Chapter 1. Introduction

The Post-Adoptive Marriage Strengthening (PAMS) program has completed its fourth year. PAMS has provided participating couples a Gottman Based Relationship Strengthening Program. This is a 12-session, in-home, psychoeducational program designed to increase married and cohabiting couples’ relationship satisfaction and coping skills. These coping skills include parenting attitudes and personal relationship issues. Booster sessions were offered 6 months following the conclusion of the 12-session intervention. Participating families also have received standardized assessments that were strength-based, culturally appropriate, and which facilitate alliance between the couples.

The Children’s Home Society of Florida, North Central Division, administers this program. The PAMS in-home coaches are employees of that agency. To date they have been doctoral interns in marriage and family therapy at Florida State University. Florida State University, Department of Family and Child Sciences, also provides the clinical trainer and supervisor and the evaluation team.

In this fifth year, the focus of the PAMS program is on evaluation and dissemination. One couple has yet to complete the program and they are being offered services toward that end. However, the primary emphasis of all staff are to meet evaluation obligations and to disseminate that which has been learned about implementation and positive outcomes to relevant parties regionally and nationally.

PAMS funding began October 1, 2004, has been renewed each year, this time until to September 30, 2009. The funding initiative is Administration on Children, Youth and Families, Children’s Bureau: Demonstration Project in Post-Adoption Services and Marriage Education, Funding Opportunity Number: HHS-2004-ACF-ACYF-CO-0021, CFDA Number: 93.652.
Chapter 2. Goals of Second Quarter

In this quarter the Evaluation Team and the PAMS staff engaged in three collaborative efforts:

1. Maximization of regional dissemination while obtaining feedback about participation barriers, process, and outcomes.
2. Formal (final) assessment of our original Implementation Objectives.

Chapter 3. Second Quarter Results

1. One couples workshop was held and a second one scheduled. In-depth individual debriefings of PAMS participants. Post-completion interview data is being acquired and transcribed. It will be qualitatively analyzed using HyperResearch software already procured for this goal.
2. Implementation goals have been explored. Barriers and facilitators to participation have been derived from an ethnographic analysis of all of the paper products of the PAMS Program (See below.)

2 (a) Formal Implementation Goals and Outcomes

Implementation Objective No. 1. A Certified Gottman Trainer will train and supervise two in-home family coaches who will provide the PAMS interventions. The two therapists recruited for this program will have been adequately trained and supervised in the Program Model to ensure treatment fidelity.

Objective 1 has been met. Over the first four years of the PAMS program, a constant dyad of two MFT-educated clinical staff were recruited by the Children’s Home Society, and provided 240 hours of in-home PAMS program. All were trained and supervised by Dr. Mary Hicks, a Certified Gottman Trainer, who provided 320 hours of face-to-face supervision.

Implementation Objective No. 2. A 12-session, in-home marital strengthening intervention (PAMS), followed by optional booster sessions every 6 months thereafter, will be added to the existing services adoptive families of special needs children receive from the Children’s Home Society of Florida, Tallahassee, and other community agencies. A minimum of 20 to 25 families per quarter year will be recruited. By the end of the 5-year program, approximately 360 couples will have been served.

Objective 2 was not met. To date 28 couples have elected to participate in this program. However, 90 had been envisioned for each year, based on the apparent population of adoptive families.

Implementation Objective No. 3. The program therapists will be able to deliver the 12-week program in its entirety to more than 50% of the recruited couples.
Objective 3 was marginally met. 28 couples elected to participate in the PAMS program and 14 completed it.

2 (b) Barriers to Participation and Lessons Learned.

Procedures

The community agency’s funding contract required formal quarterly and annual reports assessing strengths and barriers with regard to program implementation. Accordingly, the agency had contracted with us, as university personnel and independent of the agency, to design a continuous process of evaluative inquiry using multiple sources in which we were participant observers; that is, we participated in many agency and program functions, along with other evaluative exercises. On the basis of these involvements, we provided feedback with regard to program implementation throughout the life of the project. We adapted ethnographic methods for our formative inquiries (see Newfield, Sells, Smith, Newfield, & Newfield, 1996; Piercy & Nickerson, 1996). For this we assembled all the written materials produced in the administration of this program. These included:

- Minutes and field notes upon attendance at the Department of Health and Human Services, Administration on Children, Youth, and Family, Children’s Bureau annual grantees’ meetings, subsequent networking with other Children’s Bureau grantees and, in person and conference calls, communication with Children’s Bureau personnel and technical assistance contractors.
- Field and progress notes produced through the supervisory relationship between the program’s in-home coaches and their clinical trainer and supervisor. There were formal 1-hour weekly sessions, and ad lib contact available 24/7 by phone.
- Clinical progress notes produced by the coaches were to convey opinions about the program of the participating couples as well as clinical data.
- Minutes and field notes from formal monthly meetings, averaging an hour, with us and all personnel from the agency, to discuss program implementation (i.e., progress, challenges, and strategies to address the challenges).
- Field notes from informal meetings with agency administrators and personnel, and with other community agency administrators and diverse mental health workers.
- Minutes and field notes from our biweekly meetings to identify and discuss apparent trends with regard to program implementation and to devise strategies to address these.
- Field notes of staff and written transcripts produced by participants in a focus group of eligible couples with an eye toward needs assessment and barriers to recruitment into the program.
- Formal self-reports assessing satisfaction with the program and the agency at the completion of the program. These self-reports included both rating scales and the opportunity for written commentary.
- Field notes describing episodes wherein the in-home coaches accompanied agency staff when the latter serviced eligible foster and adoptive families.
- Field notes by the coaches upon their attendance at the training required of all adoptive families and at regularly scheduled meetings of relevant community support groups.
Field notes from private interviews with the agency’s past and present executive directors, with the past and present executive directors of the community oversight agency (albeit without authority with regard to our program) and, on two occasions, with the Director of the Special Needs Adoptions unit. Field notes from the coaches upon attending the biweekly staff meetings of the Special Needs Adoption Unit.

Agency newsletters to their staff, their clientele, and other agencies, flyers advertising events, and public service announcements.

Quarterly and Annual Evaluation reports produced by us for the AYF.

Participants.

Couples. To date, 28 couples have been recruited for the program and 14 have completed it. The recruits range from 26 to 66 years of age ($M = 41; SD = 11$) and most live in a moderately large city (75% urban, 25% rural). They primarily are White (self-identified White, 83%; Black, 17%), educated (90% have at least some college education), and full-time working couple families (83%).

Program personnel. The members of the program social system observed, and from whom various data were collected, are listed in Table 1.

| Table 1. Participants: Members of the Program Social System ($N = 56$) |
|-----------------------------|---------------------|------------------|
| Unit                        | Gender  | Professional Degree                                    |
| Agency Executive Director   | M       | MPA                                                      |
| Program Team                |         |                                                           |
| • Programs Coordinator      | F       | MSW                                                      |
| • Program Clerical Aide      | F       | BA                                                       |
| • In-Home Coaches (2)       | F       | MS, ABD in MFT                                           |
| • Program Trainer/Supervisor| F       | PhD in Child Development & Family Relations             |
| Director, Special Needs Adoption Unit |         |                                                           |
| Case managers and agency therapists (8) | F | BSW, MA, MSW                                             |
| Agency Development Officer  | M       | MBA                                                      |
| Evaluation Team (2)         | M       | PhD in Psychology; MSW, ABD in MFT                      |
| Focus Group (5 couples, 1 individual)? | M,F       |                                                           |
| Participating and Completing Families (n=8) |         |                                                           |
| Non-Completing Families (n=8)? |         |                                                           |
| Private practice psychotherapists (3) | F       | PhD; PhD; MSW                                            |
| ACYF, ACF, Children’s Bureau |         |                                                           |
| • Central Program Administrators (3) | M; F; F |                                                           |
| • Regional Administrator   | F       |                                                           |
| • Technical Support Units (2) | M; F    |                                                           |
| State DOH Program Consultants (2) | F       | HS and substantial experience; MPA                      |
| Involved Community Agencies (5) | F       |                                                           |
Data Analysis

All documents produced to date by any of the stakeholders were compiled. Audio recordings of focus groups were transcribed verbatim. These data were then explored through a process of open coding (i.e., these materials were culled for meaning). Our research questions were: (A) What are the barriers to and (B) facilitators of program participation? Since our theoretical assumption was that the attitudes and behavior of human beings are influenced by the various social systems in which they are embedded, we looked for barriers and facilitators in the work products associated with each system. In so doing, patterns and themes emerged and recurred (Maykut & Morehouse, 1994).

Findings

We believe that our findings are trustworthy. The two members of the evaluation team agreed upon their interpretation of 90% of the statements. They subsequently discussed the remaining 10% and mutually resolved their disagreements. Monthly, quarterly, and annual reports of their interpretations were shared with the program staff and the staff agreed with them.

As expected, the five research domains listed above emerged from the data. Moreover, each of the domains contained content that provided insight into the dilemmas of recruiting and maintaining the participation of adoptive families. Facilitators of and barriers to participation existed in all the systems and environments in which our program was embedded.

Barriers within the Adoptive Families

Participating families the program being delivered to their homes. However, analysis of the focus group transcript and feedback from candidate interviews indicated that many adoptive families of special needs children felt too busy to participate or no need for the program. Some felt too preoccupied with their new parental status or too busy with the associated duties to engage in couples work. Others reported that their marriages had been invigorated and strengthened by the process of adoption and the rewards and challenges of having the new children. They did not see marital enrichment and strengthening as immediately relevant to their central concerns. Said many, “We need help with (the adopted child).”

Analysis of progress notes of our couples who continued to participate and those who dropped out were instructive. Common feedback from couples who dropped out was the busy-ness of their lives relative to being able to schedule the in-home sessions. Sessions were cancelled because of child-related transportation and meetings (social, educational, medical, and psychotherapeutic). Indeed, in 86% of our couples, both parents worked full time outside the home and all the couples were in their first year of the adoption.

Many of the adoptive couples described themselves as “overwhelmed” and “in crisis.” They believed that they had under-estimated the financial and human capital (energy, time, focus) required in their new venture and they felt socially isolated. They felt frustration, disappointment, fear, shame, and anger. Some of these negative emotions
were directed toward each other (alleged dereliction of parental duty through escape into occupations, pastimes, or sleep), the adoption agency (see below), or the adopted child. However, those who saw the problem as the adopted child said that they could see no benefit in what they considered “marriage counseling.” They wanted the child “fixed” or parent-child counseling that focused on the child.

In contrast to our program, which focused on individual couples in their homes, other demonstration projects used a group format. Their creators told us that many adoptive parents said that they felt set apart from others by their unique circumstances and lacked “a sense of community.” “The biggest thing we hear back is they are so isolated.” Consequently, when adoptive parents were brought together in groups, many program directors indicated that client couples “…felt a sense of connection …connected as a community.” When asked why they liked their programs, some couples were quoted as saying “We discovered we were not alone.” “There are people who know what we are going through.” “Finally, I feel normal!” The group program directors and evaluators reported “People like themselves better!” and observed an increase in participant statements of “hope,” “relief,” and “excitement.” Some program evaluators poignantly described this group process in cathartic terms: “A knot is untied.” “Energy is released.”

Barriers between the Adoptive Families and the Adoption Agencies

Our focus group revealed a general consensus in the population of adoptive parents that most agency personnel, therapists – including family therapists – and members of the community failed to understand the special circumstances and needs of adoptive families. This makes them wary of those who come offering help. Two couples described their experiences with the process of fostering-to-adopt – while the other couples nodded -- as a process of “deficit-detecting” by the adoption agency and need to parrot the agency’s values and agenda, if they were to be awarded a child.

Still other couples felt abandoned by the adoptive agency once they had taken the children. They complained that the agency ignored their reasonable medical costs, logistic problems, and insecurities about the children. The couples also complained that they did not know where else they could turn for help about their issues as adoptive parents. There was not a single clearinghouse of information that they could access. They complained of confusion and frustration as they tried to discover and navigate the available systems of support for their adopted child and themselves.

Our program’s focus on their marriage struck some as irrelevant, others as threatening – to them it implied some sort of personal defect, and for others it increased their sense of isolation and frustration. “The agency doesn’t listen to us! …understand what we need!” “I go to the store for bread – and you give me a bowling ball.” “We’ve told them what we need: Respite care, respite care, respite care!” “They keep taking from us, but it’s one-sided. They don’t give us anything!”

Finally, field notes taken of care worker observations and during the focus groups depicted the adoptive parents as turning enthusiastically to each other and asking for and sharing advice and information. To the Evaluation Team, the depicted behavior of these
parents implied that the parents might find group work more attractive and less isolating than the existing program.

**Barriers within the Adoption Agency**

A former state foster care/adoptions administrator and her program became part of the agency. Issues arose and were addressed with regard to authority, priorities and division of labor across the agency. Such major structural problems had precedence over concerns raised in funded projects.

Our marriage strengthening program was conceived by and situated in the psychotherapeutic services arm of the agency. However, special needs adoptions were the purview of another department which had its own agenda and views of the prioritized needs of its constituent families. Therefore, knowledge about, working relationships with, and the responsibility for supporting these adoptive families resided in one department and our marriage strengthening program for them resided in another. Thus, two autonomous units had overlapping scopes of responsibility and, in many cases, conflicting goals. “It’s an encroachment on our mission.” The special needs adoptions unit and its constituent families recognized that these families had special needs often unappreciated by family support personnel and mental health professionals. It was unclear to the special needs adoptions staff how the marital strengthening program was relevant to their needs. It might even be adversarial. “It’s using time and money that ought to be spent on what these families really need! Care for the kids.”

The psychotherapeutic unit was staffed by specialists in individual psychotherapy, with specialization in play therapy. Their orientation was a medical model in which individuals – often foster children – were the “identified patients” and the focus of treatment. This orientation was supported by the agency’s foster families and case workers who sought help with problematic children and birth parents. On the contrary, the marital enrichment program is founded in family therapy, with the origin and maintenance of undesirable circumstances having a contextual cause and requiring relational treatment (see Lee & Whiting, 2008). Consequently, the department in which our program was housed -- case managers and therapy staff -- were disinclined to see the marital program as an important resource for its clients. They wanted to be able to place individual children and individual adults in the care of individual psychotherapists.

There were additional barriers to the marital program within the agency. Our marriage enrichment program was neither as large nor as profitable as many of the service programs requiring the agency’s corporate attention. Also, the rapid turnover common to child welfare agencies and the predictable lack of sustained oversight and efforts on behalf of the agency’s programs, including our own, was another barrier. After the first year, the Executive Director of the agency retired. Shortly thereafter the agency’s program supervisor took another post. She reported stress from trying to administer too many agency initiatives. The marital program was placed under the interim leadership of one of its two therapists. This individual subsequently wanted more clinical work than our program afforded and the agency hired her away from the program so that she could work full time as a psychotherapist in another unit. Her partner then took over the
administration. She then left for an academic post, at which point the agency stabilized the program by hiring a new program director and two new therapists. As each person left the agency and the program, he or she took away previous learning and social connections. The recurring refrain from program staff was “We have to keep starting over!”

At the national grantees’ meetings and teleconferences, programs reporting the most recruiting success emphasized the importance of identifying unproductive recruiting methods and trying something different. For example, the staffs of these programs said “We stopped making didactic presentations. Now we give (eligible couples) a taste of what the program is like.” “We no longer expect them to come to us. We’ve learned to meet them where they are at.” “We used to send out flyers for distribution by other agencies. Now we show videos at laundromats.” “We have different workshops for different ethnic groups.” Other successful recruitment changes reported included exploitation of community celebrations, such as “Adoptions Week,” and various incentives for participation.

In contrast to these illustrations of novel changes, at these same meetings other voices complained that changes were beyond their control, e.g., “The Feds won’t let us change anything under the grant.” In illustration, the minutes of one of our own monthly program meetings described crafting what were expected to be futile requests to the regional ACF administration for changes in procedures. However, the staff celebrated their success in resisting a move from their suite of modern offices to the less desirable space of the special needs adoptions unit. The program staff also continued to resist active forays into the community in place of more passive approaches to recruiting, e.g., dissemination of brochures and “telephone tag.”

Our own program benefited when we recognized that it was only one unit of a larger program required to addresses the family’s support priorities as they perceive them. We found that referrals from other departments and agencies were enhanced when we made provisions for respite care (e.g., we encouraged the participation of grandparents) and provided linkages with professionals who could meet emergent needs of the children in their adoptive homes.

**Barriers between the Adoption Agency and Other Agencies Interested in These Families**

There also have been inter-agency issues. Most of the families who have adopted special needs children are known and served by the agency in which our program is situated. However, some families continue to be served by other community agencies. The latter have their own programs and agendas. For example, a community support group, comprised of adoptive parents and private practice therapists, believed that our new program intruded into their own scopes of practice which they had established through “sweat equity” and for which they had acquired special knowledge. At least one of these therapists had acquired training in infant mental health interventions with parents and at-risk infants and toddlers in support of her mission. Informal communication
indicated that both the administrator of the support group and the therapist members worried that their investments were being undercut.

Program directors at the national grantees’ meetings and teleconferences emphasized the importance of outreach to the leadership of other community agencies, e.g., “Build coalitions of support in the larger community.” However, we were advised that the approach has to be personal, e.g., “We meet them for lunch,” and the primary task is to “get to know the potential partner and their special needs… Once we are accepted as credible associates, we then present our program as a partial-but-important solution to their – and their families’ – needs.” One program director observed, “Enlightened self-interest and altruism are powerful motivators. Find some way that you can help them do their job.” Implementation examples included recruiting 112 pastors who wanted the program within their congregations, partnering with schools and apartment complexes, and giving incentives to organizations – ‘finder’s fees’ – for referrals. One support group used these fees to finance its newsletter.

**Barriers in the Overall Community**

The project is headquartered in and administered by an established and experienced private child-serving agency. In Florida, child welfare services are being privatized. Just prior to our program, the child-serving agency was given responsibility for the preponderance of the special needs adoptions in its region. Because this privatization and exclusive contract is only three years old, much new learning has occurred. Human resource needs and programs had to be adapted, and agencies and departments have had to collaborate in new ways.

In our region, a super-agency has oversight over all of the various community agencies receiving government funds. Interview of its executive director and his assistants demonstrated that they saw their responsibility solely as financial administration. Their objectives did not include program facilitation or fostering collaborations between programs. Moreover, although many AYF-funded program directors emphasized acquiring the support of the larger community, conversations with our own program staff indicated that many public service agencies appeared to be busy and spread thin with their own obligations. Overall, a consistent finding from telephone logs and the minutes of follow-up meetings was that invitations to meet with the leadership of other community organizations were declined and phone calls to them often were not returned. Our program staff said that they did not believe that other agencies really wished to collaborate with them.

**Barriers in the Federal Funding Bureau**

Because these were research projects, much adaptive flexibility was lost. Program service officers were loathe to approve major changes in the recruitment process requested by program directors, such as moving to group formats. “Your proposal, once accepted is a contract.” “You will no longer be doing what you said that you would do, and what we are trying to evaluate.” That means that, even if we learned from our own and the experiences of others how we might increase participation, we were unable to
make significant changes. The goal of the initiative was to find out what worked, and how well, relative to that which did not work so well.

Lessons Learned: Implications for Policy and Practice

Program evaluation can be a consistent and systematic process wherein programs learn from experience and change. By exploring our own proceedings, and those of regional and national conference calls and meetings, we obtained many lessons which, if followed, would presumably increase adoptive family participation in service programs. Indeed, many of these lessons are applicable to the recruiting challenges of a variety of proposed family interventions. They strike us as somewhat generic.

In the Client Subsystem.

It is not enough for the services to be there. Eligible couples need to know that the services are there, want them, and be able – psychologically and logistically – to use those services. By providing our program in their own homes according to their schedules, we may solve many logistic problems, such as transportation difficulties. However, our services also must be packaged so they address what the adoptive families themselves see as their most compelling needs, namely respite care and help with the adopted children. We must recast what we have to give into terms of what the families want. In the words of other program directors, “Tie relationship building (lessons) into their issues with their children,” or “Begin with their presenting problem, and then show how marital enrichment translates into parent-child skills and resources.”

There may be a general consensus in the population of adoptive parents that most agency personnel fail to understand the special circumstances and needs of adoptive families. This makes them wary of those who come offering help. Moreover, many of these families experience themselves as being in crisis. Families initially respond to crisis in three predictable ways (see Cornille & Boroto, 1992). They become self-depreciating and socially isolated while organizing themselves around “The Problem.” Commentary from program directors on implementation “successes” indicates that each of these predictable mannerisms has been involved.

Self depreciation. Couples in crisis are unhappy about their perceived inability to solve their problems. Therefore, many may be put off by programs that emphasize disability. For example, many thought that our program was meant as marital counseling as opposed to marital enrichment and strengthening. Other program directors advised us not to exacerbate these couples’ fears and insecurities by what we titled our program. Many programs had names that connoted something positive about the participants (e.g., “Healthy Marriages, Loving Children”).

Social Isolation. Reports from other funded marital enrichment programs indicate that short-term, intensive group approaches are more popular with married couples than are individual in-home services. The explanation for this has been that many adoptive families feel socially isolated. Meeting with other adoptive families in group formats may prove to be a potent remedy. When they were asked about limiting factors, such as
program length and group size, program directors said that having a large number of sessions has not been a problem (“They miss it when it’s over”) but that there probably is an optimal group size (“Some groups were too big”), namely, around 12 couples.

*Alienation from community agencies.* Clearly, some families were ambivalent about the institutions with which they were called upon to interact and the interdependencies wherein potential support resided. A few had not yet gotten over the fears and frustrations tied to their perceptions and stress during the foster-to-adopt phase. They had experienced it as an adversarial process in which they needed to be circumspect in what they revealed of themselves. Therefore, in the post-adoption phase, these families did not feel a partnership with the agency. Some wanted the safety that seemed promised by self sufficiency. Others just wanted to get away from the adoption agency, but they did not know where else to turn for help.

*Addressing “The Problem”.* If families in crisis want external help, they want it directed toward their immediate concerns. Service providers have long recognized that working alliances require shared goals (e.g., Bordin, 1979; W. K. Kellogg Foundation, 2001). In that regard, families who have adopted special needs children want help focused on their immediate problems with those children, namely, more information about the children before placement, and more bio-psycho-social services afterwards, including respite care (Groze, 1996; Whiting & Huber, 2007; Rosenthal & Groze, 1990; US Department of Health and Human Services, 1993). As we said, you must first meet what the adoptive families see as compelling needs – respite care and interventions with their children – or you must clearly sell the parents on the notion that their marital ambience and skills translates directly into parenting ambience and skills. With regard to the former, one program changed its Gottman Institute curriculum from an older – marriage featured – one to a curriculum that centered on parental relations: “Loving Couples Loving Children” (LCLC, 2007). Other programs did not undertake such drastic changes but attempted to “jump start” recruitment by offering the much-in-demand respite in a weekend program at a popular local resort.
In the Program Subsystem.

Personal experience with organizational rigidity has led us to emphasize the importance of differentiating between matters within and beyond reasonable control. The idea is to identify, highlight, and change those things over which you have control, as opposed to focusing on the limitations embedded in your funded proposal. One may not be able to change the terms of the funded proposal. However, the agency may have substantial degrees of freedom within these parameters, for example, taking a more personal approach to recruiting and housing potentially interdependent projects and staff together. Our experience has led us to look critically at preoccupation with matters that cannot be changed, to see if that preoccupation is distracting the staff from potentially beneficial changes they do not want to make.

Continuous evaluation and feedback about your implementation policies, procedures, and actual practices should be built into your project. All of us should shift from a focus on that which is not working to discovering and doing more of that which is working or has worked for us or for others. We can ask ourselves “When recruitment is going well, what are we doing?” “When it is going well for other programs, what are they doing?” Whatever is uncovered, this new learning needs to be quickly shared among program staff and implemented in the ongoing recruitment process. We should beware of continuing or doing more of that which has proven to be unsuccessful.

Moreover, proposals for projects should include systemic analysis wherein the target population and the program to serve them are contextualized. The less obvious stakeholders should be identified and strategies for collaboration be made part of the proposal. At a community level, especially in regions such as Florida where family services have been “privatized,” there is a serious need for all participants to be aware of each other, and to value, support, and coordinate their services.

Recruiting information may be disseminated using the printed media (flyers, newspaper stories) and electronic media (television and radio announcements, presence on community internet referral resources). However, personal communication – reaching out – one person to another – is critical. The latter may include formal presentations to units, but we were told that the most effective contacts were personal visits. Although one program evaluator cited the value of a talented telephone recruiter, most program directors agreed that phone calls and voice mail were ineffective.

Just as our client families have benefited from the group process, we acquired the benefits of community through networking through regional and national teleconferences and meetings with other grantees. Because of our participation in these “support groups,” we discovered that we were neither alone nor abnormal in our challenges. We also discovered “what works” for others. Finally, we received timely augmentations of hope, energy, and excitement. Since foster and adoptive parents have consistently indicated their enthusiasm for self-help support groups, the Healthy Marriage programs with the greatest recruiting success used such formats to recruit and/or to provide their services.
In the Agency Subsystem.
Often increased recruitment results from structural changes within the agency. Such structural changes might include staff retention from the top down. It also is important to have an executive director of the agency who feels strong ownership in the program and its goals, a program director whose sole responsibility is oversight and facilitation of a realistic number of programs, and the agency’s professional fundraiser involved in recruitment plans. According to the fundraiser, “This is a sales job, pure and simple!”

We found it helpful when the executive director of our agency began to attend all the program’s monthly planning meetings, and he encouraged the attendance of the director of the special needs adoptions unit. The program therapists, in turn, began to attend the bi-weekly meeting of the special needs adoptions unit. The desirable result, as the executive director later observed, “We now talk about it (the program) as a regular part of our services.” In addition, it makes sense that the program seeking referrals should be situated in close physical proximity to those who are expected to do the referring, so the staff members interact on an informal and relatively continuous basis.

Within the Community Subsystem.
Effective recruitment is the primary challenge to program success. A successful marketing strategy must consistently and relentlessly pursue multiple targets (i.e., units within the agency and across the community that have a stake in foster and adoptive children and their families). Collaboration within and outside of the agency cannot be expected or even solicited. It has to be painstakingly earned with each potential partnering unit made aware of the sensitivities, agendas, and needs of each. Recruitment of partners must be sequential: First, these units need to be appreciated for who they are. Next, they need to be informed about the program. Lastly, they must perceive the program’s utility to their own goals.

Conclusion
Social scientists focused on the workplace largely tend to think about group efficacy only as a function of group attributes (e.g., member, interactional, and information processing (see review by Gibson & Earley, 2007). However, those of us specializing in program development recognize the primary importance of marketing as fundamental to all that follows (Gupta, Sleezer, & Russ-Eft, 2007; W. K. Kellogg Foundation, 2001).

You don’t give people what you think they need. You give them what they ask for. On the provider side of the program, the entire mission was “sales” (selling a product); We assumed a need and then attempted to meet it. The program personnel to ascertain urgent needs experienced by their target population and then offer their program as a solution to that perceived need.

We believe that our case history has much more to teach us. For example, program recruiters are most successful when they leave their offices to actively develop personal relationships at all levels of the program system, from community leaders to potential family participants. Development and implementation of a collaborative approach between families and agencies, and between your agency and other agencies,
involves appreciation of how customary ways of doing things may not meet the needs of novel circumstances. Systems may be capable of more change than their members expect.

As program administrators and staff, we should operate in ways that maximize the probability of our programs acquiring enough participant families to be cost effective. Beyond needs assessment, program development, including implementation, should be viewed as an ongoing process in which all the potential stakeholders become increasingly congruent with its goals and processes. It may be that a program also is only as strong as its value to the families and its strategic value to and breadth of ownership in the larger community of family service providers in which it is situated. Led by our evaluation teams, we need to continuously survey our potential clients in this regard. These clients include not just eligible families, but also the other family service agencies in the region with whom we aspire to a valued interdependency. Therefore, all stakeholders need to identify and come to terms with overlapping roles, apparently conflicting goals, and inhibiting beliefs and processes (Imber-Black, 1988). Moreover, this ongoing appreciative reviewing process is an excellent mechanism through which to engage in the personal outreach and reciprocal education necessary to success.

References
S. Moon (Eds.), *Research methods in family therapy* (pp. 25-63). New York: Guilford.


