

OMB Control Number: XXXX-XXXX  
Expiration Date: XX/XX/XXXX

Registrant ID \_\_\_\_\_

Infant Adoption Awareness Training Program (IAATP)  
Trainee Survey

Instrument B: Follow-Up Survey

Dear IAATP Participant:

You attended an Infant Adoption Awareness Training session approximately three months ago, and feedback on the training content was requested at that time. Now that some time has passed, we would again appreciate your feedback on this educational event. We are particularly interested in whether you have been able to *apply the knowledge gained* from that course to your daily routine practices that involve providing services to women.

Information gathered from this effort will help to improve the quality of the training.

We will protect your data by ensuring that your name does not appear in any written reports, and your name is not associated with any comments you choose to make about the program. Data will be presented only in aggregate form.

You may decline to participate without penalty.

Please provide your feedback by completing the form at the following web site:  
[http://\[REDACTED\]](http://[REDACTED]). You may access the site either by pressing ctrl+ enter or by copying the web address and placing it in your browser. If you are unable to complete the survey online, download the attached survey and return a completed copy to James Bell Associates by email, fax, or mail.

Email: [iaatp@jbassoc.com](mailto:iaatp@jbassoc.com)

Fax: (703) 243-3017

James Bell Associates

Attn: IAATP

1001 19<sup>th</sup> Street, North; Suite 1500

Arlington, VA 22209.

**Thank you in advance for your participation.**

*THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.*

1. What is your primary role at work? (Check one)

- Administrator (non-clinical)
- Physician Assistant/Nurse Practitioner
- Social Worker/Case Manager/Counselor/Therapist
- Certified Nurse Midwife/Midwife/Doula
- Health Educator/Instructor
- Office Manager/Administrative Support
- Physician/MD/DO/Psychiatrist
- Nurse (RN/PHN/LPN/NA)
- Other (specify) \_\_\_\_\_

2. Which best describes the services you normally provide to women with unintended pregnancies?  
(Mark all that apply)

- I give clients brochures, pamphlets or handouts
- I discuss community resources with clients
- I make referrals to community resources
- I provide options counseling
- I make assessments of individuals' needs
- I have not provided any of these services

3. Approximately how many clients with unintended pregnancies have you personally encountered in the last three months? \_\_\_\_\_ clients

**For the next few questions (questions 4 through 6), please refer to your usual activity over the past three months.**

4. On average, how much time did you spend per client providing options information or referral services? (If you do not provide these services, enter "N/A") \_\_\_\_\_ minutes

5. When talking to clients with an unintended pregnancy about their options:

a. How often did you engage in the following activities?  
(If you do not provide options counseling, mark "N/A.")

|   |                                |                                    |                                 |                                |                              |
|---|--------------------------------|------------------------------------|---------------------------------|--------------------------------|------------------------------|
| i. I used open-ended questions                  | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never | <input type="checkbox"/> N/A |
| ii. I helped clients find their own answers     | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never | <input type="checkbox"/> N/A |
| iii. I tried to make the discussion interactive | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never | <input type="checkbox"/> N/A |
| iv. I let my values guide the discussion        | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never | <input type="checkbox"/> N/A |

b. How likely were you to talk about adoption as an option with clients who were experiencing an unintended pregnancy?

- Very likely
- Likely
- Somewhat likely
- Not likely
- Not likely at all
- N/A

- c. How often did you engage/involve birth fathers in the discussions?
  - Often
  - Sometimes
  - Rarely
  - Never
  - N/A
  
- d. Did you provide the following types of referrals, if requested? (Mark all that apply)
  - Prenatal care and delivery
  - Pregnancy termination
  - Infant care
  - Foster care
  - Adoption
  - I don't make referrals
  
- e. Did you communicate or collaborate with licensed adoption agencies for clients who were interested in adoption? (If your responsibilities do not include working with adoption agencies on behalf of clients, mark "N/A")
  - Yes
  - No
  - N/A
  
- f. On average, how often did you refer interested clients to adoption agencies/resources for additional information? (If your responsibilities do not include referring clients to adoption agencies/resources, mark "N/A")
  - Never
  - Once a month or less
  - Two to three times a month
  - Once a week
  - Two to four times a week
  - Daily
  - N/A
  
- g. Have you coached or trained other professionals on presentation of the adoption option?
  - Yes
  - No

6. In the past three months, how often did you engage in the following activities?

|  |   |
|--|---|
| a. Discussed the client's reaction to the pregnancy  | <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> N/A |
| b. Discussed the advantages and disadvantages of the various pregnancy options with clients                          | <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> N/A |
| c. Assessed the client's need for other supportive services  | <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> N/A |
| d. Discussed the possibility of including other family members in future discussions                                 | <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> N/A |
| e. Explained the rights of birth mothers, birth fathers, and families according to applicable federal and state laws | <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> N/A |

7. Mark each item “True” or “False”

|  |  |
|--|--|
| a. Adoptive families receive non-identifying medical and social history on the birth parents, regardless of the type of adoption.  | <input type="checkbox"/> True <input type="checkbox"/> False |
| b. Providing non-directive, non-coercive options counseling includes allowing the client to refuse receiving information.  | <input type="checkbox"/> True <input type="checkbox"/> False |
| c. Pregnant teens often overestimate the challenges of parenting.  | <input type="checkbox"/> True <input type="checkbox"/> False |
| d. In a fully disclosed (“open”) adoption the names and addresses of birth parents and adoptive parents are known to both parties.   | <input type="checkbox"/> True <input type="checkbox"/> False |
| e. A client should only be referred for adoption services when the counselor knows that the client has reached a final decision to pursue adoption.  | <input type="checkbox"/> True <input type="checkbox"/> False |
| f. Culturally responsive helping professionals are prepared to include extended family members in an options discussion if the client wants them included.                                     | <input type="checkbox"/> True <input type="checkbox"/> False |
| g. Regardless of the client’s interest, all pregnancy options should be discussed.   | <input type="checkbox"/> True <input type="checkbox"/> False |
| h. Adoptive parents are legally bound to allow birth parents’ continued contact with the child when an adoption is “open.”   | <input type="checkbox"/> True <input type="checkbox"/> False |
| i. It is important for staff who provide options counseling to agree with the client’s decision.   | <input type="checkbox"/> True <input type="checkbox"/> False |
| j. Birth parents usually experience some degree of grief and loss, regardless of the type of adoption they choose.   | <input type="checkbox"/> True <input type="checkbox"/> False |
| k. Pregnant teens may need less time than adults to be ready to discuss their options.   | <input type="checkbox"/> True <input type="checkbox"/> False |
| l. A counselor should consider whether or not the client is exposed to domestic violence when discussing pregnancy options.  | <input type="checkbox"/> True <input type="checkbox"/> False |
| m. Birth fathers have the right to be notified of the birth and the adoption plan before their parental rights are terminated and the adoption is finalized.                                   | <input type="checkbox"/> True <input type="checkbox"/> False |
| n. To increase rapport, counseling staff should share their own opinion about adoption with the client during options counseling.  | <input type="checkbox"/> True <input type="checkbox"/> False |
| o. Under Federal adoption laws, tribes can intervene in court cases regarding the adoption of Native American children.  | <input type="checkbox"/> True <input type="checkbox"/> False |
| p. A birth mother who chooses adoption can change her mind at any time before the judge has made the final decree.   | <input type="checkbox"/> True <input type="checkbox"/> False |
| q. Staff who discuss the adoption option with clients should know enough about adoption law to dispel some of the client’s misunderstandings about adoption.                                   | <input type="checkbox"/> True <input type="checkbox"/> False |
| r. Counselors should consider allowing pregnant teens to rehearse with them what they will say to a birth father or parent.  | <input type="checkbox"/> True <input type="checkbox"/> False |
| s. Being a culturally responsive counselor includes taking a lead role in the decision making for clients from cultures that view helping professionals as authority figures.                  | <input type="checkbox"/> True <input type="checkbox"/> False |
| t. Staff should know the types of services a resource can provide when making a referral for a client.   | <input type="checkbox"/> True <input type="checkbox"/> False |
| u. Whether a client can afford to pay adoption fees should be part of the pregnancy options decision.  | <input type="checkbox"/> True <input type="checkbox"/> False |
| v. When working with pregnant teens who are minors, it is important to know whether your state allows minors to make an adoption plan without the consent of their parents or legal guardians. | <input type="checkbox"/> True <input type="checkbox"/> False |
| w. “Semi-open” adoptions allow contact between birth parents and adoptive parents  | <input type="checkbox"/> True <input type="checkbox"/> False |

|   |  |
|---|--|
| through an agency or attorney without the identity of the birth parents being revealed.   |  |
| x. Federal adoption laws ensure the rights of birth parents to specify the race, color, or national origin of the adoptive parents. | <input type="checkbox"/> True <input type="checkbox"/> False |
| y. A birth mother cannot make her legal decision about adoption until after the baby is born.                                       | <input type="checkbox"/> True <input type="checkbox"/> False |
| z. Non-directive, non-coercive options counseling requires staff to be aware of their own values and beliefs.                       | <input type="checkbox"/> True <input type="checkbox"/> False |

8. How would you describe your overall opinion about adoption?

- Very favorable
- Somewhat favorable
- Neither favorable or unfavorable
- Somewhat unfavorable
- Very unfavorable

9. How familiar are you with the adoption process?

- Very familiar       Somewhat familiar       Not at all familiar

10. Select the response that best reflects your opinion.

| I believe that adoption:   | Strongly Agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree |
|--|----------------|-------|---------------------------|----------|-------------------|
| a. Is an option that should be presented when a woman is unsure of her decision regarding her pregnancy.   |                |       |                           |          |                   |
| b. Is an option that I should help the birth parents select if they are unable (e.g., because of age, financial, emotional, or intellectual status) to effectively parent their child. |                |       |                           |          |                   |
| c. Is an equally viable option to the other options for an unintended pregnancy.   |                |       |                           |          |                   |
| d. Is more likely to be successful if the birth parent(s) and adoptive parents share all identifying information and have an <i>open adoption</i> .                                    |                |       |                           |          |                   |
| e. Is something that should be presented to diverse cultures (e.g., African-American, Hispanic, Asian, Native American).   |                |       |                           |          |                   |

11. Do you agree or disagree with the following statements?

|   | Strongly Agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree |
|---|----------------|-------|---------------------------|----------|-------------------|
| a. It is a good idea for pregnant teenagers to consider placing the child for adoption.   |                |       |                           |          |                   |
| b. Adoption is a risky option because it has undesirable emotional and social effects on the pregnant client.                               |                |       |                           |          |                   |
| c. Placing a child for adoption is a kind of abandonment.   |                |       |                           |          |                   |
| d. Adoption is a solution to an unplanned pregnancy that works well for children who are adopted.   |                |       |                           |          |                   |
| e. Adoption is always an appropriate solution for an unplanned pregnancy.   |                |       |                           |          |                   |
| f. If a close female relative or friend of mine were considering adoption for an unplanned pregnancy, I would support her in this decision. |                |       |                           |          |                   |

12. Do you think children adopted as infants are more likely, equally likely, or less likely than other children to:

|   |                                      |   |                                      |
|---|--------------------------------------|---|--------------------------------------|
| a. Have problems at school              | <input type="checkbox"/> More likely | <input type="checkbox"/> Equally likely | <input type="checkbox"/> Less likely |
| b. Have behavior problems               | <input type="checkbox"/> More likely | <input type="checkbox"/> Equally likely | <input type="checkbox"/> Less likely |
| c. Be well adjusted                     | <input type="checkbox"/> More likely | <input type="checkbox"/> Equally likely | <input type="checkbox"/> Less likely |
| d. Have problems with drugs and alcohol | <input type="checkbox"/> More likely | <input type="checkbox"/> Equally likely | <input type="checkbox"/> Less likely |
| e. Be happy                             | <input type="checkbox"/> More likely | <input type="checkbox"/> Equally likely | <input type="checkbox"/> Less likely |
| f. Have medical problems                | <input type="checkbox"/> More likely | <input type="checkbox"/> Equally likely | <input type="checkbox"/> Less likely |
| g. Be self-confident                    | <input type="checkbox"/> More likely | <input type="checkbox"/> Equally likely | <input type="checkbox"/> Less likely |

**Instruction: Mark "N/A" for any item that is not applicable to the work that you perform.**

13. a) Which of the following topics were covered in the Infant Adoption Awareness Training that you attended?

|   | Topic Covered?   |
|---|--|
| i. History & Changes in Adoption Practices        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii. Understanding Your Own Opinions & Biases      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii. Current Adoption Options & Practices         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv. Adoption Law                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| v. Social/Cultural/Personal Influences on Clients | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| vi. Non-directive & Non-coercive Counseling       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| vii. Identifying Resources & Making Referrals     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| viii. Other (specify): _____                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |

b) How useful have the following aspects of the Infant Adoption Awareness Training been in your work with pregnant clients?

|   | Very Useful | Somewhat Useful | Not Useful | N/A |
|---|-------------|-----------------|------------|-----|
| i. History & Changes in Adoption Practices        |             |                 |            |     |
| ii. Understanding Your Own Opinions & Biases      |             |                 |            |     |
| iii. Current Adoption Options & Practices         |             |                 |            |     |
| iv. Adoption Law                                  |             |                 |            |     |
| v. Social/Cultural/Personal Influences on Clients |             |                 |            |     |
| vi. Non-directive & Non-coercive Counseling       |             |                 |            |     |
| vii. Identifying Resources & Making Referrals     |             |                 |            |     |
| viii. Other (specify): _____                      |             |                 |            |     |

14. a) Which of the following did you receive at the Infant Adoption Awareness Training?

|   | Received?  |
|---|--|
| i. "Understanding Infant Adoption" Handbook     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii. Infant Adoption Training Initiative Website | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii. State Referral Resource Guide              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv. Brochures                                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| v. Posters                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| vi. Other (specify): _____                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |

b) How useful have the following resources from the training been in your work with pregnant clients?

|   | Very Useful | Somewhat Useful | Not Useful | N/A |
|---|-------------|-----------------|------------|-----|
| i. "Understanding Infant Adoption" Handbook     |             |                 |            |     |
| ii. Infant Adoption Training Initiative Website |             |                 |            |     |
| iii. State Referral Resource Guide              |             |                 |            |     |
| iv. Brochures                                   |             |                 |            |     |
| v. Posters                                      |             |                 |            |     |
| vi. Other (specify): _____                      |             |                 |            |     |



15. Describe what you have experienced when you use the training in your work?

When I follow the guidelines presented in the Infant Adoption Awareness training program with pregnant clients, I find that...

|   | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | N/A |
|---|-------------------|----------|----------------------------|-------|----------------|-----|
| a. I have all the resources I need (e.g., material, information and support) to conduct the discussions according to the training program |                   |          |                            |       |                |     |
| b. I don't always have enough time to do everything according to the training program   |                   |          |                            |       |                |     |
| c. My clients don't seem to understand all of the information I give them   |                   |          |                            |       |                |     |
| d. My clients don't seem receptive to the messages the training program recommends that I give them                                       |                   |          |                            |       |                |     |
| e. If I do everything according to the training program, the counseling goes very smoothly  |                   |          |                            |       |                |     |
| f. I feel knowledgeable enough to present adoption as an option when providing options information or referral services                   |                   |          |                            |       |                |     |

16. What, if any, barriers have you encountered to using the Infant Adoption Awareness training in your work? (Mark all that apply)

- The amount of time I can spend with clients is too short to discuss pregnancy options
- I don't know about adoption resources or services in our area to use for referrals
- I don't know about other supportive community resources to use for referrals
- We don't have adoption resources in our area
- We don't have other community resources in our area
- My supervisor/agency won't allow other staff the time to attend the training
- My supervisor/agency discourages me from using the guidelines in my work with clients
- Clients with unintended pregnancies are too upset to discuss their options immediately after receiving their pregnancy results
- Other (specify) \_\_\_\_\_
- No barriers have been encountered

17. To what extent would you say the Infant Adoption Awareness Training Program was helpful in improving your knowledge and ability to refer clients to the following resources...?

|  | Very Helpful | Somewhat Helpful | Not At All Helpful |
|--|--------------|------------------|--------------------|
| a. Pregnancy counseling services   |              |                  |                    |
| b. Adoption agencies   |              |                  |                    |
| c. Adoption attorneys  |              |                  |                    |
| d. Other supportive community resources (for example, maternal and infant health services, Medicaid, WIC, food stamps, substance abuse, mental health services, or domestic violence services) |              |                  |                    |

18. Please enter any comments below regarding how you have used or plan to use the Infant Adoption Awareness Training in your work with clients.

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**Thank you for your participation in this survey.**