Module #8: Adoptive and Birth Families
Teaching Script
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Overview of Module
In this Module, students will identify different types of adoptive families and the clinical issues that different types of adoptive families may experience. Students will be provided with opportunities to explore their own views and beliefs about different types of adoptive families and how they may impact their clinical work with those families. Students will practice the use of clinical skills in working effectively with different types of adoptive families. This Module also will focus on the needs of birth family members. Students will identify the clinical issues that birth family members -- birth mothers and birth fathers and extended birth family members -- may present and identify and use clinical skills to address these issues.

Learning Objectives
Students will be able to:
1. Describe two types of adoptive families and give at least three examples of each.
2. Identify three biases and beliefs about different types of adoptive families that clinicians may have and describe how those biases/beliefs may affect their clinical practice with these families.
3. Identify two clinical issues that each of the different types of adoptive family may experience.
4. Demonstrate one or more clinical skills in working with gay and lesbian adoptive families.
5. Identify three biases and beliefs about birth family members that clinicians may have that may affect their clinical practice with these families.
6. Identify two strategies that clinicians can use to ensure that biases and beliefs do not negatively impact clinical practice
7. Identify three clinical issues that may impact birth parents.
8. Demonstrate one or more clinical skills in working with birth parents on the impact of adoption on them.

Materials Needed
- 2 Flip charts and markers
- LCD Projector and Screen
- Agenda
- Copy of PowerPoint Slides
- Video: That’s a Family! (Chasnoff, Ben-Doff & Acker) (Provided by C.A.S.E.): Single Parents
- Two copies of two role plays (found at the end of the module)
- Handouts:

  Handout #8.1: An Adoptive Family for Eve
Handout #8.2: Joan, Morris, and Jerry
Handout #8.3: Case Examples: Relative Adoptions
Handout #8.4: Howard and Alice
Handout #8.5: Foster Parent Adoption
Handout #8.6: Javina and Brian
Handout #8.7: A Glimpse Inside Adoption: Not All Good, Not All Bad - Part One of Two -- *Single parent with three adopted children*
Handout #8.8: Does Adoption Make Infertility All Better?
Handout #8.9: Adoption and Foster Care by Lesbian and Gay Parents in the United States
Handout #8.10: Zoltan and Mark
Handout #8.11: A Letter From Lindsey
Handout #8.12: Reflections While I Wait
Handout #8.13: Quotes from Birth Mothers
Handout #8.14: A Birth Mother’s Case: Involuntary Termination of Parental Rights
Handout #8.15: Adoption and Grandparents
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Pre-Module Assignments

A Checklist of Homework Assignments

✓ Read five short articles about adoptive and birth families:
  • *Who Adopts? Characteristics of Women and Men Who Have Adopted Children*
  • *Understanding and Supporting the Unique Needs in Kinship Adoption*
  • *Foster Parents Considering Adoption*
  • *Does Adoption Make Infertility all Better?* After reading the story, develop a list of 4 or 5 “take aways” from this article that you believe will be relevant to your clinical practice. Bring these “take aways” to class with you.
  • *The Impact of Adoption on Birth Parents*

Students’ Pre-Module Assignments:

1. **Pre-Module Assignment #8.1:** Read *Who Adopts? Characteristics of Women and Men Who Have Adopted Children* at: [http://www.cdc.gov/nchs/data/databriefs/db12.htm](http://www.cdc.gov/nchs/data/databriefs/db12.htm) We will discuss these issues in class.

2. **Pre-Module Assignment #8.2:** Read *Understanding and Supporting the Unique Needs in Kinship Adoption* by Ellen Singer, LCSW-C at: [http://www.adoptionissues.org/kinship_adoption.html](http://www.adoptionissues.org/kinship_adoption.html). We will discuss this article in class.

3. **Pre-Module Assignment #8.3:** Read *Foster Parents Considering Adoption* at the Child Welfare Information Gateway at: [http://www.childwelfare.gov/pubs/f_fospar.cfm](http://www.childwelfare.gov/pubs/f_fospar.cfm)

4. **Pre-Module Assignment #8.4:** Read Handout #7.4: *Does Adoption Make Infertility all Better?* This article provides a wonderful conversation among three women: Glenna has been married for five-and-a-half years and experienced infertility for five of those years. Kait has been married three years and, though she did not go through a specific time period of trying to conceive, she was told early on before marriage that conceiving would more than likely be impossible for her. Stacey has been married six years and has been trying to conceive for three years. Each woman’s story is different and unique, yet all three also carry some similarities. After reading the story, develop a list of 4 or 5 “take aways” from this article that you believe will be relevant to your clinical practice. Bring these “take aways” to class with you.

5. **Pre-Module Assignment #8.5:** Read *The Impact of Adoption on Birth Parents* [http://www.childwelfare.gov/pubs/f_impact/f_impact.pdf](http://www.childwelfare.gov/pubs/f_impact/f_impact.pdf)
Pre-Assignment Checklist for Teachers

Students’ Assignments: Students are to read five short articles about adoptive and birth families:

- Who Adopts? Characteristics of Women and Men Who Have Adopted Children
- Understanding and Supporting the Unique Needs in Kinship Adoption
- Foster Parents Considering Adoption
- Does Adoption Make Infertility all Better? After reading this story, they are to develop a list of 4 or 5 “take aways” from this article that they believe will be relevant to their clinical practice and bring these “take aways” to class with them.
- The Impact of Adoption on Birth Parents

Teachers’ Assignments re: Pre-Module Work

Page 17 of the Teaching Script references state laws on who is considered a “relative.” The script gives examples from Maryland and Virginia; use relevant state examples based on the jurisdiction(s) where you are training by drawing on information from the Child Welfare Information Gateway at:

Page 30 provides data on the status of adoptive families who adopt children from foster care (by marital status and gender). These data should be periodically updated by going to data from the Children’s Bureau at:
http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#afcars

Page 43 references state laws on gay and lesbian adoption. Determine the current law in your state in order to share with students.
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**Agenda**

9:00AM – 9:25AM  Welcome and Introduction

9:25AM – 10:15AM  Different Types of Adoptive Families

10:15AM – 10:30AM  Break

10:30AM – 12:30AM  Clinical Issues for Different Types of Adoptive Families

12:30AM – 1:30PM  Lunch

1:30PM – 2:30PM  Clinical Issues for Different Types of Adoptive Families (Continued)

2:30PM – 4:00PM  Birth Parents and Extended Family Members – Part 1

   *A break will be called during this segment*

4:00PM – 4:25PM  Birth Parents and Extended Family Members – Part 2

4:25PM – 4:30PM  Summary and Closing
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9AM - 9:25AM  Welcome and Introduction

Large Group Discussion: Before we begin today, did any issues related to trauma and brain neurobiology come up for you since our last class?

Lecture

In today’s Module, we will talk about different types of adoptive families and the clinical issues that different types of adoptive families may experience. We will explore our own views and beliefs about different types of adoptive families and how they may impact our clinical work with those families. We will identify and practice the use of clinical skills in working effectively with different types of adoptive families. In this session, we also will focus on the needs of birth family members. We will look at the clinical issues that birth family members may experience – birth mothers and birth fathers and extended birth family members and identify and use clinical skills to address these issues.

Here are our learning objectives. At the end of this session, you will be able to:

1. Describe two types of adoptive families and give at least three examples of each.
2. Identify three biases and beliefs about different types of adoptive families that clinicians may have and describe how those biases/beliefs may affect their clinical practice with these families.
3. Identify two clinical issues that each of the types of adoptive family may experience.
4. Demonstrate one or more clinical skills in working with gay and lesbian families.
5. Identify three biases and beliefs about birth family members that clinicians may have that may affect their clinical practice with these families.
6. Identify two strategies that clinicians can use to ensure that biases and beliefs do not negatively impact clinical practice
7. Identify three clinical issues that may impact birth parents.
8. Demonstrate one or more clinical skills in working with birth parents on the impact of adoption on them.

Large Group Discussion

Before we begin, how many of you have worked with adoptive families? Can you tell us a little bit about those families? What type of experiences and life situations did they bring to adoption?

How many of you have worked with birth family members -- birth mothers, birth fathers, members of the extended birth family? What type of experiences and life situations did they bring to the adoption experience?

*NOTE to Trainer: Allow students to share their experiences without delving into the content.*

9:25AM – 10:15AM Different Types of Adoptive Families [Learning Objectives #1 and #2]

Large Group Activity

We previously learned about how families adopt – they may adopt infants or very young children in the United States, they may adopt children from the US foster care system, or they may adopt internationally. Now, let’s focus on the types of families who adopt. How many different types of adoptive families can you think of?

*Note to Trainer: Note the contributions on a flip chart. Comment on the comprehensiveness of the list if appropriate.*
Today, we are going to focus on two major categories of adoptive families:

First, we will focus on families that already have a relationship with the child before the adoption:

- Stepparents
- Kinship/relative adopters
- Foster parents

Next, we will focus on different types of families based on marital status, families who come to adoption as a result of infertility and adoptive families who are headed by gay or lesbian parents:

- Married families
- Single parents: Single women and single men
- Families facing infertility
- Gay and lesbian adoptive families

Another type of adoptive family is transracial/transcultural families. We will not focus on this group of families as we will devote a full session to these families in a later session. Nonetheless, we want to keep in mind that transracial/transcultural families are an important group of adoptive families.

Before we talk about each of these types of adoptive families, let’s look at the feelings and perspectives we might hold about different types of adoptive families.
Note to trainer: Ask students to divide into groups of 3 or 4.

In your small groups, discuss the case of Eve presented on Handout #8.1. For each prospective adoptive parent, please describe your feelings or beliefs about that family. Try to be as honest as you can about your views of each prospective adoptive parent based on your values, personal experience or other factors that may shape your beliefs about the family. Please designate a notetaker to record the perspectives expressed about each of prospective adoptive parent(s). At the end of your discussion, indicate which of the prospective adoptive parents appears to be the strongest adoptive family resource for this child.

Eve, a 3 year old, currently lives in an orphanage in Moldovia. Assume that Moldovia does not have restrictions on international adoption based on marital status or age. What are your thoughts about the following prospective adoptive parents for her?

(1) Hank, a 40-year-old single male. Hank has been a scout leader and is very involved in his church. He has never been married and he wants to be a parent.

(2) Bob and Ethel, a married couple of strong religious background. Bob is 62 and Ethel is 49. They considered themselves God-fearing people who are called to help helpless children.

(3) Linda, a single-32-year-old accountant, has never been married. She is very close to her nieces and nephews. She believes that it is unlikely that she will marry and she wants to be a mother.

(4) Tom and Sandy, in their late 20s, have just completed a third round of unsuccessful infertility treatment. They have decided that adoption is the next step. Tom does not want to adopt a boy. They believe that a 3-year-old would not be too old for them.

(5) Derek and Sam, ages 38 and 36 respectively, have been in a committed relationship for five years. They live in a state that does not permit same sex marriage. They are ready to adopt and decide that Derek will adopt as a single person. Later, Sam will complete a second parent adoption.
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Note to trainer: Ask groups to report back on each of prospective adoptive parent(s). Below are questions that can be raised to promote further discussion.

(1) Hank, a 40-year-old single male. Hank has been a scout leader and is very involved in his church. He has never been married and he wants to be a parent.

Notes: Explore students’ views of a single male adopting a young girl. What concerns might they have? Concerns might include: pedophilia, lack of experience/capacity to effectively parent a young child, lack of information on his support system.

(2) Bob and Ethel, a married couple of strong religious background. Bob is 62 and Ethel is 49. They considered themselves God-fearing people who are called to help helpless children.

Notes: Explore students’ views of a married couple who are somewhat older adopting a young child. Does their age affect your decision making? Does the couple’s religious orientation raise issues?

(3) Linda, a single 32-year-old accountant, has never been married. She is close to her nieces and nephews. She believes that it is unlikely that she will marry and she wants to be a mother.

Notes: Explore students’ views of a single woman adopting a young child. Does the fact that this single parent is a female and not a male like Hank make a difference? What if the child were a boy – would that make a difference in their thoughts about Linda and about Hank?

(4) Tom and Sandy, in their late 20s, have just completed a third round of unsuccessful infertility treatment. They have decided that adoption is the next step. Tom does not want to adopt a boy. They believe that a 3-year-old would not be too old for them.

Notes: Explore students’ views of a young infertile couple adopting Eve. Are there concerns about this couple as prospective adoptive parents? Concerns may include: timing issues: they have just finished intensive infertility treatment and may not have resolved the grief associated with unsuccessful treatment; they appear to be making decisions based on the type of child who would not work for them.

(5) Derek and Sam, ages 38 and 36 respectively, have been in a committed relationship for five years. They live in a state that does not permit same sex marriage. They are
ready to adopt and decide that Derek will adopt as a single person. Later, Sam will complete a second parent adoption.

Notes: Explore students’ views of a gay couple adopting Eve. What perspectives do they have with respect to the couple’s sexual orientation? The plan for one to adopt as a single person? The fact that they are not married – and cannot marry? The plan for a second parent adoption?

Ask students to put forward the prospective adoptive parent(s) whom they believe represents the strongest adoptive family resource for Eve. Ask each student to justify her/his choice.

As therapists, we may bring bias to our work with different types of adoptive families. It is important that we be aware of our feelings and judgments and any stereotypes that we may have about different types of adoptive families.

Bias is a term used to describe a tendency or preference towards a particular perspective, ideology or result, when the tendency interferes with the ability to be impartial, unprejudiced, or objective. In other words, bias is generally seen as a 'one-sided' perspective. Bias is used to describe an attitude, judgment, or behavior that is influenced by a prejudice. Bias can be unconscious or conscious in awareness. Studies have shown that we can constructively deal with our biases by acknowledging that we have them and by looking closely at how they impact our actions.

Large Group Discussion: What are your thoughts on what you have learned today about how therapists’ biases with respect to different types of adoptive families can impact their therapeutic work with those families?

10:15AM – 10:30AM  Break
In this part of our training, we will look at the clinical issues that may arise for different types of adoptive families. First, let’s look at adoptive families where the adopting adult has a relationship with the child prior to the adoption. We will briefly consider stepparent adoptions and then spend more time on adoptions by relatives or kin and foster parent adoption.

**Stepparent Adoption (10 to 12 minutes)**

Adopting a stepchild is the most common form of adoption in the US. A stepparent who adopts agrees to be fully responsible for his or her spouse's child. After the stepparent adoption occurs, the noncustodial parent (the parent not living with the child) no longer has any rights or responsibilities for the child, including child support.

Look at the case example of a stepparent adoption presented Handout #8.2 and discuss how we as therapists might approach our work with this family.

Joan and Morris come to you for help in dealing with their family’s struggles with Jerry, Joan’s birth son and Morris’ adopted son. Jerry was five years old when Joan and Jerry’s father, Jim, divorced. Jim left town to “start over” and has made no more than three or four telephone calls to Jerry over the past 5 years. Joan met Morris when Jerry was 6 years old and they married a year later. Initially, Jerry seemed very happy that Morris was in their lives. The two got along very well. Morris is a natural at relating to kids and easily found ways to connect with Jerry. Morris adopted Jerry when he was age 9. Since the adoption, Jerry has become very angry with Morris -- but only when they are alone together. He tends to be very cooperative with Morris when his mother is around.
When she is not present, however, Jerry ignores Morris or mutters negative things about Morris in a way that Morris can hear what he is saying. He then denies that he said what he said. He has destroyed some of Morris’ car magazines and then denied ever seeing them. Morris has shared these incidents with Joan but she finds it hard to believe that Jerry would do these things. Joan wants to believe Morris but she also wants to believe in her son.

Questions for Discussion:

1. What might be happening with Jerry?

2. How might you help Joan and Morris understand what is happening?

Facilitate the small groups’ reporting out.

Raise the following points if not mentioned:

- Stepchildren who have been abandoned by a birth parent and adopted later in life by a loving stepparent may have trust issues towards any parent, biological or adoptive. Helping Joan and Morris understand these trust issues will be critical.

  - Adopted stepchildren can be reluctant to trust their remaining biological parent, perhaps blaming them for their other biological parents absence in their life, or out of fear of their remaining biological parent abandoning them just the same as their non-custodial birth parent did.

  - The child may engage in behaviors that are an emotional test, to see exactly how far the child can push his or her remaining parent, before he or she too decides to abandon the child.

  - Children may also push their adoptive stepparents away and emotionally test them.
• Stepparents tend to receive more challenging behaviors from their stepchildren. In the child’s eyes, adoptive stepparents have much more to prove than the biological parent does, and therefore are tested much more often. It is important that Joan and Morris be helped to understand this dynamic.

  o Many abandoned children have very low self esteem and self worth and may believe that their remaining biological parent must, on some level, love them simply because they are related. They may believe that the parent is required to love the child, but the adoptive stepparent has no reason to have to love them since there is no biological connection. The child may see the adoptive stepparent as a larger threat to emotionally hurt them by abandoning them.

  o This logic causes the child to push the stepparent away, and reject him or her, before the adoptive stepparent has the chance to reject the child.

• In some cases, the child will be extremely difficult to the stepparent only when the two are alone and will be sweet and respectful to the adoptive stepparent when others are around. This behavior may be done to alienate the adoptive stepparent from others in the family, as well as to discredit them in the eyes of the other adults in the stepparent’s life. If the adoptive stepparent is often complaining about the behavior of their adopted stepchild and no one else sees such behavior from the child, the birth parent may conclude that it is the adoptive stepparent who is not accepting the child, instead of it being the child who is rejecting the adoptive stepparent. Joan and Morris need help to understand this process as one that is common in situations such as theirs. They need help in finding ways to join together to work through these challenges.

  o Stepchildren often use this tactic of secret rejection as a way to come between the biological parent and the adoptive stepparent. Without a strong relationship with good communication and trust, the marriage may suffer. The biological parent will want to defend his or her child from a seemingly constant negative attitude from the adoptive stepparent.

  o The biological parent must be willing to stand by his or her spouse, and show the child that the adults are a united front, and that the child’s actions are not going to come between the two, in order for the child to give up on this particular tactic. If there are disagreements between the parents, then it is imperative that they do not air them in front of the child, as this will only fuel the behavior, and escalate the situation.
Lecture: Adoption by Relatives/Kin (35 to 40 minutes)

A second type of adoptive family where the adoptive parents already have a relationship with the child prior to the adoption is relative or kinship adoption. You read Ellen Singer’s excellent article on kinship adoptive families.

As you learned:

- Relatives can adopt children just as non-related families can adopt children.

- A “relative” for purposes of adoption depends on state law. For example, Maryland law states: “The child may be placed for adoption with a relative of the child, by blood or marriage, within four degrees of affinity or consanguinity under the civil law rule.” The law of the Virginia states: “A ‘close relative placement’ shall be an adoption by the child's grandparent, great-grandparent, adult nephew or niece, adult brother or sister, adult uncle or aunt, or adult great-uncle or great-aunt.”

[Note to Trainer: Include information for the state where you are training]

- A relative adoption may be arranged at the request of the birth parent(s) and the agreement of the relative(s) or when a child is in foster care and cannot be safely be returned home. In foster care cases, the relative is often the person who has been the child’s foster parent when the child is in care.

Large Group Discussion: Based on your reading and your experience, what are some of the benefits of relative or kinship adoption?

Raise the following points if not mentioned:
• A child’s move following abuse/neglect to live with a relative who is known to the child will be less traumatic for the child than when the child is placed with a family that she does not know.

• Relative adoptions allow for extended family to remain in contact with the child.

• The child is likely to have greater access to medical and social history.

• The child who may feel rejected by her birthparents may be comforted to think that others in the family want her so much that they adopted her.

Large Group Discussion: What might some of the clinical issues that arise when older children are adopted by relatives?

Raise the following if not mentioned:

• Grief associated with the loss of the birth parent(s)

• Confusion over the respective roles of the adults in their family

• Loyalty conflicts

• Anger at the relatives who adopt them

• As Ellen pointed out in her article, kinship adoptive parents of older placed children, in particular, need to understand the grief, loss, confusion and loyalty issues that the children face. She also points out that children who have been traumatized by abuse, neglect, and/or the loss of their birth parents may have emotional, educational, and behavioral challenges.

Large Group Discussion: Are there specific issues that may arise for grandparents when they adopt?
Raise the following if not mentioned:

- Sadness about their own children’s situation
- Guilt that they did not do a better job raising their own children
- Anger at their own children for what has happened to their grandchildren
- Shame
- As Ellen pointed out in her article, grandparent adopters deal with feelings of sadness, guilt and anger about what has happened with their own sons and daughters and with the grandchildren. They may face stigma in being blamed for what has happened. These feelings can negatively impact the children if grandparents do not receive help in managing them. Children experience high levels of stress if their grandparents are in open conflict with the birth parents or belittle their birth parents. This type of stress can exacerbate the normal feelings of loss, grief, confusion and loyalty conflicts that children are experiencing.

Lecture

A couple of other important points are:

Adopting a close relative's child may cause a radical change in the dynamics of the relative’s relationship with the child’s parent(s). Relationships have the potential to become strained or severely damaged due to questions of "quasi co-parenting" and exactly who is the child's parent. There may be questions of relatedness (is the relative's adopted child her grandson? Her son?).

When a parent decides to place her child with a relative, it is essential that the child be told the truth about the relationship. There is often, ongoing contact with birth parents. It is critically important that the child be told the truth about the relationship. Whereas most kinship adoptive parents are honest as they explain the child's adoption
story, other parents fear that the disclosure will hurt or confuse the child and hide the truth to "protect" the child. Keeping a “secret” impacts family dynamics. Children notice the discomfort and tension, and the child may worry needlessly about many possible catastrophes. The disclosure of the truth at a later point in time can be traumatizing to the child and can destroy the trust between adoptive parent and child.

Small Group Discussion

Ask students to divide themselves into groups of four. Assign one of the case examples from Handout #8.3 to each small group. Ask each group to read the case example and develop at least two ways that they would work with the relative adopters in each of the cases.

Handout #8.3. Case Examples: Relative Adoptions

Report Out

Ask each small group to report out. If more than one group worked on a specific case example, ask all small groups that worked on that case example to report together.

Case Example #1:
Laura and her husband Dan were unable to conceive after 4 years of trying. They then learned that Dan’s sister, Taren, was pregnant for the second time. Taren was no longer involved with her first son’s father and she was unsure who had fathered her second child. Taren decided to make an adoption plan for the baby. Laura and Dan told her if she was interested, they would love to adopt the baby. Taren agreed. She lived with Laura and Dan throughout the pregnancy. In March of that year, she gave birth to a son. Laura and Dan adopted the baby and named him Richard. A few months later, Taren married a man who is not Richard’s birth father. She recently had another child. Lauren and Dan tell you, their therapist, that Taren does not see Richard often which is by her choice. Richard is now 19 months old and does not really know her. When Taren does visit, she scoops him up and holds him despite his protests. He cries when she holds him and calls for Laura (“Mommy!”) Taren laughs it off and tells him "no, stay with me -- your mama has you all the time." Laura is not sure how to respond. She feels that Taren is not willing to let her be Richard’s mother on the few occasions that she visits. Dan says that they should “just ride with it.”

Raise the following if not mentioned:

The therapist might work with Laura and Dan on the following issues:

- Their own feelings about infertility and unsuccessful attempts to conceive
- The nature of their “claiming” of Richard as their own son
- The relationship that each has with Taren in general
- Boundary and limit setting with Taren: what is appropriate; their different views of what is appropriate; what will work for both of them

Case Example #2:
Mira’s thirty-something sister, Samantha, has battled a heroin and cocaine addiction for many years and recently had to return to rehab. Samantha has a one year old son, Ethan, who is being raised by her and Mira’s mother, Gretchen. Samantha is 6 months pregnant and, unfortunately, she has been using for much of this pregnancy. Neither Mira nor Gretchen knows whether Samantha was using drugs during her pregnancy with Ethan, but he is doing well, achieving developmental milestones. Gretchen loves Ethan dearly, but does not feel that she can raise him. She asked Mira and her husband, Jacob, to consider adopting him. Mira and Jacob have a 6 year old son, Michael, who is doing well and who loves spending time with Ethan. The child protective services agency is aware of Samantha’s situation and is helping Gretchen with some of the cost of raising Ethan. Mira and Jacob come to you to discuss what adopting Ethan might mean. They worry that they could adopt him only to have Mira knock on their door 10 years down the road and take him away. They need help in thinking through this decision.
Raise the following if not mentioned:
The therapist may help Mira and Jacob explore the following:

- Do they want to add to their family now?
- Are they feeling any sense of obligation to Ethan? Gretchen? Samantha?
- How might adding Ethan to their family impact their family as a whole? Impact Michael?
- What is their relationship with Ethan now?
- What is their relationship with Samantha? How might they expect Samantha to respond to an adoption plan?
- What do they know about what the child protective service agency believes is in Ethan’s best interest?
- What information do they need to understand the process and implications in order to make the best decision?

Case Example #3:
Beth, age 62, was first a licensed foster parent for her 14 month old grandson, Daniel. Daniel entered foster care after Beth’s daughter, Sara, was diagnosed with a bipolar disorder, had difficulty keeping a job, and was not able to provide stable home for Daniel. Daniel’s dad has not been in touch with Sara or Daniel since Daniel was born. Beth decided to adopt Daniel to, as she puts it, “get the Department of Child and Family Services out of our lives”. Beth adopted Daniel with Sara’s consent. He is now 4 years old. Beth has not been very clear with Daniel about who Sara is in their lives and now Daniel is asking questions. Sara visits every month or so. Sometimes, the visit goes well, but other times, Sara is what Beth calls, “hyper” and Daniel seems “a little afraid” of her. She continues to battle her bipolar disorder, irregularly taking her medication. Beth asks you, her therapist, how she should handle the situation with Daniel.

Raise the following if not mentioned:
The therapist may work with Beth on the following issues:

- The importance of developing age appropriate ways to explain to Daniel who Sara is in his life and who Beth is in his life
- The importance of sharing with Daniel his history, in an age appropriate way
- The importance of supporting Sara while protecting Daniel when Sara is not taking her medication and may potentially pose a risk to him

For more information on relative adoptions, go to the Child Welfare Information Gateway, Kinship Adoptions at http://www.childwelfare.gov/otrhome/kinship/permanency/adoption.cfm
Another form of relative adoption is customary adoption that is available for many American Indian/Alaskan Native children and youth.

Historically and traditionally, adoption has been practiced in most tribal communities through custom and ceremony. In general, tribes did not practice termination of parental rights. Unfortunately, adoption became a negative thing due to forced assimilation policies; it was used as a tool to destroy Indian families and culture. Due to this historical trauma, many tribes actively abhor adoption as understood by the larger culture’s definition.

Today, tribes are healing those old wounds and reclaiming their positive tradition for “making relatives.” In a customary adoption, tribes are allowed to meet the permanency needs of their children while honoring their own tribal values and beliefs and without terminating parents’ rights. Customary adoption provides for children to be raised by birth family members or extended family as culturally determined by the tribe.

An example of customary adoption is from the WHITE EARTH BAND OF OJIBWE Tribe. The tribe defines “customary adoption” as a traditional tribal practice recognized by the community and tribe which gives a child a permanent parent-child relationship with someone other than the child’s birth parent(s).

In your pre-session work, you read about Foster Care Adoption. As you know from that reading, when children have been in foster care and cannot be safely reunited with their parents, adoption by the foster family has many potential benefits for the child. Some of the benefits of adoption by a child’s foster parents are:

1. Foster parents already know what the child’s experiences were prior to placement and know what behaviors to expect from the child. When foster parents have sufficient
background information about what happened to a child before this placement, some knowledge of how children generally respond to such experiences, and extensive information about this child's specific behavior patterns, the foster family is able to understand and respond to the child's needs in a positive and appropriate way.

2. Foster parents usually have fewer fantasies and fears about the child's birth family, because they often have met and know them as real people with real problems.

3. Foster parents have a good understanding of their role and relationship with the child welfare agency—and perhaps a relationship with their worker.

The most important benefit of foster parent adoption for a child is the fact that the child does not have to move to a new family. Even very young infants may grieve the loss of the familiar sights, sounds, smells, and touch of a family when they must move. Staying in the same placement means the child will not leave familiar people and things, such as:

- Familiar foster parents and family
- School, classroom, classmates, and teachers
- Pets
- Friends
- Sports teams and other extracurricular activities
- Bedroom, house, or apartment

Because the foster family may have met or cared for a child during the child's visits with the birth family, the foster family is often able to help the child remember important people from the past and maintain important connections.

Foster parent adoption can also benefit the birth parents in many cases by allowing them to know who is permanently caring for their children. For foster parents, receiving the child welfare agency's approval to adopt affirms the family's love and commitment to the child. Agencies benefit from this practice as it enables them to move children into permanency more quickly.

**Large Group Discussion:** What are the characteristics of foster families who successfully adopt children in their care?
Let’s look at the following list of characteristics – which of these do we know to be important in supporting foster parents’ successful adoptions of children in their care?

- Satisfaction with their lives
- Resourcefulness
- Tolerance for loss, anxiety and ambiguity
- Sense of humor
- Flexible expectations
- Enjoyment at being with the child; active involvement with the child
- Acceptance of the birth family’s positive attributes
- Ability to talk with the child about his/her birth family
- Perception that the child is similar to them in some way

*Note to trainer: Ask students to talk about each one and why they think that the characteristic is important or not. Point out that each of these characteristics has been found to be important in supporting foster parents’ successful adoptions of children in their care.*

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**Small Group Work**

**Handout #8.4**

In your small groups, look at the case example in Handout #8.4 and talk about how the therapist might help the foster family who is considering adopting a child in their care.

Howard and Alice have been fostering for three years. They have fostered four children, all of whom have returned to their parents except for three year old Hailey who has been with them now for 18 months. Hailey’s mother, Grace, has serious substance abuse issues and has not regularly visited with Hailey. On the most recent visit, Grace
seemed “high” to them and they told the social worker that they would not let the visit proceed at the agency office. The child welfare agency has now changed Hailey’s permanency goal to adoption and her social worker has asked Howard and Alice if they would consider adopting Hailey. They are thinking this through and have come to you as their therapist to talk about it. They tell you that they love Hailey and would like to adopt her but they have a few “rules” that everyone would need to understand. Mainly, there is no way that Grace can be in their lives. They think that she is dangerous and can only harm Hailey. They do not think that Hailey wants to have anything to do with her and they would make sure that she doesn’t. How would you help Howard and Alice think through these issues?

*Raise the following if not mentioned:*

It would be important to help Howard and Alice explore:

- Their feelings about Grace and their experiences with her. Some possible questions:
  - How has Grace interacted with Hailey overall?
  - Have any of the visits gone well?
  - Have they seen Grace provide Hailey with love or affection?
  - Do they see that Grace could play a positive role in some way in Hailey’s life?

- Their experiences with people who have substance abuse issues; how have these experiences shaped the way they view Grace?

- The importance of children being able to claim their histories and the important people in their lives

- The importance for Hailey that her adoptive parents accept Grace’s positive attributes and that she be able to freely talk with her adoptive parents about her birth family

*Large Group Discussion:* Do you think that if Howard and Alice adopted Hailey, the adoption would be successful for the family?

*Note to Trainer:* Allow students to talk about what they believe are the prospects for a successful adoption. Then share the following.
Child welfare experts have identified characteristics of foster families who do not adopt successfully. In your small groups, review these characteristics. How would you as a therapist work with these characteristics of foster parents who are considering adoption?

**Handout #8.5 Foster Parent Adoption**

*Characteristics Identified as Common in Foster Parents who Do Not Adopt Successfully*

- Unresolved losses in the past and present, resulting in a need to revisit past relationships and an inability to meet the child's needs
- Possessiveness of the child and an unwillingness to acknowledge and work with important people from the child's past
- Rigidity in the family system
- Desperation for a child, resulting in unrealistic expectations of foster care and adoption
- High stress and anxiety levels
- Aggressiveness
- Power and control issues

How would work with:

1. A foster parent who wants to adopt a 10-year old who has been in her care for more than 4 years and wants to protect the child from any further contact with members of her birth family whom the child welfare agency consider safe and important to the child?

2. A foster parent who decided to foster because she knew that fostering was the quickest way to being able to adopt. A 3-year-old was placed with her after he was physically abused. She says that she knew she wanted to adopt him the first time she saw him. The parents' rights were quickly terminated and the foster parent is pushing the public child welfare agency to move forward with the adoption as soon as possible.

3. Foster parents who only recently began fostering and are now feeling overwhelmed by being foster parents. An 8-year old in their care is being freed for adoption. They say that he wants them to adopt him. They want to adopt
him but are not sure if they are ready this soon. They feel that they cannot let the child down.

Facilitate a discussion about how students would work with foster parents in each of the three cases.

Make the following points as needed:

- These characteristics can be addressed through the therapeutic relationship. Unresolved losses in the past and present that require prospective adoptive parents to revise past relationships can be addressed. An adoption competent therapist can help prospective parents acknowledge and be open to important people in a child’s life.

- An adoption competent therapist also can help prospective adoptive parents develop realistic expectations when they adopt a child in foster care, anticipate stress and develop effective ways of coping with stress, and confront power and control issues that do not serve them or their adopted children well.

Let’s look now at other types of adoptive families. First, let’s look at the marital status of different adoptive families and consider married couples and single individuals who adopt.

Married Couples (5 minutes or less)

Historically, it has been married couples who have been seen as the primary type of adoptive family for children whose birth parents make adoption plans. Traditionally, the adoption of children was in nuclear families composed of a married couple and their dependent children.
The historical focus was that adoptive families should be “natural” in the context of the biologic family and adoption was fashioned in imitation of procreation. The goal was to create new families that mimicked the so-called “natural” family structure. According to the historical principles of adoption, the gold standard for adoptive placements was people who were married, heterosexual couples. It continues to be the case today that married couples often have more adoption options than non married couples or single individuals. That said, many adoption agencies have rules regarding marriages of couples looking to adopt, including:

- **Length of marriage:** Some adoption agencies require that a couple be married for a certain period of time (1 or 2 years usually) before adopting.
- **Restrictions regarding the number of previous marriages:** Adoption agencies tend to focus on stability. When one or both of a couple has a history of poorly managed marriages, the agency may question the quality of the current relationship.
- **Age difference between spouses:** Although a wide difference between ages is not necessarily an exclusionary factor, a large age difference such as a 23-year-old married to a 56-year-old, for example, may result in closer scrutiny.

**Single Individuals (15 minutes)**

Let’s look at the following video entitled “Single Parents.”

**Video:** That’s a Family!: Single Parents (4 minutes)

**Large Group Discussion:** What do you think about this video?

**Single People Adopting Children in Foster Care**

Single parents adopt a large number of children in foster care each year – mainly single women but some single men. Here are some statistics on single parent adoptions of children in foster care over the past three years. As you see, married couples still represent the largest portion of adoptive families but single women are adopting in significant numbers and some single men are adopting.
<table>
<thead>
<tr>
<th></th>
<th>Married Couple</th>
<th>Unmarried Couple</th>
<th>Single Female</th>
<th>Single Male</th>
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</thead>
<tbody>
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<td></td>
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<td>Number</td>
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<tr>
<td>2007</td>
<td>68%</td>
<td>35,461</td>
<td>2%</td>
<td>1,037</td>
</tr>
<tr>
<td>2008</td>
<td>68%</td>
<td>37,164</td>
<td>2%</td>
<td>1,280</td>
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<td>2009</td>
<td>66%</td>
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<td>2%</td>
<td>1,299</td>
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<tr>
<td>2010</td>
<td>67%</td>
<td>34,973</td>
<td>2%</td>
<td>1,140</td>
</tr>
</tbody>
</table>

*Note to Trainer: These data can be updated with data from the Children’s Bureau at: [http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#afcars](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#afcars)*

Research tells us that single women are critical in achieving permanency for children in the child welfare system, and they play a particularly important role in the adoption of African American non-Hispanic children. Single parents are more likely to adopt older children in foster care than are married couples.

In your small groups, discuss the case presented in Handout #8.6. How might you as the therapist work with this single mom and her son?
Handout #8.6 Javina and Brian

Eight-year-old Brian entered foster care at age 5 after experiencing a very chaotic home environment with his mother and father and extended family members who frequently moved in and out of the house. Brian came into care when police arrived at the home and discovered the meth lab in the basement. Brian had visible marks on his legs and back as a result of physical abuse by his mother. At age 7, Brian’s parents’ rights were terminated and he was shortly after adopted by a single woman, Javina. Javina, a warm and caring individual, gave Brian consistent attention and encouragement. Brian at time seemed open to her caring but at other times, he seemed fearful and confused. Whenever Brian became upset, he would hang his head and become mute and then would later get in trouble with aggressive behavior toward peers at school. How would you work with Javina and Brian?

Facilitate the reports from the small groups. Make the following points as needed:

- Stress the importance of the parent’s empathetic listening, compassion and patience to help Brian further develop the resiliency has already enabled him to survive difficult life experiences
- Carefully explore Javina’s expectations of family life and help her to adjust to what the realities are likely to be
- Help Javina understand the impact of trauma both in the short term and long term when a child like Brian has experienced physical abuse and other toxic stresses in his life
- Help Javina understand the number of losses that Brian has experienced and the impact of grief on him
- Help Javina recognize that Brain may be very excited and/or scared about the changes in his life and may have challenges in adjusting to new parental expectation
- Help Javina understand that Brian has had different models of what parents are like – both in terms of having one or two parents and in terms of how parents parent; it is not surprising that Brian will feel a mix of excitement, fear and confusion
- Brian may have learned that parents wanted him to keep quiet and his silence in the past may have kept him from further abuse
- Help Brian learn to verbalize his feelings in new and positive ways
- Help Javina understand that this process takes time
• Help Javina learn to do a lot of teaching about what is expected in their family: “In our family, we do . . . and we don’t do . . .”

Single Parent Adoption and International Adoption

Research also tells us that single women are more likely to pursue international adoption over domestic adoption. With domestic adoption, birth mothers are more likely to select couples over singles for their babies and age is a greater consideration with most agencies. Not unlike their married counterparts who pursue adoption, single women often pursue motherhood citing the same need and desire to love and nurture a child of their own. However, unlike married couples, the single woman faces the process and costs of adoption alone and with the reality she may end up raising her child alone without a father or partner.

Many single mothers who adopt openly share that although they have chosen motherhood at this point in their lives; they are not necessarily single by choice and hope to ultimately parent their child with a partner. Others are not only comfortable with being single but choose to remain single throughout the adoption process and raising the child to adulthood. Faced with the reality of a ticking biological clock, many single people have unsuccessfully pursued intrauterine insemination with donor sperm and/or donor egg prior to pursuing adoption as the road to parenthood.

Friends, family, and society may embrace the married adoptive couple for rescuing or adopting a child and elevate them to the status of saints, single mothers are not always so readily lauded for their desire and plan to pursue motherhood through adoption. Family and friends may not understand why anyone would assume the responsibility for raising a child alone.

Handout #8.7: A Glimpse Inside Adoption: Not All Good, Not All Bad - Part One of Two: Single parent with three adopted children

Please take a few minutes and read Handout #8.7. It is the story of a single mom of three adopted children.
Large Group Discussion

Pose the following questions for discussion:

1. What did you see as the primary challenges for Kathy as a single adoptive parent?

2. What do you see as her great strengths?

3. As a therapist, did you find messages from her story that you would take into your work with single adoptive parents?

Lecture

Here are a few other thoughts that can inform our work with single adoptive families:

- After investing so much financially and personally in fertility treatments or traveling around the world to finalize the legalities of adoption, single adoptive parents -- as well as married couples -- may struggle with high expectations and transition to sharing their lives with a child.

- Single adoptive mothers can feel guilt and shame when they long for moments of solitude and the independence of their former single lives.

- Successful single adoptive parents say that it is not a sign of weakness or an indication of failure to reach out for assistance and support. Whether via a support group for adoptive families, a personal counselor or the cyber world, the single parent and her/his newly adopted child can be well served by reaching out and receiving help. Martha Osbourne, a single adoptive mother and adoption advocate says, "As she makes the transition into her new role as a mother, the guidance and information gathered from
single mothers who traveled the road ahead of her assists her in watching out for known potholes and barriers, a benefit for her and her child.”

Lecture: Families Facing Infertility (15 minutes)

Although couples may begin to explore adoption during infertility treatment, they seldom initiate an adoption homestudy until they reach a logical "break point" in the medical treatment. Proceeding simultaneously on two tracks is difficult. The financial and emotional investments are substantial in both the medical and the adoption routes. And some couples need time to grieve the loss of the potential or fantasized biological child; they need a pocket of space before changing courses. The fact that they choose to adopt does not mean that they will never again resume the biological quest or seek a more definitive diagnosis. Some may elect to do so if, for example, state-of-the-art treatment changes, or if their emotional needs change. But starting a homestudy usually signifies that for the present, they intend to devote their energies to the adoption process. At this juncture, it is common to hear couples express the view that they "feel good for the first time in many months," with a renewed sense of purpose and joy.

It is important to recognize that there are two types of infertility:

1. **Primary infertility**: Primary infertility is a term used to describe a couple that has never been able to conceive a pregnancy after a minimum of 1 year of attempting to do so through unprotected intercourse. Causes of infertility include a wide range of physical as well as emotional factors. When we think of infertility, this is the type of infertility that we most often think about.

2. **Secondary infertility**: Secondary infertility is the inability to conceive and deliver a child after already having delivered one or more children. It is not known how common secondary infertility is but it is not uncommon. Couples often have the misconception that it they had a healthy child before, they simply cannot fall into the category of the infertile. They can experience a range of frustrations having successfully reproduced in the past. Secondary infertility most often occurs when a previously fertile partner is trying to have a child with a new partner or when one or both partners in an existing
relationships have developed reproductive problems since their last child was conceived (for example, the woman may develop endometriosis, one of the most frequent causes of secondary infertility in women, or the man may experience a decline in the concentration or motility of his sperm). Other factors can involve age (even five years can make a big difference in a woman’s fertility cycle and a man’s sperm count), scarring after child birth, or stress which can affect ovulation and sperm production.

Large Group Discussion: What might be some of the emotional implications of secondary infertility?

Note to Trainer: Raise the following if not mentioned:

- Shock and disbelief when partners find themselves unable to conceive again, particularly if they became pregnant easily the first time
- An intense sense of pressure, particularly if the partners had problems the first time with infertility but conceived – they may feel that they know it is possible and want to conceive again as soon as possible
- Enormous guilt or a sense of selfishness for not providing a sibling for their only child or for delaying a second pregnancy until it became “too late” to conceive
- Well meaning family or friends may unknowingly question when the partners are going to have a second baby or may be insensitive to the partners’ situation, making comments like, “you are lucky to have one child” or “just relax, it will happen in time.”

Let’s look at an email sent to an infertility web site which clearly illustrates the quiet but very real gulf between those with what we call "primary" infertility and those with "secondary."

I have only one question... After reading a poem online about Infertility, I would like to know "Why are pregnant women, or women who already have a child and just want another, writing to an infertility site?"

There are those of us who CANNOT have "A" CHILD at all. We have a hard time reading about their so called stress over whatever, "at least they ARE pregnant." They need to look at their lives as being already blessed and STOP AND THANK THE LORD!
There are those of us who are facing the fact of NEVER conceiving in our lifetime. Why would women be so heartless to write to an infertility site, when there are baby sites, and doctor sites out there, if you have questions. IF you're pregnant or had a child "YOU'RE NOT INFERTILE".

Thanks for listening.

**Large Group Discussion:** What are your thoughts on the emotions that this individual is expressing and how individuals with secondary infertility might react to this email?

One often-debated issue is whether couples must have resolved their infertility before applying to adopt; the implication in the word "resolved" is that the situation is settled, and the feelings are laid to rest. Since society does not require parental suitability assessments for biological parenting, prospective adoptive parents sometimes feel that they have to prove themselves in a way that biological parents do not. While accepting this difference in the two routes to parenthood, some nonetheless become defensive and fearful of revealing important issues which could be addressed effectively in the homestudy. In front of the social worker, they do not want to parade what they fear might be viewed as weaknesses - including lingering feelings of sadness around infertility. While it is a normal human desire to want to make a favorable impression, it is also true that future problems may arise if all expressions of grief go "underground."

The idea that infertility is to be resolved and not re-visited is perhaps also inadvertently fostered by the frequent application of Elizabeth Kubler-Ross' five-stages-of-dying model to the infertility situation. This paradigm for grief has been applied in many contexts, but applications to infertility are sometimes counter-productive, with the implication that infertile people will move quickly and tidily through the five stages and be done with it. The truth is that for most people, grieving is not a linear process, but rather cycles back on itself. For an adopting couple, the therapist will be helpful when she or he views feelings of loss and sadness as normal responses, not as pathological behavior. It is important to recognize that parents of adopted children experience loss associated with infertility just as their adopted children experience loss and that loss issues for both the parents and the child may resurface time and again.
Pat Johnston, in her book, *Adopting After Infertility*, provides a thoughtful treatment of the multiple losses which are a consequence of permanent infertility. These are the six losses that she has identified:

- Control over many aspects of life
- Individual genetic continuity linking past and future
- The joint conception of a child with one’s life partner
- The physical satisfactions of pregnancy and birth
- The emotional gratifications of pregnancy and birth
- The opportunity to parent

Of the six losses named by Johnston, adoption provides the opportunity to avoid only the last loss, the opportunity to parent. Another useful way to examine infertility's legacy is to take a developmental approach, looking at the adopted child's developmental stages and the accompanying parental responses. Elinor Rosenberg’s *The Adoption Life Cycle* and Ellen Glazer’s *The Long-Awaited Stork: Adopting After Infertility* both remind us that echoes of the past may be felt as a family’s children progress through various life issues.

**Small Group Work**

In your small groups, identify at least three ways that we as therapists can help parents who have experienced infertility deal with loss and sadness after they adopt.

**Report Out**

*Facilitate reports from the small groups. Raise the following if not mentioned:*

We can help our clients:
• Acknowledge the feelings as normal – they are not being disloyal to their adopted children – they are simply being human.
• Be prepared to re-visit these feelings
• Identify the books and literature that they have found comforting in the past and perhaps find new meaning there
• Find a support system within the adoption community, so that the universality of their experience will become more apparent, rather than becoming part of a conspiracy of silence.
• Recognize that there are benefits to remembering rather than burying the pain; the pain becomes smaller, more manageable over time. And, in fact, the losses of infertility sometimes provide an empathic connection to the family’s adopted children because they better understand their children’s sense of loss.

Lecture

In summary, many of the issues of adoptive parents are the same, regardless of whether or not infertility played a part in their family-building choices. Typically, adoptive families have to address:

• Feelings that they are not the "real" parent of a child
• Talking with children and others about the adoption
• Worries about known or unknown biological, genetic influences
• Relationships with birth families

There are some added struggles for families whose choice of adoption came about after battling infertility:

• Will the fable come true that we'll conceive once we've adopted, and if so, will it be a good thing?
• Are we viewing adoption as a "second best" alternative to having a biological child?
• Have we sufficiently dealt with our grief over losing our dream of a biological child?

In your pre-session work, you read Handout #8.8 and developed some key “take aways” from the article.
Handout #8.8: Does Adoption Make Infertility All Better?

Large Group Discussion: What are your “take aways” from this article? How might these women’s stories of infertility and adoption inform your clinical practice?

Lecture

We have talked about many different types of adoptive families. After lunch, we will focus on an important group of adoptive families: gay and lesbian families.

12:30PM – 1:30PM Lunch

1:30PM – 2:30PM Clinical Issues for Different Types of Adoptive Families [Learning Objectives # 3 and #4 -- Continued]

Lecture: Gay and Lesbian Adoption

Gay men and lesbians have always adopted, though in the past they usually kept their sexual orientation hidden. Today, just as they are becoming visible in all other aspects of U. S. society, gay men and lesbian are being considered more seriously as potential adoptive parents. This change has been aided by the increase in the number of gay and lesbian biological parents in the United States. There is very little clinical or research information available on bisexual and
transgender adoptive families. Until that information begins to emerge, our focus in this training will be on gay and lesbian adoptive families.

A recent report from the Urban Institute provides us with some research on the extent to which gay and lesbian individuals are parenting.

Handout #8.9 Adoption and Foster Care by Lesbian and Gay Parents in the United States

Look at Handout #8.9. Let’s review some of the key research findings:

- More than one in three lesbians have given birth and one in six gay men have fathered or adopted a child.
- More than half of gay men and 41 percent of lesbians want to have a child.
- An estimated two million gay and lesbian people are interested in adopting.
- An estimated 65,500 adopted children are living with a lesbian or gay parent.
- More than 16,000 adopted children are living with lesbian and gay parents in California, the highest number among the states.
- Gay and lesbian parents are raising four percent of all adopted children in the United States.
- Same-sex couples raising adopted children are older, more educated, and have more economic resources than other adoptive parents.
- Adopted children with same-sex parents are younger and more likely to be foreign born.
- An estimated 14,100 foster children are living with lesbian or gay parents.
- Gay and lesbian parents are raising three percent of foster children in the United States.

For full report, go to:  http://www.urban.org/UploadedPDF/411437_Adoption_Foster_Care.pdf

Large Group Discussion: Do any of these findings surprise you?
Small Group Work

In small groups, draw your own professional and/or personal experience or other sources of information that you have and discuss:

- What parenting strengths and skills might you find in gay or lesbian parents who adopt children in foster care?
- What outcomes might you expect for children who are raised by gay or lesbian parents? What issues might arise for children adopted by gay or lesbian parents?
- Those opposing gay and lesbian adoption at times raise a perceived connection between homosexuality and pedophilia. How would you respond to this perceived connection?

Report Out

Facilitate a discussion of the small group’s discussion of the three questions.

Lecture

Gay and lesbian individuals may adopt as single individuals or as couples. An increasing number of gay and lesbian individuals are adopting children both privately and through the foster care system. It is important to note that gay and lesbian individuals become parents in a variety of ways. The most common type of homosexual household is step or blended families. These are gay and lesbian parents who had their biological children in a former heterosexual relationship, then "came out", and created a new family with another partner. Other types of family structures include single gay or lesbian parents and couples having children together. Both of these family types may be created through adoption, but more frequently reproductive technology is being utilized.
Research to date has reached an unequivocal conclusion about gay parenting: the children of lesbian and gay parents grow up as successfully as the children of heterosexual parents. In fact, not a single study has found the children of lesbian or gay parents to be disadvantaged because of their parents’ sexual orientation. An excellent research resource is written by Charlotte Patterson for the American Psychological Association. You can find this resource at: http://www.apa.org/pi/lgbt/resources/parenting.aspx

Here are some of the key findings:

- There is no evidence to suggest that lesbians and gay men are unfit to be parents. Home environments with lesbian and gay parents are as likely to successfully support a child’s development as those with heterosexual parents.

- Good parenting is not influenced by sexual orientation. Rather, it is influenced most profoundly by a parent's ability to create a loving and nurturing home -- an ability that does not depend on whether a parent is gay or straight.

  Studies have concluded that children of gay or lesbian parents are no different than their counterparts raised by heterosexual parents with respect to psychological development and social and peer relationships. Dr. Patterson states that despite dire predictions about children based on well-known theories of psychosocial development, and despite the accumulation of a substantial body of research investigating these issues, not a single study has found children of gay or lesbian parents to be disadvantaged in any significant respect relative to children of heterosexual parents.

- There is no evidence to suggest that the children of lesbian and gay parents are less intelligent, suffer from more problems, are less popular, or have lower self-esteem than children of heterosexual parents.

- The children of lesbian and gay parents grow up as happy, healthy and well-adjusted as the children of heterosexual parents.

- There is no legitimate scientific research connecting homosexuality and pedophilia. Sexual orientation (homosexual or heterosexual) is defined as an adult attraction to other adults. Pedophilia is defined as an adult sexual attraction or perversion to children.

- The bulk of evidence to date indicates that children raised by gay and lesbian parents are no more likely to become homosexual than children raised by heterosexuals.

Many gay and lesbian prospective adoptive parents report that adoption agencies often offer them children with physical, mental, or emotional disabilities; those who are older; children of color; and
members of sibling groups. Psychologist April Martin, author of *The Lesbian and Gay Parenting Handbook*, states that it is ironic that the same bureaucracies that believe that lesbians and gay men are not suitable parents will place children who require the most highly skilled parenting with them. She and others have pointed out that nontraditional families have unique strengths that make them excellent, and in some cases, the best homes for certain children. Among them is an ability to accept differences, to understand what it is like to be in the minority, to demonstrate flexible gender roles, to be open about sexuality with children who have been sexually abused, and to understand the special needs of homosexual children.

**Video:** Let’s look at a video of gay adoptive parents as they tell their story about their adoption: Jeffrey and Andrew: Two dads for Josh

**You Tube:** Same sex parents: Dads
http://www.youtube.com/watch?v=QcZcgJpEj1s (5:45 minutes)

*Note To Trainer: You may need to click “skip add” to move to the video.*

**Large Group Discussion:** What are your thoughts about Jeffrey’s and Andrew’s journey to becoming Josh’s two dads?

**Video:** Same Sex Couples Adoption
http://www.youtube.com/watch?v=s6JaWX9CSZM

Let’s know look at this video of an adoption by a lesbian couple and the impact of the law on their – and other same sex couples’ – ability to adopt.
Large Group Discussion: What are your thoughts about this family’s experience?

Note to Trainer: Provide information on your state’s law on gay and lesbian adoption.

In your small groups, look at the case of Zoltan, 38, and Mark, 35, who have been together for 11 years and officially adopted five-year-old Lucia one month ago. They come to you for help in anticipating the issues that may arise for their family. Read Part 1 and discuss your ideas in response to Question #1.

Part 1.

Zoltan: I was fostered himself and wanted to give something back, as it were, and Mark has a really magical quality with children. Kids just feel really comfortable with him. At first we wanted to foster. Initially, we met with a lot of resistance to being approved as foster parents. We pushed hard and finally were approved. Our very first placement was two little girls, half-sisters Natalie and Lucia. After a while it became clear that they were never going to go back to their mother and so, two and a half years after she was placed with us, Lucia is now our daughter. The initial plan was for them to be adopted together, by us. But in the end Natalie’s birth father wanted her (he’s not Lucia’s father).

Question #1: What issues should the family anticipate based on what you have learned so far?

Facilitate the discussion. Raise the following if not mentioned:
• Zoltan’s and Mark’s challenging experience in becoming foster parents as a gay couple: the feelings associated with this experience and then moving forward into adoption

• The loss of Natalie who lived with them for two and a half years

• Lucia’s loss of her sister Natalie: her concerns about how her sister is doing; will her sister return to them? can she see her sister and be part of her life?

Now review Part 2 and discuss your ideas in response to Question #2.

Part 2.

Zoltan: Lucia is in a great school and there are other children with same-sex parents too. Kids will come up to us and say: "So you’re Lucia's daddy?" Yes. "And she's got two daddies?" Yes. Now both Lucia and her friends at school are beginning to ask about Lucia’s mother. How should we deal with those questions?

Question #2: How can you help Zoltan and Mark with these concerns?

Facilitate the discussion and raise the following if not mentioned:

• Responses should be age appropriate for 5 year olds. Simply saying that Lucia’s mother is not feeling well may be sufficient.

• Connecting with other same sex parents generally provides important support and ideas on how to handle issues as they arise.
Now, review Part 3 and discuss Questions #3 and #4.

Part 3.

Mark: Sometimes the stress and pressure during the adoption process became immense – we both stormed out at times. But Zoltan's my whole life and we're as solid as a rock. We'd been together nine years when we started this. In Lucia's eyes we're Daddy Markie and Daddy Zoltie. She's very assertive – if I'm helping at her school I'll be surrounded by kids and she'll come pushing through them, saying: "That's my daddy." Lucia's been with us throughout this process, remember, and she's been overwhelmed by it, I think. She's had a lot of uncertainty, and you forget how much they pick up.

Question #3: How can you help Zoltan and Mark help Lucia with the uncertainty she is feeling?

Mark: We just hope that Lucia will always know that we love her and will be happy that she has two daddies. We do wonder if there will be a time when she might want to be with her mother again.

Question #4: How can you help Mark and Zoltan with these concerns?

Facilitate the discussion.

Raise the following in response to Question #3 if not mentioned:

- The importance of supporting Zoltan and Mark as the loving parents in Lucia’s life; acknowledge the consistency and love that they have provided to her over the past two and a half years and continue to provide

- Help them develop ways to explain to Lucia the permanency of adoption in age appropriate language – that she is adopted and is their daughter forever
Raise the following in response to Question #4 if not raised:

- Help Mark and Zoltan anticipate that adolescence inherently brings discomfort for parents and that for adoptees, the search for identity is magnified.
- Help them anticipate that for gay parents there may be additional concerns which will emerge as they go along.
- Emphasize that parenting is always a learning process, and raising any teenager is a challenge.
- Share the experiences of other gay adoptive parents who have met these challenges by remaining focused on their child’s needs.
- Help them acknowledge the loss of Lucia’s mother figure.
- Possibly introduce positive female role models.

We have talked about several different types of adoptive families. Now, let’s focus on birth parents and extended family members.

2:30PM – 4:00PM  
Birth Parents and Extended Family Members [Learning Objectives #5, #6, #7, and #8] – Part 1.

Note to Trainer: Feel free to call a break during this segment.

In our clinical practice, we may work directly with birth parents – birth mothers and birth fathers – and with members of the extended birth family.

Note to Trainer: Reference students’ descriptions of their work with birth parents that were reported at the beginning of today’s session.

Small Group Work

Working in your small groups, discuss the following:

- What are some common stereotypes of birth mothers?
What are some of the common beliefs that clinicians might have about birth fathers?

Facilitate the group discussion regarding common stereotypes of birth mothers.

Raise the following if not mentioned:

Common stereotypes of birth mothers are:

- Very young with a prevailing stereotype of being a teenager
- Not mature; not capable of parenting a child
- Psychologically unstable
- Poor
- Sexually active

Facilitate the group discussion of common beliefs that clinicians might have about birth fathers.

Raise the following if not mentioned:

There are three common negative stereotypes of birth fathers:

- They are very young, too young to take any responsibility for being a parent, and probably not wanting to do so.
- They are involved with several young women at once, eagerly impregnating as many as possible and bragging about it, while taking no responsibility (“drive-by” mentality).
- They are married men who get involved with someone else but not leaving their wives to marry this person or supporting her or their child, not acknowledging that he is the biological father.

Society tends to see birth fathers as irresponsible, thinking only of themselves, and bearing no consequences. Of course, some men fit these stereotypes. There are birth fathers who are not available and who not interested in planning for their children. It is important to acknowledge, however, that many birth fathers feel a great deal of responsibility, grief, and loss about their children, may have wanted to marry and/or
support the birth mother (and may have been forced not to have any contact), may have felt very badly that they never told anyone, or may not have been informed of the pregnancy.

First, let’s being by considering the impact of adoption on birth parents who experience unplanned pregnancies and consider adoption. First, let’s consider the experiences of birth mothers.

Look at the letter presented in Handout #8.10. Would someone volunteer to read it aloud? (This is real-life letter posted on the Internet):

Dear Readers,

I met with a birth mom yesterday. I believe her story is the perfect example of the strength and courage it takes to be a birth mom! This woman we'll call her “J” recently made an adoption plan for her infant son. Prior to making this adoption plan, she escaped from a war torn country in the middle of the night leaving behind the love of her life as well as all her family and precious belongings. When she got to this country, she found out she was pregnant and had her son a few months after arriving in the U.S. After giving birth, she found out her son had chromosome 8 deletion syndrome which is basically medical jargon for a disease that creates many medical complications and birth defects. After finding this out, she reluctantly placed her baby for adoption in the hopes that there would be a loving family out there that could provide for the many medical needs her son will likely face. After meeting with this woman, I learned that she had graduated from college and spoke 5 languages fluently. I also witnessed her strong sense of perseverance and eternally optimistic attitude. It got me to thinking how negatively birth moms are often portrayed in our society.

Until next time,

Lindsey
How does this description of “J” fit with your beliefs about birth mothers?

Large Group Discussion: Birth Parents: When we think about birth parents who make adoption plans for their infants, what are other circumstances under which women become birth mothers?

Note to Trainer: Raise the following if not mentioned:

- Single teen becomes pregnant; boyfriend in or not in picture; parents support or pressure adoption plan
- Single young adult woman becomes pregnant; father in or not in picture (father may be boyfriend, a married man, a casual acquaintance); young woman and possibly young man makes adoption plan
- Couple have an additional child; they make the decision that they cannot afford to raise another child; they make an adoption plan
- Woman (possibly with male partner) or couple reach conclusion that they cannot meet the special needs of the child and make an adoption plan
- Woman is raped and makes an adoption plan
- Woman is the victim of incest and makes an adoption plan
- Internationally: poverty, cultural traditions that stigmatize single parenting

Video: A Birth Mother’s Story
http://www.youtube.com/watch?v=wzzz4_8YEpc

This video is the story of a young woman who had many supports in her life. Watch the video and then in your small groups discuss the following:
1. What helped this young woman move forward with an adoption plan that she continues to feel was the best decision?
2. What circumstances might have changed her ability to move forward with the adoption plan with the confidence she displays?
3. How might you have worked with her if her efforts to make a decision were not supported and she struggled with the right decision?

Facilitate a discussion of the three assigned questions.

Video: Birth Mothers Never Forget
http://www.youtube.com/watch?v=JNkA6yoKzH0

Now, let’s watch a video about the long term effects of making an adoption plan for some birth mothers.

Large Group Discussion:
- What are your thoughts about this mother’s experiences?
- How might the outcomes possibly have been different today?
- If this mother approached you for clinical help, how would work with her?
Now, let’s consider the experiences of birth fathers with adoption planning.

Video: The Birth Father’s Perspective
http://www.youtube.com/watch?v=dH0ykNKH1TM
Video: A Birth Father Shares with Adoption Assistance Agency
http://www.youtube.com/watch?v=Q9R9mDBHsxc

Look at these two videos in which birth fathers share their stories. The first video features two birth fathers who were very engaged in planning for their child and worked with an agency that helps birth and adoptive parents plan for open and ongoing contact. In the second video, a young man shares his story as both an adopted person and a birth father. As you watch these video, think about what factors were most supportive to each of these birth fathers. If you were the clinician working with each of these young men, how would you work with him? Make brief notes as you watch these videos.

Small Group Work
Return to your small groups and share your thoughts after watching these videos. How would you work with these young men? To what extent are the young birth fathers presented in these videos representative of birth fathers in general?
Facilitate a discussion of students’ views of the birth fathers in the videos, their clinical work with them, and how representative they believe these young birth fathers are of birth fathers in general.

Participatory Role Play

In the following role play, I will play the therapist, Donna. May I have a volunteer to play Randy, a birth father with whom I am working? As Randy and I work together, I will ask for your assistance in how to proceed in my work with him.

Note to Trainer: Two copies of the role play are at the end of the training script.

Donna has met with Randy once. This is their second session together. In the first session, Randy, age 22, shared that he just can’t shake a deep feeling of depression. He and his girlfriend of two years, Jessica, placed a baby for adoption four months ago. The pregnancy was unplanned and Jessica’s parents were adamant that the baby be placed for adoption. They saw the pregnancy as evidence of Randy’s complete irresponsibility and insisted that Jessica’s life was not going to be ruined by a baby when she is only 19 years old. Randy felt he had no choice but to go along with the plan. He and Jessica are not seeing one another now. He is having difficulty sleeping and concentrating and has lost interest in just about everything.

This role play is a very condensed version of the second session but it will give us a chance to experience what a session with a birth father may be like and how our clinical work with him might take place.

Donna: Randy, would you tell me how you are feeling today?

Randy: About the same. I just can’t shake feeling so down. It’s this adoption stuff – I just can’t get it off my mind.
Donna: Would you tell me what you are thinking about when you think about the adoption?

Randy: I am thinking that I just wasn’t a part of it all. I had to go along with Jessica and her parents – they already thought I was a creep.

Donna: [Ask for help with response]

Randy: Her parents! They made it look like I was to blame. If her dad could have killed me, I think he would have.

Donna: All the responsibility was placed on you and yet, you had no say in the decision about the baby.

Randy: That’s right. I guess I thought that Jessica would stand with me and we would have made a decision together. We had been together for two years!

Donna: [Ask for help with response]

Randy: You know in some ways, it’s like the baby isn’t real. I never saw her and I never had a chance to show her that I loved her. It’s as if it was a bad dream – or a good dream that evaporated.

Donna: [Ask for help with response]

Randy: What is she going to think about me when she gets older? Is she going to believe that I was a creep? Some guy that just got her mother pregnant and hit the road? You know, this isn’t right – they never gave me a chance. [Holds head in hands and shakes head.]

Donna: Tell me more about the feeling of how unfair it is.

Randy: Hey, they just brushed me aside as the bad guy and pressured me into doing what they wanted. And now my little girl is going to believe the worst about me.

Donna: [Ask for help with response]

Randy: Do you think I should have fought back? Do you think that I should put my foot down? And because I didn’t, I am really as bad as they say?

Donna: [Ask for help with response]
Randy: I just don’t know what to do. I tried to do the right thing and go along with them and now I feel so bad.

Donna: You know, many men who have gone through this experience feel just like you do. They feel that they had no say in their child’s life and they feel betrayed and powerless.

Randy: That is exactly how I feel. Like I was I was given a pen to sign the papers but otherwise was just pushed aside.

Donna: Well, let’s talk more about that. . .

[End of role play]

**Large Group Discussion:** What are the clinical issues that you saw arise in the exchange between Donna and Randy? Would you expect these issues to be common for birth fathers?

*Raise the following if not mentioned:*

- Birth fathers often experience emotional suffering on a very deep level.
- Many feel incidental to the birth and adoption process.
- Birth fathers often report a sense of betrayal and powerlessness when they realize that they have no say in the life of their child. These feelings can impact subsequent relationships, both personally and professionally.
- Because birth fathers generally do not have an opportunity to see, touch or connect with the baby, they may have difficulty bringing the experience into the realm of reality.
- It has been found that just as the impact of birth mothers is very profound, birth fathers may have difficulty coping with the sense of loss and associated feelings that come as a result of being denied any contact with their child.
- As with birth mothers, birth fathers may experience damaged self-esteem and a strong sense of worthlessness.


**Lecture**

Handout #8.12 is a poem written by a birth father who waits for his child to contact him. Would someone volunteer to read this poem?

Large Group Discussion: What do you think of this poem?

Handout # 8.13 provides quotes from birth mothers. May I have volunteers to read their quotes aloud?

Large Group Discussion: What are your thoughts about these?

Lecture: Involuntary Termination of Parental Rights
As you know, parents’ rights to their children can be involuntarily terminated when:

- The child comes into foster care because of abuse, neglect or abandonment.
- The parent is not able to address the issues that brought his/her child into care and demonstrate that the child can be safely returned to her/him.
- A court finds that the parent is unfit.
- The court finds that termination of parental rights would be in the child’s best interest.

Let’s consider how an involuntary termination of parental rights might impact a parent. Handout #8.13 provides the story of Miranda and the court’s termination of her parental rights. Please read this story and then as the instructions state, pretend to be Miranda and write a good bye letter to your children.

Handout #8.14 A Birth Mother’s Case: Involuntary Termination of Parental Rights

Note to Trainer: Allow about 10 minutes for students to read Miranda’s story and write the letter.

Large Group Discussion: What was your experience writing the good bye letter as Miranda? What thoughts and emotions did you have?

Lecture: Counseling Birth Parents

Let’s talk now about how we as clinicians can help birth parents who come to us.

Professional counseling can help the birth parent make progress in dealing with the grief or may reassure the parent that his or her feelings are normal.
• Counseling can help a birth parent replace unrealistic fantasy with reality, acknowledge what has happened, and heal.
• Much of the work with birth parents will be bereavement work.

A number of approaches have been developed to assist individuals in expressing loss and what it means for them. Some of these approaches may be helpful for birth mothers, birth fathers, and members of the extended birth families, such as grandparents and siblings.

• drawing and painting
• keeping a journal of the thoughts and feelings
• integrating objects that link the individual to the child
• writing about the loss as if a third person describing it
• constructing a memory book honoring the child
• using metaphors to describe the loss and the individual’s reactions to it
• writing a poem of the loss
• reading about others’ experiences with loss such as Carol Schaeffer’s The Other Mother
• creating and conducting a personal ritual about the loss

There are evidence-based practices for treating depression that may be appropriate for birth parents who have made an adoption plan or whose parental rights were involuntarily terminated.

We discussed in an earlier session several interventions that the California Evidence-Based Clearinghouse has rated as “well supported” by research evidence.

We talked about Cognitive Therapy (CT), a form of psychotherapy proven in numerous clinical trials to be effective for a wide variety of disorders. The target population is adults with mental health disorders including depression, anger, and anxiety among others. The program is also designed to include family members in the treatment.

VIDEO: Managing Depression with 10 Minute CBT
http://www.youtube.com/watch?v=fCZpUIEUsys

This video illustrates the use of CBT – though not in an adoption context. Nonetheless, it provides a good overview of CBT principles and the work of the CBT therapist.
Large Group Discussion: Has anyone used CBT? If so, please share your work in this area. If no one has used this approach, what are your thoughts on the therapist’s work in this video?

We also talked about Interpersonal Psychotherapy (IP), a time-limited and manual-specified psychotherapy developed initially for patients with major depressive disorder, but later adapted for other disorders and tested in numerous clinical trials. The target population is adults with depression. The program is also designed to treat the children of a depressed parent. There are three phases of IP:

1. The diagnostic and problem identification phase where a formulation and treatment contract are made;
2. Identification of the problem area(s): grief, disputes, transition, or deficits, which is the focus of the middle phase;
3. Termination.

Finally, we discussed Mindfulness Based Stress Reduction (MBSR) which was developed to help people suffering with chronic physical pain and disease. It includes simple meditation techniques to help participants become more aware of their experience in the present moment, by tuning in to moment-to-moment changes in the mind and the body. The target population is adults (between 18-70 years old) who have suffered three or more prior episodes of major depression.

Large Group Discussion: What have been your experiences with IP and MBSR?

4:00PM – 4:25PM Birth Parents and Extended Family Members [Learning Objectives #5, #6, #7, and #8] – Part 2.
In addition to birth mothers and birth fathers, we may also work with extended birth family members.

**Birth Grandparents and Adoption Planning**

Birth grandparents have a unique experience in the adoption plan. It’s often a very difficult time. They may feel that their child’s adoption plan is a positive one but know that they too will experience some pain. When an adoption plan is made, many birth grandparents feel isolated or guilty or may not have support from their friends or family members. Some birth grandparents may see themselves as failures.

Studies have revealed the tremendous impact of the birth grandparent, particularly a birth grandmother, on a birthmother’s decision to parent a child or place it for adoption. In an early study (conducted in the 1970s), the researcher found that grandparents are very critical in the adoption decision of birthmothers. The birth grandparents' unwillingness to accept the child into the family was found to be the strongest factor that decided a birthmother to choose adoption rather than parenting.

Birth grandparents also face tremendous societal pressure. Those who encourage their daughter or son to choose adoption for the child rather than to parent often incur societal disapproval from friends, relatives and others, who cannot understand how they can "give up their own flesh and blood." Some birth grandparents-to-be do not wish to raise another child or do not feel they can provide an adequate environment for an infant and consequently encourage adoption as the better solution, while others may still believe the proper solution is for the birthmother to parent the baby.

Jeanne Warren Lindsay addressed the emotional issues of helping a daughter make an adoption plan in her book *Parents, Pregnant Teens and the Adoption Option: Help for Families*. Lindsay reports that birth grandparents are unlikely to receive or seek out support from their peers and may not want to discuss their daughter’s pregnancy at all. "Their friends may not know how to approach them for fear of offending them," Lindsay writes. "Many birth grandparents feel terribly alone during this time."

**Grandparents’ Rights**

Grandparents' rights vary, but most states allow only the birthparents to decide for or against adoption. In some states, grandparents have limited rights; for example, in the state of Florida, if the child has lived with a grandparent continuously for six months and the birthparents decide to place the child for adoption, the grandparent must be notified by the agency or intermediary before the petition for adoption is filed. If the grandparent wishes to adopt the child, he or she will be given first priority over nonrelatives (excluding stepparents).
In the case of an adoption, the biological grandparents of a child will typically no longer have rights in terms of the child once the adoption has taken place. This is standard in all states, although exceptions exist.

If birth grandparents petition the court for visitation rights, the courts in most states will make the decision on whether to permit visitation based on the best interests of the child. Parental rights to control visitation (which is the right of the adoptive parents) will normally be a deciding factor. In individual situations, however, the court may consider the grandparent’s request.

Examples: If the grandparents had custody of the child prior to the adoption, or if they are acquainted with the adoptive parents, or if the adoptive parents want the grandparents to retain their rights of access, the court may be willing to allow grandparent visitation if that is in the best interest of the child.

The Impact of Adoption on Birth Grandparents

Here are some questions posted on a blog:

I know everyone is different but in general how does adoption affect the birth grandparents? Do they get over it eventually or does it run their lives? Being young, I can’t really imagine how people feel about newborn grandchildren -- is it instant love or do they fall in love with them as they build a relationship over time? And how much loss do they feel if a baby is taken away and never seen again?

Handout #8.14 Adoption and Grandparents

Large Group Discussion: Here are some of the responses that these questions elicited – what are your thoughts on each of these?

Response #1: I will tell you first hand. It’s a great loss. This child is also part of you and now you don’t know where the child is and if the child is ok. My son’s little boy was put up for adoption by an ungrateful woman that had nothing better in life than to mess up every one else’s over a little of child support and to make her new boy friend’s family love her. (that's who she gave the baby to) Not only did she devastate my son but his sisters, the sister of his son, my husband and I, the great grandparents, etc. When we all got to see my grandson, he was almost 18 months. Why so long because the adoption agency, the social worker for the adoption agency, the mother and the couple who has my grandson hid him until they had to
step in court to prevent the adoption agency giving the child back to my son. We all look forward in seeing my grandson. We try to go once a month. I usually go with my son because these worthless people who has him try to come up with so many lies, Like saying my son has abused my grandson (get real). Christmas this year was hard because they wouldn’t even let my son have his son until the 23th of December. But my son went and got him and brought him home for Christmas anyway so brother and sister could be together. YES YES YES adoptions hurt the grandparents more than you would ever know.

Response #2:

It hurts them. The relinquishment of my son for adoption hurt them deeply even though at the time they felt it was the only responsible thing to do. In fact, they cling to those feelings so much, that they still defend themselves even though the loss of their grandchild profound. They never expected the loss to be so much, and they especially never expected that the relationships that they held with me would be so remarkably changed for the worse. I’m not going to play a whose pain is worse game though. But I don’t deny how much the relinquishment of their grandson and my son has affected them as much as me.

Lecture

As we talked about earlier, when children are in foster care, extended family members – including grandparents, aunts and uncles, and other relatives – are likely to be involved in the child’s life. Best practice dictates that when children enter foster care:

- Relatives are to be notified that the child has come into foster care and provided with information on how they can become the child’s foster parent while the agency works to safely reunite the child and parent
- Relatives are to be involved in the permanency planning process. Many child welfare systems implement family teaming practices. Through these practices, relatives regularly come to the table and help plan for the child – including the best permanency plan for the child.
- Relatives are to be considered as potential permanent parents for children in care when the child cannot be safely returned home and the relatives come forward wanting to be the child’s permanent parent.
• Relatives who make the decision to adopt may need additional supports and services. An excellent resource for grandparents who adopt is Generations United at: http://www.gu.org/RESOURCES.aspx

4:2515PM – 4:30PM  Closing

Lecture: We have come to the close of our session. Please think about your answers to the following questions:

• Can I describe two types of adoptive families and give at least three examples of each?
• Can I identify three biases and beliefs about different types of adoptive families that clinicians may have and describe how those biases/beliefs may affect their clinical practice with these families?
• Can I identify two clinical issues that each of the types of adoptive family may experience?
• Can I demonstrate one or more clinical skills in working with GLBT families?
• Can I identify three biases and beliefs about birth family members that clinicians may have that may affect their clinical practice with these families?
• Can I identify two strategies that clinicians can use to ensure that biases and beliefs do not negatively impact clinical practice?
• Can I identify three clinical issues that may impact birth parents?
• Can I demonstrate one or more clinical skills in working with birth parents on the impact of adoption on them?

As a result of this session, you should be able to answer “yes” to each of these questions. If not, please feel free to talk with me after the session and please review the session materials.

In your email inbox, you will find a message with a link to a brief online survey for you to provided feedback on today’s workshop. It will ask you to rate the quality and relevance of the workshop content and the effectiveness of the learning activities, to identify the strengths of the training session, and to recommend ways that the training can be improved. Please follow the link in the email and provide the feedback right ways while the session experience is fresh in your memory.
You will also receive an email directing to you to the “test” on this session. This “test” is designed to help you and me assess what you have learned from the session today. You must complete the test in order to receive a continuing education certificate for this session.

The next session will be on Adoptive Family Formation, Integration, and Developmental Stages. Please go to the website for your pre-session work.

Thank you for your attention. See you next ____ (week/month)!
Module #8: Adoptive and Birth Families

Reading List

Web-Based Resources

The Adoption History Project. Birth Parents. Available at: http://darkwing.uoregon.edu/~adoption/topics/birthparents.htm


Singer, E. Understanding and Supporting the Unique Needs in Kinship Adoption. Center for Adoption Support and Education. Available at: http://www.adoptionissues.org/kinship_adoption.html

Other Resources


Randy and Donna Role Play

[Copy #1]

Donna: Randy, would you tell me how you are feeling today?

Randy: About the same. I just can’t shake feeling so down. It’s this adoption stuff – I just can’t get it off my mind.

Donna: Would you tell me what you are thinking about when you think about the adoption?

Randy: I am thinking that I just wasn’t a part of it all. I had to go along with Jessica and her parents – they already thought I was a creep.

Donna: [Ask for help with response]

Randy: Her parents! They made it look like I was to blame. If her dad could have killed me, I think he would have.

Donna: All the responsibility was placed on you and yet, you had no say in the decision about the baby.

Randy: That’s right. I guess I thought that Jessica would stand with me and we would have made a decision together. We had been together for two years!

Donna: [Ask for help with response]

Randy: You know in some ways, it’s like the baby isn’t real. I never saw her and I never had a chance to show her that I loved her. It’s as if it was a bad dream – or a good dream that evaporated.

Donna: [Ask for help with response]

Randy: What is she going to think about me when she gets older? Is she going to believe that I was a creep? Some guy that just got her mother pregnant and hit the road? You know, this isn’t right – they never gave me a chance. [Holds head in hands and shakes head.]

Donna: Tell me more about the feeling of how unfair it is.

Randy: Hey, they just brushed me aside as the bad guy and pressured me into doing what they wanted. And now my little girl is going to believe the worst about me.

Donna: [Ask for help with response]
Randy: Do you think I should have fought back? Do you think that I should put my foot down? And because I didn’t, I am really as bad as they say?

Donna: [Ask for help with response]

Randy: I just don’t know what to do. I tried to do the right thing and go along with them and now I feel so bad.

Donna: You know, many men who have gone through this experience feel just like you do. They feel that they had no say in their child’s life and they feel betrayed and powerless.

Randy: That is exactly how I feel. Like I was I was given a pen to sign the papers but otherwise was just pushed aside.

Donna: Well, let’s talk more about that. . . .

[End of role play]
**Randy and Donna Role Play**

[Copy #2]

Donna: Randy, would you tell me how you are feeling today?

Randy: About the same. I just can’t shake feeling so down. It’s this adoption stuff – I just can’t get it off my mind.

Donna: Would you tell me what you are thinking about when you think about the adoption?

Randy: I am thinking that I just wasn’t a part of it all. I had to go along with Jessica and her parents – they already thought I was a creep.

Donna: [Ask for help with response]

Randy: Her parents! They made it look like I was to blame. If her dad could have killed me, I think he would have.

Donna: All the responsibility was placed on you and yet, you had no say in the decision about the baby.

Randy: That’s right. I guess I thought that Jessica would stand with me and we would have made a decision together. We had been together for two years!

Donna: [Ask for help with response]

Randy: You know in some ways, it’s like the baby isn’t real. I never saw her and I never had a chance to show her that I loved her. It’s as if it was a bad dream – or a good dream that evaporated.

Donna: [Ask for help with response]

Randy: What is she going to think about me when she gets older? Is she going to believe that I was a creep? Some guy that just got her mother pregnant and hit the road? You know, this isn’t right – they never gave me a chance. [Holds head in hands and shakes head.]

Donna: Tell me more about the feeling of how unfair it is.

Randy: Hey, they just brushed me aside as the bad guy and pressured me into doing what they wanted. And now my little girl is going to believe the worst about me.

Donna: [Ask for help with response]
Randy: Do you think I should have fought back? Do you think that I should put my foot down? And because I didn’t, I am really as bad as they say?

Donna: [Ask for help with response]

Randy: I just don’t know what to do. I tried to do the right thing and go along with them and now I feel so bad.

Donna: You know, many men who have gone through this experience feel just like you do. They feel that they had no say in their child’s life and they feel betrayed and powerless.

Randy: That is exactly how I feel. Like I was I was given a pen to sign the papers but otherwise was just pushed aside.

Donna: Well, let’s talk more about that. . . .

[End of role play]
Module #8: Adoptive and Birth Families

Handouts
Handout #8.1  An Adoptive Family for Eve

Eve, a 3 year old, currently lives in an orphanage in Moldovia. Assume that Moldovia does not have restrictions on international adoption based on marital status or age. What are your thoughts about the following prospective adoptive parents for her?

(1) Hank, a 40 year old single male. Hank has been a scout leader and is very involved in his church. He has never been married and he wants to be a parent.

(2) Bob and Ethel, a married couple of strong religious background. Bob is 62 and Ethel is 49. They considered themselves God-fearing people who are called to help helpless children.

(3) Linda, a single 32 year old accountant, has never been married. She is very close to her nieces and nephews. She believes that it is unlikely that she will marry and she wants to be a mother.

(4) Tom and Sandy, in their late 20s, have just completed a third round of unsuccessful infertility treatment. They have decided that adoption is the next step. Tom does not want to adopt a boy. They believe that a 3 year old would not be too old for them.

(5) Derek and Sam, ages 38 and 36 respectively, have been in a committed relationship for five years. They live in a state that does not permit same sex marriage. They are ready to adopt and decide that Derek will adopt as a single person. Later, Sam will complete a second parent adoption.
Handout #8.2 Joan, Morris and Jerry

Joan and Morris come to you for help in dealing with their family’s struggles with Jerry, Joan’s birth son and Morris’ adopted son. Jerry was five years old when Joan and Jerry’s father, Jim, divorced. Jim left town to “start over” and has made no more than three or four telephone calls to Jerry over the past 5 years. Joan met Morris when Jerry was 6 years old and they married a year later. Initially, Jerry seemed very happy that Morris was in their lives. The two got along very well. Morris easily found ways to connect with Jerry. Morris adopted Jerry when he was age 9.

Since the adoption, Jerry has become very angry with Morris -- but only when they are alone together. He tends to be very cooperative with Morris when his mother is around. When she is not present, however, Jerry ignores Morris or mutters negative things about Morris in a way that Morris can hear what he is saying. He then denies that he said what he said. He has destroyed some of Morris’ car magazines and then denied ever seeing them. Morris has shared these incidents with Joan but she finds it hard to believe that Jerry would do these things. Joan wants to believe Morris but she also wants to believe in her son.

Questions for Discussion:

1. What might be happening with Jerry?

2. How might you help Joan and Morris understand what is happening?
Handout #8.3. Case Examples: Relative Adoptions

Case Example #1:
Laura and her husband Dan were unable to conceive after 4 years of trying. They then learned that Dan’s sister, Taren, was pregnant for the second time. Taren was no longer involved with her first son’s father and she was unsure who had fathered her second child. Taren decided to make an adoption plan for the baby. Laura and Dan told her if she was interested, they would love to adopt the baby. Taren agreed. She lived with Laura and Dan throughout the pregnancy. In March of that year, she gave birth to a son. Laura and Dan adopted the baby and named him Richard. A few months later, Taren married a man who is not Richard’s birth father. She recently had another child. Lauren and Dan tell you, their therapist, that Taren does not see Richard often which is by her choice. Richard is now 19 months old and does not really know her. When Taren does visit, she scoops him up and holds him despite his protests. He cries when she holds him and calls for Laura (“Mommy!”) Taren laughs it off and tells him "no, stay with me -- your mama has you all the time." Laura is not sure how to respond. She feels that Taren is not willing to let her be Richard’s mother on the few occasions that she visits. Dan says that they should “just ride with it.”

Case Example #2:
Mira’s thirty-something sister, Samantha, has battled a heroin and cocaine addiction for many years and recently had to return to rehab. Samantha has a one year old son, Ethan, who is being raised by her and Mira’s mother, Gretchen. Samantha is 6 months pregnant and, unfortunately, she has been using for much of this pregnancy. Neither Mira nor Gretchen know whether Samantha was using drugs during her pregnancy with Ethan, but he is doing well, achieving developmental milestones. Gretchen loves Ethan dearly, but does not feel that she can raise him. She asked Mira and her husband, Jacob, to consider adopting him. The child protective services agency is aware of Samantha’s situation and is helping Gretchen with some of the cost of raising Ethan. Mira and Jacob come to you to discuss what adopting Ethan might mean. They worry that they could adopt him only to have Mira knock on their door 10 years down the road and take him away. They need help in thinking through this decision.

Case Example #3:
Beth, age 62, was first a licensed foster parent for her 10 month old grandson, Daniel. Daniel entered foster care after Beth’s daughter, Sara, was diagnosed with a bipolar disorder, had difficulty keeping job, and was not able to provide stable home for Daniel. Daniel’s dad has not been in touch with Sara or Daniel since Daniel was born. Beth decided to adopt Daniel to, as she puts it, “get the Department of Child and Family Services out of our lives”. Beth adopted Daniel with Sara’s consent. He is now 4 years old. Beth has not been very clear with Daniel about who Sara is in their lives and now Daniel is asking questions. Sara visits every month or so and while sweet to Daniel, has little to do with him. She continues to battle her bipolar disorder, irregularly taking her medication. Beth asks you, her therapist, how she should handle the situation with Daniel.
Handout #8.4 Howard and Alice

Howard and Alice have been fostering for three years. They have fostered four children, all of whom have returned to their parents except for three year old Hailey who has been with them now for 18 months. Hailey’s mother, Grace, has serious substance abuse issues and has not regularly visited with Hailey. On the most recent visit, Grace seemed “high” to them and they told the social worker that they would not let the visit proceed at the agency office. The child welfare agency has now changed Hailey’s permanency goal to adoption and her social worker has asked Howard and Alice if they would consider adopting Hailey. They are thinking this through and have come to you as their therapist to talk about it. They tell you that they love Hailey and would like to adopt her but they have a few “rules” that everyone would need to understand. Mainly, there is no way that Grace can be in their lives. They think that she is dangerous and can only harm Hailey. They do not think that Hailey wants to have anything to do with her and they would make sure that she doesn’t. How would you help Howard and Alice think through these issues?
Handout #8.5 Foster Parent Adoption

Characteristics Identified as Common in Foster Parents who Do Not Adopt Successfully

- Unresolved losses in the past and present, resulting in a need to revisit past relationships and an inability to meet the child's needs
- Possessiveness of the child and an unwillingness to acknowledge and work with important people from the child's past
- Rigidity in the family system
- Desperation for a child, resulting in unrealistic expectations of foster care and adoption
- High stress and anxiety levels
- Aggressiveness
- Power and control issues

How would work with:

1. A foster parent who wants to adopt a 10-year old who has been in her care for more than 4 years and wants to protect the child from any further contact with members of her birth family whom the child welfare agency consider safe and important to the child?

2. A foster parent who decided to foster because she knew that fostering was the quickest way to being able to adopt. A 3-year-old was placed with her after he was physically abused. She says that she knew she wanted to adopt him the first time she saw him. The parents’ rights were quickly terminated and the foster parent is pushing the public child welfare agency to move forward with the adoption as soon as possible.

3. Foster parents who only recently began fostering and are now feeling overwhelmed by being foster parents. An 8-year old in their care is being freed for adoption. They say that he wants them to adopt him. They want to adopt him but are not sure if they are ready this soon. They feel that they cannot let the child down.
Handout #8.6 Javina and Brian

Eight-year-old Brian entered foster care at age 5 after experiencing a very chaotic home environment with his mother and father and extended family members who frequently moved in and out of the house. Brian came into care when police arrived at the home and discovered the meth lab in the basement. Brian had visible marks on his legs and back as a result of physical abuse by his mother. At age 7, Brian’s parents’ rights were terminated and he was shortly after adopted by a single woman, Javina. Javina, a warm and caring individual, gave Brian consistent attention and encouragement. Brian at time seemed open to her caring but at other times, he seemed fearful and confused. Whenever Brian became upset, he would hang his head and become mute and then would later get in trouble with aggressive behavior toward peers at school.

How would you work with Javina and Brian?

KEY FINDINGS

- More than one in three lesbians have given birth and one in six gay men have fathered or adopted a child.
- More than half of gay men and 41 percent of lesbians want to have a child.
- An estimated two million gay and lesbian people are interested in adopting.
- An estimated 65,500 adopted children are living with a lesbian or gay parent.
- More than 16,000 adopted children are living with lesbian and gay parents in California, the highest number among the states.
- Gay and lesbian parents are raising four percent of all adopted children in the United States.
- Same-sex couples raising adopted children are older, more educated, and have more economic resources than other adoptive parents.
- Adopted children with same-sex parents are younger and more likely to be foreign born.
- An estimated 14,100 foster children are living with lesbian or gay parents.
- Gay and lesbian parents are raising three percent of foster children in the United States.
- A national ban on gay and lesbian foster care could cost from $87 to $130 million.
- Costs to individual states could range from $100,000 to $27 million.

For the full report, go to: http://www.urban.org/UploadedPDF/411437_Adoption_Foster_Care.pdf

For Discussion. Draw on your own professional and/or personal experience or other sources of information that you have.

- What parenting strengths and skills might you find in gay or lesbian parents in relation to children in foster care?
- What outcomes might you expect for children who are raised by gay or lesbian parents?
- Those opposing gay and lesbian adoption at times raise a perceived connection between homosexuality and pedophilia. How would you respond to this perceived connection?
Handout #8.7

A Glimpse Inside Adoption: Not All Good, Not All Bad - Part One of Two

Single parent with three adopted children

Kathy Reiter, in Fletcher, North Carolina, is a mom to three kids who were adopted. One was adopted as a newborn, one as a three-year-old, and one as an 11-year-old. The oldest had been in 14 foster care placements before finding his forever family. And one of the girls was from a disrupted adoption. All three children have various emotional, behavioral, developmental, and mental health issues including bipolar, autism, learning disabilities, depression, PTSD (post traumatic stress disorder), RAD (reactive attachment disorder), and ADHD. All are living at home. One is in a public school, another in a private all girls' school, and the oldest is in a specially-arranged, non-graded school, with only one or two other students. Kathy says, "I'm lucky. Almost every one of my friends with challenging kids now has them in out-of-home placements. Mine are home."

What's been the hardest part of adopting?

I guess the lack of resources that address mental health and attachment issues, are some of the biggest difficulties. Another one is getting a diagnosis. Well, what I really mean is a correct diagnosis. One of my three wasn't diagnosed with RAD until he was 13. He's made amazing progress once we started specialized therapy for that, but I wonder how much further along he'd be if we'd started earlier . . . ? Oh, and another thing that's been hard . . . It's grieving the loss of what you thought the relationship would be AND celebrating who they are. I've got a doctorate; I just assumed my children would go to college, too. But for the oldest, he'll never do that. I'd also like to add some thoughts about residential treatment. For one of my kids, an out of home placement was needed, but I resisted. I resisted for a long time. It was a very, very hard decision for me to make. In the end, the six months he spent in residential treatment made the difference between him being able to live at home, and needing to live permanently out of the home.

What's been the best part of adopting?

This may not be what most people say, but for me a big part of it has been the sense of accomplishment I've gotten for doing something that most people can't do. I know I'm making a difference . . . a contribution to society . . . and that feels good. And, who knows, maybe I'll get extra heaven-points for this! Also, it's been fun! That might sound somewhat odd coming from a single mom of three very challenging kids, but is has been. The things I've learned . . . the people I've met . . . it makes life more interesting when you're parenting challenging, adopted
kids. Let me also add that I’ve enjoyed seeing the different interests and personalities of my three. They’re all so different. Just watching that develop has been fun.

**What advice do you have for prospective adoptive parents?**

First off, know yourself. Know what you think you can handle. No one can fully prepare you for the challenges, but you have to be strong enough to face the challenges that will come along. We just have to hope that each match is a good fit. Parents should also know about is parent blame. As a parent, when you have challenging children, not necessarily adopted kids, you get a lot of blame. Teachers, neighbors, and professionals are very quick to assume that your child’s misbehaviors are due to bad parenting. Sure, we can all improve our parenting, and even change it totally to meet the needs of our kids, but the trauma that most of these kids have faced . . . We’re the good guys! We’re the ones taking our kids to therapy and searching for answers. It’s the birth parents and/or sad life circumstances that have made our kids the way they are. And you can’t forget about commitment. Parents have to be willing to make a commitment to their child, no matter what. You can’t know ahead of time how it’s going to turn out, but you have to make that commitment on the front end.

**Would you describe your adoption as a success?**

Yes. It's been both the bane and the blessing of my last 13 years . . . the hardest times in my life, but the best. I did have to redefine what success is to me. If someone had asked me before I adopted, what a successful adoption was, I would have answered very differently. But now, even though it’s been very different from what I originally expected, I can definitely say that my adoptions have been a success.
Handout #8.8: Does Adoption Make Infertility all Better?

"What brings me my greatest joy is the result of another woman's most profound loss. It was paramount for me to understand this truth."

Sometimes people hear of a couple that has experienced infertility and then gone on to adopt, and automatically think that the pain of infertility is magically gone now that there is a baby in the couple’s arms. While couples who have adopted have come to a peace and acceptance regarding their infertility, there is still a sense of loss. It’s a dichotomy of sorts: a total ecstasy and joy that their arms are full, and yet a grief that they never experienced the awe and joy of pregnancy and birth.

Three amazing women that I have the privilege to know were willing to share their thoughts and experiences regarding this particular aspect of coming into parenthood. Meet Kait, Glenna, and Stacey.

Glenna has been married for five-and-a-half years and experienced infertility for five of those years. Kait has been married three years and, though she did not go through a specific time period of trying to conceive, she was told early on before marriage that conceiving would more than likely be impossible for her. Stacey has been married six years and has been trying to conceive for three years.

Each woman’s story is different and unique, yet all three also carry some similarities. Some readers may relate to Kait but not Glenna, some to Glenna but not to Stacey. I’ll let them tell their stories themselves...

What led you to adoption?

Glenna: Infertility was a big factor in our decision to adopt, although we did talk about adopting before we even knew about our infertility. My father was adopted as an infant, so adoption has always been close to my heart.

Kait: This specific adoption was brought on by a family emergency but we always knew adoption would be the main way we created our family. It had been hinted at earlier in my life that I would have trouble conceiving, but it wasn’t until last year that we received an official diagnosis. However, even before we knew “officially” what was wrong, we knew adopting would have to be our “plan A” and were both fairly settled in that course of action.

Stacey: Since I was young, I’ve always had a desire to adopt. My husband’s mother was actually a foster child herself, so the desire to help other children was there for him as well.

We debated about whether to private adopt or foster-to-adopt, and in the end there really wasn’t much debate. For us, we really wanted to help children who were already in such need of help and put our money and heart toward that.
We had been trying to conceive for about 3 years when we first looked into fostering. Although it was well past the 1 year mark to begin thinking something was “wrong” we weren’t yet panicking or thinking that a pregnancy might not be in the cards for us.

**If infertility led to adoption, did you have to work through that before you adopted?**

**Glenna:** Definitely. We pulled out adoption paperwork numerous times throughout our nearly 4 years (at the time) of infertility only to place them back in a drawer because I wasn’t ready to stop looking at our infertility treatment options.

Once we received a diagnosis that left only one medical option, which we weren’t willing to pursue, we knew it was time to switch gears.

I had written a lot throughout our years of infertility, working through my emotions. That was very important for me because it helped me work through it and grieve the loss of my dream of conceiving and bearing children naturally. I think grieving is a necessary part of “working through infertility” before adoption.

**Kait:** We did. My husband really wanted our first child to be biological and then adopt the rest of our children. I just wanted kids and wanted him to be happy. We had to reconcile both of our dreams for our family and agree that however God brought about the creation of our family was what we would be okay with. When we were diagnosed, I grieved more for those dreams we had created than anything else.

I did also grieve for all those little flutterings of hope I had felt when my period had been late previously. I grieved for what seemed to be unconscious desires to have a pregnancy and the fact that I would probably never have those positive lines show up on a pregnancy test. Everything happened for us in a such a weird way, but I do wish we had more time to come to terms with our infertility.

**Stacey:** Truthfully the two never went hand in hand for me. I had always wanted to adopt so it wasn’t a last resort for me, it was a choice. I have had to work through my infertility and still do work on dealing with it sometimes.

What would you tell other couples that have to work through infertility before pursuing adoption?

**Glenna:** Talk to others who’ve been there. Write, pray, grieve. Adopting doesn’t mean you are “giving up” on your dream of conceiving, but so often people look at adoption as a “plan B” — the thing they pursue when trying to get pregnant doesn’t pan out. What adoption should be thought of is “plan A”, just perhaps not in the chronology one expected. Adoption certainly isn’t second best or a runner-up to conceiving. It is an entirely different miracle of its own.
Kait: Be patient with yourself. Everyone who knows about your infertility will either tell you that God has a bigger plan or that there is always adoption as a fallback plan or basically something about how your infertility is a blessing in disguise. The truth is, no one can understand exactly how infertility is impacting your life because everyone has different feelings about their infertility. Some women feel broken or like less of a woman. I personally never felt that, but I did grieve those moments we wouldn’t have, like the ultrasound or announcing to my husband that we were having a baby.

It’s okay to be devastated by infertility and it’s equally okay to have minor pings of grief, but really, just be glad you don’t have to wonder anymore when your period is late.

Mainly, I think it’s important to recognize that adoption is not a miracle cure for the feelings that come along with infertility. Having a child can help you heal emotionally from the infertility but it’s not like suddenly you have this kid and everything is perfect. Adoption, like infertility, comes with its own unique set of challenges, feelings, new situations, and complications. Don’t expect it to be a stand-in for birthing a biological child.

Stacey: Always make sure you and your husband are on the same page as far as adopting. It’s a very emotional journey; let it bring you together and not tear you apart. Make sure that you want that particular child and not just a replacement for a biological child.

Tell us about your blessing!

Glenna: We have a beautiful 8-month-old son! He is an incredible blessing to us! It surprises me daily how much I love this child; I didn’t know love like this was possible!

We were chosen by his birth mother about a month before he was born. We were graciously invited to be in the delivery room when he was born — what an amazing miracle to witness!

Kait: Our oldest is two-and-and-a-half. She is bright and funny, knows exactly what to do to make people laugh at her, but shy when someone new comes around. It amazes me that even though the girls are only 17 months apart, M is the best big sister imaginable.

Despite not having had a reliable, safe father figure in her life before, she is incredibly attached to her daddy [her adopted daddy, Kait’s husband] and asks frequently throughout the day if Daddy will be home soon. Her favorite things to do are puzzles, reading books, and coloring. Anything that involves small details (like coloring — she likes staying in the lines) or steady concentration. She is a perfectionist and I know no matter what could have happened in her life, she would have the determination to make it into something beautiful.
Our baby just turned one, and oh my stars, is this kid a spitfire! She is busy and silly and curious about everything. It’s unnerving how much she can concentrate on one thing until she gets it figured out. She will study people and the things they are doing so she can replicate the action. She loves music and will dance around the house, especially with her Daddy. She is demanding and opinionated, affectionate and friendly, and into absolutely everything.

I think she did get a lot less baby time attention than her sister did. M is very dependent on us to affirm what she’s doing or be with her all the time. N doesn’t really care. She is incredibly independent and stubborn. In a lot of her behavior, she reminds me of myself, so it’s been a humbling experience to parent her. N did take a lot longer to attach to us, which was a unique challenge in itself, but once she did open up to us, it was so worth it.

**Stacey:** We initially, because of our classes with Child Protective Services to adopt, felt that we couldn’t take the heartbreak of fostering. Of course, during those classes God opened our hearts and made us realize that we could foster — that risking our hearts was worth it.

When we got a call for our first placement for two children, we knew two separate couples who had already said “no” to this placement, and based on the information we too planned on saying “no”. However, once the call came and she started telling me about the children I just couldn’t bring myself to say no. I told her I would talk to my hubby and call her tomorrow to let her know for sure. Before we hung up she said “I don’t usually tell names because people get hung up on names, but for some reason she felt compelled to tell me. She said their names are S* and J*.” I went speechless. I called the hubby barely able to breathe. I told him about the kids and that I hadn’t been able to say no, but had told the lady that we would call tomorrow about our answer (I still hadn’t told him the names). He, too, couldn’t say no and we decided to take the babies (13 months and 2 years at the time) into our home.

After we made our final decision, I told him the names (I, too, didn’t want to sway his decision based on the names). Their names were the very first names that we had picked out for our biological children. They were supposed to be foster only (short term at that), but they fit from the first second they entered our home, and although through the course of their fostering there were some sleepless nights over whether they would stay or go, something always told us they were here to stay.

After 16 months of fostering and praying, we finalized the adoption of our son and daughter on November 12 of 2008, which will now be known as “Forever Family Day” to all of us.

**What was the hardest thing about adopting and/or fostering?**

**Glenna:** I think that realizing that our son came from another person was a hard truth to accept. When you adopt, babies don’t just come from a baby store or from some generic person out there. Adoption is a choice a woman makes when she comes to the realization that she can’t (for whatever reason) parent
her child. It is a painful, painful decision — one that will affect this woman (and the child’s birth father) for the rest of their lives. Her pregnancy was a crisis, a thing she had to deal with. Choosing to place your child with someone else to raise, well, I cannot imagine making that decision.

What brings me my greatest joy is the result of another woman’s most profound loss. It was paramount for me to understand this truth. It has helped me immensely in our relationship with our son and with his birth mother.

I cannot and will not pretend that his life began with us, even though we were in the delivery room when he was born and took him home from the hospital. His life began 9 months prior, and I have utmost respect for the amazing woman who chose life for him and placed him in a family who would raise him and give him things she couldn’t necessarily give. Any couple who wants to adopt needs to grapple with this realization.

A book that opened my eyes to this was Because I Loved You: A Birthmother’s View of Open Adoption by Patricia Dischler. I highly recommend this book to any couple considering adoption.

Kait: Knowing that someone else got those special moments from early in my child’s life. Yes, we have the rest of their lives for more special moments, but I do mourn the ones we missed.

I also did not expect to miss our former life so much now that we have kids. I wouldn’t trade it for the world, but I will admit I miss going out to dinner with my husband and not having to question whether the place is kid friendly. I miss going to the movies without having to arrange childcare. It’s silly little things like that, but those are the things that changed the most once we added kids to our life.

Also, I really hate how people will stare (our kids are biracial) or how they assume the girls are mine from a previous relationship and my husband was just such a nice man to take all three of us. I’d rather have people ask questions instead of making ignorant assumptions.

Stacey: The hardest thing is putting yourself out there — making your heart more vulnerable than it’s ever been and knowing that in the end of it all, there’s a very likely chance that it’s going to be broken again and again. I still wouldn’t trade it, though. The children in foster care have cried enough to last a lifetime and here we are adults with love and a support system. It’s okay if our hearts our broken and we cry; I would rather it be us than them.

What was the greatest thing about adopting?

Glenna: I am a mom! The Lord gave me the greatest gift of becoming a mother, even though I am barren. I have the privilege of raising my son in the fear and admonition of the Lord, of doing all the
things a mother gets to do, of fulfilling the call of motherhood that I have longed for for so long. I am blessed!

**Kait:** Literally waking up one day and having a family. Seeing these two little girls who have never had a real father figure before, just fall all over themselves with joy when their daddy gets home from work. Hearing the girls call for me and knowing that the “MOOOOOOM!” they want is me.

**Stacey:** Without a doubt, seeing a baby or child transform from this unsure/scared child and leave our home a happy, smiling child. While it hurts for them to leave, there is this tremendous joy that comes from helping a child and watching them smile and know that you helped put that smile there.

**Did fostering/adopting make infertility all better? Did people expect that it should have? What do you wish people could know concerning that?**

**Glenna:** Of course not. It doesn’t make your infertility go away. I am still barren. In April, we will hit our 5-year mark of trying to conceive. That’s a hard pill to swallow, still — the sight of a pregnant woman, her belly swollen with blessing, is still a painful reminder of my barrenness, of the pregnancy and childbirth I may never experience.

However, I will say that adoption has definitely lessened the blow, so to speak. Though I have never conceived or given birth or breastfed, I am still a mother. I was up all night with feedings, I have changed hundreds of diapers, I have dealt with tummy aches, impromptu baths after diaper explosions, copious amounts of spit-up, laughter, smiles, walks in the stroller, trying to get an 8-month-old out the door while carrying purse, diaper bag, coat, keys, and cup of coffee all at once. Though I didn’t become a mother in the way I expected, I am still a mother.

The question I had to ask myself at the beginning of our adoption process was this: “Do you want to get pregnant or do you want to be a mother?” I wanted to be a mother, hands down!

I had to question my motives here. Was my dream only to get pregnant and experience all the woes and joys of pregnancy and birth? If that was my only goal, then motherhood was not my end game. As it turned out, motherhood was my goal, and the Lord graciously led me that end.

**Kait:** It didn’t make infertility all better. I think some people did expect that our hurt feelings over their insensitivity towards us with regard to our infertility would miraculously disappear.

I wish people knew that as much as I love my children, I do still mourn a little for the pregnancies that never made it into births. My heart aches when friends complain about their pregnancies. Pregnancy, infertility, and the miscarriages we had will always be a sore spot in my heart. Adopting doesn’t change that.
Stacey: It doesn’t make it all better. They’re so separate. Adopted children aren’t replacements. They’re a separate, amazing blessing, one that I wouldn’t trade for the world. You’re still going to have to mourn the loss of your fertility and still feel the sadness. Allow yourself to feel those things. It’s not fair for an adopted child to be a “replacement” for a biological child. They need to know you wanted them and love them for the blessing that they are. It’s very important for the adopted child to never have to feel as though they second best.

Do you feel you have experienced something positive because you have fostered/adopted that those who have biological children may have missed out on?

Glenna: I definitely feel that way, but some of that feeling is probably rooted in knowing I have missed out on the pregnancy/birth aspect. I did get to witness my son’s birth, so I have been with him since he drew a breath. I understand the analogy of spiritual adoption better than many of those who practice the Christian faith, although my son will have a much better grasp on that than even I do.

Since our adoption is transracial, I have learned a lot about what family can really mean and look like. Physical similarities aren’t as important to me as the things we pass down through our heritage and our faith.

One thing that I feel others miss out on is that my husband and I feel that God called us to step out and do something different, to look differently than other families, to be intentional about how our family looks and functions. Once we considered adoption, we felt that we were called to adopt children who needed to be placed, not necessarily children that looked just like us. Transracial adoption has been one of the greatest aspects of our adoption blessing.

I have also watched God provide for every single dollar of the financial aspect of our adoption (it’s very expensive!), and that has been a huge blessing to watch unfold.

Kait: I think we got to experience the miraculous change in our children and in ourselves when we finally came together and all realized that we were family, this was permanent, and no one was going anywhere.

I also think because it didn’t come as easy to us as some couples, because we had to struggle and hope and pray that someday we could have a family, we did get to witness more of the miracle of being faithful and of God’s provision.

But the coolest thing we got to experience was watching each other become parents in a hands-on way. We didn’t have this whole experience of months to come to terms with the idea of parenthood, then a newborn, then an infant, then a toddler, etc. We suddenly, unexpectedly, went from zero to two kids
ages two and under. It was a huge adjustment, but we got to see each other at our best and our worst and ultimately came to depend on each other more and put more value in our relationship.

**Stacey:** Just as there are things I have missed out on by not giving birth, I do feel that there are things that are missed out on when couples don’t get involved in fostering/adopting. While there is heartbreak that you’re able to avoid by not fostering, the joy of helping and loving a child in need is so rewarding. It has brought my husband and I closer than I can communicate adequately enough, as well as brought us closer to God.

As the interview wrapped up, Glenna and Kait had some last additional thoughts:

**Kait:** I just want people to know that we had the option of taking meds and probably would have had a good chance of ending up pregnant and probably even having a baby out of that pregnancy. That being said, I do not for one moment regret turning down the option of fertility meds.

We have the most amazing kids in the world (I know everyone says that) and I can’t imagine loving them more. I think too many women are too hard on themselves after being diagnosed with infertility. The most important thing to me was being a mom, not being pregnant, and I got that without having to take the roller coaster of meds and doctors and tests.

**Glenna:** I really want to encourage couples who can have children naturally to please consider adoption. There is a need for families to take hard-to-place children, not necessarily healthy, white infants who are quickly and easily placed with families.

There are multitudes of children who are waiting on loving families. That is the point of adoption — not to make infertility all better, but to place a child with a family he or she needs. Adoption is an incredible blessing, whether you pursue foreign or domestic adoption. Even if you can have children biologically, at least consider adopting or support someone who is adopting.
Handout #8.9 Adoption and Foster Care by Lesbian and Gay Parents in the United States

- More than one in three lesbians have given birth and one in six gay men have fathered or adopted a child.
- More than half of gay men and 41 percent of lesbians want to have a child.
- An estimated two million gay and lesbian people are interested in adopting.
- An estimated 65,500 adopted children are living with a lesbian or gay parent.
- More than 16,000 adopted children are living with lesbian and gay parents in California, the highest number among the states.
- Gay and lesbian parents are raising four percent of all adopted children in the United States.
- Same-sex couples raising adopted children are older, more educated, and have more economic resources than other adoptive parents.
- Adopted children with same-sex parents are younger and more likely to be foreign born.
- An estimated 14,100 foster children are living with lesbian or gay parents.
- Gay and lesbian parents are raising three percent of foster children in the United States.

For full report, go to: [http://www.urban.org/UploadedPDF/411437_Adoption_Foster_Care.pdf](http://www.urban.org/UploadedPDF/411437_Adoption_Foster_Care.pdf)
Handout #8.10 Zoltan and Mark

Part 1.

**Zoltan:** I was fostered himself and wanted to give something back, as it were, and Mark has a really magical quality with children. Kids just feel really comfortable with him. At first we wanted to foster. Initially, we met with a lot of resistance to being approved as foster parents. We pushed hard and finally were approved. Our very first placement was two little girls, half-sisters Natalie and Lucia. After a while it became clear that they were never going to go back to their mother and so, two and a half years after she was placed with us, Lucia is now our daughter. The initial plan was for them to be adopted together, by us. But in the end Natalie's birth father wanted her (he's not Lucia's father).

*Question #1:* What issues should the family anticipate based on what you have learned so far?

Part 2.

**Zoltan:** Lucia is in a great school and there are other children with same-sex parents too. Kids will come up to us and say: "So you're Lucia's daddy?" Yes. "And she's got two daddies?" Yes. Now both Lucia and her friends at school are beginning to ask about Lucia’s mother. How should we deal with those questions?

*Question #2:* How can you help Zoltan and Mark with these concerns?

Part 3.

**Mark:** Sometimes the stress and pressure during the adoption process became immense – we both stormed out at times. But Zoltan's my whole life and we're as solid as a rock. We’d been together nine years when we started this. In Lucia’s eyes we’re Daddy Markie and Daddy Zoltie. She’s very assertive – if I'm helping at her school I’ll be surrounded by kids and she'll come pushing through them, saying: "That's my daddy." Lucia's been with us throughout this process, remember, and she’s been overwhelmed by it, I think. She's had a lot of uncertainty, and you forget how much they pick up.

*Question #3:* How can you help Zoltan and Mark help Lucia with the uncertainty she is feeling?

**Mark:** We just hope that Lucia will always know that we love her and will be happy that she has two daddies. We do wonder if there will be a time when she might want to be with her mother again.
Question #4: How can you help Mark and Zoltan with these concerns?
Handout #8.11 A Letter from Lindsay

Dear Readers,

I met with a birth mom yesterday. I believe her story is the perfect example of the strength and courage it takes to be a birth mom! This woman we’ll call her “J” recently made an adoption plan for her infant son. Prior to making this adoption plan, she escaped from a war torn country in the middle of the night leaving behind the love of her life as well as all her family and precious belongings. When she got to this country, she found out she was pregnant and had her son a few months after arriving in the U.S. After giving birth, she found out her son had chromosome 8 deletion syndrome which is basically medical jargon for a disease that creates many medical complications and birth defects. After finding this out, she reluctantly placed her baby for adoption in the hopes that there would be a loving family out there that could provide for the many medical needs her son will likely face. After meeting with this woman, I learned that she had graduated from college and spoke 5 languages fluently. I also witnessed her strong sense of perseverance and eternally optimistic attitude. It got me to thinking how negatively birth moms are often portrayed in our society.

Until next time,

Lindsey
Handout #8.12 Reflections While I Wait

This is an overview of some of the thoughts that crowd my mind while I wait for our daughter to turn 18 and hopefully seek us out.

When I learned of your existence, I was so many miles away
An unfamiliar ocean held and captured my tears
The light that is your spirit held and captured my own
and over my heart it held sway
The tears were of confusion, joy and fears
Yet destiny's course had been plotted and my only thoughts were of you
Your mother and I conferred and we easily concluded
That you were our life now, and it was your life we entered into
We were so young, forgive us for being deluded
We were so very, very young and the web of innocence still cocooned us
The realities of this world can be harsh,
the choices we make sometimes are not our own
We learned that the world turns a blind eye to injustice
and, yes, it soon does
I had made a commitment and I felt it my charge to protect you,
you who was the seed that we had sown
We were beguiled by the coercion of man's indifference
We were so wholly unprepared
To wrap you in a worthy existence
We need you to know that we were so very scared
You are in our hearts and thoughts daily, and this love is very real
We need you to know that our hearts are with you
and that we wanted you for our own
Yet circumstances and our own youthful naiveté' stamped this seal
On our hearts, this loss we share
from not shaping our own world for this seed that we had sown
We need you to believe that this travesty is not your fault
We hold and cherish each and every moment
that you were in our embrace
In the most beautiful and sacred vault
It is all held for you, waiting,
the love that we hold for you in this inviolable place
We wait so longingly for the day that we can be reunited to be as one
We remember and we love and we wait
For three to accept and enfold under God's purest day in the sun

Written for Jasmine as I wait-J.T. Niswonger-August 26th, 1998
Source: http://library.adoption.com/articles/i-reflect-as-i-wait-2.html
Handout #8.13 Quotes from Birthmothers
Source: http://www.adoptionopen.com/adoptionquotes.html

"A Birthmother puts the needs of her child above the wants of her heart"
Skye Hardwick
founder of "Life Mothers"

“I knew I loved my daughter from the first moment I found out she was growing inside me. Although I knew I was to naive, young and poor to raise her myself there was never a question she would be brought into this world.I loved her father even though we would never see each other again, therefore, the only sensible choice was open adoption. I loved my child to much to hand her over to people that I had never met. My feeling was and always will be that if I was to scared to look these people in the face, to know and love and bond with them, then how in the world could I in good conscious hand my baby over to them never to see her again? I know without a second of guilt or remorse that I made the right choice in open adoption. How can there be a negative side? Now my child not only has one set of family members who love her, but 2,3,4... How can it be bad to have more people love you rather than less? Now, when each of us wakes up each day to face a new part of our lives, there are no haunting, unanswered questions to get in the way of our feeling secure in who we are so that we may face the rest of our challenges with that knowledge on our side. Now, I feel like I have a second family too, not just my daughter."

Jennifer Bouchard Doane,
Birthmother and Lifemother.

“My baby was my gift to the world to show everyone strength in innocence and purity, and one day I pray my baby will come home to me to tell me of his journey that I can take with him.”

By: Sarah Sowell
Gave birth to her son April 21st 2004
Open Adoption

“It was so important to me, my selection of the family that I had chosen for my baby, that if for any reason they would not have been able to adopt her, I would have kept her. The couple I chose was the perfect fit, anyone else would have been second choice, and I wanted more for my daughter than second best”

Birthmother who placed through Open Adoption

"I wouldn't give a puppy to someone I didn't know. I had to give my baby to people I had never met." Anonymous
Handout #8.14 A Birth Mother’s Case: Involuntary Termination of Parental Rights

Miranda was twenty-five years old and had a history of running away during her youth. She had two children who were constantly in and out of foster care as a result of her incarceration and parole violations. She was first jailed for forgery, and while in prison, she gave birth to her first child, Jennie. Miranda was paroled to a halfway house but she escaped. She was later apprehended, imprisoned, and gave birth to Tony in prison. During her second round of parole, Miranda was convicted of theft, burglary, and assault. Back in prison again, Miranda took college courses and received counseling. She became a “model prisoner” according to prison officials. The court, however, found that these changes as too little, too late. The court emphasized the devastating effects the mother’s actions had on her children. The court ignored her attempts to change and judged her solely from her past, and for the court, unforgivable conduct. The court said that Miranda “failed to provide” for her children since they both lived in foster care, and the state provided a long list of factors that showed detriment to the children: repeated incarceration which removed the mother as a resource to the children; disruption of Jennie’s life by transfers of custody; the children’s immediate need for a stable parental figure; the alleged lack of effort on the mother’s part to adjust her conduct to circumstances during parole or permit her to take custody of her children; and the threat of future disruptions when the mother is released again. The court disregarded Miranda’s attempts at rehabilitation and ignored the words of prison officials who described the mother as a “model prisoner” who made efforts to obtain an education and the guidance of counseling. Instead of positively expressing hope that Miranda could change and be motivated to care for her family, the court described her release as a “threat.” Her parental rights were terminated.

For the next 10 minutes become Miranda and write a letter to Jennie and Tony saying good bye to them.
Handout #8.14 Adoption and Grandparents

Response #1: I will tell you first hand. It's a great loss. This child is also part of you and now you don't know where the child is and if the child is ok. My son's little boy was put up for adoption by an ungrateful woman that had nothing better in life than to mess up everybody else's over a little of child support and to make her new boy friend's family love her. (that's who she gave the baby to) Not only did she devastate my son but his sisters, the sister of his son, my husband and I, the great grandparents, etc. When we all got to see my grandson, he was almost 18 months. Why so long because the adoption agency, the social worker for the adoption agency, the mother and the couple who has my grandson hid him until they had to step in court to prevent the adoption agency giving the child back to my son. We all look forward in seeing my grandson. We try to go once a month. I usually go with my son because these worthless people who has him try to come up with so many lies, Like saying my son has abused my grandson (get real). Christmas this year was hard because they wouldn't even let my son have his son until the 23th of December. But my son went and got him and brought him home for Christmas anyway so brother and sister could be together. YES YES YES adoptions hurt the grandparents more than you would ever know.

Response #2:

It hurts them. The relinquishment of my son for adoption hurt them deeply even though at the time they felt it was the only responsible thing to do. In fact, they cling to those feelings so much, that they still defend themselves even though the loss of their grandchild profound. They never expected the loss to be so much, and they especially never expected that the relationships that they held with me would be so remarkably changed for the worse. I'm not going to play a whose pain is worse game though. But I don't deny how much the relinquishment of their grandson and my son has affected them as much as me.