

Genuine Willingness to Ask The Tough Questions

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When adoptive parents are trying to decide which adoption professionals with whom to work, they frequently make a choice based upon the cost of services, the placement record and sometimes how close the agency's office is to their home. These are fine factors to consider. This essay is about one other factor also worthy of consideration: the adoption professional's ability and willingness to ask tough questions, questions that might draw out "negative" information. This essay is intended for prospective adoptive parents and also for colleagues as we reflect on our "internal" processes in response to more challenging adoption cases.

How do adoption professionals approach the tough questions? How do we ask expectant parents about drug/alcohol use during pregnancy? How do we inquire about whether there is more than one possible biological father of the child? How much do we ask about the expectant parents' personal and family health history? How do we talk about sensitive matters? How do we feel about the possibility that the answers may be at some times disappointing?

How adoption professionals approach the analysis of a potential adoption match can, down the road, affect the child's life and the family's life-long experience of parenting. The analysis will depend on what questions are asked, how they're asked and what we make of the answers. Articulating our awareness of either our approach to or avoidance of the "tough" questions is of key importance.

All adoption professionals have the laudable goal of serving children. Many also long to help couples who otherwise would not be able to be parents. We all wish to ease the practical and psychological worries of expectant parents before, during and after the birth of their child. But there are also understandable reasons why adoption professionals, in the course of their work, may not want to know "negative" information. If we learn, for example, that an expectant mother drank heavily during the pregnancy, we may experience some worry or sadness for the fetus. We may also wonder whether it will be easy or difficult to identify an adoptive family open to that child's potential difficulties. If we learn that there are two possible birthfathers and neither of them knows about the pregnancy (and she's due next week), there may be considerable work to do before anyone can consider an adoption plan. This is "negative" information in that these are facts or uncertainties which make the adoption situation arguably "weaker" for an adoptive family and may make the case harder for the professional to "match". The "negative" information may lead to a need to ask further questions, incur more professional time and possibly to conclude that an adoption plan may not result.

What do adoption professionals do when we suspect that there's negative information? The first thing we do is notice our own reactions. We notice our disappointment, concern, and worry. Our feelings for the child are primary. We notice the thoughts that have to do with discouragement over how difficult it might be to find a family who might be open to the child, given the particular "negative" information. We notice any judgments floating through our minds including any wishes that the expectant parents might have handled things differently for the sake of the expected child.

We have to observe and set to the side our reactions to the fact that a child, exposed to substances, might have been harmed. We might notice any judgments we have about the fact that expectant mother told the putative father that she had an abortion when she did not. If the birthfather is reachable and not merely a nameless one-night-stand, then there's a full human being on the other side who will grapple with whether or not he or a member of his family might want to parent the expected child. The unfolding process of including another parent can be expensive, time consuming, anxiety-provoking, filled with uncertainty, confusion and even disappointment. So, the pull to avoid "negative" information can be strong. It's important to take a few moments to notice all our reactions. In this way, we're less susceptible to reacting with justifications and reasons to avoid as opposed to determination to identify the relevant truths.

When one is not "noticing", how does avoidance of negative information play out in an adoption case? When an expectant mother indicates that the birthfather is "not involved", "is not interested" or was a one-night-stand, some professionals are relieved not to have a second decision maker. They don't ask further questions. Some adoption professionals actually coach the expectant mother to maintain that story; they might say, oh, fine, we will prepare an affidavit where you can say that and we can just place a "notice by publication" or legal notice in the paper.

What has not been stated is that "due diligence" requires there first be efforts to give "actual" notice to a putative birthfather before simply putting a notice in the fine print part of a newspaper. I recommend this stance for due diligence - assume that, "but for" a blood transfusion from the birthfather to the child, the child will die. This may sound grim, but the point is that, if one truly has motivation to find the birthfather, quite a few possible avenues come to mind. Suddenly, one learns that the friend who hosted "the" party may actually know how to reach him. It appears that the birthmother may remember his "facebook" page. His current girlfriend is actually a second cousin and so there is a way to find him. He works at the tire shop in town. Looked at through the lens of determination, suddenly, there's a way.

How might one get to this information in a clinically sensitive way? One can ask a paradoxical question. "Let's talk about all the reasons you might not want to involve him," is a helpful way to begin. Going with the "resistance" helps draw out the challenging truth. "Well he's with Juanita now, so he should have nothing to do with decisions about this baby," might be one answer. "Well, he said he's always wanted to be a father," might be another. Suddenly, the faceless fellow at the anonymous party for which there was no address, has not only a name and a place, but feelings and motivations all his own.

It is important to tell expectant parents the truth. Give them access to an adoption attorney who can explain that they can't place "half" a child; that the biological father does have rights. It can be effective to use a little humor. "Taking the approach of avoiding him, might feel good right now, but it could mean we all meet up on Oprah when it blows up." Their reasons are compelling, understandable, important and meaningful. Nonetheless, one helps expectant parents to acknowledge their blind spots and move to a place where the "best interests of the child" and the rights of both expectant parents have a chance to be respected.

Some lawyers or social workers tell themselves that not asking more questions of the expectant parents is part of being polite or considerate. They say that it would be disrespectful to question their story. Some look at the more challenging parts of the expectant mother's life and make an internal judgment that the child will be better off with adoptive parents. They might tell themselves that, since the biological father hasn't responded to a letter or taken steps forward, perhaps a stance of "enough said" is enough. The various rationalizations for not asking more about the biological father or taking further steps to encourage his involvement in planning for the child need to be recognized for what they are. At times, it is not respect for the biological parents, but, rather, it is fear of alienating them and losing a potential adoption situation, that may lead adoption professionals to go "lite" on the questions. There are, however, ways to be respectful and still ask the tough questions so that the child and the adoption, itself, are kept safe.

Many adoption professionals do not ask putative fathers to take a paternity test. Nowadays, this does not involve a blood test or major intrusiveness; it involves rubbing 4 cotton swabs on the inside of the cheeks (2, each side), mailing it to a lab, where, in a matter of days, this is cross-referenced with the baby's swabs and a medically definitive answer is achieved.

The explanation for not asking for a paternity test is the wish to be respectful of the biological parents. But the fact is that there is ample reason to lie. Sometimes it's a lie within the relationship (she doesn't want to acknowledge a previous partner; they don't want to acknowledge infidelity). Sometimes there's a wish to avoid involving another decision maker. The implications are profound. A lie could mean that the wrong guy has signed legal papers and the actual biological father's rights are left dangling and unresolved. A lie could mean that the child and family have incorrect medical information. These could lead to improper care of the child and disruption and havoc in their lives down the road.

In fact, so long as birthparents don't have to pay, they're usually quite cooperative about paternity testing. If there's a medical certainty about paternity, this means everyone gets to avoid having to put a legal notice in the paper. Without medical certainty, any adoption professional should assume that there could be an unknown biological father. A legal action to terminate any and all unknown biological father's rights would be appropriate; this would involve a legal notice in the paper asking for possible fathers to petition the court. Many expectant parents are eager to avoid a public legal notice for their own personal reasons and are more than happy to have a cotton swab test, at no charge to them. Many expectant fathers and mothers are, indeed, grateful for confirmation of paternity.

There are so many cases of committed and even married couples where the paternity test comes back "zero" that it's wise to flag the question of paternity when a married couple is considering adoption. It sometimes means that one or both suspect the child may not be the husband's child. We've seen a situation where a woman, in good faith, believed her husband was the father when he was not. They both knew she'd slept with someone else, but she'd had some break-through bleeding following intimacy with the other man. She thought this signaled that she was not pregnant, but this was not accurate. So, women can innocently or intentionally misstate the truth and, without a paternity test, there's really no way to know. By authentically speaking to a part of the process that matters to expectant parents - avoiding needless publicity and wanting peace of mind about a delicate matter - there can be a way to ask the tough question without being disrespectful or offensive. One can gain cooperation and keep everyone safe.

Some adoption professionals will point to the fact that a husband is often, legally, a "presumed father". While true, this is usually a "rebuttable presumption" which means that the "true" biological father can come back, offer his paternity sample, and unsettle everyone's vision of the child's welfare and destiny. The fact of a legal marriage should usually not deter any adoption professional from requesting a simple paternity test so that the child's legal and medical status can be definitively known.

What about drugs and alcohol? Since "denial" is a hallmark of drug and alcohol abuse, what is the best way to ask questions to get true answers? What's an adoption professional to say when an expectant mother simply says she never used drugs or alcohol during the pregnancy? This is, of course, the answer everyone wants to hear. However the adoption professional who is committed to learning "negative" information, even if that data makes their job "harder", will ask questions very differently from the professional who doesn't really want to know.

First, the professional who is genuinely open to hearing the truth will ask questions in smaller "bites." You don't ask, "Have you used any drugs or alcohol during your pregnancy?" When asked that way, the birth mother immediately knows you want the answer to be "no" and that you're not really interested in details. That perception together with her wish not to be embarrassed or judged, leads, potentially, to an incomplete health picture. The adoption professional who really wants to know the truth will: normalize drug or alcohol use, not convey judgment, will help the expectant mother save face and will ask questions in small incremental steps which genuinely invite the detailed and important information.

So the adoption professional that really wants to know the answers might preface the drug alcohol questions with "many women have a few drinks during their pregnancy, before they are aware they are pregnant. Might you have had a few drinks before you knew you were pregnant?" If the expectant mother acknowledges any drinking, one might (slowly, patiently, incrementally, with interest and no judgment) ask them if they could kindly recall how many days per week, how many drinks, what type, what size and ask what the range of number of drinks might have been so that on a "light night" how much did they drink and on a "heavy night" how much did they drink. If they have difficulty remembering, it can be helpful to call to memory dates of holidays during that time period to see whether that helps jog their memory. It also can be useful because it helps "normalize" the possibility that they might have had some alcohol around the time of a holiday when many people might have a drink or two.

It is very important to convey a non-judgmental attitude. If she senses you disapprove, shame will keep her quiet. But if you explain that there's always an adoptive family for a child (I have found this to be true), that she shouldn't hold back on sharing details out of fear that a family will have to find, this can lessen shame. If you focus on the child and simply tell her that a lot of women use drugs but it's helpful to know so that we can make sure to help her have choices of families who are committed to helping children who might have difficulties arising from certain types of exposures, this might help her be honest.

One vignette highlights the importance of asking the tough questions. Years ago, a young expectant mother informed us that she believed she had bipolar disorder because, as a 16 year old teen, she'd been psychiatrically hospitalized for a week and had been given some lithium. I doubted this diagnosis because she, currently, had no mood swings, was single parenting a one year old, holding down a job and going to school part-time.

Many adoption professionals would say to the chosen adoptive family, stay in the case only if you're open to some risk of bipolar disorder. In other words, just assume the worst case scenario and withdraw if you can't handle it. We did not do that. We shared our thoughts and asked her permission to request her hospital records, outpatient therapy records and pediatrician records. At the end, we learned that her mother had, when she was 16, informed her that her father was not her father, but rather, her step-father. Her mother told her that she'd been raped and that she was born following that assault. She had flipped out (technical clinical term) and had to be hospitalized.

What we learned from this was many things. Clinically, we learned that it was easier for her to think of herself as having bipolar disorder than that she was the product of a rape. It might be important for her to look at her feelings about herself and her identity in future clinical work. The other is that the information she provided in her health history about her "father" was really her step-father and had no bearing on her or the child at all. Lastly, the adoptive family, who waited patiently for the information to unfold, learned that there was no family history of bipolar disorder and they could go forth to accept placement without that worry. Sometimes asking the tough questions yields answers that help dreams come true (for the adoptive family) and relieve the burden of compounded misunderstandings for the birthparent.

Adoption professionals need to be willing to keep their eye on those factors that will most likely result in an adoption plan that will meet the long-range needs of the child, the birth family and the adoptive family, not just the shorter- range goal of assisting expectant parents and prospective adoptive parents in a desired placement. Ideally, best practice would involve obtaining a thorough medical history of the birth mother and birth father, genetic testing to confirm that the alleged birth father is the child's actual biological father, a health history that fully discloses any exposure for the fetus to any harmful drugs or other substances and any familial predisposition to a medical or psychological problem. The best practice would encourage the kind of honest communication between birth and adoptive parents that could open the door for the kind of extended family feeling that could help the child grow up whole and strong. This starts with our willingness to notice our reticence to learn painful truths and our courage to, nonetheless, ask the tough questions.

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