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Overview of Module
This Module provides students with knowledge about openness in adoption, discusses the levels of openness, and explores the research supporting this form of family building. Students will understand the clinical issues of closing an open adoption, opening a closed adoption, and search and reunion. Activities offer opportunities for students assist families in integrating expanded kinship network needs; develop skills in helping children integrate their histories (including issues of cultural differences that play in the expanded adoptive kinship network); and address the added clinical issues of birth fathers in an open adoption.

Learning Objectives
Students will be able to:

1. Define the concepts of confidential, mediated and fully disclosed adoptions.
2. Identify three clinical issues that children in fully disclosed adoptions might experience and demonstrate the development of a treatment plan for a child.
3. List five issues that are specific to the needs of birth fathers in adoption/open adoption arrangements.
4. List 5 circumstances in open and mediated adoptions that could require clinical intervention and formulate 5 questions to ask of the adoptive kinship network in a variety of situations that require clinical intervention.
5. Describe 3 clinical skills that a therapist may use to help children integrate their histories and address the possible cultural differences between the child’s adoptive family and birth family.
6. List 3 reasons why a birth parent may close an open adoption and 3 reasons why an adoptive parent may close an open adoption.
7. Describe the difference between search and reunion and identify 3 issues that may arise in connection with search and reunion.
Pre-Module Assignments
Module #11: Openness in Adoption

Student Assignment Checklist

✓ Take the quiz on Handout #11.2 and bring answers to class
✓ Research the laws of three states on openness in adoption by using the Child Welfare Information Gateway website
✓ Read Handout #11.4 and be prepared to discuss in class
✓ Download Handout #11.6 from the C.A.S.E. website and review.

Student Assignments

Pre-Module Assignment #11.1: Take the quiz on Handout #11.2 which will allow you to answer questions about open adoption before the training. You will repeat this quiz after the training and have a chance to compare your responses. Bring your completed quiz to class.

Pre-Module Assignment #11.2. One aspect of openness in adoption that we will touch on in class is the extent to which an adopted person may have access to his or her adoption records. Read the information at the Child Welfare Information Gateway on access to adoption records at: http://www.childwelfare.gov/systemwide/laws_policies/statutes/infoaccessap.cfm

From this site you can go to the State Statute Search at http://www.childwelfare.gov/systemwide/laws_policies/state/, click on Adoption: Access to Adoption Records and learn what different states allow regarding access to adoption records. Choose three states that are of interest to you and complete the following chart. We will talk about the legal issues impacting openness in adoption in class.

<table>
<thead>
<tr>
<th>State</th>
<th>What the State Law Says About Access to Adoption Records</th>
<th>How Do the Three States Compare or Contrast?</th>
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Pre-Module Assignment #11.3. Read Handout #11.4 Children’s Rights and Open Adoption and be prepared to discuss these issues in class as they relate to adopted children at different ages: infants, pre-schoolers, school age children and adolescents.

Pre-Module Assignment #11.4. Download Handout #11.6 from the C.A.S.E. website. This handout provides one example of a post adoption contact agreement from California. Review and be prepared to discuss in class.
Module #11: Openness in Adoption

Agenda

9:00AM – 9:10AM        Welcome; Announcements and Introduction to the Day
9:10AM – 10:45 AM      Introduction
10:45AM – 11:00AM      Break
11:00AM – 11:45AM      Clinical Implications in Open Adoption
11:45AM – 12:30PM      Birth Fathers and Openness in Adoption
12:30PM -- 1:30PM      Lunch
1:30PM – 1:45PM        A Movie
1:45PM – 2:15PM        The Adoptive kinship network and Therapeutic Assessment
2:15PM – 3:15PM        Integrating Children’s Histories
                        A break will be called during this segment.
3:15PM – 3:30PM        The Openness in Adoption Relationship
3:30PM – 3:45PM        Open Adoptions Become Closed
3:45PM – 4:25PM        Search and Reunion
4:25PM – 4:30PM        Summary and Closing
Reading List

Web-Based Resources


Insight Open Adoption Resources. (n.d.). What is open adoption? Available at: http://www.openadoptioninsight.org/what_is_open_adoption.htm


Research on Birth Fathers


Other Resources on Birth Fathers


Module #11 Openness in Adoption

Handouts
**Handout #11.1**  
**Developed by the Child Welfare Information Gateway**  

**PROS of Each Type of Adoption**

<table>
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<th>Confidential Adoptions</th>
<th>Mediated(Semi-Open) Adoptions</th>
<th>Open Adoptions</th>
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| No contact between birth and adoptive families.  
No identifying information is provided. 
Only non-identifying information (e.g., height, hair color, medical history) is provided through a third party (e.g., an agency or attorney). | Non-identifying contact is made (via cards, letters, pictures) through a third party (e.g., agency or attorney). | Direct interaction between birth and adoptive families.  
Identities are known. |

**Birth Parents**

- Provides real choice for birth parents when compared to open adoption  
- Privacy  
- Some feel this provides a sense of closure and ability to move on  
- Allows for some information transfer between birth and adoptive parents (and perhaps the child)  
- Some privacy  
- Increased ability to deal with grief and loss  
- Comfort in knowing child’s well-being  
- Sense of control over decision-making in placement  
- Potential to develop a healthy relationship with the child as he or she grows  
- Less pain and guilt about the decision  
- May make the decision to place for adoption easier (compared to a contested termination of parental rights trial)
## Adoptive Parents
- No need to physically share the child with birth parents
- No danger of birth parent interference or co-parenting
- Greater sense of control over the process
- Roles may be more clearly defined than in either closed or open options
- Increased sense of entitlement compared to confidential adoptions
- Enhanced ability to answer child’s questions about his or her history
- Increased sense of having the “right” to parent and increased ability for confident parenting
- Potential for authentic relationship with the birth family
- More understanding of child’s history
- Increased empathy for birth parents
- Less fear of birth parents reclaiming child because they know the parent and their wishes
- Delight in being “chosen” as a parent

## Adopted Person
- Protection from unstable or emotionally disturbed birth parents
- Only true when relationship is “shared” with the adopted child
- Genetic and birth history known
- Birthparents are “real” not “fantasy”
- Positive adjustment is promoted in adoptee
- Only true when relationship is “shared” with the adopted child
- Direct access to birth parents and history
- Need to search is eliminated
- Identity questions are answered (who do I look like? Why was I placed?)
- Eases feelings of abandonment
- Lessening of fantasies: birth parents are “real”
- Increased circle of supportive adults
- Increased attachment to adoptive family (especially if the birth parents
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<td>Preservation of connections (e.g., siblings, relatives)</td>
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<td>Lessens loyalty conflicts (according to recent research)</td>
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<td>Exposure to racial and ethnic heritage</td>
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<td>Ability for evolving, dynamic, and developmentally appropriate account of the adoption</td>
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## CONS of Each Type of Adoption

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### Birth Parents

- Less grief resolution due to lack of information about the child’s well-being
- May encourage denial of fact that child was born and placed with another family
- Loss of potential for direct relationship with adoptive family (and/or child)
- Increased grief in the initial years, less later
- Loss of contact if intermediary changes or leaves (i.e., staff turnover, policy changes, or agency closings)
- Birth mother may feel obligated to place child due to the emotional or financial support given by the prospective adoptive parents

### Adoptive Parents

- Allows for denial of “adopted family” or fertility status
- Increased fear, less empathy for birth parents
- Loss of the full relationship with the birth parents
- Lack of ability to have questions answered immediately

### Other

- Full responsibility for setting relationship limits and boundaries
- Potential abuse of trust (fewer safeguards)
- Potential disappointment if adoptive family cannot meet all expectations or needs
- Birth mother may feel obligated to place child due to the emotional or financial support given by the prospective adoptive parents
- Full responsibility for setting relationship limits and boundaries
- Potential pressure: accept openness or no adoption
| Adopted Person                                                                 | • Possibly adolescent identity confusion (unable to compare physical and emotional traits of birth family) | • Limited access to information that others take for granted | • Potential preoccupation with adoption issues | • Similar to confidential adoptions, if information not shared with the adopted person | • Potential perception that it is unsafe to interact with birth family directly | • No clean break for assimilation into family, which some feel is necessary | • Potential feelings of rejection of contact stops | • Difficulty explaining the relationship to peers | • Potential for playing families against one another |
Handout #11.2 Openness in Adoption Pre-test/Post-test Quiz

List the answer(s) that best reflects your opinion. You may have more than one answer per question.

1. Open adoption is relevant in the following situations:
   a. Search and reunion
   b. With grandparents
   c. With siblings
   d. In kinship adoptions
   e. With children adopted from the child welfare system
   f. Relinquishment adoptions
   g. Independent or private adoptions
   h. International adoption
   i. All of the above

   Pre-test Answer __________   Post-test Answer __________

2. There is only one way to do an open adoption
   a. True
   b. False

   Pre-test Answer __________   Post-test Answer __________

3. There is ample research to support keeping connections for children.
   a. True
   b. False

   Pre-test Answer __________   Post-test Answer __________

4. Open adoptions should only be permanently closed for the following reason:
   a. Physical safety of the child and family
   b. Too much time is required by the adoptive family to keep the relationship open
   c. The adoptive and birth families are of different religions and lifestyles
   d. The child doesn’t want to see anybody from his past.

   Pre-test Answer __________   Post-test Answer __________

1. When there is openness in adoption, all members of the adoptive kinship network experience short term pain.
   a. True
   b. False
6. “Search” and “reunion” mean the same thing.
   a. True
   b. False

   Pre-test Answer __________________  Post-test Answer ____________

7. What are circumstances under which a therapist could be involved in open adoptions?
   a. Crisis pregnancy – with birth parents and birth family members
   b. Prospective adoptive family dealing with infertility issues
   c. Birth parent, grandparent, sibling, adult adoptee who is initiating a search and a possible reunion
   d. Relative contemplating a kinship adoption who needs to explore openness
   e. Family in crisis who is looking to close an open adoption for safety reasons
   f. A family who is struggling with setting boundaries or establishing roles in an open adoption relationship
   g. An adoptive family struggling with two different types of adoptions in their family
   h. A family in need of education about the possibilities of openness in an international adoption
   i. All of the above

   Pre-test Answer ____________  Post-test Answer ____________

8. When supporting search and reunion, which of the following is true?
   a. The person searching should always act on new information as it is gathered
   b. The person searching should pace herself and pay attention to her emotions at each stage of the search
   c. The person searching should contact the found party as soon as she/he has identifying information
   d. A successful search is one that is completed quickly
   e. If a found person does not react positively when contacted, the person searching should understand that he/she is being rejected and should abandon efforts to reunite

   Pre-test Answer ____________  Post-test Answer ____________
Handout #11.3 Key Principles For Current Practice on Openness in Adoption

- **The importance of honoring the child’s beginning and past.** Children know anyway, that something major happened in their lives; it is stored in their cellular or implicit memory.

- **Honesty.** Children may find out the details of their history in the midst of some trauma or major life event. When they do, it can trigger a sense of betrayal and a fear that nothing in their lives is true. This inhibits trust of adults, and creates fractures in the relationships within the family.

- **Increased self-esteem.** If the family is afraid to have a relationship with the birth family, the message is for a child is that where the child comes from is very scary and the child has something to worry about, or it is not worth the time and energy of the adoptive parents to build and/or keep the relationship. If, in time, the child makes contact with birth family and finds that the fear was baseless, the adoptive family could bear the brunt of the child’s anger and resentment about the lack of respect for the birth family.

- **Children’s lives do not begin the day they are adopted.** Children have had a biological birth, perhaps several moves with different families, and then a legal rebirth into their permanent family. Knowing the child’s beginnings helps the child understand their journey and how they came to be adopted. In actuality, the child’s past explains the reason why they needed to be adopted. In a confidential adoption, by contrast, the past becomes frozen at a certain place and time and information becomes outdated quickly.

- **Open adoption allows for fresh information to be integrated into the child’s understanding of themselves in an appropriate developmental phase.** Knowledge prevents the child from creating a false past. For adoptive parents, knowing the child’s family of origin helps them to understand how best to parent this particular person and to incorporate the child’s cultural, racial and spiritual identities.

- **An open adoption allows for sibling connections over time, which offers the child the opportunity to see him or herself reflected in another human being, through interests, humor, skills and temperament.** In placements of older children from the child welfare system, connections between siblings also provide access to family history, common experiences and validation of memories.

- **The importance of having ongoing medical and familial information that allows for the child’s realistic creation of their future.** There is always new information over time.
about medical, emotional and psychological issues; births and deaths; marriages and divorces; that informs a child’s safety and well-being over time

- **Accepting reality.** Truth trumps fantasy every time: fantasies flourish where facts flounder. Secrecy implies that there is something wrong or shameful about the child’s adoption.

- **Optimizing learning.** Children are often preoccupied with their fantasies, especially at certain developmental stages. This can interfere with learning and cause behaviors that are not easily interpreted and could disrupt healthy relationships. When there are secrets in the family, certain topics are avoided, which can contribute to a child’s fear and possible low self-esteem. Secrecy can also create anxiety.

- **Diminishing anxiety and opening communication for the child about what it is safe to communicate to their parents.** The fear of saying things that might be hurtful to their parents necessitates hyper-vigilance as the child is trying to read the adults’ reactions.

- **Support and deepen family attachments.** A web of secrecy that begins with the pregnancy and birthing story, how the family came to adopt this particular child, the truths about strengths and challenges of the family of origin and the actual telling of the child’s story over time can be disruptive to family attachment. It impacts the dynamics of the adoptive family throughout the raising, emancipating and intergenerational aspects of family life. Acknowledging the child’s prior attachments and supporting the confrontation of difficult information together deepen attachments in the adoptive family.

- **The belief in what is best for the child over time, not what is convenient for the adult.** Always do what is possible “for now” knowing that things can change, both for the better or worse, and that the child’s needs must be in the forefront of all decisions.

- **Adults shouldering the burdens that adoption can create for a child.** The belief that the adults need to carry the extra tasks that adoption creates for children and families, rather than placing that work on the shoulders of the growing, developing child.
Handout #11.4 Children’s Rights and Openness in Adoption

1. Children are to have access to both birth and adoptive family members.
2. Children are active participants in the decisions that affect his/her life and relationships.
3. Children are to be seen as people, not possessions. Children are adults in training.
4. Self-determination is a fundamental principle under which all other discussion of rights is built. The goal of children’s rights is to:
   - Improve family life, not destroy it
   - To make children useful, not helpless
   - To enhance the adult world, not diminish it
   - To liberate parents, not make them wardens.
5. Children’s rights should be seen exclusively, not in the shadow of the rights of the adults involved in their lives.
6. Children have a right to know their genetic history, medical history and to have access to the information about their origins and the circumstances that led to their adoptions.
7. Children should be given this information as they are able to understand it and are able to deal with it emotionally, not as a onetime revelation.
8. Children should not be knowingly deceived, either by what is said or left unsaid. Even potentially disturbing information should be shared with a child at the appropriate age.
9. Information about a child’s origins is private (but not secret) information that should not be shared outside the family without the child’s permission.
10. Children have the right to express their feelings about the information they are given and should be encouraged and supported as they do.
11. Children have the right to ask questions and express their feelings without worrying that doing so might threaten their relationships with their adoptive parents or birth parents.
12. Children are not responsible for other people’s feelings about each other or about the adoption.
13. Parents should not wait for the children to ask questions but should anticipate the child’s needs and look for appropriate opportunities to share information.
14. These rights shall be applied to children of every age, even if the children are infants or toddlers and cannot exercise their rights. There is no magic age where people suddenly
acquire rights. If rights are not acknowledged as a natural part of every person’s life, it is difficult to grow up understanding and expecting them.

References:

Handout #11.5

Scenario #1. Marika and Errol Baker are planning to adopt 12 year old James from foster care. James entered foster care at age 10 as a result of his mother's significant mental health issues. His mother, Shakira, has been diagnosed with paranoid schizophrenia. She believed that her children would be taken away from her by people whose voices she was hearing constantly. She irregularly took the medication prescribed for her. One night, she attempted to poison James and his sister Jamira to save them from the voices. Shakira’s sister lives next door and checked in on the family as she frequently did, discovered the children in distress, and phoned for an ambulance. The children were hospitalized and then placed in foster care. Shakira was placed in a state-operated psychiatric facility where she continues to be treated. Her rights and that of James’ and Jamira’s father (who had abandoned the family many years before) were terminated by the court. The Bakers are planning to adopt James; another family will adopt Jamira.

How would you work with the Bakers around openness in James’ adoption?

Scenario #2. Lilly entered foster care at age 13 after being sexually abused by her stepfather. Her mother refused to believe that her husband had sexually abused her daughter. The stepfather was arrested and was able to meet bail pending trial. During the work with the family, the mother refused to meet or speak with Lilly until Lilly admitted that the sexual abuse did not happen. Lilly’s cousin, Amanda, age 27, however, came forward to support her. She told the child welfare agency that she had no doubt that Lilly had been sexually abused and confided that she herself was sexually abused as an 8 year old by an uncle. Amanda states that she wants to take care of Lilly and protect her. After several months of attempted work with the mother (the stepfather was eventually convicted of sexual assault and incarcerated), the agency cannot recommend reunification as the mother continues to reject Lilly. The mother’s rights are terminated. Lilly’s biological father is deceased and the stepfather did not adopt her. The plan is for Amanda to adopt Lilly.

How would you work with Amanda and Lilly about openness in adoption in this relative adoption situation?
Handout #11.6  Post Adoption Contact Agreement: California

This handout is to be downloaded from the C.A.S.E.website.
Handout #11.7  Clinical Implications of Different Forms of Adoption: Closed/Confidential Adoption

Parents

1. Can experience fear of the unknown birth parent; what is going on in the birth family that might impact the adoptive family?
2. Do not know if they have all the information to be the best parent to their child
3. Are not equipped to answer the questions their child will ask
4. Are concerned that if another child is born that is a sibling to their child, they won’t be notified
5. May have unresolved infertility issues that could impede attachment
6. May have entitlement issues
7. May avoid certain topics
8. Will have no knowledge of medical, mental health, genetic information that might come to light in years following placement, which could impact the child’s behavior, health, etc.

Child

1. May have fear and shame surrounding the adoption and this could impact self-esteem
2. May feel disconnected from their prior life experience, which can leave them with identity confusion
3. May have a sense that something awful about their life does not allow their adoptive parents to accept that part of them
4. Surmises that the people who were a part of their lives previously, foster parents, therapists, peers, were not worth staying connected to, which has implications for diminished attachment to the current family and community; people can be become interchangeable cogs in a wheel
5. Does not have important information, and children with a curious temperament can be distracted from everyday life by wondering or by creating fantasy, which may impede their educational and social development

Birth Parents

1. May fear that their children will hate them for “giving them up”
2. Worry that their child will die and they won’t know about it
3. Worry that their child will grow up in the foster care system because nobody wanted them
4. Wonder about the child’s wellbeing
5. Live with guilt and shame
6. May have overwhelming, unresolved, unacknowledged grief
7. May carry secrecy which infuses into their lives in many arenas
8. May be at risk of suicide
9. May be drawn to risky behaviors such as addictions to numb their pain
10. May create replacement pregnancies
11. May have impaired future relationships
12. Pregnancy and loss of a child may impact relationships with subsequent children
Handout #11.8  Clinical Implications of Different Forms of Adoption: Mediated Adoption

Adoptive Parent

1. Experience no growth of trust, so the fear remains
2. Talk about the paradox of sharing pictures and letters with essential strangers, especially without the child’s knowledge or permission
3. A concerned that the demands of the child might force the relationship to another level, or force closure of the relationship due to the pressure
4. Share that they are neither fish nor foul; feel like they have to move in one direction or another
5. Share that the initial relationship was based on an agreement to do something, and if the adoptive parents renege on that promise, they feel guilt and often turn it into anger at and blame of the birth parents; this can impact the relationship with their child.
6. Worry that they might stop receiving information; they question if they should stop sending information as promised
7. They question what do if their receive negative information that is coming from the birth parent, and does that information get shared with the child. How and When?

Child

1. Could trigger the cessation of information exchange just by asking questions.
2. May experience an invasion of privacy issues; loss of control, since the adopted child is not a party to the original agreement
3. Could be comforted in knowing that the birth family cares enough to receive and/or give information if the exchange continues and is openly discussed
4. The child might not know that communication has stopped until later in life

Birth Family

1. May experience betrayal if agreement not kept
2. May walk on eggs; careful to not anger or antagonize the adoptive parents for fear of having contact cut off
3. May not articulate that they don’t have to the means to keep their part of the bargain, and can be misinterpreted as not caring
4. May feel like you are constantly being judged on their character and whether they are good enough to receive pictures and information
5. May be surprised at the reigniting of grief as communications arrive
6. Maybe frightened when communication stops and don’t know why; are the adoptive parents ill, angry, divorced, deceased, etc.
Handout #11.9  Activity: Clinical Issues for Children in a Fully Disclosed Adoption

Molly and Brad, adoptive parents, have been referred to the therapist because their child, Kevin, age seven, has been showing signs of depression and is restless, anxious and angry at various times at home and at school. This behavior has been escalating whenever the birth family visits, especially when he has had a visit with his ten-year-old sister, Amy, who is being raised by his birth mother, Sue. Kevin was placed at age six months after Sue tried to raise the two children on her own with no support from the birth father or her extended family. She made a decision she would raise her daughter, then age three, and place her son with an adoptive family, thinking he would not remember being with her since he was so young at placement. Sue also believed Amy would not be impacted by the placement since she “was only a toddler.” The families see each other monthly in low-key family gatherings.

- What questions would you ask to gather necessary information to formulate a treatment plan?
- How would you assess Kevin’s developmental level and emotional age?
- How would you assess Kevin’s understanding of his relationship to Amy?
- What issues might surface for both Kevin and Amy in this open adoption?
Handout #11.10  Clinical Issues for Birth Fathers in Fully Disclosed Adoptions

Rich is 20 years of age and met Carol, age 18, through his work in outside sales in the community. They had a brief affair and both decided that the relationship was not evolving and so parted ways. Carol discovered that she was pregnant after she and Rich ended their relationship. She sought counseling and decided to place her child for adoption, but she never contacted Rich about the pregnancy or the birth of the baby. She was ashamed and frightened and her friends and family advised her not to get Rich involved. She told the agency and her counselor that she did not know the father’s full name or how to contact him.

About a month after the birth of the baby boy, Rich ran into a joint acquaintance who told him that Carol had been pregnant and placed her son for adoption. She had arranged a mediated adoption for herself. Rich was enraged and contacted Carol. She told him to contact the agency that was handling the adoption. The agency referred Rich to you for therapy.

• What are some of the issues that Rich is struggling with?
• What might be some of the feelings that he is experiencing?
• What information would you need to gather in order to be clear about what Rich’s options might realistically be?
• How would you work with Rich?
Handout #11.11 Quotes from Birth Fathers in Fully Disclosed Adoptions

“It is very rewarding and very healing to play a role in your child’s life. Witnessing the birth of my son and seeing the joy of his adoptive parents, Jan and Michael, was the most powerful, sad, joyful day of my life… I personally could not let my girlfriend go through the process alone, nor could I live with not knowing I did not play a role. I wanted my child to know who I was, too.”

“The agency gave us (me and the birthmother) a way to be a part of our son’s life. If it hadn’t included that option we wouldn’t have chosen adoption. We wanted to see him grow up. We wanted him to know us … Mitchell (my son) knows I love him; he would be hurt if I wasn’t there. The adoptive parents would be disappointed if I wasn’t part of his life. They’ve laid the groundwork by letting him know where he came from. I followed through by being involved. That makes them happy because Mitchell is happy.”

“Thanks to open adoption, my son is in a great place. I can watch him grow and develop with the confidence that he is well loved and provided for. One of the best characteristics of this adoption is that I didn’t lose a family member; I gained many more.”

“With the exception of immediate family, the reaction of people has been that I may have taken the easy way out (by planning an adoption instead of parenting) and that I lack integrity. However, I know that is not the case. For me, it would have been so much easier to keep my daughter. Wanting a loving family for your child does not equate to a lack of love or integrity. I feel it is just the opposite.”
A biologic connection may provide a reason to develop and maintain a relationship, but it is not enough on its own to forge a relationship. Biologic sibling relationships are no exception. Adopted children will develop relationships with their birth siblings if they have ongoing opportunities to do so.

Most parents find it easy to encourage relationships between their children and children in another family when those children are very young. As children grow, they develop their own interests and preferences for playmates. A shared biologic history may not be enough to get two children through an afternoon if one likes chess and the other likes horseback riding. It may not be enough if they see each other only once a year. Parents need to have reasonable expectations about the level of closeness children will feel for one another.

Furthermore, as children reach adolescence, they begin to be able to imagine what might have been. A 12-year-old may come to see how his birthmother struggles to make ends meet for the children she is raising and realize that her decision to relinquish him was made with his best interests at heart. It could also leave him feeling guilty that he had an opportunity that his biologic siblings didn’t have. Some children even want to intercede in the lives of their birth siblings by asking their adoptive parents to let the siblings come and live with them. The 12-year-old may also wonder: If my birthmother’s life hasn’t changed since I was born, why didn’t she place other babies for adoption, too?

What are the clinical implications of Lois’ points on sibling relationships?
Handout #11.13   Examples of Presenting Situations That Would Bring Referrals to the Therapist

Some examples of presenting situations that would bring referrals to the therapist include:

- A referral is made based on behavior of the child. There is concern that the behavior is connected to the open adoption relationships.
- Working with birth family members during a crisis pregnancy.
- Working with infertile couples that are considering adoption and may be confused about the various options offered to them.
- Working with a member of the adoptive kinship network who may be struggling with some aspect of the adoption plan or arrangement.
- Birth parent, grandparent, sibling, adult adoptee who is initiating a search and a reunion.
- Relative contemplating a kinship adoption who needs to explore openness.
- Family in crisis who is looking to close an open adoption.
- A family who is struggling with setting boundaries or establishing roles in the relationship.
- An adoptive family struggling with two different types of adoptions in their family.
- Families exploring the possibilities of in openness in international adoption.
- Helping the expanded family system negotiate their differences and the compromises that may be required to establish or maintain the relationship.
- A child born to the adoptive family who needs support as the family evolves in an open adoption.
- Siblings who are being raised separately who want to deepen their relationship.
Handout #11.14 Clinical Approaches to Help Adoptive Kinship Network Members in Integrating Their Histories and Role Play Assignment

Clinical Approaches

1. Help the family build shared memories and plan for rituals that include the adoptive kinship network.
   If the family is free to communicate comfortably with each other, it establishes behavior that the child can count on and be aware of, and as the child develops the child’s desires to include others will feel more natural.

2. Coach the family to ask the right questions from the adoptive kinship network early in the process.

3. Assist the child to work with feelings that their destiny is determined to be like that of their birth parents or of those who are in the adoptive kinship network. They need help sorting out what is genetic, what is environmental and what makes them unique?

4. Support the child in their understanding that these are distinct families who come together out of caring for the child. This includes assisting the family to teach the child about boundaries. Sometimes the adoptive family does things alone, but sometimes includes cousins, uncles, and grandparents of the other family for reasons such as shared interests, celebrations and honoring of family members.

5. Assist the adoptive family to set the comfort level with the family of origin, which allows the child to ask the questions that may be on their mind as they move through their developmental processes.

6. Help the family to understand that the child’s mental ability to integrate this information changes as they grow. Parents will need to revisit some information that was previously discussed as the child moves into another developmental stage.

7. Help the child to articulate their questions, and assist the parent to interpret the child’s question based on their developmental ability.

8. When the birth family is involved with the child on a regular basis, the birth family needs to be kept up to date on what the child is asking and what the adoptive parents are answering so that they also will have the ability to respond adequately to the child’s questions.

9. The clinician may need to assist the adoptive family network to decide who best within the network is the most appropriate to answer the child’s questions. The adoptive
parents may best answer some questions, and others may need to be answered by the birth parents or a birth relative. The caveat is that the adoptive parents have the final say.

10. Assist the child to understand all of the decisions that were made for the child that the child had no say in, such as the origin of their name, how the adoptive family was chosen, what can be kept private and what can be shared with peers.

11. Assist the child to understand who their siblings are and why they may or may not be together.

12. Assist the child around issues of insecurity about how their adoption came to be and whether it could happen again.

13. Assist siblings that remain with the birth family with the concern that they may also be placed.

14. Assist the child in expressing appropriate grief responses at different stages of development.

15. Assist the child to reach a level of comfort and acceptance that they may come from a family that is very different from their adoptive family, and who may embarrass them in front of their peers.

Role Play

You have been Damon’s therapist for about 5 months. He is 15 and was adopted as a 10-year-old from foster care. His birth parents’ rights were terminated after his father physically abused him and his parents were not able to demonstrate that they could safely parent him. He has done very well with his adoptive parents and is happy to be a full part of his family. His two sisters, currently ages 12 and 10, continue to live with his birth parents. He does not see his birth parents but is in touch with his sisters on Facebook. Damon tells you that he just doesn’t understand why his parents wouldn’t be there for him when his sisters remain at home but at the same time, he worries more and more about his sisters. They share with him on Facebook that they are not happy at home. Their parents refuse to let them participate in school activities and their father has been drinking more and having more frequent angry outbursts. He has told them that maybe they could come into foster care and his adoptive parents could adopt them too.
Observation Questions

1. What examples do you see of the therapist addressing Damon’s grief responses?

2. What examples do you see of the therapist helping Damon develop the questions that he needs to have answered?

3. What examples do you see of the therapist working with Damon on his relationships with and feeling about his siblings?
Adoption and Social Media: Recommendations For Healthy Ongoing Communication

Handout #11.15

III. Guidelines for Parents of Older Adoptees:

1. If you have older children who utilize social networking they must be guided about how to use it if they wish to engage in searching for their birth family members as well as guided, should they be contacted this way by members of their birth family. Discussing such things before they occur will allow for a more meaningful dialogue and one that will better prepare your child and you should these things occur. Being prepared will help you deal with any challenges should they arise.

2. If an adoption took place some time ago and only now you have chosen to connect via social media, please connect with your adoption agency. If you no longer have this resource, seek out another adoption professional to discuss this form of contact before you engage in it. Prepare your child and your partner and other family members that may be affected by this type of communication.

IV. General Recommendations For All Parties Involved in an Adoption:

1. Connecting socially on networking sites exposes each party to the daily happenings of the other person’s life. This may be positive, overwhelming or difficult to learn so much about another person. You may learn things you didn’t intend or even want to know so evaluate whether it will be healthy to accept a friend request or send a friend request to one another. If you are uncomfortable, then do not be concerned about sending the wrong message. Setting boundaries from the beginning will help you to form a stronger and healthier long-term relationship. You are not saying you do not want to stay connected, but rather you are saying you do want to be connected, just not in this manner.

2. Communication via social networking is forever, so consider what you post before you post something especially if it relates to the adoption process, the adoptive/birth family, or your child.

In conclusion, connecting and maintaining adoption contact via social media sites is new and exciting but can also be overwhelming and challenging. It is “intense” to have this direct and immediate type of contact and if this is the route both birth and adoptive families choose to go, it is important to know you have support available to you through your adoption agency.
It is also imperative to remember two key points: Do all parties feel comfortable with staying connected by way of social media? Have all parties discussed this between themselves before the connection occurs?
Handout #11.16  Ideas for Families Coming Together to Form a Relationship: Making a Plan

- Assist the client (adoptive and birth families) to make an individualized plan to make ongoing connections that meet the needs of the child.
- Assist the client (adoptive and birth families) to create a contingency plan to assist families as inevitable crises surface over time. Plans avoid chaos and misunderstandings.
- In infant placements, it is important to understand that a plan is fluid and can be changed. Especially in infant placements, foster to adopt placements or kinship placements, we do not ultimately know where the child will be raised. There is the potential that the people who planned to attach will be grieving, and the people who thought they were going to grieve are rejoicing.
- The more detailed the plan can be, the more helpful it is when people are in crisis; include adaptation of the plan and how the changes might affect each of the parties. If the child is born unwell or there is a death, the need for the clinician to help the families grieve the loss of the dream and deal with any feelings of guilt about what happened to the baby/child or the inability of the adoptive parents to go forward (with a child who has medically fragile issues). Other similar circumstances could involve high emotional needs of the child, difficult behaviors, and a crisis of another sort that impacts the prospective adoptive family’s ability to proceed.
Handout #11.17  Tamara

When you first met with Tamara a few weeks ago, she told you, among other concerns, that she is considering searching for her birth parents and siblings. Today, you are focusing on her current thinking about searching. You know from your earlier sessions that Tamara was adopted from foster care at age 7, two years after she came into care. She entered foster care with an older sister, Meggie, who was age 12 at the time. Tamara was placed with a foster family who later adopted her. Meggie was placed in a group home and moved many times throughout her stay in foster care, eventually aging out of foster care. Tamara lost contact with Meggie shortly after she was adopted. Tamara had some contact with her birth mother while she was in foster care but not after the adoption. She knows that her birth mother had a baby girl when Tamara was in foster care and she remembers seeing the baby once. Her birth father deserted the family well before Tamara and Meggie entered foster care and she has no interest in connecting with him. She does want to connect with Meggie, her birth mother and her sister who was with her birth mother when she last saw both of them. How would you as the therapist begin working with Tamara on her desire to search and reunite with these family members?

Observation Sheet

1. What examples did you see of the therapist helping Tamara better understand her desire to search at this time in her life?

2. What examples did you see of the therapist helping Tamara better understand what is involved in a search?

3. What examples did you see of the therapist helping Tamara anticipate what the outcomes of her searches might be?
Handout #11.18  Search and Reunion

I. Questions a Therapist Could Explore With a Client Before a Search and Reunion is Initiated

1. Why are you doing it and why is now the right time?
2. What would be the ideal outcome of the reunion?
3. Short of the ideal outcome, what is one thing that will make you feel satisfied?
4. Whose needs are being addressed in this search and reunion?
5. What are your fantasies regarding the person you are searching for?
6. What are your fears of the person you are searching for?
7. Who will be supporting you during this process?
8. What is the vehicle you will use to find this person (an agency, intermediary, private detective, computer search, registry, etc.)?
9. How have you educated yourself about search and reunion and its repercussions?
10. Who will make the first contact for you if you decide to have a reunion?
11. Where will the initial contact be made?
12. Will your decision to proceed to a reunion be based on what you find out during your search?
13. Who would be most important for you to find; birth mother, birth father, siblings, adoptee, or other members of your extended family?
14. What will you do if the people you find are not interested in a reunion?
15. Do you understand the impact on other parties when you make contact; their rights of privacy and refusal, and the pain you might inflict if you open the adoption and then close it?
16. How will the other people in your life be affected by a reunion?

II. Questions for Adoptive Parents Initiating a Search on Behalf of a Child

It is possible that adoptive parents might initiate a search and reunion for a younger child who is expressing desire to meet or to know more about their family of origin. Adoptive parents or birth parents, who may have decided initially to pass on the opportunity of an open adoption, may later change their mind. For them, the following issues would also need to be addressed:

1. Have you discussed the possibility of opening the adoption with the adopted child?
2. When and how will you inform your child that you are pursuing a possible search and reunion?
3. When and how will you share with your child what you have found through your search and reunion?
4. Who will support you in this process?
5. When will the child be included in the search and reunion?
6. Have you considered how finding the adopted child’s birth family will impact the children in both families?
7. Is this just about gaining information, or are you actually looking to begin an open relationship?
8. Will you be exchanging pictures and information, and if so, how will that information be shared?
9. What is your expectation of an ongoing relationship?
III. The “How To’s” of Clinical Search and Reunion Support

1. Explore all the parties’ concerns, fears, intent, needs and necessary boundaries
2. Determine who will attend the first meeting and what you will bring to the first meeting (i.e. photo albums, 12 step sponsor, homemade cookies, etc.)
3. The adoptive parents and the adults in the birth family need to make the first contact
   a. Will it be by phone, in person?
   b. Will a therapist meet with your counterpart to explore their concerns, their boundaries, their fears, and their intent?
4. If this meeting were to only happen once between the adults, what do the parents and child need to have happen or need to have answered by the other party?
5. Strategize with the client all of the potential outcomes of the meeting
6. Keep it simple, a shared picnic in the park with the children, sharing a pizza and coke at the local pizzeria can set the stage for a more relaxed form of relationship building
7. Don’t spend a lot of money to impress or assist your counterparts
8. Never leave a meeting without clarifying how/when or if you will see/meet each other again.
9. Don’t be afraid to share your needs, concerns and needed boundaries with your counterparts
10. Be clear what would cause you to retreat from the relationship
11. Don’t get ahead of where your children are developmentally and recognize that this relationship is being watched by all of the children and family members who may have concerns and fears themselves.
12. Ask for mediation or communication bridges when needed
   a. Find local support groups where people with experience with search and reunion gather to create pathways to openness, to explore, support and normalize their experiences
13. Explore with the birth and adoptive family, what their style of relationship building typically is...
   a. are they trusting in general or cautious about meeting new people
   b. do they have a large circle of community support or are they limited in who they include in their family/friendship circle
   c. what are their typical expectations of family and friends
14. This is not about adoption – this is about HUMAN relationships with people who are important to your spouse, your family, your children – and the rules of politeness, candor, respect, truthfulness and direct communication trumps indirect communication, letting things develop at their own pace…it’s a dance that takes practice and frequently changes tempo. You may step on each other’s toes initially until you get into the rhythm of how the other person moves.
15. The clinician needs to examine their own beliefs about what makes for a “typical” family and what’s allowed or not allowed in family systems
IV. Clinicians May be Valuable in Search and Reunion in the Following Ways

- Defining who the parties are to each other
- Assisting in the grief process that the reunion may have created
- Addressing the fears of loss
- Working through issues of jealousy
- Integrating new information
- Supporting relief, joy and celebration of finally knowing the truth
- Dealing with the anger at finding information that is different than what was previously disclosed
- Assisting the adoptive kinship network in redefining how holidays and major life events are celebrated and with whom
- Addressing divided loyalties
- Creating opportunities for the adoptive kinship network or the variety of siblings to come together for support in building their relationships to each other
- Inform the adoptive family about the repercussions of forcing an adoptee to choose between them and the birth family (due to fear of losing the child or anger about the reunion, etc.)
- Assisting the adoptee as they learn to walk and live between what could be two distinctly different cultures, which may differ by language, religion, education, socioeconomic status, values and beliefs, traditions.
- Help birth parents explore how they claim their birth child without making demands of loyalty and requiring the child to see them as the “real” mother or father
- Assist the adoptive kinship network as they move through the stages of adjustment following a reunion. The stages include:
  - Fear and obsession
  - Disorganization and confusion
  - Experimenting and testing the waters
  - Establishing ritual and tradition
  - Clarification, readjustments, creating new norms

V. Resources for Search and Reunion

One of the dangers of easy access to other people through the Internet is that the emotional unfolding and thoughtful process and confronting of emotions and fears that traditionally happens during the process of search and reunion are bypassed. This can lead to increased emotion and conflict during the search and reunion. It is essential that the individuals are supported through therapy and/or support groups, both the person conducting the search and the person/family who is found.

Below are some organizations and resources for therapists to explore for more information, and to refer clients to for information and support.

American Adoption Congress (www.americanadoptioncongress.org)
Concerned United Birthparents (www.cubirthparents.org)
International Soundex Reunion Registry (www.isrr.net)
The Center for Adoption Support and Education © 2013
Independent search consultants (www.iscsearch.com)
Worldwide Search
Internet search sites (peoplefinder, whitepages, Yahoo group “The Registry,” Long Lost People, Classmates, etc.)
Local search and support groups connected through AAC, CUB and ISRR, or affiliated with local agencies
Books and videos on search and reunion that can be accessed through Tapestry, Amazon, AAC, CUB, Kinship Center, Perspectives Press
Handout #11.19 Answers to the Quiz

1. l
2. b
3. a
4. a
5. a
6. b
7. l
8. b