

**SERVICES FOR BIRTH PARENTS
COMPETENCIES**

- 201-08-001 Knows the laws regulating voluntary relinquishment and involuntary termination of parental rights and the grounds and legal processes for each
- 201-08-004 Knows the requirements and filing processes of the Putative Father Registry
- 201-08-005 Understands the legal requirements to inform parents of all available permanency options for their children and to help them select the strategy that best meets their and their children's needs
- 201-08-006 Understands the life-long social and emotional issues for parents whose parental rights have been voluntarily or involuntarily terminated
- 201-08-007 Understands the factors that affect the extent of grief experienced by birth parents, siblings, and extended family members when children are adopted
- 201-08-008 Understands how parents' emotional responses to pending termination of parental rights may affect their relationship with the caseworker and their willingness to be involved in permanency planning for their children
- 201-08-009 Understands the importance of involving birth fathers and their families in permanency planning for their children
- 201-08-010 Understands the benefits of a non-adversarial adoption in which birth parents actively participate in permanency planning for their child
- 201-08-011 Understands the value to children of being given permission to be adopted by their birth families

- 201-08-012 Knows how to elicit and compile detailed family and child history information from birth parents to be shared with an adoptive family for the benefit of the adopted child
- 201-08-013 Knows strategies to support parents in their emotional distress and encourage them to stay involved in planning for their child's permanent home
- 201-08-015 Knows how to help parents consider options for post-adoption openness and select the most appropriate level of openness for their situation
- 201-07-003 Knows the laws, regulations, and ethics regarding confidentiality in disclosing information among birth parents, adoptive parents, and minor and adult adoptees

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 or 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, their beliefs, their decision**
- * **Examine your own value system, both personal and professional**
- * **Keep personal beliefs and biases out of your professional work**
- * **Build trust**
- * **Assure 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**

RIGHTS OF BIRTH PARENTS

As a birth parent you have certain rights under Ohio Law. Among them are the following:

RIGHTS OF ALL PARENTS

You have the obligation to protect your child and to provide or arrange for the provision of physical, emotional, and financial support in a manner that promotes your child's best interests. Failure to do so may result in the loss of part or all of your parental rights.

You have the right to determine with whom your child has contact and who provides care for your child.

You have the right to know about federal, state and community programs designed to assist you in caring for your child. Exploring and considering parenting assistance programs help you make better informed decisions for your child. The following are some of these programs;

- Temporary Assistance to Needy Families (TANF)
- Aid to Women Infants and Children (WIC)
- Supplemental Security Income (SSI)
- Title XX Social Services (including day care)

YOUR RIGHTS WHILE CONSIDERING ALTERNATIVES

You have the right to know about birth parent support groups. Such a group may help you better understand, from a birth parent's perspective, your options and how they will affect you and your child.

You have the right to have your choices explained to you by a certified Adoption Assessor, who will answer your questions about your choices.

You may enter into an agreement with a public or private child placement agency to provide temporary care for your child while you consider your options and make an informed decision for your child.

If you are pregnant and considering adoption for your newborn child, be aware that you cannot terminate your parental rights before birth. In this situation, you cannot sign any permanent agreement for at least 72 hours after the birth of your child. You have a right to legal representation. If you cannot afford an attorney in the adoption process, the court will appoint one to represent you. Your child may have a separate person to act to protect his/her interests. The attorney facilitating the adoption, if paid by the adoptive parent, cannot represent both you and the adoptive parents.

You have the right to take as long as you need to make your decision. You need not be rushed to make a decision, but you are responsible for the care of your child while you are making your decision.

YOUR RIGHTS WHEN PLACING YOUR CHILD

If you should decide to place your child for adoption, you must remember that this is a final decision. The person who adopts your child becomes your child's legal parent.

Should you choose to place your child for adoption, and you select an agency using open adoption practices, you have a right to select an adoptive family for your child from profiles of families presented to you. The agency will attempt to honor

your choice and place the child into the family you selected, if your request does not violate the requirements of the Multiethnic Placement Act/Interethnic Placement Act. This legislation stipulates that race, color, and national origin may not be used as criteria in selecting adoptive or foster families for waiting children.

If adoption is your plan, you have the right to choose an “open adoption.” This means that while the adoptive parents have full rights as parents, they have agreed to allow some type of contact with you. An open arrangement can vary from a one-time exchange of pictures and meeting each other, to full ongoing contact, although the needs of the child must come first and may change over time. Any open relationship, written or verbal, is strictly voluntary and not legally enforceable.

If your plan is to place your child for adoption, you must provide social information and a medical history to be given to your child and the adoptive family. Information concerning the background of both birth parents is very important. This will help assure the best possible placement for your child and benefit your child in the future. You also have the right to update the material at any time.

You have the right to request confidentiality so that the adoptive family and your child do not know you, or have identifying information about you.

You have a right to a copy of any documents you sign. Be sure to get them and keep them in a safe place. If any promise is made to you by your adoption facilitator, make sure that it is in writing. You may want to get a copy of your child’s birth certificate before it is changed by an adoption decree. Make sure that the information on it is correct.

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 which 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 their stomach.

DENIAL

Rationally, the birth parent knows that they had a baby and that the baby is no longer with them. They may not want to believe it. They may pretend as though nothing is bothering them or that *“this didn’t happen.”* They 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 their decision with *“what ifs”* and the *“if only’s”*. The birth parent may lose sight of the reasons they made an adoption plan and begin to create ways they could have parented their 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. They may begin to wonder if the pain and inner turmoil will ever end. They 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. They will begin to gain more energy and find themselves 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 loss and pain.

SUGGESTIONS FOR GRIEF MANAGEMENT

- Educate birth parents and 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 parent that it hurts to lose people that we love. Remind them that their pain is a testimony to the love that they have for their children. Acknowledging a birth parent's love for their 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 their child's birthday with friends and family, starting a Christmas ornament collection for their 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 very compliant, and may 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 may 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 with 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 birthmother 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 goal achievement



The Journey through Grief with Birth Parents

The following questions can be used with birthparents 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. If 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?

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

RECOGNIZING DENIAL IN BIRTH PARENTS

The counselor should be aware that many birthmothers 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 birthfather, 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 birthparents*
- *Reaffirm, reassure, and be an advocate for the birth parent by helping them face the fears, uncertainties and difficulties that face them*

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
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- 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 the point.

Is Open Adoption for Me?

A Guide to Aid Birth and Adoptive Parents

In many cases, it is adverse situations that 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” of “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 than 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 formed biologically. 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 interest 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?

OHIO LAWS REGARDING OPEN RECORDS

Under Ohio law, there are three different groups of adopted persons in Ohio:

- **Adopted people adopted prior to 1964**

These individuals, and their lineal descendants, have access to their original birth certificates and can obtain these through a request to the Ohio Department of Health.

- **Adopted people adopted from January 1, 1964 to September 18, 1996**

As a result of legislation effective in March, 2014, these individuals and their lineal descendants can access their original birth certificates as of March 20, 2015. Upon request, the adult adoptee or their lineal descendant (age 18 or older) can receive the original birth certificate, adoption decree, and amended birth certificate from the Ohio Department of Health, Division of Vital Statistics.

Birth parents can indicate their wishes for contact through a Contact Preference Form. The Contact Preference Form is a voluntary form, available through the Division of Vital Statistics starting on March 20, 2014, with three options:

1. A birth parent can express a desire for contact and provide personal contact information.
2. A birth parent can express desire for contact and provide contact information for a third party of their choosing.
3. A birth parent can express his or her desire for no contact.

The Contact Preference Form will be released to the adoptee or their lineal descendant with the contents of the adoption file.

In addition, birth parents have one year from the effective date of the legislation in which they can request their name be redacted, or removed, from the original birth certificate released to the adoptee. Birth

parents using the redaction option must provide a current medical history. A social and medical history form will be given to birth parents, and they will be urged to update the form as needed. The redaction option will be made available between March 20, 2014 and March 19, 2015. The redaction form can be removed, if the name of the birth parent changes, by contacting the Department of Health, Office of Vital Statistics.

- **Adopted people adopted after September 18, 1996**

These individuals may have access to their vital statistics records when they reach age 21, and their adoptive parents have access when the adoptee is 18-21 years old unless denied access by the birth parent. Since 1996 birth parents have been presented a form at the time of the adoption consenting or denying consent to the future release of the record. The birth parent can change their mind and file a new form at any time. The vital statistics records are available unless there is a form on file denying consent (i.e. if there is no form on file either way, the file will be released).

Adoption Planning is Intergenerational:

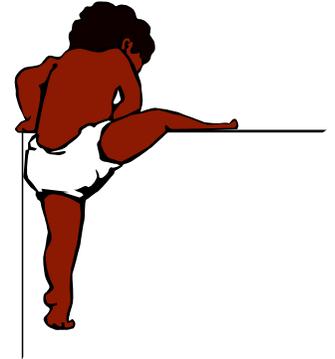
Worksheet for Parents of Prospective Birth Parents

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 birthparents 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 or 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 or 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



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?

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

FACILITATING THE TRANSITION VISIT

Adapted from work by Beverly Spivek Morris, and *Mediating Permanency Outcomes* by Jeanne Etter (Cooperative Adoption Mediation Project, 1993)

ASSESS 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?
- Assure 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 them identify and process their feelings. Help the parent begin facing their loss by talking about what others have experienced.

- Identify messages that the parent (grandparent or other) must give to child:
 - a) Ownership of the reason for the child's placement;
 - b) Ownership of reason for the custody/living arrangement change;
 - c) Closure to going home;
 - d) Message that the parent will be okay;
 - e) Message that the parent loves and will never forget the child;
 - f) Permission for the child to attach to and love new family;
 - g) Permission for the child to succeed and be happy.

- Help parent decide on one present 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 or 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 or 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 she would like to hear from her parent. Start with a list of what other children have wanted to hear. Let her check off what 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 good-bye is not easy*").
- Help child decide and practice what they want 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.

- a) Ease discomfort by opening with small talk; this should be kept to a minimum.
- b) Remind 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.*" Or "*We are here so that Crystal can explain to DeShawn why she wants him to be adopted by his Aunt Elaine. We will talk about how the family will be different after the adoption.*")
- c) Help the birth parent give the transition message and permission.
- d) Help the child give his message to the birth parent.
- e) Provide opportunity for gift exchange.
- f) Take pictures.
- g) Make "*goodbyes*" or closure to going home explicit.
- h) Thank the birth parent for their commitment to the child's well-being in the future [birth parent leaves].
- i) Process feelings with the child.

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 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 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 write a letter to give to his 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?"*

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Council on Accreditation Standards for Services to Birth Parents

Public Agency Standards

AS 7.03

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.

AS 7.04

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.

AS 7.07

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:

- a. responsibilities associated with parenting;
- b. child care;
- c. living arrangements;
- d. costs associated with raising a child;
- e. how parenting will impact the expectant [parents'](#) goals and plans for the future;
- f. whether family members or friends will be willing to help the expectant parents;
- g. the role that the birth father will play; and
- h. 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:

- a. types of available adoption and guardianship services, and the range of openness in adoption;
- b. parents' legal rights and the rights termination process;
- c. financial assistance that may be available;
- d. separation from the child, and grief and loss;
- e. long-term implications of the decision; and
- f. 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:

- a. attitudes toward pregnancy termination, including personal religious beliefs;
- b. emotional issues related to grief and loss, and the finality of the decision;
- c. types of [procedures](#) available;
- d. costs of the procedure; and
- e. 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.