Infant Adoption Training Initiative

Understanding Infant Adoption

By Spaulding For Children

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CO1135. The contents of this material do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain.

Purpose

Enhance ability to provide adoption information

Equal basis

Non-directive

Non-coercive

Access to well-trained staff throughout the process

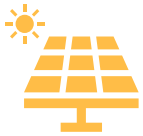
Background

- Hospital Based Adoption Support and Services (HBASS) Program
- Request for proposal issued by U.S. Department of Health and Human Services (HHS)
  - Spaulding for Children
  - Harmony Family Center
  - Public Research and Evaluation Services (PRES)

Housekeeping

- Restrooms
- Cell Phones
- Breaks
- Parking Lot
- Participant Handbook
- Sign-in sheets and completion certificates
- Pre and Post Test requirements and CEUs, Contact Hours

Training Modules



Module 1: Introduction

Module 2: Adoption as an Option

Module 3: Presenting Adoption as an Option and Making Referrals

Module 4: Influences on Decision Making

Module 5: Adoption Best Practices: Implications for Health Care Settings

Module 6: Pulling it all Together

Will Not Be Covered

- International Adoption
- Foster Care Adoption
- Older Child Adoption

EDUCATING

NOT ADVOCATING

Introductions

Module 1: Introduction

Objectives

- Differentiate personal and professional:
  - attitudes,
  - experiences, and
  - possible biases related to adoption
- Learn how to provide options in an objective, non-biased way

I feel comfortable and confident discussing adoption as one of the options in family planning.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

What are your experiences with adoption?

How might this training help you in your current role?

Adoption by the Numbers

- 110,000 + adoptions annually
- 18,000 + infant adoptions each year
- Domestic adoptions represent:
  - 0.5% of all live births
  - 1.1% of births to single parents

Source: National Council For Adoption (NCFA)

Professional Responsibilities

- Knowing the choices
- Having basic knowledge of the implications
- Providing information
- Making referrals

Personal values must be recognized and controlled so that they do not interfere with professional responsibilities.

TRUE

FALSE

Values Clarification

It is important to
RECOGNIZE
and
CONTROL
personal values so that they do not interfere with professional responsibilities.

The healthcare provider should make their opinion known to their patient/client and tell their patient/client what they would do in the situation.

TRUE

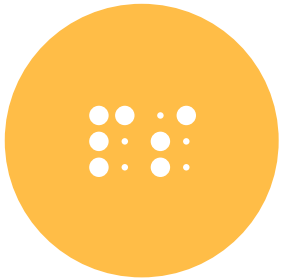
FALSE

Professional Responsibilities

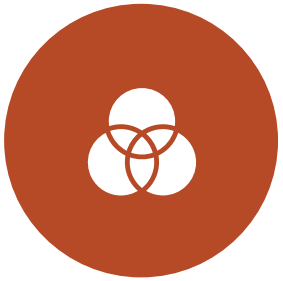
- Do not provide your opinion about the “best choice”

- You do not have to agree with the decision

Ethical Principles in Options Counseling



INFORMATION PROVIDED ON EQUAL BASIS



COUNSELING IS NON-DIRECTIVE

PATIENTS ARE PROVIDED THE OPPORTUNITY TO FREELY CHOOSE

Personal Values Exercise: IMAGINE

Review of Module 1

Introduction

Overview of Curriculum

Professional Standards

Personal Values

Module 2: Adoption as an Option

Objectives

(continued on next slide)

- Up to date and accurate information about types of adoption and levels of openness
- Information on the legal issues pertaining to adoption
- Information about the Federal laws that govern adoption

Objectives

(continued from previous slide)

- Information about various adoptions services available within the community
- Resource materials for use when providing counseling on pregnancy options
- Information about adoption and adoption procedures, consistent with State and Federal laws

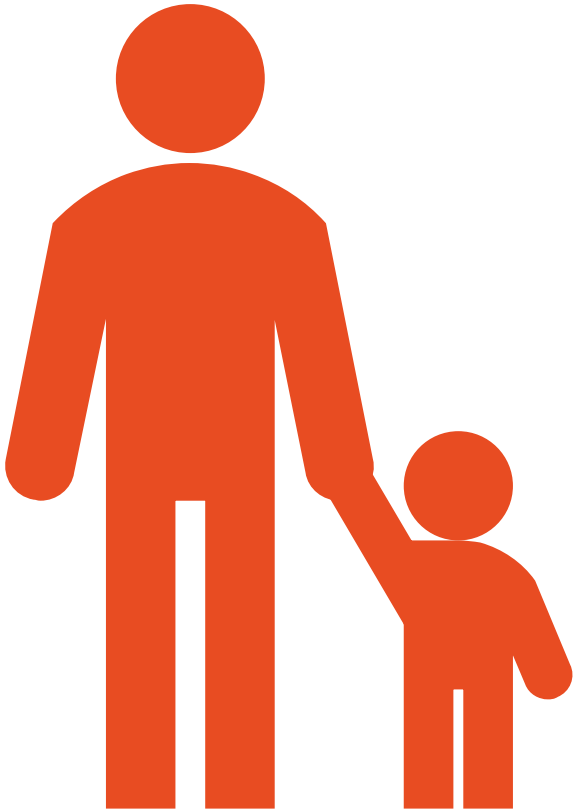
Evolution of Adoption

COERCIVE PRACTICES

LEGAL PROCESSES

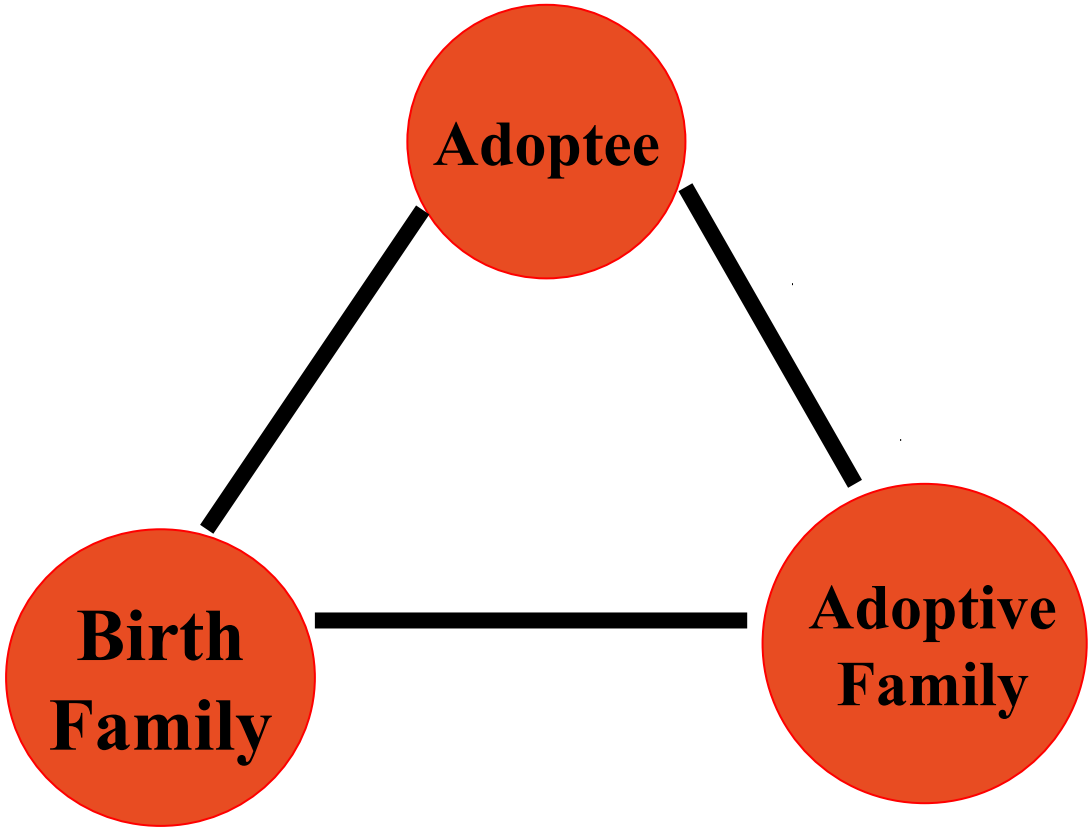
MOVEMENT TOWARD OPENNESS AND TRANSPARENCY

Definition of Adoption



A permanent parent and child relationship is formed by the transfer of parental rights from one set of parents to another individual or couple who is willing to assume those rights and responsibilities over the child.

The Adoption Triad



Relationship Continuum

MANY OPTIONS AVAILABLE

CHILD CENTERED DECISION MAKING

CONTACT IS NEGOTIATED

EXPECTANT PARENTS CAN SELECT FAMILY

NON IDENTIFYING INFORMATION SHARED

Types of Adoption

Confidential or Closed

- No contact or communication is expected

Semi-Open

- Contact through an intermediary and direct contact may also occur

- Accessibility of information
  - Identifying information not shared
  - Adoption records
  - Influence of social media

With Semi-Open adoptions:

a) Visits occur in the home of the adoptive parents
b) Identifying information is shared
c) Adoptees are never told they are adopted
d) Parties may maintain contact via a third party

Fully Disclosed or Open Adoption

- Contact is direct
- Full disclosure of identity occurs
- Not co-parenting
- No two are the same
- Can change over time

In an open adoption the birth or adoptive family can change their plans regarding the openness unless they live in a state where there are legally binding open adoption agreements.

TRUE

FALSE

With an Open Adoption:

a) Contact occurs through an intermediary
b) No contact is maintained
c) Grief and loss is cured
d) None of the above

Kinship Adoption

Kinship adoptions are permanent and legal arrangements that can fall anywhere along the relationship continuum

The Relationship Continuum

CONFIDENTIAL

Closed

SEMI-OPEN

OPEN

Fully Disclosed

Kinship

Adoption Law

It is not expected for you to become an expert. The intent is for you to obtain general knowledge regarding adoption law to share with a patient/client.

Major Federal Laws Governing Adoption

- Multiethnic Placement Act (MEPA/IEP)
- Indian Child Welfare Act of 1978
- Servicemembers Civil Relief Act-2003
- The Interstate Compact on the Placement of Children (ICPC)

Multiethnic Placement Act (MEPA/IEP)

- MEPA ensures that federally funded agency adoptions are not delayed based on race, color, or national origin of either the child or the adoptive parent. An adoption agency receiving federal funds cannot:
  - Select an adoptive parent based on race, color, or national origin
  - Steer a birth parent to adoptive parents by race, color, or national origin

Indian Child Welfare Act of 1978

Tribes have the authority to care for Native American children and intervene in cases regarding adoption

Applies to voluntary placements

Servicemember's Civil Relief Act

- Permits a request for a postponement of a court proceeding in which he/she is a party
- Request must include a letter from the commanding officer
- Parental rights may not be terminated if not present

The Interstate Compact on the Placement of Children (ICPC)

- Provides protections for children being placed across state lines
- ICPC process is generally navigated by adoption professionals involved in the case
- ICPC approval needed before baby can leave the birth state

State Specific Adoption Laws:

a) Are the only adoption laws that a state needs to abide by
b) Can change and evolve over time
c) Override the federal adoption laws
d) Should never be shared with patients/clients

State Laws: Frequently Asked Questions

Rights of Birth Parents

Child Protection Law

Review of Module 2

- Definition of Adoption
- The Adoption Triad
- The Relationship Continuum
- Federal Laws
- State Laws
- Birth Parent Rights
- Child Protection Law

Module 3: Presenting Adoption as an Option and Making Referrals

Objectives

- Provide information that trainees can use to improve their counseling and case management skills
- To learn how to assess the quality and/or appropriateness of adoption resources

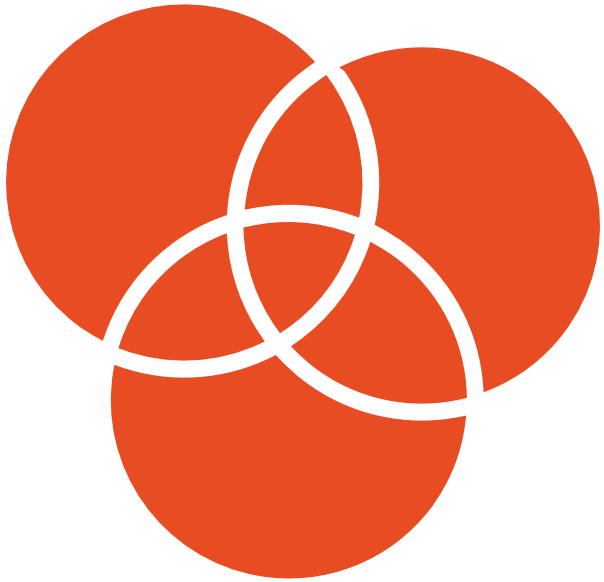
Language Exercise: ACCURATE and NEUTRAL LANGUAGE

Adoption Language Worksheet

Instead of:	Please use:	Why?
1. Adopt out, give away, put up for adoption	Make an adoption plan, choose adoption	
2. Keep the baby	Chose to parent her child, made a parenting plan	
3. Real parent, natural parent	Birthparent, biological parent	
4. Not their own child	Adopted person, adoptee, came to the family through adoption	
5. Illegitimate	Born to unmarried or single parents	
6. Birthparents	Expectant parents	

Non-directive, Non-coercive Counseling

- Information is offered on an equal basis
- Counseling is non-directive and non-coercive
- Patients choose the option they prefer



Non-directive, Non-coercive COUNSELING

- Presenting information and options through the use of open-ended questions that help the patient/client make an informed decision that satisfies his/her need and preferences.

Non-directive, Non-coercive INTERVENTION

- Supporting the decisions made by the patient/client, including the decision to refuse information, even if the helping professional does not agree with these decisions.

What are some other ethical issues with drop in or last minute adoptions?

Nondirective, noncoercive counseling methods present information and options through the use of open-ended questions.

TRUE

FALSE

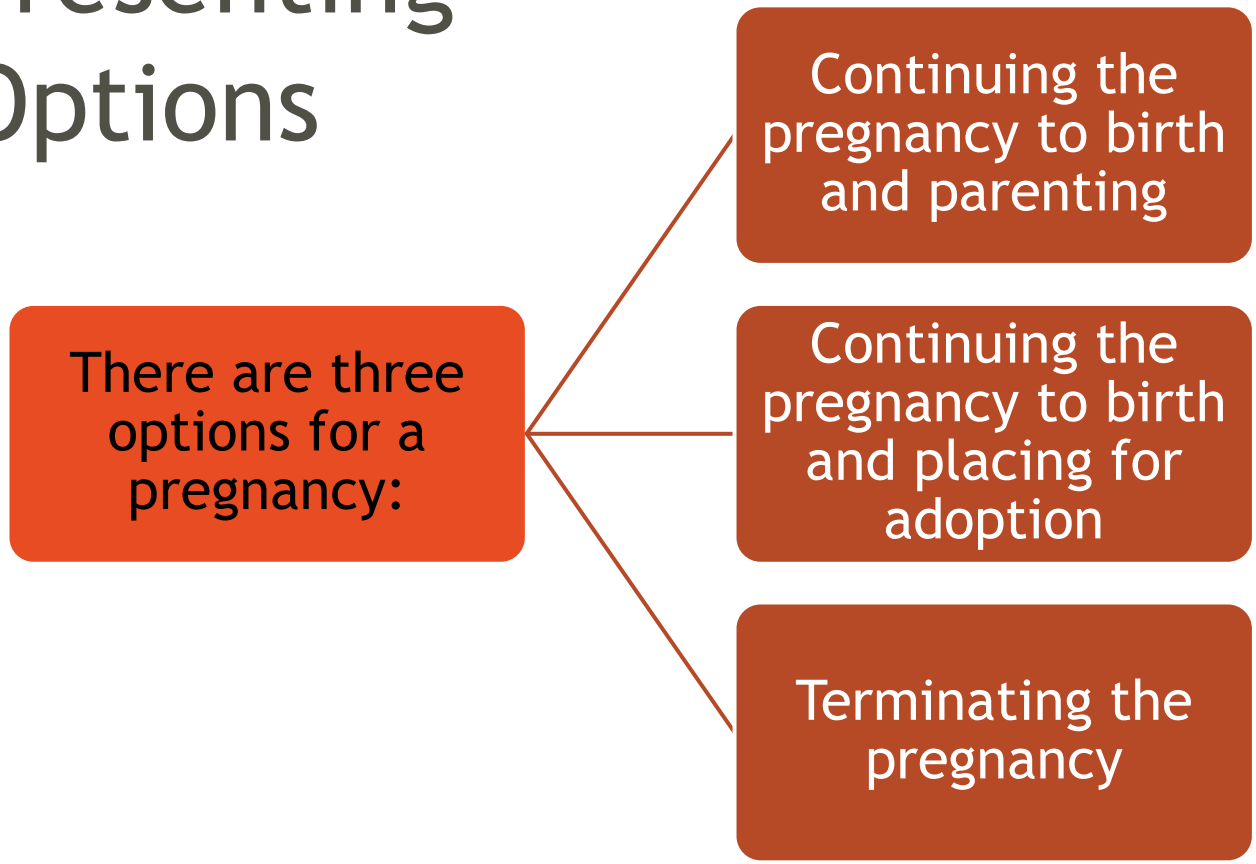
Brief Non-directive, Non-coercive Techniques

Physical Environment	Rapport Building	Open Ended Questions	Reflective Listening
Responding Non Judgmentally	Empowerment/ Strength Based Comments	Empathy	Identifying Feelings
	Defusing Anger	Summarizing	

Open Ended Questions

- How do you feel about the pregnancy?
- Tell me about how your life has changed with this pregnancy
- How do you feel about those changes in your life?
- What impact do you think having a child will have on your future plans?

Presenting Options



- For which of these would you like more information?

Ethical Principles in Options Counseling

Information is provided on an equal basis

Counseling is non-directive

Patients are provided the opportunity to freely choose the service or procedures they want

Informed Consent

- Provide complete information about:
  - The conditions or situations requiring intervention
  - The choices/options in services or treatment
  - The consequences or probable consequences of each option
- The patient/client then freely chooses one course in lieu of another.

What is Trauma?

Pervasive Trauma

- Complex traumatic experiences that occur to children ages birth to six.

  Includes:

  - Emotional abuse
  - Physical abuse
  - Sexual abuse
  - Exposure to domestic violence
  - Neglect
  - Community violence or acts of war
  - Illness and multiple medical procedures

As a health care provider how have you seen trauma impact your patients' ability to process information?

Make decisions about their options?

How can we help a patient struggling to process emotions?

Principles of Trauma Informed Counseling.

As a health care professional, your *calming presence* is your most important tool.

Regulate

Give	Give patient time and space
Suggest	Suggest sensory-based techniques
Be	Be calm yourself

When to make referrals

Referrals for *additional* adoption information are appropriate when the patient/client desires more information about adoption

Referral information is effective if:

a) It is given in a hurry.
b) Provided in many ways.
c) It is given to the family members of the patient/client.
d) Provided with bias.

Where to Refer

Adoption Agencies

Pregnancy Counseling

Adoption Attorneys

Areas of Caution for Expectant Parents and Adoptive Families

Inadequate Supports

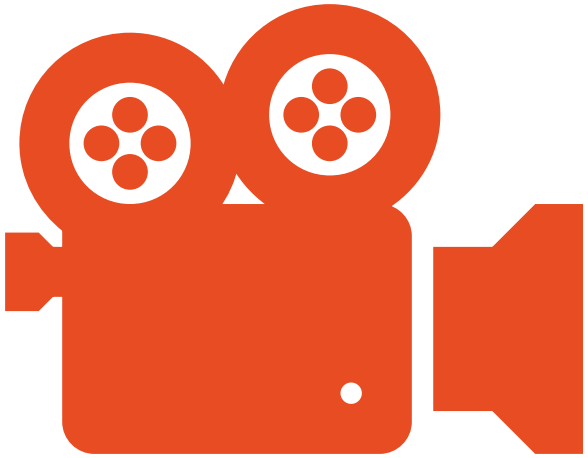
Legally complex situations

Module 4: Influences on Decision Making

Objectives

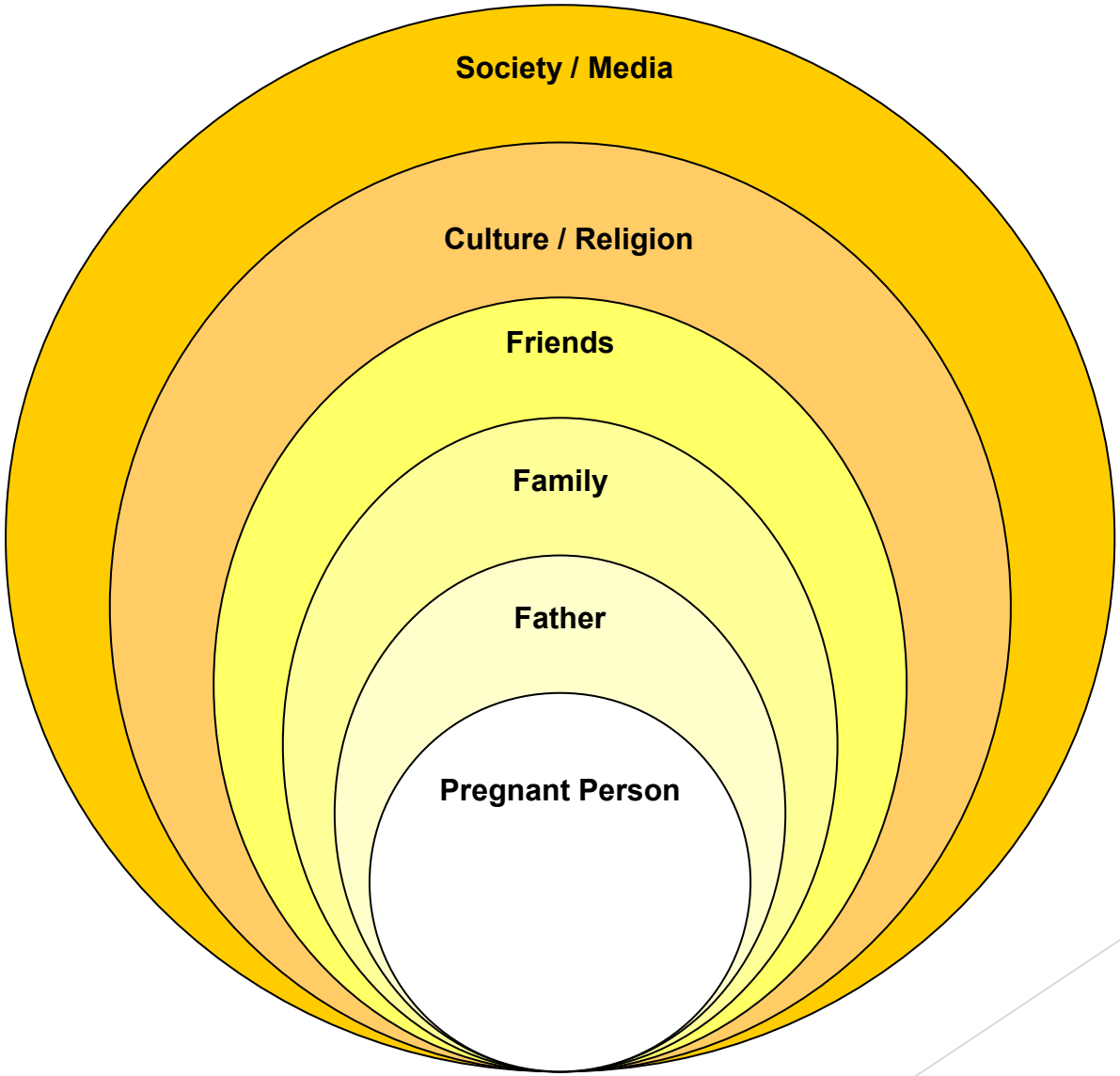
- Increase sensitivity, understanding and skills regarding the influences that expectant parents may experience
- Explore influences such as culture, expectant father, substances, trauma and grief and loss on decision-making
- Learn how adolescent development impacts options counseling
- Explore psychological and emotional reactions experienced by expectant parents

How do people make decisions?



Influences

How Do People Make Decisions?



Culture & Values

What do we mean by “culture?”

What are the values influencing a woman trying to make a pregnancy decision?

What might be important when working with someone of a culture different than your own?

When working with someone of a culture different than your own, remember the patient/client:

- May have a different *perspective* on the situation
- May have a different *priority* in the situation

- The patient/client's perspective is *more important* than yours, and they have *the right* to make their own decisions about their life.

Culturally Responsive Health Care Providers:

a) Are aware that there is little diversity within a culture.
b) Recognize that cultural factors influence the decision-making process.
c) Are not concerned about the power differential.
d) Always include family members in the process.

Culturally Responsive Services

- Aware
- Respectful

Cultural Humility

- The ability to maintain a position of being open to the experiences of others

Culture, Family, and Community: Lillian Scenario

What are the influences impacting decision making?

How can you be respectful of her culture?

What are the other issues to consider?

Expectant and Birth Father Issues and Considerations

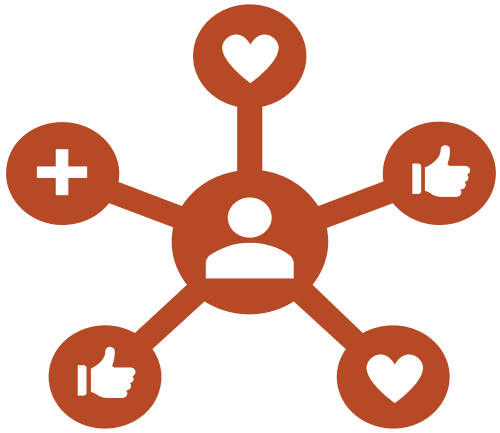
- Expectant fathers' rights are specified in the laws of each state
- Birth fathers who relinquish parental rights often experience grief and loss
- Birth fathers who make adoption plans may maintain contact in open adoption
- Expectant fathers may also become custodial fathers

In engaging birth fathers, it is the healthcare providers responsibility to:

a) Contact him when the child is born.
b) Make sure he doesn't come to the appointments.
c) Let him know that if he stays involved, he can avoid child support.
d) Be supportive toward his feelings and reactions.

Engagement Strategies

- Welcoming environment
- Address his questions and concerns
- Provide resource information
- Explore extended family support



Influence of the Birth Father: Jazmine Scenario

How does the father of the child impact Jazmine's decision making?

What are the other issues to consider?

Brain Development

- Changes in both the structure and function of the brain

- Physiological basis for risk taking behavior

Typical Adolescent Development

- Physical, emotional and cognitive changes
- Developing view of self and ability to see other points of view, Often ego-centric
- Look to peers for information
- Often reject parental input
- Difficulty anticipating needs of others
- Have difficulty with future planning

Research shows that pregnant teens in middle (16-18) adolescence are able to make good decisions for themselves and their child.

TRUE

FALSE

Impact of Pregnancy on Teens

- Pregnancy may accelerate maturation or can stall the transition to adulthood
- Research shows that with support many teens, especially in middle adolescence can:
  - mature quickly through the pregnancy
  - make good decisions for themselves and their children

Adolescents and Decision-Making

- Factors that impact decision-making:
  - Denial
  - Here and now thinking
  - Underestimating importance of medical care
  - Unrealistic expectations related to day to day parenting
  - Lack of life experiences to draw upon

Adolescence is a time of change in the brain. In working with teens the health care provider can:

a) Provide information multiple times in multiple formats
b) Help them with anticipatory guidance
c) Offer neutral, factual, information on the options
d) All of the above

Helping Teens

- Repeat information in a variety of ways
- Help identify support networks
- Do not be deterred by a lack of engagement or superficial responses from the teen
- Provide respectful and non-judgmental guidance
- Give anticipatory guidance
- Allow more time to make informed decisions

Influence of Adolescence: Kaelyn Scenario

What are some of the influences on the decisions that Kaelyn will make about her pregnancy?

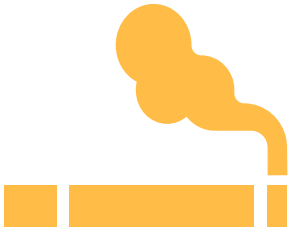
As a health care provider how can you establish rapport with Kaelyn?

The Influence of Substance Abuse on Decision Making

PROVIDE A SAFE, NURTURING SPACE

CONSIDER THE AGE WHEN THEY STARTED USING

ACKNOWLEDGE THEIR LOVE FOR THEIR CHILD AND THEIR DESIRE TO DO THEIR BEST



Influence of Substance Use/Abuse: Anna Scenario

How is substance use likely to influence the decisions that Anna will make about her pregnancy?

As a health care provider how can you establish rapport with Anna?

What are some ethical considerations when providing options counseling?

The Impact of Childhood Trauma

- 1998 study of weight loss program drop-outs
  - Dr. Vincent Felitti and Dr. Robert Anda
    - Health Insurance Company Kaiser Permanente
    - Centers for Disease Control and Prevention
- Majority of drop-outs had a history of childhood sexual abuse
- Conclusion was that weight gain might be a coping mechanism for depression and anxiety related to childhood sexual abuse

Adverse Childhood Experiences (ACEs)

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect
- Exposure to domestic violence
- Substance abuse in home
- Mental illness in home
- Loss of parent (death, divorce, separation or incarceration)

ACEs Study Results

- 67% of participants reported at least one ACE
- One fourth had more than two ACEs
- More than one in five reported three or more ACEs
- “Dose response relationship” between ACEs and the risk factors associated with primary causes of death in adults
- Cumulative effects

ACEs and Health Risks

Alcoholism and alcohol abuse	Chronic obstructive pulmonary disease	Depression	Fetal death
Health-related quality of life	Illicit drug use	Ischemic heart disease	Liver disease
Poor work performance	Financial stress	Smoking	Suicide attempts
	Poor academic achievement	Early initiation of smoking	

Impact of Developmental Trauma

Developmental trauma impacts how we:

- *Regulate:* how we process emotions, whether our bodies and minds feel that our needs are being met
- *Relate:* how we relate to others and use relationships to manage stress
- *Reason:* how we think

Bruce D. Perry, M.D., Ph.D.

Influence of Trauma: Neveah Scenario

How is Nevaeh's trauma history likely to influence her decision making?

What are other influences impacting Neveah?

As a health care provider, how can you help Nevaeh while acknowledging her challenges?

As a helping professional you may need to consider if the issue of inter-personal violence is affecting your patient/client's pregnancy decision making process.

TRUE

FALSE

Inter-Partner Violence (IPV)

- 1 in 6 pregnant women have been abuses by a partner
- IPV is associated with:
  - Low maternal weight gains
  - Infections
  - High blood pressure
  - Pre-term and low weight babies

Grief and Loss

- Accompanies every adoption
- Is not cured by open adoption
- May re-emerge over time
- Comes with anxieties that can be reduced with on-going

Stages of Grief Following Delivery for Parents Planning Adoption

Birth Parents	Adoptive Parents
Early Labor: Nervous, fearful, sometimes anxious for privacy, bonds to nurses	Nervous, fearful, fearful of being "unchosen." Worried about medical view
Mid Labor: If epidural, often wants adoptive parent included.	Thrilled to be included, some deep feelings of unexpressed envy, anticipatory, fluctuating between empathic and needed, unspoken.
Post-partum - First few hours: Elated birth is over, eager to share the beauty of the child, on somewhat of a "high."	Elated to see the child in the flesh, flooded with feelings of gratitude, also on a bit of a "high."
First night alone in the hospital: Often wants rooming in, has quiet, private time with child.	Beginning some anxiousness about "If she's with the baby all this time … she might change her mind." Wanting to spend time with baby, not wanting to interfere, feeling envy and displaced.
Second day: Often flooded with intense mother child feelings that have perhaps not been expected. Feeling singularly" capable of a bond that "no one else" can have like "I do."	Aware and observing of increasing connection of mother and child. Terrified mother will claim the child. Ashamed of some of their "ownership" competitiveness.

Influence of Grief, Loss, and Guilt: Helen Scenario

How are grief and loss likely to influence her decision regarding an adoption plan?

What are other influences on her decision making?

As a healthcare provide, how can you help Helen?

Supporting Women Making An Adoption Plan

What have you found to be helpful supporting women making an adoption plan?

Review of Module 4

INFLUENCES OF FAMILY, COMMUNITY AND CULTURE ON PREGNANCY

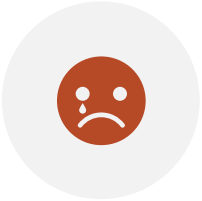
CULTURALLY RESPONSIVE SERVICES

BIRTH FATHER

ADOLESCENCE

TRAUMA

SUBSTANCE ABUSE



GRIEF AND LOSS

Module 5: Adoption Best Practices—Implications for Health Care Settings

Objectives

- Identify key and current issues of concern related to adoption within the hospital
- Describe current hospital policy and procedure related to adoption
- Provide tools to assess and respond to adoption related issues
- Describe how ethics and standards inform adoption competent practice
- Provide information guide a review and/or revisions to current hospital adoption policy

Adoption and the Hospital Experience

- 110,000 + adoptions annually
- 18,000 + infant adoptions each year
- Domestic adoptions represent:
  - 0.5% of all live births
  - 1.1% of births to single parents

- The hospital experience is an important part of the adoption story

National Council For Adoption (NCFA)

Issues Impacting Adoption Work Within Hospitals

- Substance use issues
- Medical issues linked with adoption
- Surrogate and/or gestational carriers
- Lack of crucial information not shared due to stigma/shame
- Solicitation and “match-making” on the part of staff
- Role ambiguities within the hospital team
- Confusion about procedures such as Birth certificate and Social Security card applications and discharge

Administrative Guidelines

- Having policies and protocols helps ensure that:
  - the interests of all parties are protected
  - undue influences on birth parents are avoided
  - the autonomy of the biological/birth parent(s) and the adoption plan they have chosen is supported
  - confidentiality is for all parties is ensured
  - conflicts of interest are avoided

Adoption—Friendly Best Practice

- Identify—
  - Who: Hospital Adoption Support Services team
  - What: Specific responsibilities (minimal to complex, litigation risk, etc)
  - When: Periodic review per Joint Commission, etc.

Which group of professionals may serve on a hospital adoption support services team:

a) Social workers
b) Case managers
c) Perinatal nurses
d) All of the above

Adoption-Friendly – Best Practice

- Adoption Policy and Procedure Assessment Tool for Hospitals

Hospital Policy Review

Standards for Adoptions in a Hospital Setting

The National Association of Perinatal Social Workers

Solicitation and match-making by hospital staff is acceptable to assist in placing an infant with their forever family.

TRUE

FALSE

Scenarios and Discussion Involving the Adoption Triad

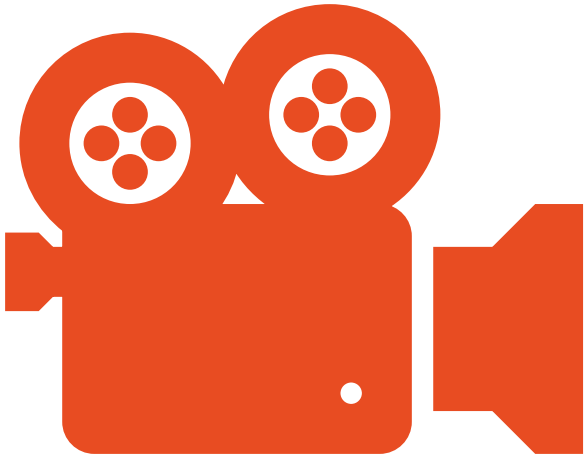
- Hospital Employee Match-Making
- Emergency Procedures
- Substance Abuse
- Birthmother Rethinks Decision
- Hospital Employee wants to Adopt
- Neonatal Complications

Module 5 Review

Module 6: Pulling it all Together

Objective

- Understand birth parent experiences with adoption



Nicole

How did the nurse make the referral? Verbally? Written?

Were there opportunities where a referral could have been given, but was not?

What additional service referrals would you make for Nicole?

What would you do differently in this situation if you were Nicole's healthcare provider?

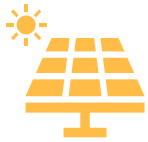
Ethical Options Counseling

Understanding available choices

Using non-directive, non-coercive techniques

Practicing Informed Consent

Course Review



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Module 5: Adoption Best Practices: Implications for Health Care Settings

Module 6: Overview and Wrap-Up

Closure

What did you learn today?

How can YOU make a difference in your field concerning infant adoptions?

Any ideas that were not mentioned in this presentation?

Any questions?

I feel comfortable and confident discussing adoption as one of the options in family planning..

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Thank you!