Keep — one-page takeaway

Intake is where the client learns what kind of work this will be. The aim is to make adoption available as ongoing material without pressing for it.

The form

- Give room for both adoptive and biological family, or let the client describe their family in their own terms. Standard "mother's age / father's age / sibling ages" presumes one set of biological parents.
- Add a line by the medical history: "If you don't have access to biological family medical history, that's fine, put what you have." Adoptees have written "unknown" on these forms their whole lives.
- Consider offering a first-session family tree that holds the whole picture, biological and adoptive, without ranking them.

The question set

- "Tell me about the people who have been important to you, growing up and now."
- "Tell me about the people in your life, and how you came to be in family with them."
- "Are there parts of your background you think might be relevant to our work that we haven't covered?"
- "What is your adoption like for you right now?" (if and when adoption is in the room)
- If it's on the form: "I see you were adopted. I wanted to mention that I noticed, and that it's something we can talk about whenever it feels relevant to you, including today or never."

Questions to drop

- "Did you have a good adoption experience?" assumes a verdict.
- "Have you ever wondered about your biological family?" presumes a curiosity not everyone has.
- "How has adoption affected you?" makes adoption the relevant factor before the client has.

Reading the presentation

- Centers adoption: often has done recognition work already. Ask what they've worked on and what they want this therapy to add.
- Minimizes adoption: could be the cultural narrative, the fog, a legitimate decision that it isn't relevant, or a test of whether you'll leave it alone. Acknowledge it's available, then work on what they came for.
- Don't import an interpretation the client doesn't hold. Minimizing isn't necessarily denial; centering isn't necessarily over-identification.

Continued considerations

- Pull up your own intake form. What does it assume, and what would an adoptee have to do to answer it honestly?
- If a client never raises adoption, how would you know whether that's their choice or your silence?
- Sit with this: what's the difference between making a topic available and pressing for it, in the actual words you'd use?