Module #11: Openness in Adoption

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

Learning Objectives
Students will be able to:

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

Materials Needed
- LCD Projector and Screen
- Flip chart markers
- Copy of PowerPoint Slides
- Handouts:
  - Handout #11.1: The Pros and Cons of Confidential, Mediated and Open Adoptions
  - Handout #11.2 Quiz Openness in Adoption Pre-test/Post-test Quiz
  - Handout #11.3: Key Principles Supporting Openness in Adoption
  - Handout #11.4: Children’s Rights and Open Adoption
  - Handout #11.5: For Discussion: Considering Openness
  - Handout #11.6: Post Adoption Contact Agreement: California (found on the C.A.S.E. website)
• Handout #11.7: Clinical Implications of Different Forms of Adoption: Closed Adoptions
• Handout #11.8: Clinical Implications of Different Forms of Adoption: Mediated Adoption
• Handout #11.9: Activity: Clinical Issues for Children in a Fully Disclosed Adoption
• Handout #11.10: Clinical Implications with Birth Fathers in Fully Disclosed Adoptions
• Handout #11.11: Quotes from Birth Fathers in Fully Disclosed Adoptions
• Handout #11.12: When Your Child Has Birth Siblings
• Handout #11.13: Examples of Presenting Situations that would Bring Referrals to the Therapist
• Handout #11.14: Clinical Approaches to Help Adoptive kinship network Members in Integrating Histories and Role Play Assignment
• Handout #11.15: Adoption and Social Media: Recommendations for Healthy Communications
• Handout #11.16: Ideas for Families Coming Together to Form a Relationship: Making a Plan
• Handout #11.17: Tamara
• Handout #11.18: Search and Reunion
• Handout #11.19: Answers to Quiz
Pre-Module Assignments
Module #11: Openness in Adoption

Student Assignment Checklist

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

Student Assignments

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

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

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

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

Pre-Module Assignment #11.4. Download Handout #11.6 from the C.A.S.E. website. This provided one example of a post adoption contact agreement from California. Review and be prepared to discuss in class.
Teachers’ Assignments

Students are assigned to:

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

There are no teacher assignments for this Module.
Module #11. Openness in Adoption

Agenda

9:00AM – 9:10AM  Welcome; Announcements and Introduction to the Day

9:10AM – 10:45 AM  Introduction

10:45AM – 11:00AM  Break

11:00AM – 11:45AM  Clinical Implications in Open Adoption

11:45AM – 12:30PM  Birth Fathers and Openness in Adoption Adoption

12:30PM -- 1:30PM  Lunch

1:30PM – 1:45PM  A Movie

1:45PM – 2:15PM  The Adoptive kinship network and Therapeutic Assessment

2:15PM – 3:15PM  Integrating Children’s Histories

A break will be called during this segment.

3:15PM – 3:30PM  The Openness in Adoption Relationship

3:30PM – 3:45PM  Open Adoptions Become Closed

3:45PM – 4:25PM  Search and Reunion

4:25PM – 4:30PM  Summary and Closing
Module #11: Openness in Adoption

Teaching Script

9:00AM – 9:10AM Welcome

9:10AM – 10:45AM Introduction [Learning Objectives # 1]

Lecture

In our Module today, we will talk about open adoption, the levels of openness, and the research supporting this form of family building. We will address the variety of relationships that occur amongst the adoptive kinship network (AKN). For purposes of this class, we will address primarily Mediated Adoptions and Fully Disclosed Adoptions, which contain elements of openness, as opposed to Closed or Confidential Adoptions, which do not.

In addition, we will look at the clinical issues that may arise when there is openness in adoption. We will also look at the clinical issues when an open adoption is closed, when a closed adoption is open, and when search and reunion take place. You will have opportunities to integrate expanded kinship network needs, develop skills in helping children integrate their histories (including issues of cultural differences that play in the expanded adoptive kinship network), and address the added clinical issues of birth fathers in an open adoption.

Our thanks to Sharon Roszia and Carol Bishop for their leadership in the development of this training Module.

Large Group Discussion: Before we begin, what adoption issues have arisen in your practice since our last class?
Let’s begin our work today by reviewing the learning objectives for this Module.

Students will be able to:

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

Large Group Discussion

Have you had experiences with openness in adoption personally? Have you had experiences in working with adopted children, youth or adult or with birth families or adoptive families around openness in adoption?

Note to Trainer: Facilitate discussion on students’ personal and professional experiences with openness in adoption.
Large Group Discussion

• Based on your personal and professional experience, what types of continuing relationships might be important to an adopted child/youth following adoption?
• How have you seen continuing relationships been sustained’?

Large Group Discussion

Why are continuing relationships important? When might continuing relationships not be appropriate?

Lecture

We will talk more about all of these issues in our Module today.

Large Group Discussion: When we talk about openness in adoption, what words would you use to describe the concept?

Note to Trainer: Add the following as needed from the work of Sharon Roszia and Carol Bishop:

• Child-focused
• Inclusive and respectful
• Unfolds over time
• Active and dynamic
• Trusting
• Both structural and communication based
• An attitude of the heart
• Shrinking and expanding

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Lecture: What Openness in Adoption is NOT

Let’s look at what openness in adoption is not:

It is NOT:

- Closed or confidential; it is not static.
- Shared parenthood; there is one legal set of parents who do the day-to-day parenting and make all primary decisions. Although they may consider others’ input, including the birth family, they are the final decision makers.
- Like an open marriage or an open book – privacy still must be maintained as appropriate. Role definition and maintaining privacy are keys to acknowledging good boundaries and role modeling for the children involved.
- About having an “open house.” Each family can decide what’s appropriate in terms of how visits are arranged and scheduled.
- An answer to all of adoption’s losses, and the ramification of those losses. Loss still occurs. People may still feel or fear rejection, may suffer from some shame or guilt, and certainly can grieve profoundly. It is not easy for the adoptive family to see the birth family’s grief without feeling responsible for it. It is not easy for the birth family to see their child loving other parents and calling someone else “Mommy” and “Daddy.” It is not easy for grandparents, aunts, uncles and cousins of the adoptive family to share their role with members of the birth family. It is complex as each one defines his or her roles, what they are to be called, and who attends what activities and holidays.

Lecture: What are the Different Levels of Openness in Adoption?

The research and literature on openness in adoption have described three major types of openness though it is important to recognize that any given arrangement may change over time.

The three major types are:
1. **Confidential adoptions** in which there is no contact between the adopted child/adoptive family and the birth family and no identifying information is shared. In these adoptions, only nonidentifying information – such as medical history, personal characteristics [height, hair color, eye color] – is share and the information is provided through a third party such as the adoption agency or an attorney.

2. **Mediated adoptions** – sometimes called semi-open adoption. In this type of adoption, cards, letters, and/or photographs are shared between adoptive families and birth families through an intermediary (agency or attorney).

3. **Open or fully disclosed adoptions** involve direct interaction between birth and adoptive families. Their identities are known to one another.

It is typical that different levels of relationships might be formed with different members of the adoptive kinship network. Fully disclosed adoptions may move into a less open or mediated relationship because of safety or boundary issues, either temporarily or permanently. Closed adoptions may become open as a result of the need for information, perhaps due to a medical crisis, or because the adoptee expresses the need for reconnection to the family of origin. Adoptions can move from open to closed in some cases, as well.

**It is important to recognize that the level of openness should be decided on a case-by-case basis.**

There is no one level of adoption openness that best fits all families. Each type of adoption has its own benefits and challenges that should be considered for each particular situation.
In your small groups, review the pro’s and con’s of each type of adoption developed by the Child Welfare Information Gateway: confidential adoptions, mediated adoptions, and open adoptions. After your review, work together on the key points about the different options that you would make to prospective adoptive parents. How would you educate prospective adoptive parents about the options that are available? Feel free to disagree with some of listed pro’s and con’s!

*Note to Trainer: Allow about 10 minutes for this activity.*

**Report Out**

*Facilitate reporting out of the groups’ work on this activity.*

**Lecture**

*Adoption should be viewed as an ongoing process rather than a discrete event.*

Open adoption is based on relationships and, like all relationships, grows and changes over time. As birth and adoptive families grow and change, the need for communication changes as well. For example, older adopted children may have more questions about their birth family than they had as toddlers. Adoptive and birth parents need to be open to the needs of children as they get older and gain a sense of ownership over the relationship they have with their birth families.

**Here are some factors associated with increased openness:**

- The birth and adoptive parents' mutual concern for the child's well being.
- An emergence of friendship or a personally satisfying relationship between the birth and adoptive parents.
- Regular flow of communication between the birth and adoptive families.
Here are some factors associated with decreased openness:

- Parties living far away from each other.
- Major differences in life situations, interests, or values.
- Relatives or friends who discourage contact.
- Change in a birth mother’s situation such as marriage or the birth of another child.
- Inability to negotiate a mutually agreed upon comfort zone of contact.
- Adoptive parents feeling that contact is becoming stressful for the child.
- Inability of agency intermediaries to keep up contact to everyone's satisfaction.

When we talk about openness in adoption, the term now being used most commonly is the adoptive kinship network rather than the adoption triad. The concept, adoptive kinship network, recognizes that often the network of caring people in a child’s life extends beyond the birth parents and adoptive parents to include extended members of the birth and adoptive family as well as fictive kin – people who are not biologically related to the child but are like family.

Each adoptive kinship network participant will make choices concerning their own participation in the AKN over time. In the same adoptive family, there may be a very open relationship with one child’s birth family and not with another child’s birth family based on the request or availability of the family of origin. As a child joins a family, the adoptive kinship network expands to include all members of the network.

In your pre-Module assignments, you completed a quiz about open adoption that was provided to you on Handout #11.2.

You completed this quiz and now have your Pre-Test answers. At the end of the day, you will use this same form and fill in the Post-Test line and see if your answers have changed.

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Current adoption practice favors openness in adoption, in contrast to practice in the past that favored closed/confidential adoptions. Handout #11.3 provides some of the key principles on which current practice around openness in adoption is based. Let’s look at each of these.

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

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

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

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

- **Open adoption allows for fresh information to be integrated into the child’s understanding of themselves in an appropriate developmental phase.** Knowledge prevents the child from creating a false past. For adoptive parents, knowing the child’s family of origin helps them to understand how best to parent this particular person and to incorporate the child’s cultural, racial and spiritual identities.
• **An open adoption allows for sibling connections over time, which offers the child the opportunity to see him or herself reflected in another human being, through interests, humor, skills and temperament.** In placements of older children from the child welfare system, connections between siblings also provide access to family history, common experiences and validation of memories.

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

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

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

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

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

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

• **Adults shoudering the burdens that adoption can create for a child.** The belief that the adults need to carry the extra tasks that adoption creates for children and families, rather than placing that work on the shoulders of the growing, developing child.
In your pre-Module assignment, you read Handout #11.4 Children’s Rights and Openness in Adoption which summarizes the rights of children as they relate to openness.

**Small Group Work**  
*Handout #11.4*

Divide students into small groups and assign each group a different age group: Infants, pre-schoolers, school age children and adolescents. Ask the groups to develop at least 5 ways that the listed children’s rights apply to the age group that they have been assigned.

**Report Out**

Ask each group to report on their discussion and key points for the assigned age group.

**Lecture: Research on Openness in Adoption**

Research clearly indicates that no one level of adoption openness is best for everyone. A variety of options should be made available to families. Researchers recommend that agencies present the advantages and disadvantages of openness and help birth parents and adoptive families identify the degree of openness best for them.

Let’s look at the research that has been done on openness in adoption for children who are adopted privately. We will talk about openness in adoption for children in foster care next.
It is important to note that openness in adoption is a continuing source of controversy— but much of the debate is based on philosophical differences rather than empirical research. In the past, research was difficult because most adoptions were confidential and, thus, "invisible." Studying openness in adoption continues to be a challenge, because no two adoptions are alike and relationships are constantly evolving. However, here is what existing research indicates. These research findings are taken from the Minnesota Texas Adoption Research Project, the only longitudinal study to compare open adoption to other types of adoption. More detailed information about this research can be found at:  http://www.psych.umass.edu/adoptions/

Many fears regarding open adoption are based on myths.

- Parties in open (fully disclosed) adoptions are NOT confused about their parenting rights and responsibilities.
- Birth mothers do NOT attempt to "reclaim" their children.
- Children in open (fully disclosed) adoptions are NOT confused about who their parents are. They do understand the different roles of adoptive and birth parents in their lives.
- Differences in adolescent adoptive identity or degree of preoccupation with adoption are NOT related to the level of openness in the adoption.
- Adoptive openness does NOT appear to influence an adopted person's self-esteem in any negative way.
- Adoptive parents in open adoptions do NOT feel less in control and, indeed, have a greater sense of permanence in their relationship with their child.
- Open adoption does NOT interfere with adoptive parents' sense of entitlement or sense that they have the right to parent their adopted child.
- Birth mothers in open and ongoing mediated adoptions do NOT have more problems with grief resolution; indeed, they show better grief resolution than those in closed adoptions. Researchers did find that birth mothers in time-limited mediated adoptions (where contact stopped) had more difficulty resolving grief at the first interview of the study (when the children were between 4 and 12 years old).

Since the early 1990s, the work of private adoption agencies has changed dramatically. More birth mothers are requesting openness. Some adoption agencies have seen an increase in placements since they began offering openness options. In the case of open adoptions, birth mothers, rather than adoptive parents, are often viewed as the agency's primary client; the initial decision making regarding openness rests in their hands.

Adoption caseworkers participating in the Minnesota/Texas Adoption Research Project (MTARP), whose agencies moved toward greater openness, reported positive experiences with this change. In order to be effective, professionals working in adoption need to be attuned not only to their own philosophy of adoption, but also to how to work effectively with clients whose personalities and relationship histories vary greatly.

What about children in foster care who already know their birth families?
Children in foster care whose goal is adoption are likely to achieve better outcomes by maintaining their existing connections with extended birth family members, siblings, and other adults with whom they have significant attachments.

Systematic research, however, has not been conducted on open adoption of children from foster care. According to the Adoption and Foster Care Analysis and Reporting System (AFCARS) Report #18, published in June 2011, 85 percent of the children adopted from foster care in fiscal year 2010 were adopted by either their former foster parents (53 percent) or a relative (32 percent). These adoptions are often open either because of a relationship developed between the birth and adoptive parents when the children were in care, or because the children know their birth families, know their addresses and phone numbers, and may contact them whether or not the adoption was intended to be open.

Greater use of concurrent planning and dual licensure has contributed to increased numbers of adoptions by foster parents throughout the country and may increase openness in adoption as well.

- By way of review, *concurrent planning* is working intensively toward one permanency goal for a child -- typically reunification with the child’s birth parents -- while, at the same time, developing an alternative plan for the child’s permanency – often adoption by the child current foster parents. Its purpose is to overcome barriers and delays in ensuring that each child in care exits foster care in a timely way to a permanent family.

- *Dual licensure* means that foster parents and adoptive parents go through the same screening and interview, home study, training and background check processes, and in the end receive the same “approval” to provide foster and/or adoptive care. Dual licensure allows for a foster parent, who has cared for a child for some length of time, to naturally and easily change their role from that of a foster parent to an adoptive parent, without having to go through an entirely new home study and training process.

**Small Group Work**

We have discussed the reasons that openness in adoption is beneficial for children. In your small groups, discuss the circumstances when openness in adoption would not be in the best interests of a child in foster care.
Facilitate the groups’ reporting out.

As needed, emphasize the following points: In some cases, including the child in a relationship with the birth parents may not be in his or her best interest. This may be true if:

- A birth parent is unable to maintain appropriate relationship boundaries with a child due to mental or emotional illness.
- There has been so much violence directed at a child that any contact with that parent would only result in more trauma for the child.
- Even when it is not safe for the child to maintain an open relationship with a birth parent, an extended family member may be able to provide a link to the child’s past without causing additional trauma.
- In your role as an adoption-competent mental health provider, you may be in a position to help in the decision making about the amount of openness to include in a child’s adoption.

Small Group Work

Return to your small groups and consider the scenarios on Handout #11.5. How would you advise the adoptive family and/or the child welfare agency about openness in adoption? Allow about 8 minutes for this activity.
Facilitate the reporting out. *Talking points are in italics after each of the two scenarios to be covered as needed.*

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

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

- **There are different considerations around openness with different members of James’ birth family.**
- **James’ sister, Jamira, is being adopted by another family. It would be important to explore how to maintain connections between these siblings. Working with both adoptive families around openness is one possibility.**
- **Shakira’s sister has played a key role in keeping the children safe in the past. It would be important to explore James’ relationship with her and how that relationship might be sustained.**
- **It would be important to know more Shakira’s current status, James’ relationships with her, how James has clarified and integrated his experiences with his mother, including the episode that brought him into care. How has Shakira been involved in James’ life since he entered care? How has he reacted to any contacts with her? What are James’ feelings about any level of connection with his Shakira?**

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

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How would you work with Amanda and Lilly about openness in adoption in this relative adoption situation?

- It would be important to fully understand how Lilly feels about any level of contact with her mother.
- It would be important to fully understand Amanda’s sense of safety for Lilly if there were contact with Lilly’s mother at any level.
- Can Amanda make and adhere to boundaries regarding contacts from Lilly’s mother if she chooses to contact Lilly?
- Are there other family members who can be a support to Amanda and Lilly and remain involved in Lilly’s life?

Lecture

The professional adoption community has not yet resolved certain aspects of openness in adoption. State laws and agencies have dealt with these issues in a variety of ways depending on their philosophies and experience.

Large Group Work: What did you learn about the various legal approaches to openness in adoption?

Note to Trainer: Facilitate students’ observations from their research on different states’ approaches to post-adoption contact.

Make the following points:

- In general, state law does not prohibit post-adoption contact or communication. Because adoptive parents have the right to decide who may have contact with their adopted child, they can allow any amount of contact with birth family members, and such contacts often are arranged by mutual understanding without any formal agreement.
A written contractual agreement between the parties to an adoption can clarify the type and frequency of the contact or communication and can provide a way for the agreement to be legally enforced. Many states currently have statutes that allow written and enforceable contact agreements.

These agreements specify the type and frequency of contact and are signed by the parties to an adoption prior to finalization.

Modes of contact can range from an exchange of information about the child between adoptive and birth parents to the exchange of cards, letters, and photos to personal visits with the child by birth family members.

The phrase “parties to an adoption” generally refers to the birth parents (or other person placing the child for adoption) and the adoptive parents; it may include the adopted child under the laws of some States.

For the agreements to be enforceable, they must be approved by the court that has jurisdiction over the adoption. Generally, all parties to be included in the agreement must agree in writing to all terms of the agreement prior to the adoption finalization. The court may approve the agreement only if all parties agree on its provisions, and the court finds the agreement is in the best interests of the child.

Disputes over compliance and requests for modification of the terms also must be brought before the court. Any party to the agreement may petition the court to modify, order compliance with, or void the agreement. The court may do so only if the parties agree or circumstances have changed, and the action is determined to be in the best interests of the child.

Handout #11.6, which you downloaded from the C.A.S.E. website, provides you with two examples of post adoption contact agreement that are used in California. What are your thoughts on these agreements?
Much remains to be understood about the impact of laws on post adoption contact. Some of the issues are:

- What is the definition of "the best interests of the child" in cooperative adoption agreements?
- How should cooperative adoption agreements be modified if parties request a change?
- How are open adoption arrangements working in independent adoptions, where they are negotiated without the involvement of agency personnel?

At the same time, systematic research has not been conducted or is inconclusive on a number of other issues:

- What is the ongoing impact of open adoption on older children who remember their birth families?
- Is it ethical to use promises of ongoing future contact with their children as an incentive for birth parents to relinquish parental rights?
- How do adopted persons develop identity in open adoptions in a variety of social contexts? (MTARP examined a fairly homogenous sample of middle class adopters of children from the United States. How might results differ with different ethnic groups or children adopted internationally?)

10:45AM – 11:00AM  Break

11:00AM – 11:45PM  Clinical Issues in Open Adoption [Learning Objectives #2]
Lecture

Our primary focus this morning is on the *clinical issues in fully disclosed adoption*. But first, let’s look at some of the clinical issues in closed or confidential adoption and mediated adoption. Look at Handout #11.7 Clinical Implications of Different Forms of Adoption: Closed/Confidential Adoptions.

Review together the clinical issues that can impact adoptive parents, children and birth parents in closed or confidential adoptions. Which of these clinical issues have you seen in your work with families with closed/confidential adoptions? Are there clinical issues on the list that are “new” to you as you consider the impact on adoptive parents, adopted children/youth and birth parents?

Facilitate a reporting out of the small groups.

Return to your small groups and review together the clinical issues that can impact adoptive parents, children and birth parents in mediated adoptions as listed on Handout #11.8. As you just did with closed/confidential adoptions, talk about the clinical issues that have you seen in your work with families with mediated adoptions. Are there clinical issues on the list that are “new” to you as you consider the impact on adoptive parents, adopted children/youth and birth parents?
Facilitate a reporting out of the small groups.

Lecture: Clinical Issues in Fully Disclosed Adoption

The clinical implications in a fully disclosed adoption are difficult to delineate among adoptee, adoptive family and birth family because each of the clinical issues impacts the other members of the adoptive kinship network more directly.

1. All members of the adoptive kinship network experience short term pain for long term gain: adoptive parents more directly feel the birth parents’ acute pain and must allow for their joy and growing attachment to evolve simultaneously. The difficulty of mapping out roles, relationships and boundaries is complex. The child moves between the two different sets of emotions. Individuals need not only family system work, but often individual support as well during these first two years of the placement and periodically thereafter.

2. The other children in both the adoptive and birth families also will need appropriate support and explanations about their expanded family and guidance in navigating the complex sibling relationships that can be a part of their expanding family network.

3. Before trust is established, all the parties may have fear that one could do harm to the other, either emotionally or physically. This might include concerns about the birth family changing its mind and asking for the child to be returned; the social worker in a child welfare placement removing the child; and the fear that the birth family may have that the adoptive family will not keep its promises.

4. The ongoing experience of people moving away or diminishing contact over time as well as new family members joining the network. This might be the result of a marriage or a death; it could be a birth father who appears later or grandparents
who were not supportive of open adoption who would now like to be included in
the contact.

5. The adoptive family feeling like they owe so much to the birth family that they don’t
know how to set appropriate boundaries, and may feel guilty that they ought to be
doing more.

6. The birth parents who may demand more than what is appropriate as they deal with
the grief of letting go of their child and the emptiness that separation creates.

7. The birth parent’s ambivalence about placement can be fueled by continued contact
with the child and the reminder of the pain of separation.

8. A differing of opinion about which members of the extended families can participate
in the open adoption; for instance, occasionally a birth mother may not want the
birth father to be a party to the open adoption relationship.

9. The instantaneous intimacy that is created in a pregnancy and birthing experience
may trigger underlying sexual issues and discomfort for the parties involved.
Infertile adoptive mothers may be jealous of the experience of the birth mother;
jealously regarding pregnancy and birth might surface as two members of the
adoptive kinship network become very close at the exclusion of someone else; the
intimate experience of being in the birthing room with relative strangers; the rare
but potent sexual attractions that may surface between members of the adoptive
kinship network who are thrown together in these very intimate experiences.

10. The complex assignment of roles with gay couples when two women must now
include another woman in their relationship who has significant meaning to their
child or two men who might find it awkward to accept the birth father as a part of
the extension of their family.

11. The common pressure that either community members or extended family place on
the decision makers within the adoptive kinship network. Their fears and the
community mythology can greatly impact the evolution of a healthy adoption plan.
For example: grandparents not making room for other grandparents in the network;
the inclusion of future partners to the birth parents; the community’s opinion that
this should be a short term plan, so that when the birth parent is done grieving they
will move on; and the community’s belief that if the child is having any type of
challenges that it is because of the open adoption.
12. The complexity of creating additional adoptions that may evolve differently with additional birth family networks.

13. The possibility of relationships evolving between different birth families who have placed their children into the same adoptive family, that are either positive or supportive relationships, or more destructive. Alongside of this would be the experience of an adoptive family who prefers one birth family network to the other.

Specific Clinical Issues for Children in a Fully Disclosed Adoption

1. The need for the child, through the child’s developmental understanding of adoption, to clarify the roles of their adoptive kinship network and to be empowered to call those individuals what they choose. In older children’s adoption, the ability to incorporate additional parents and extended family with the people already in their lives that has meaning to them.

2. The skill of sharing with other adults and with peers, the extensive adoption network in their life. For example, how do you introduce your birth parents to the other people in your life at your birthday party?

3. The complexity of sibling connections, which includes: the work of staying connected to all of your siblings, both biologically and not biologically connected; deciding whether you call them your siblings, even if you are not growing up under the same roof or in the same family; sharing all of it or parts of this with peers.

4. In a kinship built family, the dynamics can become even more complex as people’s roles change, loyalties become confusing, and where there is the danger of other members of the adoptive kinship network being excluded from the child’s life.

Return to your small groups and look at the case example in Handout #11.9: Clinical Issues for Children in a Fully Disclosed Adoption. Read the case together and discuss the questions. Allow about 10 minutes for this activity.

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Facilitate the report out on each of the questions. Talking points are listed in italics below.

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

- What questions would you ask to gather necessary information to formulate a treatment plan?

Note to Trainer: Raise the following if not mentioned:

- How specifically has Kevin’s behavior changed? What changes have you noticed after a visit with Sue and Amy?
- What has Kevin said about Sue and Amy? Has he expressed his feelings about seeing them? About his being adopted?
- How do the visits with Sue and Amy go? What is positive about them? Are there any points of stress? How does Kevin react when the visit ends?

- How would you assess the Kevin’s and Amy’s developmental level and emotional age?

Note to Trainer: Raise the following if not mentioned:

Kevin is in middle childhood (the early part of middle childhood). Among the common features of social and emotional development in this period are:

- Signs of growing independence
- Fears commonly include the unknown, family problems and rejection
- Children tend to act nurturing and commanding with younger children but follow and depend on older children
- Children are self conscious and feel as if everyone notices even small differences
Children’s feelings get hurt easily. There are mood swings and children often do not know how to deal with failure.

An excellent resource is Childhood Years: Ages Six through Twelve at: http://www.ces.ncsu.edu/depts/fcs/pdfs/fcs465.pdf

- How would you assess Kevin’s understanding of his relationship to Amy?

**Note to Trainer: Raise the following if not mentioned:**

- In work with the adoptive parents: What does Kevin say about Amy? How does he describe her in relation to himself? How has the adoptive family described Amy to Kevin?
- In work with Kevin: Explore Kevin’s sense of Amy in his life through play therapy or art therapy.

- What issues might surface for Kevin and Amy in this open adoption?

**Note to Trainer: Raise the following if not mentioned:**

- Having a sibling but not living with him/her
- Doing things together – What? How often? Where?
- How to introduce friends to the sibling
- How much to share with a sibling who has another family

**11:45AM – 12:30PM  Birth Fathers and Openness in Adoption [Learning Objective #3]**

Let’s now turn our attention to birth fathers and clinical issues that may arise for birth fathers in open adoptions.

**Large Group Discussion:** Please share with the group words that come to mind when you think of birth fathers.

**Note to Trainer:** List the words on a flip chart. Allow 3 to 4 minutes for this discussion. Keep the flip chart at hand so that you can refer to it at the end of this segment.
Return to your small groups and look at the case example in Handout #11.10. Discuss the questions and be ready to report to the larger group.

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

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

- What are some of the issues that Rich is struggling with?
- What might be some of the feelings that he is experiencing?
- What information would you need to gather in order to be clear about what Rich’s options might realistically be?
- How would you work with Rich?

Facilitate the small groups’ reporting out. Raise the following if not mentioned:

- Have Rich define his feelings about a) Carol, b) the baby, 3) not being told about the pregnancy.
- Explore what outcome Rich wants and whether it is realistic.
- Explore possible feelings of guilt, grief, loss, rejection.
- Explore with Rich the possibility of joint counseling with Carol to deal with unresolved issues between them.
• Have Rich imagine knowing about the pregnancy early on, in light of the couple’s decision to end the relationship. Would that decision have been different?
• Gather information on adoption laws in your state. Contact the agency for information about adoption process and legal options for a birth father who was not informed.
• Help Rich become his own advocate.
• Is there an option for openness in this adoption with Rich?
• Work within the parameters of the law and the existing circumstances to help Rich to participation and/or acceptance as possible.

Lecture: Birthfather Issues and Needs

According to Dallas psychologist, Dr. Randolph Severson, the stereotypical image of the birthfather is a male “disappearing in a cloud of rapidly retreating dust”. Some birth fathers may indeed disappear, but this image is far from the truth in regard to many birth fathers as we learned in earlier Modules.

Birth fathers have many of the same feelings as birth mothers, but some distinct ones as well:

• The historical social marginalization of birth fathers makes it hard for them to establish a role in the pregnancy and planning for the child.

• Historically, if a father felt unprepared to play a role in the child’s life, adoption agencies were more apt to include him in the adoption plan. If the father was opposed to the adoption plan, the agency was more likely to exclude him from the plan.

• Fathers experience the compounded internal guilt caused by their abandonment of both mother and child and consigning two people to their fates. Guilt is felt toward the mother for not standing by her and sadness is felt about losing the child -- a life not shared.

• There can be a delayed acceptance of responsibility for the birth father’s actions, fuelled by a male reluctance to admit to and express feelings; responsibility evolves with maturity.

• Many men experience major loss of control of critical life-changing experiences in the process -- creating feelings of helplessness and disempowerment; they do not make pro-active life decisions.

• The initial reaction for most men to the news of the pregnancy is shock, then feelings of fear, anxiety and worry. This is a process that women get permission to go through over several months, but men may not confront these feelings until the baby is born and separate from the mother. (Initial reactions vs. time to process feelings.)
According to Brinich, “In the circumstances of conception, the difference between men and women is that while both share a biological and genetic contribution to the child, women have the added developmental dimension of pregnancy and parturition. Motherhood is achieved through pregnancy; fatherhood is gained through the act of socially parenting a child. Activity is often the sole measure of fatherhood. Substantive fatherhood is held to begin at birth once the man becomes able to physically care for the baby. How then does the adoptive process affect this process for men?”

Several writers have pointed out that the process leaves out the emotional and thoughtful life of the father before the child’s birth as well as after.

One of the outcomes of the pregnancy could be the personal and psychological growth of the father if he is included in the counseling and the planning.

Some researchers do accept that there is a biological essence to the pregnancy for the male. Mead (1962) notes, “Expectant fathers have certain biochemical responses to the birth mother’s pregnancy. It is also noted that a father’s ‘protective agency’ during the pregnancy -- the provision of ‘a timely and nurturing holding environment’ -- is an equally meaningful counterpart to the ‘mother’s maternal biological contact, feeding and attunement’.

After the birth, men report feelings of pleasure, relief, gladness and sadness, guilt and remorse. Many feel pride when first seeing the child.

Birthfathers need the opportunity through education, nurturing and counseling to understand how any man grows into parenthood. There is both biological fatherhood and social fatherhood. Social fatherhood requires both knowledge of and interaction with the child. The adoption system then sets up the following:

- The conventional father is both biological and social
- The birth father is biological but not social to the child
- The adoptive father is social but not biological.

Small Group Work

Handout #11.11

Return to your small groups and review the quotes from birth fathers on Handout #11.11. Be prepared to share your reactions to these quotes with the larger group.

Quotes on Handout #11.11
It is very rewarding and very healing to play a role in your child’s life. Witnessing the birth of my son and seeing the joy of his adoptive parents, Jan and Michael, was the most powerful, sad, joyful day of my life... I personally could not let my girlfriend go through the process alone, nor could I live with not knowing I did not play a role. I wanted my child to know who I was, too.”

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

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

“With the exception of immediate family, the reaction of people has been that I may have taken the easy way out (by planning an adoption instead of parenting) and that I lack integrity. However, I know that is not the case. For me, it would have been so much easier to keep my daughter. Wanting a loving family for your child does not equate to a lack of love or integrity. I feel it is just the opposite.”

Report Out: What are your thoughts about these quotes from birth fathers?

Adoptive families also acknowledge the importance of birth fathers’ involvement in their children’s lives. Here are some quotes:

“He was involved in choosing us, so we felt an immediate connection to him. We were so lucky he wanted to stay involved in our lives. He and our son Devin have a relationship that’s very special and unique. Andrew writes to him and visits. The friendship they have answers Devin’s questions. It helps him understand himself.”
They’re pals. As Devin grows, he looks more and more like Andrew. The relationship gives Devin a connection to his origins … This has been so valuable for all of us. We’ve benefited and been enriched so much.”

“Ariel (our daughter) has never had to worry that her birthfather doesn’t love and care about her. His love has been demonstrated over and over again. It’s not enough to just love a child, you have to be there to show them you love them … My daughter’s birthfather is like a close uncle to her and a son-in-law to me.”

“It takes two people to make a child. If one person is not in the picture later on, there’s a part missing. Cody (birthfather) completes the picture. We are all so fortunate that Cody has stepped up to the plate to be a part of Mitch’s life. Cody is a part of who Mitch is. Without him there’d always be a gap for Mitch … Mitch is closer to his birthfather than his birthmother. They have a physical connection. They’re always wrestling or tickling each other. Mitch likes to grab Cody’s baseball cap so Cody will chase him to get it back.”

“Garrett (birthfather) has a strong sense of responsibility to his relationship with Fin (our son). Garrett is very clear about wanting Fin to know how much he cares about him (and our whole family). Even when Garrett was out of the country for two years, he sent Fin numerous postcards and gifts. Fin will always have those to look through and again see how much his birthfather was thinking about him … It’s so valuable to the child to really have the knowledge that his birthparents love him. The best way for a child to experience this is through a relationship with the birthparent. It’s a pretty amazing gift to a child if his birthfather can stick it out and stick around in his child’s life, even when it’s scary.”

Large Group Discussion: What are your thoughts about these quotes from adoptive parents about birth fathers?

Lecture

Though research with birthfathers has been limited, here are some of the emerging findings about the experiences of birth father who do not have the benefit of open adoptions:

1. The time of the pregnancy and birth was an extraordinary and impactful life event.
2. Most of the men were left with a substantial sense of loss.
3. There is evidence of a constellation of feelings and behaviors that indicate the development of a sense of fatherhood.
4. Having had a sense of control and choice feeds healing.
5. Other people played a significant role during the process such as both sets of parents and social workers. Birth fathers were routinely marginalized throughout the process, their distress defrayed or denied, and they were often told to ‘get on with your life.’
6. Mary Martin Mason, in her book *Out of the Shadows*, quotes one birth father as stating, “I felt I lost membership in the human race by giving away my own flesh and blood...The ‘natural order’ of events was disturbed. It becomes fatherhood interrupted. The first year after the adoption was an emotionally laden time period.”
7. Some birth parents separate after the adoption and some remain together. There seems to be a high rate of relationship breakdown following the adoption and for a time thereafter.

Your reading list has references to the limited research on birth fathers. As you will note, none of the research is very recent.

In summary, birthfathers and birthmothers carry equal import to the child. Their role requires protection all through the process as it is in the best interest of not only the child, but to all the parties touched by an unplanned pregnancy. It is healing over time to be respectful of each other’s roles so all the parties can move past the crisis and feel that their choices were acknowledged and honored. Adoptive parents who begin a relationship with the birthfather, reach out to him and help carve out the role of social father for him, will be treasured by the children that they raise for preserving this important linkage in the child’s birth family tree that is so often left to wither and die.

Large Group Discussion: Let’s return to the list of words we wrote down in describing birth fathers. Do you have any changes, additions or edits to the list?

12:30PM – 1:30PM  Lunch
1:30PM -1:45PM  A Movie
Let’s view Jean Strauss video entitled “Holding Hands.” This ten minute short film examines how siblings are separated for life through adoption, divorce, and foster care – and questions why this is supposed to be in their best interest.

Large Group Discussion: What are your thoughts about sibling relationships and continuing connections among siblings?

In your small groups, read the excerpt from an article on openness in adoption and siblings, *When Your Child Has Birth Siblings*, by Lois Melina. In this excerpt, Lois talks about several issues that can impact a child who is adopted without his/her birth siblings. Discuss possible clinical implications of the issues that she raises in this excerpt.

Report Out

Facilitate the groups’ reporting out.

If you would like to read the entire article by Lois Melina, go to: http://www.adoptivefamilies.com/articles.php?aid=515
Lecture: Guiding Principles for the Adoptive kinship network in Fully Disclosed Adoptions

Let’s move now to considering other issues in fully disclosed adoptions with a focus on the adoptive kinship network.

All individuals have a style of interfacing with other family members. Some individuals take advice from their family and seriously consider it, but may not follow it. Others feel driven to please certain family members who offer suggestions, even though it might not be what they would choose to do. It is important to understand how people, in their families of origin, deal with their obligations, rights and boundaries. When a family of origin and an adoptive family come together, the rules that they would typically apply to their other relationships come into play.

Let’s look at an example: A birthmother comments to an adoptive mother about how best to dress or discipline or cut the child’s hair. The adoptive mother may feel that she owes the birthmother more than she would owe other individuals (her sister, her own mother, or a best friend) giving input. Clinically, we support the adoptive mother to recognize that all extended family members have the right of input and to be heard with respect with the understanding, however, that their input may or may not be used. If the parents had given birth to the child, they might feel more entitled to listen to but not follow the suggestion. But, with adoption, there might be a clinical need to address the adoptive parent’s entitlement to assert the role of parent. Many of the complex issues in an open adoption can be addressed by reminding the parties that, ultimately, the adoptive parents are the legal parents and make the final decisions on behalf of their children. Children feel most secure when they know who is in charge of the decisions in their life.

Our evolving understanding of the impact of trauma and of attachment-based practice supports the inclusion of family and previous attachments, rather than the substitution of one family for another. Building on prior attachments, including infant adoptions, allows for trust and further attachments to thrive. Based on these principles, family systems therapy is most effective. Family systems therapy requires inclusivity and creativity in addressing the needs of this unique family formation and may best be served by multidisciplinary teams. The goal of therapy with an adoptive family is to foster attachment within the family and with the adoptive kinship network.
Lecture: Therapeutic Assessment

In whatever way we as therapists enter the therapeutic relationship, we must be equipped to ask the right questions as we gather the information that will allow us to target the issues of openness that may be the underlying causes of the presenting situations.

Handout #11.13 Examples of Presenting Situations That Would Bring Referrals to the Therapist

Handout #11.13 provides examples of presenting situations that would bring referrals to the therapist. Let’s look at these together briefly:

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

With a partner, select one of the examples from the list on Handout #11.13. Develop together at least 5 questions that you would want to ask to better understand how openness might be impacting the family’s or individual’s current situation/concerns.

Note to Trainer: Allow about 3-4 minutes for this work.

Report Out

Note to Trainer: Allow each pair to announce the example that they chose and read out the 5 questions that they developed. Allow time for the larger group to comment. Allow about 10 minutes for this activity.

2:15PM – 3:15PM Integrating Children’s Histories [Learning Objective #5]

Note to Trainer: Call a break as you see fit during this segment.

Lecture

Part of the clinical work required may be to assist children in integrating their histories. We have talked about clarification and integration work in an earlier Module when we used the 3-5-7 Model developed by Darla Henry.

Children’s ability to integrate their histories is less complex when they have access to the individuals who can directly impart information. However, even in the most open of adoptions, it is important for adoptive families, due to health, death or relationship breakdowns, to be gathering information as the child grows because people can become unavailable over time. A child hearing the information from the source creates authenticity that the adoptive parents may not have when discussing some of the more difficult challenges that caused the adoption to
occur in the first place. For instance, birth family members discussing addictive behaviors and how it has affected their lives could impact the child differently than adoptive parents who may be seen as “preaching”. If there is concern that the source may not be available or reliable over the years, videotaping that history is another way of capturing the information that could be helpful to the child.

Building histories in open adoptions can be supported through building shared memories and creating rituals that bring people together around holidays and other special occasions. It may be feasible in the early years to have two separate birthday parties, but as children grow and their adoptive kinship network becomes more trusting, it will feel more natural if people come together around holidays and life transitions. One has to keep in mind that there will not be two high school graduations, two college graduations or two weddings, so it is important to integrate the two families early in the child’s life.

In your small groups, review together the list of clinical strategies that you can use to help adoptive families, birth families and adopted children and youth integrate their histories and experiences.

Then select role players for the therapist and the adopted youth. The remaining members of your group will be observers and will complete the observer form. The case example follows the clinical approaches. Role play a discussion between the therapist and the adoptive parents with the observers completing the observer form.

*Note to Trainer: Allow about 12 minutes for this activity.*

*Facilitate the reporting out by first asking observers to report on their observations. Next ask the participants who role played the therapist and Damon to report out on their experience of the role play.*

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Large Group Discussion: You saw in this case example the use of social media by siblings to find and connect with one another. Social media is becoming – if it is not already -- a fact of life and greater attention is being brought to the use of social media in adoption. What issues with respect to openness in adoption does social media present?

Handout #11.15 provides some recommendations for healthy ongoing communications via social media among the adoptive kinship network. The full article contains a range of recommendations. This excerpt includes recommendations for parents of older adoptees and for all parties involved in adoption. The website address is included if you would like to read the entire article. Please read this handout on your own.

3:15PM – 3:30PM The Openness in Adoption Relationship [Learning Objective #6]

Let’s look now at two additional issues that are important in open adoption: helping adoptive parents move forward with openness in adoption and maintaining openness in adoption over time.

First: Helping adoptive parents move forward with openness in adoption.

Although any party to the adoption could be resistant to an open relationship, it is more frequently that the birth parent will view openness as a positive. We will focus on the adoptive parents, who would be in control of the frequency of contact. The role of the therapist is to assist the parties involved to avoid using any of these issues as an excuse to close the relationship.

- How a therapist can help move clients towards creating an open adoption:
Help the family to self assess what they already understand about open adoption
- Offer the family books and articles to read and then come back and discuss with the clinician
- As a clinical community, establish an open adoption support group. Families that are exploring the idea of openness could join and learn from some other families involved in the process.
- Help people understand that all relationships are risky when we open our heart to another.
- Help families explore what other difficult things they might have to do to help a child, but they will do those things anyway because it’s the right thing for the child
- Assess their biggest fears and their biggest losses by accepting openness as a part of their process
- Assess whether both individuals (if it is a two-parent adoption) feel the same way

Handout #11.16 Ideas for Families Coming Together to Form a Relationship: Making a Plan

Handout #11.16 provides a list of ideas to support adoptive and birth families in coming together to form a relationship. Please review these ideas on your own.

There are many different relationships that coalesce in the adoptive kinship network. Some people become close over time and develop a warm friendship; other relationships would be described as uncomfortable or conflicted and the parties may, therefore, choose contact by mail or phone as opposed to in person. There are adoption relationships in which birth parents and adoptive parents see each other regularly but have not progressed beyond the point of being polite to one another. Families need to be helped to understand that their relationship will not be like others that they have heard about and that does not mean that there is something wrong.

Adoption is like a marriage; no two marriages are the same and they keep changing over time. As long as everyone’s needs are met, especially the child’s, and as long as the relationship is not based on fear, distrust or anger, the open adoption is probably just fine. Families can be encouraged to develop a more meaningful relationship by putting more energy and time into that process, and they may need clinical support to do that. One of the main issues may be different economic lifestyles, personal preferences and values. These issues must be addressed.
by the adoptive kinship network, especially around issues of gift giving for birthdays and holidays.

**Second: Supporting openness in adoption over time**

Here are some ways that therapists can support adoptive and birth families in open adoption relationships over time:

- Explore with the client what their feelings are regarding their relationships with different members of the adoptive kinship network. Are these relationships comfortable and do they meet the individual’s needs?
  - For the relationships that are not comfortable or not meeting their needs, explore how they believe this will affect the child over time?
  - Explore what they have attempted to do to address the issues
  - Discuss what the client might do to address the issues
  - Assist the client in changing the relationships that are not meeting their needs

- Assist the client to be open about themselves with members of the adoptive kinship network

- Assist the client to not just focus on the child, but get to know other members of the relationship as people

- Assist the client to find activities to share, if their time together feels awkward and they have little to talk about.

- Assist the client to understand how their communication style can affect the communication of the other person (very quiet person versus a talkative verbose person)

- Assist the client to explore myths and beliefs about race and culture and to be genuinely willing to listen to the other person’s history and story

- Explore ways to shift from judgments to acceptance of others’ expression of humor, use of language, habits, recreation choices, and monetary expenditures

- Assist members of the adoptive kinship network in confronting their own family of origin issues that set up barriers in accepting their counterparts

- Relationships are conflicted. Clinicians can be of service in helping the parties confront the potential sources of conflict that may be glossed over, but fester over time.
Clinicians may find themselves involved with relationships that either feel unhealthy or are, indeed, unhealthy. Sometimes, birth and adoptive families bring out each other’s weaknesses and worst characteristics. Sometimes, relationships appear to function smoothly only because the relationship pattern is similar to other relationships that have been abusive or unsatisfactory. Enmeshment where boundaries are blurred also may require clinical involvement.

Clinicians may find themselves assisting people to allow their vulnerabilities and needs to be revealed in order to deepen the connection in the network.

Inequality of power may also create unhealthy experiences.

3:30PM – 3:45PM   Open Adoptions Become Closed [Learning Objective #6]

Lecture

Open adoptions become closed based on poor or miscommunication, fear of loss, shame, poor advice from a well-meaning professional, blaming the child’s issues on the fact that this is an open adoption, or safety issues.

Large Group Discussion: What might be some reasons that a birth parent may choose to close an open adoption?

Note to Trainer: After allowing a few minutes for discussion, review the following:

Birth parents may close an open adoption because:

- Their grief of witnessing the child being very happy and successful or the grief of witnessing the child’s struggle in the family is more than they can tolerate.
- Present life circumstances may make it impossible to respond to the needs of the child adequately.
- A new spouse or partner insists that they do so.
- A therapist working with them on depression may suggest that they do so for their own mental health needs.
- The children they are raising are jealous of and angry about the opportunities of their sibling who is being raised with different life options.
They are angry at the choices the adoptive family is making in regard to their birth child.

Large Group Discussion: What might be some reasons that an adoptive parent may choose to close an open adoption?

Note to Trainer: After allowing a few minutes for discussion, review the following:

Adoptive parents may close an open adoption because:

- Concerns about safety – a member of the birth family with a mental health diagnosis who is no longer taking medication/receiving treatment, a birth family member who is actively practicing their addiction in such a way that they have become unsafe for the family, criminal behavior which could pose danger, threats of kidnapping or violence, gang-related activity

- The birth family’s undermining of the relationship between the child and the adoptive family. This is more common with the placement of older children when the parental rights have been terminated. Examples might include: saying “they’re not your real family anyway,” “I’ll come and take you home,” “Someday I will have a home for you and you won’t have to stay with these people.”

Lecture

It is important to recognize that even when one of these issues is present, one has to consider whether the family will be closing the adoption forever or until things change. It is less stressful to know what is happening in the birth family system than to cut off the relationship and not know if health/stability has returned. This information is important to the child/children who may become fearful and concerned about what is happening to their siblings, extended family members and birth parents. The question to be asked is if there is another relative or kin that can maintain the relationship, or does the adoption have to be totally closed?

Some steps that therapists can take are:
• Make sure that the adoptive parents are certain that what they believe to be true about the birth parents/family is accurate. Help the family think about what will happen if the member of the family that is being closed off from the relationship becomes well, clean/sober, or are functioning better. How will they be allowed to re-form a relationship with the family/child?
  o The therapist needs to assist the adoptive family with determining whether the birth parent/family really is doing better, if the change appears to be genuine or long-term, or if it is just a method for them to maintain the connection.

• Help the family to explore any alternative forms of communication that would keep the children and family safe but still allow for the transmission of information.

• Explain and interpret mental health diagnoses, medicinal impact; explain addiction from a genetic as well as a behavioral perspective; explain the expression of violence and the undermining of relationships based on people’s shame, guilt and fear. The clinician can be an interpreter of what the adoptive family is experiencing and to help build some understanding and empathy.

3:45PM – 4:25PM  Search and Reunion [Learning Objective #7]

Lecture

Search and reunion is about opening closed adoptions. There is a difference between search and reunion. Search involves gathering of information, and reunion is about building relationships.

Adopted persons and birth parents often initiate searches. A medical crisis, other life crisis (such as the death of an adoptive parent) or a major event such as marriage or birth of a child may prompt the adopted person or birth parent to search. Let’s look at a video of one adopted person’s story about her adoption and her wish to search for her birth parents.

Video: Korean Adoptee Awaiting Reunion with Her Birth Parents

The Center for Adoption Support and Education © 2013
In this video, Melissa describes why she chose to search for her Korean birth parents.

**Large Group Discussion:** What are your thoughts about what Melissa says at the beginning of the video? What are your thoughts about her decision to search for her birth parents?

**Lecture**

As Melissa suggests in the video, it is important to understand that not everyone has a need to do a search and/or have a reunion. At different stages of life, some people might want to have information only, but not a reunion. Others might be perfectly content to live with what they know and will not search for more information. Some people never search, perhaps out of denial or fear, but many have the ability to live in the present content with the information they have. Nobody should be pushed or made to feel guilty about not starting a search or reunion.

The most common form of search and reunion today is one sibling searching for another. Some states have laws that allow for siblings to receive contact information about each other when the youngest sibling reaches a certain age, often 21 years. This is particularly common for children adopted through the child welfare system, who may have been separated from their siblings.

The person initiates the search and/or reunion controls its pace and evolution. It is not uncommon for people to start, get some information, and stop for periods of time while they integrate these added pieces of information into their identity and grieve any fantasies they held around this information.
Return to your small groups for a role play. Have a different member of your group volunteer to play the therapist and a new role player to play the role of Tamara, a 20 year old adoptee who is considering starting a search. Other members of the group will be observers and complete the observer forms.

Facilitate the reporting out by first asking observers to report on their observations. Next ask the participants who role played the therapist and Tamara to report out on their experience of the role play.

Lecture

A great deal of emotional work, as well as devotion of time and energy, is connected to the search and reunion process. Grief work can be triggered as one finds death at the end of the search or finds relatives whose lives do not match the fantasy that the searcher has long held. There is fear on everybody’s part about the possibility of rejection. There can be a multitude of responses to finding relatives you didn’t know you even had, which could include joy, astonishment, amazement, surprise and a sense of overwhelm. Search is a very personal journey and can be supported by others, but not done by another person without the searcher being intimately involved.

There is a difference in emotional response between the person being found and the person doing the searching. The person searching has had the time to decide to initiate the search; choose if they want the reunion; and get prepared for any emotional fallout. For the person being found, the process and the choices have been removed. Their immediate response, may be of joy, but is often first of denial, rejection and anger.

It takes many years for the after effect of search and reunion to settle. Many individuals have reported that it took them almost 10 years to come to a place that was comfortable with their newly formed adoptive kinship network. The following issues may arise:

- Roles in people’s lives
• What to call the new members of the extended family
• Realignment of sibling birth order
• The building of connections between found biological siblings and the siblings that the 
  adopted person grew up with
• Fears on the part of the adoptive family that they will lose their child
• Fears of the birth family that if they open their heart they will lose the child again
• A frequent reawakening of memory and pain for the birth parents that surfaces from 
  the original pregnancy and placement

The relationships can be experienced as a “faucet” relationship, of hot and cold running 
emotions that may start and stop frequently. For the adopted person, whose identity has been 
built by what information has been at their disposal, there is the unique job of disassembling the 
information they thought they knew about themselves and upon which they built their identity, 
and reassembling who they are with the new information.

For the birth mother or father, old wounds and even old loves loom large during this reunion. 
The adopted person may look like the partner who helped create this child. Many may witness 
an almost obsessive quality to the growing attachment between the birth mother or birth father 
and the found child. A sexual tension may even exist between them or between siblings who 
were not raised together. Additionally, the birth parents may have withheld information about 
this child they did not raise from their subsequent children or mates. They must confront long-
held secrets and the repercussions that this knowledge may bring about in their own family 
system.

Handout #11.18 provides a number of resources regarding search and reunion:

• Questions that a therapist can explore with an adopted person, a birth parent, or a 
sibling before he/she initiates a search
• Questions for adoptive parents initiating a search on behalf of a child. It is possible that 
adoptive parents may initiate a search and reunion for a younger child who expressing 
the desire to meet or to know more about their family of origin. Adoptive parents or 
birth parents who may have decided initially to pass on the opportunity of an open 
adoption may later change their minds.
• Suggestions on how, as therapists, we can support a reunion
• Guidance in supporting a client through and after a search and reunion
• Additional resources on search and reunion

Please read this information on your own.
4:25PM – 4:30PM Summary and Closing

Let’s check our beliefs about Open Adoption by returning to the quiz that you completed before the Module today (Handout #11.2). Please use the Post-test line to record your answers.

Handout #11.19 provides the correct answers for you!

Let’s take a few minutes to review what we have learned today. Ask yourself if you can:

1. Define the concepts of open adoption, confidential, mediated and fully disclosed adoptions.
2. Demonstrate effective responses to (a) an adoptive parent with concerns about adoption; and (b) a birth mother with concerns about open adoption.
3. Identify three clinical issues that children in fully disclosed adoptions might experience and demonstrate the development of a treatment plan for a child.
4. List five issues that are specific to the needs of birth fathers in adoption/open adoption arrangements.
5. List 5 circumstances in open and mediated adoptions that could require clinical intervention and will be able to formulate 5 questions to ask of the adoptive kinship network in a variety of situations that require clinical intervention.
6. Describes 3 clinical skills that a therapist may use to help children integrate their histories and address the possible cultural differences between the child’s adoptive family and birth family.
7. List 3 reasons why a birth parent may close an open adoption and 3 reasons why an adoptive parent may close an open adoption.
8. Describe the difference between search and reunion and identify 3 issues that may arise in connection with search and reunion.

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

In your email inbox, you will find a message with a link to a brief online survey for you to provide 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 Module, 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 Module experience is fresh in your memory.

The next Module will be: Race and Ethnicity in Adoption. Please go to the website for your pre-Module assignments.

Thank you for your attention. See you next _____ (week/month)!
Reading List

Web-Based Resources


Child Welfare Information Gateway.


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


Research on Birth Fathers


Other Resources on Birth Fathers


Module #11 Openness in Adoption

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

**PROS of Each Type of Adoption**

<table>
<thead>
<tr>
<th></th>
<th>Confidential Adoptions</th>
<th>Mediated(Semi-Open) Adoptions</th>
<th>Open Adoptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth Parents</strong></td>
<td>• Provides real choice for birth parents when compared to open adoption</td>
<td>• Allows for some information transfer between birth and adoptive parents (and perhaps the child)</td>
<td>• Increased ability to deal with grief and loss</td>
</tr>
<tr>
<td></td>
<td>• Privacy</td>
<td>• Some privacy</td>
<td>• Comfort in knowing child’s well-being</td>
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<tr>
<td></td>
<td>• Some feel this provides a sense of closure and ability to move on</td>
<td></td>
<td>• Sense of control over decision-making in placement</td>
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<tr>
<td></td>
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<td></td>
<td>• Potential to develop a healthy relationship with the child as he or she grows</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Less pain and guilt about the decision</td>
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<td></td>
<td></td>
<td></td>
<td>• May make the decision to place for adoption easier (compared to a contested termination of parental rights trial)</td>
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</table>

**Confidential Adoptions**
- No contact between birth and adoptive families.
- No identifying information is provided.
- Only non-identifying information (e.g., height, hair color, medical history) is provided through a third party (e.g., an agency or attorney).

**Mediated(Semi-Open) Adoptions**
- Non-identifying contact is made (via cards, letters, pictures) through a third party (e.g., agency or attorney).

**Open Adoptions**
- Direct interaction between birth and adoptive families.
- Identities are known.
<table>
<thead>
<tr>
<th>Adoptive Parents</th>
<th>Adopted Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>- No need to physically share the child with birth parents</td>
<td>- Protection from unstable or emotionally disturbed birth parents</td>
</tr>
<tr>
<td>- No danger of birth parent interference or co-parenting</td>
<td>- Genetic and birth history known</td>
</tr>
<tr>
<td>- Greater sense of control over the process</td>
<td>- Birthparents are “real” not “fantasy”</td>
</tr>
<tr>
<td>- Roles may be more clearly defined than in either closed or open options</td>
<td>- Positive adjustment is promoted in adoptee</td>
</tr>
<tr>
<td>- Increased sense of entitlement compared to confidential adoptions</td>
<td>- Increased sense of having the “right” to parent and increased ability for confident parenting</td>
</tr>
<tr>
<td>- Enhanced ability to answer child’s questions about his or her history</td>
<td>- Direct access to birth parents and history</td>
</tr>
<tr>
<td>- Potential for authentic relationship with the birth family</td>
<td>- Need to search is eliminated</td>
</tr>
<tr>
<td>- More understanding of child’s history</td>
<td>- Identity questions are answered (who do I look like? Why was I placed?)</td>
</tr>
<tr>
<td>- Increased empathy for birth parents</td>
<td>- Eases feelings of abandonment</td>
</tr>
<tr>
<td>- Less fear of birth parents reclaiming child because they know the parents and their wishes</td>
<td>- Lessening of fantasies: birth parents are “real”</td>
</tr>
<tr>
<td>- Delight in being “chosen” as a parent</td>
<td>- Increased circle of supportive adults</td>
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<tr>
<td>- Increased sense of having the “right” to parent and increased ability for confident parenting</td>
<td>- Increased attachment to adoptive family (especially if the birth parents...</td>
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<tr>
<td>• Preservation of connections (e.g., siblings, relatives)</td>
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<tr>
<td>• Lessens loyalty conflicts (according to recent research)</td>
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<tr>
<td>• Exposure to racial and ethnic heritage</td>
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<tr>
<td>• Ability for evolving, dynamic, and developmentally appropriate account of the adoption</td>
<td></td>
</tr>
</tbody>
</table>
### CONS of Each Type of Adoption

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<td>No identifying information is provide</td>
<td></td>
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</tr>
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</tr>
</tbody>
</table>

#### Birth Parents

- Less grief resolution due to lack of information about the child’s well-being
- May encourage denial of fact that child was born and placed with another family
- Loss of potential for direct relationship with adoptive family (and/or child)
- Increased grief in the initial years, less later
- Loss of contact if intermediary changes or leaves (i.e, staff turnover, policy changes, or agency closings)
- Birth mother may feel obligated to place child due to the emotional or financial support given by the prospective adoptive parents
- Full responsibility for setting relationship limits and boundaries
- Potential abuse of trust (fewer safeguards)
- Potential disappointment if adoptive family cannot meet all expectations or needs
- Birth mother may feel obligated to place child due to the emotional or financial support given by the prospective adoptive parents

#### Adoptive Parents

- Allows for denial of “adopted family” or fertility status
- Increased fear, less empathy for birth parents
- Loss of the full relationship with the birth parents
- Lack of ability to have questions answered immediately
- Full responsibility for setting relationship limits and boundaries
- Potential pressure: accept openness or no adoption
| Adopted Person | | | |
| --- | --- | --- |
| **No access to additional medical information about birth family** | **Potentially troubling cards, letters or pictures** | **Potential difficulty with emotionally disturbed birth parents** |
| **Less control: agency controls information** | | **Potential for supporting both child and birth parents (emotionally)** |
| **Possibly adolescent identity confusion (unable to compare physical and emotional traits of birth family)** | **Similar to confidential adoptions, if information not shared with the adopted person** | **Potential feeling of rejection of contact stops** |
| **Limited access to information that others take for granted** | **Potential perception that it is unsafe to interact with birth family directly** | **Difficulty explaining the relationship to peers** |
| **Potential preoccupation with adoption issues** | | **Potential for playing families against one another** |
Handout #11.2 Openness in Adoption Pre-test/Post-test Quiz

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

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

   Pre-test Answer __________  Post-test Answer __________

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

   Pre-test Answer __________  Post-test Answer __________

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

   Pre-test Answer __________  Post-test Answer __________

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

   Pre-test Answer __________  Post-test Answer __________

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

   Pre-test Answer ______________  Post-test Answer ____________

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

   Pre-test Answer ______________  Post-test Answer ____________

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

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

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

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

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

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

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

- **An open adoption allows for sibling connections over time, which offers the child the opportunity to see him or herself reflected in another human being, through interests, humor, skills and temperament.** In placements of older children from the child welfare system, connections between siblings also provide access to family history, common experiences and validation of memories.
• **The importance of having ongoing medical and familial information that allows for the child’s realistic creation of their future.** There is always new information over time about medical, emotional and psychological issues; births and deaths; marriages and divorces; that informs a child’s safety and well-being over time.

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

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

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

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

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

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

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

References:
**Handout #11.5**

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

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

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

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

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

Parents

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

Child

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

Birth Parents

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

Adoptive Parent

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

Child

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

Birth Family

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

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

- What questions would you ask to gather necessary information to formulate a treatment plan?
- How would you assess Kevin’s developmental level and emotional age?
- How would you assess Kevin’s understanding of his relationship to Amy?
- What issues might surface for both Kevin and Amy in this open adoption?
Rich is 20 years of age and met Carol, age 18, through his work in outside sales in the community. They had a brief affair and both decided that the relationship was not evolving and so parted ways. Carol discovered that she was pregnant after she and Rich ended their relationship. She sought counseling and decided to place her child for adoption, but she never contacted Rich about the pregnancy or the birth of the baby. She was ashamed and frightened and her friends and family advised her not to get Rich involved. She told the agency and her counselor that she did not know the father’s full name or how to contact him.

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

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

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

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

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

“With the exception of immediate family, the reaction of people has been that I may have taken the easy way out (by planning an adoption instead of parenting) and that I lack integrity. However, I know that is not the case. For me, it would have been so much easier to keep my daughter. Wanting a loving family for your child does not equate to a lack of love or integrity. I feel it is just the opposite.”
Handout #11.12 When Your Child Has Birth Siblings by Lois Melina

A biologic connection may provide a reason to develop and maintain a relationship, but it is not enough on its own to forge a relationship. Biologic sibling relationships are no exception. Adopted children will develop relationships with their birth siblings if they have ongoing opportunities to do so.

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

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

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

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

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

Clinical Approaches

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Role Play

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

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

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

3. What examples do you see of the therapist working with Damon on his relationships with and feeling about his siblings?
Handout #11.15
Adoption and Social Media: Recommendations For Healthy Ongoing Communication
Adoption Star

... 

III. Guidelines for Parents of Older Adoptees:

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

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

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

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

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

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

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

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

Observation Sheet

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

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

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

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

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

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

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

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

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

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

V. Resources for Search and Reunion

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

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

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

1. I
2. b
3. a
4. a
5. a
6. b
7. I
8. B