



Practices to Consider for Adoptions which are Safe, Ethical & Consistent with Long-Range Developmental Needs of Children

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	Worth Considering	Worth Questioning	Reasoning/Narratives
Parenting is stewardship, a time-limited honor. The focus is diminishing your own role over time and helping the child/adult internalize self-care and love.	<p>Kahil Gibran’s Poem: Your children are not your children. They are the sons and daughters of Life’s longing for itself. They came through you but not from you and though they are with you yet they belong not to you. Khalil Gibran</p>	<p>Adoption as a commercial, ownership model.</p> <p>Focus is on baby for adoptive parents rather than a family for a child. Pressures inherent in the system due to financial aspects.</p>	<p>A child is a gift that we don’t own. Our job, as parents, is to give to the child all of who <i>they</i> are, including their heritage in all ways, including connection to the birth-family since that is part of who they are.</p> <p>See FCA Blog: Redemption of Faith (search story; Faith is the biological mother)</p>

	Worth Considering	Worth Questioning	Reasoning/Narratives
Adoption Sensitive Language	<p>The child welfare standard, “best interests of the child,” includes a prioritization of the needs of the child. This includes short and longer term needs.</p> <p>Terminology that honors that there’s no Adoption until there’s an Adoption: Before Birth= Expectant Parents, Expectant Mother/Father After Birth= Biological Parents, Biological/Putative Mother and Father After termination of rights: Birthmother, Birthfather, First/Original Parents Baby PaP = Possible Adoption Plan PAPs: Prospective Adoptive Parents</p>	<p>Use of the words “Birthmother” and “Birthfather” prior to birth and adoption plan which, on some level, assumes that adoption will follow from an initial expression of interest or a preliminary plan.</p> <p>Medical Terminology: BUFA (baby up for adoption) in context of adoption history</p>	<p>Narrative: History of term “up for adoption”</p> <p>Language has historically presumed that, if there is an adoption plan, it will continue. Language should make clear that the EPs are “at choice” and there is no presumption of a placement. PAPs clarifies they are prospective adoptive parents or possible APS, but it’s not a “done deal.”</p>
An Unplanned Pregnancy & Consideration of Adoption as An Option	<p>The adoption dilemmas faced in hospitals and in other settings might be the culmination of many years of not talking about the issue in our culture. Could such dilemmas potentially be avoided if our culture included education at each stage of our</p>	<p>There is no routine education about adoption in grade/middle/high schools, college and graduate programs in law, social work and other fields. Our communities do not have a baseline of knowledge; as a result, people are scrambling to understand many aspects of</p>	<p>Narrative: There was one day of a juvenile law course devoted to adoption in all of law school (78-81); nothing in sw school (87-89) or any other earlier educational levels. Query whether this is covered in the</p>

	<p>educational system for everyone? Children trained in adoption sensitive language (for peers, family others). Adoptive Parents trained and educated; roles and boundaries clear. EM/EPs have education about adoption by reason of culture; neutral zone for education (hospital program like Parker Hospital in Parker Colorado)</p> <p><i>EM/EPs learn of unplanned pregnancy and panic. EM googles adoption and makes a call. Then what?</i></p>	<p>adoption at the point of a pregnancy/birth crisis. Many individuals and professionals operate on the basis of some personal experience or familiarity with how adoption was handled years ago (and no longer).</p>	<p>training of nurses, doctors, NPs, PAs or in the training of other health care professionals. How much training is provided to judges? Narrative: My first placement took place, at direction of hospital, in a large walk-in storage room/linen closet in 1989.</p>
<p>EXPECTANT PARENT SERVICES</p> <p>CLINICAL- Who answers the phones or responds to emails and texts from EPS?</p>	<p>Is it someone with a master's level clinical degree with rigorous post graduate supervision as part of licensure? Is it someone who has regular professional supervision by a licensed/master's level clinician?</p>	<p>Is it someone with a no degree or no substantial training in counseling? Is it someone who is a birthparent or adoptive parent (e.g. "facilitator") (with no professional background)?</p>	<p>Knowing how to respond in a clinically appropriate and ethical manner is important: What if expectant parent (EP) is a child or teen; what if the EP has a psychiatric condition (e.g. bipolar or PTSD) or is otherwise fragile? What if EP is in a domestic violence situation? What if EP has a disability that affects comprehension? What if EP is suicidal or is living in</p>

			<p>circumstances that warrant a child/abuse/neglect report? Best to have professionals answering that first call whose range of skills and knowledge is broader than their personal experience.</p> <p>Narrative: do you want SW A or B (A has MSW and no experience, B has 25 years' experience)?</p> <p>Narrative: For-profit entities where individuals who are not clinically trained or licensed answer the line for expectant parents.</p>
	Worth Considering	Worth Questioning	Reasoning/Narratives
<p>Legal Who answers the phones or responds to emails/texts from EPS?</p>	<p>Is it someone with sufficient training in law and ethics?</p> <p>If adoption is to be finalized in MA, have EPS been informed that they have right to request Post Adoption Communication Agreement (which is court enforceable)?</p> <p>Have they been <u>encouraged</u> to have legal representation, not just lamely offered this (If you WANT a lawyer...(implication is you don't or</p>	<p>Is it someone with insufficient knowledge of applicable laws or ethics? Is it someone who is a birthparent or adoptive parent (with no professional background or substantive training) who is relying on their individual experience as they give "advice"? Do they ask question about legal counsel in a tinged manner (if you want you can have an attorney...)</p>	<p>Legal questions require individuals with up-to-date legal knowledge to answer such questions as: when can the EPs receive pregnancy-related living expenses? What are the EPS rights <i>vis a vis</i> asking for a post adoption communication agreement? How best to respond to expectant mother who doesn't want to inform the</p>

	shouldn't)? Do they know it is free for them?		biological father of the child. Knowing how to respond in a clinically appropriate and ethical manner is important. Want folks providing counseling to EPS whose range of knowledge is broader than their personal experience.
	Worth Considering	Worth Questioning	Reasoning/Narratives
Breadth of Counseling	<p>Adoption counseling covers themes including:</p> <ul style="list-style-type: none"> • all options for care for the child, • anticipating grief reactions, • putting a plan in place to minimize depressive reaction/post-partum; • access to, knowledge about and comfort/discomfort with birth control; • practice with future safe sex conversations; assertiveness; • Anticipating conversations with future partners, family, future children etc. about their 	<p>Not good: Counseling only covers adoption not other options (abortion, parenting, kinship/in-family placement etc.) with the unspoken thinking or intention not to encourage parenting. Counseling only covers procedural paperwork and what is required by regulations.</p> <p>Be aware of positions that sound like this: "We offer counseling, but, if she doesn't want it, she can refuse. We can't force her/him to do counseling." (This is true. However, conscientious adoption professionals can refuse to accept adoption consents or complete a placement before having counseling in place that is sufficient for the biological parent and everyone to</p>	<p>Counseling covers both parenting and adoption with the thinking that she/they should be prepared regardless of which way their decision goes. Also decision for adoption is stronger if they've had a chance to thoroughly consider options for keeping child in their family circle - they know what the alternative looks like (financially, emotionally & logistically). Avoids last minute stress for all.</p>

	<p>adoption experience</p> <ul style="list-style-type: none"> Options for education and training (towards independence). <p>Counseling also covers anticipating a range of grief reactions and explores ways to avoid grief becoming a compounded disenfranchised loss.</p>	<p>be assured that this was a well thought-out decision. One must have the confidence that they've been counseled, have considered a range of options and have come to a decision that is so thoroughly considered that they will feel solid about it in the years to come.)</p>	
<p>Is there genuine Post Placement/Post Adoption Plan Counseling</p>	<p>Fees are set aside to pay professionals to provide counseling for the EPs regardless of the type of decision they make. If there is a referral to a longer term therapist, an effort is made to have this take place during the pregnancy so that there is continuity for the parent and the therapist.</p>	<p>Are there no fees set aside to cover post birth counseling? Is the opportunity for post placement counseling just a statement with no action backing it up (e.g. no adoption worker coming to her for counseling as they did during pregnancy). Any funds set aside for post-placement counseling?</p>	<p>Are fees set aside for post-birth counseling (whether decision is for adoption or parenting). It is likened to a medical post-partum visit with health professionals? Clinical professional brings up the idea and explains, in advance, the importance of post birth and post placement counseling. The concept of anniversary reactions is explained.</p>
<p>Gathering the Medical Records</p>	<p>Records come straight from the doctor's office with express written permission of the expectant parents (signed release of information)</p>	<p>"What Medical Records?"</p> <ol style="list-style-type: none"> Records come from the expectant parent(s) A social worker provides a second hand 	<p>Narrative: It's like pizza!</p> <p>See Regulations e.g. MA: 102 CMR 5.00:</p> <p><small>5.01: Introduction: 102 CMR 5.00 is a state government policy to assure every child receives a fair chance at the opportunity to reach his or her full potential. The standards protect the dignity of the child, birth families, and adoptive families and</small></p>

		<p>account of what the EP said about her ob/gyn visit</p> <p>3. Old records, not current</p> <p>4. Social workers/agencies interpreting medical records</p> <p>5. Social workers/agencies holding back medical records or not sufficiently engaged in requesting regular/ongoing medical records</p> <p>6. Social workers/agencies whose attitude is that PAPs should be grateful to adopt and shouldn't need to review medical records.</p>	<p>work to ensure that the child is the primary client of all placement agencies.</p> <p><u>5.04: Administration of the Placement Agency:</u> (8) Misleading Information- The licensee cannot knowingly use any false documents or conceal or misrepresent any known facts having to do with services pertaining to the birth, foster, or adoptive parents or the child.</p> <p><u>5.05: General Casework Management:</u> (3) Responsibility of Social Work Staff ; The social worker should stay in contact with the child and his/her birth family to help them with adjusting to placement and separation. Moreover, social workers should help parents with services for possible reunions of child and family.</p> <p><u>5.06: Intake Evaluations:</u> (2) Scope of Intake Evaluation; The intake evaluations should include developmental, social, educational, and medical and mental health history of the child including prenatal factors. The evaluations should also include social, medical, and mental health history of the birth parent(s), grandparents, and siblings.</p> <p><u>5.07: Service Planning Requirements:</u> (7) Consultation with Appropriate Persons-All services plans and reviews should be completed by the social worker after consultation with the supervisor, the child, the foster parents, adoptive parents, program staff, and/or with any other appropriate professionals</p> <p><u>5.08: Placement Requirements:</u> (11) Medical Examination at Placement -At any time, the licensee shall determine the date of the child's last medical examination. If the examination has not occurred within the specific time period specified in the 102 CMR 5.00, such examination should be arranged within seven days of placement and it shall include but is not limited to a recording of the child's health history; including prenatal information, early developmental history, and all immunizations.</p> <p><u>5.09: Services to Birth Parents in Adoption:</u> (1) Information at Intake: The adoption agency is responsible for supporting the birth parents in making an informed decision with full consideration of all options and without any pressures put onto the birth parents. Counseling and adequate education should be provided by a licensed clinician.</p> <p><u>5.10: Services to Foster and Adoptive Parents:</u> (7) Agreements with Foster Parents; (b) Required Agreements Upon Placement of an Individual Child- The licensee should enter into a written agreement with every foster parent with whom a child is placed. The agreement should include both pertinent medical information and any available developmental information and a summary of the child's placement history and social history where providing this information is not contrary to the best interests of the child.</p> <p><u>5.10: Services to Foster and Adoptive Parents:</u> (9) Information</p>
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<p>Continuity of Medical Records</p>	<ul style="list-style-type: none"> - PAPs receive medical records in an ongoing fashion - Establish a relationship with medical professionals who will Review medical records. 	<p>“What Medical Records?”</p> <p>Medical Records are only presented at the match and/or at placement (too late for conscientious reflection and decision-making)</p>	<p>PAPs will be making on-going decisions about whether or not to continue in a match and whether/not to continue to authorize that funds be applied to particular expenses in a match.</p>
<p>Self-Report History</p>	<p>Full Circle's Health History is comprehensive, includes multiple generations and asks sensitive questions (e.g. re: drugs/alcohol) in several different ways/places for maximum accuracy; full health history is over 35 pages long</p>	<p>“We don't ask her too many questions. She may get turned off.”</p> <p>* Social Worker second hand reports/opinions regarding health history & minimizing concerning health issues</p>	<p>Handout by Email: FCA's Health History form. This is a gift to the child and family re: what to look for over the years as child is growing up.</p>

<p>Obtaining Psychiatric Records</p>	<p>Genuine willingness to ask the tough questions about potential family history of mental illness, asking questions in terms of symptoms and treatment (e.g. hospital stays, medication), not just diagnostic labels (which many don't know or don't accurately understand) and requesting a release of information to obtain records from any and all hospitals and therapists expectant parents have seen.</p> <p>Getting a professional medical opinion on psychiatric records, combined with a thorough self-report history.</p> <p>Genuine willingness to get expectant father's psychiatric record as well.</p> <p>Willingness to discuss possibility of mental health issues in EPS, not formally diagnosed, where substance abuse may be an effort to self-medicate a mood or other psychiatric disorders.</p>	<p>"What psychiatric Records?"</p> <p>Blurring bipolar and depression diagnoses together rather than discerning from family health history and personal history if the diagnosis reported is accurate.</p> <p>Other practices that minimize or fail to ask sufficient questions about mental health risks.</p>	<p>De-Identified Examples</p>
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<p>Involving the Birthfather</p>	<p>Asking expectant mother about the Expectant/Putative Father:</p> <p>Asking a compound question to minimize possibility of successful lying (“How does the father of the child feel about the idea of an adoption plan?”);</p> <p>Appropriate use of humor in the face of refusal: (“If you’re not willing to discuss this, perhaps we should just call up Jerry Springer, now, and make our appointment to appear on his show.”);</p> <p>asking who the father is, is he involved in her life, does she know how to get in touch with him. Informing her that it is in the child’s best interests to know who their father is in terms of knowing his or her family medical history and for his or her emotional well-being over the course of their life. Informing her that professionals do not believe in defrauding a father of his right to parent his own child or of right of child to know who their father is and have the opportunity to be parented by him.</p>	<p>Practices to be concerned about:</p> <p>“What Birthfather?”</p> <p>Not asking the tough questions in a way likely to identify who the father is.</p> <p>“She says that she doesn’t have his number anymore.”</p> <p>“She said she was drunk at a bar and can’t remember.” [Not asking further questions that might lead to identifying ways to reach him e.g. Facebook.]</p> <p>“She says he’s not involved.”</p> <p>“She hasn’t identified him.” (This doesn’t mean she doesn’t know who he is or how to reach him)</p>	<p>Important to stay clean and clear on ethics and avoid the many invitations to think that you either know what’s best for the baby or that the ‘ends’ (e.g. avoiding bf) justify the means.</p> <p>De-identified Examples</p>
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	Worth Considering	Worth Questioning	Reasoning/Narratives
Matching	<p>Best interests of the child dictate that great care should be taken to make sure placement is a sound plan and good fit. There should be self-awareness in adoption professionals – they need to have willingness to ask tough questions in a way genuinely geared toward getting complete and accurate answers.</p> <p>Example: Alcohol – Some women have had a few beers before learning of pregnancy – is that true for you? Asking questions that would yield info about volume of alcohol ingested and reduce shame, offer reassurance of PAPs that are available to use in pregnancy</p> <p>EPs are the ones choosing the PAPs. A foundation has been previously laid, by pre-screening, to determine which families might be a good match for what the child may need. Questions encouraged to ensure best match.</p>	<p>Problematic: The market model of adoption puts pressure on agencies to have a volume of placements as opposed to focusing on the best interests of the child and making sure to ask questions that will reveal information with which PAPs can make a knowing and intelligent decision about whether or not the proposed match is a good fit.</p> <p>Questions: Many adoption professionals ask about alcohol in a compound (rather than incremental) question – thus EM is much more likely to deny substance abuse exposure for child <i>in utero</i>. Compound question might be, “Have you used any drugs or alcohol during the pregnancy?”</p> <p>This combines substances and lumps distinct, important time periods into one questions.</p> <p>Little information provided. Questions discouraged. Rushed tone without foundation. Not as much attention to longer term needs of the child.</p>	<p>Important to have prospective adoptive parents who are well trained and completely clear that they’re open to the challenges that particular child might have.</p> <p>Narrative: Read MRA Essay- “Genuine Willingness to Ask the Tough Questions.”</p>

<p>Paternity Testing</p>	<p>Does adoption entity say words to the effect of, “A crucial part of identity formation for the child is knowing who their biological parents are. We always ask putative fathers if they will participate in a paternity test - that does not involve taking blood and does not involve cost for them at all.</p> <p>Furthermore, it means not having to do a TPR or put a legal notice in the paper, further protecting their privacy.”</p>	<p>Does adoption entity say, “We don’t ask EPS for this because it’s not required by law.”? Or, e.g. CA: “We don’t do paternity testing because that would give the biological father additional rights.”</p>	<p>Child has a right to know who their biological father is. It can be life-saving to have health history. Laws that denigrate biological father’s rights are thinking in the business /commercial/purchasing model - point of sale, not what a child needs for short and long term medical & mental health.</p> <p>Failing to confirm paternity, given a relatively non-invasive technique, does not sufficiently respect or acknowledge a man’s interest in the well-being of child or the significance of his role</p>
<p>Living Expenses</p>	<p>Adoption professionals complete a needs assessment (listing all income, all sources and all expenses). The EM provides documentation of any sources of income and bills. All financial assistance comes solely from the agency or adoption professionals, NEVER from</p>	<p>Support given in ways that could justifiably feel like coercion, enticement or pressure. Examples - cash given directly by PAPs to EPs, receipts not adequately collected; not just payment for travel to medical appointments, but, e.g. a car; payments somehow exceeding what is genuinely</p>	<p>Pregnancy is not supposed to impose suffering (by inability to support self), thus, pregnancy related living expenses are designed to help the woman maintain the pregnancy, not to be enriched by or pressured by</p>

	<p>the PAPs. PAPs are advised never to give EM or ER anything that is a durable good that will last longer than the pregnancy.</p>	<p>needed. No needs assessment completed; no documentation requested/obtained. Gifts e.g. of jewelry at time of placement; promises of help with education or other potential area of need.</p>	<p>financial support during the pregnancy. States vary widely - some don't allow any expenses; some cap amount and time period; some specify categories for reasonable expense (e.g. rent, food, transportation to drs appts.) MA requires that, after providing financial assistance, the agency give the EM a specific letter clarifying that the biological mother is not obligated, thereby, to make an adoption plan.</p>
<p>Home Study</p>	<p>Home Study is an in-depth evaluation of PAPs' suitability for adoption, for the type of adoption they wish to pursue and, in child specific cases, of whether they are a good fit for the particular child for whom placement with the family is being considered.</p> <p>HS is completed by a licensed MSW trained, licensed at the highest level of credentialing and very</p>	<p>Home Study is perfunctory, goes through the motions, doesn't ask difficult questions, approves the family for whatever they ask for W/O sufficient review of education or training, capacity, genuine understanding of child's potential needs. Home study is a rubber stamp rather than a searching inquiry by a professional who understands their role is to serve the best interests of the child.</p>	<p>The best interests of the child are foremost.</p>

	<p>experienced/closely supervised who is also an employee of an adoption agency, not a free-standing social worker (less review, supervision and accountability in latter case).</p>	<p>Topics avoided: previous substance abuse and questions of degree of recovery; marital tensions; history of conflicted relationships/cut-offs; the stability or lack of in the couple’s relationship, including intimate relationship following infertility. Insufficient exploration of issues related to transracial adoption (like composition of the PAPs immediate family/friendship circle, community and schools – looking to the potential experience of the child, not just the open-heartedness of the PAPs)</p>	
<p>Pre-Screen Situations</p>	<p>Adoption professionals share completely de-identified pre-natal and ancillary (drug treatment, psychiatric) medical records (chart notes, lab work, ultrasound), self-report hx, brief counseling summary (re: assessment of motivation & readiness for an adoption plan as well as opportunities to consider alternatives) with PAPs and PAPs review the same with their doctors to determine if they’d like to be considered for a</p>	<p>Adoption professionals provide proof of pregnancy, but, little to no actual medical records. No medical records sought or promised in the future. Characterizing (e.g. minimizing) reports of health conditions (e.g. stating bipolar is over-diagnosed, intimating it may be inaccurate), and not digging deeper to get actual underlying psychiatric or previous prenatal records (e.g. if drug/alcohol exposure pattern is suspected as possible). Adoption</p>	<p>PAPs need professional assistance in reviewing actual medical information and analyzing the potential risks for the child and whether their family is a good match for what the child may need.</p>

	<p>situation. Quick decision may be requested, but previous foundation is laid for PAPs to have previously lined up medical professionals to review records promptly, on short notice, and after-hours/weekends/holidays.</p>	<p>professionals pressure PAPs to make a decision quickly and based on little information.</p>	
<p>The Hospital Interactions Before During & After delivery</p>	<p>Worth Considering (Nationally; Given Hospitals May Already Integrate These)</p> <ul style="list-style-type: none"> • Interesting Model to consider: Hospital has neutral educational program =Parker Adventist Hospital in Parker, CO. Read more at: http://www.parkerhospital.org/adoption-support • Hospital welcomes working relationships with adoption professionals providing care for the birthmother and prospective adoptive parents outside of context of individual cases (like this session! :-)). • Protocols and counseling of patients, in adoption matters, is consistent between professionals and over different days/shifts. • Formal training is provided as to how best to handle the complexities of adoption • Hospital has clear policies about making separate counseling available to expectant parents and prospective adopters; • The program for EPs clarifies their rights not to be pressured; • The program for PAPs clarifies their responsibilities and their lack of rights as EM is the patient. Note: Adoption Learning Partners.org has a good on-line course “Ethical Considerations for Social Workers: Domestic Infant Adoption,” that speaks to hospital ethics in adoption. 	<p>Worth Questioning: Health care professionals responding by case by case approach as opposed to concerted plan, policy and pursuant to extensive training related to adoption. Hospital response by nurses and sw’s may vary depending upon day of week and shift. The response of the professionals may vary depending upon their identification with one or another member of the triad. Dialogue between private, state agencies and hospital primarily takes place in crisis mode, case by cases.</p>	

	<ul style="list-style-type: none"> • Training for all staff about how to recognize and observe adoption attitudes, beliefs and biases so that they do not necessarily determine professional stances, actions or statements. • Have clinically trained Adoption Allies for EPs and PAPs. • Protocol that hospital might have two of everything (caps, bracelets, crib cards) so that both the biological parents and prospective adoptive parents can each have a set. • Protocols for PAP's presence in nursery • Protocols for information appropriate professionals (e.g. both DCF clinical and legal departments) if an out of state family or an out of state adoption professional shows up at hospital, intending to receive or facilitate placement of a child born in MA, where there is no MA agency involved. • Protocol whereby hospital requests a copy of an inter-agency agreement between MA agency and any other agency (e.g. out of state) where it is learned that an adoption out of state is intended. • Protocol for rapid ethics review by supervisors and hospital ethics office re: how to handle charting, release of medical records, releases signed, full disclosure of content of chart (including statement of intent to defraud FOB). • Ongoing inter-agency liaison meetings between public and private adoption agencies and the hospital to discuss cases referred to DCF or cases where biological parents (who have been, are DCF involved) have requested services from private agencies • Protocols for completing paternity test swabbing of biological mother, any and all putative fathers and baby. 	<p>Nationwide: issues with poor EMs who have difficulty with transportation to prenatal care, who don't have someone to watch their child(ren) while having a prenatal care apt and who don't have someone to watch their child(ren) when they are delivering next child.</p> <p>Proximity of ultrasound and lab for blood-work to regular appointment can be issue as EMs may not be able to travel to more than one location easily.</p>
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	<ul style="list-style-type: none"> • Cross disciplinary discussion of process of hospital protocols, biological parents and prospective adopters re: naming a child who is the subject of an adoption plan. • Cross-disciplinary discussion of process re: confidentiality in adoption. E.g. EPS last name on crib card. ID's requested of PAPs for nursery. Addressing hospital's need to have identification of persons (e.g. PAPs) caring for the child and PAPs potential interest in not sharing their last names, address, copies of their ID and/or health insurance information until the child is legally placed with them. 		
<p>PLACEMENT</p>	<p>There is full disclosure of all legal (father/birthfather/legal father, ICWA), medical, mental health and other risks associated with the case and with the child.</p> <p>Timing: At least three days (arbitrary number chosen) before placement, the PAPs are provided with any and all paperwork they would be asked to sign in order to be a temporary foster parent or for pre-adoptive placement of a child</p>		<p>Narrative: Decades ago, State SWs (e.g. DSS or DCF across states) would place a child with adoptive family not telling them about history of child's alcohol exposure <i>in utero</i>. The thinking was that they were giving the child a 'fresh start'; also there was avoidance of shame associated with alcoholism. In fact, this left APs unprotected in their role as caretakers of children with serious neurological problems stemming from the <i>in utero</i> alcohol exposure.</p>

<p>Transparency Of and Support for EPS Grieving Process</p>	<p>Open conversation between EPs, agency and hospital about typical patterns of grieving.</p> <p>Counseling, education and individually tailored plan for supporting EPS grieving process, including first 18+ months following placement.</p> <p>Initiating conversation about “anniversary reactions” e.g. importance of avoiding drinking or using drugs on anniversary of child’s birth or placement.</p>	<p>No discussion of post placement grief.</p> <p>Unspoken assumption that the biological parents will manage this on their own.</p> <p>No discussion of some of the complications of unresolved grief or prevention oriented approaches.</p>	<p>De-identified case example of bio parent anniversary reaction</p>
<p>Communication Agreement (MA and many other states)</p>	<p>Are EPS provided with an attorney who only represents their interests to look at terms and conditions of post adoption communication agreement?</p> <p>In placements outside of MA, which will be finalized in MA (MA adopters), are the EPS informed and educated about their right to request a communication agreement?</p> <p>Timing: Is this reviewed and signed before the EPS sign their adoption</p>	<p>Concerns exist if the adoption professional says the EPS don’t want contact post placement and if the professional, at the same time, acknowledges that little to no counseling was undertaken/provided, there was no effort to educate the EPs about what has been learned about longer range impact on biological parents of loss in adoption or about the helpfulness for biological parents and child of contact with the APS and child. Where the adoption</p>	<p>De-identified case example: Losing touch and difficulty connecting with EP or half-sibling; De-identified Case Example: Curious Family</p>

	<p>surrender/consent/relinquishment? Are EPS encouraged to consider what they want now and what they might want in the next 18 years? Are they educated about cognitive dissonance - that they may find it hard to distance (to place the child) and ask for post adoption contact (seemingly asking to have contact) - hard to want both at the same time. Thus, are they encouraged to step over that to ask for more than what they think they might want down the road. Sample terms: 1-2+ of in person visits a year Supervised by sw if warranted (rare) Online process e.g. ChildConnect or other online service (photos, intra-mail, videos etc.) 4+ hard copy photo/letter updates /yr 2+ phone and/or skype/facetime conversations a year Private online photo album</p>	<p>professional just seems relieved that no agreement is desired, this often means that no work has been done educating the parties as to the long term positive impact of openness for the development of the child and healing for the biological parents.</p>	

<p>POST ADOPTION PHOTOS of FAMILY AND CHILD</p>	<p>Adoptive families should be given permission to be private (for themselves and the child) <i>vis a vis</i> the world (with respect to agency/atty PR and social media). This can still be consistent with open adoption with the biological parents/extended family.</p>	<p>Does adoption agency include language that adoptive parents agree (before finalization) to adoption entity using family/child's photos for publications and media? Language that clarifies boundaries for photos received by BPs?</p>	<p>Adoptive professionals and Aps as well as PAPS and BPs should have understanding re: social media/online presence, particularly as it relates to children.</p>
<p>POST ADOPTION COMMUNICATION</p>	<p>PAPS are <u>trained</u> in how to maintain good communication with BPs.</p> <ul style="list-style-type: none"> • Don't let BPs drift with shame and grief; • Send more photos etc. than the agreement provides (someday the biological parents will speak warmly, to the child, about the adoptive parents' efforts to stay connected and this warmth will be positive for the child. • Check in to see how they're doing • See extended family e.g. grandparents as a potential other positive resource for the child • Give the child their half/full 	<p>While many PAPS honor their original agreements, some do the minimum and the tone is not welcoming or warm. Also, it is not uncommon for PAPS to say what they need to around the time of birth, in order to get to placement and then drift off in their communications with the BPs. (Later, if their child needs health history or more info about the heritage of birth family, they may request connection, but this should, instead, be consistent, respectful, and honoring of original understanding.</p>	<p>PAPS should maintain good relationship with BPs as one would other relatives and more so - it shouldn't be that children/teens are left to search for them on FB. PAPS should model appropriate boundaries and diplomatic relationship skills by being in charge of the relationship between their child(ren) and the biological parents to help with the emotions/appropriate boundaries etc. Also best for adoptive parents to help the child with emotions related to</p>

	<p>siblings so that they can know them growing up</p> <ul style="list-style-type: none"> • Post Placement Contact Notebook - put together a binder with copies of photo/letter updates that were sent to the biological parents. Can also include photos from visits/times together. 		<p>biological family while the child is still living at home, rather than the child begin to grapple with their complex feelings when they're in the developmental phase of college/early career/relationship building.</p>
Search	<p>If adoption isn't already open, and if there are no extreme safety concerns (e.g. biological parent is violent offender), parent should consider whether or not to initiate a search/connection (with the help of adoption professionals) and consider establishing a relationship with birth-family while child is still young</p>	<p>Don't wait for a child to ask - one wouldn't typically wait for a child to ask if they want to know their grandparents, aunts, uncles, cousins. This other stance in adoption sends a message that suggests it's not a safe subject. This leads many children, teens and young adults to spend years of their lives addressing their many feelings and the relatively challenging position they find themselves in if they are to fully claim this aspect of their identity.</p>	<p>Read research results of Rudd Adoption Program (UMASS/Amherst) and other open adoption materials for full review of benefits of openness in most cases.</p>