



## Postadoption Services

The importance of postadoption services for children adopted from foster care has been well established through research and practice and confirmed by adoptive families themselves. In fact, all adopted children and their families can potentially benefit from services provided after the adoption is finalized. These services may include educational and informational services, clinical services, material services, and/or support networks.

### What's Inside:

- Who benefits from postadoption services?
- How can postadoption services help?
- What postadoptive services do families need?
- What postadoption services do States offer?
- How are postadoption services delivered?
- How are postadoption services funded?
- Why evaluate postadoption services?
- What are the implications for practice?
- What future research is needed?
- Resources



## Who Benefits From Postadoption Services?

While all members of the adoption triad (birth parents, adopted people, and adoptive parents) can benefit from postadoption services, this bulletin focuses on the benefits for adopted people and adoptive parents. (For information and resources on issues faced by birth parents, please refer to the Child Welfare Information Gateway factsheet *The Impact of Adoption on Birth Parents*, available at [www.childwelfare.gov/pubs/f\\_impact/index.cfm](http://www.childwelfare.gov/pubs/f_impact/index.cfm).)

### Children and Adults Who Were Adopted

Adopted people can benefit from postadoption services provided during childhood and adulthood. For children who are adopted, early traumas, coupled with the impact of separation and loss, can create significant challenges throughout childhood and into the adult years. Even children adopted as infants (domestically or through intercountry adoption) may experience separation and loss-related issues, which may include identity concerns, questions about unknown medical histories, fear of rejection, and low self-esteem. There are a number of situations that might cause an adopted person to seek services:

- Children who suffered early abuse and neglect may benefit from various postadoption therapies to help them come to terms with their experiences and present circumstances.
- Children and adults adopted as infants may seek postadoption services when they look

for information about or search for their birth relatives.

- Children and adults adopted through intercountry adoption may seek services to help them reconnect with their country of birth and/or to help in searching for their birth relatives.

### Adoptive Families

Many adoptive parents also benefit from postadoption services at various points in their family life. Adoptive families are impacted by the challenges that arise as a result of their children's losses and traumas. There are a number of situations that might prompt adoptive parents to seek services:

- Parents who have adopted children from the U.S. foster care system may seek services to help in managing children's behavior, for respite, or in accessing needed treatment and support services for their children.
- Growing numbers of families who adopted infants who were prenatally exposed to some drugs or alcohol are seeking services to assist them with the children's physical, emotional, and developmental challenges (Freundlich, 2000).
- Parents of children adopted as infants may seek postadoption services to assist them in responding to their children's questions about the adoption or when the children express a wish to search for their birth parents.
- Due to the impact of early deprivation, abuse, neglect, or institutional care on children's health and development, families who adopt internationally often have the same needs for services and

supports as families who adopt children with special needs in this country (Casey Family Services, 2002). These parents may seek therapy for their children or respite for themselves.

## How Can Postadoption Services Help?

Postadoption services can help both adoptive families and the foster care and adoption (child welfare) system by helping in the recruitment and retention of adoptive families and helping to prevent disruption or dissolution of existing adoptions. These benefits, in turn, may reduce the number of children in foster care waiting for families.

### Recruitment of Adoptive Families

There is evidence that the availability of services and supports following adoption plays a critical role in many prospective adoptive parents' decisions to adopt children from foster care. This has been true of kinship families, current foster families, and new families recruited for these children. (Freundlich, 1997; Freundlich, & Wright, 2003; Casey Family Services, 2003b).

While children are in the foster care system, there are a number of services and resources available to both the children and their foster families. Foster families receive case management services, while the children qualify for, and many receive, advocacy, mental health, and crisis intervention services. Funds may be available to help with childcare, food and clothing, summer camp, and trips. Foster and adoptive families often have the support of their adoption agency and local foster or

adoptive parent associations. The prospect of losing these services once adoptions are finalized may serve as a disincentive to families considering adoption.

### Prevention of Adoption Dissolution<sup>1</sup>

Postadoption services and supports may reduce the risk of adoption dissolution and help sustain healthy family relationships. While the vast majority of adoptions of children adopted from foster care succeed, some research has suggested that as many as 10 to 25 percent of adoptions of older children adopted from the public child welfare system disrupt before the adoption is finalized, and an unknown but significantly smaller percentage dissolve after the adoption has been finalized (Festinger, 2002; Berry, 1997; Goerge, Howard, Yu, & Radomsky, 1997; Freundlich & Wright, 2003).

The children whose placements are most at risk of disruption and dissolution are those who are placed when they are older and those with emotional, behavioral, social, medical, or psychiatric challenges, since they are more likely to experience difficulty in forming and sustaining family relationships (Information Gateway, 2004). Children whose adoptions dissolve enter or re-enter the foster care system. This may add to the children's already traumatic experiences of rejection, separation, and loss. Many adoptive families report that lifetime access to adoption-competent services, supports, and resources designed

<sup>1</sup> The term *disruption* is used to describe an adoption process that ends after the child is placed in an adoptive home and before the adoption is legally finalized, resulting in the child's return to (or entry into) foster care or placement with new adoptive parents. The term *dissolution* is used to describe an adoption process that ends after the adoption is legally finalized, resulting in the child's return to (or entry into) foster care or placement with new adoptive parents.

to promote the family's well-being would improve the quality of their family relationships (Howard, Smith & Oppenheim, 2002).

For more about adoption dissolution, see the Child Welfare Information Gateway publication *Disruption and Dissolution*, available online at [www.childwelfare.gov/pubs/s\\_disrup.cfm](http://www.childwelfare.gov/pubs/s_disrup.cfm).

## What Postadoptive Services Do Families Need?

In the absence of an evidence-based model for postadoption services, programs frequently turn to adoption professionals and to adoptive parents themselves to determine adoptive families' needs. In surveys and focus groups, adoptive families have consistently reported that they need a range of adoption-competent services. Families report that these services need to be individualized by type, level, and intensity, depending on the family composition, the children's ages and any unique needs, and whether those needs can be met by existing services. Families often make extensive use of services from other public and private sources within their communities before seeking a specialized postadoption services program (Barth, Gibbs, & Siebenaler, 2001; Festinger, 2001).

The services families most frequently request fall into four major categories: (1) educational and informational services, (2) clinical services,

(3) material services, and (4) support networks (Barth, Gibbs, & Siebenaler, 2001; Festinger, 2001; Freundlich & Wright, 2003; Barth, & Miller, 2000). The intensity of services varies along a continuum beginning with preventive support services and extending through highly intensive mental health intervention, when appropriate and necessary.

### Educational and Informational Services

- **Information and Referral.** Adoptive families consistently identify a critical need for information about the services and resources available to them. Information and referral services can be provided directly through case managers or 24-hour telephone lines or through resource directories, lending libraries, websites, newsletters, and workshops (Christian, 2002; Festinger, 2001).
- **Parenting Education.** Adoptive families frequently express a need for reality-based training that will truly prepare parents to deal with the attachment, emotional, behavioral, and developmental issues their adopted children are experiencing. When needed, such training can be made available through literature, seminars, workshops, support groups, websites, and other online services.
- **Background Information.** Adoptive families have a critical need for complete information about their children's social, medical, and genetic histories in order to better understand and cope with their behavioral, emotional, trust, and attachment issues (Brooks, Allen, & Barth, 2002). (For more information on this topic, see the Information Gateway publication *Provid-*

ing Background Information to Adoptive Parents: A Bulletin for Professionals, available at [www.childwelfare.gov/pubs/f\\_backgroundbulletin.cfm](http://www.childwelfare.gov/pubs/f_backgroundbulletin.cfm).)

## Clinical Services

- **Mental Health Services.** In addition to needing adoption-competent mental health services for their children, adoptive parents report needing assistance with children's attachment and trust issues; guidance in responding to their children's emotional, behavioral, and developmental issues; and assistance in dealing with the impact of adoption on their biological children.
- **Adoption-Competent Community Services.** Adoptive families often express concern that the community professionals with whom they and their children come into contact (therapists, school personnel, attorneys, mental health and medical providers) are not sensitive to the unique issues that arise in adoptive families, including those related to the children's loss, grief, trust, and attachment. Some postadoption service programs are beginning to provide adoption-specific training for community service providers (Christian, 2002).

## Material Services

- **Financial Assistance (Adoption Assistance or Adoption Subsidies).** Families often use Federal- or State-funded financial assistance (subsidies) to purchase community services such as tutoring, respite care, babysitting, and even therapy (when they wish to choose the therapist for their child) (Barth, Gibbs, & Siebenaler, 2001; Festinger, 2001). (For more information on adoption subsidies, read the Information

Gateway publication *Adoption Assistance for Children Adopted From Foster Care: A Factsheet for Families*, available at [www.childwelfare.gov/pubs/f\\_subsid.cfm](http://www.childwelfare.gov/pubs/f_subsid.cfm). Also, professionals can view information about State-specific adoption assistance programs through the database on the Information Gateway website at [www.childwelfare.gov/parents/prospective/funding/adopt\\_assistance/](http://www.childwelfare.gov/parents/prospective/funding/adopt_assistance/).)

## Support Networks

- **Peer Support Services for Adoptive Parents.** Being with other adoptive families (for example, in parent support groups) reinforces for adoptive families that their adoptive family experience is normal although different from that of nonadoptive families. Peer support also provides a sense of acceptance and of freedom to express one's frustrations without a fear of being judged (Chamberlain & Horne, 2003). Peer support groups also are relatively inexpensive services for agencies to provide or sponsor (Avery, 2004).
- **Peer Support Services for Children.** For many adopted children and youth, a peer support group is their first opportunity to interact with other children who were adopted and to see that their experiences and feelings related to adoption are normal. Groups provide a safe environment where children and youth can talk about their birth and adoptive families and share their fears and concerns (Barth, Gibbs, & Siebenaler, 2001; Festinger, 2001; Smith & Howard, 1999; Casey Family Services, 2003b). There are also many online groups and forums for all types of adoptive parents.

- **Respite Care and Babysitting.** All parents need periodic breaks from their children in order to renew their own relationships. This may be especially true for parents of children who require frequent attention due to particular medical or emotional needs. However, the needs of some adopted children can make it difficult to locate appropriate, affordable babysitters and respite providers willing to provide care for them. Many adoptive parents report needing financial assistance for respite care and babysitting.
- **Advocacy.** Many adoptive parents report needing support in dealing with schools, children's individualized education plans, and other community services. During the process of providing advocacy and support, advocates also can teach advocacy skills to the parents, enabling them eventually to advocate for their children on their own (Gibbs, Siebenaler, & Barth, 2002; Festinger, 2001; Barth & Miller, 2000; Kramer & Houston, 1998).

Surveyed families consistently emphasize the importance of postadoption service programs that are flexible and allow them to access the services they need when they need them. Researchers suggest those services should be nonjudgmental, family centered, consumer driven, and tailored to meet the needs of the individual families who are seeking services (Gibbs, Siebenaler, Harris, & Barth, 2002; Festinger, 2001).

## What Postadoption Services Do States Offer?

In 2001, the American Public Human Services Association (APHSA) conducted a telephone survey of 48 States and the District of Columbia to assess the state of postadoption services across the country. The resulting study (Howard, Smith, & Oppenheim, 2002) provides a snapshot of the postadoption services that each State child welfare agency offered at the time of the survey. Since the survey was conducted with State-level staff, it may not include some of the innovative programs developed by counties. It also does not include postadoption services provided by private agencies (unless those services were contracted by the State).

At the time of the study, States provided the following postadoption services, either directly, through Medical Assistance, or through contracts with the private sector:

- Information and referral (44 States)
- Support services, including groups, mentors, etc. (39 States)
- Educational programs and materials (38 States)
- Respite care (30 States)
- Therapeutic interventions (through local mental health centers, private agencies, and private therapists) (22 States)
- Therapeutic interventions (funded through subsidies or through providers paid by the State) (19 States)

- Search services to find birth relatives (20 States)
- Residential treatment (paid) (18 States)
- Advocacy (formal) (14 States)
- Advocacy (informal) (10 States)
- Residential treatment (medical assistance only) (9 States)

Even in States where many services were available, there was often great variation in the availability of services from county to county and from urban to rural areas within States.

## How Are Postadoption Services Delivered?

There are four main methods that public child welfare agencies use to deliver postadoption services, including:

- **Services provided by the adoption worker.** In this case, postadoption services are funded as a part of the adoption worker's caseload. One benefit of this approach is that the worker knows the family; however, given the high turnover rate for case managers, the same case-worker may no longer be there when the family requests services, and this may result in interruptions in the continuity of care. Additionally, the adoption worker typically has a full adoption caseload and must work in postadoption services as time allows.
- **Specialized postadoption services units.** With this approach, specialized units of staff who do not carry an adoption caseload provide postadoption services. An advantage of this approach is that this staff can

collaborate with the adoption worker to access the children's and families' history. These professionals also are generally more knowledgeable about postadoption resources, since this is their area of specialty. In addition, families in need of postadoption services are not competing with an active caseload for the attention of busy social workers.

- **Multiagency Collaboration.** This approach uses existing public and private service providers to provide postadoption services and to train other public and private agency personnel to improve the level of community response to adoptive families and their children. At least three States have created Adoption Resource Centers that provide services and treatment for adoptive families or families considering adoption (Casey Family Services, 2003a).
- **Private Agencies Under Contract with the Public Agency.** Some States have opted to contract with the private sector to provide all of their postadoption services (Barth, Gibbs, & Siebenaler, 2001; Festinger 2001; King, 2004).

It is not necessary, or even practical, for all postadoption services to be provided by State or county programs. These services also can be made available through existing health, mental health, and social service systems, as well as through nonprofit or faith-based organizations. Intensive wrap-around services are provided in some States to prevent residential placements and/or dissolutions for children with significant needs, including adopted children. These services can both prevent costly residential placements and dissolutions while keeping the child in the community. To access these services, families may need to

request services from teams within the community consisting of parents, advocates, and providers set up by States to foster a Systems of Care approach to services.

Many of these services, while not designed specifically for adoptive families and their children, are already available in the communities and accessible to children who are eligible for Medicaid (Oppenheim, Gruber, & Evans, 2000; Smith, Howard, & Monroe, 1998; Barth, Gibbs, & Siebenaler, 2001; Festinger 2001).

## How Are Postadoption Services Funded?

Funding for postadoption services comes from a variety of sources, and each State funds these services somewhat differently. While there are few Federal funds earmarked specifically for adoption and postadoption services, many States blend an array of existing Federal and State revenue sources for other child welfare services to help pay for postadoption services.

In the Casey Center for Effective Child Welfare Practice white paper *Creative Strategies for Financing Post-Adoptive Services* (2003a), authors identify and describe a number of potential Federal funding streams for post-adoption services, including:

- Title IV-E—Adoption Assistance, Administration, Training
- Title IV-B, part 1—Child Welfare Services
- Title IV-B, part 2—Promoting Safe & Stable Families Program
- Adoption Incentive Funding
- Title XIX—Medicaid
- Title XX—Social Services Block Grant
- TANF/EA—Temporary Assistance to Needy Families/Emergency Assistance
- Adoption Opportunities, Discretionary Grants & Field Initiated Demonstration Grants

In addition to using the typical child welfare funding sources listed above, child welfare agencies or States may also be able to collaborate with other State agencies or private service providers to access other Federal funding sources. Each of the following acts and/or programs are potential Federal funding sources:

- Child Health Act
- Title II of the Keeping Families and Children Safe Act (formerly CAPTA)
- Foster Care Independence Act
- Mental Health Service Block Grant
- Substance Abuse Block Grant
- Title V of the Social Security Act (Maternal and Child Health)
- Individuals with Disabilities Act (IDEA)
- Preschool Grant Program
- Temporary Child Care for Children with Disabilities and Crisis Nursery Act of 1986
- State Respite Coalitions

States must decide which “mix” of funding streams works best for them and the adopted children they serve. It is more likely that funds will be spent on postadoption services in a State if there is a well-considered postadoption services plan in place prior to the funding



becoming available. While individual agencies or adoption professionals are not able to access Federal funding streams themselves, they may work with their State Adoption Specialist to develop a comprehensive post-adoption services plan for their State.

Contact information for State Adoption Specialists in each State can be found in the National Foster Care & Adoption Directory, an online searchable directory, at [www.childwelfare.gov/nfcad](http://www.childwelfare.gov/nfcad).

Below are just a few examples of how States have funded postadoption services:

- From June 2000 to December 2004, 13 private agencies in New York received post-adoption services funded through TANF funds. For more information about this program, read *Strengthening and Preserving Adoptive Families: A Study of TANF-Funded Post Adoptive Services in New York State*, available on the New York State Citizens' Coalition for Children website at [www.nysccc.org/Post%20Adoption%20Services/TANFAveryPASrpt.pdf](http://www.nysccc.org/Post%20Adoption%20Services/TANFAveryPASrpt.pdf).
- Arizona and Georgia have used a combination of State general funds, Title IV-B, Adoption Incentive, and other funds to provide respite care to adoptive families.
- Vermont uses a consortium of agencies and funds its postadoption services through Title IV-B, part 2 funds.
- Michigan also uses Title IV-B, part 2 funds to fund its postadoption services through regional resource centers administered by

the Department of Human Services, contracted agencies, and parent organizations.

- Maine provides funding for postadoption services through targeted case management.
- Massachusetts funds postadoption services through State funds.

More information on postadoption services funding, including 10 specific strategies for States and agencies, can be found in the 2003 Casey white paper *Creative Strategies for Financing Post-Adoption Services*, available online at [www.caseyfamilyservices.org/casey\\_pafinancing\\_sum.html](http://www.caseyfamilyservices.org/casey_pafinancing_sum.html).

## Why Evaluate Postadoption Services?

Outcome evaluation of all services in these times of tight budgets is critical to sustaining effective programs. Postadoption services programs tend to use a combination of *process* and *outcome* evaluation strategies. (Barth, Wildfire, Lee, & Gibbs, 2002). The primary indicator used to evaluate outcomes of postadoption services is the rate of disruption and dissolution during the duration of the study. Other measures include parent and child satisfaction surveys, improvements in the parenting skills of adoptive parents, well-being indicators for adopted children, and whether communities were more aware and supportive of adoption.

## Challenges in Evaluating Postadoption Services

The lack of rigorous, systematic evaluation with clearly measurable outcomes by most postadoption programs has made it difficult to determine how postadoption programs that “succeed” differ from those that “fail.” Tangible outcomes, such as prevention of adoption disruption or dissolution, are very difficult to track. Thus, it is challenging to conclusively prove that families would have had a negative experience without a program’s intervention (Barth, Wildfire, Lee, & Gibbs, 2002).

Other specific challenges to effective evaluation, identified in a review of the postadoption literature by Barth, Gibbs, and Siebenaler (2001) and in a synthesis of Adoption Opportunities grantees (Information Gateway, in press), include:

- Lack of expertise by direct service staff
- The lack of a centralized source of information about postadoption services
- Relatively modest outcomes that are often difficult to measure
- Lack of clear points in time at which to measure outcomes
- Small sample sizes

## Promising Evaluation Strategies

Some pioneering programs have been able to overcome these common evaluation barriers to demonstrate how postadoption services lower the rate of disruption or dissolution over a specified period of time. The literature review by Barth, Gibbs, and Siebenaler (2001) suggests strategies for overcoming evaluation challenges, although the authors acknowledge that these efforts will demand more intensive

and costly methods of research. Their suggestions, which could be implemented by postadoption programs themselves or by administrative evaluations of postadoption services, include:

- **Developing a classification scheme** for postadoption services and supports.
- **Conducting randomized clinical trials.** (Researchers acknowledge this might be difficult due to the small number of similarly situated cases served by most agencies.)
- **Using multi-State evaluations** to generate large enough sample sizes to determine effectiveness.
- **Conducting direct assessments** of both the well-being of children and of families’ and children’s expectations for each other.
- **Testing interventions that have demonstrated effectiveness** with other troubled families with those families needing post-adoption services.
- **Using an administrative review of records** to identify the use of adoption subsidy or residential treatment by adoptive families.
- **Analyzing foster care data** to determine disruption rates in States with the capacity to track this.

*The Collaboration to **AdoptUsKids**, a service of the Children’s Bureau, is conducting nationwide research to determine what factors contribute to successful adoptions. Contact **AdoptUsKids** for additional information about this research: [www.adoptuskids.org](http://www.adoptuskids.org).*

## What Are the Implications for Practice?

In the late 1980s and early 1990s, the National Consortium for Post Legal Adoption Services, a coalition of child welfare agencies and mental health providers in seven States, received a Federal Adoption Opportunities grant to create a “concept model” of post-adoption services. The resulting diagram, which can be viewed on the Information Gateway website ([www.childwelfare.gov/pubs/conceptmodel.cfm](http://www.childwelfare.gov/pubs/conceptmodel.cfm)) provides a model of the guiding principles of adoption support and preservation and the characteristics and outcomes of postadoption services.

The lack of rigorous evaluation of postadoption services programs has thus far prevented the development of an evidence-based best practice model. Research is, however, increasingly highlighting the importance of incorporating the “systems of care”<sup>2</sup> values into postadoption service delivery. Those values include building partnerships with families and providing culturally competent, community-based services that are individualized to meet each family’s specific needs. Interagency collaboration is another key component of a successful, comprehensive postadoption services program. Such a program would encompass financial and medical subsidies and access to existing service delivery systems (health, mental health, education, and child welfare) as well as to formal postadoption services pro-

<sup>2</sup> See the following link on the Child Welfare Information Gateway website to learn more about the “Systems of Care” approach as well how to implements programs using this approach: [www.childwelfare.gov/profess/systems/index.cfm](http://www.childwelfare.gov/profess/systems/index.cfm).

grams (Casey Family Services, 2003b; Barth, Gibbs, & Siebenaler, 2001).

In light of these guiding principles and values, as well as the other findings discussed in this bulletin, agencies may wish to consider incorporating the following elements into their postadoption services practice:

- **Comprehensive approaches to adoption-competent support, education, and mental health services.** The composition and needs of adoptive families are diverse. No single community agency has the resources or capability to address the entire range of issues families present. Agencies and professionals working with adoptive families must partner with a broad range of community organizations, formal and informal, to build a seamless network of adoption-competent help and support, from in-home services to services within residential treatment facilities. As one example, many agencies are now forming partnerships with existing mental health systems of care to develop adoption-competent mental health services for children and families.
- **Information about community resources and supports available to parents.** Families need to have this information in written form, so they can refer to it when issues arise.
- **Peer support and education groups for adoptive families.** Adoptive families frequently express that having other parents listen to and understand their experiences with their adopted children is critical. This is a service that agencies can often provide at a fairly low cost. Agencies may also wish to consider supporting or promoting Internet-based opportunities that link families with information and support.

- **Enhanced educational opportunities for families, community providers, and mental health professionals.** Education and adoption preparation for families must be reality-based. Service providers need to understand the unique experiences and needs of children who are adopted and of their families. Some agencies are partnering with schools of social work or private agencies to develop innovative adoption-competent professional educational models for child welfare practitioners, community-based providers, and mental health professionals.
- **Culturally competent services for all adoptive parents.** Culturally competent practices include acknowledging and respecting cultural differences, values, and practices and using each family's native language (or interpreters when necessary) (Festinger, 2001).
- **Regular evaluation of services.** Agencies need to know if the services they provide (and services provided by contracting agencies) are meeting the identified needs of families and if they are being provided in an adoption-competent way. (Barth, Gibbs, & Siebenaler, 2001)
- Comparison of families adopting older children and those qualifying for adoption assistance with intact biological families
- Outcome studies with larger sample sizes of heterogeneous subgroups (Partnering between public and private social services to gain larger sample sizes is suggested.)
- Prevention-focused research looking at preparation and support of adoptive families to assist them in being more realistic and to have positive adoption outcomes
- Longitudinal studies of services of the need and usage of postadoption service patterns throughout the adoptive family life cycle
- Empirical research on the effectiveness of postadoption services, including the impact of specific services and interventions (Brown, 1996; Casey, 2003b; Casey 2003a)

## What Future Research Is Needed?

Outcome evaluations of all services in these times of tight budgets are critical to sustaining effective programs. Researchers suggest that future research in postadoption focus on the following areas:

## Conclusion

Whatever the circumstances of their adoptions, adopted children need nurturing relationships with adoptive families who can help them manage feelings of loss and grief—and help them heal. They also need an ongoing mix of services and supports from community providers that are family centered, nonjudgmental, culturally sensitive, and “adoption-competent” (i.e., providers who understand and are able to address the long-term impact of trauma on adopted children). By providing postadoption services, professionals are able to support families and to maintain safety, permanency, and well-being for children.

## References

- Avery, R. J. (2004). *Strengthening and preserving adoptive families: A study of TANF-funded post adoption services in New York State*. Retrieved December 22, 2004, from the New York Citizens' Coalition for Children, Inc., website: [www.nysccc.org/Post%20Adoption%20Services/TANFAveryPASrpt.pdf](http://www.nysccc.org/Post%20Adoption%20Services/TANFAveryPASrpt.pdf)
- Barth, R. P., Gibbs, D. A., & Siebenaler, K. (2001). *Assessing the field of post-adoption service: Family needs, program models, and evaluation issues*. Literature review. Retrieved December 3, 2004, from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation website: <http://aspe.hhs.gov/hsp/PASS/lit-rev-01.htm>
- Barth, R. P., Wildfire, J., Lee, C. K., & Gibbs, D. (2002). *Analysis of secondary data. Assessing the field of post-adoption services: Family needs, program models, and evaluation issues*. Retrieved December 3, 2004, from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation website: <http://aspe.hhs.gov/search/hsp/post-adoption01/data-analysis/report.pdf>
- Barth, R. P., & Miller, J. (2000). Building effective post-adoption services: What is the empirical foundation? *Family Relations*, 49, 447–455.
- Berry, M. (1997). Adoption disruption. In R. J. Avery, (Ed.), *Adoption policy and special needs children* (pp. 77–106). Westport, CT: Auburn House Press.
- Brooks, D., Allen, J., & Barth, R. P. (2002). Adoption services use, helpfulness, and need: A comparison of public and private agency and independent adoptive families. *Children and Youth Services Review*, 24(4), 213–238.
- Brown, A. K. (1996). *A comprehensive assessment of self-reported experiences of adoptive parents of special needs children in Florida* (Doctoral dissertation, Florida International University). *Dissertation Abstracts International*, 57, 08A.
- Casey Family Services. (2002). *Strengthening families & communities: An approach to post-adoption services*. Updated link retrieved on May 18, 2006, from [www.caseyfamilyservices.org/pdfs/casey\\_pawhitepaper.pdf](http://www.caseyfamilyservices.org/pdfs/casey_pawhitepaper.pdf)
- Casey Family Services. (2003a). *Strengthening families & communities: Creative strategies for financing post-adoption services*. Retrieved December 22, 2004, from [www.caseyfamilyservices.org/pdfs/casey\\_pafinancing.pdf](http://www.caseyfamilyservices.org/pdfs/casey_pafinancing.pdf)

- Casey Family Services. (2003b). *Strengthening families & communities: Promising practices in adoption-competent mental health services*. Updated link retrieved May 18, 2006, from [www.caseyfamilyservices.org/pdfs/casey\\_pawwhitepaper.pdf](http://www.caseyfamilyservices.org/pdfs/casey_pawwhitepaper.pdf)
- Chamberlain, K., & Horne, J. (2003). Understanding normality in adoptive family life: The role of peer group support. In H. Argent (Ed.), *Models of adoption support: What works and what doesn't* (pp. 87–99). London: British Association for Adoption and Fostering.
- Child Welfare Information Gateway (Information Gateway). (2004). *Adoption Disruption and Dissolution: Numbers and Trends*. Washington, DC: U.S. Department of Health and Human Services. Retrieved February 28, 2004, from [www.childwelfare.gov/pubs/s\\_disrup.cfm](http://www.childwelfare.gov/pubs/s_disrup.cfm)
- Child Welfare Information Gateway (Information Gateway). (In press). *Post-legal adoption services for children with special needs and their families: Challenges and lessons learned*. Washington, DC: U.S. Department of Health and Human Services.
- Christian, S. (2002). Post-adoption services: Issues for legislators. *NCSL State Legislative Report*, 27(17).
- Festinger, T. (2001). *After adoption: A study of placement stability and parents' service needs*. (Tech. rep.). New York University, Shirley M. Ehrenkranz School of Social Work.
- Festinger, T. (2002). After adoption: Dissolution or permanence? *Child Welfare*, 81(3), 515-533.
- Freundlich, M. (1997). The future of adoption for children in foster care: Demographics in a changing socio-political environment. *Journal of Children & Poverty*, 3(2), 33–62.
- Freundlich, M. (2000). The adoption of children prenatally exposed to alcohol and drugs: A look to the future. In R. P. Barth, M. Freundlich, & D. Brodzinky, D. (Eds.), *Adoption and prenatal alcohol and drug exposure: Research, policy and practice* (pp. 255-288). Washington, DC: Child Welfare League of America.
- Freundlich, M., & Wright, L. (2003) *Post-permanency services*. Washington, DC: Casey Family Programs.
- Gibbs, D., Siebenaler, K., & Barth, R. P. (2002). *Assessing the field of post-adoption services: Family needs, program models, and evaluation issues. Summary report*. Retrieved December 3, 2004, from U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation website: <http://aspe.hhs.gov/hsp/post-adoption01/summary/report.pdf>
- Gibbs, D., Siebenaler, K., Harris, S., & Barth, R. P. (2002). *Assessing the field of post-adoption services: Family needs, program models, and evaluation issues. Case study report*. Retrieved

December 3, 2004, from U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation website: <http://aspe.hhs.gov/hsp/post-adoption01/case-study/report.pdf>

Goerge, R. M., Howard, E. C., Yu, D., & Radomsky, S. (1997). *Adoption, disruption, and dissolution in the child welfare system, 1976–94*. Chicago: Chapin Hall Center for Children.

Howard, J. A., Smith, S. L., & Oppenheim, E. (2002). *Sustaining adoptive families: A qualitative study of public post-adoption services*. Washington, DC: American Public Human Services Association.

King, J. (2004). Promising Practices in State developed post adoption programs. *The Roundtable*, 18(1). National Resource Center for Special Needs Adoption.

Kramer, L., & Houston, D. (1998). Supporting families as they adopt children with special needs. *Family Relations*, 47, 423–432.

Oppenheim, E., Gruber, S., & Evans, D. (October 2000). *Report on Post-Adoption Services in the States*. Washington, DC: American Public Human Services Association.

Smith, S. L., & Howard, J. A. (1999). *Promoting successful adoptions: Practice with troubled families*. Thousand Oaks: Sage Publications.

Smith, S. L., Howard, J. A., & Monroe, A. D. (1998). *An analysis of child behavior problems in adoptions of difficulty*. *Journal of Social Service Research* 24(1–2), 61-84.

## Resources

National Adoption Organizations That Provide Support to Adoptive Persons, Adoptive Parents, and Families

[www.childwelfare.gov/pubs/reslist/rl\\_dsp.cfm?svcID=135&rate\\_chno=AR-0011A](http://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?svcID=135&rate_chno=AR-0011A)  
(Resource list of related organizations)

Adoption Assistance by State

[www.childwelfare.gov/parents/prospective/funding/adopt\\_assistance/questions.cfm?quest\\_id=4](http://www.childwelfare.gov/parents/prospective/funding/adopt_assistance/questions.cfm?quest_id=4)  
(Links to a searchable database of adoption assistance and postadoption information)