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Preservation Network

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The Use of Intensive Family Preservation Services with Post-Adoptive Families

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Executive Summary

Currently, information about where and to what extent Intensive Family Preservation Services (IFPS) is used with adoptive families is sparse and anecdotal. With the rise in special needs adoptions across the United States and the federal government's emphasis and incentives to place legally freed foster children into adoptive homes, we can expect that an increasing number of adoptive families will need assistance and support in adapting to their new family and remaining together. This study sought to determine whether Intensive Family Preservation Services is an effective method by which to preserve adoptive families.

Research Questions and Findings

Through a one-year, two-phase project funded by the Annie E. Casey Foundation, this study gathered information in exploring the following questions:

To what extent is Intensive Family Preservation Services (IFPS) used with adoptive families?

Fifteen states were surveyed, with 10 states responding within a two-month timeframe. Of these 10 agencies, all reported using IFPS with adoptive families post-adoptive placement.

- The use of IFPS was more common than other supports such as individual counseling for child or parent, adoption subsidies, or respite care.
- Few states currently have the capacity to estimate or report the number or percentage of adoptive families who receive IFPS.
- There were differences between states that responded in the specific structure of their IFPS programs. Almost all (80%) provide a mix of therapeutic and concrete services, and in-home services. About half of respondents reported the use of basic tenets of IFPS such as providing the same caseworker to the family for the life of a case, intensity of services, and the provision of the majority of services in the home.

Is the basic IFPS program model used with adoptive families the same as that used with those families referred for child maltreatment? If there are differences, what are they?

- In a detailed analysis of the use of IFPS with adoptive families in both Missouri and Illinois, one state (Missouri) reports a model of service that closely follows the HOMEBUILDERS® model: Family preservationists carry a caseload of 2 families for roughly 6 weeks, are directly available to the family 24 hours a day, provide concrete, skill-building, and therapeutic

services, primarily in the family's home, to families of children who are at immediate (within 72 hours) risk of placement.

- The Illinois model of Adoption Preservation has some similarities to the HOMEBUILDERS® model but has been significantly modified over the years. Preservation caseworkers carry caseloads of from 6 to 12 families, and services can last up to six months. Caseworkers, supervisors or on-call workers are available to the family 24 hours a day. In some sites in Illinois, adoption specialists, who are themselves adoptive parents, are paired with family preservation workers to serve families. Services are a mix of concrete and therapeutic services, and support groups using content developed by the North American Council on Adoptable Children are a primary component of the service model.
- Both states report that the *content* of training for preservation workers who work with adoptive families is significantly enhanced with information of special importance to adoptive families. These content areas include grief and loss, attachment, parental expectations, and ways to enhance the parental characteristics of patience, flexibility, humor and acceptance.

How successful is IFPS with adoptive families in terms of (1) family preservation, (2) reduction of presenting problems, and (3) increases in parental satisfaction?

- The general survey of states was unable to provide specific or estimated answers to all or most of these questions. State data information systems are currently inadequate to supply program level information beyond basic placement rates, and cannot provide placement rates for a subset such as adoptive families.
- The detailed analysis of programs in Missouri and Illinois found the use of IFPS with adoptive families to be highly successful, in terms of family preservation (placement prevention), reduction of presenting problems, and parental satisfaction.
- In Missouri, 83% of the adoptive families studied were preserved by the end of IFPS. At a six-month follow-up point, 76% remained intact. At a 12-month follow-up check, 63% remained intact. No families contacted at the six or 12-month follow-up checks had legally disrupted; all families with children in out of home placement were still committed to eventual reunification. Illinois reports a placement prevention rate of 87%, similar to that of Missouri.
- Illinois also reports that, in about 70% of families, the child's behavior had improved, and in 76% of cases, the parent's ability to manage that behavior had improved. Overall, family preservationists reported seeing improvement in roughly two-thirds of adoptive families.

- Illinois also collects information on family satisfaction with services. Almost all adoptive parents (92%) rated themselves as satisfied or very satisfied with services.

What are the characteristics of adoptive children and families served by IFPS and which of those characteristics are associated with the program success outcomes listed above?

- Available data did not allow comparisons between adoptive and non-adoptive families served with intensive family preservation services. Anecdotally and reasonably, the adoptive families served in these two programs appeared to be more stressed by the child's emotional problems, including grief and loss, and familial communication and stress problems rather than the abuse and neglect observed in most intensive family preservation programs.
- In Missouri, the adopted children who were most likely to experience placement during or after IFPS were those who were significantly older and IFPS was being used to reunify the family, rather than avert placement. Placement rates were highest for children served for delinquent or criminal behavior, running away, or where the family was experiencing physical violence, severe financial problems or medical illness or disability.
- In Illinois, the adopted child characteristics most associated with placement were psychological/psychiatric needs, trouble with the law, suicidal/homicidal ideation and a refusal to return or stay home. Parental characteristics associated with placement included the use of severe discipline, high stress and the inability to cope.

What are the characteristics of IFPS services offered and which of these are most associated with program success?

- This study relied on state administrative data, and there was little detail in these databases on the specific services provided to any particular family; therefore, this analysis cannot correlate specific services or service components with outcomes, or identify the critical service contributors to an adoptive family's success in staying together.
- In Missouri, services focused primarily on parent/child conflict, communication problems, the child's emotional problems, and school problems.
- In Illinois, the majority of parents reported that they received the services they needed. Respite care was the most frequently cited as what families needed but was not provided.

Recommendations

- Findings from this study indicate the need for greater availability of IFPS services to adoptive families, given placement prevention rates in the 80% to 90% range, and high parental satisfaction.
- Ongoing training should be emphasized in IFPS programs for family preservationists and all team members. Relevant content should include topics that include: grief and loss, attachment, supporting children with emotional stresses, developing reasonable parental expectations, helping parents develop the characteristics of flexibility, patience, humor, tolerance and acceptance.
- Improved data collection is needed so that administrative data can assist with program development and promotion of IFPS services with adoptive families.
- Specific data on components of services must be obtained so that programs can identify the effective elements of services with families, thus providing high-quality IFPS services during these times of contracting and limited resources.
- A deeper examination and evaluation of the specific program components and services used to help families reunite once an out of home placement has occurred is essential in order to prevent adoption dissolutions.
- Developing tracking systems for IFPS-Adopt cases to determine outcomes would allow these outcomes to be compared with outcomes of other IFPS cases and with other services that are used to prevent adoption disruption.

Introduction

The passage of The Adoption Assistance and Child Welfare Act (AACWA) of 1980 changed the direction of child welfare to a practice of preserving families and creating a greater sense of permanency for children and youth (P.L. 96-272; Nelson, 1990). The goal of this legislation was for children to achieve permanency, through preserving families, reuniting families, and creating new families through adoption (Nelson, 1992). As a result of this policy change, increased numbers of foster children were placed in adoptive families as opposed to growing up in long term foster care (Groze, 1996).

In 1997 the push toward adoption intensified with the passage of the Adoption and Safe Families Act (ASFA). ASFA required states to be more expeditious in their permanency planning efforts through early prevention services, intensive reunification, and concurrent case planning (Reilly & Platz, 2004). In addition, ASFA reduced time frames for termination of parental rights, requiring states to take action on cases in which children had been in foster care 15 of the most recent 22 months (Casey Family Services, 2001; Evan B. Donaldson Adoption Institute, 2004). These developments in policy and practice resulted in increased numbers of children leaving foster care for adoptive placements. However, at the same time the number of children with Termination of Parental Rights (TPRs) who were waiting to be adopted also increased (Fraser, Nelson, & Rivard, 1997; Smith, & Howard 1998).

The Department of Health and Human Services (DHHS) estimates that 50,000 children were adopted from foster care in 2001, a 36% increase over the 37,000 children adopted in 1996 (DHHS, 2003). The increase of adoption rates from the foster care system has also resulted in an increase in special needs adoptions (children who are older, from sibling groups, from a racial or ethnic minority, or with behavioral, emotional, and/or medical problems) (Reilly & Platz, 2004; Rosenthal & Groze, 1992). While many of these children with special needs have found a sense of permanency through adoption, there is growing concern about their adjustment beyond legalization (Barth & Miller, 2000; Howard & Smith, 1995). As many in the adoption field have suggested, the adoption process does not end at the point of legalization; it is in fact a life long process (Barth & Miller, 2000; Hartman, 1984; Smith & Howard, 1998). However, despite the growing number of adoptions from the foster care system and the concern for the ongoing success of special needs adoption, there is a general lack of research regarding post-adoption services (Barth & Miller, 2000; Smith & Howard, 1998, 2001; Reilly & Platz, 2004).

Because of the lack of research related to post-adoption services, there exists a deficit in the knowledge that is vital to effectively inform and guide

policy and practice decisions (Smith, & Howard, 2001). Barth and Miller (2000) suggest looking toward efficacy research from other child welfare interventions to help fill in the gaps in knowledge and understanding of post-adoptive service needs and effectiveness. Intensive Family Preservation Services (IFPS) is one such intervention that has been at the heart of permanency planning since the passage of the AACWA of 1980. IFPS has been evaluated by numerous studies that have provided a body of knowledge and understanding about the efficacy of these services. Likewise, the structure and service components of IFPS seem to be a fitting intervention model for adoptive families who experience many of the same struggles to preserve their adoptive child in their home.

The purpose of this study was to explore post-adoption services and the use of IFPS as a model for delivery of these services. In Phase One of the project, a survey of ten states was conducted to examine the extent to which post adoptive services are offered and the use of IFPS as a model for service delivery. Phase Two of the study conducted a more detailed analysis of IFPS families examining the services and outcomes in two states that use IFPS, or an adapted model of IFPS, with adoptive families to a significant degree. In order to place Intensive Family Preservation Services in the context of post-adoption services, a brief summary of IFPS will be followed by a review of the literature related to post-adoption services with a specific focus on those programs that include and describe IFPS as a model of service delivery.

Intensive Family Preservation Services

Before examining post-adoption services, it is first important to define IFPS and provide an overview of the efficacy of it as an intervention. Intensive Family Preservation Services became popular in the 1980's and 1990's as the desired programmatic response to federal mandates in the AACWA (Barth & Berry, 1988). The goal of IFPS is to provide an array of services to families that are at imminent risk for out of home placement of their child (Kinney, Haapala, & Booth, 1991). IFPS includes the following service components: targets families in crisis, is home based, available 24 hours a day, intensive and comprehensive intervention (5 to 20 hours a week as needed), combines concrete and therapeutic services and skills-based teaching delivered by the same worker, allows workers to have small caseloads (2 to 4 families), and is usually short term (4 to 8 weeks) (Berry, 1995; Kinney, Haapala, & Booth, 1991).

A variety of studies have been conducted evaluating the effectiveness of IFPS in preventing out of home placement for children in abusive or neglectful families (Berry, 1992; Feldman, 1991; Schuerman, Rzepnicki, Littell, & Clark, 1993; Spaid, Fraser, & Lewis, 1991, Wells & Tracy, 1996). Findings related to the efficacy of IFPS are mixed (Kirk & Griffin, 2004; McCroskey, & Meezen, 1995). Findings across studies indicate moderate to substantial effects from IFPS. For example, Blythe and Jayaratne (2002) conducted research in Michigan that randomly assigned high-risk families to either IFPS or traditional child welfare services including foster care. At 6 months after IFPS, 88% of children were living at home compared to only 17% in the non-IFPS group. At 12 months, 93% of IFPS children were at home compared to 43% of non-IFPS children. Others show a good degree of success at placement prevention but no difference in placement rates between experimental and control groups (Berry, 1993; Fraser, Nelson, & Rivard, 1997; Pecora, et al., 1995; Wells, & Tracy, 1996). Some suggest that these inconsistent findings are a result of inaccurate risk assessments of treatment and control groups prior to receiving IFPS, varying degrees of model fidelity, and implementation inconsistencies (Kirk & Griffin, 2004; Pecora, Fraser, Nelson, McCroskey, & Meezen, 1995; Rossi, 1992).

Kirk and Griffin (2004) in a more recent study suggest that the problem lies with the way services are targeted. IFPS was designed to target high-risk families; the families in many evaluative studies were actually lower-risk families. This fact alone could have contributed to the mitigating treatment effects when placement was used as the dependent variable (Kirk & Griffin, 2004; McCroskey & Meezan, 1998). In studies that went beyond the outcome measure of "placement/no placement" and examined

family and child functioning, significant impacts were found in areas such as parent-child functioning, parenting skills, family stability and cohesion, stress, school adjustment, and oppositional behavior (Berry, 1993; Fraser et al., 1997; Pecora et al., 1995).

Kirk and Griffin (2004), in their evaluation of IFPS, attempted to control for many of these problematic issues found in other studies (“accurate targeting of risk, ensuring treatment fidelity, controlling for risk factors that affect placement rates,” p. 7). In addition they used event history analysis as their analytic method which allowed the dependent variable of placement to be viewed as dynamic rather than static (Kirk & Griffin, 2004). When controlling for these issues, Kirk and Griffin (2004) found IFPS performed significantly better than traditional child welfare services in preventing out of home placement. Another important finding from this study was the fact that treatment effects from IFPS diminished in a fairly predictable manner after a one-year follow up (Kirk & Griffin, 2004). Kirk and Griffin suggest that services should be allowed some flexibility to extend beyond the initial treatment period if needed by a particular family, or perhaps build in a series of “booster shots” to help sustain effects.

Clearly, IFPS does have an impact on child and family functioning as well as placement prevention. Understanding the components of IFPS along with the research related to its efficacy provides a foundation for the examination of these services when used with adoptive families.

Post-Adoption Services

Only recently has the need for post-adoption services been recognized (Barth & Miller, 2000; Smith & Howard, 1998). This recognition is due in part to the increasing number of children adopted from the foster care system. The pain and trauma children experience from abuse and neglect does not end at the point of the adoptive placement; but instead remains a life-long process of adjustment (Smith & Howard, 1998; Rosenthal & Groze, 1992). A major concern during this time of adjustment is the potential for disruption. Post-adoption services are designed to prevent disruption and to improve the overall functioning and adjustment of the adoptive family in crisis. However, before examining the research related to post-adoption services, it is important to provide a brief examination of adoption disruption and dissolution.

Disruptions and Dissolutions

With the passage of ASFA there has been concern over the potential increase of adoption disruptions, or the termination of the adoption prior to legalization and the return of the child to the agency for placement with another family. The concern about disruption rates arises out of the growing number of children adopted from child welfare settings, most of whom are designated as special needs (Groze, 1996; Reilly & Platz, 2004; Smith & Howard, 1994, 1998). The overall disruption rates reported in the 1980's to the mid 1990's averaged between 10% to 27% (Berry, 1997; George, 1995; Rosenthal, 1993). More recent findings suggest that those rates have decreased. A study conducted by the Evan B. Donaldson Adoption Institute (2004) reports disruption rates of 8.4% for adoptive placements in 1999 and dissolution rates of .4% to 5.4% in 1998 among the states surveyed.

However as the Evan B. Donaldson report suggests, these findings must be viewed with caution because states are not required to track disruptions and dissolutions (Evan B. Donaldson Adoption Institute, 2004). Dissolutions are those adoptions terminated after legal finalization. In fact, in their survey of 15 states only 4 out of the 15 surveyed were able to provide disruption data, 5 out of the 15 provided dissolution data, and only 2 states were able to provide information related to both (Evan B. Donaldson Adoption Institute, 2004). As a result, the authors of the Donaldson report question the overall integrity of the data that was provided to them by the few states that were able or willing to complete their survey (Evan B. Donaldson Adoption Institute, 2004).

While disruption rates appear to be low, the concern over the post-adoption needs of families is still relevant. The research on adoption disruptions

shows that older youth adoptions are more likely to disrupt as well as those of children with emotional and behavioral problems (Barth and Berry, 1988, 1991; Groze, 1996). Many of the youth adopted from child welfare settings fit into one or more of these special needs categories, placing them at greater risk for disruption. Research on the post-adoptive needs of families suggests that many families experience significant stressors and challenges, especially when adopting a child with special needs (McDonald, Propp, & Murphy, 2001; Reilly & Platz, 2004; Rosenthal, Groze, & Morgan, 1995). While not all of these families will experience an adoption disruption, their overall family functioning may be compromised without adequate support. For this reason, post-adoption support is a necessary component of adoption practice.

Post-Adoption Programs

Research indicates that most states have some post-adoptive services in place (Smith, & Howard, 1998). However only a handful of studies have been conducted that examine the efficacy of these services and even fewer studies specifically mention IFPS as the method of service delivery. In an extensive review of the research only five studies provided an evaluation of post-adoption services (Groze, Young, & Corcran-Rumppe, 1991; Lenerz, 2000; Prew, Suter, & Carrington, 1990; Howard, & Smith, 1995). These five programs and their findings will be described below.

Casey Family Services: PAS

Casey Family Services conducted an evaluation of 400 families receiving services from their Post-Adoption Service (PAS) program (Lenerz, 2000). About half of the sample included children who were placed in their adoptive homes in early childhood (49%). Many of the families involved in the evaluation (50%) had adopted more than one child and nearly half of the families had birth children in the home. On average, families did not seek out services until 5 years after their adoption (median 5 years). Services were time limited with the median length of services for families at about 5 months. However, the study reports that many families came back for additional services after the service period had ended (actual return rates were not presented in the study) (Lenerz, 2000).

The most common reason for which families sought out services was a child-focused issue, such as the child's relationship to others, child self-image, grief and loss associated with birth family, and child behaviors (Lenerz, 2000). The primary service provided to families was family counseling (median of three sessions). Findings were based on therapist assessment of family progress and improvement. The areas in which families demonstrated the most improvement were the child's behavior, increased understanding of the impact of adoption on the child, and improved communication (Lenerz, 2000). Families who were involved in the program

longer demonstrated better outcomes as did families who participated in advocacy services (Lenerz, 2000).

Oregon: PAFT

The state of Oregon conducted an evaluation of their Post-Adoption Family Therapy Project (PAFT). The program used a team approach that included an adoption worker and a family therapist who together provided services to families in need. The primary service was in-home family therapy and the median length of service was 3.5 months (Prew, Suter, & Carrington, 1990). The focus of therapy was to assist parents in better understanding their child's behaviors and the issues related to the adoption process. Findings of the 50 families served by PAFT indicate that only 8% disrupted by the end of the service (Prew, Suter, & Carrington, 1990).

Iowa: PARTNERS

Groze and colleagues (1991) piloted a program that provided support groups, counseling, and intensive services to adoptive families. The program was based in Iowa and was called the Post-Adoption Resources for Training, Networking, and Evaluation Services (PARTNERS). Five phases were included in the program: screening, assessment, treatment planning, treatment, and termination (Barth, 1991). Two therapists were assigned to families and the focus of therapy was on parental understanding of the prior and current experiences of the adoptive child, re-parenting, family adjustment, and access to resources (Groze et al., 1991). The sample included 39 families, and of those families 29% of the children were admitted to an out-of-home placement by the end of service (Barth, 2000).

New York: TANF-funded post-adoption services

The purpose of this program was to reduce the numbers of disruptions across the state. In addition, the evaluation examined the characteristics of the families receiving services, the types of services requested, and the overall satisfaction with services (Avery, 2004). The sample included 1,053 families receiving post-adoption services (PAS). Workers who worked with these families filled out an assessment form covering the issues of concern to the evaluation. The second phase of the evaluation included satisfaction surveys that were sent out to all of the 1,053 families. The response rate of the satisfaction survey was 18.7%.

Findings indicate the most frequent service requests by both parents and workers were counseling, support groups for parents, and mental health services. The most frequently requested services by parents were counseling, support services, educational services, information about services, and mental health services (Avery, 2004). The service that was actually used the most often was parent support groups, followed by parent education, child counseling, family counseling, and individual parent counseling. Overall

satisfaction with services was high with 90% of parents reporting the services were very or somewhat useful (Avery, 2004).

To evaluate the impact of services families were asked to complete three open ended questions. Nearly 82% of families said they were better off as a result of the services they received. Around 29% of families reported that they were at the brink of disruption or dissolution when they first called for services and nearly 63% reported that this was not the case. When asked if the child was able to stay in the home as a result of the services received 73% said yes and 26% said no.

Illinois: Adoption Preservation

The Illinois adoption preservation program provides the most extensive evaluation of post adoption services. In addition, it is the only program that specifically purports to use IFPS as a service delivery model. This report will discuss this program in more detail in the Phase Two results section; the Illinois evaluation analyzes findings from different adoption preservation programs across the state that began in the summer of 1991 until 2001.

Summary of Findings from Prior Research

While these programs represent innovative thinking and strategies to managing the post-adoptive needs of families, they suffer from many methodological flaws. Studies did not use comparison or control groups as a way to evaluate treatment effects. Service components for some studies seemed vague and poorly defined. Likewise, the majority of studies relied on subjective self-report measures such as satisfaction surveys which all seemed to garner high response rates. Finally, most of the studies used placement as the primary outcome measure, leaving out other measures including child and family functioning. However, even though these studies cannot offer exact measures of the efficacy of post-adoption services, they do provide important information related to service needs and delivery.

An interesting finding reported in two of the studies was the fact that families did not seek out post-adoption services for 5 years in the Casey Family Services Study and 7.3 years in the Illinois Adoption Preservation study (Lernerz, 2000; Smith & Howard, 1998). These findings seem to support the idea that adoption is indeed a life long process, and that services must be available to families at any point in this process.

According to the studies, when families finally do decide to seek out services the majority do so because of child-focused problems (Avery, 2004; Groze et al., 1991; Lernerz, 2000; Prew, Suter, & Carrington, 1990; Smith & Howard, 1998). Not surprising, the most needed and requested services include counseling (child, family, individual parent), support services, educational services, information about services and community resources, and mental/medical health services (Avery, 2004; Groze et al., 1991; Smith &

Howard, 1998). All of the programs provided some level of in-home service, although only one claimed to be using an IFPS model of services delivery (Smith & Howard, 1998). It is important to note that the two studies that reported the most extensive use of in-home services also demonstrated the lowest disruption rates (Oregon PAFT program 8%; Illinois Adoption preservation program 12%).

Purpose of the Research

Currently, information about where and to what extent Intensive Family Preservation Services is used with adoptive families is sparse and anecdotal. With the increase in special needs adoptions across the United States, we can expect that an increasing number of adoptive families will need assistance and support in adapting to their new family and remaining together. Are Intensive Family Preservation Services an effective method by which to preserve adoptive families?

Questions

This study proposes to answer the following questions:

1. To what extent is Intensive Family Preservation Services used with adoptive families?
2. Is the basic program model used with adoptive families the same as that used with those families referred for child maltreatment? If there are differences, what are they?
3. How successful is IFPS with adoptive families, in terms of (1) family preservation, (2) reduction of presenting problems, and (3) increases in parental satisfaction?
4. What are the characteristics of adoptive children and families served by IFPS, and which of those characteristics are associated with the program success outcomes listed above?
5. What are the characteristics of IFPS services offered and which of these are most associated with program success?

Part I: Survey of States

Method

In November 2004, a total of fifteen agencies were surveyed from fifteen different states across the country. This phase of the study was designed to answer the first two research questions of the project:

1. To what extent is Intensive Family Preservation Services used with adoptive families?
2. Is the basic program model used with adoptive families the same as that used with those families referred for child maltreatment? If there are differences, what are they?

Ten states submitted completed questionnaires for a 67% response rate. The states responding to the survey include: Alabama, Connecticut, Illinois, Kansas, Kentucky, Missouri, Nevada, New Jersey, Virginia, and Washington.

The survey contained ten questions regarding the provision of post-placement and post-adoption services to adoptive families. The survey examined post-adoption support services including the use of Intensive Family Preservation Services with adoptive families. The results of the survey provide information related to provision of services, types of services provided, methods of service delivery to families, as well as specific information regarding the effectiveness of services in preventing adoption disruption or in improving family functioning. A copy of the survey can be found in the appendix.

Results

A primary question posed to respondents was whether or not they provided post-placement services to their client families and, if so, who was eligible for these services. All agency respondents report the provision of post-placement services. The period of time in which families are eligible for post-placement services fell into two primary categories among the agencies surveyed. Half of the agencies report eligibility for services to be available until the child reaches the age of 18 years, while 30% report eligibility for the life of the adoption.

Survey respondents were asked to report on specific types of post-placement services that they provide to adoptive families. Table 1 summarizes the frequencies of post-placement services provided by the agencies surveyed. The most frequently reported services were Intensive Family Preservation Services (100%), mental health services to parent and child (70% and 80%), and in-home family therapy (80%). The least utilized service was in-office family therapy (30%).

Table 1: Frequency of Services Delivered

Type of Services	n	%
Intensive Family Preservation Services*	10	100
Mental health counseling for child	8	80
In-home family therapy	8	80
Mental health counseling for parent	7	70
Written information	6	60
Adoption subsidy/financial supports	6	60
Health services and referrals	6	60
Respite care	5	50
Educational services and referrals to child	5	50
Disability services and referrals	4	40
In-office family therapy	3	30

* as defined by reporting agency

Further questions about service delivery were asked about specific components of traditional Intensive Family Preservation Services. These included questions about the caseworker role in service delivery, the availability of 24 hour help, the amount of in-home services provided, the type of service (therapeutic and concrete), the amount of time caseworkers are allotted to spend with families, and whether services are provided by the same caseworker. Table 2 provides a description of which service delivery statements are “true” for each responding agency.

As indicated in Table 2, nearly all of the survey respondents report providing a combination of both therapeutic and concrete services (80%). Likewise, a high percentage of agencies report services are typically delivered by the caseworker in the home (70%). Service delivery types that seemed to occur less frequently were: help is available 24 hours a day, services are typically delivered by the same caseworker to families, and that caseworkers are allowed to spend as much time with the family as is necessary during a call or visit (60%). The least common component reported by half of the agencies responding was the majority of services being delivered in the home.

Table 2: Methods of Service Delivery

Service Delivery	n	%
Services are both therapeutic and concrete	8	80
Caseworkers got to the home to provide some services	7	70
Help/someone to talk to is available 24 hours a day	6	60
Most supportive services are provided by the same caseworker for a family	6	60
Caseworkers are able to spend as much time with the family as is necessary during a visit or call	6	60
The majority of services are provided in family's home	5	50

The next set of findings relates to agencies that report the provision of Intensive Family Preservation Services. Of the agencies responding to the survey, all 10 report they use of some type of Intensive Family Preservation Services (See Table 3). Only four out of the 10 agencies were able to report on the number or percent of families they serve through IFPS. As Table 3 indicates, Illinois reports providing their adaptation of IFPS to over 1000 families in the last six months, followed by the state of Virginia with a report of 202 families served, and Kentucky that reported a total of 18 families who received IFPS services. Nevada was able to report on percentages rather than numbers and estimates that approximately 1% of their adoptive families in the last six months received IFPS services. The remaining states, Alabama, Connecticut, Kansas, Missouri, New Jersey, and Washington did not know the number or percent of families receiving IFPS services at the time of this survey but could potentially find out with further study.

Table 3: Provision of IFPS Service

Agency States	Use IFPS	# Receiving IFPS	% Receiving IFPS
Alabama	Yes	Don't know	
Connecticut	Yes	Don't know	
Illinois	Yes	1000+	
Kansas	Yes	Don't know	
Kentucky	Yes	18	
Missouri	Yes	Don't know	
Nevada	Yes	Don't know	1.0
New Jersey	Yes	Don't know	
Virginia	Yes	202	
Washington	Yes	Don't know	

To gain an understanding of which families are eligible for IFPS services, respondents were asked to report if any family was eligible for these services or only those at risk for disruption (See Table 4). The findings indicate that five agencies report that any adoptive family is eligible to receive these services (50%), and three agencies only provide these services to families at risk of adoption disruption (30%). The state agencies that provide the services to any adoptive family who requests them are Alabama, Kansas, Missouri, and New Jersey. Illinois reports that they evaluate families case by case, and Kentucky and Nevada only provide IFPS services to those families at risk of adoption disruption. Connecticut did not report eligibility criteria, but said that adoptive families do not receive priority over other families.

To gain an understanding of the effectiveness of these models of IFPS services, agency respondents were asked to report on either the number or percentage of adoptive families in the past year that have been preserved and what number or percentage have reported improvement (See Table 4). The first set of findings from the 10 agencies reporting on their state's model of IFPS examines what percentage or number of families has been preserved as a result of these services. Five out of the eight agencies reporting on IFPS services provided percentages. As indicated in Table 4, percentages of families who received IFPS services in the last year who were preserved range from 88% to 100%. The agency from Nevada reports the highest preservation rate at 100%, followed closely by Kentucky at 97% and Virginia at 95%. Illinois and Kansas report only slightly lower preservation rates at 88% and 90% respectively.

As mentioned, agencies were asked to report not only on preservation rates but also on the percentage of families in the past year who reported improvements. Only four of the agencies were able to respond, and the remaining four did not know at the time of the survey. Agencies from Kentucky and Nevada report that 90% of families receiving IFPS services showed improvement. Virginia reports that 87% of their families showed improvement with these services, and Illinois reports 67% to 71% of families showed improvement.

Table 4: Effectiveness of IFPS Services (IFPS as defined by the state)

Agency States	IFPS all families	IFPS at risk families	% Preserved	% Improved
Alabama	Yes		Don't know	
Connecticut				
Illinois	Case by case		88	67-71
Kansas	Yes		90	
Kentucky	No	Yes	97	90
Missouri	Yes		Don't know	
Nevada	No	Yes	100	90
New Jersey	Yes		Don't know	
Virginia			95	87
Washington			Don't know	

Summary of Findings

All of the agencies surveyed provide post-placement and post-adoption support services, and the most commonly provided service is some version of Intensive Family Preservation Services. For many, this service is available to any family; for others, it is only available to those at risk of disruption. Following this type of service is psychological counseling to the child, the parent(s), or the family.

However, when asked if services followed the typical format of delivery for Intensive Family Preservation Services, no agency indicated that their services follow all tenets of IFPS. The majority of agencies say that their services are indeed a mix of concrete and therapeutic services, and that some services are indeed provided in the home. It is much less common for help to be available 24 hours a day, for help to be provided by the same caseworker throughout the case, for workers to have large amounts of time to spend with families, or for the majority of services to be provided in the home.

Most important, the majority of agencies could not report the number of families they serve with IFPS. Many could, however, estimate success rates of this service, and those rates averaged in the ninetieth percentile.

Part II: Evaluation of IFPS with Adoptive Families

Method

Following the survey of states in late 2004, the states responding to the survey were contacted in January of 2005 to request their further participation in the second phase of the study. This phase was designed to answer the following research questions:

3. How successful is their state's model of IFPS with adoptive families, in terms of (1) family preservation, (2) reduction of presenting problems, and (3) increases in parental satisfaction?
4. What are the characteristics of adoptive children and families served by IFPS, and which of those characteristics are associated with the program success outcomes listed above?
5. What are the characteristics of IFPS services offered, and which of these are most associated with program success?

When asked to participate in this second phase, states were asked to provide further information from administrative databases at the individual case level by May of 2005. Funding was available to support states in the extra work needed to retrieve this information from state information systems.

States were asked to provide information on the following information at the individual case level, when available, as outlined in Figure 1.

Figure 1: Data Elements for Phase Two of Study

Description of family:

- Parent age(s)
- Presenting problem at the time of IFPS
- Child age(s)
- Child history for target child(ren)
 - Date child first removed from bio parent
 - Reason for removal from bio parent
 - Number of homes prior to adoptive home
- Date of adoptive placement

Services provided:

- List of services provided (from a checklist)

Case outcomes:

- Adoption disruption and date
- Any out of home placement during treatment or since and dates
- Use of extended respite and dates
- Reduction in presenting problems
- Child well-being
- Parental satisfaction

Following or concurrent with the receipt of this data, a state adoption authority was interviewed by the researcher about the use of Intensive Family Preservation Services with adoptive families (see Figure 2). A full copy of the data elements is in the Appendix.

Figure 2: Interview with Adoption Authorities in Phase Two

In general, when providing IFPS services to adoptive families

Description of the service model:

- Caseload of worker
- Duration (# of weeks a family served, on average)
- Intensity (# of hours per week for a family, on average)
- Types of services provided
- Where most services provided
- Qualifications of worker
- Source of funding

Most of the states contacted responded that their state or local-level data information systems were not capable of answering the questions outlined in Figure 1. Two states agreed to participate in Phase Two of the study: Missouri and Kentucky. To each of these states, the researcher submitted a detailed protocol of the study and the protection of confidentiality (all data were to be de-identified). Approval was received from both states to proceed with the study. Missouri's program and evaluation is discussed here. Kentucky's administrative database proved too incomplete on the variables listed in Figure 1, especially as they pertain to adoptive families, therefore this study is unable to evaluate their program.

In addition to the original evaluation of Missouri's IFPS program with adoptive families, the researcher reviewed the detailed evaluations reported for the state of Illinois by Smith and Howard. Their program results, that clarify answers to the three research questions listed above, are summarized here. Therefore, this phase of the report details the use of the model of IFPS services with adoptive families used in the states of Missouri and Illinois, two states that provide extensive post-adoption services.

Results

Missouri Intensive In-Home Services

The Model of Service

In Missouri, their Intensive In-Home Services (IIS) program model is based on the HOMEBUILDERS® model of family preservation service. Family workers carry a caseload of 2 families, serving each for roughly 6 weeks (the average is indeed 5.4 weeks), although some families may be served for as long as 8 weeks. Workers and supervisors are available to the family 24 hours a day, 7 days a week through a cell phone number or pager, not a central registry number.

IIS workers do most of the direct service work with families themselves, rather than referring families to community agencies, as is consistent with the HOMEBUILDERS® model. There is a Hard Services fund available for the concrete material needs of the family, which averages a cost of \$200 per family, to turn on utilities, purchase transportation, and any other needs which relate to the safety and permanency for the child. IIS workers serve as part of the Family Support Team, which includes the family, any other service providers, the CPS workers, and any others the family wishes to include.

Intensive In-Home Service workers and supervisors receive a minimum of 48 hours of training; Part I is 24 hours, and Part II is another 24 hours. Part I of training focuses on skills and knowledge in the Missouri child welfare system, screening, assessment and safety. Part II, which occurs roughly 3 months later, focuses on the skills and knowledge of helping families learn new skills and change problem behaviors, family engagement tactics, and using an assessment tool to set goals, monitor progress and close a case.

There are additional training topics available to Intensive In-Home Services workers, supervisors and families throughout the year, and one of these training sessions focuses specifically on IIS work with adoptive families. This is a two-day training that develops knowledge of the specific strengths and challenges of adoptive families, issues facing adopted children and adoptive parents, and skills in helping families develop the characteristics that are predictive of success; flexibility, humor, tolerance, and patience.

Roughly 75% of Intensive In-Home Services cases are served by contracted private providers around the state. Children must be at risk of placement within 72 hours of referral. The bulk (around 80%) of referrals therefore come from CPS agencies. The remainder comes from hospitals, teachers, and police.

The Missouri Family Functioning Assessment Scale is filled out at both intake and case closure. It measures a variety of domains of family functioning, including: family environment, family social support, family interactions, parent/caregiver skills, and child well-being. The assessment is based up the North Carolina Family Assessment Scale, known to be highly predictive of family risk and case outcomes in family preservation programs.

Cases are closed when goals are met, particularly in regard to the child's safety. IIS workers develop an aftercare plan, which identifies the support services that will be necessary to maintain the gains made in this 6-week program. The IIS worker does a follow-up check on each family at 1 month, 3 months, 6 months, and 12 months, post case closure, to see if the family is still preserved or is again at risk.

Using the Model with Adoptive Families

Missouri does not appear to make structural changes in IIS service delivery when adoptive families are the focus. What do appear to be different are the family dynamics in adoptive families, as opposed to birth families at risk of placement.

The primary focus of service is intended to be parental expectations of the adopted child. Work with families helps them to better understand their adopted child(ren). IIS workers who attend the special two-day training on adoption issues learn about the special issues of attachment and loss in adoptive families, how to create and use a lifebook with children, and how to teach skills to help families develop tolerance, flexibility and humor.

Method of Study in Missouri

After clearance of the project methodology and confidentiality protections, the State of Missouri provided a data set of all families containing an adopted child who had been served with Intensive In-Home Services in the past 10 years. This yielded 445 children in 99 families. This sample was reduced to one target child per family, so that household and family characteristics were not counted multiple times (for multiple children in the same family). For selection of the target child, we identified in each family the oldest adoptive child who was marked as at risk of placement. These selection criteria resulted in 99 target children in the final sample.

The administrative data set of records filed on each case served contains the following data that is pertinent to this study: child and family characteristics, presenting problems and reason for entry into care, service history, problems addressed by Intensive In-Home Services, service duration, and case outcomes at 6 and 12 months following case closure.

Characteristics of Adoptive Families and Intensive In-Home Services from Case Files

Demographic Characteristics

The families receiving Intensive In-Home Services look fairly unremarkable in their demographic characteristics (see Table 5). The target children were slightly more likely to be female. Roughly even percentages of children were black and white, with a quarter of children being in transracial placements. Primarily, the head of household was listed as female, although this does not necessarily indicate the primary breadwinner of the family. About half of these heads of household were employed full time, although another 40% were unemployed. The modal annual income of these families was in the \$25,000 to \$35,000 range.

Table 5: Child and Head of Household Demographics

Variable (N = 99)	n	%
Child Gender		
Females	53	53.5
Males	40	40.4
Child Race		
White	49	49.5
Black	43	43.4
American Ind/Alaskan Native	1	1.0
Oldest Child's Age at IFPS Services		
5 to 8	3	3.0
9 to 12	10	10.1
13 to 16	43	43.4
17 to 19	31	31.3
20 to 21	2	2.0
Mean Age	15.34	
Child Special Education		
No disability	55	55.6
Learning disabled	24	24.2
Behavior/emotionally disabled	17	17.2
Other	3	3.0
Head of Household Gender		
Females	80	80.8
Males	19	19.2
Head of Household Race		
White	53	53.5
Black	32	32.3

Variable (N = 99)	n	%
Transracial Placement		
Yes = white parents with black children	24	24.3
No	75	75.7
Head of Household Employment		
Full time	52	52.5
Part time	7	7.1
Unemployed	40	40.4
Head of Household Income		
Less than \$5,000	2	2.0
\$5,000 to \$9,999	7	7.1
\$10,000 to \$14,999	16	16.2
\$15,000 to \$24,999	19	19.2
\$25,000 to \$34,999	19	19.2
\$35,000 to \$49,999	18	18.2
\$50,000 or more	18	18.2

Problems of the Children

For more than half of the children served by IIS, the reason for their initial placement into child welfare was suspected child abuse and/or neglect (see Table 6). Another 13% were either voluntarily placed or were placed with relatives initially. Four children came into care because their parent(s) were incarcerated, a trend that is increasing nationwide. When looking more closely at detailed reasons for the child's initial removal, the most frequent responses included child neglect, housing difficulties and homelessness, parental drug use, physical abuse (at a much lower rate than neglect, also a common trend), parental alcohol abuse, and parents in jail. Sexual abuse had been a problem for 9% of these children when brought into care. In general, these children had been in care (removed from their birth home) an average of 4 years at the time of Intensive Services. The majority (n=85) had only been removed from their birth home one time.

All target children were deemed at risk of placement outside of their current adoptive families. The child problems that had been addressed in the past (prior to IIS intervention) were multiple and varied. (See Table 7.) The most commonly addressed past problems were parent/child conflict (noted for more than half of families), communication problems, emotional problems, and school problems. Less than a quarter of children were served for parenting skills problems, physical abuse, mental health problems, delinquent behavior or physical violence. Fewer than 10% were served for running away, medical illness or disability, developmental disability, child neglect, sexual abuse, criminal behavior, drug abuse, alcohol abuse, severe financial problems, or child pregnancy.

Table 6: Children's Presenting Problems

Variable (N = 99)	n	%
Primary Reason for Initial Placement		
Suspect child abuse/neglect	56	56.6
Voluntary placement by parent	7	7.1
Placed with relatives	6	6.1
Parents incarcerated	4	4.0
Adoption	1	1.0
Adoption disruption	1	1.0
Other	10	10.1
Not listed	14	14.1
Detailed Reasons For Initial Removal (multiple responses)		
Neglect	42	42.4
Housing	29	29.3
Parent drug	20	20.2
Physical abuse	14	14.1
Parent alcohol	12	12.1
Jail	11	11.1
Abandon	10	10.1
Caretaker illness	9	9.1
Sexual abuse	9	9.1
Behavior	5	5.1
Relinquish	4	4.0
Parent death	4	4.0
Disability	1	1.0
Child alcohol	1	1.0
Mean # of Days in Out of Home Care		
First time 1 (n = 85)	1163.55	
Second time 2 (n = 34)	690.50	
Third time 3 (n = 12)	439.50	
Fourth time 4 (n = 3)	442.66	
Mean # of Years in Foster Care Overall	4.15	

Table 7: Children's Service History

Variable (N = 99)	n	%
Child Problems Ever Addressed in Care (multiple responses)		
Parent/child conflict	61	61.6
Communication	43	43.3
Emotional problems	36	36.3
School problems	25	25.2
Parenting skills problems	19	19.2
Physical abuse	19	19.2
Mental health problems	18	18.2
Delinquent behavior	15	15.2
Physical violence	11	11.1
Runaway	8	8.1
Medical illness/disability	6	6.1
Developmental disability	4	4.0
Child neglect	4	4.0
Sexual abuse	4	4.0
Criminal behavior	3	3.0
Drug abuse	3	3.0
Alcohol abuse	2	2.0
Severe financial	1	1.0
Pregnancy	1	1.0
Other	13	13.1
Total Time in Foster Care Prior to Adoption		
0-5 months	2	2.0
6 months to 1 year	1	1.0
13 to 17 months	1	1.0
18 months to 2 years	10	10.1
25 to 30 months	11	11.1
31 months to 3 years	13	13.1
37 to 42 months	16	16.1
43 months to 4 years	4	4.0
49 to 54 months	3	3.0
55 months to 5 years	5	5.0
6 years	7	7.0
7 years	3	3.0
8 years	3	3.0
9 years	5	5.0
10 years +	4	4.0
Not listed	11	11.1
Mean # of Years	3.9	

Most Recent Intensive Services

While receiving IIS services (or in their most recent IIS service period for those families with multiple treatment periods), the problems addressed closely matched those addressed in the past (above). What increased greatly in frequency was working with families on parenting skills training and children’s school problems. Child pregnancy was also much more frequently treated in adoptive families. Problems varied somewhat with the age of the target child. (See Table 8.)

Services lasted a mean of 36 days, or a little over a month. The minimum number of days served was 3, while one family received the maximum of 160 days, or almost 6 months.

Case Outcomes

Placement was prevented for 83% of the adoptive families served (see Table 9). For an additional 9% of the families, the out-of-home placement had already happened when IIS services began. Target children experiencing placement were significantly older (by an average of one year) than those children who were not placed outside the home.

While there was an overall placement rate of 17% for the sample of target children, these rates varied by the type of placement that IIS was trying to avert. For children whose placement was anticipated to be a psychiatric hospital or detention (n=10), there were no placements during or after IIS, up to six months later. The placement rates were 14% for relative care, 18% for residential care, and 19% for foster homes.

Table 8: Description of Intensive Family Preservation Services with Adoptive Families

Variable (N = 99)	n	%
Primary Problem Addressed in Adoption IFPS Intervention		
Parent/child conflict	62	62.6
Communication skills	47	47.5
Parenting skills problems	47	47.5
Emotional problems	22	22.2
Physical abuse	19	19.1
Mental health problems	19	19.1
Pregnancy	13	13.1
School problems	13	13.1
Medical illness/disability	8	8.0
Physical violence	8	8.1
Delinquent behavior	7	7.1
Child neglect	4	4.0

Variable (N = 99)	n	%
Severe financial problems	3	3.0
Criminal behavior	2	2.0
Sexual abuse	2	2.0
Marital conflict	2	2.0
Runaway	2	2.0
Drug abuse	1	1.0
Developmental disability	1	1.0
Shelter	1	1.0
Other	10	10.1
Duration of IFPS Services for Adoptions		
Minimum days	3	
Maximum days	160	
Mean # of Days	36.01	

Table 8: Description of Intensive Family Preservation Services with Adoptive Families (continued)

Mean Age of Oldest Child for Primary Problem Addressed in Adoption IFPS	
Problem	Mean
Developmental disability	19.00
Severe financial problems	18.00
Shelter	18.00
Physical violence	17.12
Communication skills	16.20
Criminal behavior	16.00
Sexual abuse	16.00
Medical illness/disability	15.75
Emotional problems	15.71
Other	15.70
Child neglect	15.66
Parent/child conflict	15.61
Delinquent behavior	15.50
Runaway	15.50
Drug abuse	15.34
Physical abuse	15.26
Marital conflict	15.00
Parenting skills problems	14.98
Pregnancy	14.23
School problems	14.23
Mental health problems	14.21

Table 8: Description of Intensive Family Preservation Services with Adoptive Families (continued)

Mean Age of Oldest Child for Primary Problem Addressed in Adoption IFPS	
Variable (N = 99)	Mean
Developmental disability	19.00
Severe financial problems	18.00
Shelter	18.00
Physical violence	17.12
Communication skills	16.20
Criminal behavior	16.00
Sexual abuse	16.00
Medical illness/disability	15.75
Emotional problems	15.71
Other	15.70
Child neglect	15.66
Parent/child conflict	15.61
Delinquent behavior	15.50
Runaway	15.50
Drug abuse	15.34
Physical abuse	15.26
Marital conflict	15.00
Parenting skills problems	14.98
Pregnancy	14.23
School problems	14.23
Mental health problems	14.21

Placement rates also varied by the presenting problem of the target child. (See Table 9.) Placement rates were highest for those children and youth served by IIS for criminal behavior (50% placed), running away (50%), severe financial problems (33%), child neglect (25%) and medical illness or disability (25%). Family preservation rates were highest for those children and youth served for parenting skills (11% placed), physical violence (12%), and delinquent behavior (14%).

Table 9: Case Outcomes

Variable (N = 99)	n	%
Type of Placement Originally Anticipated		
Foster Home	42	42.4
Residential	39	39.4
Relative Care	7	7.1
Psychiatric Hospital	5	5.1
Detention	5	5.1
Emergency Shelter	1	1.0
Placement After Adoption		
No placements	82	82.8
Prior to IFPS services	9	9.1
During IFPS services	2	2.0
After IFPS services cease	6	6.1
Mean Age of Child by Placement Outcome		
Placed Out of Home	16.1	
No Out of Home Placement	15.1	
Six Month Follow Up		
Family intact	62	62.6
In foster home or group home	16	16.2
In residential	10	10.1
Child living w/ relative or guardian (not court ordered)	2	2.0
Child moved out of home	1	1.0
In in-patient psychiatric	1	1.0
Can't locate family	1	1.0
No Follow Up	17	17.2
Twelve Month Follow Up		
Family intact	33	33.3
In residential	8	8.1
In foster home or group home	6	6.1
Child moved out of home	1	1.0
Child living w/ relative or guardian (not court ordered)	1	1.0
Information not available	1	1.0
Can't locate family	1	1.0
No Follow Up	47	47.5

At a six-month follow-up point, caseworkers were able to contact 83% of the families in this sample (see Table 9). Of those, 62 or 76% were intact, with the child remaining in the home. Another 16 children were in a foster home and 10 were in residential care. No adoptions had legally disrupted.

At a twelve-month follow-up point, contact was made with 52 families, or 53% of the original sample. Of these 52 families, 63% remained intact. Again, there were no legal disruptions. Small numbers of children had gone into or remained in residential care or foster care. Given that no legal disruptions were noted, one can assume that these families were still committed to the adoption.

Illinois Adoption Preservation Services

The Model of Service

The Adoption preservation program of Illinois is adapted from the HOME-BUILDERS® model of family preservation and served 13 sites in 2001 (Smith & Howard, 2001). The program uses Intensive In-Home services to preserve adoptive families that may be at risk for out of home placement of their child. Full time preservation workers carry a caseload of 6 to 12 families, with some variation across the 13 adoption preservation sites. There is availability 24 hours a day, seven days a week across all 13 sites; however there is variation of who provides the coverage: the caseworker, the caseworker and supervisor, or an agency on call worker depending on the site. Services are time limited although, unlike the HOMEBUILDERS® model, Illinois extends services for up to six months rather than six weeks. If the situation warrants, a case can be reopened after 30 days for a second round of service to the family (not considered aftercare).

The majority of services within the Illinois model are provided directly by the adoption preservation worker. Preservation workers are master's level therapists who provide individual and family counseling services. In some sites therapists and adoption specialists are paired to work with families. Adoption specialists are adoptive parents who have first-hand experience with the system and are skilled to help families along with the preservation worker.

Services include three primary components: short term intensive services, longer-term support groups, and linkage to community resources. The intensity of services varies across sites and is matched to the individual needs of the family. Intensive services include therapeutic counseling with the capacity for crisis intervention when the situation arises. A small amount of funds is used for cash assistance for families with concrete needs. These funds are primarily used for emergency situations with lower income families, for special activities for children, and for respite care.

Support groups are a major focus of the Illinois program. Both parents and children attend support groups that utilize curriculum from the North American Council on Adoptable Children (NACAC). Group structure varies somewhat across sites but generally uses time limited groups that meet from 1 ½ to 2 hours weekly or bi-weekly for 8 sessions.

Linking families to needed resources is another service component of the Illinois model. Referrals are commonly made for psychological evaluations, specialized child care, respite, and financial assistance. Workers assist with educational services including advocacy and support with IEP meetings, consulting with teachers, and appropriate educational placement of children.

All cases are intended to be closed by the 6-month time limit of service delivery. Aftercare services are provided to those families in need beyond the 6-month time limit. In most cases, aftercare services are less intensive and do not require as much contact with the family. The decision to move a family into aftercare is made jointly by the caseworker and family with approval from the Department of Children and Family Services.

It is important to note that the Illinois model of adoption preservation has been significantly altered from the original HOMEBUILDERS® model with Illinois adoption preservationists carrying higher caseloads, serving families less intensively and for longer duration, and utilizing support groups as a more integral part of the service model.

Using the Model with Adoptive Families

The Illinois model only serves adoptive families. Services are focused on increasing the parent's sense of competence through education about the adoption process, creating realistic family expectations about their adoptive child, helping parents develop more effective parenting, and connecting families to needed resources. Workers also work directly with children to help them understand and effectively express their feelings about adoption, including feelings of loss, abandonment, and grief.

Method of Study in Illinois

Information regarding the Adoption Preservation program was obtained from a series of evaluation reports from the Center for Adoption Studies at Illinois State University. Evaluations were conducted in 1998 and in 2001. The current data are from a 2001 evaluation (Smith & Howard, 2001). The data were collected over a two-year period from 1999 to 2001 and include 912 families and 1162 adopted children served by Adoption Preservation Services.

The data sources for the evaluation include intake forms on all families referred for services, a case summary completed by workers at the close of services, and the family feedback form that is mailed to families. The data include child and family characteristics, presenting problems and reason for

entry into care, service history, problems addressed by IFPS, service duration, and case outcomes.

Characteristics of Adoptive Families

Demographic Characteristics

The target children of the study were evenly divided by gender, with 48% females and 52% males. The majority of children served were White (51%), followed by African American children (33.5%). Latino children made up only 6% of the population, Asian children represented 2.5% and 7% were listed in the other category. The mean age of children at referral was 11.4 years.

The only family characteristic provided in the study was the type of adoptive family represented. Family types included matched adoptions (parents and child were unknown to each other prior to the placement), foster parent adoptions, and relative adoptions. Matched adoptions represent the largest group (38%), followed by foster parent adoptions (33%), and relative placements represent the smallest group (29%). Two-parent families were predominant across all family types (69%) with far fewer single parent families represented (31%). Nearly 19% of children were transracially placed.

Problems of Children

An examination of placement history indicates the mean age of children at their initial removal from their birth family was 1.9 years, with 43% removed prior to 6 months of age. In addition, on average children had been in their current adoptive placement for 7.8 years before being referred for services. The average age of placement in their current adoptive home was three years and the average age of referral for adoption preservation services was 11.4 years. The majority of children in placement had experienced severe neglect (45%), followed by physical abuse (18%), and sexual abuse (15%).

Overall, the children in the sample had a fairly stable placement history. The majority (43%) went directly from their birth families to their current adoptive placement with finalization taking on average 3.8 years overall. Children with only one placement prior to adoption made up 30% of the sample, followed by children with 2 or more placements who represented 26% of the sample. Children with 4 or more moves made up only 4% of the sample and only 3% of the sample had experienced an adoption disruption prior to placement with their current family.

Problems were assessed by family preservation workers, who were given a list of 23 possible problems. The problems most frequently reported were those related to child behaviors (88%) and emotional problems (74%). The specific child behavior problems cited most often were defiance (88%), lying (76%), verbal aggression (75%), peer problems (70%), withdrawal (59%), tantrums (59%), physical aggression (56%), and rejecting affection (49%). The

list includes 23 specific problems but these eight problems were evident in over half of the sample. Children on average experienced 7.6 problems from the list of 23 behaviors. The majority of emotional problems experienced by children were related to grief (67%), identity issues (56%), attachment issues (55%), and depression (48%). Abuse and neglect were reported in approximately 1 in 5 cases of the service population.

The severity of child problems and the level of adoption risk were calculated by using the total number of behavior problems exhibited by the child. Findings indicate that age and gender were significantly associated with behavior problems. Generally, older children and boys had more behavior problems. Likewise, the type of adoption yielded significant differences with foster parent adoptions demonstrating the highest number of behavior problems ($m=8.37$), followed by matched adoption ($m=7.34$), relative adoption ($m=7.16$), and subsidized guardianship ($m=6.97$).

Seeking placement and/or possible adoption dissolution were significantly associated with older children, children with a history of neglect, more behavior problems, older age at adoptive placement, and a history of multiple types of maltreatment. Interestingly, race also seemed to have a significant association with dissolution with 39% of parents of African American children raising the possibility of dissolution as compared to 27% of parents of White children. Likewise, single parent families were more likely to raise dissolution as a possibility than two parent families, and relatives were more likely than other types of adoptive families to raise dissolution as a possibility.

Most Recent Intensive Service

The most recent types of services were intensive therapeutic services. Over 94% of all closed cases (closed cases=509) received these services, that include traditional casework, family and individual counseling, and teaching parenting skills. Support groups were used with parents in 30% of the cases and with 28% of children. Linkage and Advocacy was the second most frequently used service with 74% of the cases reporting linkage to services outside of Adoption Preservation services. Concrete services like cash assistance (16%) were used less frequently, as were respite services (13%).

Workers were asked to rate the five most used services from a list of 14 interventions. The results of this assessment show the most commonly used services were supporting/validating parents (86%), supporting/validating child (60%), interpreting child's behavior (57%), teaching behavior management skills (42%), assisting parents in understanding child's losses (39%), processing loss with child (33%), de-escalating crisis (27%) and attachment building techniques (26%).

Services lasted a mean of 9.7 months; however the modal service period was 6 months, as prescribed by the model. The breakdown of service dura-

tion by month indicates 9% of cases were served 0 to 2 months, 30% of cases were served within 3 to 6 months, 40% of cases were served within 7 to 12 months, and 21% of cases were served 13 months or longer. Service hours per case include contact hours with family and collaterals, as well as travel time. The mean service hours per case were 72, thus averaging 12 contact hours per month per family.

Case Outcomes

Outcome measures include placement prevention, as well as worker and family self evaluation. Of the 509 closed cases in the evaluation sample, 87% were maintained at home at the end of services, while 13% were in an out of home placement. Analysis of the 13% of children who were in out of home placement indicate that 23% of these children were from guardianship families, and most were in residential placements (39%), followed by foster care placements (34%). For the children in out of home placements 45% of the parents were still committed to working with their child and were not contemplating dissolution.

An analysis of the events that precipitated out of home placement was conducted. The results indicate that the primary events that led up to the placement were a combination of both child and parent factors. The child factors include psychological/psychiatric needs; trouble with the law; suicidal/homicidal ideation; refusing to return home; danger to themselves or other family members. Parent factors include severe discipline, high stress and inability to cope, and the desire to have the child removed. Overall, about two-thirds of placements were due to child behaviors and 1/3 were due to the parent's inability to cope and manage the behaviors.

Workers rated the child's behavior and parent's management of that behavior. These reports indicate that in 70% of the cases the child's behavior had improved somewhat to slightly. Likewise, in 76% of the cases the parent's ability to manage the child's behavior had improved. When rating the stability of the family situation at the close of the case, 84% of families were seen as not needing placement. Generally workers report improvement in about two-thirds of the cases with one-third not showing any improvement.

A total of 293 families evaluated services by completing the Family Feedback Form. This form rates the family level of satisfaction with services as well as parental perceptions of improvement in the family situation as a result of services. These rating forms indicate a very high level of satisfaction among parents with 92% rating themselves as satisfied or very satisfied with services. Parents reported themselves as better on 10 different dimensions. The most highly reported improvement was in the area of feeling supported (92%) followed by knowing where to get help (89%), understanding my child (87%), confidence as a parent (86%), and specific parenting skills

(85%). Areas that were rated lower in improvement were level of stress in the family (79%), child's behavior (74%), understanding of adoption, (68%), closeness to child, (67%), and agreement between parents (66%).

Parents were asked to report on services needed that they did not receive. The majority of parents (78%) report they received the services they needed. Respite care was the most frequently cited service that was needed but not received.

Summary of Findings

The findings of this study offer important lessons about the utility of models of IFPS with adoptive families. The in-depth analysis of the Missouri and Illinois programs demonstrates the effectiveness of two models of family preservation (intensive and less intensive) with adoptive families and offer interesting insights into the characteristics of children and families served and how those characteristics may impact outcomes.

Both Missouri and Illinois used an adapted version of the **HOMEBUILDERS®** model of IFPS. Direct comparisons cannot be made between the outcomes of the two programs because of differences in IFPS model fidelity, methodology, data gathering and interpretation, and model of delivery of services. However, taken individually, findings indicate both programs to be highly successful in placement prevention, the reduction of child and family problems, and parental satisfaction. Both states report preservation rates of more than 80% at the end of services, and Illinois reports problem reduction rates as high as 76% and parental satisfaction rates as high as 92%.

An examination of both programs reveals a combination of child and family characteristics to be the primary stressors for families being served. Within the Missouri program, the adoptive children most likely to experience an out of home placement were significantly older, had a history of delinquent or criminal behavior, and were frequent runaways. Family characteristics that appear to contribute to child placement were physical violence, severe financial problems and medical illness or disability. Illinois findings indicate that children with psychological/psychiatric needs, criminal behavior, suicidal ideation, and a refusal to return or stay home were more likely to experience placement. Likewise, the parental characteristics contributing to out of home placement were severe discipline, high stress, and an overall inability to cope effectively.

Findings from this phase of the study indicate family preservation services to be an effective and valuable resource to adoptive families at risk of disruption or dissolution. Both states involved in the study demonstrate the kind of success that can be achieved with these services. Likewise, both Missouri and Illinois serve as an example to other states of the importance of collecting administrative data for the purpose of evaluating and developing effective post-adoptive programming for children and families.

Conclusions and Recommendations

This study of the use of Intensive Family Preservation Services (IFPS) with post-adoptive families shows that this type of service is commonly used to preserve adoptive families. However, only a few state child welfare agencies are currently tracking use of intensive services and service outcomes for post-adoptive families. With the increased number of children being adopted from public child welfare agencies, these agencies could do a much better job of tracking outcomes and contributing to improved practice by following Missouri's and Illinois' example of collecting detailed information on adoptive families and post-adoptive services.

A review of the limited research available and the results from this study indicate that offering IFPS to post-adoptive families may produce better outcomes than other services. Thus, child welfare agencies may wish to expand IFPS services to post-adoptive families as well as develop better tracking systems for these services. Further research should identify the specific components of IFPS services that are most highly correlated with preserving these families, including specialized training of workers on issues unique to adoptive families.

This study also shows that older adopted children, many with special needs, may be in or have already experienced an out of home placement and thus require reunification rather than placement prevention services. More research in the area of reunification, including IFPS-based reunification, is essential. There is little data available on what happens to older children who are not reunited with their adoptive families.

Questions raised by this study include:

- What is the optimal time for intervention with post-adoptive families? The current time range for intervention services is from 5 to 7 years post adoption. Would there be better outcomes if families were offered services at a specific time interval or intervals following the adoption?
- What happens to the children who are placed and are not reunified with their adoptive families? Are they placed in another adoptive home or do they become legal orphans? Do they simply age out of their placement and are they prepared to live independently?
- Are minority children and families over-represented in post-adoptive services intervention? What cultural and racial issues need to be addressed in post-adoptive services?

This study provided some initial baseline data of using IFPS with post-adoptive families. More research is needed to build a body of knowledge and best practice surrounding services to post-adoptive families.

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About the Authors

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Appendix A

E-mail Survey to State Agencies

Hello!

My name is Marianne Berry and I am helping the National Family Preservation Network conduct a study on post-adoption support services, including the use of Intensive Family Preservation Services with adoptive families. I was provided your name by the National Family Preservation Network, as someone willing to answer a brief questionnaire on this subject. This study is supported by the Annie E. Casey Foundation and will provide important information on the evolution of services to families at risk.

I am hoping you can answer the following questionnaire, which is designed to be brief and straightforward. This questionnaire is 9 questions long and can be answered in under 15 minutes. To complete the survey by email, please click “reply” and check the boxes on the reply version you will send to me. To complete on paper, please print this email, fill it out, and mail it to me at the address below.

I have studied both adoption services and family preservation services for the past 20 years, and assure you that this study will follow the highest standards of confidentiality and rigor. We cannot assure anonymity, however, because we hope to make a follow-up contact to seek further study or expansion of the answers we get. Based on responses, we hope to contact a few agencies for closer review of their provision of post-adoption support services, including Intensive Family Preservation Services with adoptive families.

When you have completed the questionnaire, please return it to me by e-mail to: andysmom@ku.edu

Or by mail to:
Marianne Berry, Ph.D., ACSW
Professor of Social Welfare
University of Kansas
1545 Lilac Lane
Lawrence, KS 66044

Please e-mail me or call me in Kansas (same time zone as Chicago) at (785) 864-4720 if you have any questions or concerns. Thank you very much for your participation in this study.

Survey

Place an X within the brackets by each appropriate answer.

1. Do you provide post-placement support services to adoptive families?
 Yes
 No

2. Is there a specified period of time following the adoptive placement that families are eligible for post-placement support services from your agency? (Choose one)
 Until finalization/consummation/legalization of the adoption
 For one year following placement
 Until the child reaches age 18 (or other age; please specify: _____)
 For the life of the adoption
 Other_____

3. Which of the following post-placement support services does your agency provide (or contract) for adoptive families? (Choose all that apply)
 Mental health counseling for child
 Mental health counseling for parent(s)
 In-office family therapy
 Written information
 Respite care
 Adoption subsidy/financial supports
 Educational services and referrals for child
 Health services and referrals
 Disability services and referrals
 In-home family therapy
 Intensive Family Preservation Services
 Other_____

4. Which of the following are true about your post-placement support services? (Choose all that apply)
 Workers go to the home to provide some services.
 The majority of services are provided in the family's home.
 Help/someone to talk to is available 24 hours a day.
 Services are both therapeutic (counseling) and concrete (respite care, financial assistance, etc.).
 Workers are able to spend as much time with the family as is necessary during a call/visit.
 Most supportive services are provided by the same worker for a family.

If your agency provides Intensive Family Preservation Services, please answer the following questions. (**If your agency does NOT provide IFPS, you have completed the questionnaire. Please send your responses to andysmom@ku.edu.**)

5. How many or what percentage of adoptive families have received this service in the past six months?
____ Number of families
or ____ Percentage of families
or Don't know percentage, but could find out in further study
6. Are these services provided to those families at risk of adoption disruption or to any family eligible for them?
 At risk of adoption disruption
 Any family eligible for them
7. What percentage of the families served with Intensive Family Preservation Services in the past year have been preserved (the child has not officially left the family home)?
____ Percentage preserved
 Don't know percentage, but could find out in further study
8. What percentage of the families served with Intensive Family Preservation Services in the past year have reported improvements in adjustment/satisfaction?
____ Percentage preserved
 Don't know percentage, but could find out in further study
9. Please briefly describe, in the space below, the key practices or components of your agency's/state's Intensive Family Preservation Services model of practice with adoptive families.

Please attach to the completed survey any electronic information regarding your agency and its programs. We want to fully understand the scope of post-placement services that you provide.

Thank you very much for your participation in this study. We will be conducting a follow-up study on post-placement adoption support services and appreciate your contribution to this effort.

Appendix B

Data Elements for Phase Two of Study

In an interview with adoption authorities:

In general, when providing IFPS services to adoptive families

Description of the service model:

- Caseload of worker
- Duration (# of weeks a family served, on average)
- Intensity (# of hours per week for a family, on average)
- Types of services provided
- Where most services provided
- Qualifications of worker
- Source of funding

We are asking the Child Welfare authority to identify those adoptive families who have received a service called Intensive Family Preservation Services in the past year, and collect the following data from case files (identity of families will not be conveyed to researcher).

For individual adoptive families who have been served by IFPS (from database or case file—if data is available):

Description of family:

- Parent age(s)
- Presenting problem at IFPS
- Child age(s)
- Child history for target child(ren)
 - Date child first removed from bio parent
 - Reason for removal from birth parent
 - Number of homes prior to adoptive home
- Date of adoptive placement

Services provided:

- List of services provided (from a checklist)

Case outcomes:

- Adoption disruption and date
- Any out of home placement during treatment or since and dates
- Use of extended respite and dates
- Reduction in presenting problems
- Child well-being
- Parental satisfaction



**NATIONAL
FAMILY
PRESERVATION
NETWORK**

Critical Predictors of IFPS-Adopt Services Success

Marianne Berry
Priscilla Martens
Jennifer Propp

August 15, 2005

*A National Family Preservation Network Project
Funding provided by the Annie E. Casey Foundation*

Multivariate Analyses: Predictors of Families Remaining Intact

Multiple regression analyses were conducted with the Missouri data to further examine IFPS and the impact on post-adoptive families after services had ended. The level of “family intactness” at both 6 and 12 months was used as the outcome variable in the analyses. On this variable, the child could still be living with the family in the family home; the child could be out of the home in residential care or some other site, but still a legal and literal member of the family, or the child could no longer be a member of the family. By dividing this variable into three possible outcomes, we hoped to capture a more detailed range of possible service endings than simply preserved/not preserved. Potential predictors of family intactness included: child characteristics, family characteristics, previous placement history and service characteristics. A complete description of the variables and the results of the analyses will be described in this section.

Variables of the Study

The predictor variables included child characteristics (gender, race, age at acceptance to IFPS, current age), primary parent characteristics (gender, race, employment, age at acceptance to IFPS), previous child history (initial reason for placement), and services characteristics (problems addressed while in IFPS, number of days receiving IFPS).¹ The services characteristic of the problems addressed while in IFPS were recoded into six different variables by collapsing the 24 different categories into six primary categories (child behavior, child abuse issues, parent issues, child health, parent-child issues, and child mental health). Each family could be a “yes” or “no” on having received services addressing any or all of these problems.

The criterion or outcome variable was the status of the adoptive family at the time of follow up; follow-up checks of families were conducted at 6 months and 12 months after services. This variable was originally a categorical variable that included over 13 different responses; the categories were collapsed into a family intactness scale. The scale included three levels of intactness: completely intact, somewhat intact (not living together but not legally disrupted) and not intact.

¹ Several of the variables from the data set were nominal or ordinal measures and were recoded into dummy variables. These included gender (male, female), race (White, African American, Alaskan Native) employment (full time, part time, not employed), and initial reason for referral (adoption disruption, parent incarcerated, placed with relative, suspect child abuse and neglect, and adoption).

It is important to note that this outcome variable of whether the family was intact at 6 months follow-up and then again at 12 months follow-up is limited by the fortunate fact that most of the adoptive families were still intact at these time frames. At 6 months post-services, 62 out of the 81 families (76%) were still intact. At 12 months post-services, 63% remained intact. While this is certainly a positive outcome, it limits the ability of any statistical model to predict what makes for success, given that the comparison group is significantly smaller.

The predictor variables were entered in the following order: youth characteristics, primary parent characteristics, previous child history, and service characteristics. The determination of the order of entry was based on prior research findings that both child and family characteristics are related to post-adoption outcomes (McDonald et. al, 2001). For this reason, child and primary parent characteristics were entered into the model first as a method to control for these demographic characteristics, followed by the child's previous history, and service characteristics.² By using this approach it could be ascertained whether previous history and service characteristics added any unique variance (explanatory ability) beyond that accounted for by child and family characteristics.

Predictors of Family Intactness

Two different analyses were run, the first to examine the predictors of family intactness at 6 months post-IFPS services and the second to examine the same predictors at 12 months follow-up. As stated, the predictor variables were entered into the equation in three blocks: child and primary parent characteristics, previous child history, and service characteristics. The results of the analysis found that the full regression model accounted for 37% of the variance in family intactness; however this model was not statistically significant ($R^2 = .37$, $F(7, 40) = .275$, $p = .960$). (See Table A.)

To determine the relative importance of each of the predictors, an F test was calculated for the increment in the overall model's R^2 value after each set of predictors were entered, to determine if the new predictor variable increased the proportion of variance explained in family intactness at 6 months post-services. The results of this indicate that the change in R^2 was significant when the variable "previous child history" was added ($\Delta R^2 = .198$; $p < .05$).

² This order of entry is referred to as a hierarchical regression analysis and is used to better understand the unique contribution of each independent variable. This approach examines the change in the coefficient of determination (R^2) after each block is entered in an effort to partition out the unique contribution of each block of variables to the dependent variable (Pedhazur, 1982).

Previous history concerned the initial placement reason for the child: adoption, adoption disruption, parent incarcerated, placed with relatives, and suspicion of child abuse and neglect.

An examination of the standardized beta coefficients provides some insight into the relative contribution of each variable. In this model three variables had significant beta coefficients. There was a positive relationship between the child being White and increased levels of family intactness ($\beta = 1.9$; $t = 2.0$; $p < .05$). Likewise, while not significant, a child being Black had a negative relationship to family intactness. Fulltime employment of the primary parent had an inverse relationship with family intactness; the primary parent working full time decreased the likelihood of the child remaining in the home at 6 months follow-up ($\beta = -.37$; $t = -2.5$; $p < .05$). Finally, the initial placement reason (prior to adoption) of suspected abuse and neglect of the child had a negative relationship with family intactness. As indicated by the significant beta coefficient, those youth who had been placed due to the suspicion of abuse and neglect had decreased levels of family intactness at six months post services ($\beta = -.33$; $t = -2.12$; $p < .05$).

The second regression model contained the same predictor and criterion variables but examined family intactness at 12 months post-services. The order of entry was the same in this model as the first: child and primary parent characteristics, previous history, and service characteristics. The results of the analyses found the overall model to be significant, accounting for 84% of the variance in family intactness ($R^2 = .84$, $F(7, 16) = 5.21$, $p < .05$). The results indicate that the change in R^2 was significant when the variable “service characteristics” was added ($\Delta R^2 = .359$; $p < .05$). Service characteristics included the problems that were addressed while receiving services and the number of days that the family received IFPS. (See Table B.)

Further examination of the standardized beta coefficients in this model found several to be significant. Child age at acceptance to IFPS and current age at time of follow-up were highly significant. Age at acceptance had a positive relationship with the criterion variable indicating that as age at acceptance increased so did level of family intactness ($\beta = -.4.5$; $t = 5.5$; $p < .000$). Conversely, as current age of the child increased, the level of family intactness decreased ($\beta = -3.9$; $t = -4.8$; $p < .000$). Similar to the first model, full time employment of the primary parent had an inverse relationship with family intactness ($\beta = -.53$; $t = -2.7$; $p < .05$). Likewise, the variable “initial placement reason of suspected abuse and neglect” proved significant in this model indicating an inverse relationship with family intactness ($\beta = -.44$; $t = -2.9$; $p < .05$).

The remaining significant beta coefficients were all a part of the variable “service characteristics.” As stated, service characteristics was made up of the specific problems that were addressed in IFPS services, in addition to

the number of days receiving IFPS. The specific problems addressed that were found to be significant of the family's outcome at 12 months follow-up were child behaviors ($\beta = .31$; $t = 2.3$; $p < .05$), parent issues ($\beta = -.51$; $t = -3.5$; $p < .05$), child abuse issues ($\beta = .86$; $t = .4.2$; $p < .001$), and the number of days receiving IFPS services ($\beta = .50$; $t = 3.6$; $p < .05$).

The relationship between these variables and family intactness was positive in all cases except one, parent issues. The positive relationships can be interpreted as the more these problems were addressed while in IFPS, the higher the likelihood of the family being intact at 12 months post-services. However, in the case of parent issues, the more parent issues were addressed during services, the more family intactness decreased.

As the number of days in IFPS services increased, so did levels of family intactness at 12 months post-services. The range of this variable was from 3 to 160 days with the overall mean at 35.97 days. To better understand the impact of this variable on family intactness, further analyses were conducted.

An independent samples *t*-test was conducted to discern the differences in the number of days receiving IFPS services between those families still intact at both 6 and 12 months and those not intact. Two separate tests were conducted, the first examining family intactness at 6 months and number of days receiving IFPS. The results of this test were not significant, ($t = 1.19$, $p = .235$). The families that were still intact at 6 months had a higher mean score ($M = \text{intact } 35.24$, $SD = 10.11$) than those families not intact at 6 months ($M = \text{not intact } 31.87$, $SD = 9.67$). The difference between the days receiving services between those families still intact and those not intact was slightly over 3 days.

The second *t*-test examined the differences between the numbers of days receiving IFPS between the two groups at 12 months post services. The results of this test were not significant ($t = 1.60$, $p = .116$). The families that were still intact at 12 months post IFPS had received more days of service than those families not intact ($M = \text{intact } 36.21$, $SD = 10.3$; $M = \text{not intact } 30.92$, $SD = 10.54$). The mean difference between the two groups and days receiving IPFS services was 5.2 days.

While the results of these independent *t*-tests, by themselves, are not statistically significant, they do indicate that the families that were intact at both 6 and 12 months post services had received slightly more days of IFPS. In the multivariate model, when one takes into account other information about the family (child and parent characteristics and the problems addressed), the number of days served becomes one of the more important predictors of whether the family remained intact, but clearly the practice difference in service days is a small one, not worthy of attention for model refinement.

Table C provides an overview of the specific characteristics that were used as predictor variables in the multiple regression models. In some respects an

examination of the individual characteristics and their relationship to family intactness may provide more information than the examination of the full multivariate model. The specific characteristics that seem to relate to family intactness may provide more insight from a practice perspective. For example, it is important to note that White families generally did better post services than African American families, and that families with children who have experienced abuse and neglect generally did poorer at both 6 and 12 months. This kind of information can help direct more specific kinds of practice responses.

Discussion & Findings

The results of the multiple regression analyses provide some insight into potential predictors of family preservation for adoptive families at both 6 and 12 months post-services. In addition, the results indicate how the relative importance of those predictors seems to change over time. In many cases what was not predictive of family intactness at 6 months was at 12 months. Also interesting was the relative contribution of the individual variables as evidenced by the beta coefficients on these individual items. These findings will be discussed in the following section.

At 6 months post-IPFS services, it appears that the strongest predictors of a family remaining together were the child's initial reason for placement. When that block of variables was entered into the equation, the change in R^2 went from accounting for 14% of the variance in family intactness to 34%. The specific variables that had the most significant relative contribution were race of child, full time employment of primary parent, and an initial placement reason of suspicion of child abuse and neglect. Service characteristics were not significant when entered into the model; in fact this variable only added an additional 3% of the variance in family intactness at 6 months post-services. These findings suggest that at 6 months, previous history and child and family characteristics seem to have a greater impact on family preservation. This finding is consistent with previous studies that found child and family characteristics to have a significant impact on post-adoption outcomes (Barth & Berry, 1988; McDonald et al, 2001; Rosenthal & Groze, 1992). One possible explanation is that these variables are simply more powerful at that point in time and perhaps the impact of IFPS services has not had time to take full effect.

At 12 months, a different picture emerges of the importance of IFPS services. When service characteristics were entered into the 12 month model, the change in R^2 increased from explaining 34% of the variance in family intactness to 84% of the variance. While child and family characteristics remained significant contributors to the prediction of whether families remained together, their contribution was far less than that of service characteristics. In some respects this finding is counterintuitive. Much of the literature related to the impact of services on post-adoption outcomes suggests that at the 12-month marker, service effects have a tendency to drop off. In fact, previous literature has suggested that to avoid complete extinction of service impact booster sessions may be needed (Meezen & McCroskey, 1995). This finding merits further study and exploration.

Table A. Hierarchical Regression Analysis of Adoptive Family Intactness at 6 Months Post IPFS

Independent Variables	β	ΔR^2
Child Characteristics		.04
White	1.9*	
Black	-.70	
Female	-.04	
Current age	.80	
Age at accept	-.72	
Family Characteristics		.11
Female	-.12	
White	.06	
Black	-.07	
Employed full time	-.37*	
Employed part time	-.22	
Not employed	.06	
Previous History		.19*
Adoption	.19	
Adoption disruption	-.09	
Parent incarcerated	.178	
Place w/ relative	-.25	
Suspected child abuse/neglect	-.33*	
Service Characteristics		.03
Days of IFPS	.10	
Parent problems	-.06	
Parent/child problems	-.06	
Child behavior	.65	
Child health	.01	
Child mental health	.54	
Child abuse problems	-.63	

Note: For the table, $n=99$; * $p < .05$

Table B. Hierarchical Regression Analysis of Adoptive Family Intactness at 12 Months Post IPFS

Independent Variables	β	ΔR^2
Child Characteristics		.32*
White	.97	
Black	-.50	
Female	.14	
Current age	-3.9**	
Age at accept	4.5**	
Family Characteristics		.01
Female	.97	
White	.06	
Black	-.19	
Employed full time	-.53*	
Employed part time	.19	
Not employed	.01	
Previous History		.15
Adoption	.14	
Adoption disruption	-.17	
Parent incarcerated	.38	
Place w/ relative	-.18	
Suspected child abuse/neglect	-.44*	
Service Characteristics		.35*
Days of IFPS	.50*	
Parent problems	-.51**	
Parent/child problems	.33	
Child behavior	.31*	
Child health	-.24	
Child mental health	-.25	
Child abuse problems	.86**	

Note: For the table, $n=99$; * $p < .05$; ** $p < .001$

Table C: Characteristics Affecting Adoptive Family Intactness at 6 and 12 months Post Services

Characteristics	Effect on Family Intactness at 6 months	Effect on Family Intactness at 12 months
Child Characteristics		
White	Positive/mildly related	
Black		
Female		
Current age		Negative/strongly related
Age at acceptance for IFPS		Positive/strongly related
Primary Parent Characteristics		
Female		
White		
Black		
Employed full time	Negative/mildly related	Negative/mildly related
Employed part time		
Not employed		
Previous History		
Adoption		
Adoption disruption		
Parent incarcerated		
Place w/ relative		
Suspected child abuse/neglect	Negative/mildly related	Negative/mildly related
Service Characteristics		
Days of IFPS		Positive/mildly related
Parent problems		Negative/strongly related
Parent/child problems		
Child behavior		Positive/mildly related
Child health		
Child mental health		
Child abuse problems		Positive/strongly related

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