

# Chapter 15

## Adoption

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### ABSTRACT

*A Certified Child Life Specialist (CCLS) has the knowledge, skills, and clinical training that is essential to work in the field of infant adoption. Child Life Specialists working as infant adoption specialists promote emotional support, education, and coping for the biological parent(s) and families who want to adopt a child. Using the competencies to ground the work, Child Life Specialists focus on the therapeutic relationship, attachment, and bonding while also understanding grief and loss experienced by the biological parent(s). This chapter also examines how socioeconomics, varying cultures, ethnicities, and trauma histories can affect the adoption process.*

### INTRODUCTION

Adoption is extremely prevalent within the United States and across the globe. In 2019, 25,000 private domestic adoptions and 66,087 adoptions through foster care were reported in the United States alone (Koh et al., 2020). While the numbers are impressive, each adoption is unique and impacts the biological parent(s), adoptive families, and children directly involved and the individuals supporting them. In order to meet the needs of those involved, adoption takes many forms, including domestic private adoption, international adoption, foster care to adoption, embryo adoption, surrogacy, and family adoption. Within each context are social, emotional, and legal aspects that affect the children, the biological, adoptive, and foster families, and the public and private entities involved in the adoption process. This chapter will solely focus on private domestic infant adoption.

There are myriad reasons families choose to pursue infant adoption. Some choose adoption due to infertility, loss, or medical reasons that make it impossible to carry a child to term. Others may choose adoption as an alternative way to grow a family (Fallon & Goldsmith, 2013). Regardless of why families choose infant adoption, adoption agencies have an obligation to complete thorough evaluations that assess

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the fit, needs, and emotional responses of those seeking to adopt an infant. When a biological parent(s) decides to select adoptive parents to care for their infant, a unique connection is formed, often referred to as an adoption triad. An adoption triad consists of the biological parent(s), adoptive parent(s), and child (Foli et al., 2013). Each adoption triad member presents with individual physical and emotional needs that must be addressed through guidance, social and emotional support, and therapeutic intervention as they enter and continue their adoption journeys (Foli, 2012). Although this chapter focuses on private domestic infant adoption, there may be similarities to other types of adoption.

The purpose of an infant adoption specialist is to educate, support, advocate, and provide ongoing care to biological parents, adoptive parents, and children. This chapter will demonstrate how Certified Child Life Specialists (CCLSs), in the role of an infant adoption specialist, use their competencies to provide family-centered care and support to the entire adoption triad during the adoption process (Association of Child Life Professionals, 2020b). The needs of the infant, biological parents, and adoptive parents and the supportive child life interventions will be addressed in each phase of the adoption process.

## **PRE-ADOPTION**

### **Biological Parents**

Biological parent(s) may reach out to adoption agencies when unexpectedly pregnant and unsure of their next step. A large majority of biological mothers in contact with adoption agencies are subject to challenging circumstances such as childhood trauma, socio-economic hardships, abusive relationships, or addictions (Clutter, 2017). Representing multiple demographics, biological mothers may be as young as 11 up to the age of 45, of diverse cultural backgrounds, single, married, in a same-sex relationship, incarcerated, homeless, employed, unemployed, and may possess varying levels of education. Biological mothers may also have varying levels of support from the biological father, family, and friends. Along with other factors, the level of support the biological mother receives may contribute to her adoption decision. Some biological mothers may feel that adoptive parents will provide a more stable home and a better life for their child compared to what they could provide at the time (Clutter, 2014). No matter the rationale, their decision should be respected and supported fully.

“CCLSs have a duty to maintain objectivity, integrity, and competence while exhibiting compassion,” which allows them to create a comfortable and non-judgmental environment in which the biological parent(s)’ adoption decision is respected and upheld (ACLP, 2020a, p. 1). The Child Life Code of Ethics outlines additional principles which guide a CCLS’s work regardless of their job title (ACLP, 2020a, p. 1). A CCLS’s comprehensive assessment skills would suit them for the role of infant adoption specialist. Maintaining promises and adhering to professional boundaries is another characteristic of CCLSs that applies to the role of infant adoption specialist. Biological parent(s) may have a history of relationships full of broken promises. It is imperative that clients feel safe and know that every conversation will be kept confidential, a reassurance that may first require trust between the biological parent(s) and the infant adoption specialist.

After contacting an adoption agency and establishing trust, the biological parent(s) meet with an infant adoption specialist to discuss potential options regarding their pregnancy. One essential goal of child life practice in community settings is to “assess coping responses and psychosocial needs of children, families and their support systems” (ACLP, 2018, p. 2). Infant adoption specialists use their initial meeting

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