

Adoption: Preparing Adoptive Parents

What Is Involved in Preparing Adoptive Parents?

- › Preparing adoptive parents (APs) is a two-part process consisting of educating prospective APs about the adoption process and normative dynamics and issues involved in adoption; and then, once APs have been matched with a child, providing child-specific information, training, and support to prepare prospective APs to successfully parent
 - **What:** Adoption is the permanent legal transfer of parental rights and responsibilities from birth parents to APs. Prospective APs pursue adoption for a variety of reasons, including infertility, “filling an empty nest,” and/or wanting to help children. They may seek to adopt a child with whom they have an existing relationship or they may begin the adoption process without a specific child in mind. Adoptions may be independent/private (i.e., birth parents make voluntary adoption plans for their children, most often during infancy, with prospective APs they identify on their own [independent adoption] or with the help of a private agency [private adoption]); public agency (i.e., state or county social service departments make adoption plans for children in foster care when birth parents are unable to provide a safe home and their parental rights have been terminated); or intercountry (i.e., adoption of children from other countries). (See series of *Quick Lessons & Evidence-Based Care Sheets* for more information on adoption.) Preparing APs is an ongoing process that begins when prospective APs initiate the adoption process and continues through finalization of the adoption
 - **How:** Individuals and/or couples interested in adopting typically contact a private adoption agency or public child-welfare agency to begin the process and obtain an approved home study. Throughout the adoption process, social workers assess the adoptive parents’ motivations, expectations, and abilities, educate them about adoption, and prepare them for placement
 - **Where:** Preparation of APs may occur in a variety of settings, but typically a private adoption agency or public child-welfare agency is responsible for providing needed services directly or through referral. In the case of intercountry adoption, agencies in both the adoptive parents’ country of residence and the child’s country of origin may be involved in the adoption process
 - **Who:** Social workers in both private adoption agencies and public child-welfare agencies, as well as clinicians providing individual and family services to the child and/or family, may have responsibilities for preparing prospective APs

What is the Desired Outcome of Preparing Adoptive Parents?

- › The goals of preparing APs are to
 - Facilitate a process in which prospective adopters engage in self-assessment of their strengths, limitations, and preferences, develop realistic expectations regarding adoption, and participate in activities that prepare them to successfully parent a specific child
 - Ensure that APs are aware of and prepared to manage normative challenges of adoptive parenting
 - Ensure that APs receive all available, relevant information pertinent to the child they are adopting and understand the short-term and long-term implications of the child’s psychosocial history, risk factors, and physical, developmental, and/or mental health conditions

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June 1, 2018

- Ensure that APs have adequate knowledge, skills, and support to provide a safe and stable permanent home that meets the child's needs

Why is Preparing Adoptive Parents Important?

- › The safety, stability, and long-term success of adoptive placements are strongly linked with APs' expectations of and preparation for adoption
- › Children who are adopted, particularly those adopted after infancy, often require more skilled parenting than children who were not adopted
 - Preparing APs has taken on increased importance as adoption practice has expanded to include greater numbers of children who are adopted from foster care and internationally, often at older ages and with more medical, developmental, mental health, and attachment issues
- › Preparing APs helps them better understand the risk and protective factors in their children's backgrounds, recognize the impact of the child's history over the course of development, empathize with the child's feelings, have realistic expectations of the child and the adoption experience, and manage their own stress and reactions
- › APs who have unrealistic expectations, lack sufficient background information about the child, lack knowledge and specialized parenting skills to meet the child's needs, and/or lack awareness of or do not have post-adoption support often have difficulty responding positively if children's needs and behaviors are more challenging than they were prepared for, which may lead to dissatisfaction with the adoption and breakdown in the parent-child relationship
- › Preparing APs plays an important role in preventing persistent difficulties in adoption, including instances of child abuse or neglect, disruption (i.e., adoptive placement ends prior to adoption being completed), displacement (i.e., child no longer lives in the adoptive home but the adoptive parents retain legal rights), and dissolution (i.e., the legal relationship between child and APs is terminated by relinquishment or court action)

Facts and Figures

- › In a 2017 Harris Poll, 1 in 10 U.S. adults reported that they were adopted, most commonly through private adoption as infants; 4 in 10 adults reported that they have a family member or friend who was adopted. Among those surveyed who are not adoptive parents, 25% indicated they had considered adoption, of whom 79% had considered adoption from foster care, 70% had considered private infant adoption, and 40% had considered international adoption. Thirty-one percent of persons who expressed interest in adopting preferred a child younger than 2 years old, 28% preferred a child between 2 and 5 years of age, 12% preferred a child between 6 and 12 years of age, and only 3% preferred a child 13 years old or older; the remaining 25% did not express a preference. Among persons who did not express a preference for an adolescent, almost 3 in 10 indicated they would consider adopting a teen (Harris Poll, 2017)
- › In 2009, 43% of children adopted in the United States were adopted from foster care, 9% through intercountry adoption, and approximately half from other sources (primarily private and independent adoptions) (Shuman & Flango, 2013)
- › An estimated 14,000 newborns are voluntarily relinquished for adoption each year in the United States (Smith, 2014)
- › In the United States, 57,200 children were adopted from foster care in FY2016, an annual rate that has remained fairly steady for the past decade. Nearly 118,000 children were waiting to be adopted (Children's Bureau, 2017)
- › In England, 4,350 looked-after children (i.e., children in foster care) were adopted during the year ending in March 2017, representing a decrease of 8% from the previous year. Of these children, 71% were between 1 and 4 years of age (United Kingdom Department for Education, 2017)
- › A review of studies from the United States, Canada, and the United Kingdom found that an estimated 9–15% of children placed for adoption experience disruption prior to finalization of their adoptions (Festinger, 2014); approximately 10% return to foster care at some point following a finalized adoption (Smith, 2014); and dissolution occurs in 1–10% of finalized adoptions (Bergeron & Pennington, 2013). A significant number of children also leave their adoptive homes at some point other than through child welfare services intervention (Smith, 2014)
- › Research has identified factors specific to children, parents, and agencies that are linked with increased risk of disruption and dissolution, among them children being older when adopted, having experienced multiple placements, and/or having high levels of emotional/behavioral issues; APs who are inexperienced, inadequately prepared, or who have unrealistic expectations or rigid belief systems; and lack of sufficient pre-adoption preparation and post-adoption support (Festinger, 2014)
- › In a study that evaluated the effects of a 9-hour pre-placement education and preparation curriculum (PREP) on prospective adoptive parents, researchers found that participants reported increased knowledge regarding the impacts of parental substance use, more positive attitudes towards substance-affected parents and children, and greater willingness to adopt a child from foster care who had a history of substance exposure and/or serious behavioral issues (Edelstein et al., 2017)

What You Need to Know Before Preparing Adoptive Parents

- › Adoption is a lifelong experience involving complex, dynamic relationships between children, biological families, and APs
 - APs experience normative challenges involved in becoming a parent, such as adjusting to a more demanding lifestyle, family of origin issues (e.g., dysfunctional parenting patterns from their own childhoods), and impact on the marital relationship. They also face adoption-specific challenges such as recognizing the different dynamics involved in building a family through adoption as opposed to biological parenthood, accepting that the child has pre-existing ties and experiences, navigating birth-family issues, and developing a sense of entitlement or “claim” to parent the child
 - The construction of adoptive family relationships is a complex task involving establishing bonds between adoptees and adopters and developing a positive identity as a non-conventional, non-biological family. Psychological integration, the development of mutually rewarding relationships, and a sense of belonging and permanence are critical to the success of the adoption
 - Although infants are “hard-wired” for attachment and may integrate readily into an adoptive family, attachment may be slower to establish with older children and those who have experienced adversity. Older children may enter into the relationship with mistrust and with negative expectations and attachment problems based on their previous experiences of maltreatment and loss and may respond in an atypical manner to the parents’ efforts to nurture and care for them. APs who are unprepared for these challenges may misinterpret children’s behaviors and respond in ways that discourage rather than promote attachment
 - Unresolved grief may also interfere with attachment. For children, losses include separation from birth parents, “status loss” related to others’ negative perceptions of adoption, and their own dissimilarity from the adoptive family. APs may have experienced loss related to infertility and not having a child who shares their genetic makeup. They may also experience status loss as a result of others perceiving adoptive parenting as less legitimate than biological parenting. APs may also feel grief regarding the child’s previous experiences and special needs
 - A child’s adjustment to an adoptive family is influenced by the child’s capacities and by characteristics of the adoptive family. Children are more likely to adjust positively when APs have realistic expectations, secure attachment styles, positive parenting approaches (e.g., parent enjoys time with child; is warm, sensitive, emotionally attuned, and supportive), open communication, lower parental stress, and stronger sources of support and coping skills
 - Children who are adopted from foster care are likely to have experienced maltreatment and unstable living situations; many also have histories of prenatal substance exposure. They are more likely to have special healthcare needs, academic difficulties, behavior problems, and lower-quality parent-child relationships in their adoptive families than other children who are adopted
 - Although the majority of children who are adopted do not have mental health disorders, individuals who are adopted are at higher risk for a variety of disorders, including attention-deficit/hyperactivity disorder (ADHD), conduct disorder, oppositional defiant disorder, anxiety disorder, depression, psychosis, substance use disorders, and personality disorders, than non-adopted individuals (Behle & Piquart, 2016). Both internalizing and externalizing problems in children adopted from foster care tend to improve once they are placed with APs, but many children continue to have clinical or borderline-clinical levels of problem behaviors, particularly externalizing behaviors (Nadeem et al., 2017)
 - Children who are adopted internationally often have been cared for in orphanages prior to adoption and are likely to have problems associated with institutional care such as malnutrition, poor growth, developmental deficits, and social and behavioral issues
 - Transracial adoption (i.e., adoption by a family of a different race from the child) involves particular challenges for families and is linked in some children with distress, marginally lower self-esteem, and issues with self-acceptance and racial/ethnic identity, including a sense of not fitting in with others of either one’s own race or the APs’ race. Children fare better when their APs are aware of race-related issues, actively work to facilitate their own knowledge of and comfort with their child’s racial/cultural background, prepare children to deal with racism, and participate in diverse friendships and communities
 - Children are more likely to experience stability in adoptive families when the adoptive parents have flexible expectations, understand the effects of trauma on children, are able to tolerate rejection, are sensitive to cultural factors, are able to support children in processing their grief, value birth-family connections, have a parenting style that provides routines and structure as well as exposure to a variety of experiences, practice self-care, and are committed to ongoing learning
- › Social workers should be knowledgeable about dynamics and issues involved in adoption, including
 - Legal aspects of adoption practice
 - Impact of biopsychosocial risk factors on child development (e.g., child maltreatment, trauma, foster or institutional care, prenatal substance exposure)
 - Medical, developmental, and mental health issues in children
 - Loss, grief, attachment, identity issues, and family dynamics in adoption

- Benefits and challenges involved in open adoption
 - The term open adoption describes a continuum of practices involving the exchange of information, communication, and in some instances ongoing contact between birth families, APs, and children. In closed adoptions, no identifying information is exchanged and no contact occurs between birth parents (BPs) and APs. In mediated adoptions, a third party facilitates the exchange of non-identifying information, letters, photographs, and/or gifts between BPs and APs after the adoption is finalized. In fully disclosed, or open, adoptions, BPs and APs meet and exchange information at the beginning and continue to communicate over time through letters, phone calls, and/or visits. Although post-adoption contact is positive in many situations, it is not always feasible or in the best interests of the child. APs should be prepared to assess the potential benefits and risks of contact given their child’s situation and feel comfortable navigating contact and setting appropriate boundaries
- Impact of race, ethnicity, culture, gender, and sexual orientation in adoption
- › Social workers should be knowledgeable of local laws and agency policies and protocols regarding adoption, preparation of APs, and disclosure of child-specific background information to APs and practice accordingly
 - Adoptive parent preparation, including pre-adoption training, is required in international adoptions involving countries that are parties to the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption
 - Pre-adoption training is also mandated for adoptions from foster care in the United States, England, and Canada
 - Many jurisdictions, including the United States, District of Columbia, American Samoa, Guam, Northern Mariana Islands, and Puerto Rico, have statutes requiring that APs be provided with child-specific background information (e.g., medical and mental health histories for both child and birth parents; the child’s early experiences, diagnoses, current functioning, and special needs) prior to adoption
 - Information about state statutes for information collection in the United States is available at <https://www.childwelfare.gov/topics/systemwide/laws-policies/state/>
 - In intercountry adoption, the amount of information available about children’s backgrounds depends, in part, on the child’s country of origin. Medical review of photographs or videos may be helpful, as the physician may be able to provide information about expected conditions and prognoses prior to placement
- › Social workers should be knowledgeable about effective interventions, treatment strategies, and resources for pre-placement and post-adoption support
 - Post-adoption services are a vital support for families who adopt children with complex needs. Post-adoption services encompass an array of educational, material, and supportive services designed to assist children and families with mental health needs, adjustment, and other adoption-related issues that may arise over the course of childhood. APs should be prepared for the likelihood that they or the child may need assistance at times and encouraged to seek and accept services without seeing this as a sign of weakness
- › Social workers should be knowledgeable about adult learning theory and a variety of modalities and tools social workers can use in preparing APs
 - Pre-adoption training may be delivered through a structured curriculum such as
 - Parent Resources for Information, Development, and Education (PRIDE), available through the Child Welfare League of America (<http://www.cwla.org/pride-training/>), is a competency-based pre-service curriculum for foster and adoptive families that is widely used by agencies in the United States and Canada. Although traditionally delivered in a group setting, a digital curriculum is also available (<http://www.pridedigital.org/curriculum.html>)
 - Trauma Informed Partnering for Safety and Permanence Model Approach to Partnerships in Parenting (TIPS-MAPP) is a comprehensive pre-service program for foster and adoptive parents used by agencies in the United States and Canada (<http://gomapp.com>). The MAPP curriculum emphasizes teamwork and partnership with birth parents. A one-on-one version, Deciding Together (DT), can be utilized with parents who are unable to attend group sessions
 - The British Association for Adoption & Fostering (BAAF) Preparing to Adopt is a comprehensive pre-service curriculum used to prepare prospective APs in the United Kingdom for adoption, <https://corambaaf.org.uk/books/preparing-adopt-england>
- › Pre-adoption training resources are also available online
 - Coram BAAF Adoption & Fostering Academy offers a variety of pre-adoption training webinars, <http://www.adoptionlearningpartners.org/>
 - Intercountry Adoption Journey, a Hague-compliant program, is offered by the National Council for Adoption, <http://about.hagueadoption.org/>
- › Pre-adoption training should include information about
 - Mental health, medical, and developmental issues that may arise as a result of risk factors such as genetic background, prenatal substance exposure, child maltreatment, trauma, foster care, and/or institutional care

- Normative dynamics and issues in adoption, including loss, grief, and identity issues; developing family relationships; talking with children about adoption and birth family history; understanding how children process their adoption story at different ages; impact on other children in the family; and the influence of racial, ethnic, and/or cultural differences
 - Parenting strategies for facilitating attachment, nurturing children who have experienced trauma and/or loss, and for managing difficult behaviors
 - Managing birth family relationships, including feelings about birth parents, open adoption, and searches for birth family
 - Bias and stigma around adoption, race, and family structure (e.g., single parent, same-sex parents). The importance of post-adoption services, adoption-competent mental health services, and support groups
- › Child-specific preparation should include
 - Full disclosure of all available, pertinent information about the child's strengths and needs; biopsychosocial history, trauma, placement experiences; past or current physical, developmental, and/or mental health diagnoses; risk factors; genetic conditions in birth family
 - Supplemental information and discussion to assist the parent to understand the short- and long-term implications of specific conditions and risk factors; the limitations of predicting outcomes for a specific child; the potential impact of high-quality care in optimizing outcomes; and specific strategies for assisting the child
 - › Social workers should be aware of their own personal beliefs and values regarding adoption
 - › Social workers should practice with awareness of and adherence to the National Association of Social Workers (NASW) Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence; and become knowledgeable of the NASW ethical standards as they apply to adoption and practice accordingly (National Association of Social Workers, 2017)

Social Work Responsibilities in Regard to Preparing Adoptive Parents

- › Review agency policies, procedures, and practices regarding preparing adoptive parents
- › Verify availability of necessary curriculum, written materials, resources, and supplies prior to meeting with APs
- › Engage APs in a collaborative relationship in which they feel respected and supported
 - Present a balanced view of adoption, including the positive aspects and benefits, the lifelong nature of the adoption experience, and potential adoption-related and child-specific challenges
- › Assess APs for
 - Information needs and readiness to learn
 - Preparation should be individualized as needed to address specific dynamics
 - Ask open-ended questions to gain insight into the impact of APs' personal histories, beliefs, and expectations about parenting and adoption
 - Explore APs' previous experience as birth, foster, and/or adoptive parents and/or with caring for a child they seek to adopt
 - Preferred learning style
 - Individuals are auditory, visual, or tactile learners: some learn primarily by hearing (e.g., listening to information presented by professionals or other parents), some by seeing (e.g., observing demonstrations, watching videos), and some by doing (e.g., role play, practice)
 - Barriers to learning
 - Barriers to learning can include cognitive deficits; learning disabilities; physical limitations; lack of a mutually understood language; low literacy levels; impaired hearing, sight, and/or speech; financial issues; and cultural, psychosocial, and/or emotional concerns
 - APs may be defensive or resistant at times, which may be related to their own level of emotional vulnerability; the demands of the adoption process; resentment that they have to meet requirements not expected of birth parents; and not recognizing the relevance of information being presented until they encounter difficulties in parenting the child
- › Develop a comprehensive plan that is divisible into informational segments
 - Identify and gather high-quality teaching tools written in the AP's primary language, if available
 - Use the assessment of the AP's learning characteristics and needs to guide the selection of appropriate modalities and teaching tools
 - Identify and discuss with the APs mutually achievable goals for learning
- › Implement plan for delivery of information regarding the adoption process and normative dynamics and issues involved in adoption
 - Parent education should take into consideration principles of adult learning theory, including:

- Anticipate a planned approach to teaching/learning, yet be prepared to be flexible and to individualize information as needed
- Incorporate a variety of teaching strategies, including individual and group training; interaction with experienced adoptive parents, adult adoptees, and/or birth parents; written materials; audiovisual resources; and internet resources to maximize learning
- Continually assess adoptive parents’ readiness to learn and respond to each educational experience, adjusting teaching strategies as indicated
- Child-specific preparation is a collaborative process that involves the social worker responsible for preparing the APs, the social worker responsible for placing the child, other knowledgeable professionals, and ideally the child’s current caregiver and/or birth family
 - APs should be provided with comprehensive background information regarding the child in a written format that they can review as needed and retain for future reference
 - Written information should be augmented by consultation with caregivers and professionals who are familiar with the child’s background, strengths, needs, and routines
 - Assistance in understanding the short- and long-term implications of specific conditions and risk factors; the limitations of predicting outcomes for a specific child; the potential impact of high-quality care in optimizing outcomes; and specific strategies for assisting the child
 - A transitional period, often at least several months in length in domestic adoption, generally is required between the child’s initial placement and finalization. Ongoing assessment and coaching during this period allows the social worker to provide more tailored guidance and support to APs
 - Specialized parent training and/or therapeutic interventions if needed to address specific concerns
- › Communicate any concerns regarding the AP’s readiness to adopt with supervisor and team, if applicable, so that concerns can be addressed and the plan for preparation can be continued or modified accordingly
- › Document the following in the AP’s record in agency-designated format:
 - Assessment findings regarding readiness to learn, preferred learning style(s), learning needs/desires, barriers to learning, and how those barriers were addressed
 - AP’s response to learning, including ability to demonstrate realistic expectations regarding adoption; ability to manage normative challenges of adoptive parenting; understanding of the short-term and long-term implications of the child’s psychosocial history and risk factors and physical, developmental, and/or mental health conditions; possession of adequate knowledge, skills, and support to provide a safe and stable permanent home that meets the child’s needs
 - Identified future needs for ongoing education and support

Other Interventions that may be Necessary before, during, or after Preparing Adoptive Parents

- › APs are required to obtain an adoption home study prior to a child being placed for adoption. The home study process serves the dual purpose of helping prospective APs to clarify their motivations, expectations, and abilities and assessing their suitability to adopt
- › Post-adoption services (i.e., information/referral, continuing education, consultation/guidance regarding adoption issues, financial assistance, referrals to medical, educational, and/or mental health services as needed, respite, support groups, mentoring, advocacy, assistance mediating contact with birth families, case management, and crisis intervention) should be available to the family after the adoption is finalized and throughout child-rearing years

What Social Work Models are used with Preparing Adoptive Parents?

- › Social workers use an ecological model, recognizing that adoption involves a relationship process in which adoptive families and children, as well as siblings, extended family members, agencies, and communities, interact and adapt to one another, creating a new environment. An ecological perspective encompasses complex interactions of individual, social, and transpersonal factors that impact children and their families, leading to the development of appropriate family-centered services and supports
- › The transactional perspective recognizes that family relationships are reciprocal, with parents and children having influence on each other over time. Prospective APs and children enter into these new relationships influenced by their own personal histories and needs; as they get to know one another, strengths or concerns may emerge in terms of “goodness of fit” between the child’s needs and the parents’ capacities
- › Family systems theory views the family as an emotional unit and emphasizes the importance of looking at the relationships and interactions of all the family members

- › Attachment theory informs the process by which attachment relationships develop between children and parents and can be used to assess difficulties in these relationships. Investigators have found that attachment representations and patterns in prospective APs are associated with their children's attachment behaviors (Raby & Dozier, 2018). The Adult Attachment Interview (AAI) administered by a trained clinician can yield valuable information about the APs' attachment, including whether their own history interferes with their ability to provide sensitive responses to the child (Buckwalter et al., 2017)
- › A variety of therapeutic models may be utilized to strengthen the relationship between children and APs, improve APs' knowledge and skills, and address issues such as children's histories of complex trauma or attachment difficulties. Relevant approaches include trauma-focused cognitive behavioral therapy (TF-CBT), theraplay, secure base model, child-parent relationship therapy (CPRT), video-feedback intervention (VIPP), parent-child interaction therapy (PCIT), child-parent psychotherapy (CPP), attachment and biobehavioral catch-up (ABC), trust-based relational intervention (TBRI), and structured psychotherapy for adolescents (SPARCS)
- › Procedural models vary from agency to agency. Social workers need to be familiar with the laws, policies, and procedures for preparing adoptive parents within their jurisdiction and agency

Red Flags

- › Social workers should be knowledgeable of their country's or state's legal mandates regarding disclosure of information to APs. Full disclosure of non-identifying information regarding the child's social, medical, and mental health background is generally considered to be best practice, and courts have held agencies liable for "wrongful adoption" when pertinent information is misrepresented or withheld
- › Post-adoption depression (PAD) has been noted among approximately 25% of adoptive parents (Foli et al., 2013). PAD is linked with discrepancies between the realities of the parenting experience and expectations parents held of themselves, the bond they would have with the child, and/or family and social life. Parental depression is linked with negative parenting behaviors and negative effects in children
- › Children who are adopted often lose contact with their biological siblings unless concerted efforts are made to place them together or to develop a relationship between the children's adoptive families that facilitates ongoing visitation. Social workers should educate APs regarding the importance of sibling ties and explore the feasibility of post-adoption contact between siblings
- › Early childhood trauma and neglect can increase the risk for failure to thrive, attachment problems, emotional deregulation, psychological issues, and deficits in cognitive, physical, and social development (Tan et al., 2016)
- › APs who adopt young children may not perceive background information as being relevant because they are not experiencing issues at that point; outreach as children become pre-teens or teenagers and experience increased risk for a variety of issues including substance use and mental health problems may be more relevant to APs than information provided when children are infants or toddlers (Rolock et al., 2018)
- › Child-to-parent violence (CPV) or adolescent-to-parent violence (APV) is a pattern of behavior by a child or adolescent that is intended to cause physical, emotional, or financial harm, or to get attention from, manipulate, or gain control over a parent or caretaker. CPV/APV occurs at particularly high rates in adoptive families, in part due to children's experience of significant trauma prior to the adoption, and can contribute to the breakdown of adoptions (Selwyn & Meakings, 2016)
- › APs who feel overwhelmed and unable to continue caring for their adopted children may resort to potentially dangerous alternatives such as independently "rehoming" children with new families who have not had background checks or home studies and who may exploit or abuse them
- › Scholars have recently proposed extending the concept of "microaggressions" to adoption to provide a framework for understanding how certain types of communication about adoption subtly devalue birth parents, adopted persons, and adoptive parents. Adoption stigma may be communicated through teasing about being adopted, asking about the child's "real" parents (implying that adoptive parent-child relationships are less than authentic), and expressing demeaning or insensitive attitudes about adoption, as well as by parents concealing the child's birth history and maintaining that he or she was born to the adoptive parents (Baden, 2016)
- › Agency-related factors result in many prospective APs not completing the process. In a survey, agency responsiveness and communication, inadequate emotional support, and logistical and jurisdictional issues were the most frequently cited barriers (Chanmugam et al., 2017)

What Do I Need to Teach the Client/Client's Family?

- › Discuss with APs the importance of becoming knowledgeable of both normative adoption issues and child-specific background information, risk factors, conditions, and needs

- › Explain that children who are adopted, especially those adopted after infancy, may be at higher risk for certain medical, developmental, or mental health conditions based on their biopsychosocial histories, but that they are also likely to make substantial gains with skilled parenting and a nurturing environment
- › Inform APs of the availability of post-adoption services and effective therapeutic approaches and encourage APs to view utilization of services as a strength, not a sign of personal inadequacy or failure; provide contact information for post-adoption services
- › Educate APs regarding community services, such as referrals for medical care, counseling, support groups, and educational services as appropriate; and encourage APs to connect with other adoptive families and support groups
- › Encourage APs and family members to obtain more information about adoption from
 - Adopt America Network, <http://www.adoptamericanetwork.org/>
 - Adoption Learning Partners, <http://www.adoptionlearningpartners.org/pathways/index.cfm>
 - Adoptive Families Circle, <http://www.adoptivefamiliescircle.com/>
 - Creating a Family, <https://creatingafamily.org/>
 - First for Adoption, <http://www.first4adoption.org.uk/>
 - Pact, An Adoption Alliance, <http://www.pactadopt.org/app/servlet/HomePage>

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