U.S. Department of Health and Human Services
Public Health Service

SBIR/STTR Phase II Final Progress Report

1. Provide the grant number, project title, name of grantee organization, project period (start and end dates), and name of the PD/PI.

   2R44HD056646-02A1, ECAPO II: Education Center for Adoptive Parents Online, IRIS Educational Media, 8/1/10 – 7/31/13, Adam Wendt

2. If the company has undergone a recent name change provide the new name.

   IRIS Media, Inc., dba IRIS Educational Media

3. Provide a summary of the specific aims and impact on public health of the Phase II grant. (limit 1,300 characters)

   The goal of this Phase II project was to develop and evaluate a parenting course designed specifically for adoptive parents.

   The specific aims of this Phase II project were:
   (1) Develop content and instructional designs;
   (2) Modify content based on formative research with focus groups and key informants;
   (3) Produce program assets;
   (4) Design and develop enhancements to the delivery website;
   (5) Conduct usability tests of the program as delivered through the online training site; and
   (6) Test program efficacy by conducting a large, randomized, controlled trial.

   The impact on public health is that, with evidence for more psychological and behavioral problems among adoptees, there is a pressing need to provide adoptive parents with accessible training to help them gain knowledge, a sense of efficacy, and skills in supporting their children's healthy development. Three decades of research has shown that adoptive parenting competence can buffer and ameliorate the influence of risk on the adopted child. Specifically, parents who: (1) are knowledgeable and feel efficacious about dealing with adoption-related issues, (2) engage in authoritative parenting practices, and (3) set up healthy communication about adoption-related issues both within and outside the family, do much to buffer the impact of risk on their child's development.

4. Provide a succinct account of published and unpublished results, indicating progress toward achievement of the originally stated aims.

   Sample
   Participants were 336 adoptive parents (24 male and 312 female), recruited nationally. Fifteen of the adoptive parents were also adopted as children. Participants were informed about the study requirements and those who consented to participate were randomly assigned to either the treatment condition (n = 163) or control condition (n = 173). Demographics were collected from all participants at pretest. There were 270 married participants, 39 single, 16 divorced, 10 living with their partners, and 1 widowed. Fifteen parents identified as homosexual, seven as bisexual, 310 as heterosexual, and 4 did not answer. Participant

ages ranged from 26 to 81 (M = 41.7; SD = 8.2), educational background included high school graduate or equivalency (n = 9), some college (n = 32), associate degree or professional training (n = 31), Bachelor's degrees (n = 109), some post-graduate work (n = 18), and graduate degrees (n = 137). There were 303 participants who identified as White/Caucasian, 4 as Asian, 16 as Black/African-American, 5 as more than one race, and 8 did not report. There were 11 participants who identified as Hispanic.

Parents selected one adopted child to use the training with; 188 were girls and 148 were boys. Participants also reported on demographics of their adopted child. Current age of the child ranged from 0 to 17 (M = 6.6; SD = 3.9) with age at time of adoption ranging from 0 – 11 (M = 1.6; SD = 2.2). There were 124 White/Caucasian children, 75 Black/African-American, 62 Asian, 5 American Indian/Alaskan Native, 2 Pacific Islander, 50 more than one race, and 18 not identified. There were 52 children whose parents identified them as Hispanic. Average time that the selected child had lived with the adoptive family was 61 months (SD = 44).

Table 1: Length of Adoption (Years)	*Frequency*	*Percent*	*Cumulative Percent*
< 1	54	16.1	16.1
1-2	31	9.2	25.3
2-3	42	12.5	37.8
3-4	20	6	43.8
4-5	36	10.7	54.5
5-6	32	9.5	64
6-7	25	7.4	71.4
7-8	18	5.4	76.8
8-9	19	5.6	82.4
9-10	18	5.4	87.8
10-11	15	4.5	92.3
11-12	12	3.5	95.8
12-13	9	2.7	98.5
>13	5	1.5	100

There were 146 parents who adopted interracially. Parents also reported on the method that the adoption was facilitated allowing for multiple selections if applicable; 26 reporting it being a personal connection, 14 through a relative, 248 through a private agency, and 76 through a state agency (see Table 2 for the type of adoption).

Table 2: Type of Adoption	
Very Closed: No information about birth parents	53
Closed: Only general information about the birth parents that the agency provided	122
Semi-Open: All communication with birth parents is through an agency	39
Moderately Open: You exchange letters/email, cards, pictures but have no face-to-face contact with birth parents	52
Open: You have 1-3 visits per year and communicate semi-regularly by phone or letters/email with birth parents	43
Quite Open: You have visits with the birth parents every other month and communicate often by phone or letters/email	14
Very Open: You have visits with the birth parents at least once a month and communicate several times a month by phone or letters/email	13

Procedure
Interested adoptive parents were recruited nationally through contacts including Adoption Mosaic, Heritage Camps, Holt International, and West Sands Adoptions, as well as by passing out flyers at the North American Council on Adoptable Children Conference and other national meetings. Parents were screened and eligible participants completed informed consent and pretest measures (see Measures below), after which they were randomly assigned to receive the *Education Center for Adoptive Parents Online* (*ECAPO)* training, or to the Control group who would receive the training at the completion of the evaluation. Assignment to condition was completed by a random number table generated by the research team to protect against intentional or unintentional manipulation of the process. The assignment to condition was not blocked on any criteria. To help control training contamination, the research staff emphasized the important of scientific rigor and the need for the training provided to the Treatment group not being made available to the Control group until after the evaluation period.

Measures
Participants in both conditions completed all of the outcome measures, with the exception of the consumer satisfaction scale which was completed only by the Treatment group. All data collection was performed via Qualtrics, an online data collection website. We present psychometrics for each of the measures below. For most measures we performed internal reliability at each time period as well as test-retest reliabilities for the control group. As we expect changes due to exposure to the *ECAPO* training in the treatment condition we do not report test-retest for those participants.

Demographic measures: Basic parent demographic variables were collected at pretest including age, gender, ethnicity, and educational background. Child demographics included age, race, ethnicity, age at time of adoption, and gender. We also asked a number of questions about the type of adoption.

Adoption Self-Efficacy: To measure participant self-efficacy specific to adoption we created a 29-item scale asking about their confidence in performing tasks related to adoption. The scale used a ten point Likert scale ranging from 1 "I cannot do this at all" to 10 "I am highly certain I can do this". We found high internal reliability (α = .94 at pretest, .95 at posttest, and .95 at follow-up) and good test-retest reliability for the control group (α = .79 between pretest and posttest and .74 between pretest and follow-up).

Parental Self-Efficacy: To measure participants' general parenting sense of efficacy, they completed the Parenting Sense of Competence Scale (PSOC; Johnston & Mash, 1989), a well-validated, 17-item, two-factor scale measuring efficacy and satisfaction. In the current evaluation we found high internal reliability (α = .83 at pretest, .84 at posttest, and .87 at follow-up) and good test-retest reliability for the control group (α = .82 between pretest and posttest and .78 between pretest and follow-up).

Parental Stress: To measure parental stress participants completed the Parental Stress Scale (PSS; Berry & Jones, 1995) an 18-item scale including positive and negative parenthood components. It has good convergent validity with other measures of stress, emotion, and role satisfaction. Discriminant validity has demonstrated that the scale can distinguish between parents of typically developing children and parents of children with developmental disabilities. In the present study the scale demonstrated good internal reliability (α = .90 at pretest, .89 at posttest, and .90 at follow-up) and test-retest reliability in the control group (α = .85 between pretest and both posttest and follow-up).

Behavioral Intentions: To measure intentions to use parenting skills we created a 29-item scale using a Likert scale ranging from 0 "Definitely will not do" to 10 "Definitely will do" that was collected at posttest and follow-up. Analysis showed high internal reliability (α = .93 at posttest and .95 at follow-up) and good test-retest reliability for the control group between posttest and follow-up (α = .85).

Knowledge: To test participant understanding knowledge of parenting practices we developed a 19-item multiple choice/true-false achievement test that was collected at posttest.

Consumer Satisfaction: was collected at posttest from the treatment group using a six-point Likert scale ranging from 1 "Strongly disagree" to 6 "Strongly agree", as well as open-ended responses modeled after previous research by investigators (Rusby, Taylor, & Marquez, 2004).

Data Analysis

Participant attrition: In previous IRIS Phase II evaluations using this approach, the one-month attrition rate ranged from 10-25%. In this study, we estimated an attrition rate of 13% at the 4-week posttest assessment and 6% between posttest and the 8-week follow-up assessment. Our final attrition rate was 8%. At pretest there were 163 assigned to the Treatment group, with 162 completing the training requirements and the posttest, and 148 at follow-up; 173 assigned to the Control group with 171 completing posttest, and 161 at follow-up.

Missing data: Due to the nature on online evaluations, missing data is rare. Each question in the reported outcome measures was required to be answered. Some of the demographic questions were not applicable due to the age of the adopted child.

Control condition: The control group was not directed to any specific resource; rather they were able to access resources that they found on their own.

Analyses: We anticipated differences at posttest and follow-up on the primary outcome measures. We performed an Analysis of Covariance (ANCOVA) on all posttest and follow-up outcomes measures comparing the two study conditions with pretest scores as covariates.
Dose-response analyses were also conducted to examine the degree to which treatment engagement and retention, measured with system use records examining number of components (out of a total possible of 46) viewed predicted change in the outcome measures for the Intervention condition. On average participants in the Intervention condition viewed 32.11 of the components (SD = 17.6).

Results

Condition effects at Posttest: As expected, controlling for pretest scores on each outcome we found significant condition effects on adoption self-efficacy $F_{(1, 331)} = 4.33$, $p < .05$ (see Table 3 for descriptive statistics and effect sizes). Overall parenting self-efficacy, parenting stress, behavioral intentions, and knowledge were not significantly different between the treatment and control conditions at posttest.

Table 3. Pretest-Posttest Descriptive Statistics and ANCOVA Results for Condition Effects controlling for pretest (if available)

Measure / condition	Pretest *M (SD)*	Posttest *M (SD)*	*F* test	*p*-value	Partial Eta^2
Adoption Self-Efficacy			4.33	.038	.013
Treatment	8.6 (0.7)	8.8 (0.9)			
Control	8.6 (0.6)	8.6 (0.9)			
Parenting Self-efficacy (PSOC)			1.11	.292	.003
Treatment	4.4 (0.6)	4.3 (0.5)			
Control	4.4 (0.6)	4.3 (0.5)			
Parenting Stress (PSS)			0.04	.845	.000
Treatment	2.1 (0.5)	2.0 (0.5)			
Control	2.0 (0.5)	2.0 (0.5)			

Behavioral intentions			1.27	.260	.004
Treatment		9.2 (0.8)			
Control		9.1 (0.7)			
Knowledge			1.04	.31	.003
Treatment		14.5 (3.1)			
Control		14.2 (2.1)			
Note. Eta-square of .14, .06, and .01 are considered large, medium, small effect sizes, respectively (Cohen, 1988).					

Condition effects at Follow-up: As expected, controlling for pretest scores on each outcome we found that the effects from posttest maintained at the 8-week follow-up (see Table 4 for descriptive statistics and effect sizes), with significant condition effects on adoption self-efficacy $F_{(1, 312)} = 10.15$, $p < .01$. In addition, we found a marginal effect for behavioral intentions at follow-up $F_{(1,306)} = 3.53$, $p = .061$, with treatment participants reporting greater likelihood of engaging in positive parenting practices than control.

Table 4. Pretest-Follow up Descriptive Statistics and ANCOVA Results for Condition Effects controlling for pretest (if available)

Measure / condition	Pretest *M (SD)*	Follow-up *M (SD)*	*F* test	*p*-value	Partial Eta^2
Adoption Self-Efficacy			10.15	.002	.032
Treatment	8.6 (0.7)	8.9 (0.9)			
Control	8.6 (0.6)	8.7 (0.9)			
Parenting Self-efficacy (PSOC)			0.02	.885	.000
Treatment	4.4 (0.6)	4.5 (0.7)			
Control	4.4 (0.6)	4.5 (0.6)			
Parenting Stress (PSS)			0.08	.777	.000
Treatment	2.1 (0.5)	2.0 (0.6)			
Control	2.0 (0.5)	2.0 (0.5)			
Behavioral intentions			3.5	.061	.011
Treatment		9.2 (0.8)			
Control		9.1 (0.7)			
Knowledge			0.00	.994	.000
Treatment		14.4 (2.8)			
Control		14.4 (2.3)			
Note. Eta-square of .14, .06, and .01 are considered large, medium, small effect sizes, respectively (Cohen, 1988).					

Dosage Analysis: Dosage analysis showed that number of components that the parents in the intervention condition viewed predicted knowledge acquisition at posttest ($r = .34$, $F_{(1,160)} = 20.7$, $p < .001$) and follow-up ($r = .27$, $F_{(1,146)} = 11.0$, $p < .001$), with more components viewed correlated with higher knowledge scores.

Consumer Satisfaction: Participants had an overwhelmingly positive response to the *ECAP* training on both the quantitative (overall scale M = 5.1; SD = .6) and qualitative items. Means for the individual Likert scale items are reported below (Table 5). Out of the 160 Treatment participants who completed the consumer satisfaction items, 41% (n = 66) viewed all 46 components of the training. Of those who did not view the entire training, when asked why, their reasons were: they knew the information already (n = 8), lack of time (n = 25), training was too long (n = 3), not engaged (n = 2), and couldn't access the training (n = 1), with 55 not reporting a reason. When asked about the approximate time they took to review the online training 11 reported an hour or less, 17 reported 1 to 2 hours, 36 reported 2 to 3 hours, 64 reported 3 to 5 hours, and 32 participant reported they spent more than five hours reviewing the training.

Table 5: Consumer Satisfaction		
	Mean	SD
Overall, I was satisfied with the quality of the *ECAP* training	5.4	0.7
I was satisfied with the quality of the information	5.4	0.7
The training met my expectations	5.3	0.9
I would recommend the training to other parents	5.4	0.8
The training content was well-organized	5.6	0.7
It was easy to understand the ideas presented in the training	5.6	0.6
Much of the information was new to me	2.8	1.4
I agree with the ideas presented in the training	5.4	0.7
I am likely to use many of the strategies described in the training	5.2	0.9
The training was engaging	5.1	1.0
It will be easy for me to implement this approach	5.1	0.8
The training was comprehensive	5.2	0.9
I would come back and review materials in the future if I had access	4.9	1.3
I would be interested in additional parent training using this same format	5.0	1.2
Scale ranged from 1 – Strongly Disagree to 6 – Strongly Agree		

Participants also rated the features of the program on how useful they found them. Overall they found all of the features of the program useful (see Table 6). Additionally, 95.6% (152 out of 159) participants in the intervention stated they would have liked to have had access to the program prior to the adoption of their first child. Finally, 66.1% of participants said the length of the program was just right.

Table 6: Usefulness of Features	Mean	SD
Videos that featured examples and illustrations of concepts	6.13	1.14
Videos featuring only the experts speaking on specific topics	6.01	1.07
Knowledge checks	5.55	1.39
Journals	5.05	1.75
Printable materials	5.81	1.23
Glossary	5.48	1.37
Resource pages	5.93	1.12
Commenting function	5.28	1.44
Scale ranged from 1 – Very Useless to 7 – Very Useful.		

Participants also provided comments about their overall impressions of the program, features they liked best, and recommendation for changes (see Table 7).

Table 7: What did you like most about the training?
I could go at my own pace and review areas that were more important to my situation.
What I like the most about the training is how it uncovered so many issues, questions, secretiveness so many families deal with in adoption. This is the first training program that made me feel easy about reaching further into my son's past history, life and culture. Adoption services in the past made an adoptive parent feel distance and unrelatable to the birth parents.
Would have loved having all of this information gathered into one spot when we were adopting. It would have provided one place for comprehensive training. Also liked that you could do it at your own pace.
I loved the videos from those who were adopted and those who went through the adoptive process. It gave a balanced viewpoint from those involved.
I was really surprised how much I learned. Having adopted nine children and years of experience in adoption it was shocking to me that I still had questions on how to talk to my children! I really liked the training and have told others about it. I would love to be able to use it in a group format where the prospective adoptive parents could discuss, etc.
The format was very accessible -- easy to use, understand and come back to. The 7 core issues in adoption -- I had never seen them laid out and explained like that before. That was a very helpful framework for our adoption experience.
Great refresher on such important needs of adoptive families. Topics were so detailed. I felt like I knew a lot, but still benefited from new information. Thanks!
Videos and articles made me think about my own personal adoptive parent situation and why we chose how we did. It reflected and reinforced that I have researched prior to adoption and am definitely going in the right direction.
The engagement of videos with interviews with professionals and parents. We read the required info prior to our adoption (11 yrs ago), but it was dry and we did it because we were required to do it. I'm not sure how much we really retained. Videos made it more real. That would have been very helpful to us.
I've been telling everyone I know about this & how impressed I am with the depth of the material and its presentation.

The videos were very realistic - ordinary people could see themselves in these situations. The material was presented in a very non-threatening way - topics all adoptive parents should ponder before adopting. Could do at one's own pace - and came right back to where you left off.
I appreciate that it covered topics that were never covered in my initial training. Things that I learned on my own after I had adopted. Or things, like adoption ethics, that I learned during my adoption. I could have made so much more progress as a parent earlier on!

We also asked if there were additional program topics that should be included in future versions of the program content (see Table 8). There was a significant interest in more detailed materials related to attachment and bonding as well as even more content associated with best practices in parenting. It was also noted that many parents requested resources for their adopted children.

Table 8: Interest in Addition Program Components	Not at all interested	Slightly interested	Very interested
Infertility Support	66.9%	16.9%	16.3%
Attachment and Bonding	13.8%	26.9%	59.4%
Best Practices in Parenting	3.1%	18.8%	78.1%
Resources for Adopted Children	1.3%	13.1%	85.6%
Resources for Siblings of Adopted Children	27.5%	26.3%	46.3%
Resources for LGBTQ Adoptive Families	65.0%	20.6%	14.4%
Weekly Webinar Series with Experts	22.5%	48.8%	28.8%
Interviews with Experts	12.5%	36.9%	50.6%
Podcasts	16.3%	31.3%	52.5%

Conclusion

Adoption has undergone dramatic changes in the past 30 years, due largely to the complexity of contemporary adoptive relationships, which increasingly involve international, multi-ethnic, multi-racial, and foster care placements. Adoptive youth experience consistently high rates of behavior problems and psychological maladjustments. These adoptive youth issues occur at a disproportionately higher rate than among non-adoptive youth. Before starting this project we understood that parenting competence is the primary mediating factor in reversing this trend. We confirmed, through the development and evaluation of the *ECAPO* project, that there is a compelling need for accessible, research-based training that enhances adoptive parents' competence and ensures the long-term healthy adjustment of adopted children. The central aim of the *ECAPO* project was to address these deficiencies and enhance the competence of adoptive parents, ultimately advancing the long-term healthy adjustment of adopted children. To that end, we developed and formally evaluated the *Education Center for Adoptive Parents Online* program, a four-module, interactive, online, media-based training program to meet the needs of adoptive parents. By delivering a unique set of skill-building instructional components via a web delivery platform (irised.com) we are enabling adoption service providers to incorporate *ECAPO* into their existing websites as a way to augment and improve services for the adoptive families they serve.

5. List patents (U.S. and international), copyrights, trademarks, and invention reports, if any, that resulted from the award.

	# Filed (Enter Numeric Value)	# Approved (Enter Numeric Value)	Patent Numbers (separated by commas)
Patents	0		
Copyrights	3	3	[redacted]
Trademarks	1		
Invention Reports	0		

Describe other printed materials or demonstration of IP protection, if any, that resulted from the award. (limit 500 characters)

N/A

6. Check all boxes below that best describe the technology developed from this SBIR/STTR.

☐ Small Molecules: The development or reformulation of drugs as chemical substances used in the treatment, cure, prevention, or diagnosis (*in vivo*, imaging agents, etc) of disease or used to otherwise enhance physical or mental well-being; includes so-called "naturopathic" or naturally-derived substances in alternative care regimes.

☐ Biologics: A medicinal product created by biologic processes, such as a vaccine, blood or blood component, allergenic, somatic cell, gene therapy, tissue, recombinant therapeutic protein, or living cells.

☐ Companion Product: A diagnostic, therapeutic, or device that must be used in combination with another diagnostic, therapeutic, or device type (e.g. companion diagnostic for a specific therapy; a small molecule that activates expression from a gene therapy vector; a device and imaging agent that work together). This does not include "drug cocktails." The Phase II project may include only one aspect of the companion product.

☐ Medical Devices: The development and/or use of instruments or machines, used in the diagnosis of disease or in the cure, mitigation, treatment, or prevention of disease or conditions associated with the deterioration of physiological function (e.g., prostheses); this would also include medical imaging devices and the use of innovative materials to construct new devices.

☐ Research Tools: The development of new or improved tools, devices, and sensors to enhance laboratory or field studies on humans, animals, or any model system. This includes tools to broaden the research knowledge base and for biomonitoring.

☐ Biotechnology: The use of microorganisms, such as bacteria or yeasts, to perform specific industrial or manufacturing processes.

☐ *In Vitro* and *Ex Vivo* Diagnostics: The use of tools (software, hardware or combinations) to identify or screen for medical conditions and determine whether specified diseases or disease processes are present in living organisms. Includes the use of these tools for non-clinical screenings and to provide insights in the work of clinicians, providers, manufacturers of equipment, and companies involved in therapies associated with disease.

☒ Healthcare IT: Approaches and tools derived from information technology that allow for the management of research, educational and medical information. Includes software, media, educational tools, and digital health.

☐ Other, please specify. (limit 500 characters)

Describe the technology's intended commercial application, potential market size, and who will use it. (limit 500 characters)

The ECAPO courses provide interactive, media-based components that deliver explicit training, modeling, goal setting, practice opportunities and corrective feedback to pre and post adoptive parents. According to the U.S Department of Health and Human Services there are over 1700 licensed private adoption agencies United States. These agencies and the state run child welfare agencies are the primary point of contact for adoptive parents in the pre-adopt and adoption placement stage.

7. Check the box that best describes the current R&D status of the product.

☐ Non-clinical technology in prototype development/testing stage

☐ Non-clinical technology in full development/testing stage

☐ Pre-clinical development

☐ Clinical development

☒ Commercially available

☐ Discontinued

☐ Other (limit 500 characters)

Describe the current status of this product and explain reasons if discontinued. (limit 500 characters)

The Education Center for Adoptive Parents (ECAP) product is now commercially available through the irised.com online course library and via DVD discs for group trainings. Although the Education Center for Adoptive Parents (ECAP) courses will be hosted and supported through www.irised.com it will also be made available to users on the websites of national and local adoption agencies serving adoptive families through an affiliate business model and the use of intra-frame (I-Frame) embedding.

8. Check the boxes that best describes the regulatory approval status for your product, process, or service.

(Check all that apply)

☒ Not applicable (no regulatory approval needed)

<u>FDA approval</u>:

PMA	☐ Not yet submitted	☐ Submitted	☐ Approved	☐ Rejected
510(k)	☐ Not yet submitted	☐ Submitted	☐ Approved	☐ Rejected
IDE	☐ Not yet submitted	☐ Submitted	☐ Approved	☐ Rejected
BLA	☐ Not yet submitted	☐ Submitted	☐ Approved	☐ Rejected
IND	☐ Not yet submitted	☐ Submitted	☐ Approved	☐ Rejected
NDA	☐ Not yet submitted	☐ Submitted	☐ Approved	☐ Rejected
FDA Facility Registrations	☐ Not yet submitted	☐ Submitted	☐ Approved	☐ Rejected

<u>EU/UK approval</u>:

CE Mark	☐ Not yet submitted	☐ Submitted	☐ Approved	☐ Rejected

☐ Other regulatory submissions and approvals. List all other planned and submitted regulatory applications, including any foreign submissions. (limit 500 characters)

9. Check the boxes that best describe the reimbursement approval status of the product, process, or service.

(Check all that apply)

☒ Not applicable

CMS Reimbursement	☐ Not yet submitted	☐ Submitted	☐ Approved	☐ Rejected
Private Payer Reimbursement	☐ Not yet submitted	☐ Submitted	☐ Approved	☐ Rejected

10. Check the boxes that best describe the status of clinical trials for your product, process, or service.

(Check all that apply)

☒ Not applicable

Phase I clinical trial	☐ Ongoing	☐ Completed
Phase II clinical trial	☐ Ongoing	☐ Completed
Phase III clinical trial	☐ Ongoing	☐ Completed
Premarket approval (PMA) device trial	☐ Ongoing	☐ Completed
Phase IV Postmarketing study	☐ Ongoing	☐ Completed
Outside of the United States (OUS)	☐ Ongoing	☐ Completed

11. Describe company outcomes occurring, at least in part, as a result of this award.

(Check all that apply)

☐ Follow on funding — Total cumulative dollar amount $

(check all that apply and enter amount invested)

☐ Venture Capital (VC) — Total cumulative dollar amount

☐ Angel — Total cumulative dollar amount

☐ State/Local — Total cumulative dollar amount

☐ Strategic partnership — Total cumulative dollar amount

☐ Federal — Total cumulative dollar amount

☐ Internal SBC Funds — Total cumulative dollar amount

☐ Other (Foundations, bank loans, etc) — Total cumulative dollar amount

☒ Out-licensing agreements/sale of IP
- Number 1
- Total cumulative dollar amount N/A
- Nature of agreement Licensed online embedded content

☐ In-licensing agreements
- Number
- Total cumulative dollar amount
- Nature of agreement

☒ Strategic partnership/s that do not include funding
- Name(s) Adoption Mosaic

☐ Spin-off companies — Name(s)

☐ Public offering — Country

Year

Value

☐ Merger or acquisition of Awardee — Name of acquirer

Year

Total value

Further description of any economic, commercial or other outcomes attributable to the award, including any pending investments or strategic partnerships. List names and nature of significant partnerships, if available. (limit 1000 characters)

12. Describe the sales or revenues, if any, which resulted from this SBIR/STTR award (not including award funds).

☒ No sales or revenue to date.

Please provide projected date of first sale/commercial service launch in MM/DD/YYYY: 07/15/2013

Sales or service to:

(check all that apply and enter the total cumulative dollar amount to date)

☐ Federal

☐ Private sector

☐ Other

List the generic and/or commercial name of the product(s), process(es), or service(s), if any, that resulted, at least in part, from this award. If applicable, indicate the number of products sold.

** If the SBIR/STTR-supported product is a component of a larger commercial product, please list the sales revenues of both the component and the commercial product*

Product or Service	Revenues Generated	Number Sold (if applicable)
Education Center for Adoptive Parents: Communication	N/A	Commercialization began 10/15/13
Education Center for Adoptive Parents: Creating Family	N/A	Commercialization began 10/15/13
Education Center for Adoptive Parents: Race, Culture & Identity	N/A	Commercialization began 10/15/13

13. List titles and complete references to publications, and manuscripts accepted for publication, if any, that resulted from the Phase II award. When citing articles that fall under the Public Access Policy, provide the NIH Manuscript Submission reference number (e.g., NIHMS97531) or the PubMed Central (PMC) reference number (e.g., PMCID234567) for each article. If the PMCID is not yet available because the Journal submits articles directly to PMC on behalf of their authors, indicate "PMC Journal - In Process." A list of these Journals is posted at: http://publicaccess.nih.gov/submit_process_journals.htm.

    N/A

14. Provide the current number of employees (total full time equivalents or FTEs): 14.11

    Provide the number of FTEs directly supported by this award: 6.86

    Provide an estimate of the total number of FTEs attributable to all previous and current SBIR/STTR funding received: 107.73

15. Attach the Inclusion Enrollment Report from the competing application instructions, with the final enrollment data for clinical research.

Program Director/Principal Investigator (Last, First, Middle): Wendt, Adam

Targeted/Planned Enrollment Table

This report format should NOT be used for data collection from study participants.

Study Title: Education Center for Adoptive Parents Online (ECAPO)

Total Planned Enrollment: 336 Final Evaluation

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic Category	**Females**	**Males**	**Total**
Hispanic or Latino	7	4	11
Not Hispanic or Latino	305	20	325
Ethnic Category: Total of All Subjects *	312	24	336
Racial Categories			
American Indian/Alaska Native	0	0	
Asian	3	1	4
Native Hawaiian or Other Pacific Islander	0	0	
Black or African American	11	5	16
White	298	18	316
Racial Categories: Total of All Subjects *	312	24	336

* The “Ethnic Category: Total of All Subjects” must be equal to the “Racial Categories: Total of All Subjects.”