

**Module #2. Introduction to Adoption
Competent Mental Health Practice
Student Packet**

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Overview of Module

This Module provides students with the definition of “adoption competency” for clinicians and the principles that comprise the theoretical and philosophical framework for the provision of adoption competent mental health services. It offers students opportunities to apply these principles in building therapeutic relationships with adopted persons, adoptive families and kinship families and birth families. In this module, students will be introduced to issues of race/ethnicity, class, gender/sexual orientation and birth family culture as they relate to adoption. Students begin to explore their own beliefs about adoption as they relate to their clinical practice with adopted persons, adoptive families, and birth families.

Learning Objectives

Students will be able to:

- #1 Identify five characteristics of adoption competent mental health professionals.
- #2 Identify five principles that comprise the theoretical and philosophical framework for the provision of adoption competent mental health services.
- #3 Articulate, when given a case study, specific therapeutic approaches that are unhelpful and identify at least two more effective therapeutic strategies.
- #4 List at least two clinical skills in developing a therapeutic relationship that are consistent with the characteristics of the therapeutic approach in working with adoptive families.
- #5 List at least two clinical skills in engaging adoptive parents as the experts on their child.
- #6 Give three examples of how race and ethnicity might impact adopted persons.
- #7 Give three examples of how gender/sexual orientation might impact adoptive parents.
- #8 Identify two biases/beliefs that may affect clinicians’ willingness and/or ability to work with adoptive/kinship families, adopted persons, and birth families.

Pre-Module Assignments

None for this Module.

Module #2. Introduction to Adoption Competent Mental Health Practice

Agenda

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|-------------------|---|
| 9:00AM – 9:10AM | Welcome |
| 9:10AM – 10:00AM | Introduction |
| 10:00AM – 10:20AM | Definition of an Adoption Competent Mental Health Professional |
| 10:20AM – 10:35AM | Break |
| 10:35AM – 11:15AM | The Theoretical/Philosophical Framework for Providing Adoption Competent Mental Health Services |
| 11:15AM – 12:30PM | The Therapeutic Approach |
| 12:30PM – 1:15PM | Lunch |
| 1:15PM – 2:00PM | Engaging Adoptive Families |
| 2:00PM – 3:00PM | Race and Culture in Adoption |
| 3:00PM – 3:15PM | Break |
| 3:15PM – 3:45PM | Clinicians' Beliefs About Adopted Persons, Adoptive Families, and Birth Families |
| 3:45PM – 4:00PM | Summary and Closing |

Reading List

Web Based Resources

Brown, J. (2008). Adoption and Sibling Relationships: What Children Have Taught Me. *Adoptalk*, Spring. Available at:

<http://www.nacac.org/adoptalk/siblingrelationship.html>

Child Welfare Information Gateway. (2012). *Common Mental Health Problems for Children, Youth and Families Involved in Child Welfare*. Available at:

<http://www.childwelfare.gov/systemwide/mentalhealth/common/>

Johnston, P. I. *Speaking Positively: Using Respectful Adoption Language*. Available at:

<http://www.perspectivespress.com/pjpal.html>

McKenzie, J. *The Future of Children: Adoption of Children with Special Needs*.

Available at: http://www.futureofchildren.org/usr_doc/vol3no1ART4.PDF

North American Council on Adoptable Children. (2007). *Post Adoption Services: Meeting the Mental Health Needs of Children Adopted from Foster Care*. Available at:

<http://www.nacac.org/adoptalk/postadoptpaper.pdf>

National Council for Adoption. *Principles of Good Practice in Infant Adoption*.

Available at: <http://www.adoptioncouncil.org/documents/BreakoutModuleB-SocialWorkTrack.pdf>

Raising Katie: What adopting a white girl taught a black family about race in the age of Obama.

Available at: <http://www.newsweek.com/id/194886/page/1>

Other Resources

Browne, K., Chou, S., Hamilton-Giachritsis, C. et al. (2007). *Moving Children from Institutions to Family Based Care*. Link (International Society for Prevention of Child Abuse and Neglect), Vol. 16(1).

Cahill, S., Battle, J. & Meyer, D. (2003). Partnering, parenting, and policy: family issues affecting Black lesbian, gay, bisexual, and transgender (LGBT) people. *Race and Society*, 6(20), 85-98.

Congress, E.P. (2001). Ethical Issues in Work With Culturally Diverse Children and Their Families. In N.B. Webb, *Culturally Diverse Parent-Child and Family Relationships: A Guide for Social Workers and Other Practitioners* (25-53). New York: Columbia University Press.

Schooler, J.E. & Atwood, T. (2008). *The Whole Life Adoption Book: Realistic Advice for Building a Healthy Adoptive Family*. Colorado Springs, CO; NavPress.

Schweig, W.K. & O'Brien, M. (2005). Special needs adoption: An ecological systems approach. *Family Relations*, 54(4), 512-522.

Wegar, K. (2006). *Adoptive families in a diverse society*. New Brunswick, NJ: Rutgers University Press.

Handouts: Module #2

Handout #2.1. Center for Adoption Support and Education: Certificate Program in Adoption Competency for Mental Health Professionals

Certificate Program in Adoption Competency for Mental Health Professionals

Module 1. Adoption History, Law and Process (At Home)

- Adoption history and law
- The different ways that children are placed with adoptive families
- Personal beliefs about adoption and the myths about adoption that clinicians may encounter in clinical work with children, youth and families.
- Skills in assisting clients with clinical issues related to the adoption process itself, including the court process
- Legal mandates regarding confidentiality and mandatory reporting of child maltreatment within the context of adoption

Module 2. Introduction to Adoption Competent Mental Health Practice

- The definition of “adoption competency” for mental health professionals
- The principles that comprise the theoretical and philosophical framework for the provision of adoption competent mental health services.
- Application of principles in building therapeutic relationships with adopted persons, adoptive families and kinship families and birth families.
- Role of race/ethnicity, class, gender/sexual orientation and birth family culture in adoption
- How biases and beliefs regarding adoption that may impact on clinical practice with adopted persons, adoptive families, and birth families

Module 3. Clinical and Ethical Issues in Planning, Preparing for and Supporting Adoption

- The differences between adoption and being in one’s family origin and between adopting and giving birth to a child.
- Family dynamics as a result of these differences
- Clinical skills in working with adoptive families on these issues
- The impact of community perceptions of adoption on the adoptive family
- The planning process for adoption.
- Issues that may arise in preparing children and youth, prospective adoptive parents, kinship families and birth families for adoption
- Specific modalities that clinicians can use in this preparation process and practice the use of these modalities
- Ethical issues in the client-therapist relationship in the context of planning, preparing for, and supporting adoptions

Module 4. Clinical Issues in Providing Therapeutic Services: Grief, Loss, and Separation

- The qualities of an adoption competent assessment and how to conduct such an assessment
- The developmental stages of the adopted child
- Critical clinical issues of loss, grief and separation in adoption
- Grief and separation from the perspective of the adopted person, adoptive families and birth families
- A grief model to develop/strengthen clinicians' skills in working with adopted children, youth, and adults
- Grief and loss issues for birth parents in relation to voluntary relinquishment and involuntarily termination of parental rights
- Grief and loss issues for adoptive parents
- Evidence-informed clinical interventions that address these clinical issues

Module 5. Trauma and Brain Neurobiology

- The impact of trauma on adopted children
- Tools and techniques to support children's recovery from trauma
- Research on early brain development
- The neuro-developmental impact of abuse, neglect and trauma in early childhood and the positive and negative implications of brain neurobiology on child and youth developments
- Clinical skills in intervening in response to the neuro-developmental impact of abuse and neglect in childhood
- Childhood anxiety disorders

Module 6. Clinical Issues: Attachment

- Attachment: healthy attachment styles, sibling separation, the match or mismatch in attachment styles of child and parent and the impact of foster care and institutional placement on attachment
- Evidence based practices to assess attachment and promote recovery
- The impact of genetics and past experience on developmental outcomes and the range of environmental, relational, and organic stresses that can impact well being
- Clinical skills to assist parents to understand the impact of early adversity on the child and how to promote recovery

Module 7. Adopted Adolescents and Identity Formation

- Adolescent development and the key areas of development in early, middle and late adolescence
- The concept of emerging adulthood
- The effects of abuse and neglect on adolescent development

- The process of identity development for all adolescents The specific identity development process for adopted adolescents
- Adoptive identity formation
- The role of parenting in strengthening their youth's identity formation
- Clinical interventions designed to strengthen identity formation
- The role of positive youth development in supporting adopted adolescents' identity development

Module 8. Adoptive and Birth Families

- Different types of adoptive families and the clinical issues that different types of adoptive families may experience
- Clinicians' own views and beliefs about different types of adoptive families and how they may impact clinical work with those families
- Clinical skills to work effectively with different types of adoptive families
- The needs of birth family members
- The clinical issues that birth family members – birth mothers and birth fathers and extended birth family members -- may present
- Clinical skills to address these issues
- Clinicians' own views and beliefs that may affect our effectiveness in working with birth families

Module 9. Adoptive Family Formation, Integration, and Developmental Stages

- The phases of adoptive family development and the normative challenges in adoptive family development
- Clinical issues that impact adoptive family formation and integration
- Clinical skills in working with adoptive families on these issues
- The developmental stages for the adopted person
- Factors that contribute to adoption instability
- Clinical skills in working with adoptive families to prevent disruption/dissolution, support adoptive parents in their parenting roles, help adoptive families cope with stress and promote healthy family development
- Clinical skills to assist families when out of home placement or adoption dissolution occurs

Module 10. Working with Adoptive Families to Manage their Children's Behaviors

- The behavioral challenges, learning disorders, and other special needs of adopted children that defy traditional parenting techniques
- A framework for understanding significant behavioral problems and relationship difficulties in special-needs adoptions

- Practical ways for mental health providers to consult with adoptive and foster parents on classic problems such as food issues/eating disorders, lying, stealing, bedwetting, encopresis, sleep problems, anger outbursts, fire setting, and parentified behavior
- Understanding behavior problems in the context of the child's history of past exposure to maltreatment and to dysfunctional family roles
- The impact of genetics and past experience on developmental outcomes and the range of environmental, relational, and organic stresses that can impact well being

Module 11. Openness in Adoption and Birth Family Culture

- Children's connections to the past and to their birth families
- The impact of secrecy
- The benefits of openness in adoption
- The continuum of openness and the clinical issues along this continuum
- Clinical skills to help children integrate their histories
- Clinical skills in assisting adoptive parents in exploring connections with birth family, opening a closed adoption, and closing an open adoption
- Clinical issues in search and reunion, including skills in working with families post-reunion
- The impact of birth family culture on adopted persons, adoptive families and birth families and identify
- Clinical skills in assisting adoptive families in understanding and integrating birth family (and birth country) culture into their family life

Module 12. Race and Ethnicity

- How race structures the lives of children and families, looking specifically at families when the child is minority and the parents are white
- Clinical skills in recognizing and talking about race in the clinical setting
- The impact of discrimination, prejudice, and racism on families, particularly transracial families
- Racial socialization and the factors that support healthy racial and ethnic identity
- Clinical skills in helping adopted persons develop a healthy racial, cultural and ethnic identity, supporting parents in developing or strengthening their ability to provide their minority children with survival skills and helping parents preserve their child's racial and cultural heritage

Module 13. Adjunct Therapies and Cross Systems and Community Practice

- Potential adjunct therapeutic interventions
- Assessment skills regarding appropriate adjunct therapies
- Effective cross systems and community collaboration on behalf of adoptive families
- The range of formal and informal resources that may be important for adoptive and kinship families

- Building a collaborative network of helpers for adoptive families
- Clinicians' own potential biases we might have about different service systems that might undermine our ability to work effectively with them

Module 13. Integrating Knowledge, Values and Skills

- Bringing together all that has been learned: knowledge, skills, and values

Handout #2.2. Definition: An Adoption Competent Mental Health Professional (Developed by the Center for Adoption Support and Education in collaboration with a National Advisory Board comprised of leading adoption practitioners, researchers, advocates and policy makers and importantly, adoptive parents)

An adoption competent mental health professional has:

- The requisite professional education and professional licensure;
- A family-based, strengths-based, and evidence-based approach to working with adoptive families and birth families;
- A developmental and systemic approach to understanding and working with adoptive and birth families;
- Knowledge, clinical skills and experience in treating individuals with a history of abuse, neglect and/or trauma; and
- Knowledge, skills and experience in working with adoptive families and birth families.

An adoption competent mental health professional understands the nature of adoption as a form of family formation and the different types of adoption; the clinical issues that are associated with separation and loss and attachment; the common developmental challenges in the experience of adoption; and the characteristics and skills that make adoptive families successful.

An adoption competent mental health professional is culturally competent with respect to the racial and cultural heritage of children and families.

An adoption competent mental health professional is skilled in using a range of therapies to effectively engage birth, kinship, and adoptive families toward the mutual goal of helping individuals to heal, empowering parents to assume parental entitlement and authority, and assisting adoptive families to strengthen or develop and practice parenting skills that support healthy family relationships.

An adoption competent mental health professional is skilled in advocating with other service systems on behalf of birth and adoptive families.

Handout #2.3: Post Adoption Services

Child Welfare Information Gateway (2006)

http://www.childwelfare.gov/pubs/f_postadoption.cfm

It is common for adoptive families to need support and services after adoption. Postadoption services can help families with a wide range of issues. They are available for everything from learning how to explain adoption to a preschooler, to helping a child who experienced early childhood abuse, to helping with an adopted teen's search for identity. Experience with adoptive families has shown that all family members can benefit from some type of postadoption support. Families of children who have experienced trauma, neglect, or institutionalization may require more intensive services.

This factsheet provides the following information regarding postadoption services:

- Postadoption issues that most adoptive families encounter
- Milestones (and developmental stages) that may trigger a need for postadoption support
- Types of postadoption services
- Finding postadoption services
- Paying for postadoption services
- Resources for adoptive families

Postadoption Issues That Most Adoptive Families Encounter

Because of the lifelong impact of adoption, members of adoptive families may want or need additional support, education, and other services as their children grow. The following are some issues for which families typically seek postadoption support.

Loss and grief. All adopted children experience loss at one or more points in their lives, and they may grieve their loss as they come to understand the role that adoption has played in their lives. They may struggle with understanding why they were placed for adoption and how that affects who they are. These feelings may change and reappear at different stages of life. Some adopted children may be confused by conflicting emotions about their birth parents—anger at having been placed for adoption or having their birth parents' rights terminated or worry about their birth parents' circumstances. All of these feelings may be acted out as hostility toward their adoptive parents.

Adoptive parents also may experience loss and grief issues of their own, often stemming from infertility issues or the stresses of the adoption experience itself. For some adoptive parents, these issues may cause strains in their marriages.¹

Understanding adoption. Children's understanding of adoption changes as they mature and can begin to comprehend its complex social and emotional foundations. Parents need to know how to answer children's questions at each stage of development.

Trust and attachment. Children who have experienced abuse, neglect, or institutionalization prior to joining their adoptive families often have not known consistent love and affection and may have difficulty trusting and attaching to their new family. In fact, any child separated from birth parents has experienced a break in attachment. These children may need help to begin to make sense of their history and come to terms with what has happened in their lives.

School problems. Children adopted from foster care often have experienced multiple placements among homes, as well as multiple moves among schools. An educational consultant or a child psychologist may be able to test for educational status and work with teachers from the child's school to ensure an appropriate education. School problems and the need for the services of an educational consultant may also be helpful for older children adopted through intercountry adoptions who already have some school experience in their former country.

Other school issues can arise around classroom assignments that are insensitive or inappropriate for adopted children, such as traditional "family tree" assignments or basic genetics lessons (e.g., identifying inherited family traits). Additionally, school is where many adopted children are first challenged to explain adoption to their peers, often as they themselves are just beginning to understand what it means. Some materials have been developed for adoptive parents and educators to use in the classroom and to educate teachers and other school personnel about adoption. Support groups may be especially helpful in pointing adoptive parents to appropriate materials.

Post institutionalization issues and behaviors. Children who have spent more than a few months in an institutional setting may have missed out on important developmental activities due to a lack of stimulation and suboptimal nutrition. They may have difficulties with feeding, sleeping, and speech, as well as difficulties in forming healthy attachments.

Identity formation. Teenagers who were adopted at any age may experience identity confusion as they confront the primary questions of adolescence—"Who am I? How am I different from my parents? Which of their values will I take as my own?" Young people who joined their families through adoption also must try to determine how these questions relate to their birth parents, who may be unknown and even unknowable. These questions may be further complicated if the child's race or birth culture differs from that of the adoptive family.

Birth relative contact. During the past decade or two, the professional adoption community has learned that many adopted children and adults desire or even need information about their birth family or to reconnect with birth relatives. This desire in no way reflects upon adoptive family relationships or the quality of parenting that adopted children received. Agency staff and private specialists can assist in providing information about birth relatives or in initiating contact, if desired, and mediating the relationships that may form.

Medical concerns. Children who have been in multiple placements may not have received regular medical care. These children, as well as children adopted through intercountry adoptions, often have medical information that is inaccurate and/or incomplete. It is important for all children to have as complete and accurate a health history as possible. Assessment by an adoption-competent physician will provide a plan to update a child's health and immunization status.

Racial issues. Adults who parent children of different races or cultures need skills to prepare their children to function successfully in a race-conscious society. A survey of adults who had been adopted from Korea as infants or children found that racial discrimination was one of the most profound issues they faced.² Parents who do not have personal experience as a target of racial prejudice must learn how to prepare their children as much as possible. (Information Gateway provides a factsheet on this topic, *Transracial and Transcultural Adoption*.)



Milestones That May Trigger a Need for Postadoption Support

Children understand, think, and feel differently about their adoption at different developmental stages. For most adopted children most of the time, thinking about adoption and its complexities does not occupy a large amount of time and focus. They are busy with schoolwork and sports activities, religious functions, social events, family gatherings, and squabbling with their siblings.

But there are times and events that predictably trigger adoption issues. Parents should watch for signs, such as changes in mood or eating and sleeping habits, indicating that their adopted child may need special support during these times. Children can be prepared by discussing the possibility that these triggers will cause a reaction, which a child likely cannot control. Parents should let their children know that they understand what is happening and will be there to help and find other resources as needed.

Common adoption issue triggers:

- Birthdays (of the adopted child, siblings, parents, birth parents)
- Anniversaries (of placement into foster care, an orphanage, or into the adoptive family, or the date of adoption finalization)
- Holidays (especially Mother's and Father's Days, but any holiday that involves family gatherings and sentiment, such as Christmas, Passover, or Thanksgiving)
- Entering kindergarten and first grade (which may be the first time an adopted child must explain adoption to peers; it can be the first time the child realizes that most children were not adopted into their families)
- Puberty (as children become sexually mature and able to conceive or father a baby themselves, thoughts of birth parents may arise)
- Adoptive mother's pregnancy and birth of child, or adoption of another child (may trigger doubts about the adopted child's place in the family)
- Adopted person's pregnancy and birth of child or fathering of a child (often a powerful trigger that may ignite interest in reconnecting with birth relatives, if only to obtain medical histories and updated information)

Types of Postadoption Services

The extraordinarily wide range of issues that can be addressed with postadoption services means that the services themselves must be diverse. Here are the most common types of postadoption services, including those that families have identified as most helpful.

Adoptive Parent Support Groups. In an adoptive parent support group, adoptive and prospective adoptive parents come together to offer and receive information and support from their peers. Parent groups offer their members and other participants a support system, friendships, educational programming, social interactions with other adoptive families, and advice from experienced adoptive parents. Parent groups exist throughout the country and vary extensively, from small playgroups for toddlers adopted through intercountry adoptions to large regional groups offering a range of programs and services to their members (who can number in the hundreds). Most parent groups are organized and administered by adoptive parent volunteers.

Parent groups may restrict their focus to families with children who share certain characteristics (such as having been adopted from a specific country or having been adopted through a public agency), or they may include all adoptive families in their programming. A number of national parent groups are organized into local chapters. Local adoption agencies and State adoption offices also may have information on newly formed groups. Parent groups can be located through Information Gateway's [National Foster Care & Adoption Directory](#).

Programs and services commonly offered by parent groups include:

- Telephone warm lines
- Buddy families
- Respite care
- Lending library
- Workshops/conferences
- Pre-adoption support
- Social activities
- Children's support groups
- Ethnic heritage activities
- Newsletter
- Legislative advocacy
- Information and referral

Online support groups. Available 24 hours a day, Internet support groups now number in the thousands. Through participating in these groups, parents will likely find families who have experienced exactly what they are going through and who will be able to provide helpful suggestions. Parents should remember, however, to use the same precautions with online support groups that are used for any Internet activity.

Psychological therapy/counseling. Members of adoptive families may at times want or need professional help as concerns or problems arise. Timely intervention by a professional skilled in adoption issues often can prevent concerns from becoming more serious problems. The type and duration of therapy will vary depending on the kinds of problems being addressed. Some families build a relationship with a therapist over years, "checking in" for help as needed. Others find they need a therapist's help only occasionally.

There are many types of therapeutic interventions and many kinds of clinicians offering adoption therapy. For information about adoption therapy, the kinds of issues that it can address, and how to find the right mental health professional, see [*Selecting and Working with an Adoption Therapist*](#).

Respite care. Sometimes parents just need to get away for a while, reframe their problems, and get some rest. Respite care is a service that offers parents a temporary break from their parenting responsibilities. It is meant for families with children who require more skilled care than babysitters can provide or for parents going through a crisis of their own. Respite care can be in-home, meaning the respite worker comes to the house and stays with the children while the parents go out. With out-of-home respite, the parents take the children to a designated site.

Respite care may be available on a regularly scheduled or crisis basis from a State postadoption unit or local adoption agencies, or through a local adoptive parent group.

Seminars/conferences. Many adoptive parent support groups, adoption agencies, and postadoption service organizations offer education in adoption issues through workshops and conferences that range in length from a few hours to a few days. At an adoption conference, parents can learn about the adoption topics that are most important to them, have questions answered by the experts, socialize with other adoptive family members, and have the opportunity to purchase adoption-related books and other informative materials. Topics covered at these trainings may include how to discuss adoption with children, strategies for building attachment, parenting challenging children, dealing with adoption at school, parenting children who have been adopted transracially, search and reunion issues, supporting cultural heritage in international adoption, and much more. Adoption agencies will often offer seminars on such topics as specific types of child behavior, child development, and talking to children about adoption. (Search the Information Gateway [conference calendar](#).)

Scholarships are sometimes available to help with the cost of attending adoption education conferences and seminars. State postadoption funding may be available for families who adopted through public agencies. Parents can check with conference organizers regarding scholarship opportunities.

Books and magazines. There are many helpful books on adoption for children and adults. Many of the children's books explain the "whys" of adoption and describe the process by which children are adopted. Some may help as children begin to question and discuss their own adoption story. Some of the books help parents look at the unique aspects of adoptive parenting. Others are written specifically for those who have adopted children with particular needs or who are parenting children from other cultures.

There also are a number of magazines for adoptive families, available by subscription or online. Each provides parenting information and support specifically for families formed through adoption.

Camps/recreational opportunities/heritage camps. Overnight camps or retreats are a powerful way for members of adoptive families to connect not only with others like themselves, but also with their own family members. Such events, typically weeklong, often combine adoption and ethnic heritage education and support with traditional camping activities. Family camps offer activities for all members of the family.

Other camps serve children of certain ages and/or ethnicities. Often siblings of children who have been adopted internationally are also included in heritage camp and find it enlightening to be among the minority, as their siblings frequently are. Heritage camp counselors are frequently older adopted youth, who provide critical role models for their younger counterparts. Frequently, camp attendees form powerful friendships with other adopted children, and they provide each other ongoing support all year long. In recent years, highly specialized camping experiences have become available for siblings separated by adoption to establish, reestablish, or strengthen their relationships with each other.

Finding Postadoption Services

Details about postadoption services in a particular area are available from local, State, and national information resources. Parents should call the public and private adoption agencies in their area and ask to be placed on their mailing lists for postadoption events. While some of these may be restricted to families who adopted through the agency, many postadoption services offered by agencies will be open to all adoptive families. Adoptive parent support groups also will have information about local agencies and organizations that provide postadoption services and their upcoming events.

The following is a listing of resources for information about local postadoption services.

Public and private adoption agencies. Many adoption agencies have a postadoption specialist on staff, and many larger agencies have complete postadoption services departments. Agencies may offer counseling by on-staff clinicians, or they can refer parents to adoption-competent therapists. Among the postadoption services offered by agencies are support groups for parents and children, educational workshops and events, cultural heritage events, respite care, and support with birth family relationships.

Specialized postadoption services organizations. Agencies offering postadoption services exclusively are becoming more prevalent throughout the country. They typically offer the same kinds of postadoption services as do adoption agencies, but they do not place children for adoption and may not be affiliated with any specific adoption agency.

Adoptive parent support groups. Parent groups offer information about local postadoption service providers and referrals to adoption-competent therapists. Educational events, respite care, and cultural events are among the many kinds of support a parent group may offer.

State and county adoption offices and postadoption specialists. Most State and county adoption offices have identified staff who are responsible for adoption and postadoption services or adoption subsidies. Larger jurisdictions may offer services themselves, but all will have information about local postadoption services and providers.

Adoptive parents can find out if their child is eligible for these services by contacting the adoption specialist for that jurisdiction. To find contact information for all of the State Adoption Specialists, search the [National Foster Care & Adoption Directory](#).

State postadoption resource centers. Some States now provide a resource center specifically for postadoption services. Some of these resource centers serve only those families who have adopted

children through domestic foster care, while other centers may have no restrictions on who is eligible to use their services. Most offer programs and all provide information about local postadoption services and providers.

Public and private mental health service providers. Mental health service providers will offer counseling on issues affecting adoptive families. Parents should be sure that the provider is adoption competent (has experience and is skilled in working with adoptive families) or willing to learn about the special issues and dynamics of adoptive families. (See *Selecting and Working With an Adoption Therapist.*)

Community health organizations. Local public health organizations provide mental health services and referrals to local clinicians. Parents should check to find out if the provider has experience with adoptive families.

Parents can find local contact information for these resources from Information Gateway's National Foster Care & Adoption Directory).

Paying for Postadoption Services

While many postadoption services are not free of charge to adoptive families, there may be Federal and State funding to support services for families who have adopted children from a public agency. Many children adopted from public agencies qualify for adoption assistance (subsidies) and Medicaid. These benefits are often used to purchase postadoption services. An adoption assistance agreement should spell out the types of postadoption services that will be reimbursed (such as respite care or counseling). To find out about postadoption services that are paid for by adoption assistance programs in a particular State, parents can access Information Gateway's webpage on Adoption Assistance by State.

If adoption assistance programs are not available, parents can check with their health insurance company or health maintenance organization regarding mental health benefits that may be applicable.

Some States may have additional funding to support families in attending seminars, conferences, and other educational events, or for other postadoption services. Parents can contact their State postadoption specialist for information on State postadoption funding, programs, and services that may be available.

Conclusion

Seeking out postadoption services is a common way for adoptive parents to find information or someone to talk to; for adoptive families who need more intensive or specialized services, there are places for them to turn. Such activities have become normal and expected for adoptive families. Clearly, there is nothing wrong (and everything right!) with a family that seeks postadoption support at any time throughout the lifelong process of adoption.

Resources

Child Welfare Information Gateway offers resources for adoptive families, including the following:

- [National Foster Care & Adoption Directory](#), a database of public and private agencies, State postadoption specialists, and adoptive parent groups
- [Database of upcoming conferences](#)
- The [Adoption Assistance](#) database, with information about postadoption services and funding provided by or through State agencies
- Listing of [national organizations providing support to adoptive family members](#)
- [Selecting and Working With an Adoption Therapist](#) factsheet

The North American Council on Adoptable Children provides resources for transracial families, a database of parent groups, and information on starting an adoptive parent support group.

The American Academy of Pediatrics offers a listing of pediatricians who specialize in adoption and foster care medicine, including international adoption clinics.

ARCH National Respite Network provides information about respite care and a searchable database of respite care providers.

National Adoption Magazines

- [Adoptive Families](#)
- [Adoption Today](#)
- [Rainbow Kids](#)
- [Fostering Families Today](#)

Acknowledgment: *This factsheet was developed by Child Welfare Information Gateway, in partnership with Susan Freivalds. This document is made possible by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The conclusions discussed here are solely the responsibility of the authors and do not represent the official views or policies of the funding agency.*

Suggested Citation: Child Welfare Information Gateway. (2005). *Postadoption Services: A Factsheet for Families*. Washington, DC: U.S. Department of Health and Human Services.

¹ The Federal government currently funds demonstration projects in [postadoption services and marriage education](#) in seven States, as well as the [Healthy Marriage Initiative](#); both of these efforts may help couples with the stresses associated with these losses. [Back](#)

² Freundlich, M., & Lieberthal, J. A. (2000) *A gathering of the first generation of adult Korean adoptees: Adoptees' perceptions of international adoption*. The Evan B. Donaldson Adoption Institute. Retrieved August 2005 from <http://www.adoptioninstitute.org/proed/korfindings.html> [Back](#)

Post Adoption Services Quiz

1. True or False: Most adoptive families do not need post adoption services or support.
2. Families who seek post adoption services most often need help with:
 - A. Their children's loss and grief
 - B. Their own loss and grief
 - C. Attachment issues
 - D. All of the above
3. Issues regarding an adoptive child's identity formation may be particularly complex when children have been adopted:
 - A. As an infant
 - B. Transracially
 - C. From foster care
 - D. Without their siblings
4. Which of the following would NOT likely trigger the need for post adoption services and support?
 - A. The child becoming an adolescent.
 - B. Mother's Day
 - C. The adoptive family taking a vacation together
 - D. The child starting kindergarten or first grade
5. Which of the following would NOT likely offered by adoptive parent support groups?
 - A. Information and referral
 - B. Financial support
 - C. Buddy families
 - D. Workshops
6. True or False: Families who adopt children from foster care can often use adoption subsidies and Medicaid to obtain post adoption services.

Handout #2.4.

The Principles of the Theoretical/Philosophical Framework for Providing Adoption Competent Mental Health Services

#1 Services are provided from an ecological perspective based on individual and family resilience and strengths.

#2 The family is the core client.

#3 The “adoption kinship network” is the constellation of relationships that must be acknowledged among adoptive, birth and sometime foster and extended family members.

#4 Adoption has an intergenerational impact.

#5 The adoptive family is the child’s permanent family.

#6 Race/ethnicity and culture are extremely important in clinical work with adopted persons, adoptive families and birth families.

#7 The child’s birth family is important in the child’s life.

#8 Adoption is a process, not an event.

#9 The issues that adopted persons, adoptive families and birth families face involve multiple systems.

#10 Post adoption services are important in promoting the healthy development and stability of adoptive families.

Handout #2.5. Questions for Prospective Therapists

Using the recommendations that they gather, parents can call prospective therapists or schedule an initial interview to find out basic information. Some therapists will offer an initial brief consultation that is free of charge. Parents should start by giving the clinician a brief description of the concern or problem for which they need help. The following are some questions to discuss:

1. What is your experience with adoption and adoption issues? (Parents should be specific about the adoption issues that impact their problem, such as open adoption, transracial adoption, search for birth relatives, children who have experienced abuse or institutionalization, children with attachment difficulties.)
2. How long have you been in practice, and what degrees, licenses, or certifications do you have?
3. What continuing clinical training have you had on adoption issues?
4. Do you include parents and other family members in the therapeutic process?
5. Do you prefer to work with the entire family or only with the children?
6. Do you give parents regular reports on a child's progress?
7. Can you estimate a timeframe for the course of therapy?
8. What approach to therapy do you use?
9. What changes in the daily life of the child and family might we expect to see as a result of the therapy?
10. Do you work with teachers, juvenile justice personnel, daycare providers, and other adults in the child's life, when appropriate?

Source: The Child Welfare Information Gateway, 2005

(http://www.childwelfare.gov/pubs/f_therapist.cfm)

Handout #2.6: Positive Adoption Language

Source: Adapted from Adoptive Family Magazine

http://www.adoptivefamilies.com/printable/positive_language.html

The way we talk – and the words we choose – say a lot about what we think and value. When we use positive adoption language, we say that adoption is a way to build a family just as birth is. Both are important, but one is not more important than the other. Choose the following positive adoption language instead of the negative talk that helps perpetuate the myth that adoption is second best. By using positive adoption language, you will reflect the true nature of adoption, free of innuendo.

Positive Language	Negative Language
Birthparent	Real parent
Biological parent	Natural parent
Birth child	Own child
My child	Adopted child; own child
Born to unmarried parents	Illegitimate
Terminate parental rights	Give up
Make an adoption plan	Give away
To parent	To keep
Waiting child	Adoptable child; available child
Biological or birth father	Real father
Making contact with	Reunion
Parent	Adoptive parent
Intercountry adoption	Foreign adoption
Adoption kinship network	Adoption triangle Adoption triad
Permission to sign a release	Disclosure
Search	Track down parents
Child placed for adoption	An unwanted child
Court decision to terminate parental rights	Child taken away
Child with special needs	Handicapped child
Child from another country	Foreign child
Was adopted	Is adopted

This short poem by Rita Laws first seen in *OURS: The Magazine of Adoptive Families* (now *Adoptive Families* magazine) attempts to point out humorously the impact of negative language in adoption.

Four Adoption Terms Defined

Natural child: any child who is not artificial.

Real parent: any parent who is not imaginary.

Your own child: any child who is not someone else's child.

Adopted child: a natural child, with a real parent, who is all my own.

Handout #2.7: Natasha's Case: Part 1 (From *Represent Magazine*:
http://www.youthsuccessnyc.org/mental/stories/opening_up-santos.html)



Opening Up

I found a therapist I can trust.

By Natasha Santos

“So what do you think about that?”

“What do you think I think about that?”

“Well, I think that you’re avoiding the question.”

For months, that was a typical conversation between my therapist and me. Rachel would ask me a question, and I would ask her the question back. I wasn’t going to easily give her access into my deepest thoughts. I had been seriously traumatized by bad therapists before. If this lady wanted me to trust her, she would have to work for it!

That’s exactly what she did. I hated it when she would ask me seemingly obvious questions like, “how do you feel?” and insist that I answer them. I usually wouldn’t at first. I’d give her an annoyed look and a blank-eyed stare and hope that she would let the stupid question drop. She never did.

A Bad Experience With Therapy

I decided to go to therapy when I was 16 because my mother had died, I was having trouble in school, and my adopted family was not the best at helping me handle my problems. First, I went to the school’s social worker, who encouraged me to go to a therapist. I went to the intake (first Module) with my mom, feeling very wary and uncomfortable. I was on the lookout for fake pity and stereotyping therapists.

From ages 9 to 12, I had gone to court mandated biweekly therapy Modules with my last foster mother, who spent 30 minutes telling the therapist how big a liar and thief and how disgusting I was, and spent the remaining 15 minutes lecturing me about I could be better and more loved if I would just change. “Just try, that’s all we’re asking, Tasha,” Diane would say with a smug smile on her face. Not really

listening, I would nod and smile. My therapist wasn't a very big part of the Module. It seemed like she was just there to agree with whatever my foster mother said.

At 14, I returned to the same therapist – and finally realized how clueless she was about my real needs. She was all about dealing with current problems, like what I had done in school that day or if I'd had an argument with my new foster mother. Her advice felt generic and uncaring. "Talk about it with them" was all she would say. I never did and she never asked for any follow up.

I stopped going to her after several Modules. I didn't say why. I just told everyone that I didn't need therapy. I felt that no one could do me any good. If I needed something, I would have to find it someplace else or not at all. If I was feeling sad or upset about something, I would go to my older sister, but even that had its limits. I usually ended up in my room crying and sulking until I couldn't pity myself anymore.

Those were depressing times.

The Need to Talk

Then my mother died and school troubles followed. About four months after my mother died, I was beginning to fail classes. I felt the need to talk but I didn't have anyone to talk to. My adoptive mother recommended therapy. But I wasn't going to open myself up to that hurt again. Instead, I met with the social worker at my high school. When she asked me if I would consider seeing a therapist, I said no.

But after meeting with the social worker a third time (the maximum allowed), I began to consider it. The school social worker listened to me and seemed to care about what I was saying, so maybe her colleagues would be the same way. The school social worker didn't condemn anything I did, but considered – and asked me to consider – the reasons behind my actions and feelings.

So my mom and I went to the intake just to see what it was about. We sat in the waiting room filling out form after form about my personality and what I was there for and my past history on therapy. I was nervous and slightly uncomfortable.

Handout #2.8: Natasha's Case: Part 2 (From *Represent Magazine*:

http://www.youthsuccessnyc.org/mental/stories/opening_up-santos.html)

Getting Comfortable

As we sat in the small waiting room, a group of about 20 kids filed out of the corridor and into the street. "You guys have 10 minutes for a smoke break," a woman called to them.

"Maybe this won't be such a bad place after all," I thought with a slight smirk. "What kind of place is so free as to allow teens to take a smoke break?" Unconventional. Good. Conventional therapy hadn't worked for me in the past.

I started seeing Rachel every week. I like Rachel's persistence. She has a calmness about her, which is good in case I ever decide to go completely emotional. One of my biggest fears is that in the midst of dealing with something, I'll go all emotional and do something I can't take back. I told Rachel about my fear, but she doesn't seem too concerned about it.

She wasn't in a rush to get me to the version of myself she thought I should be. Rachel seemed more human to me than any of my shrinks; she like to talk about clothes, she listened to music, and she's even let me borrow a CD or two. Rachel is real in a way none of my other therapists were.

A Bad Experiment

A couple of months into our Modules, Rachel suggested having a Module with my adoptive mother. I had been telling her how my mom and I were having trouble communicating with each other. Rachel felt that we needed a safe place to talk. I was completely against it because of my past experience with my old foster mom. But she was insistent, so within two weeks, I was sitting across from Rachel and next to my mom, feeling dreary and acting as bitchy as possible. If they wanted war, they'd get it.

"So Tasha, why are we here today?", Rachel said.

"I don't know, why?" I said, looking at the floor.

"Natasha, if you want us to help you, you're gonna have to communicate with us," Rachel said.

"I don't need this kind of help," I said, reaching for my third piece of chocolate from the candy dish she kept on her bookshelf.

"Why don't you put down that candy and talk to her," mom said in exasperation.

I wasn't talking to anyone. I'd been against this meeting from the start, and if it was gong to go to hell, I sure wasn't going to waste my breath and energy trying to save it. The Module proceeded like that until we left.

My mother exited the room stiff and silent. Rachel seemed severely annoyed. I was oddly pleased with myself. Later that night, at home, I apologized with a smirk on my face and my mother knew I was BS-ing, so she didn't accept it.

This One Gets It

In the next Module, Rachel wanted to talk about what had happened. I was interested in her analysis. "You have told me in the past," she said, "that you had been hurt when you had your foster mother in the room. And when you were put into that situation again last week, you were saying, 'No! I am not going to do this! Other people have hurt me in this way, and I am not letting you do the same thing.'"

"Yeah", I thought, "she got it." Maybe I could trust this one after all.

After six months, I began to open up to her more as I realized that everything we did and spoke about was really on my terms. I wasn't consciously aware that a connection was taking place. I noticed that I was talking more and that I wasn't always dreading the Modules, but I would never admit to trusting her as much as I did. I wasn't sure about how safe my feelings were. Hadn't I allowed other people to get close in this way before, only to get hurt?

Now, after two years, I finally feel comfortable enough to start conversations with her and tell her when I don't agree with her without being rude. I feel like she really cares about what I have to say and I value her opinion as well.

Finding a Way to Talk

I used to begin a Module by telling Rachel to ask me a question. If I liked the question, I would answer it, and if I didn't like it, I would tell her to ask me another one. Sometimes, I didn't want to talk about myself, just what was going on around me or in the world. She never pushed me to talk about myself in every Module.

After a while, I would freely tell her about what had gone on that day. Soon, we were having conversations about Diane (my former foster mother) and the state of black people in America.

Now Rachel and I usually discuss how I've been feeling over the week, and how much of that is from my past experiences and how much of it is a feeling that anyone might have in a similar situation. One time, I was telling her about a boy I liked and how afraid I was to approach him. I was mortified that he would say something really mean and self esteem-destroying to me and I would run home crying.

Rachel asked me how much of my fear came from what I knew about that boy and how much came from my past experiences living with foster parents and "wanting to be loved and accepted but getting rejection", as she put it.

I eventually came to the conclusion that I hadn't really seen or heard anything that should make me so nervous about approaching him. My fear came from my past. Experience had taught me that if I tried to

gain acceptance from someone, they would reject me. (I never approached the guy, though. As is the way of crushes, I was over it in another week).

A Work in Progress

Learning how my past experience is affecting my present life has made me more aware of what I think and feel, and more aware of what others may be thinking and feeling. I've become more confident knowing there's more than one way to look at any given situation.

It's taken a long time, but recently we started talking about why I had come there in the first place. It's been a slow process. It's not about how much I trust Rachel but how much I feel ready to deal with.

We haven't gotten around to talking about my mother's death (it's still too painful) but we have spoken about the memories I have of her, good and bad. She hasn't pushed the issue and I appreciate that.

I eventually changed schools and we spoke about what that meant to me in my educational career and life. I had a feeling of failure and terror similar to the one I'd had when I left Diane's house. We spoke about how a part of me felt it was essentially my fault Diane didn't want me and that's why I had to leave. And how I felt the same way about my school. We decided that sometimes people and places don't click and that it may not be anyone's fault.

Seeing Through My Mom's Eyes

The main thing that we are still working on is my adopted family and my place in it. I was adopted when I was 15 and have found it hard to understand my family, which comes from an entirely different culture. Rachel tries to get me to consider who my mom is and how impossible it is to make someone change.

Just last weekend, my mom and I were arguing over the rules in the house and how I should be neater and more respectful of her rules. I felt – and still feel – her rules are unfair and odd. I feel like she wants me to behave like an adult but still treats me like a child. We argued for about an hour until she left.

She hasn't really spoken to me in the past five days and I haven't really had anything to say to her. But I got to thinking last night about how she must feel about me and the place she's had to make for me in her life. Perhaps she's worried that I'll start going crazy now that I am 18. Perhaps she's worried that if I haven't learned neatness and respect at 18, then when will I learn it?

I've decided to bring all of this up with my mom the next time I see her. Before I met Rachel, I probably would never have considered looking at things from my mother's point of view. Rachel taught me to try to see things through others' eyes.

It's a good thing I've done it, too, because I'm only allowed to be in the program until I'm 19. Before I leave, I want to be able to deal with things by thinking them through, and understand people's limitations. I'm working toward that with Rachel. I feel more confident and safe knowing that I've learned how to think and solve my problems myself.

Handout #2.9. Case Scenarios: Engaging Adoptive Parents

How might you incorporate the key characteristics of the therapeutic approach in working with and engaging these adoptive parents?

Scenario #1: Sudra is the 43-year old adoptive mother of three-year-old Amare whom she adopted from Ethiopia four months ago. She is feeling overwhelmed. She says that Amare cries every night and is inconsolable. She has put together a wonderful bedroom for him but he doesn't seem to want to sleep there. What might you explore with Sudra about Amare's experience of adoption in this initial Module with her?

Scenario #2: Tom and Sandra meet with you after working with another therapist who focused on their parenting style as a key factor in their adopted teen's destructive behaviors. They adopted their son, Deven, now 16 years old, at age 12. He was sexually abused as a young child; spent seven years in foster care in five different placements; and seems to be very angry most of the time. Tom and Sandra have tried everything they can think of to control Deven's aggressive behavior – his throwing and breaking things, making threatening remarks to the neighbors, and fighting at school. They believe that they may be making his behavior worse. What might you focus on in your initial conversation with Tom and Sandra?

Scenario #3: Derrick, Shoshana's uncle and his partner, Steve adopted Shoshana as an infant when Derrick's sister, Libby, who was HIV affected, made the decision that she could not raise her. Shoshana tested positive for HIV at birth but a few months later, she seroconverted. The plan was always that Libby would remain in touch and play a role in Shoshana's life. However, Libby has only occasionally sent postcards to Shoshana and has not done so at all for almost a year. Shoshana is now 10 and wants to know more about her mother and why she placed her for adoption. Derrick and Steve come to you, uncertain of what they should tell Shoshana. What would you focus on in your first Module with them?

Handout #2.10.

Life in An Orphanage

Rita Taddonio, CSW, Director of SPARK (Child Development Program) at Spence-Chapin

Orphanage life requires different skills than family life. In fact, survival skills for life in an orphanage may be "dysfunctional" in a family or American school system.

- Life in institutions is often based on submissive/dominance models; therefore, once in the adoptive family's home, the child may seem too aggressive or too passive.
- If a child had to be very self-sufficient for survival, or was older and became a caretaker for younger children in the institution, it will be hard for the child to let the parent be a parent.
- The extremely routinized life in institutions does not equip children with skills to handle transitions.
- In an institution, everything is outer regulated: when you sleep, when you eat, when you go to the bathroom - so a child doesn't have any opportunities to learn self-regulation or deal with choices.
- In an institution, there are many changes over which a child has no control - staff, changes in what room he/she lives in because of age. This can create control issues and/or a lag in developing trust.
- Living with multiple caregivers may result in indiscriminate friendliness. This is not the same as attachment disorder.
- There are times when attachment disorder is an issue - but it can be dealt with successfully with appropriate intervention.
- The children will not be used to having things of their own. It will take time to learn the concept of personal property.

Some Practical Tips for Adoptive Parents: The Transition from Orphanage to Home

While You Wait

1. Educate yourself about the effects of institutionalization on development.
2. Examine what expectations you have for your child, for yourself as a parent, and for your new family - and consider how realistic they are.
3. Try to get a clear understanding of the developmental stage/capabilities typical of the specific age of your child.
4. If your child is older than two years, try to learn some simple phrases in her/his native language.
5. Try to have ongoing contact during this waiting period - send pictures, letters... involve siblings in drawing pictures, etc.
6. Send or bring a transition object - a small stuffed animal, a blanket. Hopefully orphanage staff will share photos or letters with your child but they may not. You can ask them to send drawings if your child is older. This may not happen either but it doesn't hurt to ask.

Saying Goodbye at the Orphanage

1. Try to have time to say goodbye properly, not rushed. Bring something the child can give to caretakers.
2. Take pictures with an instant camera and give them to caretakers. Take photos of your child with caretakers, other children, the orphanage, and the town to take home.
3. Bring a transition object (in case the one you sent got lost).
4. Bring activities for the plane.

Transition at Home

1. Presume your child's development will be delayed in at least one area, maybe more. Early childhood specialists agree that there is about a 1 month delay for every 3 months in an institution.
2. Be aware that socially and emotionally your child may be operating on the level of a child younger than her/his chronological age.
3. Avoid sensory overload - keep gatherings low-key, don't fill their room with "stuff."
4. Make sure you are the one doing all the "parenting" tasks such as bathing, feeding, putting to sleep - no matter how much grandparents or aunts/uncles want to do it.
5. Try to be fairly consistent with structure and routine.
6. If possible, allow your child to have a transitional object - a picture of friends from the orphanage, a stuffed dog or blanket you brought with you when you went to get them in their country.
7. If at all possible, take as much time as you can off from work to be with your child during this transition time, not just for the time you need to be in their country, but when you come home as well.

8. Remember that bonding doesn't "just happen." Provide experiences and interactions that will promote bonding.
9. Think about testing and finding appropriate school programs.
10. Again, give yourself and your child time to fall in love.

Handout #2.11. Race and Culture in Adoption

Issues of Race

When a White adoptive families adopts a child of color

- The family may have little or no former experience with people of the child's race/culture.
- The family may have only had experiences with people of the child's race/culture who were in service roles for them (housekeepers, gas station attendants, other positions of lesser power).
- The family may not have information on how to meet the child's basic personal care needs – such as taking care of the child's hair and skin.
- The family may be uncertain how to find role models who are of the child's race/ethnic heritage.
- The family may experience negative reactions from family, friends, and neighbors about adopting a child of color.
- These individuals may react to the child by ignoring the child, treating the child as if he/she does not belong in the family, or making negative remarks about the child's race/ethnicity.
- Socially, these adoptive families may experience racism, discrimination and overt or covert expressions of prejudice.
- Others may see the adoption as based on a "child saving" mentality as opposed to the adoptive parents' love for the child and desire to be his/her parents.

When a Black family adopts a White child.

- The family has likely had experience with White people and their experiences may range from positive to highly negative.
- The family may have had primary experience with White people as bosses or in positions of greater power.
- The family may experience negative reactions from family, friends, and neighbors about adopting a white child.
- These individuals may react to the child by ignoring the child or treating the child as if he/she did not belong in the family. .
- Socially, these adoptive families may experience racism, discrimination and overt or covert expressions of prejudice from people of color and White people.

Gender and Sexual Orientation Issues

- Depending on the community, gay/lesbian-headed families may or may not be accepted as neighbors and friends.
- The adoptive parents may not have “come out” to the world; adopting pushes them to “come out” and cope with the responses of others.
- Having a child will bring the gay/lesbian parents into aspects of their community that they have not previously experienced and that may be or may not be welcoming: child care, school, recreation.
- Media messages may be negative about gay/lesbian adopters.
- Youth who are adopted may be in the process of exploring their sexual orientation or may determine that they are gay/lesbian. Prospective adoptive parents need to understand the psychological and social issues that may arise for the young person. The prospective adoptive parents’ needs may vary depending on the sexual orientation of the parents.
- Adoptive parents of gay/lesbian youth may need support and assistance in understanding their child’s needs and how to respond to them in a supportive way. The adoptive parents’ needs may vary depending on the sexual orientation of the parents.

Adoptive Family Culture

- What the parents like most about their children
- The family’s goals for itself
- Parents’ goals for their children
- What the family sees as their biggest accomplishments.
- What makes the family happy
- Their favorite memories
- What parents view as their best qualities as parents
- The family’s “special rules”
- Who their friends are, who they call when they need help or want to talk, and who they consider to be supportive
- Traditions or cultural events in which the family participates
- Special values or beliefs that they learned from their parents or others

Adoptive and Birth Family Culture: Similarities and Differences

- Socioeconomic status
- Educational background/interests
- Employment type
- Religion
- Language
- Traditions and celebrations
- Ways of communicating within the family
- Most meaningful connections in the community

Handout #2.12 Therapists' Values and Beliefs about Adoption

1. How have your experiences with adoption (if any) affected you personally and/or professionally? How might those experiences have affected how you think about adoption?
2. If the therapist was herself a birth mother, how might her personal experience affect her view of adoption?
3. How might a therapist think about adoption if he were adopted by an aunt and lived happily and healthily within an extended family that included his birth mother and father?
4. How might a therapist think about adoption if her clients are principally infertile couples who are attempting to adopt and who have experienced situations in which birth mothers changed their minds about agreeing to the adoption?
5. How might a therapist view adoption if she recently has had two cases in which, despite her intensive work, the parents made the decision to end the adoption?