



KEEPING THE PROMISE

THE CASE FOR ADOPTION SUPPORT AND PRESERVATION

SUSAN LIVINGSTON SMITH

FUNDED BY THE FREDDIE MAC FOUNDATION AND
THE DAVE THOMAS FOUNDATION FOR ADOPTION

**THE DONALDSON
ADOPTION INSTITUTE**

 **ASAP**
ADOPTION SUPPORT AND PRESERVATION
A National Initiative For Adoption Reform

MARCH 2014

INTRODUCTION

For children who cannot safely grow up in their families of origin, adoption provides an optimal opportunity to heal from past traumas and to maximize well-being and development. Compared to remaining in foster care or an institution, adoption:

- Offers greater stability.
- Offers the greatest potential for resiliency, particularly if placed when they are younger.
- Best promotes emotional security, sense of belonging and general well-being.
- Offers support to assist children in the transition to adulthood and a lifelong family.

For over three decades, the U.S. government has focused considerable effort and funding on promoting child welfare adoptions. The Adoption and Safe Families Act of 1997 (ASFA) is the most aggressive policy implemented by any nation to promote adoptions from care and has resulted in huge increases in such adoptions – from an estimated 211,000 in the 10 years leading up to ASFA’s passage to 524,496 in the most recent 10 years.

Adoption is far less expensive for governments at all levels than is long-term foster care; for example, the federal government spends more than four times as much for a child in care than for one receiving an adoption subsidy. A comparative study of child welfare in 10 developed countries found that the U.S. was the only one in which the rate of out-of-home care for children decreased rather than increased over the previous 10 to 15 years – largely due to adoption.

Several decades ago, adoption was envisioned as a “happily ever after” ending for children who had come from difficult beginnings, based on the belief that love would be enough to enable them to thrive. Years of experience in special needs adoptions, along with ongoing research on the impact of early deprivation and trauma on the brain and on child development, have driven home the reality that legal permanence does not ensure well-being. Rather, considerable healing work is needed to address the consequences of children’s adverse early life experiences and, in order to succeed, their adoptive families often require specialized assistance to understand and address the challenges their children need to surmount.

While the adoption of children from foster care has become a federal mandate and a national priority, less attention has been paid to serving these children and families after adoption, to ensure that they can remain in their “permanent” families and that their parents can successfully raise them to adulthood. Language in federal funding statutes includes services to strengthen families after adoption as a designated purpose of the funds, but there is no federal mandate to provide such services.

When adoptive families struggle to address the developmental consequences of children’s early adversity, they should be able to receive the types of services that meet their needs and sustain them. This policy brief synthesizes the primary findings of the Adoption Institute’s extensive report, “Keeping the Promise: The Case for Adoption Support and Preservation (ASAP),” which contains important new research on post-adoption instability. The brief summarizes the report’s key findings and their implications for practice and policy, along with primary recommendations for enhancing adoption support and preservation.

If federal and state governments are going to continue to support adoption as an optimal solution for children who cannot grow up in their original families, then it is imperative that they receive the necessary supports that enable them to succeed. Adoption support and preservation services must become an essential component of the adoption process, rather than remain an optional “add on,” and that means they must be unequivocally mandated and routinely provided.

CHILDREN'S ADJUSTMENT AFTER ADOPTION

FINDINGS:

PRE-ADOPTIVE RISKS ARE PREVALENT

- The vast majority of non-stepparent adoptions in the U.S. are of children adopted from foster care or from other countries, most of whom come to their families with adverse early life experiences (prenatal hazards, deprivation, maltreatment, instability, traumatic grief, etc.) that pose risks for ongoing behavioral, emotional and learning challenges.
- The compounding of traumatic experiences increases the likelihood of a child having behavior and emotional problems.
- Adoptive parents with secure attachment styles, realistic expectations of their children, a positive parenting style (warm, responsive, authoritative) and adequate social supports are more able to provide a healing environment for children who have traumatic histories.

COMPLEX ADJUSTMENT CHALLENGES CONTINUE FOR MANY

- The majority of children adopted from foster care are under age 6, and the impact of adverse experiences continues over the course of their development.
- Emotional issues such as post-traumatic stress, grief, identity, etc. resurface again and again as children mature.
- A substantial proportion of adopted children receive mental health services including 46 percent of children adopted from foster care, 35 percent adopted internationally and 33 percent adopted as infants.
- The majority of adopted children function in the “normal” range, but behavioral and emotional challenges are chronic for at least 40 percent of youth adopted from foster care.

PROBLEMS PEAK IN ADOLESCENCE

- Adolescence is the period of greatest need – adoptive parents of teens previously adopted from foster care reported that 57 percent received mental health services.
- When children adopted from foster care were compared to those reunified or remaining in care, they had superior outcomes as young children (home environment, stability, behavior) but more behavior/emotional problems as teens.

MANY BARRIERS LIMIT EFFECTIVE TREATMENT

- Available evidence indicates that foster children with mental health needs are unlikely to receive treatment while in foster care that results in significant improvement in their behavioral and emotional problems.
- Very few practice interventions address the nature of complex trauma, as well as attachment and identity issues, among adopted children who also may have other coexisting developmental challenges.
- Many, if not most, mental health professionals are not “adoption-competent” – that is, they are not trained to address complex trauma, loss, attachment, identity and other adoption-related issues.
- Adoptive parents often report feeling blamed by professionals for their children’s problems.

IMPLICATIONS:

- Professionals need to prepare families for the reality that issues will resurface and challenges will unfold over the course of their children’s development, and to help them to understand their children in the light of their histories.
- The pervasive, complex symptoms of some adopted youth require specialized treatment addressing many domains, particularly resolution of trauma and loss, developmental deficits, and self-regulation and attachment capacities.
- Adoptive parents need to be partners in this treatment and to learn how to most effectively interrupt dysfunctional patterns of interaction, facilitate developmental catch-up and address children’s emotional issues.
- It is important to identify high-risk children and provide intensive early intervention and seamless supports to prevent compounding of their problems in all facets of their lives. (Some risk indicators include difficulty in giving and receiving affection, a high level of oppositional behaviors, repeated traumatic experiences and family history of mental illness.)
- The paucity of skilled clinicians to effectively serve these families requires intensive training of community professionals who want to serve adoptive families, as well as development of specialized adoption support and preservation services.

POST-ADOPTION INSTABILITY

FINDINGS:

CHRONIC, INTENSE STRESS THREATENS STABILITY AND WELL-BEING

Chronic, severe problems threaten the functioning of the entire family, leading to a compounding of child problems, intensified conflict, extreme stress for all and desperation on the part of parents. This may increase the potential for child abuse, harm to other children in the family from an adopted sibling, and parents seeking unsafe solutions.

NEW RESEARCH BROADENS OUR KNOWLEDGE OF POST-ADOPTION INSTABILITY

- The percentage of youth adopted from foster care who leave their homes temporarily or permanently escalates after age 10; the LONGSCAN study found that by age 16, 87 percent of these youth were living with their adoptive families, but 28 percent had lived away from them at some point after adoption.
- It is not yet possible to determine a true rate of foster care re-entry for children previously adopted from care, but the best approximation from new research collected and commissioned by the Donaldson Adoption Institute is from Ohio's survival analysis of close to 35,000 adoptions, yielding a re-entry rate of 9.5% and an adoption dissolution rate of 2.2%.
- Very few adopted children return to the child welfare system before age 10 (about 15% of those re-entering care); and they have shorter stays and are more likely to return to their adoptive homes than those entering when older.
- Most adopted youth re-entering care do so as pre-teens or teens, six or more years after their adoptions.
- The circumstances most commonly reported when adopted youth re-enter care include: child behavior problems (44%), neglect (33%), caretaker inability to cope (24%), physical abuse (17%) and abandonment (11%).
- Among adopted children who re-entered and then exited care, 34 percent experienced adoption dissolutions, and 61 percent of those youth were adopted by another family.

THE COSTS FOR ADOPTED CHILDREN WHO RE-ENTER CARE ARE HIGH

- Adopted children who re-enter care are 3½ times more likely to be placed in group homes or residential settings than are other children in care, largely because they enter at older ages.
- Among adopted youth who re-entered and then exited care, 36 percent were reunified with their adoptive families – a much lower reunification rate than other youth in care (52%).
- The rate of emancipation of adopted children re-entering care is almost 3½ times that of other foster youth.
- Governmental costs of adoption instability are extremely high – the federal government spends an average of \$27,236 annually for each child in care covered by federal funding (and much more for those in group homes or residential treatment centers), compared to \$5,043 for a child receiving adoption assistance covered by federal funding.
- The emotional costs of failed adoptions to youth and to adoptive families are immeasurably high.

IMPLICATIONS:

- It is critically important to provide a continuum of ASAP services, so that adopted children and their families have the best opportunity to achieve a positive adjustment and to help them address their challenges.
- For adoptive families struggling with very difficult situations, intensive adoption preservation services from skilled clinicians, as well as intensive support services such as respite care and 24-hour crisis intervention, are needed to de-escalate crises and find the best solutions to maintain families and child permanency.
- Returning children to the child welfare system is hugely more costly to governments than is maintaining them in their adoptive families with specialized services.
- If these youth are not helped to be successful, their likelihood of ever living in a permanent family is greatly diminished; instead, they will be more likely to experience a range of negative outcomes and to require societal support as adults.
- Because adolescence is such a critical time, effective practices to address the range of emotional issues of adopted teens need to be developed and made accessible to them and their families.

THE IMPERATIVE FOR ADOPTION SUPPORT & PRESERVATION

FINDINGS:

ADOPTIVE PARENTS REPORT A RANGE OF SERVICE NEEDS

- Adoptive families of all types (90% or more) consistently report a high level of parent satisfaction with their adoptions, but they also report needing a range of ASAP services to address their children's needs.
- Children's and families' post-adoption needs fall along a continuum; some face only a few challenges, but a significant percentage will struggle at various times throughout the family life cycle.
- Many adoptive parents do not understand their children's needs or the most effective strategies for addressing them, and may perceive seeking help as a sign of parental weakness.
- The amount and quality of support that adoptive families receive promotes permanency, positive adjustment and greater parent satisfaction; those who receive more services prior to finalization are more stable and experience less conflict several years later.

SERVICES NEED TO BE CREATED THAT MATCH THE NEEDS OF FAMILIES

- Any adoptive family can benefit from ongoing education and support; those whose children have significant challenges need therapeutic counseling and more intensive supports such as respite care; parents facing unremitting, severe difficulties need intensive adoption preservation services (an estimated 10-15% of families).
- The complexity of child and family problems and needs makes it hard to find effective help in a timely way, and most mental health professionals report that they lack adoption competence.
- Some problems cannot be remediated, so families will require ongoing support to enable them to continue parenting children with chronic mental illness, brain injury or other serious challenges.
- The primary categories of ASAP services include: information/referral/advocacy, education, support, respite, clinical services, residential treatment and search/mediation.
- Funding for ASAP services has been scarce, so creative partnerships between federal and state governments and among various organizational auspices (child welfare, mental health, education, substance abuse and others) are essential to developing the range of needed services.

FAILURE TO OBTAIN NEEDED SERVICES LEADS TO SERIOUS OUTCOMES

- Failure to receive needed services is linked to lower parental satisfaction with adoption, lower parent-child relationship quality, more negative impact of the adoption on the family and marital relationship, and greater adoption instability.
- Adopted children who re-enter foster care are more than three times as likely to be emancipated and less likely to be reunified with their families than other children in care, so their chances for permanency are greatly diminished.

IMPLICATIONS:

- Adoption offers children who cannot return to their families of origin the best opportunity to heal from past traumas and to maximize their well-being. If permanent families cannot be found and maintained, their challenges as young adults (and beyond) are likely to be greater.
- More families will be willing and able to adopt from foster care if provided with supportive assistance, thus leading to better outcomes for greater numbers of children.
- Preserving adoptive families saves federal and state governments considerable money.
- Adoptive parents need to be helped to understand help-seeking as a strength, not a sign of parental failure; to appreciate the benefits of ASAP services; and to know how to access them.
- Support groups and mentoring programs are critically important services for adoptive families, so they should be accessible to those who are willing to participate in them.
- Effective practices to address the complex needs of a substantial minority of adopted children and families should be developed, tested and made available to those who need them.
- Funding for the continuum of needed services should be greatly enhanced.
- Intervention should be provided early and as often as needed to effectively address challenges.

RECOMMENDATIONS

- Enhance funding for adoption support and preservation services by creating a federal funding stream dedicated to post-adoption services and by developing partnerships among organizations across a range of auspices at the federal, state and community levels.
- Create an array of ASAP services and make them accessible to families, including:
 - an information and referral system that is supportive of consumers and that links them to adoption-competent services
 - educational and supportive services available to all adoptive parents and youth
 - adoption-competent therapeutic counseling services for families encountering significant challenges
 - intensive support (respite, 24-hour crisis call, etc.) to those parenting children with significant challenges
 - specialized adoption preservation services for families experiencing severe difficulties, including case coordination and advocacy as well as state-of-the-art assessment and intervention
 - residential treatment services for children who clearly need them in a manner that maximizes parents' ability to continue raising their children
- Identify high-risk children and families and provide them with early intervention and seamless supports in order to prevent the compounding of problems in all facets of their lives.
- Track post-adoption outcomes of children adopted from foster care in order to assess the extent and nature of post-adoption instability and to develop strategies for improving outcomes.
- Provide intensive adoption-competency training to community mental health professionals who want to serve adoptive families, as well as to clinicians working in specialized post-adoption programs and residential treatment centers. Further, educate child welfare professionals, educators, doctors and other auxiliary professionals about the needs of adoptive families and strategies for assisting them.
- Provide funding for research and for development of evidence-based practices to effectively meet the needs of this population, particularly for adopted teens.
- Educate pre-adoptive and adoptive parents on the needs of their children and on effective strategies for providing a healing environment, as well as on the benefits of adoption support and preservation services. Reframe help-seeking as a strength, rather than a sign of parental inadequacy.
- Maximize ASAP services available to all types of adoptive families. At least 20 states currently make their post-adoption services available to all types of adoptive families, including many that have intensive, home-based therapeutic counseling programs. The Hague Convention requires participating countries to 'promote the development of adoption counseling and post-adoption services in their States.' Children in any type of adoptive family enter the foster care system if their adoptions fail. The economic and human costs of such failures are far greater than the costs of enabling these families to succeed.

REFERENCES, BY TOPIC

Introduction

Congressional Budget Office. (2013). Snapshot of foster care, adoption assistance, and guardianship assistance and Table: Federal costs for foster care, adoption assistance, and guardianship; CBO baseline February 2013. Access at: http://www.cbo.gov/publication/44082?utm_source=feedblitz&utm_medium=FeedBlitzEmail&utm_content=812526&utm_campaign=0 & <http://www.cbo.gov/sites/default/files/cbofiles/attachments/43883-Foster%20Care%20and%20Adoption%20Assistance.pdf>

Gilbert, N., Parton, N., & Skivenes, M. (2011). *Child protection systems: International trends and orientations*. New York: Oxford University Press. (comparative study of international child welfare systems)

Maza, P. (1999). Recent data on the number of adoptions of foster children. *Adoption Quarterly*, 3(2), 71-81.

Smith, S.L. (2014). *Facilitating adoptions from care: A compendium of effective and promising practices*. London: British Association for Adoption & Fostering. (synthesis of research on outcomes of adoption and other forms of care)

Children's Adjustment after Adoption

Atkinson, A. J., Gonet, P. A., Freundlich, M., & Riley, D. B. (2013). Adoption competent clinical practice: Defining its meaning and development. *Adoption Quarterly*, 16(3-4), 156-174. (lack of adoption competence among mental health professionals)

Bellamy, J. L., Gopalan, G., & Traube, D. E. (2010). A national study of the impact of outpatient mental health services for children in long-term foster care. *Clinical Child Psychology and Psychiatry*, 15(4), 467-479.

Greeson, J. K., Briggs, E. C., Layne, C. M., Belcher, H. M., Ostrowski, S. A., Kim, S., & Fairbank, J. A. (2014). Traumatic childhood experiences in the 21st century: Broadening and building on the ACE studies with data from the National Child Traumatic Stress Network. *Journal of Interpersonal Violence*, 29 (3), 536-556. (compounding of traumatic experiences)

Proctor, L.J., Skinner, L.C., Roesch, S., & Litrownik, A.J. (2010). Trajectories of behavioral adjustment following early placement in foster care: Predicting stability and change over 8 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(5), 464-473. (chronicity of behavior problems and escalation in adopted teens)

Rosenthal, J. A., & Groze, V.K. (1994). A longitudinal study of special-needs adoptive families. *Child Welfare*, 73 (6), 689-706. (chronicity of behavior problems)

Smith, S.L. (2010). *Keeping the promise: The critical need for post-adoption services to enable children and families to succeed*. New York: Donaldson Adoption Institute. (synthesis of research on risk and protective factors in adoption & on adoption competence)

Smith, S.L., Howard, J.A., & Monroe, A.D. (2000). Issues underlying behavior problems in at-risk adopted children. *Children and Youth Services Review*, 22(7), 539-562.

Thompson, R. (2009). The impact of early mental health services on the trajectory of externalizing behavioral problems in a sample of high-risk pre-adolescent children. *Children and Youth Services Review*, 31(1), 16-22. (importance of early intervention)

Vandivere, S., Malm, K., & Radcliff, L. (2009). *Adoption USA: A Chartbook Based on the 2007 National Survey of Adoptive Parents*. U.S. Department of Health and Human Services. (percent of adopted children receiving mental health services)

Post-Adoption Instability

Congressional Budget Office. (2013). Snapshot of foster care, adoption assistance, and guardianship assistance and Table: Federal costs for foster care, adoption assistance, and guardianship; CBO baseline February 2013.

Proctor, L.J., Randazzo, K.V.D., Litrownik, A.J., Newton, R.R., Davis, I.P., & Villodas, M. (2011). Factors associated with caregiver stability in permanent placements: A classification tree approach. *Child Abuse & Neglect*, 35, 425-436. (Also personal communication with Proctor & Litrownik regarding data not yet published on post-adoption instability)

Smith, S.L., & Howard, J.A. (1999). *Promoting successful adoptions: Practice with troubled families*. Thousand Oaks, CA: Sage. (research on issues in at-risk adoptive families)

The Imperative for Adoption Support and Preservation

Howard, J.A., & Smith, S.L. (2003). *After adoption: The needs of adopted youth*. Washington, DC: Child Welfare League of America. (continuum of needs in families)

Howard, J. A., Smith, S. L., & Ryan, S. D. (2004). A comparative study of child welfare adoptions with other types of adopted children and birth children. *Adoption Quarterly*, 7(3), 1-30. (parent satisfaction across adoption types)

Houston, D. M., & Kramer, L. (2008). Meeting the long-term needs of families who adopt children out of foster care: A three-year follow-up study. *Child Welfare*, 87(4), 145-170.(support and adoption outcomes)

Smith, S.L. (2014). *Keeping the promise: The case for adoption support and preservation (ASAP)*. New York: Donaldson Adoption Institute. (research on post-adoption needs and services)