SERVICES TO BIRTH PARENTS

Date or subtitle if you desire

WELCOME AND INTRODUCTIONS

What is your current position?

A. Public agency
B. Private agency
C. Court
D. Independent consultant
E. Other (trainer, RTC staff, etc.)
Services to birth parents making a voluntary adoption plan are completely different from services to birth parents whose parental rights are terminated.

A. True  
B. False  
C. True and False

Prior to termination of parental rights, I have the following contact with birth parents:

A. I meet regularly, but do not act in a counseling role.  
B. I have regular contact with birth parents.  
C. I have very limited contact with birth parents.  
D. The birth parents are out of the picture by the time I receive the case.

After termination of parental rights, I have the following contact with birth parents:

A. No contact; our agency loses track of them.  
B. We know where they are but have no contact.  
C. We follow-up with support visits or phone calls.
In your current role, what do you feel is your responsibility to birth parents after termination of parental rights?

A. I have no responsibility.
B. I have minimal responsibility, maybe one follow-up visit.
C. I have responsibility to follow-up and offer counseling services and support.

Why should you take a workshop about issues and services for birth parents?

A. I provide services to birth parents before, during or after the adoptive placement.
B. I need to understand birth parent issues so I can communicate about these issues with adoptive families or children.
C. I need to understand the “big picture” of adoption practice.
D. I am required to take this course to be certified as an Assessor.
E. All of the above.

Assessor Knowledge

What do Assessors need to know about birth parents in order to be effective in permanency planning?
BIRTH PARENTS AND THEIR CHILDREN

• Do birth parents love their children?

• Do children want to be loved by their birth parents?

PRINCIPLES OF BIRTH PARENT COUNSELING

• Awareness that adoption is a lifelong issue
• Family involvement
• Empowerment
• Enabling
• Self-determination
• Cultural sensitivity
• Responsible birth parenting

THERAPEUTIC GOALS

Handout # 4
**CORE ISSUES OF BIRTH PARENTS**

- Guilt
- Shame
- Control
- Identity
- Rejection
- Trust
- Loss and grief

**GRIEF**

- Factors of Grief
- Resolution
- Level of Openness

**BIRTH MOTHER GRIEF RESOLUTION – TYPE OF ADOPTION**
FACTORS OF GRIEF RESOLUTION

Current relationships and other factors impacting grief

FACTORS OF GRIEF RESOLUTION

Understanding of and movement through the "process of realization"

FACTORS OF GRIEF RESOLUTION

Availability of support through the adaptive grieving process
**ANTICIPATORY GRIEF**

- No acknowledgment of loss by others
- Lack of expression of intense feelings
- Preoccupation with reunion fantasy
- Self-deprecation and self-blame
- Pressure from others to choose adoption
- Lack of support
- Numbing through substance use
- Secrecy

**FACTORS THAT INTERFERE WITH MOURNING**

- No acknowledgment of loss by others
- Lack of expression of intense feelings
- Preoccupation with reunion fantasy
- Self-deprecation and self-blame
- Pressure from others to choose adoption
- Lack of support
- Numbing through substance use
- Secrecy

**SENSITIVE AREAS**

- Child’s birthday
- Special songs that remind birth parent of pregnancy and child
- TV, radio shows, books, news articles about adoption, pregnancy, loss
- Pregnancies/baby showers of friends, relatives, co-workers
- Babies and children
- Visiting a new mother in the hospital
**MORE SENSITIVE AREAS**

- Birth of next child in extended family
- Making decisions about having future children
- Loss in other areas of life
- Future pregnancies and deliveries
- Sexuality
- Family events, holidays, special occasions,
- Mother’s Day/Father’s Day

**DENIAL**

**SIGN OF DENIAL**

- Refusal to discuss parenting as option
- Will not seek prenatal care
- Will not inform family of pregnancy
- Does not follow through on planning or decision-making
- Refers to baby as "it"
- Does not want to see, hold or touch baby
- Continues smoking, drinking, drugs
STRATEGIES

• Openly share your observations.
• Network with other birth parents.
• Encourage/assist in telling family.
• Promote active role in planning.
• Encourage prenatal care.
• Empathize with fears.

BIRTH FATHERS

Our agency does a thorough job in attempting to locate the whereabouts of fathers.

A. Rarely
B. Sometimes
C. Regularly
D. I don’t know.
Our agency does a thorough job in getting information about fathers.

A. Rarely
B. Sometimes
C. Regularly
D. I don’t know.

Our agency works hard at involving the father in the planning or assessment process for their children.

A. Rarely
B. Sometimes
C. Regularly
D. I don’t know.

Workers at our agency have at least monthly case conferences with their supervisors and readily include discussions about the father with the supervisor.

A. Rarely
B. Sometimes
C. Regularly
D. I don’t know.
BARRIERS

• What are barriers to working with birth fathers when decision is voluntary?
• What are barriers to working with birth fathers when the decision is involuntary?

A LOOK AT OUR AGENCIES

Workers did not try to find fathers…
In 61% of cases, no reference to fathers’ whereabouts was made during home visits with kinship caregivers.

John O’Donnell, 1999

WORKERS LACK INFORMATION ABOUT FATHERS

• Did not know marital status of 41% of fathers
• Did not know housing status of 54% of fathers
• Had no information about education or income of fathers
WORKERS FOCUSED ON FATHERS’ DEFICITS

- Workers identified problems that affected father’s parenting capacity in 67% of cases
- Workers did not know of any strengths in 50% of fathers
- Workers stated 15% of fathers had no strengths

FATHERS WERE NOT INVOLVED IN PLANNING

- 82% of fathers had not contributed to most recent assessment.
- 90% of fathers had not participated in most recent case plan.
- Workers identified fathers’ lack of participation as an impediment to case planning in only 16% of cases.

STRATEGIES TO ENGAGE THE BIRTH FATHER

- Enlist mother’s aid; educate her about father’s importance.
- Educate father about responsibilities.
- Inform father of his rights early in process.
- Actively encourage father to participate in planning.
- Father’s involvement may need to be separate from that of the mother.
- Prevent use of child as a pawn between parents.
- Facilitate birth father’s expression of grief/loss.
TASKS OF BIRTH PARENT COUNSELING

Collecting social and medical history

ADOPTIVE FAMILY SELECTION

Your Tasks:
• Educate birth parents about the importance of choosing adoptive parents.
• Educate birth parents about issues and sensitive areas that adoptive parents face during the adoption process.
• If open adoption, prepare realistically for the experience.

ADVANTAGES OF BIRTH PARENT SELECTION OF ADOPTIVE FAMILY

• Dispels stigma of abandonment
• Encourages responsible birth parenting
• Helps birth parent begin to turn over parenting role to adoptive parent(s)
• Gives adoptive parents permission to parent
• Gives child permission to attach to adoptive family (reduces divided loyalties)
CONTINUUM OF OPENNESS

Birth Family Selects Adoptive Family

Birth Family Meets Adoptive Family: No Exchange of Info

Letters and Pictures Exchanged

Telephone Contact

Ongoing Visits and Contact

IS OPEN ADOPTION FOR ME?

• Can I be honest in my adoption interactions?
• Can I focus on best interests/needs of child?
• Can I respect and honor all parties in relationship?
• Can I support adoptive parent as the parent of the child?

IS OPEN ADOPTION FOR ME?

• Can I respect the value of the birth parent’s role for my child?
• Can I be flexible?
• Do I have difficulty compromising?
• Would I consider mediation in the event of a disagreement?
IDENTIFYING INFORMATION

- First name
- Last name
- Maiden name
- Alias
- Social Security number
- Address
- Telephone number
- Place of employment

ENGAGING THE EXTENDED FAMILY

- Enlist birth mother’s help in identifying family members.
- Identify leader within the family—be aware of cultural patterns.
- Educate birth parents about importance of family involvement, destructiveness of secrets.
- Explore kinship placement options.
- Give family information about options.
- Involve family in building lifebook.
- Process grief with family.
- Discuss openness considerations.
- Plan family conference.

EXPLORING THE OPTIONS

- Parenting
- Kinship care
- Foster care
- Adoption by family, friend, other
DECISION-MAKING TASKS OF THE PROFESSIONAL

• Begin educating about adoption process and the lifelong impact of adoption.
• Educate about the importance of a positive birth experience.
• Inform them of their rights all through the process.
• Assess birth parent decision-making and coping skills.

CONCURRENT CASE PLANNING

• Seeks to eliminate delays
• Considers all reasonable options for permanency at earliest possible point
• Primary plan is usually reunification with birth parent
• An alternative permanency goal is pursued at the same time
• Families engaged in collaborative planning

FAMILY GROUP DECISION-MAKING

• Family meetings are called when child protection becomes involved.
• Family identifies key individuals (family, friends, service providers) invited to participate.
• Familybrainstorms options for care and protection of child.
• Facilitators guide discussion and decision-making about most appropriate permanency option for child.
PERMISSION MESSAGES

- Designed to help both birth parent and child understand child will not be parented by the birth parent
- Provides “permission” from birth relatives for child to become part of another family
- Usually face-to-face contacts, but permission may be given in a video, audiotape or letter
- Communicates to all that relinquishment of parental rights does not signify relinquishment of love

ASSESS APPROPRIATENESS OF TRANSITION VISIT

- Is it in the child’s best interests to have a transition visit?
- Will it be psychologically helpful or harmful?
- Who should be there?
- What boundaries need to be set?
- What is the developmental level of the child (would a letter or videotape be more appropriate)?

MESSAGES FROM BIRTH PARENT

- Ownership of reason for placement
- Ownership of reason for custody change
- Closure to going home
- Message parent will be okay
- Message parent loves child
- Permission for child to love new family
- Permission for child to succeed and be happy
SUGGESTED ORDER OF TRANSITION VISIT

• Small talk
• Reminder of reason for visit
• Parent gives message and permission
• Child gives message
• Gift exchange
• Take pictures
• Goodbyes
• Birth parent leaves
• Process feelings with child

TRANSFER OF LEARNING

• Write down two or three things you learned today that you can use in your practice.
• When are you going to use these ideas?
• Anyone want to share?
Services for Birth Parents

Agenda

Section 1: Welcome and Introductions
Section II: Principles and Therapeutic Goals of Birth Parent Counseling
Section III: Birth Parent Issues
Section IV: Services to Birth Fathers
Section V: Tasks of Birth Parent Services
Section VI: Transition/Permission Activities
Section VII: Conclusion and Transfer of Learning
Therapeutic Goals: Birth Parent Counseling

The following are therapeutic goals of birth parent counseling:

- To establish a working relationship based on trust that allows support and exploration of all options
- To empower birth parents to own their decision and take control over plans; to help birth parents avoid external pressure
- If applicable, to aid the birth parents in coming to terms with an unplanned pregnancy
- To assist the birth parents in maintaining their dignity and self-worth throughout this process
- To be certain that the main focus is the child and his/her best interests
- To examine carefully with the birth parents the range of options available in planning for this child
- To support the birth parents in the process of adoption decision-making
- To foster responsible birth parenting by helping the birth parent accept the role of “good parent” throughout pregnancy and adoption planning (in the case of involuntary terminations, the birth parent can be made to feel like a “good” parent by assisting in gathering pertinent information, preparing the child and assisting the agency in adoption planning)
- To facilitate communication (and mediation, if necessary) among members of the birth parents’ extended families, and to educate birth parents and their families about loss and grieving as it applies to them and other members of the birth family
- To mourn the loss of their child and, in the case of open adoption, the loss of the parenting role
- In the case of open adoption, to educate birth parents about the importance of consistency in building trust in the adoption relationships
- In the case of open adoption, to support birth parents through the initial adjustment phase of the placement and to educate them about the adoptive family’s issues during this crucial period
To reinforce with birth parents throughout the process that adoption is a termination of parental rights and not termination of parental love and concern

To help the birth parent understand, accept and manage the pain of an adoption decision, whether that decision is made by the parent or by the court

To help the birth parents integrate their decision into their lives, so that they emerge from this experience with their self-hood intact

To assist birth parents in explaining adoption to other birth children
An Adoption Counselor’s Responsibilities

- Be genuine.
- Develop and update professional skills.
- Accept the role of teacher.
- Model decision-making skills.
- Never lead or direct.
- Develop the ability to face and support the emotions of adoption.
- Never belittle a person, his/her beliefs or decisions.
- Examine your own value system, both personal and professional.
- Keep personal beliefs and biases out of your professional work.
- Build trust.
- Ensure confidentiality.
- Know adoption from the viewpoint of all members of the triad.
- Respect cultural and racial differences.
- Exhibit unconditional acceptance.
- Do what is necessary to avoid burnout and staleness.
Grief and Grief Management for Birth Parents

Adoption is a life-long process that has a number of issues shared by all members of the adoption triad. Among those is the core issue of loss.

Loss is like an emotional open wound. If left untreated, it will become infected. Grief is the way we treat the emotional open wound of loss. It is helpful to understand the stages of grief so that we can provide more effective support to birth parents.

There are no time limits on grieving. In general, the first year after the birth and/or placement of the child is the most difficult for birth parents. It is a process of change and transition that will be intense at times and then gradually subside. It will continue to resurface throughout the life course of the birth parent with varying degrees of intensity. It is usually triggered by major life changes such as marriage or subsequent pregnancy, other losses, special holidays and events, particularly those centered around family and children, etc.

Styles of grieving vary from person and family, and cultural influence plays a strong role in grieving rituals. Keep in mind that a person's grieving style is personal.

There are identifiable stages of grieving that are common to the grief process. It is important to note, however, that there is no set order to their occurrence.

**Stages of Grief**

**Shock**

Often described as an unreal feeling, walking through a dream or fog. “I’m going through the motions but I’m not feeling anything.” The birth parent may feel tearful, tired, numb or a knotting in the pit of his/her stomach.

**Denial**

Rationally, the birth parent knows that he/she had a baby and that the baby is no longer with him/her. He/she may not want to believe it. He/she may pretend as though nothing is bothering him/her or that “this didn’t happen”. He/she may have disturbing dreams. Some birth parents overload themselves with activity and socialization so they don’t have to be alone with their feelings. Some try to numb the pain with drugs, alcohol, jumping into a new relationship, excessive spending, anything to avoid or mask the pain. It is a dangerous time for birth parents in terms of vulnerability, and much support is needed.
Anger

Birth parents may experience moments when they “fly off the handle” and don’t know why. They may feel a sense of anger and rage inside. The tendency is to direct the anger outward onto others (God, parents, boyfriend, friends, agency, etc.) This anger needs an outlet for release.

Guilt

Feeling guilty about the adoption is normal. The birth parent may have a tendency to doubt and question his/her decision with “what ifs” and the “if onlys”. The birth parent may lose sight of the reasons he/she made an adoption plan and begin to create ways he/she could have parented the child. Birth parents might even entertain the idea of trying to get their children back during this time.

Depression

This is the stage where things may seem hopeless for the birth parent. He/she may begin to wonder if the pain and inner turmoil will ever end. He/she may have no energy, and even simple tasks may seem burdensome and too difficult.

Acceptance

Birth parents will begin to notice a gradual lifting of that heavy, empty, aching feeling inside. He/she will begin to gain more energy and find himself/herself wanting to do more. Making decisions will begin to get easier. Birth parents will continue to talk about the child, but talk begins to focus more on concern and fond memory rather than primarily on loss and pain.

Suggestions for Grief Management

- Educate birth parents and the birth family about loss and grief early in the process
- Encourage birth parents and their families to share their pain with each other
- Discuss with birth parents the vulnerability they will experience following the birth and placement, and the dangers of turning to chemical substances and premature relationships during this time
- Find constructive outlets for release of anger such as exercising, writing in a journal, praying, making a memory album
- Continually remind birth parents that it hurts to lose people we love. Remind them that their pain is a testimony to the love they have for their children. Acknowledging a birth parent’s love for his/her child is perhaps the most effective form of support
- Listen to birth parents without telling them how to feel
- Suggest to birth parents that they begin establishing traditional rituals for special holidays such as celebrating his/her child’s birthday with friends and family, starting a Christmas
ornament collection for the child, celebrating Mother’s Day by treating themselves to something special, etc.

- Encourage birth parents to honestly express their needs to those providing support
Behavioral Expressions of Grief and Loss in Parents Whose Rights are Terminated Involuntarily

Certain behaviors typify family members’ response to the losses and threats experienced during the placement of a child in foster care. As the child’s custody moves from temporary to permanent placement, it is important that workers understand the typical behaviors found in parents whose children are lost to them due to termination of parental rights.

**Shock/Denial Stage**

- Parents may exhibit a robot-like, stunned response at the move. They may be immobilized. A characteristic response of people in emotional shock is, "This can't be really happening!"
- Parents may be compliant and express little emotion or affect. They may appear bland, uncaring or uninvolved.
- Parents may deny that there is a problem, or deny that the agency can remove the children. They may insist the children will be home in a day or so, or that "No court will ever give you custody”.
- Parents may avoid the caseworker and deny the need to be involved with the agency.
- Some parents who do not have close attachments to their children may not exhibit strong emotional reactions when their children are removed from them. These parents may have abandoned their children or left them in the care of others for long periods of time in the past. The caseworker should assess the parents’ reactions over a period of time to differentiate the immobility typical of the shock stage from the emotional remoteness of parents who lack a strong attachment to their child. Parents in shock will move within a few hours or days to expressing anger and pain. Parents without close attachments often do not.
Anger/Protest Stage

- Parents may threaten court action or may directly threaten the caseworker. They may contact an attorney to fight the agency.
- Parents may behave in a contrary and oppositional manner by refusing to let the caseworker visit the home, or by refusing to talk with the worker.
- Parents may refuse to participate with the worker to develop a case plan or to make decisions about the child's welfare.
- Parents may become demanding, sometimes making irrational demands on the worker or the agency.
- Parents may blame the agency, the caseworker, the court, the system, the complainant or others for the existence of the problem. They may vehemently reject any need to change.

Bargaining Stage

- Parents may become semi-responsive to the caseworker and behave more compliantly.
- Parents may make broad promises, such as, "It will never happen again", "I'll ask my boyfriend to leave", "If I go to all my parenting classes, will I get my children back?"

Depression Stage

- Parents may "forget" or miss appointments with caseworkers, or may fail to attend scheduled visits with the children.
- Parents may exhibit little initiative or follow-through in visitation or other activities designed to promote reunification.
- Parents may display futility and a loss of hope that their children will ever be returned home. Some parents even move away or disappear, and the agency loses contact with them.

Resolution Stage

- Parents may emotionally begin to restructure their lives without the children.
- Parents may move away without notifying the agency, become involved in new relationships, may have other children or otherwise "get on with life”.
- Parents may not respond to their caseworker's attempts to work with them. Parents may stop visiting their children.
- Parents may not protest court action for permanent custody and may not attend permanent custody court hearings.
Factors That Can Interfere With Mourning

- Lack of acknowledgment of the loss by society, family, friends and professionals

- Lack of expression of intense feelings

- Not having a mental image of the baby as a result of lack of information or not having seen the baby

- Preoccupation with the fantasy of reunion in such a way as to avoid dealing with the loss

- Preoccupation with searching for something to fill the gap left by the child to avoid facing painful feelings

- Belief that having a choice takes away the right (and need) to grieve

- Feelings of loss, even in open adoption (Birth parents may be surprised at the level of their grief in an open adoption)

- Self-depreciation and self-blame

- Pressure from others to decide on adoption, which makes it difficult to take responsibility/ownership for the decision

- Lack of support

- Numbing through substance abuse

- Maintaining secrecy and not acknowledging the loss to oneself or others
Sensitive Areas for Birth Parents

- Child’s birthday
- Special songs that remind birth parent of the pregnancy and child
- TV, radio shows, books, news articles about adoption, pregnancy, loss
- Pregnancies of friends, relatives, co-workers
- Babies and children
- Baby showers
- Visiting a new mother in the hospital, especially the hospital where the birth mother delivered
- Meeting a child of the same age or with the same name as the birth parent’s child
- The birth of the next child in the extended family
- Making decisions about having future children
- Experiencing loss in other areas of life
- Future pregnancies and deliveries
- Sexuality
- Family events, holidays, special occasions (Mother’s Day)

Tasks for the Counselor:

- Give permission for the birth parents to grieve.
- Be with them as they grieve.
- Be an advocate for the birth parents.
- Facilitate correspondence, sharing of information.
- Listen, listen, listen
- Provide as much support as possible.
- Encourage a discussion on adoption rituals, ceremonies.
- Anticipate problems, discuss them—i.e., returning to school, work, etc.
• Point out personal growth; support individual strengths.
• Assist with letter of explanation (good-bye letter) to the child and/or adoptive family.
• Discuss future relationships, birth control.
• Assure the birth parents that your door is open to them at any time in the future.
• Refer for ongoing counseling or birth parent support groups.
• Be available; return telephone calls.
• Encourage birth parent’s goals.
The Journey through Grief with Birth Parents
Adapted from *Nuts and Bolts of Open Adoption*
by Catholic Human Services, Traverse City, MI

The following questions can be used with birth parents in helping them process grief and loss when an adoption plan occurs, either by design or court action.

1. Over the last several years, what significant losses have occurred in your life? How have those losses impacted you?

2. What has been your style of handling losses in the past? What works for you and what doesn’t work for you?

3. Who are the significant people in your life at this time? What do you hope those significant people will do or not do as you experience your grief?

4. Do you feel that you can turn to these people?

5. When you think about adoption, how do you see your losses? What is it you are losing?

6. How can we, as an agency, be helpful to you?

7. Is there anyone you need to forgive as you work through your feelings regarding this experience?

8. How might you handle a moment of regret or of second-guessing yourself?
Recognizing Denial in Birth Parents

The counselor should be aware that many birth mothers experience a denial phase of their pregnancy. This denial phase is most commonly seen during the first trimester of pregnancy and usually begins to subside once the birth mother physically feels the baby.

There are different factors that contribute to the intensity of their denial, such as rejection by the birth father, fear of family’s reaction, etc. The time that it takes to accept the reality of their situation will vary.

Birth fathers are not physically limited by the pregnancy and therefore have a tendency to remain in denial with greater intensity and for longer periods of time. Engaging the birth father is difficult at best, but it is important to be persistent in your attempts.

It is crucial to assess and assist birth parents through the denial phases of this process so that they are able to take responsibility for the decisions and planning they have before them.

Some signs of denial include:

- Birth parents’ refusal to discuss parenting as an option.
- Birth parent will not seek pre-natal care.
- Focus of birth mother’s attention and conversations are geared to issues related to birth father or other drama taking place in life.
- Is obsessed with staying thin through pregnancy and will not wear maternity clothes
- Birth parent will not inform family or significant others about pregnancy.
- Will not follow through on planning or decision-making
- Refers to her baby as “it” or “kid”
- Does not want to see, hold or touch the baby
- Continues smoking, drinking and/or using drugs during pregnancy

Tasks of the Counselor

- Talk openly with birth parent about what you are observing.
- Educate birth parent about the importance of good pre-natal care.
- Keep referring to their responsibilities as “parents” to their “baby”.
- Encourage and assist birth parent in telling family about the pregnancy.
• Assist birth mother in finding sound nutritional information, assure her that with controlled eating and regular appropriate exercise, she can manage weight gain, and allow her to discuss her fears about her body image.

• Help birth parents to network with other birth parents.

• Reaffirm, reassure and be an advocate for the birth parent by helping him/her face the fears, uncertainties and difficulties that he/she is facing.
Evaluating My Agency’s Work with Birth Fathers

1. Our agency does a thorough job in attempting to locate the whereabouts of fathers.
   a. Rarely
   b. Sometimes
   c. Regularly
   d. I don’t know.

2. Our agency does a thorough job in getting information about fathers.
   a. Rarely
   b. Sometimes
   c. Regularly
   d. I don’t know.

3. Our agency works hard at involving the father in the planning or assessment process for their children.
   a. Rarely
   b. Sometimes
   c. Regularly
   d. I don’t know.

4. Workers at our agency have at least monthly case conferences with their supervisors, and readily include discussions about the father with the supervisor.
   a. Rarely
   b. Sometimes
   c. Regularly
   d. I don’t know.
Strategies to Involve the Birth Father

- Enlist the birth mother’s aid in locating the birth father.

- Educate the birth father about his responsibilities.

- Inform the birth father of his rights early in the process.

- If there is a loss to be mourned with respect to the birth father, it must be recognized and discussed.

- Actively encourage the birth father to take a responsible role in the planning. Involvement may be separate from the birth mother, where appropriate, but needs to be initiated as soon as possible.

- Assess the need to examine responsibilities and options (parallel to services to the birth mother).

- Prevent, or point out, use of the baby as a pawn between the birth parents.

- Facilitate the birth father’s expression of grief and loss.

- Provide him with information regarding legal procedures.

- Discourage a birth father’s denial of the reality of the pregnancy until the birth of the baby. If such denial is allowed until after the birth of the child, a new crisis will arise at that point.
Is Open Adoption for Me?

A Guide to Aid Birth and Adoptive Parents

In many cases, adverse situations bring birth parents and adoptive parents to voluntary adoption. For birth parents, it is usually an untimely pregnancy and the realization that they are unable to parent at this time in their life. For adoptive parents, it is (for the most part), infertility and the realization that they are ready to parent at this time of their life. Regardless of their individual crisis, it is their mutual love of children that bring them to adoption.

Open adoption is one of the many options available to birth and adoptive parents in making an adoption plan. Open adoption is not shared parenting but rather a shared journey. It is a commitment between birth and adoptive parents that focuses on treating the adopted child with individual dignity in an atmosphere of security, stability, truth and openness.

Open adoption is a relationship based on mutual trust and respect. As in all good relationships, it requires that birth and adoptive parents alike put aside their insecurities, jealousies and face their fears. It requires that they mutually work toward building a foundation of trust among themselves to build a spirit of love and cooperation for the sake of the adopted child.

In open adoption, the adoptive parents are the child’s “Mom” and “Dad” at all times. They are the people who will be meeting the child’s needs, making all the parenting decisions, taking the legal, social, educational, spiritual, emotional and financial responsibilities for the child. Their role as the psychological parents of the child should never be usurped, and should always be respected and upheld.

In open adoption, the birth parents’ role is one of an extended family member, just like any other extended family member of the adoptive family. They should be identified as a birth parent, which is a legitimate unique relationship with the child, but yet similar to that of an “aunt” or “uncle”.

Open adoption fully recognizes that adoption itself is a unique way to form a family. It has issues, concerns and dynamics that are different from those of biological families. It accepts the reality that adoption is a life-long process for all involved, rather than a one-time event that ends at placement and finalization.
It embraces the ideals that children are not possessions to be hoarded and that true love should never divide people, but rather multiply among people. It recognizes that keeping secrets in a family is harmful, particularly to the adoptee, and that adoption means accepting the reality that every adopted person comes to adoption with a set of birth parents.

Forming a family through open adoption is not without complexities and problems any more than closed adoption is or for that matter, families that are biologically formed. All good relationships require work and commitment. However, open adoption may not be for everyone and it is important that birth parents and adoptive parents fully educate themselves before choosing open adoption as an option. The integrity of the adoption process should not be compromised by prospective adopters using open adoption to “try to get a baby” or birth parents who think they are going to “co-parent”.

The following questions may help birth and adoptive parents decide if open adoption is for them:

- Can I be honest in all my adoption interactions?
- Can I center on the best interest of the child and elevate his/her interests above my own?
- Can I protect the honor and reputation of all parties in this adoption relationship?
- Can I uphold, respect and support the adoptive parents as the ‘real’ parents of this child?
- Can I uphold, comply and not interfere with the parenting decisions the adoptive parents make for their child?
- Can I respect the importance that the birth parents’ role may play in my child’s life?
- Will I be able to be direct and forthcoming in expressing concerns?
- Would I consider mediation in the event of a major misunderstanding or disagreement?
- Will I be able to consider situations from the perspective of others?
- Will I be able to follow through on any commitments and agreements I make to others in an adoption relationship?
- Can I stay flexible and open to new possibilities?
- Will I consult others before introducing new people to the relationship?
- Am I normally possessive or jealous in other relationships?
- Do I have difficulty compromising and with control-related issues?
- Do I view adoption as being over following placement or finalization?
- Am I willing to educate myself about issues associated with infertility?
- Am I willing to educate and accept the realities of adoption and adoption-related issues as they apply to the adoptee?
### MEDICAL AND GENETIC INFORMATION FOR CHILD

#### (Attach Social History)

**PART I. MEDICAL HISTORY OF CHILD**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 min.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 min.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Name &amp; Address of Attending Physician:</th>
<th>15. Complications of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Attach copy of records or authorized release.)</td>
<td>(Include any birth injury to child.)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Medications Given: (From Birth until Placement)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>17. Birth Defects: (Specify)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>18. Immunization History: (Attach copy of child’s immunization records.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>19. Dates of Significant Illnesses or Hospitalizations: (Specify type of illness, name &amp; address of physician and or hospital. Attach records or authorized release.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>20. Does this child have any significant growth or development problems?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>21. Does this child have any chronic health conditions?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>22. Does this child suffer from any serious emotional and/or behavior problems? If yes, indicate test results, diagnoses, and names &amp; addresses of therapists.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>23. Does this child have significant learning disabilities?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>24. Does this child have affiliation with a Native American tribe? If yes, provide the name of the tribe.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>25. Medical Conditions: (Describe on separate sheet)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Allergies/Asthma</th>
<th>Down’s Syndrome</th>
<th>Growth problems</th>
<th>Sickle Cell Anemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>Drug usage/dependence</td>
<td>HIV/AIDS</td>
<td>Spina Bifida</td>
</tr>
<tr>
<td>Anorexia/Bulimia</td>
<td>Epilepsy</td>
<td>Kidney condition</td>
<td>Vision condition/blind</td>
</tr>
<tr>
<td>Cancer</td>
<td>Hearing condition/deaf</td>
<td>Mental Retardation</td>
<td>Other (please specify)</td>
</tr>
<tr>
<td>Congenital Abnormality</td>
<td>Heart condition</td>
<td>Muscular Condition</td>
<td>Other (please specify)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Hepatitis (specify type)</td>
<td>Orthopedic condition</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>26. Developmental Milestones (Indicate age milestone was accomplished)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Age</th>
<th>Milestone</th>
<th>Age</th>
<th>Milestone</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turned Over</td>
<td></td>
<td>Stood</td>
<td>Age</td>
<td>Toilet Trained</td>
<td></td>
</tr>
<tr>
<td>Sat Alone</td>
<td></td>
<td>Walked</td>
<td>Age</td>
<td>Used Words</td>
<td></td>
</tr>
<tr>
<td>Crawled</td>
<td></td>
<td>Fed Self</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART II. GENETIC AND MEDICAL HISTORY OF MOTHER

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Date of Birth:</th>
<th>3. Birthplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Address</td>
<td></td>
<td>5. Social Security #</td>
</tr>
</tbody>
</table>

6. Medications, drugs, and alcohol used before and during this pregnancy.

7. Were there any complications or problems during pregnancy or delivery? Explain:

8. Physical Description:  
   - Height  
   - Weight  
   - Eye Color  
   - Hair Color/Texture  
   - Skin Color

9. General Health including hospitalization or surgery.

10. Check any of the following health conditions which appear in yourself or your family’s health background:  
    For any condition checked, please provide additional information that may be available (such as, type of mental illness, descriptions of congenital defect, which member of family, age at onset, etc. Please attach additional information on a separate sheet of paper.)

<table>
<thead>
<tr>
<th>Mother’s Family</th>
<th>Mother’s Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholism</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>Allergies/Asthma</td>
<td>Kidney Condition</td>
</tr>
<tr>
<td>Bipolar Disorder (specify type)</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td>Cancer</td>
<td>Muscular Condition</td>
</tr>
<tr>
<td>Congenital Abnormality</td>
<td>Other Mental Illness (please specify)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>Down’s Syndrome</td>
<td>Sickle Cell Anemia</td>
</tr>
<tr>
<td>Drug usage/dependence</td>
<td>Sexually Transmitted Disease (please specify)</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Spina Bifida</td>
</tr>
<tr>
<td>Hearing problems/deaf</td>
<td>Vision problems/blind</td>
</tr>
<tr>
<td>Heart condition</td>
<td>Other (please specify)</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

11. Race and/or Nationality  
12. Tribal affiliation: If yes, name of tribe:  
13. Religion

14. Occupation & employment history

The information I have given above is true and correct to the best of my knowledge. I understand that if at anytime in the future I become aware of any information or conditions which might affect the health, development or physical condition of my child or my child’s offspring, I may notify, in writing, the Department for Children and Families, Atten: Prevention and Protection Services, 555 S. Kansas Avenue, Topeka, KS 66603, (785) 296-4653.

Date ________________________________  Signed __________________________________________________
PART III. GENETIC AND MEDICAL HISTORY OF FATHER

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Date of Birth:</th>
<th>3. Birthplace</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Address</th>
<th>5. Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Physical Description:</th>
<th>7. General Health including hospitalization or surgery.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td></td>
</tr>
<tr>
<td>Eye Color</td>
<td></td>
</tr>
<tr>
<td>Hair Color/Texture</td>
<td></td>
</tr>
<tr>
<td>Skin Color</td>
<td></td>
</tr>
</tbody>
</table>

8. Check any of the following health conditions which appear in yourself or your family’s health background:

<table>
<thead>
<tr>
<th>Father’s Family</th>
<th>Father’s Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>Father</td>
</tr>
</tbody>
</table>

Alcoholism            HIV/AIDS
Allergies/Asthma      Kidney Condition
Bipolar Disorder (specify type) Mental Retardation
Cancer               Muscular Condition
Congenital Abnormality Other Mental Illness (please specify)
Diabetes             Schizophrenia
Down’s Syndrome       Sickle Cell Anemia
Drug usage/dependence Sexually Transmitted Disease (please specify)
Epilepsy              Spina Bifida
Hearing problems/deaf Vision problems/blind
Heart condition       Other (please specify)
Hepatitis            Other (please specify)

9. Race and/or Nationality
10. Tribal affiliation: If yes, name of tribe:
11. Religion

12. Occupation & employment history

The information I have given above is true and correct to the best of my knowledge. I understand that if at anytime in the future I become aware of any information or conditions which might affect the health, development or physical condition of my child or my child’s offspring, I may notify, in writing, the Department for Children and Families, Atten: Prevention and Protection Services, 555 S. Kansas Ave., Topeka, KS 66603 (785) 296-4653.

Date__________________________ Signed__________________________

Appendix 5-0 provides additional information when using this form in conjunction with private adoptions.
30-45-1. Adoption--genetic and medical history of parents. Each person, other than a stepparent, filing a petition to adopt a minor, shall file with the petition a statement relative to: (a) The history of significant illnesses or hospitalizations of the genetic parents; and (b) the indication of any conditions, ailments, maladies, handicaps, genetically transmitted or communicable diseases which are known to exist within the parent or their family background which might affect the health or development of the child. (Authorized by and implementing L. 1985, ch. 195, sec. 2; effective, T-86-30, Sept. 24, 1985; effective May 1, 1986).

30-45-2. Adoption--medical history of child. The medical history of the child filed with the adoption petition shall include the following information and facts about the child's birth and health history: (a) The date, time, place of the birth of the child and the name of the attending physician; (b) whether the child was full-term or premature; (c) the child's weight and length at birth; (d) type of delivery; (e) whether there were any complications during pregnancy or at birth; (f) a history of any childhood diseases; (g) a history of any immunizations and tests; (h) a history of any significant illnesses or hospitalizations since birth; (i) a history of any chronic health problems, diseases or disabilities affecting the child; (j) the date of birth and sex of any of the child's siblings, if known; and (k) a record of the child's developmental milestones. (Authorized by and implementing L. 1985, ch. 195, sec. 2; effective, T-86-30, Sept. 24, 1985; effective May 1, 1986).

30-45-3. Adoption--social history. The following information shall be filed with the petition as the social history of the biological parents on forms prescribed by the secretary: (a) Each parent's religious background; (b) each parent's educational background; (c) each parent's ethnic background; (d) each parent's tribal membership, if applicable; and (e) each parent's employment history. (Authorized by and implementing L. 1985, ch. 195, sec. 2; effective, T-86-30, Sept. 24, 1985; effective May 1, 1986).

30-45-4. Adoption--procedures for updating histories. (a) The person filing the petition to adopt shall provide written notification to the biological parent of the process for notifying social and rehabilitation services of any new genetic or medical information which might affect the child. (b) The person filing the petition to adopt shall advise the adoptive family in writing that genetic and medical information is permanently filed with social and rehabilitation services. (Authorized by and implementing L. 1985, ch. 195, sec. 2; effective, T-86-30, Sept. 24, 1985; effective May 1, 1986).

K.S.A. 59-2130 Independent and agency adoptions; background information on adoptee and parents; filing; disclosure.
(a) The following information shall be filed with the petition in an independent or agency adoption: (1) A complete written genetic medical, and social history of the child and the parents; (2) the names, dates of birth, addresses, telephone numbers, and social security numbers of each of the child’s parents, if known; (3) any hospital records pertaining to the child or a properly executed authorization for release of those records; and (4) the child’s birth verification, which shall include the date, time and place of birth and the name of the attending physician.
(b) The genetic, medical, and social history required by this section shall be in conformity with the rules and regulations adopted by the secretary of social and rehabilitation services and on forms provided by the secretary.
(c) If any information required to be filed under this section is not available, an affidavit explaining the reasons why it is not available shall be filed with the petition for adoption.
(d) The secretary of social and rehabilitation services shall adopt rules and regulations establishing procedures for updating a child’s genetic, medical and social history if new information becomes known at a later date. The agency or person conducting the investigation under K.S.A. 59-2132 shall advise in writing each of the child’s biological parents, if known, of those procedures.
(e) Any employee or agent of the department of social and rehabilitation services, a child-placing agency, or a district

(This form supersedes Appendix 7E REV 5/03)
court who intentionally destroys any information required to be filed under this section is guilty of a class C misdemeanor.

History: L. 1990, ch. 145 § 20; July 1
**ADULT ADOPTEE REQUESTING COPY OF ADOPTION RECORD**

**AND/OR SEARCH FOR BIRTH PARENT(S)**

<table>
<thead>
<tr>
<th>Your Current Name:</th>
<th>Your Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Street Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your City/State/Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Birth Name, if known:</th>
<th>Your Date of Birth:</th>
<th>Name of Your Adoptive Parents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Birthplace:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Your Birth Mother at time of severance or relinquishment, if known:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Your Birth Father at time of severance or relinquishment, if known:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Agency or person involved in your adoption, if known:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Please mark only the request(s) that apply:

- [ ] I am requesting a copy of my adoption record
- [ ] I am requesting a search to be conducted for my birth mother and/or father.

You must indicate which birth parent(s) you wish to have contact with by checking the appropriate person(s) below:

- [ ] Your Birth Mother’s Name
  (if known):
- [ ] Your Birth Father’s Name
  (if known):

**WE DO NOT CONDUCT SEARCHES FOR GRANDPARENTS, AUNTS, UNCLEs, COUSINS, etc.)**

(Our agency will search for birth sibling(s) only if the adoptee and birth siblings had an established relationship prior to being adopted. If interested, please contact our office to complete a sibling search request form.)

**IMPORTANT!! If you have requested contact with your birth mother and/or father, you must complete the Authorization to Release Information form, which must be signed before a notary.**

**IF YOU HAVE REQUESTED A COPY OF YOUR ADOPTION RECORD:**

Within 4 - 6 weeks, you should receive a copy of your adoption record which may include a social history regarding your birth family, medical history, pictures, and correspondence from birth family. **You must be 18 years of age before any information can be released. Proof of identity is required: a copy of your driver’s license or copy of your birth certificate is recommended.** If a private agency was involved in your adoption (i.e. Kansas Children’s Service League, Lutheran Social Services, Catholic Social Services, etc.) you may need to contact that agency for a more complete copy of your adoption record.

**IF YOU HAVE REQUESTED A SEARCH FOR YOUR BIRTH PARENT(S):**

Our agency will attempt to locate your birth mother and/or father and determine whether they are interested in having contact. The search process may take several months to complete. Please keep in mind there is a possibility our agency will be unable to locate these persons or they may not be interested in contact. In either event, your search request will be maintained in your adoption record and be available to them should they inquire at a future date. Upon completion, you will be notified of the search results.

You must return: (1) this completed form, (2) the notarized authorization form (if requesting a search) and (3) proper proof of identification (a copy of your birth certificate or current driver’s license) to the address listed above.

**INCOMPLETE REQUESTS WILL NOT BE PROCESSED.**

---

**Signature of Adoptee Requesting Record/Search**

**Date**
AUTHORIZATION TO RELEASE INFORMATION FORM

I hereby give my permission to the Kansas Department for Children and Families to release the information I have provided in the gray shaded box below to the following person(s) for whom I have requested a search:

<table>
<thead>
<tr>
<th>Their name, (if known or as last known)</th>
<th>Their relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located. You must put information in the gray shaded box below. **Please Note: In the event you do not wish to release your identifying information (name, address, email address and/or telephone numbers), do not provide this information in the box.

<table>
<thead>
<tr>
<th>Your current name:</th>
<th>Your telephone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your email address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Information I wish to share to the person I requested to be located:

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

(You must sign your name)
Signature of Person Authorizing Release of Identifying Information

(You must sign your name in front of)
ACKNOWLEDGMENT BEFORE NOTARIAL OFFICER

State of (County) of

Signed or attested before me on this ___ day of ________, 20___ by ______, (Person authorizing release of above info)

________________________________________
Signature of Notary

________________________________________
Title

(Seal) My appointment Expires:
Kansas
Department for Children
and Families
Prevention and
Protection Services

Strong Families Make a Strong Kansas
BIRTH PARENT REQUESTING CONTACT WITH ADULT ADOPTEE

<table>
<thead>
<tr>
<th>Your Current Name:</th>
<th>Your Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Street Address:</td>
<td></td>
</tr>
<tr>
<td>Your City/State/Zip:</td>
<td>Birth date of Adoptee, if known:</td>
</tr>
<tr>
<td>Birth Name of adoptee, if known:</td>
<td>Birthplace of adoptee, if known:</td>
</tr>
<tr>
<td>Name of Birth Mother at time of severance or relinquishment, if known:</td>
<td>Your relationship to Adoptee:</td>
</tr>
<tr>
<td>Name of Birth Father at time of severance or relinquishment, if known:</td>
<td></td>
</tr>
<tr>
<td>Name of Agency or person involved in the adoption, if known:</td>
<td></td>
</tr>
</tbody>
</table>

IMPORTANT!!!

IF YOU WISH TO RELEASE INFORMATION TO THE ADULT ADOPTEE YOU ARE REQUESTING CONTACT WITH, YOU MUST COMPLETE THE ATTACHED AUTHORIZATION TO RELEASE INFORMATION FORM AND SIGN IT BEFORE A NOTARY. NO IDENTIFYING INFORMATION SHALL BE RELEASED WITHOUT THIS FORM.

(The adoptee for whom you are requesting contact with must be 18 years of age before our agency can initiate a search.) If any of your additional children were adopted in to the same adoptive family, we must wait until the youngest child has turned 18 years of age before we can conduct a search for any of them. You must be named in the adoption record and/or original birth certificate or have legal documentation of being the birth parent. The Kansas Department for Children and Families will conduct a search for the adoptee(s) listed above if his/her adoption was finalized in Kansas. If the adoption was finalized in another state, you will need to contact that state with your request.

Our agency will attempt to contact the adult adoptee and, if located, will determine whether he/she is interested in contact. The searching process may take several months to complete. Please keep in mind there is a possibility our agency will be unable to locate the adult adoptee or the adoptee may not wish contact. In either event, your request will be filed in the adoptee’s record in the event he/she should request contact at a future date. Upon completion of the search, you will be notified of the results.

__________________________  ________________________
Signature of Birth Parent Requesting Search  Date

You must complete and return 1) this request form, 2) the attached authorization form notarized, and 3) a copy of your birth certificate or current driver’s license (as proof of identity) to the address listed above.
INCOMPLETE REQUESTS WILL NOT BE PROCESSED
AUTHORIZATION TO RELEASE INFORMATION FORM

I hereby give my permission to the Kansas Department for Children and Families to release the information I have provided in the gray shaded box below to the following person(s) for whom I have requested a search:

<table>
<thead>
<tr>
<th>Their name, (if known or as last known)</th>
<th>Their relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Their name, (if known or as last known)</td>
<td>Their relationship to you</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Their name, (if known or as last known)</td>
<td>Their relationship to you</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located. You must put information in the gray shaded box below. **Please Note: In the event you do not wish to release your identifying information (name, address, email address and/or telephone numbers), do not provide this information in the box.

<table>
<thead>
<tr>
<th>Your current name:</th>
<th>Your telephone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Address:</td>
<td></td>
</tr>
<tr>
<td>Your email address:</td>
<td></td>
</tr>
<tr>
<td>Your City, State, Zip</td>
<td></td>
</tr>
</tbody>
</table>

Information I wish to share to the person I requested to be located:

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

(You must sign your name)
Signature of Person Authorizing Release of Identifying Information

(You must sign your name in front of)
ACKNOWLEDGMENT BEFORE NOTARIAL OFFICER

State of ___________ (County) of ___________

Signed or attested before me on this ___ day of ___________, 20___ by ______________________,
(Person authorizing release of above info)

______________________________
Signature of Notary

______________________________
Title

(Seal) My appointment Expires:  ________________________________
ADULT REQUESTING SEARCH FOR BIRTH SIBLING(S)

Your Current Name
Your Telephone

Your Street Address
Your City/State/Zip

Are you an adoptee? If so, what was your birth name?

I am requesting a search be conducted for my birth sibling(s) for possible contact. I understand that in order for a search to be conducted, I must have had an established relationship prior to my birth sibling(s) adoption and this must be identified in the adoption record. The names of the sibling(s) I am requesting a search for are listed as follows:

<table>
<thead>
<tr>
<th>Their Birth Name</th>
<th>Their Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Birth Mother at time of sibling’s severance or relinquishment

Name of Birth Father at time of sibling’s severance or relinquishment

IMPORTANT!! IN ORDER TO RELEASE YOUR INFORMATION TO YOUR BIRTH SIBLING(S), IF LOCATED, YOU MUST COMPLETE THE ATTACHED AUTHORIZATION TO RELEASE INFORMATION FORM, WHICH MUST BE SIGNED BEFORE A NOTARY.

If it is determined that our agency will conduct a search for your birth sibling(s), our staff will attempt to locate your birth sibling(s) and determine whether he/she is interested in contact. The search process may take several months to complete. Please keep in mind there is a possibility that our agency will be unable to locate your birth sibling(s) or he/she may not be interested in having contact. In either event, your search request will be maintained in your sibling(s) adoption record(s) and will be available to him/her should they inquire at a future date. Upon completion of the search, you will be notified of the search results.

You must return: (1) this completed form, (2) the notarized authorization form and (3) proper proof of identification (a copy of your birth certificate or current driver’s license) to the address listed above.

INCOMPLETE REQUESTS WILL NOT BE PROCESSED.
AUTHORIZATION TO RELEASE INFORMATION FORM

I hereby give my permission to the Kansas Department for Children and Families to release the information I have provided in the gray shaded box below to the following person(s) for whom I have requested a search:

<table>
<thead>
<tr>
<th>Their name, (if known or as last known)</th>
<th>Their relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located. You must put information in the gray shaded box below. **Please Note: In the event you do not wish to release your identifying information (name, address, email address and/or telephone numbers), do not provide this information in the box.

<table>
<thead>
<tr>
<th>Your current name:</th>
<th>Your telephone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your email address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Information I wish to share to the person I requested to be located:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

____________________________
(You must sign your name)
Signature of Person Authorizing Release of Identifying Information

(You must sign your name in front of)
ACKNOWLEDGMENT BEFORE NOTARIAL OFFICER

State of (County) of

Signed or attested before me on this ___ day of __________, 20___ by ___________________.
(Person authorizing release of above info)

____________________________
Signature of Notary

____________________________
Title

(Seal) My appointment Expires: ________________________________
Strong Families Make a Strong Kansas
Adoption Planning is Intergenerational: Worksheet for Parents of Prospective Birth Parents

Adapted from Nuts and Bolts of Open Adoption
by Catholic Human Services, Traverse City, Michigan

The following questions may be used during pre-placement counseling with extended family members of the birth parents in preparation for decision-making regarding the adoption plan.

1. What is your general reaction to this pregnancy?

2. What are your greatest worries about this situation?

3. What are your thoughts and feeling regarding the prospect of your son or daughter taking on the role of parent?

4. If your son or daughter chooses to parent the child, how do you see yourself fitting into the plan?

5. What are your thoughts and feelings regarding the possibility of adoption?

6. If your son or daughter chooses adoption, how do you see yourself fitting into the plan?

7. No one knows your son/daughter the way you do. Given the enormity of the decision at hand, do you have any suggestions as to how the agency can best serve him/her?

8. Is there any way we can be of service to you?
When Birth Parents Change Their Mind: Counseling Them Through the Reasons for Change

Adapted from *Nuts and Bolts of Open Adoption* by Catholic Human Services, Traverse City, MI

1. What are your reasons for changing your mind?

2. What have become of the reasons you gave earlier for choosing adoption?

3. Did any particular people (parents, birth father, hospital personnel, friends) play a part in your change of plans?

4. What was your hospital experience like? Did you have more or less contact with the baby than planned?

5. Was the change of plans in any way connected to something the selected family said or did? If yes, please explain.

6. What feedback do you have for the chosen family?

7. What reassurance do you have for the chosen family that good things are in store for the baby?
**GUIDELINES:** This tool is designed to identify children in need of a concurrent planning placement based on a family assessment. The Guide should be completed within 60 days of case opening. This tool seeks to balance a child’s need for permanency with recognition that the parents have the capacity for growth and change, and that reunification efforts continue in earnest. It is expected that some children living in concurrent planning resource families will reunify. *The tool is ideal for team decision-making, as well as supervisory conferences.*

### SECTION I – EARLY REUNIFICATION PROGNOSIS INDICATORS

#### Prognosis indicators for early reunification – concurrent planning not needed

**Parent-Child Relationship**

- The parent/s demonstrate:
  - Ability to respond to child’s cues.
  - Empathy for child; balance between own needs and needs of child.
  - Ability to accept appropriate responsibility for problems that lead to abuse/neglect.
  - Ability and willingness to modify parenting.
  - Having raised the child for a significant period of time.
  - Ability to meet child’s special needs (medical, educational, social, cognitive, etc.).
  - Evidence of previous effective parenting observed through child’s development (age appropriate cognitive & social skills; conscience development; minimal behavior issues).

**Parental History And Functioning**

- The parent/s demonstrate:
  - Stable physical health.
  - Stable emotional/mental health; any mental illness well-controlled.
  - Economic stability (employment, housing, and/or ability to live independently).
  - Freedom from addiction/s (substances, gambling, violence, etc.).
  - Consistent contact with child (visitation, parenting time, telephone contacts).
  - Historical ability to meet child’s needs despite impaired mental function.
  - Problems leading to placement are of recent origin and situational rather than chronic in nature.

**Support Systems**

- The parent/s demonstrate:
  - Positive relationships supportive of safe parenting.
  - Kin system providing mutual caretaking and shared parenting.
  - Proximity of support system practical to family needs.
  - A support system that recognizes strengths and limitations of parents/family.

### SECTION II – POOR PROGNOSIS INDICATORS

#### NEED FOR CONCURRENT PLANNING

**Parent-Child Relationship**

- Factors Related To Abuse Or Neglect
  - Serious physical abuse, such as burns, fractures, poisoning.
  - Non third party sexual abuse of child; prognosis likely to require lengthy foster care.
  - Diagnosed failure to thrive infant.
  - Child drug-exposed at time of birth (cocaine, crack, heroin, alcohol, etc).
  - Child has been victim of more than one form of abuse.
  - Significant neglect.

- Factors Related To Ambivalence
  - Previous placement of this child or other children.
  - Previous consideration of relinquishing this child; previous relinquishments of a child.
  - Repeated pattern of uncertainty as to desire to parent.
  - Inconsistent contacts with child.
  - Lack of emotional commitment to child; parent dislikes child due to child’s paternity.
  - Parental mental illness not historically and/or currently well controlled.
  - Parent/s consistently acknowledge ongoing problems with parenting.

**Parental History and Functioning**

- Parent continues to reside with someone dangerous to the child.
- Parent’s raised in foster care.
- Recent or perpetual history of parental criminal involvement.
- Documented history of domestic violence.
- Parent has degenerative or terminal illness.
- Previous reunification has disrupted.
- Intergenerational abuse with lack of historical change in family dynamics.
- Parent/s engage in high-risk relationships (drugs, criminal activity, alcohol).
- Progressive signs of family deterioration due to personality disorder/s.
- Previous interventions and/or treatment unsuccessful; uncooperative with treatment plan.
- Parent/s restricted in ability to parent due to developmental disabilities.
- Lifestyle and support system choices place child at risk through inappropriate caregivers.
- Visible means of financial support derived from prostitution, drugs, or other crime.
- Failure to respond to multiple forms of treatment/intervention despite acceptable.

---

The Concurrent Planning Guide has been developed based on modification of the indicators found in *Concurrent Planning: From Permanency Planning To Permanency Action*. © 1994 – Lutheran Social Services of Washington & Idaho. Authors: Katz, Spoonemore, and Robinson.
participation level
Facilitating the Transition Visit

Assessed Appropriateness of Visit

- Is it in the child’s best interests to have a transition/goodbye visit? Will it be psychologically helpful or harmful?
- Who should be there?
- What boundaries need to be set?

Setting the Stage

- Who will facilitate the visit?
- Who should be at the visit?
- Where and when will the visit take place?
- Ensure the visit occurs in a room without distractions.

Birth Parent Preparation

Meet with the birth family in person and:

- Explain the importance and purpose of the transition/goodbye visit.
- Acknowledge and help family identify and process their feelings. Help the parent begin facing his/her loss by talking about what others have experienced.
- Identify messages that the parent (grandparent or other) must give to child:
  1. Ownership of the reason for the child’s placement
  2. Ownership of reason for the custody/living arrangement change
  3. Closure to going home
  4. Message that the parent will be okay
  5. Message that the parent loves and will never forget the child
  6. Permission for the child to attach to and love new family
  7. Permission for the child to succeed and be happy
• Help parent decide on a present (one) they will bring.
• Help parent write a card or letter to give to child.
• Help parent identify a support system for themselves for the time after the visit.
• Review with the parent the grief recovery process. Remind the parent that grieving is work he/she must do: “the only way out is through”.
• Remember that forgiving oneself takes work. It often helps to remember everyone was doing the best he/she could at the time, considering the circumstances.
• Acknowledge that forgiving others is even harder. They were also doing the best they could at that time.

Child Preparation

Meet with the child in person and:

• Explain the purpose of the transition/goodbye visit.
• Ask the child what he/she would like to hear from his/her parent. Start with a list of what other children have wanted to hear. Let him/her check off what he/she wants. Let the child know, “This is what you want to hear. I can’t promise it’s what you will hear”.
• Help child identify and process feelings.
• Describe things that could happen during the visit (e.g., “People cry because saying goodbye is not easy”).
• Help child decide and practice what he/she wants to say to the birth parent.
• Help child write a letter or card (if appropriate).
• Set up a support plan for the time after the visit.

The General Order of the Visit

Note: The child should come in first and leave last. The child and parent should never be left alone. The visit should last 20-30 minutes.

1. Small talk—keep it short.
2. Facilitator reminds everyone of the purpose of the visit. (Ex: “We are here so that Mom can say goodbye to Joey. This will be their last visit.”)
3. Help birth parent give the transition/goodbye message and blessing.
4. Help the child give his/her message to the parent.
5. Present exchange
6. Take pictures.
7. Goodbyes
8. Parent leaves.

Post Transition Visit

- Understand anger is our society’s most acceptable expression of emotional pain. Know that anger can turn into lashing-out at those to whom the birth parent is closest.
- Give the parent the choice of using this loss as a chance to start healing or to fall into old patterns of abusing himself/herself or others.
- Encourage and allow the release of crying, shaking or shouting when sadness, fear or anger surfaces.
- Emphasize that healing emotional pain is eased with support from a counselor, a friend or a group committed to helping him/her do whatever it takes to heal.

Cautions

- If the parent does say hurtful things during the visit, stop the visit.
- If the parent will not be able to verbalize the message well, have him/her write a letter to give to his/her child during the visit. Be sure the letter is phrased well and help with wording in a diplomatic way: “Your child might interpret this the wrong way”.
- Make sure the child understands what is being said during the visit. For example, ask the child, “Do you understand your dad wants you to love your new parents?”.
Selected Bibliography

*Best Practice/Next Practice (Summer 2002)*, the newsletter of the National Child Welfare Resource Center for Family-Centered Practice


[http://openadoptioninsight.org/entrustment_ceremonies.htm](http://openadoptioninsight.org/entrustment_ceremonies.htm)


Sheldon, Leah (2007). *The Adoption Connection Newsletter*  
[http://www.adoptionconnection.org/newsletter_entrustment.asp](http://www.adoptionconnection.org/newsletter_entrustment.asp)


Birth parents who are interested in the continuum of openness in adoption receive information and counseling. Interpretation: The continuum of openness can range from the provision of identifying information about the birth family at the time of placement, to organization-mediated ongoing written communication, to frequent, in-person contact with birth family members. Counseling helps birth parents consider whether continued contact is in the best interest of the child, with whom the child might continue contact, and the type and frequency of contact. The organization should explain limitations on confidentiality and document in the case record the birth parents’ preferences regarding the disclosure of personal information.

Research Note: While some early research on open adoption presented conflicting conclusions, recent studies have demonstrated that most birth parents involved in open adoptions are satisfied with the arrangement.

Birth parents are prepared for adoption through services that include:

a. education about their legal rights and confidentiality;

b. planning for participation in the adoption process when it is appropriate and desired;

c. counseling and support to cope with voluntary or involuntary termination of parental rights, grief, separation, loss, and the lifelong implications of placing a child for adoption;

d. discussion of changing roles and relationships when the birth parents will have an ongoing relationship with the adoptive family;

e. education on issues related to search and reunion; and

f. planning for the immediate future and referral for needed services.

When an open adoption is being planned, birth parents, prospective adoptive parents, and the child, as appropriate, receive assistance and support to:

a. develop positive relationships;

b. develop and agree on plans for continued contact; and

c. decide how to resolve conflicts that can arise, and agree on a method for renegotiating the plan when necessary.
PA-AS 11.02

Children, birth parents, adoptive parents, and adopted persons have access to needed post-adoption services that include, and are not limited to:

a. assessments;
b. information;
c. case management;
d. early intervention for children with developmental delays and educational services;
e. counseling, mental health treatment, and crisis intervention services;
f. family preservation and stabilization services;
g. peer support; and
h. respite services and out-of-home care.

Interpretation: The agency refers families to adoption competent professionals.

Private Agency Standards

PA-PS 6: PREGNANCY OPTIONS COUNSELING/BIRTH OPTIONS COUNSELING

Individuals receive nondirective counseling and information services that help them make decisions about the pregnancy.

Note: Agencies that offer counseling on all possible options for the pregnancy (i.e., parenting, adoption or other transfer of custody, and termination) will be considered to provide Pregnancy Options Counseling. Agencies that offer counseling only on parenting and adoption or other transfer of custody (i.e., not on termination) will be considered to provide Birth Options Counseling, and will be rated according to slightly different criteria for standards PA-PS 6.01, PA-PS 6.02, and PA-PS 6.07. See the interpretations to these standards for further guidance.

NA The agency does not provide counseling services designed to help individuals make decisions about their pregnancies.

PA-PS 6.01

Individuals have the option to be counseled and fully-informed about all possible options for the pregnancy. Interpretation: Possible options include parenting, planning for adoption or other transfer of custody, and termination. When an agency offers only Birth Options Counseling, and thus does not provide counseling and information related to termination, the agency should: (1) disclose this fact to service recipients, as referenced in the Interpretation to PA-PS 1.02, and (2) demonstrate that it carefully considered its mission, capacity, resources, and community's needs when it decided not to provide counseling on all alternatives for pregnancy resolution.

Note: When an agency does not provide direct counseling and information related to termination, practice could include providing individuals with a comprehensive list of other community providers that offer pregnancy counseling, support, and education services.

Research Note: The American College of Obstetricians and Gynecologists and the American Academy of Pediatrics recommend that individuals receive information about all options for the pregnancy.

PA-PS 6.02

Counseling is nondirective and nonjudgmental, and helps individuals make the best decisions for their particular circumstances. Interpretation: Although agencies that offer only Birth Options Counseling will not provide counseling on termination, they should still provide nondirective and nonjudgmental counseling regarding parenting and adoption or other transfer of custody.
PA-PS 6.03
When family members or significant others, including the birth father, are involved in counseling services, all parties have opportunities to explore their individual feelings and needs.
Interpretation: When an agency provides joint counseling, it should ensure that counseling parties together does not inhibit a full exploration of individuals’ feelings. Accordingly, it may be appropriate to offer both joint and individual counseling. When the birth father or family requests counseling and the pregnant woman is opposed, the agency should make a referral or create a separate case. When a separate case is created, confidentiality must be protected at all times.

PA-PS 6.04
Individuals have the opportunity to receive information and counseling regarding the implications of parenting that addresses:

- responsibilities associated with parenting;
- child care;
- living arrangements;
- costs associated with raising a child;
- how parenting will impact the expectant parents’ goals and plans for the future;
- whether family members or friends will be willing to help the expectant parents;
- the role that the birth father will play; and
- single parenting or the possibility of marriage.

PA-PS 6.05
Individuals have the opportunity to receive information and counseling regarding the implications of adoption or other transfer of custody that addresses:

- types of available adoption and guardianship services, and the range of openness in adoption;
- parents’ legal rights and the rights termination process;
- financial assistance that may be available;
- separation from the child, and grief and loss;
- long-term implications of the decision; and
- making plans for the immediate future.

PA-PS 6.06
Individuals have the opportunity to receive information and counseling regarding the implications of termination that addresses:

- attitudes toward pregnancy termination, including personal religious beliefs;
- emotional issues related to grief and loss, and the finality of the decision;
- types of procedures available;
- costs of the procedure; and
- legal issues for minors (such as parental notification, parental consent, and judicial bypass), if applicable.

NA The agency provides only Birth Options Counseling.

PA-PS 6.07
Individuals are helped to carry out their decisions about the pregnancy and obtain any other needed services, directly or by referral.
Interpretation: Individuals may need prenatal care, parent education, adoption services, or termination services to carry out their decisions about the pregnancy. Other needed services can include, but are not limited to, health, educational, vocational, and housing services. Agencies that offer only Birth Options Counseling, and thus do not provide linkages to termination services, should disclose this fact to service recipients, as referenced in PA-PS 6.01.
PA-PS 6.01 - 6.08  http://coanet.org/standard/pa-ps/6/
PA-AS 11.02  http://coanet.org/standard/pa-as/11/#practice-02
AS 7.03 - 7.04; AS 7.07  http://coanet.org/standard/as/7/
Main site  http://coanet.org/standards/standards-overview/