ADOPTION: SOCIAL WORK PRACTICE FROM A BIBLICAL PERSPECTIVE

By: Karin Price

Presented at:
NACSW Convention 2012
October, 2012
St. Louis, MO
Adoption: Social Work Practice from a Biblical Perspective

Karin Price, MSW, LSW

Every adoption brings challenges, therefore social workers strive to enrich interventions and advocate for better policies (Barth, 2008). For the purpose of this paper, intervention is the term used for discussions of practice that includes psychotherapy, change efforts with systems, and educational techniques (Bloom, Fischer, & Orme, 2009). Before the work begins, social workers are required to be culturally competence in the arena of services they provide (NASW, 2009). Every professional relationship is unique and involves various approaches beyond traditional practice (Dziegielewski, 2002). This paper is designed to provide an overview of the major adoption issues and to offer interventions that social workers may find useful as they provide post adoption practice or consider post adoption practice. This article acknowledges the spiritual and religious views individuals may have and it supports Hodge’s (2011) belief that incorporating the spiritual or religious convictions of each individual is a vital part of the therapeutic intervention. Therefore, the implications for clinical practice and adoption issues in the context of a Biblical perspective are presented.

The experience of adoption is diverse and requires multiple perspectives (Grotevant, 2003). This paper cannot address all aspects of adoption. The focus is on non-genetic adoptive families residing in the United States. Consequently, it does not deal with specific issues related to other aspects of adoption such as relative adoption, donor conception, DSM IV-TR (American Psychiatric Association, 2002) diagnoses, and open adoption. The decision to only address a select population is in no way meant to minimize the experiences of others and their need for services.
Population of Adoptees

Adoption touches many aspects of American society. The Thomas Foundation for Adoption and the Evan B. Donaldson Adoption Institute (2002) estimate that six out of ten Americans have direct contact with at least one person impacted by adoption. That person could be an adoptee, a birth family member, or an adoptive family member. An adoptee is the individual who was adopted. Birth parents are the parents who gave birth to a child, but are no longer legal parents of the child. An adoptive parent is the permanent parent with all legal rights and responsibilities for the adoptee. Stolley’s (1993) research found that in any given year, 2% to 4% of families in the United States said they had at least one child who joined their family by adoption.

According to the 2010 data Children’s Bureau (2011) Adoption and Foster Care Analysis and Reporting System’s (AFCARS), 52,891 children were adopted through a public agency involvement while 107,011 children continued to wait in the foster care system. There are many additional children, usually infants, adopted through other systems, but there is no conclusive data regarding the number of these children (Barth, 2008). Each year, the population of internationally born children who enter the United States to be adopted varies. During the past ten years, there has been a steady decline in numbers and in 2011, less than 10,000 children were internationally adopted. The United States Department of State (2011) records also confirm that from October 1, 1999 to September 30, 2011, over 230,000 internationally born children were issued an immigrant visa for the purpose of adoption. During the past ten years, the majority of these children immigrated from China, Russia, South Korea, and Guatemala (United States Department of State, 2011).
Adoption is an Intervention

Most research concludes that adoption continues to provide the best alternative for healthy development of children who are no longer parented by their birth family (Juffer & van IJzendoorn, 2005; Triseliotis, 2002; Verhulst, 2000; Medefind, 2012). Triseliotis’ (2002) research determined that adoptees had higher levels of emotional security and a great sense of belonging than children who remained in foster care. Those who leave foster care, when they become adults, experience higher rates of unemployment and serve more time in prison than those in the general population (Medefind, 2012). Juffer and van IJzendoorn’s (2005) meta-analysis led them to conclude that adoption may be seen as an intervention in itself because most research provides evidence that adoptees are doing well. The policy statements issued by the NASW (2009) and social work literature (Barth, 2008) also support adoption.

However, there is evidence that the intervention of adoption brings challenges (Barth, 2008; Eldridge, 2009; Kirk, 1984; NASW, 2009). Research has documented notable resilience in adoptees to survive difficulties, but research also indicated that some children who were adopted, experience problems with mental health, academics, attachment, and behavior (Juffer & van IJzendoorn, 2007; Welsh, Viana, Petrill, & Mathias, 2007). The most distressing data regarding adoptees was collected in Sweden. Once the children reached adolescence, they were three times more likely to have a serious mental health problem and five times more likely to be addicted to drugs (Hjern, Lindblad, & Vinnerljung, 2002). Since the results of their research were not consistent with other research, they reviewed comparable research studies. Hjern, Lindblad, & Vinnerljung (2002) attributed two factors to their higher ratio result findings. First, they noted that the adoptees they researched were over three years old when they were adopted. Secondly, the adoptees were adopted from other countries and probably experienced more racism, than
adoptees in other research studies, because over 94% of the children in Sweden are ethnic Swedes. They stated that these two factors require further research.

**Overview of Adoption**

**Adoption Terminology**

Adoption refers to a legal process that creates a family for a child (Barth, 2008). While the adoption of a child is often viewed as a one-time legal act, a social worker’s task in the field of post-adoption social services is to address the needs of those impacted by adoption which is thought of as a lifelong progression rather than a single legal action (Brodzinsky, Schechter, & Henig, 1992; Silverstein & Kaplan, 1982). Throughout the past thirty years, this author has appreciated the many changes taking place in terminology associated with adoption. Culturally competent social workers have a duty to continually familiarize themselves with current terminology.

In the course of the past four weeks, this author has heard the woman who gave birth to a child that was adopted, called “birth mother,” “first mother,” “Korean mother,” “tummy mom,” “natural parent,” “biological mother,” “genetic mom,” “unmarried girl,” and “real mother.” When it comes to terminology, social workers may want to ask themselves two questions: What do the words convey in judgment? Is the word a label or does it describe the person being discussed? Spencer (1979) encouraged professionals to use vocabulary that is in the best interest of the person and correctly identifies the person. While respecting individuals’ self-determination to voice their perspectives, social workers may gently educate those who use distorted adoption terminology by replacing negative, inaccurate terms with positive correct terms (Spencer, 1979). For example, when discussing the decision of giving birth to a child, but not parenting the child, it is wiser to use the phrase “they made an adoption plan” instead of
“they gave their child away” (Spencer, 1979). In a clinical social work setting, ask adoptees what terminology they prefer and provide psycho-education regarding current terminology, making sure all terms are understood.

For the purpose of this paper, the terminology used will be kept consistent with the author who is referenced. When an author is not referenced, the terms currently articulated by professionals in the field of adoption will be expressed. In clinical practice, the unique characteristics of an individual may be lost when generalizations about adoptions are made, however, for the purpose of this paper; generalizations are made. This author does not aim to devalue the integrity of individuals, but recognizes this will occur whenever general comments are made about groups of individuals.

**Adoption Process**

Domestic adoptions are adoption services for children born in the United States and adopted in the United States. The majority of domestic adoptions are adoptions completed by public agencies serving children in the child welfare system, also known as out of home care. Most of the children have been removed from the family they were born into and placed in foster care (Children’s Bureau, 2010). Domestic adoption, in the private sector, serves children who are voluntarily relinquished for adoption and placed by private agencies and attorneys (Barth, 2008). Transracial adoptions refer to adoption between parents and adoptees that differ racially or ethnically (Adamec & Pierce, 2000).

Intercountry adoption, also known as international or transnational adoption, takes place when children, born in one country, are adopted by parents who are citizens and residents of another country (Adamec & Pierce, 2000; Barth, 2008). Children immigrate to the United States for the purpose of adoption and children, born in the United States, emigrate to be adopted by
citizens of other countries (United States Department of State, 2011). Each year independent, informal, and illicit adoptions also take place (Hague Conference on Private International Law, 1993; Hague, 2006); however, these were not addressed in the readings examined by this author, so these types of placements will not be reflected in this paper.

**Adoption from a Biblical Perspective**

The Bible states that religion God accepts is to look after vulnerable orphans and widows (James 1:27, New International Version). There are numerous passages, not all are listed here, instructing everyone not to oppress the widow or the fatherless (Deuteronomy 10:18; Deuteronomy 14:29; Deuteronomy 24:17; Exodus 22:22; Proverbs 23:10; Zechariah 7:10). Also, the early church established the importance of caring for widows and orphans (Acts 6:1-5; James 1:27). The Bible includes Moses, Esther, and Samuel who are examples of infants, children, and teens being raised by adults who were not their birth parents. Caring for children not born into one’s family can be seen as a Biblical value.

There is a growing movement among Christians to follow the instructions of the Bible by adopting or supporting orphans (Moore, 2010; Smolin, 2012). Most agree the Bible is clear that children need families; however, the dissenting opinions arise when discussing the Biblical interpretations of adoption (Medefind, 2012; Smolin, 2012). This paper is not a theological treatise on adoption, however, it is the belief of this author that Ephesians 1:4-5, Romans 9:4, Galatians 4:4-6, and Romans 8:15 are verses about divine adoption. In these verses, adoption is used as a scriptural metaphor to represent a Christian’s relationship to God (Medefind, 2012) and the verses are not meant to address the legal adoption of children who can no longer be with the family they were born into (Smolin, 2012).
Assessment

Social workers assessing presenting problems, as related to adoption, face complex issues in therapy (Janus, 1997) because they may wonder whether the presenting problems are related to adoption. Since research provides evidence that at least 40% of the general population has been affected by adoption (Thomas Foundation for Adoption & Evan B. Donaldson Adoption Institute, 2002), it is this author’s belief that every assessment should include a question that specifically addresses adoption. One cannot assume that other assessment questions will lead individuals and families to disclose the role adoption plays in their life. Rosenberg (1992) expressed the importance of social workers being informed about the particular issues that the alternative family structure, due to adoption, creates and the importance of exploring individual history, family dynamics, and social circumstances. As challenges and strengths are discussed, it is also helpful for social workers to state that adoption is not terrible or wonderful; it is just an important part of life that needs to be addressed (Rosenberg, 1992). This normalizes the adoption experience and builds rapport.

One helpful assessment tool is the life graph. Use graph paper or a timeline arrangement on a large piece of paper to note the years, months, and days, along with the major life events that took place in one’s life (Fahlberg, 1991). This author begins by giving the individual or family a black pen to write down all of the information that has been read in written documentation. Then this author asks each individual to select a different colored pen to write memories that are not documented. This timeline is one way to assess history and perceptions.

Seven Core Issues of Adoption

After years of clinical practice, Silverstein and Kaplan (1982) concluded that birthparents, adoptive parents, and adoptees experience seven core issues in adoption: loss,
rejection, guilt and shame, grief, identity, intimacy, and mastery and control. Silverstein and Kaplan (1982) provide thorough discussion of these issues, but for the purpose of this paper, only brief illustrations will be presented. Loss and grief are experienced when an adoptee loses a birth family and a birth family loses a child, while the adoptive parents lose the “dream” child they had planned to conceive, birth, and parent. Adoptees feel rejected because they are not parented by the birth family, while the birth family feels rejection when they are condemned by society for not parenting the child. Adoptive parents experience rejection through marginalization by a society that reminds them that they did not give birth. All may feel guilt and shame because society continues to see building a family by adoption as second best (Steinberg & Hall, 2000). Identity is impacted because all members question, “Am I real?” Birth parents gave birth, but they do not parent. Adoptive parents do not give birth, but they parent. All children work to figure out their identity, but adoptees do the same task with limited information (Brodzinsky, Schechter, & Henig, 1992). Intimacy in relationships may be a challenge because trust issues evolve out of adoption issues. Mastery and control difficulties also impact lives. Adoptees may be angry because they had no voice in the adoption plan. Adoptive parents state they had no control over the adoption process that was regulated by agencies, lawyers, and judges. The pain resulting from the seven core issues lead to internalizing difficulties which in turn may lead to exhibiting socially unacceptable behavior (Groza & Rosenberg, 1998). Common presenting problems that bring individuals and families to seek help are lack of understanding of adoption, identity problems, mourning, anger, sadness, and the inability to maintain intimate relationships.
Treatment Plans

Together, social workers and adoptees develop treatment plans that usually identify what thoughts and behaviors should increase, which ones should decrease, what new skills need to be acquired, and whether or not modifications of current thoughts and behaviors are desired (Rosenberg, 1992). Most social workers find that education and discussions of the issues of adoption, which may be the catalysts for thoughts and behaviors, will lead to positive psychosocial adjustments (Rosenberg, Adams, & Groza, 2001). Finally, working together to develop goals and objectives that reflect time frames encourage progress (Dziegielewski, 2002).

Interventions

After reading 60 peer-review articles from a journal search completed within the PsychINFO and SOCIndex, this author found that the research articles described, explored, and explained those impacted by adoption. There was little empirically-tested, evidenced-based research on the efficacy of interventions. Information on interventions from clinical practice experience did not provide research based on single-system designs. Bloom, Fischer, and Orme (2009) define single-system design as the primary method of evaluation involving a continual observation of a client or system before, during, and after intervention. This author, along with other authors (Zamostny, O’Brien, Baden, & Wiley, 2003), discovered that the last 30 years of adoption research has focused on the conceptualization of clinical practice issues in the context of theories, however, the testing of the interventions based on these theories was very limited. While more research is required, social workers have found that the following interventions are helpful.

Adoption competent social workers seek to deliver interventions, not only to the individual, but to the family, social systems, and environment (Rosenberg, 1992). Keck (2009)
encourages mental health professionals to preserve an all-inclusive perspective by connecting everyone to the therapeutic process instead of developing an exclusive relationship with one individual. While the interventions presented by this author are individual focused, it is imperative that other interventions including family members are also provided. The interventions offered below are not an exhaustive list and most require further clinical research.

**Religion and Spirituality**

Religious and spiritual aspects of assessments which guide social workers have become an important part of practice (Tan, 2011). Since many social workers have received minimal training on interventions with a spiritual or religious dimension, they may not be familiar with best practice guidelines (Hodge, 2011). In every intervention, it is imperative to consider the adoptee’s request for spiritual interventions and to do no harm (NASW, 2008). Social workers are encouraged to continually access their own beliefs and personal biases that may cloud their practice interventions (Fenster, 2003).

Jewett (1982) provided a good example of how adoptees’ religious and spiritual beliefs impact an intervention meant to assist with love and loss. This intervention technique was designed to help adoptees understand that they can love more than one family at a time and they can grieve loss. Jewett (1982) begins by asking the adoptee to light one candle that represents the adoptee as one who gives and receives love. Then the adoptee takes that candle and lights other candles, each representing individuals who are or were part of the adoptee’s life. In most of these interventions, all candles remain lit because the candles are symbolic connections. If an individual has died, the adoptee’s belief of afterlife will determine whether or not the adoptee wants the candle to be extinguished at that time of discussing the parent or kept lit, but moved out of sight (Jewett, 1982). Once the discussion has concluded, the social worker closes the
intervention by reaffirming the adoptee and reminding the adoptee that the candles are representations and not persons. At that point, the adoptee begins the process of blowing out each candle. Jewett (1982) explains the intervention, but concludes with the importance of bearing in mind that this and similar interventions may have to be adapted to an adoptee’s spiritual and religious beliefs.

As an individual working in the field of social work, Kim (2012) shared concerns about Christian adoptive parents stating they are “colorblind”, but they never attend churches that are racially diverse. Throughout her childhood she and her parents attended a church she identified as White. Kim (2012) shared her experience of being raised in a church where Jesus was portrayed as a white man and stories were told of missionaries going to faraway lands to “save” people that looked like her. She experienced individual racism and knew of many other transracially adopted persons who faced racial prejudices within their places of worship. Other experiences similar to this will influence the role religious and spiritual beliefs have in interventions.

**Lifebook**

It may be helpful for the social worker and the adoptee to see a unique life history experience through the process of reflecting over the adoptee’s past (Pivnick, 2010). A lifebook is an individually made book covering the child’s life in a narrative format that a child can understand. It includes photos, drawings, letters, copies of legal documents, and anything else a child or parent wants to include (Backhaus, 1984). While this tool was used as early as the late sixties, it was formally introduced in the 1980’s as a concrete therapeutic tool to help children understand their past and present experiences without fantasies, distortions, or self-blame (Aust, 1981). Hanna, Tokarski, Matera, and Fong’s (2011) interviews with 55 parents and 26
corresponding case managers found that while half of the children said they had life books, only three reported that their life book included more than photos. The other books were photo albums, even though the case managers had labeled them as lifebooks. Since Groza and Rosenberg (2001) state that lifebooks help adoptees develop a cohesive identity because it is a book of past information needed to build identity, social workers may want to work with the adoptee to create a lifebook. If the adoptee already possesses a lifebook, ask to view the lifebook together and discuss adding other pages to the lifebook.

Genograms and adoptee life graphs (Fahlberg, 1991) are also very therapeutic interventions. While some genograms suggest using a dotted line for adoptive and foster relationships, Rosenberg (1992) recommends a solid line to establish the adoptive family’s sense of permanency. Life graphs and genograms may need the involvement of adoptive parents.

**Adoption and School**

Learning disabilities, attention-deficit disorder, and attention-deficit hyperactivity disorder appear to be higher among adoptees (Lindbland, Weitoft, & Hjern, 2010; van Gulden & Bartles-Rabb, 1993), however struggling with personal issues frequently impact their school performance and behavior (Pivnick, 2010; van Gulden & Bartles-Rabb, 1993). Taymans, et al. (2008) conducted a quasi-experimental survey design and found that brief, standardized education increased teachers and school counselors’ awareness of the challenges adoptees face in school. The intervention consisted of a reading assignment from *SAFE at School* (Schoettle, 2003) and a standardized 75-minute class on how school situations can impact adoptees and their families. This education increased understanding of what adoptees face in school and provided tools to help teachers and counselors.
School counselors who promote positive school experiences for the child, while being sensitive to the seven core issues of adoption noticed adoptees experiencing greater success at school (Zirkle, Peterson, Collins-Marotte, 2001). Teachers may not realize the challenges children, who joined their family by adoption, face with select school projects and homework. Most children in Kindergarten are asked to bring a baby photo to class because it is an illustration of growth and change (Ng, 2001). Not all children have baby pictures, especially if they joined their family by adoption when they were older. One teacher told an adoptee’s parent that since she did not have a baby picture, she might want to cut out a picture of another baby from a magazine and bring it for the class project.

Another dreaded school assignment, which is usually assigned twice during a child’s time in school, is the family tree. There are many ways to make this assignment inclusive by allowing alternatives such as the caring tree which recognizes each individual that has been in the child’s life (Ng, 2001). Often, biology teachers assign exercises that focus on generational family genetics. The child’s genetic makeup may not match the genetic makeup of the adoptive family and the child may not know the genetic makeup of birth family members (van Gulden & Bartles-Rabb, 1993). One adoptee was told to replace her family with an alternative family that would meet the assignment guidelines, while another adoptee was told he would receive full credit without doing the assignment because his family did not meet the homework guidelines.

Adoptions and the Schools: Resources for Parents and Teachers (Ng, 2001) provides alternative assignments for teachers and school counselors. While there are many teachers who modify what used to be common school assignments, social workers may want to continually assess the adoptees’ school experiences throughout the therapeutic relationships.
According to Steinberg and Hall (2000) the consequence of one’s belief that forming a family by birth is superior to forming a family by adoption is called adoptism. This prejudicial belief that adoptees are inferior to children who are parented by the families they were born into leads to biases that are harmful and discriminating. Adoptees face adoptism when they hear comments such as, “Why would anyone adopt?” or “Adopted kids have lots of problems?” In this author’s practice, one of the most damaging statement children hear others tell their parents is, “It’s too bad you couldn’t have any of your own.” This statement leads adoptees to think that they are not as good or as valid as children who are parented by the family they were born into.

W.I.S.E. UP! Powerbook (Schoettle, 2000) curriculum teaches adoptees to answer the many questions people ask them about adoption and it allows them to select from four responses: they can walk away, they can say “It’s private”, they can share something from their adoption, or they can educate by providing correct information about adoption. While the W.I.S.E. UP! Powerbook (Schoettle, 2000) curriculum is recommended for all school-aged children and teens, this author has found it to be most helpful for adoptees in elementary school. The four responses are applicable for all adoptees, but those in middle school and high school have told this author they were too mature for the some of the worksheets in the workbook.

Groups for School Aged Adoptees

Research reflects the benefits of group work (Yalom, 1995) because being in a group of adoptees decreases isolation and increases understanding of the universality of adoption (Riley & Meeks, 2005). Clinical practitioners, Riley and Meeks (2005), outline the structure and implementation of an eleven-week group process they conduct with adolescent adoptees. Ten sessions focus on identity, emotions, relationships, racism, and adoptism. Parents are invited to
the final session which includes a time of sharing. Their book *Beneath the Mask: Understanding Adopted Teens* (Riley & Meeks, 2005) outline this specific group intervention and provides other successful interventions.

Kizner and Kizner (1999) encouraged school counselors to provide small group counseling sessions in hopes to reduce the shame and isolation adoptees may feel in a school setting. Twelve session were developed and are based on research (Brodzinsky, Schechter, & Henig, 1992) findings that school-aged children recognize adoption concepts they need to discuss with others. The sessions provided supportive education, a safe place to talk about problems, and the normalization of the adoptees’ experiences.

Cordell, Nathan, and Krymow (1985) also strongly urge practitioners to provide group counseling for children, especially for adoptees who joined their family when they were older. Their article outlines the activities for an adolescent group and a preteen group. An additional purpose of this group was to teach teens and preteen social skills and problem solving skills. The group met for seven sessions and ended with an overnight retreat. After each session, parents met with group leaders for 30-minute individual or couple sessions. The group format was deemed successful as illustrated by one adoptee’s comment, “There are people around you who know what you feel and feel like you do” (Cordell, Nathan, & Krymow, 1985, p. 123)

**Racism**

Racism is the belief that one race is better than another race (Crumbley, 1999; Steinberg and Hall, 2000). National surveys suggest that Americans have mixed feelings about transracial adoptions (Lee, 2003) and most adoptive parents underestimate the impact of race in their children’s lives. Research found that many parents told their children race did not matter, but the children’s life experiences were that race did matter (Hague, 2006; Hjern, Lindblad, &
Vinnerljung, 2002; Tuan & Shiao, 2011). For some agencies, certain laws, such as the Multiethnic Placement Act (1994) encourage placement practice to take a color blind approach. Yet, clinical experiences suggests that transracially adopted children not only experience racism, but they are not prepared for the racism they experience (Crumbley, 1999; Rosenberg, Adams, & Groza, 1998; Steinberg & Hall, 2000).

A social worker’s ability to assess, understand, and relate to racism is vital to the therapeutic relationship (Greene & Blitz, 2012). Empathy for the daily events related to racial bias is needed. In this author’s practice it is common for adoptees to express anger toward racist attitudes and behaviors. For example, most adoptees will tell of times they were followed in retail stores when they were shopping by themselves, but they were not followed when they are with their parents. With older adoptees, this author offers an activity to discuss White privilege (McIntosh, 1989). While McIntosh (1989) wrote the article to help others discover their racial privilege, a dialogue of this article educates adoptees to recognize their predicament, articulate their feelings, and develop action plans. There is no evidenced based research data that this intervention is helpful, but it is used by social workers and teachers (Hart, 1999).

Social workers serve as educators on issues of race and racism (Lee, 2003). For many years, Crumbley (1998) has been a social work practitioner and educator for transracially adoptive families and professionals working with families. While there are many racial issues a social worker could discuss, Crumbley (1998) stresses the importance of acknowledging the existence of racism, explaining why a child’s racial group is mistreated, discussing possible responses to racism, and advocating for the adoptee’s rights. These discussions equip adoptees with coping strategies to deal with racism and discrimination, while encouraging them to advocate for change within the environment and institutions (Steinberg & Hall, 2000).
Social workers are also links to resources in the community. Practice experience and research (Crumbley, 1998; Steinberg & Hall, 2000; Tuan & Shiao, 2011; Yoon, 2000) point to the importance of adoptees having same race adult role models in their lives. Adult adoptees, who were transracially adopted, are also excellent role models because they have similar experiences and most are not passive recipients of racism and discrimination. Social workers have a duty to encourage adoptees to develop relationships with role models who are agents of change (Steinberg & Hall, 2000).

Ending the Relationship: Termination

The process of termination, ending the professional therapeutic relationship, can be difficult for all; however, the previous losses experienced by adoptees make termination difficult, so termination is a crucial phase in treatment (Rosenberg, 1992). Adoptees must know when and how the therapeutic relationship will end, long before the last face-to-face meeting. The social worker and adoptee may have concluded the work regarding previous losses, but as their relationship comes to an end, previous losses may need to be revisited. Extra time should be allowed for this work.

Conclusion and Recommendations

Adoption is a lifelong process filled with joys and challenges. The role of the social worker is to assist, support, encourage, and illuminate strengths within the context of the environment, while advocating for impartiality and justice (NASW, 2008). This broad overview of the practice of post adoption services has highlighted several themes. First, social workers are expected to be culturally competence in their service area (NASW, 2009). When social workers are unable to recognize their biases, the myths and cultural prejudices they believe about adoption will hinder the delivery of services (Zamostny, O’Brien, Baden, & Wiley, 2010). Second, research supports
adoption as an intervention, but also acknowledges that there are issues related to adoption that prompt individuals and families to seek professional help. Social workers familiar with the seven core issues of adoption, evidence based research, and the politics of adoption deliver best adoption practice (Grotevant, 2003; NASW, 2008). Since there is a lack of evidenced-based research on interventions, social workers are encouraged to contribute to adoption treatment literature. Finally, incorporating the spiritual or religious convictions of each individual is also a vital part of the therapeutic process (Hodge, 2011) and social workers should be ready to respond to the spiritual and religious needs expressed by those seeking professional assistance. Thorough awareness of adoption issues, along with an understanding of society’s socio-cultural and religious traditions help to create adoption competent social workers.
References


Groza, V. & Rosenberg, K. (2001). Treatment issues of adoptees placed as infants and as older children: Similarities and differences. In V. Groza & K.F. Rosenberg (Eds.), Clinical and adoption issues in adoption: Bridging the gap between adoptees placed as infants and as older children. Westport, CT: Bergin & Garvey.


doi:10.1080/10926755.2011.560789


Communication Teacher, 14(1), 16-17.


Rosenberg, K.F., Adams, K.S., & Groza, V. (2001). Transracial adoptions. In V. Groza & K.F. Rosenberg (Eds.), *Clinical and adoption issues in adoption: Bridging the gap between adoptees placed as infants and as older children*. Westport, CT: Bergin & Garvey.


### TERMINOLOGY (ever changing)

<table>
<thead>
<tr>
<th>Positive Language</th>
<th>Negative Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption triad / adoption constellation</td>
<td>Adoption triangle</td>
</tr>
<tr>
<td>Adoptee</td>
<td>Adopted child</td>
</tr>
<tr>
<td>Birth child, born into our family</td>
<td>Own child</td>
</tr>
<tr>
<td>Left in a public place, placed in a public setting</td>
<td>Abandoned</td>
</tr>
<tr>
<td>Birth parents, biological parent, first parents</td>
<td>Real, natural parent</td>
</tr>
<tr>
<td>Born to unmarried parents</td>
<td>Illegitimate</td>
</tr>
<tr>
<td>Internationally born child</td>
<td>Foreign child</td>
</tr>
<tr>
<td>Child placed for adoption</td>
<td>Unwanted child</td>
</tr>
<tr>
<td>Child with special needs</td>
<td>Handicapped child</td>
</tr>
<tr>
<td>Court termination</td>
<td>Child taken away</td>
</tr>
<tr>
<td>Make an adoption plan / decide/ choose adoption</td>
<td>Give away / give up</td>
</tr>
<tr>
<td>Intercountry/transnational adoption/international</td>
<td>Foreign adoption</td>
</tr>
<tr>
<td>Interracial</td>
<td>Mixed race</td>
</tr>
<tr>
<td>Confidential adoption</td>
<td>Closed</td>
</tr>
<tr>
<td>My child</td>
<td>Adopted child</td>
</tr>
<tr>
<td>To parent</td>
<td>To keep</td>
</tr>
</tbody>
</table>
ADOPTION LAWS and LEGISLATION

Adoption and Safe Families Act of 1997

Adoption Assistance and Child Welfare Act of 1980


Indian Child Welfare Act of 1978 (P.L. 95-608)

Economic Growth and Tax Relief Reconciliation Act of 2001 (P.L. 107-16)

Small Business Job Protection Act of 1996 (104-188)

Adoption Promotion Act of 2003 (P.L. 108-145)


Promoting Safe and Stable Families Amendments of 2001 (P.L. 107-33).

Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (P.L. 93-247)

For further information on these laws and legislation please visit http://www.nacac.org/policy/laws.html.

INTERCOUNTRY ADOPTION LAWS AND LEGISLATION

For information on international adoption laws, please visit http://adoption.state.gov/