is equally clear that, while institutionalization places children at a great risk for many difficulties, results from adoption studies (Rathbun, DiVirgilio, & Waldfogel, 1958; Rathbun, McLaughlan, Bennett, & Garland, 1965; Kim, Hong, & Kim, 1979; Harvey, 1983; Tizard, 1991) and recent reports about children form Romania are quite positive(Groze & Ileana, 1996; Macovitch, Goldberg, Gold, Washington, Wasson, Krekewich & Handely-Derry, 1997; Ames, 1997).

Nevertheless, concerns about the effects of early deprivation have received renewed attention as a result of the influx of international adoptees from former communist countries, particularly given the poor conditions of many institutions caring for orphaned or abandoned children (see Ames, 1997; Ames & Carter, 1992; Chisholm, Carter, Ames, & Morison, 1995; Johnson, Miller, Iverson, Thomas, Franchino, Dole, Kiernan, Georgieff, & Hostetter, 1992; Kaler & Freeman, 1994; Sweeney & Bascom, 1995; Groze & Ileana, 1996). This article outlines service issues related to international adoption. It includes implications for practitioners who assist families in preparing for international adoption, issues for families to consider, and suggestions of services families may need who have adopted internationally.

An Overview Of Adoption Services

The service system plays a key role in the life of an adoptive family. Before placement, the process of building a family by adoption starts with contact with an agency or individual facilitating adoption and conducting a home study. While some families employ social workers in private practice to complete home studies, most of these social workers are employed by adoption agencies. In fact, many countries do not allow private attorney or individually arranged adoptions; the only way to legally adopt is through a recognized agency.

Home studies, when used from a strength-based perspective, provide a summary of family capabilities

for adopting and explore areas in which the family may need assistance to be successful in adopting. While adoption can be a somewhat stressful experience, most families survive the process; only a few families are discouraged or disqualified from pursuing international adoption. As part of the home study process and the preparation for adoption, agencies increasingly rely on structured training for pre-adoptive families. Training allows families to grapple with the issues they face and to plan for their future with their children. Unfortunately, if agencies do not offer enough training or sufficiently structured training for potential adoptive families, this can become a source of stress to families. It can result in more negative adoption outcomes, such as dissatisfaction with the adoption or adoption disruption/dissolution[2] (Aldridge & Cautley, 1975; Chestang & Heyman, 1976; Meezan & Shireman, 1982; Nelson, 1985; Katz, 1986; Barth, 1988; Barth & Berry, 1988). Smith (1989) found that a "discussion of parents' expectations of the child [and] contact during the home study process with parents who had already adopted . . . children" (p.2) predicted successful adoption outcome, as defined by parental satisfaction. Aldridge and Cautley (1975) found that poor training could not be easily compensated at a later time.

Once the family completes the home study process, make the decision to continue with the process, and are judged acceptable by the adoption agency, eventually a child or children are matched with a family. Matching, when using a child-centered perspective, requires finding a family who will best meet the needs of the child. This is compared to a family-centered perspective that attempts to find a child for a family. The matching process balances the strengths and needs of the child with the strengths, expectations, and desires of the adoptive family. This becomes a very complicated task when the child lives in another country. Often, the information about a child's needs and capabilities is translated, and the translation can either be inaccurate or incomplete. It is very difficult to match a child with a family with so little information. At this stage of the process, it is critical for the family and placement agency to have complete and accurate information to determine whether the needs of the child are consistent with the family's expectations and ability to meet those needs (Nelson, 1985; Schmidt, Rosenthal, & Bombeck, 1988; Groze, 1994). In the past, some agencies have withheld information about the child. In other cases, and which often happens in international adoptions, records are inaccurate or poorly kept and detailed information is not known during the matching process. The lack of complete information can result in a poor match of a child and a family, a mis-assessment of the child's readiness to make an adoptive attachment, or an inaccurate assessment of the family's ability to parent the child (Unger, Dwarshuis, and Johnson, 1977; Donley, 1990), all of which can result in negative outcomes for the adoptive placement (Barth & Berry, 1988; Rosenthal & Groze, 1992; Schmidt, Rosenthal, & Bombeck, 1988; Urban Systems, 1985).

After placement, a social worker makes periodic visits to the family to supervise the placement and assist the family in locating needed services until legalization. At this stage in family formation, the lack of adoption sensitive post-placement services, which support and assist the family, can result in more negative adoption outcomes (Barth, Berry, Carson, Goodfield, & Feinberg, 1986; Nelson, 1985; Groze, Young & Corcran-Rumppe, 1991) either for the family as a new and developing adoptive family system, or for the child, who often lags behind in physical, emotional, educational, social and language development. Thus, the adoption agency and the social service system play critical roles in the life of the adoptive family.

Service needs do not end when the social worker closes the case. Different adoptive families will continue to have different services needs; these needs will vary according to child and family characteristics, as well as where the family and child are in their life cycle (Rosenberg, 1992; Marcenko & Smith, 1991; Walsh, 1991).

Service needs can be formal (i.e., offered from social service agencies) or informal (i.e., developed by lay people or parents with no formal structure). Formal services are enhanced by informal services. Support groups and social time with other parents are just as important to many families as are more formal support and therapeutic services (Rosenthal & Groze, 1992; Groze, 1996). Informal services can help families as they navigate the maze of formal services available in the community, as well as assist them with advocacy and negotiation skills. Many adoptive parents need to advocate on their child's behalf. Advocacy is often necessary with the health, education, recreation, and human systems.

Methods

Sampling: A cross-sectional survey was used from a convenience sample of adoptive families of Romanian children. Families were located via parent support groups throughout the U. S., who had adopted children from Romania (For complete details of sampling see Groze & Ileana, 1996).

The mailing lists comprised over 2,000 names. According to Adoptive Families of America, 2,877 visas were issued to children from Romania between 1990 and 1993. Two thousand twenty five surveys were mailed to agencies and/or individuals. One thousand nine hundred twenty five surveys were sent to people on the mailing lists. Ninety seven percent of the families were successfully located (n=1867). It was estimated that 5% of the people on the mailing lists (n=93) had not adopted children but were interested in international adoption. There was a 10% to 30% overlap in mailing lists. Thus, it was estimated that between 1,307 and 1,680 families received surveys. If an estimated overlap of 10% is used, this number represents about 24% of families estimated to have been contacted. If an estimated overlap of 30% is used, this number represents about 32% of families estimated to have been contacted. The 475 children represent about 16% of all adoptions from Romania between 1990 and 1993.

There are several problems with the sampling. First, it is a convenience sample and results cannot be generalized to other adoptive families. Second, the low response rate for the estimated number of families contacted is a concern. Third, there is no way to determine the experiences of families who did not participate in the study.

The sample also has several strengths. First, this is the largest data set on children adopted internationally, to date. Second, the families are geographically dispersed; they are not concentrated at a specific site or recruited from specific medical or psychiatric settings. Thus, the sample is quite diverse. Third, while we cannot generalize results, we can be conclusive about the families at the specific point in

time they participated. Fourth, families were recruited from support groups rather than clinical or hospital settings. Clinical settings are more apt to bias the data to ill children. Drawing from support groups may be a better way of understanding the typical child who enters a family through international adoption.

Other study limitations include the complexity of the questionnaire and the exclusive reliance on client data to assess needs.

Measurement and Variables

The results reflect parental reports. Many findings are presented by sample subgroups, which are self-explanatory. The instruments used in the study and the format in presenting the results were used previously on domestic, older, and special needs adoptions (Rosenthal, Groze & Morgan, 1996).

Characteristics of Romanian Study Sample

Questionnaires were completed for 200 male (43%) and 262 female (57%) children; 12 parents did not indicate their children's sex. At the time of the study, children ranged in age from infant to 18 years with an average age of 4.6 years At placement, the children ranged in age from infant to 13 years with an average age of 1.7 years. Approximately 5% of the children had been in adoptive homes for less than a year, 3% for one year, 2% for two years, 72% for three years, 18% for four years, and less than 1% had been in adoptive homes for more than four years.

Parents reported that almost half of the children (47%, n=212) had lived only in institutions prior to adoption; one third (28%, n=124) were adopted directly from families and had never spent time in institutional settings; 9% (n=39) were adopted from maternity hospitals or other medical settings; and 16% (n=72) had lived in institutional and family settings.

The typical family structure consisted of two-parent families. About 90% of the parents were married and 2% were living with partners. About 8% of the families adopted as single parents. Family incomes ranged from less than $15,000 to more than $45,000 a year; over 80% of the families had yearly incomes in excess of $45,000. Most (90%) families reported living in single family homes. Most (64%) families described their communities as suburban; 15% described their communities as urban; and 21% described their communities as rural. At the time of the study, fathers ranged in age from 27 to 75 with a mean age of 42 years. The mothers ranged in age from 27 to 55 with a mean age of 40 years. Most (99%) of the parents were white. Only 2% of the families were of Romanian descent. The modal education level was a master's degree or above for both adoptive fathers and mothers.

Most (72%) families had other children in the home who were either adopted or biological, and ranged in age from infancy to adulthood.

At the time of the study, about 25%(n=122) of the children were too young to attend school. Of the school-age children, 24% (n=81) were in special education classes. Of the children in special classes, 25% attended only special education classes, 16% attended mostly special education classes but some regular classes, 23% attended mostly regular classes but some special education classes, and 36% attended primarily regular classes and some special classes.

Findings

Importance of Services to Adoptive Families

The questionnaire asked families to evaluate the importance of the following eight different types of services:

TYPE OF SERVICE	DESCRIPTION OF SERVICE
Financial Support	Adoption subsidy, insurance for health needs, financial help with needed services, etc.
Information About Child	Information about the child's experiences prior to adoption as well as current health, educational, and social needs.
Information About Services	Information about services and help in locating needed services such as subsidy, therapy, support groups, medical care, educational services, etc.
Medical and Health Services	Ongoing medical and dental care as well as specialized care to meet child's needs (medical care for disability, physical therapy, mental health services, etc.).

Educational Services for Child	Ongoing and specialized educational and academic services.
Parent Education and Counseling	Education or counseling about special-needs adoption including behavior management skills, helping the child adjust to a new family, dealing with a handicaps, stresses and rewards of adoption, planning for child's future, etc.
Respite Care and Other "Helping" Services	Planning some time away from the child as well as parenting tasks such as transportation, in-home nurse care, day care, etc.
Contacts with Other Adoptive Families	Adoptive parent support groups as well as informal contacts with families who have adopted special-needs or older children.

Families were asked to evaluate the importance of each of these services; parents could indicate the service as "essential," "very important," "somewhat important," or "not important." Table 1 presents the results. The majority of families evaluated the services as essential or very important, except for respite care and other helping services, which they evaluated as somewhat or not important. Thus, the majority of services was considered to be of critical importance to families.

TABLE 1
Parent Evaluation of the Importance of Various Services (percents)

	Essential	Very Important	Somewhat Important	Not Important
Financial support	35 (n=159)	31 (n=144)	18 (n=83)	16 (n=73)
Information about child	42 (n=194)	37 (n=171)	17 (n=77)	4 (n=17)
Information about services	39 (n=131)	35 (n=159)	247 (n=109)	13 (n=60)
Medical and health services	40 (n=183)	32 (n=147)	13 (n=61)	15 (n=67)
Educational services for child	39 (n=177)	29 (n=130)	17 (n=78)	15 (n=67)
Parent education and counseling	31 (n=142)	37 (n=167)	19 (n=86)	13 (n=58)
Respite care and other services	12 (n=56)	25 (n=112)	27 (n=121)	36 (n=164)
Contacts with other adoptive families	21 (n=98)	396 (n=177)	32 (n=148)	8 (n=36)

Other questions and written comments provided additional information about services. As reported in an earlier article (Groze & Ileana, 1996), while 50% of families were prepared for adoption by either private individuals or private agencies, many (37%) were not prepared for adoption, and several (13%) declined to report whether they were prepared. About 30% of families reported that the agencies that conducted their home studies provided the right amount of information on their adopted children. Seventy one percent (71%) reported that they did not get enough information, and less then 1% said they received too much information. About one-third (34%) reported that the agencies or persons in Romania that facilitated the adoptions provided the right amount of information; 69% did not receive enough information and 1% reported they received too much information. Parents were asked to evaluate the helpfulness of services provided by adoption agencies/social workers: 23% reported "yes, very much so"; 29% reported "yes, somewhat"; 48% reported "no, not really".

In sum, a significant number of parents reported dissatisfaction on questions about information sharing. Many were frustrated by the lack of assistance from the American Embassy, although a significant number wrote glowing comments about their experiences with the embassy.

Post-Adoptive Services

Parents reported on the services they received after adoption, some of which were taken or adapted from a survey of adoptive families of special needs children in the U. S. (Marcenko & Smith, 1991). Table 2 is a list of services the family received, Table 3 evaluates the adequacy of those services, Table 4 evaluates the helpfulness of the services, and Table 5 evaluates the services they needed or services that might have been helpful. Families reported on 28 services. To organize the service information, seven of the eight categories that families evaluated in Table 1 were used. The category on information on the child (i.e., the child's experiences before adoption) was dropped because it was not available after placement, or it was assumed under other categories (i.e., the current health, educational, and social needs of the child). Sample sizes (*n's*) indicate the number in each subgroup. The reader is cautioned that sample sizes were quite small for some subgroups and services. This was particularly the case for questions on helpfulness of services (responded to only by those who received services) and need for services (responded to only by those who did not receive services).

Use of Services. Several points stand out in Table 2. Day care services were used by many families, consistent with expectations of families who adopted very young children. Many families also used educational assessment and speech therapy services. Social contacts were used by the vast majority of adoptive families. The pattern of services used was similar for families who adopted children from institutions and for parents who were single at the time of the study. The difference, that stands out, is single parents used social worker support to coordinate services (27% compared to 10% for full sample).

TABLE 2
Child or Family Received Post-Adoptive Services: Full Sample and Subgroups (Percents)

	Full Sample		Children Institutionalized Before Placement		Parents Who Were Single At Time of Study	
Financial Support						
Adoption financial subsidy	7	(n=30)	7	(n=19)	3	(n=1)
Other financial supports	34	(n=145)	37	(n=100)	30	(n=10)
Info about Services						
Social work: service coordination	10	(n=43)	12	(n=32)	27	(n=9)
Legal services	19	(n=83)	20	(n=55)	31	(n=10)
Foster/group/residential placement	29	(n=2)	33	(n=2)	25	(n=1)
Medical and Health Services						
Home health/nursing	2	(n=10)	2	(n=5)	3	(n=1)
Psychiatric hospitalization	1	(n=3)	1	(n=3)	9	(n=3)
Out-patient psychiatric services	22	(n=93)	27	(n=75)	39	(n=13)
Psychological evaluation	6	(n=24)	7	(n=20)	12	(n=4)
Physical or occupational therapy	19	(n=82)	24	(n=65)	15	(n=5)
Medical care for disability	7	(n=32)	10	(n=28)	12	(n=4)
Educational Services						
Educational assessment	40	(n=176)	50	(n=138)	58	(n=19)
Speech therapy	28	(n=120)	35	(n=95)	36	(n=12)
Parent Education & Counseling						
Counseling: adoption issues	17	(n=73)	17	(n=46)	15	(n=5)
Counseling: parent. skills	28	(n=121)	30	(n=81)	36	(n=12)
Counseling: child develop.	37	(n=160)	39	(n=109)	39	(n=13)
Counseling: child=s future	17	(n=72)	17	(n=47)	6	(n=2)
Family counseling/therapy	11	(n=50)	12	(n=32)	15	(n=5)
Individual counseling: child	13	(n=59)	17	(n=46)	18	(n=6)
Respite Care & Other Services						
Respite care (overnight)	10	(n=49)	9	(n=25)	9	(n=3)
Day care: disabled child	34	(n=19)	5	(n=14)	6	(n=2)
Day care: out-of home	45	(n=196)	41	(n=112)	57	(n=20)
Day care: in-home	64	(n=282)	61	(n=170)	74	(n=26)
Homemaker/housekeeper	26	(n=115)	25	(n=69)	20	(n=7)
Social Contacts						
Adoptive par. support group	37	(n=161)	37	(n=102)	43	(n=15)
Support group: adopted child	25	(n=108)	25	(n=68)	23	(n=8)
Time with other adoptive parent	88	(n=394)	89	(n=251)	92	(n=31)
Time with other adopted children	77	(n=340)	78	(n=217)	74	(n=25)

Adequacy of Services. In Table 3, parents reported on whether they received adequate amounts of services. For the most part, the vast majority of families reported that they did receive adequate amounts of the services. When families received services, they received enough of that particular service. The pattern of services used was similar for families who adopted children from institutions and for parents who were single at the time of the study.

TABLE 3
Child or Family Received Adequate Amount of Post-Adoptive Services:
Full Sample and Subgroups (Percents)

	Full Sample		Children Institutionalized Before Placement		Parents Who Were Single At Time of Study	
Financial Support						
Adoption financial sub.	42	(n=19)	39	(n=11)	50	(n=1)
Other financial supports	72	(n=104)	70	(n=71)	50	(n=6)
Info about Services						
Social work: service coordination	63	(n=35)	60	(n=24)	38	(n=3)
Legal services	86	(n=68)	85	(n=44)	82	(n=9)
Foster/group/residential placement	29	(n=2)	33	(n=2)	25	(n=1)
Medical and Health Services						
Home/healthcare	68	(n=13)	57	(n=8)	40	(n=2)
Psychiatric hospitalization	25	(n=1)	25	(n=1)	33	(n=1)
Out-patient psychiatric services	44	(n=12)	39	(n=9)	20	(n=1)
Psychological evaluation	76	(n=69)	73	(n=53)	62	(n=8)
Physical or occupational therapy	69	(n=58)	75	(n=50)	75	(n=3)
Medical care for disability	85	(n=29)	83	(n=25)	75	(n=3)
Educational Services						
Educational assessment	80	(n=136)	80	(n=107)	72	(n=13)
Speech therapy	82	(n=96)	83	(n=77)	75	(n=9)
Parent Education & Counseling						
Counseling: adoption issues	60	(n=51)	50	(n=26)	14	(n=1)
Counseling: parent skills	67	(n=81)	60	(n=47)	50	(n=7)
Counseling: child development	81	(n=117)	80	(n=79)	57	(n=8)
Counseling: child=s fut.	61	(n=42)	55	(n=26)	33	(n=2)
Family counseling/therapy	70	(n=35)	66	(n=21)	20	(n=1)
Individual counseling: child	62	(n=32)	56	(n=22)	40	(n=2)
Respite Care & Other Services						
Respite care overnight	71	(n=34)	59	(n=16)	50	(n=3)
Day care: disabled child	65	(n=17)	60	(n=12)	20	(n=1)
Day care: out-of-home	36	(n=169)	94	(n=97)	82	(n=18)
Day care: in-home	90	(n=222)	90	(n=137)	76	(n=19)
Homemaker/housekeeper	79	(n=81)	75	(n=49)	67	(n=6)
Social Contacts						
Adoptive par. support group	86	(n=120)	84	(n=75)	77	(n=10)
Support group.: adopted child	83	(n=84)	78	(n=50)	44	(n=4)
Time w/other adoptive par.	86	(n=304)	85	(n=193)	77	(n=24)
Times w/other adopted children	84	(n=258)	84	(n=167)	69	(n=18)

Helpfulness of services. Table 4 presents the helpfulness of services. Among the different kinds of services, over half or more of the families evaluated each service as very helpful. Counseling, help in child development and parenting skills, educational services, respite and other services were evaluated as "very helpful" by 60% or more in the full sample. Support groups, or informal time with other parents, were evaluated as "very helpful "by one-half or more of respondents in the full sample. The pattern of services used was similar for families who adopted children from institutions and for parents who were single at the time of the study.

TABLE 4
Post-Adoptive Services Rated as AVery Helpful@: Full Sample and Subgroups (Percents)

	Full Sample		Children Institutionalized Before Placement		Parents Who Were Single At Time of Study	
Financial Support						
Adoption financial subsidy	67	(n=20)	74	(n=14)	100	(n=1)
Other financial supports	78	(n=101)	79	(n=70)	70	(n=7)
Info about Services						
Social work: service coordination	54	(n=27)	60	(n=21)	50	(n=5)
Legal services	73	(n=54)	69	(n=34)	70	(n=7)
Foster/group/residential placement	29	(n=2)	33	(n=2)	25	(n=1)
Medical and Health Services						
Home health/nursing	73	(n=11)	60	(n=6)	67	(n=2)
Psychiatric hospitalization	33	(n=1)	33	(n=1)	33	(n=1)
Out-patient psychiatric services	48	(n=12)	43	(n=9)	25	(n=1)
Psychological evaluation	52	(n=46)	47	(n=34)	33	(n=4)
Physical or occupational therapy	65	(n=53)	69	(n=44)	40	(n=20)
Medical care for disability	76	(n=25)	79	(n=23)	60	(n=3)
Educational Services						
Educational assessment	60	(n=99)	57	(n=74)	50	(n=9)
Speech therapy	73	(n=85)	72	(n=68)	67	(n=8)
Parent Education & Counseling						
Counseling: adoption issues	54	(n=40)	49	(n=22)	40	(n=2)
Counseling: parenting skills	63	(n=66)	59	(n=41)	42	(n=5)
Counseling: child development	66	(n=93)	69	(n=66)	67	(n=8)
Counseling: child=s future	57	(n=36)	57	(n=24)	100	(n=3)
Family counseling/therapy	59	(n=26)	50	(n=13)	25	(n=1)
Individual counseling: child	53	(n=28)	45	(n=18)	33	(n=2)
Respite Care & Other Services						
Respite care (overnight)	81	(n=35)	83	(n=19)	50	(n=2)
Day care: disabled child	68	(n=15)	63	(n=10)	67	(n=2)
Day care: out-of-home	89	(n=159)	85	(n=84)	75	(n=15)
Day care: in-home	89	(n=210)	86	(n=126)	75	(n=18)
Homemaker/housekeeper	88	(n=81)	86	(n=50)	75	(n=6)
Social Contacts						
Adoptive par. support group	63	(n=85)	60	(n=53)	73	(n=8)
Support group: adopted child	61	(n=58)	64	(n=37)	63	(n=5)
Time with other adoptive parent	65	(n=220)	65	(n=140)	73	(n=22)
Time with other adopted children	54	(n=159)	53	(n=102)	71	(n=17)

Note: Only those who received service responded.

Service needs. Table 5 presents perceptions of service needs among those in the sample who did not receive services. Among the different subgroups of services, service needs were highest for social contacts. For instance, almost 70% of families responded that they needed or could have used some time with other adoptive families. More than 40% of families suggested financial support would have been helpful, and a significant number could have used parent education and counseling. The pattern of services used was similar for families who adopted children from institutions and for parents who were single at the time of the study, with the exception that single parents could have used more respite care and other services.

TABLE 5
Responded ANeeded Service@ or AService Might Have Been Helpful@
Full Sample and Subgroups (Percents)

	Full Sample		Children Institutionalized Before Placement		Parents Who Were Single At Time of Study	
Financial Support						
Adoption financial subsidy	47	(n=169)	48	(n=111)	64	(n=18)
Other financial supports	40	(n=111)	45	(n=76)	50	(n=11)
Info about Services						
Social work: service coordination	37	(n=131)	39	(n=86)	29	(n=7)
Legal services	21	(n=70)	23	(n=48)	21	(n=4)
Foster/group/residential placement	3	(n=12)	3	(n=8)	4	(n=1)
Medical and Health Services						
Home health/nursing	9	(n=35)	9	(n=22)	22	(n=7)
Psychiatric hospitalization	1	(n=5)	2	(n=4)	4	(n=1)
Out-patient psychiatric services	4	(n=15)	6	(n=13)	4	(n=1)
Psychological evaluation	17	(n=55)	19	(n=38)	21	(n=4)
Physical or occupational therapy	13	(n=44)	18	(n=37)	19	(n=5)
Medical care for disability	7	(n=27)	10	(n=23)	11	(n=3)
Educational Services						
Educational assessment	28	(n=78)	36	(n=56)	27	(n=4)
Speech therapy	16	(n=49)	24	(n=43)	15	(n=3)
Parent Education & Counseling						
Counseling: adoption issues	47	(n=157)	52	(n=107)	39	(n=10)
Counseling: parent. skills	51	(n=157)	53	(n=103)	52	(n=11)
Counseling: child develop.	46	(n=137)	47	(n=87)	59	(n=13)
Counseling: child=s future	41	(n=141)	45	(n=99)	61	(n=17)
Family counseling/therapy	31	(n=113)	34	(n=78)	37	(n=10)
Individual counseling: child	23	(n=81)	26	(n=57)	22	(n=6)
Respite Care & Other Services						
Respite care (overnight)	22	(n=79)	23	(n=53)	38	(n=12)
Day care: disabled child	12	(n=44)	14	(n=32)	17	(n=5)
Day care: out-of-home	31	(n=80)	31	(n=52)	61	(n=11)
Day care: in-home	53	(n=108)	51	(n=66)	80	(n=12)
Homemaker/housekeeper	44	(n=141)	46	(n=93)	63	(n=17)
Social Contacts						
Adoptive par. support group	57	(n=167)	60	(n=111)	48	(n=10)
Support group: adopted child	48	(n=151)	53	(n=105)	39	(n=10)
Time with other adoptive parent	68	(n=79)	73	(n=49)	67	(n=4)
Time with other adopted children	57	(n=81)	62	(n=54)	55	(n=6)

Note: Only those who did not receive service responded.

Discussion

Overall, the findings suggest the need for comprehensive services prior to and following adoptive placement. Aggressive gathering and full disclosure of all background information are critical components of effective practice. Comprehensive background information provides the starting point for preparing the family to anticipate their needs for services and support. Adoption workers need to prepare families for the

unique stresses and challenges of these children at different developmental stages and educate them about needed and available services.

Findings suggest that various types of day care and respite care may be in great demand. Families clearly need strategic breaks from the rigorous demands of parenting, as well as support for day-to-day care of their children since many parents work outside the home. Significant percentages of families desire additional help or counseling in various substantive areas (parenting skills, child development, and adoption issues). Continued development of such programs is recommended. Informal supports appear to be utilized, and desired, more often than do formal agency-related supports. Adoption workers may want to pay particular attention to social support systems in the home study phase, and, perhaps, more importantly, develop ways to extend greater support to families over the course of the adoption. Adoptive parent support groups provide formal and informal support, educate the parents about a myriad of issues, normalize the adoptive experience, and encourage families to advocate for their children.

Implications

The following implications are based on the data presented in this chapter, as well as professional experience with families who adopt internationally. A different version of the following discussion has also been presented elsewhere (Groza, 1997).

Issues to Consider in Preparing Families for International Adoption

General Issues

Preparation is an important part of the adoption process. At a minimum, parents should either receive training, or, in the event the agency facilitating the adoption does not provide training, attend seminars, or read books in the following areas:

- details on the legal and social process of adoption in the United States and abroad;
- issues of abandonment, separation, grief, loss and mourning for *adoptees* that are evident throughout the life cycle;
- issues of separation, grief, loss and mourning for *infertile couples* that are evident throughout the life cycle;
- the adoptive family's life cycle and unique issues in family formation;
- individual and family identity development in adoption;
- unique issues of attachment in adoption;
- outcomes and risks in international adoptions; and
- dealing with unresolved infertility issues.

Financial Issues

Social workers should explore the following financial issues with families as they make their decisions to adopt. Adoptive families should:

- make sure they understand the fees they are being charged and how the fees are determined;
- know that they have the right to question any item or charge that they are incurring;
- determine whether they are responsible for traveling costs and arrangements in a host country, plus any additional fees they might be required to pay once they leave the United States;
- assess if their adoption agencies will pay for needed services after the children are placed in their homes and the adoptions are legalized;
- discern what expenses they will be responsible for if they are not approved to adopt children, or information is included in a home study that would disqualify them in their country of choice in adopting; and
- negotiate what expenses they will be responsible for in the event they change their minds about adopting or change their minds about a child chosen for them if they do not believe an appropriate match has been made.

Medical Care

Parents need to deal with the following issues:

- recognize that medical information received about children from developing countries is often inaccurate;
- obtain as much information as possible from the country of origin before placement;
- schedule a complete medical assessment by qualified U.S. medical personnel once the child is placed in the United States;
- gain a thorough understanding of health insurance coverage and be certain they have written documentation of coverage for the health problems or care of their adoptive children; and
- understand the medical issues they might face.

Issues for Parents Who Adopt Children Internationally

Day-to-day with the Adopted Child

Parents must realize that many international adoptees come from institutional settings where their needs are not consistently met. It is important for children to know that they can trust their caregivers to respond to their needs upon demand. Parents are encouraged to do the following:

- make sure that children have primary, consistent caregivers (either a stay-at-home parent or nanny) and not be placed in group situations (i.e., day care) for the first year after placement;
- provide structure, consistency, nurture and love;
- take breaks in their daily tasks of parenting in order to function optimally, using respite care as needed;
- recognize what they can and cannot change in their children; and
- understand that adding a child to any family is a stressful time.

There are also particular issues that families might need assistance with. These include:

Self-Stimulating Behaviors

- most parents report a decrease in self-stimulating behaviors over time;
- rocking behavior and other self-stimulating behaviors decrease after developmental intervention programs;
- rocking returns when children are either bored, exposed to new situations, or stressed
- for persistent behaviors, assessments need to be conducted with specialists who work with children with developmental disabilities; and
- families may want to explore the use of medication prescribed by pediatricians who have knowledge about the effects of deprivation on children.

Attachment Difficulties or Disorders

The following points are important for parents to gain an understanding of how to intervene with adoptive children who display attachment difficulties:

- behaviors that are not reinforced lose their effectiveness over time, and behaviors that are praised and reinforced are repeated;
- as children experience positive care consistently over time, attachment difficulties become less pronounced;
- the parent-child relationship is the best mechanism for promoting change in attachment;
- attachment patterns change over time as a result of the maturational process;
- parents can help their children examine and understand their past, give their children a vision for the future, and use appropriate and positive physical contact;

- parents need to model and express feelings; modeling and expressing feelings are essential components to facilitating attachment between parents and children;
- parents need to look for opportunities to promote attachment, such as when their children express anxiety or fear, or when they are ill or fatigued; and
- parents may need to learn how to change their expectations of their children and about their relationships with their children.

Language Impairments

- language difficulties are easy to identify;
- families should have their children evaluated by speech specialists; and
- families must work with these specialists in developing language intervention programs.

Auditory Processing Problems

Related to problems with language development are problems with listening, processing and integrating information, which are underlying sources of many learning, language and relationship problems.

- children with auditory processing problems often have speech and language difficulties as well as general learning;
- families should contact local or regional speech and hearing centers or programs for information, assessment, and recommendations; and
- if a child has a language difficulty, he or she may also be at-risk for auditory processing problems.

Educational Difficulties

Language impairments and auditory processing problems often result in educational difficulties. Issues to consider include:

- it is important for families to know that federal laws require local school districts to provide educational, developmental, and related services to children who have, or who are at risk of having, handicapping conditions;
- educational institutions play major roles in screening children for difficulties;
- educational services include remedial education as well as early intervention;
- some adopted children have difficulties with hyperactivity or are vulnerable to attention deficit difficulties;
- parents need to learn negotiating skills to deal with the educational maze; and
- parents need to learn advocacy skills to get educational needs met for their children.

Children's Mental Health and Psychiatric Difficulties

Emotional and behavioral problems can lead to more serious mental health difficulties. Comprehensive, multidisciplinary assessment, and treatment by trained and qualified child mental health specialists often are essential for intervention in mental health concerns.

Other Behavior and Developmental Concerns

Parents may have other behavior and development concerns that were not reviewed here. Sometimes, the best interventions for children are not formal services but activities that stimulate their growth and development. In addition to the recommendations above, imaginative play training--training comprised exercises and games to encourage and endorse imaginative play--has been reported to help children..

It is important for families to recognize that adopting internationally poses some risk with children who come from institutions. While most institutionalized children recover from the trauma, others continue to have special needs. Parents need to be prepared and flexible if they plan to be successful as adoptive families.

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[2] Disruption refers to removal of a child from an adoptive placement before legalization. Dissolution refers to the legal process of terminating parental rights after the adoption has been legalized.

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