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Birthmothers Today: The Post Adoption Experience

by

Angela R. Jansen, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the University Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

BIRTHMOTHERS TODAY

Abstract

This research project is a qualitative study that identified what birthmothers experience emotionally, physically, and psychologically once a domestic adoption has been finalized. Also, the study looked at the reasons why support services for birthmothers are low and how adoption agencies can best support this population. The data was analyzed using content analysis and interpreted through an inductive approach. The conceptual framework used to understand how the participants for the interviews responded was a Biopsychosocial Approach and the Strengths-Based Perspective. Ten interviews were conducted for this study with two different groups: five with birthparent counselors and five with birthmothers. All the participants either worked for or with a private adoption agency in the St.Paul/Minneapolis Metropolitan area. The following themes were found: 1) differences in the birthmother's adoption journey, 2) importance of a relationship between the birthmother and birthparent counselor, 3) communication patterns between the birthmother and birthparent counselor, 4) emotions and reactions birthmothers deal with post-placement, 5) common support services offered and needed, and 6) the need to change societal views on birthmothers. The findings from this research have implications for those in the adoption triad, with adoption agencies, and social workers in general.

Keywords: birthmothers, birthparent counselors, post placement support, grief and loss, adoption

BIRTHMOTHERS TODAY

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Birthmothers Today: The Post Adoption Experience

Between one and five million Americans are adopted today, meaning up to 10 million people are birth parents of adoptees in the United States (Baden & Wiley, 2005). The number of birth parents in our country is significant, yet they are the least studied, understood, and served population within the adoption triad (Baden & Wiley, 2005). The adoption triad involves three sets of participants: the adoptee, birth family, and adoptive family (Zamostny, O'Brien, Baden, & Wiley, 2003).

In recognition of the lack of attention placed on birthmothers, this qualitative study has two purposes: the first purpose of this qualitative study is to identify what birthmothers experience emotionally, physically, and psychologically once a domestic adoption has been finalized. If more attention is placed on birthmothers post-placement, an increase of resources will give these women more of a voice in their community and they can feel less isolated. The second purpose of the present qualitative study is to understand why support services for birthmothers are low and how adoption agencies can best support this population (Maclulich, 2011).

Social workers play a significant role in a birthmother's life throughout the adoption process. When little help is provided to connect birthmothers to support services, birthmothers rarely look elsewhere. According to Walker (2010), social workers often lack confidence to deal with birthmothers, especially when they become angry or disillusioned once the adoption has been completed. In researching the history of adoption, it went from being viewed as a solution to social problems without thinking of how members in the adoption triad deal with placement, to an alternative way to form a family, which has lifelong implications for the people involved (Zamostny et. al., 2003). Though adoption has significantly changed since the orphans trains in

the 1800s (Zamostny et. al., 2003), there is still a need for support of those directly involved, especially when it comes to the birthmothers. Through identifying what birthmothers experience post-placement, creating more awareness of this issue will hopefully increase support for this population in adoption agencies and in society overall.

Literature Review

History of Adoption: The Birthmother's Role

To truly understand what birthmothers experience post-placement, it is important to first look at how the role of birthmothers has progressed since adoption was first introduced in the United States. Though the history of adoption has been inadequately documented, there are four key periods that represent how adoption has shaped our society today: 1) the late 19th Century, 2) the Progressive Era, 3) the World War II period through the 1950s, 4) and the 1970s-1990s (Kahan, 2006).

During each period of history, the term 'adoption' was changed and shaped by "social trends and problems, cultural values and conflicts, historical events and forces as well as public policy and legislation" (Zamostny et. al., 2003). As adoption was continually changing and adapting to society, the role of birthmothers in adoption was also adapting.

The late 19th century. Though adoption was believed to begin in the 1700s when America was being colonized through informal child transfers (Zamostny et. al., 2003), the first formal practice of adoption was in 1851 when Massachusetts passed "An Act to Provide for the Adoption of Children" (Kahan, 2006). This law not only required adoptive parents to be evaluated, but also for birthparents to provide written consent to terminate their parental rights (Kahan, 2006). Over the next 25 years, states began to pass similar laws, thus setting in place adoption's original mission to give neglected children a forever home (Kahan, 2006).

The late 19th century was primarily defined in the adoption field as a result of the orphan trains introduced by Reverend Charles Loring Brace starting in 1854. Brace, founder of New York Children's Aid Society, made it his mission to rescue orphans in New York. Brace's method of removing children from orphanages, almshouses, asylums, and prisons was involuntary in most cases. The children were then sent to local communities via train where families would come to the train stations and pick the child they would want to come home with them. While the concept appeared to make sense to Brace, there were ethical dilemmas that arose. Not only were all these receiving parents not interviewed by Brace or his staff to see if the orphans were going into loving and nurturing homes, but birthmothers immediately lost their rights during this time. Since Brace's intentions were to "disassemble slum families" he was not obligated to give notice to birthparents, widows, or unwed mothers as he pulled children from their homes. (Kahan, 2006)

The orphan trains continued for over 70 years, placing between 150,000-250,000 children. While Brace's intentions were focused on giving orphans and children in poor family's homes, the devastation and powerlessness that came with this movement for birthparents was significant. (Kahan, 2006)

The Progressive Era. The next key period, the Progressive Era, responded to the orphan trains with a strong belief that families should be preserved at all costs, even if a birthmother was unable to fully provide and care for her child or children. Birthmothers received more support and recognition in 1909 through the White House Conference on Care of Dependent Children and in 1912 through the creation of the Children's Bureau. Social workers were trained to not recommend children for adoption unless it was a very special case; otherwise they were told to look for ways to keep birthmothers with children. Even the Children's Code of MN, a law passed

to seal all adoption records, was created as an effort to give birthmothers the privacy they deserve to move on with their life once an adoption was finalized.

While all these laws were being passed and social services were being created, the Eugenics movement in 1910 was the one event that drastically changed the previous positive image of birthmothers. As a result of this movement, adopted children were said to have inherited ‘mental defects’ from their birthparents and unmarried mothers were accused of passing on ‘feble-mindedness’ to their children. Even in an era where the field of social work was providing more support for birthmothers, society still negatively framed this population. (Kahan, 2006)

The World War II period through the 1950s. The next key period marked an era of adoption increasing dramatically as a result of a rise in illegitimate births and interest being placed on adoption (Kahan, 2006). The high rates of unwed pregnancies among young, white, middle-class women during the 1950s raised anxiety in society over how this population had a complete disregard for sexual and moral principles (March & Miall, 2006). Even though the term ‘adoption’ was more commonly heard in society, there was still a focus put on keeping adoption a secret. Adoption agencies during this time period insisted that confidential placements were beneficial for the following reason: they would help facilitate relinquishment of a child emotionally and legally, avoid stigma of illegitimacy, protect anonymity of all parties, and facilitate the child’s integration into family (Christian, McRoy, Grotevant, & Bryant, 1997).

This secrecy was implemented through social workers doing things like denying birthmothers access to case records, amending birth certificates, sealing records, prohibiting contact between birthmother and adoptive family, depicting the birthmother as anywhere between neurotic and psychotic, and accusing these women of getting pregnant in order to

escape into fantasy life (Kahan, 2006; Rosenberg & Groze, 1997). Thus, this era for birthmothers was portrayed by lies, silence, and an overall lack of rights.

The 1970s-1990s. Domestic adoption reached its peak in 1970, then slowly diminished as the birth control pill (introduced in 1960) became more popular and abortion was legalized (1973) (Kahan, 2006). These changes took place during the final key period of adoption between 1970 and 1990. The 1970s also brought more open arrangements in adoption where adoptive parents and birth parents were given more background information on each other, which then helped birthmothers to feel less pain and guilt over relinquishing their child (Christian et. al., 1997). In addition, as women's voices became more heard in America, advocacy groups such as the Adoptees' Liberty Movement Association (ALMA) began in 1971 to fight for adopted children to gain access to their records once they turned 18 years old (Kahan, 2006). Thanks to ALMA and other groups speaking out, the open adoption movement was started giving everyone in the adoption triad an opportunity to meet and know each other.

The 1980s brought laws stating schools could not expel pregnant teens, jobs created for mothers on welfare, daycare for unwed mothers was provided at a discounted price, and the term "unwed" was changed to "single" (March & Miall, 2006). Overall, the birthmother's role in the adoption triad was finally acknowledged during this time by giving them security in knowing their son or daughter was being cared for in their forever home. Women began to feel less conflicted about relinquishing their children for adoption.

As stated in the literature, "In its early history, adoption was seen as a solution to social problems, and minimal attention was given to its impact on members of the adoption triad...adoption now is characterized as an alternative way to form a family that has lifelong implications for members of the adoption triad" (Zamostny et. al., 2003). Though adoption has

evolved into a more positive experience, individuals involved in the process should continually be considered. While assisting birthmothers, it is important to acknowledge that mothers should not be understood as natural, unchanging, and universal but as historically variable (March and Miall, 2006). Since the 1990s, the role birthmothers hold in the adoption process continues to shift as society shifts, showing how important social services are for this population.

Why Women Choose to Relinquish Their Child

Adoption is defined as a personal act between an adoptee, birth family, and adoptive family, a legal process to establish a relationship between a parent or parents and child who are not related, and a social service which addresses the needs of those in the adoption triad (Zamostny et. al., 2003). Though adoption is viewed favorable by most people in America, it is typically seen as second best compared to having biological children – many people say it is the right thing, but for someone else (Laningham et. al, 2012). It is important to examine the complex definition of adoption and how society views adoption when looking at experiences birthmothers have after relinquishing their child.

There are several reasons why birthmothers choose the adoption route for their child, all which play a major role in how a woman works through her emotional behaviors long term. A common reason stated in the literature was that women feel powerless to keep a child (Smith, 1995), especially when they are too young (De Simone, 1996), which was considered to be under 18 years of age (Cocozzelli, 1989). Not only was age a constant variable in a birthmother's belief that they are powerless in deciding to place their child for adoption, but also the wishes of their mother and father left many women with no other choice but to adopt (De Simone, 1996).

In asking birthmothers what other factors came into play in their decision making process, the issue of short-term and long-term support was described and how many women

lacked support (Maclulich, 2011). Lack of support came in the form of monetary, especially when a birthmother's income primarily came from her family, as well as emotional, practical, and social support (Walker, 2010; Smith, 1995; De Simone, 1996; Coccozzelli, 1989). One study suggested that birthmothers who were attending college at the time and had life plans set in place were less likely to keep the child (Coccozzelli, 1989).

The final reasons given by birthmothers for relinquishing their child was that they felt the social stigma of being an unwed mother (Smith, 1995), feelings of guilt and shame for getting pregnant in the first place (De Simone, 1996), and being overwhelmed by the legal policies associated with keeping a child (De Simone, 1996). Though these are not all reasons why birthmothers go the adoption route, this list does give an idea as to what was taking place before the adoption was even finalized.

Unresolved Grief

Upon deciding to relinquish her child, a birthmother now faces a multitude of feelings and reactions unlike any that she has come across before. According to Rosenberg and Groze (1997), "The act of surrendering the baby for adoption is a traumatic experience with physical, emotional, and psychological implications for the rest of her life. Without realizing it, adoption has become a significant disruption in her life. Thus, the act of relinquishing a child is labeled as an actual loss rather than a socially constructed loss, such as the death of a loved one or being let go from a job (Wiley & Baden, 2005). This disruption progresses into grief the moment a birthmother hands her baby over to a social worker, nurse, or the adoptive parents. Grief is defined as a "powerful human experience that can have a strong impact on behavior and emotions...adjustment to life event with several stages" (De Simone, 1996). Without a doubt, grief is the one consistent outcome for birthmothers who place their child for adoption (Wiley &

Baden, 2005). The difference with this loss compared to other losses is that the birthmother no longer has the child, but the child is still alive and has a family. Along with grief, a birthmother also struggles with secrecy and denial which fragments a birthmother's identity (Rosenberg & Groze, 1997). Not only is a birthmother told to forget about the relinquishment and move on, but she also believes pushing the feelings and emotions that came with placing her child through adoption is the right thing to do (Rosenberg & Groze, 1997).

As a result, birthmothers experience a loss that is incomparable in society, yet their grief is often covered in secrecy and hidden in feelings of shame, stigmatization, and marginalization (Wiley & Baden, 2005). The result for many birthmothers is a constant struggle with unresolved grief. According to a study conducted on birthmothers' loss, researcher De Simone (1996) found common factors that lead to unresolved grief: (a) increased coercion during pregnancy, (b) guilt and shame upon finalization of the adoption, (c) lack of social support before, during, and after placement, and a (d) disregard for the birthmother's need to express feelings. In the same study, factors that lead to less unresolved grief were: (a) a happy marriage, (b) great family, (c) personal achievements, (d) increased self-esteem, and (e) gaining information on the child in the years following placement (De Simone, 1996). Though unresolved grief is unfortunately found in a high number of birthmothers post-placement, there are still ways for this population to overcome all the pain that comes with relinquishing a child.

Reasons why unresolved grief occurs. There are many aspects of adoption that explain why there is an inability for birthmothers to fully work through the grieving process. One reason, right at the beginning of a woman's post-placement experience, involves the legal procedure once her child is born. Many birthmothers have stated how robotic and fast the social workers are in filling out paperwork, without taking into account what the birthmother is experiencing

(Cushman, Kalmuss, & Namerow, 2001). In the hospital, unresolved grief begins with seeing and holding the baby, signing the adoption papers, where her baby went when leaving the hospital, and what was discussed in regards to the levels of openness in the adoption (Cushman et. al., 2001). Many birthmothers will replay the day they gave birth to their baby over and over in their minds in hopes of understanding what exactly happened.

Besides the difficulties that come with the legal procedures of adoption, unresolved grief also arises from birthmothers being told to forget relinquishment and go on with life (Silverman, 1981). One thing that many people outside of the adoption realm do not understand is that reactions to placing a child for adoption never go away; it is a continual struggle (Wiley & Baden, 2005). Also, birthmothers often feel that it is not socially acceptable to talk about their experiences with adoption, even with those in their support network (Neil, 2006). When this population does not feel permitted to openly discuss what they went through, these women do not get the chance to fully express feelings of loss and worry about the welfare of the child (Neil, 2006).

Common Triggers. Historically, being told to move on and not discuss their feelings took a major toll on birthmothers. Though this is an old school practice today, the same common triggers unconsciously prompt women to remember the child they relinquished (Christian et. al., 1997). These triggers happen when giving birth to another child, an inability to physically or emotionally have a child after the placement of their first child, and religious interpretations of the placement (Christian et. al., 1997). Another major trigger is when anniversary periods such as the child's birthday, placement date, and Mother's Day occur and those emotions revolving around the adoption re-surface (Patricelli, 2012). Even when the birthmother is trying to forget

the incredible loss she endured, various events taking place around her are continual reminders of the son or daughter she gave to someone else.

Open versus closed adoption. In understanding the role of unresolved grief for birthmothers, it is important to look at how this issue arises in open versus closed adoption. Open adoption is defined as “the sharing of information and/or contact between birth families and adoptive families” (Zamostny et. al., 2003), while closed adoption indicates that only nonidentifying and medical information will be exchanged through the agency between adoptive and biological parents (Kraft, Palombo, Woods, Mitchell, & Schmidt, 1985). There are benefits and challenges to both types of adoption, which are important for a birthmother to consider throughout the placement process. Open adoption has the potential to lighten or alleviate a birthmother’s grieving since she is able to watch her child grow (Blanton & Deschner, 1990) and at the same time gives the birthmother more control over the adoption decision (Cocozzelli, 1989). The challenge is that by having consistent contact with their son or daughter and the adoptive parents, it will be a continual reminder for some birthmothers of how she failed as a mother to parent her child (Blanton & Deschner, 1990).

Closed adoption, on the other hand, allows a birthmother freedom to get on with a new life beyond the adoption experience, but leaves her wondering about the welfare of her child (Blanton & Deschner, 1990). No matter what the situation is involving relinquishing a child for adoption, a birthmother will grieve in different ways, but it is important to keep in mind all the ways in which birthmothers are able to work through their grief so it does not result in unresolved grief for years to come.

Long-Term Effects of Relinquishing a Child

Dysfunction in relationships. When unresolved grief is not worked through with birthmothers post-placement, women tend to experience long-term effects (Wiley & Baden, 2005). The first major effect is found through dysfunctions in two different types of relationships (e.g., romantic and parent-child). Within romantic relationships, research focuses on how birthmothers display unpredictable behaviors once they place a child for adoption, such as getting married too quickly (Smith, 1995). Then, when birthmothers do get married, it has been found that there is a link between intimacy and loss (Smith, 1995), meaning women who have placed their child for adoption are more likely to have an inability to securely attach to their partners (Wiley & Baden, 2005). Since intimacy with another person often reminds birthmothers of their failed relationship with the birthfather, romantic relationships can be a challenge for them.

When a birthmother and her partner decide to start having children, there is often concern by the woman that her spouse might see her as inadequate for the mother role since she placed another child for adoption (Henney, French, Ayers-Lopez, McRoy, & Grotevant, 2011). Overall, negative responses and perceptions related to adoption weigh more heavily on birthmothers, which usually results in marital disharmony (Henney et. al., 2011). It is important to identify these issues related to adoption that might arise in romantic relationships in order to prevent a separation.

In looking at how dysfunction arises in parent-child relationships, birthmothers tend to take two different extremes; either choosing not to have any children, or having another child very soon after placement (Smith, 1995). As the child grows up, research has found that there is a tendency for birthmothers to have an intense attachment to and overprotection of their children

(Christian, McRoy, Grotevant, & Bryant, 1997). Again, there are the two extremes identified in a parent-child relationship where birthmothers are either too involved with their child or too distant (Smith, 1995). There is a sense of birthmothers attempting to make up for the relationship they missed out on with the child they relinquished to adoption. Since many birthmothers feel like they have failed to parent their first child (Neil, 2006), they might internalize those lies or decide to start fresh with the next child they have. In the same way that these issues need to be addressed in romantic relationships, it is essential that birthmothers understand how to build and maintain a strong bond with future children so that dysfunction does not become the foundation of how they relate to their children.

Reactions and emotions post-placement. In identifying long-term effects of unresolved grief beyond the dysfunction that takes place in relationships, most of the research done on birthmothers focuses on their reactions and emotions post-placement. Before looking at specific emotions birthmothers face, it is important to look at how they work through the stages of grief differently from others.

Researcher Parkes (1972) found that birthmothers often deal with the relinquishment of their children to adoption through a six-phase theory of grief and loss (Parkes, 1972). The first phase that occurs post-placement is a state of alarm where birthmothers believe that the world is no longer a safe place. The second phase arises immediately after where these women search for a mental image or fantasy about the child they lost (Parkes, 1972). Once the shock has worn off, birthmothers then grieve through feeling anger and guilt for not preventing the placement. The phase of feeling emptiness occurs soon after (Parkes, 1972). If unresolved grief does not play a major role in this process, Parkes (1972) found that birthmothers are able to identify with the

child, and then gradually accept the placement as what was best for the child and his or her welfare (Parkes, 1972).

While Parkes' six-phase theory of grief and loss is ideal for a birthmother to successfully work through from start to finish, many women inevitably deal with their grief through a "process of realization" that the loss is permanent (Christian et. al., 1997) and are not always able to accept placement as the best option for their child. Thus, emotions such as denial, ignorance, anger, and confusion commonly hit birthmothers post-placement in a continual cycle (Wiley & Baden, 2005). As a result, research has shown women who have placed their child for adoption struggle with depression (Smith, 1995) and an overall negative self-image (Wiley and Baden, 2005).

One participant reported that depression has been a problem since placement. "I never really dealt with his placement until after I was carrying my next child... Sometimes, I find myself crying and don't know why. Later, I discovered that it was my child's birthday. I was so distraught on one of these occasions, that I quit my job" (Christian et. al., 50, 1997).

Birthmothers not only struggle with depression, but they struggle with understanding where some emotions abruptly and unexpectedly come from. With these challenges in mind, it is no wonder that birthmothers overall often feel unaccepted and unlovable (Wiley & Baden, 2005).

Solutions to Helping Birthmothers

After recognizing how the birthmother's role has changed over the years, the reasons birthmothers give for choosing adoption and the long-term effects birthmothers face with relinquishing a child, it is evident that they need more support. Often, birthmothers do not seek support services post-placement due to depression, passivity, resistance to emotion-focused work, and lack of active follow-up from the agency (Thomas, 2013). Based on the challenges

birthmothers face post-placement, there are specific types of support this population needs. According to Thomas (2013), birthmothers need support focused on feelings and emotions; practical support through advice, information, and provision; help with contacting their birth son or daughter; advocacy and a liaison; and finally, group or peer support (Thomas, 2013). The most common type of assistance 83% of birthmothers seek is one focused on feelings and emotions, while only 33% of birthmothers seek group or peer support (Thomas, 2013).

Practical Steps

By recognizing what birthmothers need to process through their post-placement experiences, there are ways to implement support. The first way is through providing adoption-sensitive counseling where birthmothers are comfortable talking about the relinquishment (De Simone, 1996). In this kind of counseling, it is important for social workers to acknowledge the actual loss, be sensitive to stigmatization, and pay attention to how the birthmother is moving forward (Wiley & Baden, 2005). Studies have found that birthmothers struggle the most with the social stigma of being pregnant out of wedlock and placing their child for adoption to the point where it affects their ability to disclose about the adoption (Henney, 2011).

The final topics to include in adoption-sensitive counseling are discussing possible guilt and shame that has arisen since placement so that there will be less self-blame (Maclulich, 2011). Beyond adoption-sensitive counseling, birthmothers need the following: (a) access to social workers, (b) advocacy, (c) support meetings, and (d) provision of adoption information (Maclulich, 2011). In some cases, birthmothers do want to reunify with their child (De Simone, 1996). So, giving birthmothers this opportunity as well as the ability to maintain contact with their child (Neil, 2006) will provide the support these women need to successfully grieve the loss of their son or daughter.

Conclusion

Although researchers have examined the history of adoption and what affects adoption has on birthmothers, there is still a lack of information given on what practical steps should be taken to effectively assist this surprisingly large population. Since adoption is prevalent today (i.e., six in 10 Americans are touched by adoption (Pertman, 2000)), the need for an increase in social services for birthmothers is important. Therefore, the first purpose of this qualitative study is to identify what birthmothers experience emotionally, physically, and psychologically once a domestic adoption has been finalized. Second, the study will identify why support services for birthmothers are low, often ineffective for clients, and why there is such a wide variation by adoption agencies on what supporting this population means.

The significance of researching this topic lies in the fact that “women who have given birth out-of-wedlock have been poorly treated and marginalized both in society at large and in the adoption system” (Wegar, 2000). Birthmothers are too often a population without a voice, but when asked, they have a profound story to tell.

Research Question

There is limited research on birthmother experiences post-placement. Recently, it has become more evident that birthmothers deal with a variety of emotions and reactions for a long time after an adoption has been finalized. It is important for social workers to address these experiences and to provide support to this population. Thus, the research question for this study is:

What do birthmothers today struggle with the most once they have relinquished their child for adoption, and what are the best support services that agencies and social workers can provide to help birthmothers work through these struggles?

The next section, the conceptual framework, explains how this research question will be organized.

Conceptual Framework

Based on how birthmothers are best helped through a physical, mental, and emotional method, the Biopsychosocial Approach will be used as the conceptual framework in this paper. The Biopsychosocial Approach was first introduced by George Engel in 1977 (Adler, 2009) as a way to connect medicine to science through incorporating and integrating psychosocial components (Smith, 2002). According to Engel, the model was based on a systems theory as well as the hierarchical organization of organisms (Adler, 2009). In introducing this new concept, Engel argued that "...to be scientific, a model for medicine must include the psychosocial dimensions (personal, emotional, family, community) *in addition to* the biological aspects (diseases) of all patients" (Smith, 309, 2002).

This model thus emphasizes the importance of looking at all aspects of a client's life, not just what is being identified physically and observed when face-to-face with the individual. Though many social workers today agree with Engel's view and implement his ideas when helping clients, other practitioners in the medical field specifically had difficulties in the 1970s accepting the view since it would mean they would have to look at each patient as more than a "defective machine that can be examined and repaired without the necessity to establish a relationship" (Adler, 609, 2009).

An important factor that arose with Engel's introduction of the Biopsychosocial Approach was identifying grief as more than just an emotion, but also a disease (Engel, 1992). When a client is struggling with grief, the solution is no longer a simple fix through giving him or her anti-depressants. The cause of their grief must be looked into along with the reasons why

and when the grief gets worse or better. In relating this approach to the purpose of this clinical paper, unresolved grief plays a major role in supporting birthmothers post-placement. When this population does not work through their past and present issues, they do not have the ability to fully accept the placement and move forward. Yet, when the Biopsychosocial Approach is applied and birthmothers are being understood based on biological, psychological, and social factors (Alonso, 2004), a strengthening in the therapeutic relationships not only occurs, but clients are treated in a more holistic way. Since its' introduction in 1977, the Biopsychosocial Approach has been successfully applied to obtain a better understanding of the disease processes and their causes, and also for public health purposes, or to improve physician–patient relations (Alonso, 2004). Thus, the Biopsychosocial Approach will be useful in researching the experiences of birthmothers post-placement.

The other theory that will be used in understanding how to best support birthmothers is the Strengths-Based Perspective. This perspective is significant because, “the initial impulse behind counseling work—the vocational guidance movement—expressed the core strength-based notion that individuals grow from building on their assets” (Grothaus, McAuliffe, & Craigen, 2012). With the population addressed in this research project, focusing on the client’s assets might be the one thing that helps them move forward instead of backwards in the grieving process. To break down what this perspective means, the word ‘strength’ is defined as “the capacity to cope with difficulties, to maintain functioning in the face of stress, to bounce back in the face of significant trauma, to use external challenges as stimulus for growth, and to use social supports as a source of resilience” (McQuaide & Ehrenreich, 1997, p. 203). One of the most important parts of this definition for birthmothers is “to bounce back in the face of significant trauma” which for these women, is the trauma of relinquishing their son or daughter.

Within the Strength-Based Perspective, it is important to examine the concept of empowerment when working with birthmothers (Grothaus et. al., 2012). Empowerment is included in this perspective by developing partnerships with the client along with recognizing and validating the client's strengths (Grothaus et. al., 2012). Thus, the three main goals of empowerment are to: 1) foster critical consciousness, 2) facilitate the development of positive identity, and 3) encourage social action (Grothaus et. al, 2012). In relating empowerment to the purpose of this research project, birthmothers become empowered by being heard and telling their story of relinquishing their child (Smith, 1995).

To sum up the Strengths-Based Perspective and how it will be important for this research, one researcher stated, "The Strengths-Based Perspective obligates workers to understand that, however downtrodden or sick, individuals have survived (and in some cases even thrived)" (MacArthur, Rawana, & Brownlee, 2011).

Methods

Research Design

The design of this clinical research project used a qualitative approach, which "involves data in the form of words, pictures, descriptions, or narratives rather than numbers and counts" (Monette, Sullivan, & DeJong, 2011). Since the primary focus of this research was on how birthmothers describe their experiences of the adoption process by what emotions and reactions they went through at the time and are still struggling with today, a qualitative design fit this study best. In comparison, "to design a qualitative study, you can't just develop (or borrow) a logical strategy in advance and then implement it faithfully. You need, to a substantial extent, to *construct* and *reconstruct* your research design" (Maxwell, 2012). Another reason why a qualitative study was chosen was because it is more of a "do-it-yourself" rather than an "off-the-

shelf” process (Maxwell, 2012). Since there has been lack of research done on the experiences of birthmothers post-placement, a qualitative study helped in the process of analyzing the data collected.

Sample

Participants for this study included birthmothers and birthparent counselors in the St. Paul/Minneapolis Metropolitan area who have worked with or work at a private adoption agency. Only birthmothers who had gone through a domestic adoption in Minnesota were included in the research project. The first method of collecting data was done by conducting nonscheduled-standardized interviews with five birthparent counselors (See Appendix A) and five birthmothers (See Appendix B).

There were four private adoption agencies in the St. Paul/Minneapolis Metropolitan area chosen for recruitment purposes. The first step in recruiting participants was to make fliers for the private adoption agencies to put up in their offices and hand out to birthmothers (See Appendix C). After the private adoption agencies had been contacted through the fliers, interviews were set up beginning January 2014.

The nonscheduled-standardized interviews took place face-to-face and on the phone, depending on the preferences of each participant. The interviews lasted 30-60 minutes. Participants were given a consent form based on whether they were a birthmother (See Appendix D) or a birthparent counselor (See Appendix E). The consent form was given at the time of the interview and the participants were asked if they have any questions or concerns after reading the consent form. Each interview was audio-taped by the researcher for future use. Once the interview was completed, there was short debriefing where the researcher asked the participant if

any feelings or emotions came up that were unexpected or overwhelming. A resource handout was then given to participants that listed crisis hotlines and adoption agencies that provide support services in Minnesota (See Appendix F).

Protection of Human Subjects

Considering the amount of information that was covered in the birthmother interviews, there was a risk of unresolved grief and other emotions being stirred up. Throughout the interviews, participants were reminded that being part of this research project was voluntary and that they did not have to answer all questions asked. Also, participants were told they were free to withdraw from the interview at any time. If a birthmother had become noticeably distressed during the interview process, the researcher had to decide if it was in the best interest of the participant to continue, or to end the interview. Another way participants were protected was through the debriefing process where the researcher followed up with the participants at the end of the interview to discuss unexpected emotions or reactions that resulted from the interview. For the participants, the direct benefit was being able to tell about their experience with adoption.

The topic of confidentiality was discussed with each participant at the beginning of the meeting and was included in the consent form that each person read through and signed. Each birthmother and birthparent counselor was told that only the researcher and supervising faculty member would have access to the audio-taped interviews and transcripts. Once an interview had been completed, all consent forms and transcripts were locked in a file cabinet and on a password-protected laptop in the researcher's home. Also, data included in the final research project had no identifying information of the participants. All data was destroyed upon completion of the research project in May 2014; each audio-taped interview was deleted from the recording device used during the interviews. In addition, written transcripts were deleted from

the researcher's laptop after the data analysis had been conducted. Finally, any hard copies of consent forms and transcripts were shredded.

Data Collection and Data Analysis

In conducting interviews with birthparent counselors (See Appendix A), the sessions lasted 30-60 minutes, were audio-taped, and the participant was asked nine questions. In both interviews, a nonscheduled-standardized approach was used wherein the interviewer had a set of questions to ask, but was free to probe, rephrase, or ask the questions in whatever order fit the interview (Monette, Sullivan, & DeJong, 2011). Also, all questions in a nonscheduled-standardized interview were open-ended allowing participants to answer however they liked and for however long they needed (Monette, Sullivan, & DeJong, 2011). The first four questions asked in the birthparent counselor interviews focused on the participant's experience with adoption and working with birthmothers. Questions five through nine related to how the birthparent counselor typically works with and supports the birthmother. An example is: Are there resources that you give to birthmothers before, during, and/or after the placement? What resources do you give?

The nonscheduled-standardized interviews for birthmothers (See Appendix B) involved the same basic structure; the sessions lasted 30-60 minutes and were audio-taped. The main differences between this interview and the one with birthparent counselors were that the participant was asked 13 questions, instead of nine, and the content of the questions were different. The first seven questions of the interview asked birthmothers basic information about their experiences during pregnancy, including: how old were you when you placed your child for adoption, and what were the primary reasons for choosing the adoption route? The last six questions asked birthmothers to describe their experiences with the post-placement support

services using questions such as: Did you seek any support services post-placement, and what does positive support look like to you as a birthmother?

Upon completion of the interviews, the data was analyzed using content analysis. This type of data collection was defined as a “method of transforming the symbolic content of a document, such as words or other images, from a qualitative, unsystematic form into a quantitative, systematic form” (Franzosi, 2008). Using content analysis, the researcher took the opinions and thoughts of the participants. Then, the researcher looked for patterns in what was collected from the interviews. To better interpret the data collected, an inductive approach was used by the researcher. This approach used the data collected to develop a hypothesis along with theories to further decipher what was found (Monette, Sullivan, & DeJong, 2011). In other words, the research moved from concrete to abstract ideas (Monette, Sullivan, & DeJong, 2011).

The final method of data analysis used open coding, which is characterized as sorting through a wide variety of behaviors or elements into a more limited and specific number of categories (Monette, Sullivan, & DeJong, 2011). The open coding identified themes from the participants. Open coding provided a more in-depth process for the interviews, implementing four main units of analysis: a word, a theme, a major character, or a sentence or paragraph (Monette, Sullivan, & DeJong, 2011). When there were common words or themes said between a birthmother and birthparent counselor’s responses, these similarities were documented and included in the findings.

Strengths and Limitations

The primary outcome of completing this research has been creating more awareness and support for birthmothers, since there was a lack of research on how to help a birthmother post-placement. This research project is intended to be a tool for birthparent counselors and adoption

agencies to improve adoption services and support for birthmothers overall. It can also help adoptive couples have a better understanding of birthmothers and give understanding to the importance of maintaining the adoptive parent-birthparent relationship post-placement.

A primary limitation in conducting this research project is the inability to generalize the findings. The first reason is because participants were birthmothers and birthparent counselors were limited to Minnesota. Also, participants interviewed were ones who went through, or are currently working at a private adoption agency, not the county or state organizations. Another factor is that only birthmothers who have placed domestically were included in this study; international adoption was not incorporated into the research. Lastly, there was a small sample size used and all the participants were Caucasian, so the data collected does not fully represent the population of birthmothers and birthparent counselors.

Findings

The findings in this research project come from the ten interviews that were conducted during the recruitment period; five were done with birthmothers and five were done with birthparent counselors. The participants were all Caucasian females. The age range for birthmothers was between 18 and 22 years old. Ages were not collected from birthparent counselors, but the length of time in their profession was asked from each participant. The range of years the birthparent counselors had been working at their agency ranged from less than a year up to 15 years. All participants were residents of Minnesota and connected with one of the four private adoption agencies chosen for this study.

Though there were two different populations interviewed, the responses from birthparent counselors and birthmothers tied well with one another. The main themes that were found from

transcribing, and coding the interviews were: a) differences in the birthmother's adoption journey, b) importance of a relationship between the birthmother and birthparent counselor, c) communication patterns between the birthmother and birthparent counselor, d) emotions and reactions birthmothers experience post-placement, e) common support services offered and needed, and f) the need to change societal views on birthmothers. In order to maintain confidentiality, the birthparent counselors interviewed for this study will be referred to as participant BPC1 through BPC5 and the birthmothers who participated in this study will be referred to as BM1 through BM5.

Differences in the Birthmother's Adoption Journey

Birthparent counselor responses. The first purpose of this qualitative study was to identify what birthmothers experience emotionally, physically, and psychologically once a domestic adoption has been finalized. A common response from birthparent counselor to what it is like working with birthmothers is that no adoption journey is the same. Participant BPC2 described her experiences working with birthmothers as "challenging" because it is not possible for there to be a "cookie cutter case" and, "You have to go into each case like it's your first one, because people come from different experiences or different thoughts, or they're in a different place in their life."

In the same way, participant BPC3 stated, "My experiences have been varied, each one has been different. I've never had a same situation or the same response. I think that's due to human emotion and human coping, you know, that we each individually have." Participant BPC4 had the same response and acknowledged how, "There is no typical experience in working with birthmothers. As a birthparent counselor, I have to continually adjust to the needs of the clients

no matter what they are.” The response from participant BPC4 is crucial to beginning the findings section for this clinical paper because it is important for birthparent counselors to remember that each birthmother’s adoption journey is unique.

Birthmother responses. To understand the differences in each birthmother’s adoption journey, participants were asked what their life was like when they found out they were pregnant, as well as when and why they considered adoption. For the five birthmothers who were interviewed for this research paper, the place where they were at ranged from a junior in high school up to a senior in college. All the participants, at some point in the course of the interview, stated these pregnancies were unexpected and the birthfather was no longer in the picture. While they were pregnant, each birthmother made a different decision on staying in school or not.

Participant BM1’s response to this question was, “When I found out I was pregnant, I just thought it was all over I guess. Just my whole life was changing.” Once she told her parents about the pregnancy, they asked her to come home to live with them for the duration of her pregnancy. Participant BM1 had been previously living with her boyfriend, the birthfather. Participants BM2 and BM3 stayed in high school, though it was hard some days to be physically and emotionally present. Being pregnant while going to college became too difficult for participant BM4. As stated in her interview, “About a month into my semester, I decided that I was too stressed. I was dealing with a lot of emotions and I was dealing with 24/7 morning sickness.” So, participant BM4 decided to withdraw from college and move back home to live with her parents. Lastly, for participant BM5, the private school she was attending gave her an extension on her schoolwork for the time she took off when she had the baby, so she could still graduate with her classmates.

The birthmothers in interviews also revealed how different their adoption journeys were based on what week or month into the pregnancy they choose adoption, and what reasons they gave for taking the adoption route. Participant BM1 decided to place her child for adoption around 15-20 weeks into her pregnancy. In the interview, participant BM1 stated her reasons for adoption as, “I was basically living with my ex and it was like an abusive relationship and it was controlling. So, when I found out [I was pregnant], I thought I wanted to be with him and raise it with him.” Since raising a child in an abusive home was not an option in her mind, participant BM1 knew she only had two other options: adoption or abortion. In the interview, she said “I just...couldn’t get to doing an abortion. It just didn’t seem right at all and the risk factors of it so...I thought the better choice was doing adoption and giving her [the baby] a better life.”

Participant BM2, on the other hand, decided to place her child for adoption at the beginning of her second trimester. When asked why she had decided to go with adoption, participant BM2 stated the main reason was her current living environment. In the interview, she said, “At the time, I was living with my mom and stepdad and I wanted to make sure she [the baby] grew up in an environment with...um, that was a happy environment. And, you know, similar to what I grew up with; very happy.” Participant BM2 knew right away her current environment was not fit for a newborn.

The next participant, BM3, choose adoption near the end of her second trimester into the beginning of her third trimester. There were three reasons why participant BM3 decided to place her child for adoption: 1) she knew her son would not have a fair chance of having a normal and happy life every child deserves, 2) she knew she would be unable to support her son in the way she wanted to and 3) she had a horrible relationship with the birthfather. In participant BM4’s case, she was between six to seven months pregnant when she made the decision to place her

child for adoption. Participant BM4 stated in her interview, “I knew I wanted to finish my college education. I had one year left. I knew that would be very difficult and I just knew I wasn’t emotionally stable enough to be a single parent.” The final participant, BM5, contacted an adoption agency when she was four to five months pregnant. When she gave her reasons for choosing adoption, participant BM5 said, “I couldn’t take care of a baby because I was still in high school at the time. I didn’t have a job or the means to keep the baby and raise the baby. I was just too young for a child so yeah, I choose to give him up.” Based on the variety of responses from birthmothers, it is evident how each adoption journey is different.

Importance of a Relationship between the Birthmother and Birthparent Counselor

Birthparent counselor responses. The second purpose of this qualitative study is to understand why there are few support services for birthmothers and how adoption agencies can best support this population. To begin providing support services for birthmothers, birthparent counselors focus on establishing relationships with birthmothers who come to their adoption agency. When asked to describe their experiences with birthmothers, participant BPC1 stated:

My goal working with them is to educate them on what their options are. All of them are dealing with unplanned pregnancies so we talk about what they want to do in regards to the pregnancy, what their options are, and what the responsibilities and consequences are with parenting the child. Once they’ve made a decision, then supporting them in helping them carry out whatever decision they made.

For participant BPC2, her focus with birthmothers is to, “let them know that I’m not being judgmental at whatever their decision is. I’ll respect and support even if they change their mind; [reminding them] that this process is going to be their own process.” For the birthparent

counselors interviewed, creating a strong relationship with each birthmother who came to their agency was a priority; particularly so they felt supported and heard when no one else would do either of those things for them.

Birthmother responses. The importance of having a strong relationship with birthparent counselors was identified in the birthmother interviews. They were asked to describe what their experiences with their birthparent counselor were like. Responses from birthmothers were divided by how their birthparent counselor helped them, and ways their counselor did not help them. When asked to describe her experiences, participant BM2 indicated she and her birthparent counselor had a strong attachment from the beginning. Participant BM2 said in the interview, “She [the birthparent counselor] just had the personal attachment, the information, and the confidence of current and future hopes.”

Participant BM3’s birthparent counselor was described as “phenomenal” and “just so sweet and such a good listener and not judgmental.” For this birthmother, having someone in her life that did not judge her was helpful since every other adult in her life judged her for being 16 and pregnant. Maintaining the relationship with her counselor was important for participant BM3 because she did not expect her birthparent counselor to be a part of her life after the pregnancy. For participant BM4, having a strong relationship with her birthparent counselor after placement was significant. Seeing or hearing from her birthparent counselor became, “the highlight of my week.” She looked forward to the times they met at the agency or even outside of the agency at coffee shops. Participant BM4 said, “She [birthparent counselor] always brightened my week.”

When birthmothers were asked to if there was any way their birthparent counselor did not help them during the adoption process, the responses for many was an immediate no. The only birthmother who responded differently to this question was participant BM3, who wished she

had been given more resources once the adoption had been finalized. In the interview she said, “Thinking back now, it was such an experience and such a whirlwind of a time in my life that to dig up those resources myself would’ve been overwhelming.” Another challenge for participant BM3 at that time (more than ten years ago) was there were not as many monthly groups, referrals to counseling, or support from other birthmothers offered at the agency. She was hopeful that more support services are being offered by the adoption agency today and expressed a sense of regret for not seeking those services when she was struggling with placing her child for adoption.

Communication Patterns between the Birthmother and Birthparent Counselor

Birthparent counselor responses. Within the context of building a relationship between a birthmother and birthparent counselor, there is a variety of communication patterns that can take place. In the interviews conducted with birthparent counselors, there were three common themes: a) the methods of communication used with birthmothers, b) the average length of communication they have with birthmothers post-placement, and c) the main challenges they face in maintaining long-term contact with birthmothers.

Methods of communication. For the first theme, most of the birthparent counselors stated in their interviews that the main form of communication they use with birthmothers is based on the age of their clients. As a result, birthparent counselors today find themselves texting their clients more than any other form of communication, but they will still let birthmothers choose how they want to be contacted. Other forms of communication include phone calls, email, in-person visits, meeting for coffee, activities through the agency and events planned with other birthmothers or individuals in the adoption triad. Many birthparent counselors also stated in their interviews that they try to connect with birthmothers through social media venues such as blogs and private Facebook pages.

Length of communication. The average length of communication between birthparent counselors and birthmothers post-placement varied from one participant to the next. Participant BPC1 stated the average length of communication she had with clients was around three months, no matter how hard she tried to maintain that relationship with the birthmothers she worked at her agency. Birthparent counselor BPC2's response was, "I'll help with anything that they want me for until forever, I mean as long as I'm working here [the adoption agency]." When participant BPC3 was asked how long she keeps in touch with birthmothers after the adoption is finalized, she said, "I will try to be there at the hospital [with the birthmother], after placement....depending on their needs." When the adoption is finalized, participant BPC3 tries to get together with the birthmother once or twice a month to see how she is doing and to make sure she is not sitting at home alone. Participant BPC5 stated that in working with birthmothers, "It's typical to be in touch with clients for weeks or months, but for most it doesn't go beyond a few months."

Main challenges in maintaining contact. Based on the responses from birthparent counselors, it is clear how challenging it is to continue communication with the birthmother once the adoption has been finalized. Thus, the third theme in what communication patterns exist was what challenges birthparent counselors face in maintaining contact with birthmothers. Participant BPC1 acknowledged during the interview how hard it is to keep birthmothers engaged once the adoption has been finalized, and how difficult it is to find an effective way to do this. In the interview with participant BPC4, it was stated that, "Reality is different from what we want to happen with birthmothers post-placement." The point that participant BPC4 was making is that birthparent counselors can do everything in their power to help birthmothers, but that does not mean it will actually happen.

According to participant BPC5, “It’s really up to the client [to decide how long] we’re there for them, but once all the steps are done, they’re not required to stay in touch with us. It’s if they feel it’s a benefit for them.” The challenge birthparent counselors like BPC5 commonly see when working with birthmothers is that for some women, their birthparent counselor is a reminder of a difficult time in their life. So, they prefer to work with a therapist or counselor who is not directly related to their placement. As a result, birthparent counselors struggle to figure out how to best communicate with birthmothers so that the relationship continues well beyond placement of their child.

Birthmother responses. Common communication patterns were also discussed in interviews conducted with birthmothers. For the five participants, there were three common methods of communication mentioned: 1) phone calls, 2) texting, and 3) face-to-face meetings with their birthparent counselor. In participant BM3’s adoption journey, she enjoyed getting informal phone calls from her birthparent counselor where she would just check in on BM3. Also, participant BM3 felt close enough with her birthparent counselor that she would call her as well. According to participant BM4, the best method of communication she had with her birthparent counselor was meeting together and having no agenda, simply conversation about how BM4 is doing and topics not necessarily related to the adoption. When asked what type of communication she primarily used when talking to her birthparent counselor, BM5 said, “We mostly texted”, but this form of communication might not be as effective for other birthmothers.

After discussing what types of communication birthmothers prefer using with birthparent counselors, the length of communication was presented as a question to birthmothers, but only answered by one individual. In participant BM3’s interview, she said, “As time went on, it [communication] got less and less, but it was just basically extra support and things like that.”

For BM3, not having her birthparent counselor at the agency anymore meant not having any ties with the agency. This issue had been hard for BM3 to deal with, especially whenever she thinks about the child she placed for adoption and she does not have the option to call her birthparent counselor.

From the five birthmothers who were interviewed for this research study, there was more positive feedback given on the way they communicated with their birthparent counselor than negative feedback. Each birthmother focused on different things that they liked about how their birthparent counselor communicated with them. For participant BM1, she was happy to talk about how her relationship with her birthparent counselor post-placement was not just a professional contact, but it became a casual contact. BM1 was able to talk to her birthparent counselor as a friend, instead of as someone whose job it was to visit with her. In participant BM2's situation, she liked that her birthparent counselor took the time to reach out to her. In the interview she said, "It was really nice to have a two-way street versus a one-way street of me calling and checking in on that."

Lastly, participant BM5 described the communication she had with her birthparent counselor as, "She [her birthparent counselor] still talks to me every once in awhile to see how I'm doing. She's still involved, which is surprising because I thought she would just kind of end the communication, but she acts like she cares. They all act like they care." For each of these birthmothers, it was the small things that their birthparent counselors did post-placement in communicating with them that made the difference in how well they perceived their adoption experience.

Emotions and Reactions Birthmothers Experience Post-Placement

Birthparent counselor responses. According to participant BPC1, “Everybody [birthmother] expresses their emotions differently.” This theme was important to the qualitative study because understanding the emotions and reactions birthparent counselor often see birthmothers express, as well as what birthmothers say they deal with post-placement, are at the foundation of this research. To begin with, the birthparent counselors who were interviewed responded to this question in multiple ways. Participant BPC2 stated, “What comes to my mind first is maybe bittersweet feelings where they [birthmothers] know that this is the right thing and they’re happy for the child and the family, but you can’t help but feel a sense of loss.”

In another interview, participant BPC3 has seen birthmothers either shut down post-placement then put up a wall to lock themselves out from all emotions, or they see birthmothers experience an outpouring of grief. Participant BPC3 went on to explain,

Even when they [the birthmothers] are ok with their plan and the adoptive parents are there and they’re spending time together...you can kind of see when there’s that wall up and they [the birthmothers] are saying, ‘That’s not my baby or this is their baby. I need to be strong.’

As a result of the range and emotions birthmothers experience post-placement, it is not uncommon for birthparent counselors to see birthmothers having second thoughts and questioning if they made the right choice to place their child for adoption, according to participant BM1.

Grief and anger. When birthparent counselors were asked to give specific emotions they identify birthmothers showing post-placement, two common emotions repeated were grief and anger. Grief was something observed by birthparent counselors beginning at the hospital and then once the birthmother had gone home. Participant BPC2 explained this emotion as,

“Especially leaving the hospital I find, you’re leaving [the hospital] empty-handed, but even if that’s completely what you’re wanting to do and you know it’s right, there’s still a sense of emptiness.” Birthmothers often experience grief at the hospital and do not seek out support services or people to talk to about their grief. Then, they can get stuck in a cycle of ongoing grief as described by participant BPC3.

Anger, the other common emotion, appears in a variety of forms for birthmothers post-placement. In participant BPC5’s interview, she says, “[Birthmothers are angry] that they ended up in that situation, or [they are angry] at parents if they felt pressured to choose adoption, or at the birthfather...just kinda at the world. That’s not a real unusual reaction.” When a birthmother copes with the placement through anger, it is often expressed suddenly and without warning. Beyond experiencing grief and anger, two additional reactions birthparent counselors observe in birthmothers are, 1) relief that they do not have to single parent and 2) fear of losing contact with their son or daughter.

During the birthparent counselor interviews, there was more emphasis on negative emotions/reactions birthmothers experience post-placement. But participant BPC5 shared some positive emotions and reactions that she has seen with previous clients. She expressed,

Sometimes I see people who feel really good about the decision that they made, excited for their child’s future and the ongoing relationship with the child and the family. I’ve had a few [birthmothers] over the years that do not seem to experience grief even though, that doesn’t mean that they don’t love or care for their child. They just feel so positive about what they’re doing.

Though this qualitative study places more attention on the challenges involved in birthmothers placing their child for adoption, it is important to identify how post-placement

birthmothers are able to cope in a healthy way and be truly happy for the adoptive parents who are caring for their son or daughter.

Birthmother responses. To assess what emotions and reactions birthmothers experience post-placement, each participant was asked where they are currently at emotionally with the adoption and everything that happened post-placement. Participant BM1's response was that she felt good about the adoption and was not expecting to get to know her daughter as much as she did. For participant BM2, her main challenge was not knowing anybody at the adoption agency now and, "I don't have that communication or that confidence and feedback anymore like I used to have." Participant BM3 acknowledged the adoption as something she will always struggle with and she will always second guess the adoption. In the end, BM3's son will always be hers and she will continue to love him more than anyone else in the world could love him. The statement she added near the end of her interview was, "If I went back I know I would do the same thing [place my son for adoption] because I know I made the right decision". In participant BM4's opinion:

"I don't regret it [the adoption]. Just like anyone else...I have my hard days where I do wish I could see him [my baby]. I think the first couple years were the worst, just because missing all the firsts: words, sitting up, and all that. But I know that it was for the best.

Both participant BM2 and BM3 acknowledged the difficulty behind placing their child for adoption, but they also expressed that the decision they made was the right one.

The final birthmother interviewed, participant BM5, acknowledged that she still gets sad and depressed sometimes. There are days that are harder than others to work through her emotions, but being open and honest with people in her support circle is the one thing that has helped her the most.

Common Support Services Offered and Needed

Birthparent counselor responses. To help birthmothers through the emotions and reactions they are dealing with post-placement, birthparent counselors offer a variety of support services to fit the needs and wants of each birthmother. To begin with, participant BPC1 provides support services ranging anywhere from pamphlets on basic information about adoption or single parenting to a program called Cradles of Hope. This program provides women with tangible needs they have after making the decision to adopt or single parent. In the interview participant BPC1 said,

There are a lot of different resources because I find it's different for every client, what they need is different. So, part of my job is figuring out what those needs are and then doing research, finding ways to meet those needs.

The focus for participant BPC2 is on setting birthmothers up with mentors; people who have gone through single parenting or adoption and are willing to talk about their experience. The ability to provide these resources is all dependent on the individual. According to participant BPC2, “[Some birthmothers] don’t want to go there yet, or they’re completely open to anything you give them. It just depends on the person.”

Participant BPC3 responded to what type of support services her adoption agency provides for birthmothers with, “There are not enough of them.” She admitted there is a lack of resources in Minnesota for birthmothers, but they try to increase the amount of resources in new and different ways. When her adoption agency has tried doing support groups with birthmothers, women will typically come once or twice then drop out. No matter what they did to keep the support group going, it became difficult to maintain those connections. Beyond support groups, participant BPC3’s adoption agency provides birthmothers with a food shelf, housing, financial

counseling, and help with school if needed. Participant BPC4 provides similar support services as BPC3, but acknowledges that birthmothers do not receive resources she gives them well.

Lastly, participant BPC5 agreed with the other birthparent counselors when she stated there are not many resources out there for birthmothers in Minnesota. In her interview, participant BPC5 said, “I think what’s important is to be responsive to the needs of particular clients. If they need us, we need to try to be there for them, or help build some kind of network for them if we can.”

Adequate support services for birthmothers. The final question birthparent counselors were asked during their interview was if they thought birthmothers receive adequate support post-placement in Minnesota. Each participant responded with “no” almost right away. Some of the common reasons given for the lack of support services for birthmothers in Minnesota were how challenging it is for birthparent counselors to find effective ways to support them. According to participant BPC3, birthmothers are often “the invisible person” in society. While some birthparent counselors responded that they strongly believe there are adoption agencies that do better than others in providing support, other birthparent counselors acknowledged how challenging it was to maintain consistency with support services for birthmothers. According to participant BPC1, “It’s hard to come up with a one size fits all post-placement program.” For birthparent counselors interviewed for this qualitative study, their focus was not on the lack of effective support services for birthmothers, but on how they can be responsive to the needs of their clients and simply being a constant support for each woman that walks through their door.

Birthmother responses. There were two main support services birthmothers said they sought post-placement: support groups and counseling. Participant BM4 was the only birthmother who consistently attended a birthmother support group offered through the adoption

agency until she went back to college in mid-August. Participant BM4 said in her interview that support groups, “Really helped me meet young girls who had done the same thing.” She stayed in contact with the birthmothers in her support group while she was at school, which was a big help for her.

Counseling was interpreted differently by each birthmother. Participant BM1 viewed seeing her pregnancy counselor somewhat like counseling. In participant BM2’s situation, she goes to counseling not just for the adoption, but for the unhealthy relationship she had with the birthfather and a little bit of everything else going on in her life. Participant BM3 went right into therapy post-placement, but not specifically for adoption. Her mindset for seeking therapy was that, “Adoption was a huge part of my life. I will deal with it for the rest of my life.”

Why birthmothers did not seek support services. For the birthmothers who did not seek any support services post-placement, they gave various reasons as to why. Participant BM2 described how it would have been wise to seek support, but she did not because she had no clue what was out there for support services. She said in her interview, “I discarded it [support services] because it was so far away.” Participant BM4 did not seek any support services post-placement because, “I was not too emotionally scarred with it. Because I knew like, some birthmothers look back and regret their decision. I’ve never looked back and regretted my decision. So I think that has also helped my coping.”

What positive support looks like for birthmothers. When each birthmother in the study was asked what positive support looks like to them, there were multiple responses given. Participant BM1 began her answer with, “They [the adoption agency] were just there for me just to be what I needed and they gave me the resources to find a good couple for her [the baby] and um, that I would be able to connect with also. They were very flexible with that.” Also, being

able to openly talk with her family and friends about the adoption and to speak her opinion about the whole adoption process was positive support for participant BM1.

Participant BM2, indicated going to a support group would have been helpful for her to talk about her emotions, thoughts, goals, changes that were happening, and things that were coming up in her life. In her opinion, having birthmother support groups available in different communities would be useful for this population. Not necessarily just for right after placement, but throughout the years. Participant BM2 acknowledged the importance of needing more help preparing for when her child turns 18 years old and is deciding to meet her or not.

The response participant BM3 had to what positive support looked like to her was being able to talk to women who were in a similar situation as she was in, along with having an open relationship with her son and the adoptive parents. She also would like to see more support services provided for birthmothers outside of the agency. Once participant BM3 had placed her child for adoption, she only met with her birthparent counselor and people working in the adoption field, not with people who had been through her experience with adoption. Though she knows a lot has changed in the past ten years, her personal dream is to open up a center for birthmothers that give women resources prior to and after the adoption.

Positive support for participant BM4 came from how the adoption agency and other people helped her. Some of the most helpful things people did were simply listening to her and providing a shoulder for her to cry on, along with never hearing “I told you so” from people. The other positive support participant BM4 identified, was having an open relationship with her child and the adoptive parents. Being able to see updated pictures of her son as well as seeing him five times a year has helped the birthmother to continually see how she made the right decision.

Participant BM4's strong faith was also positive support, which is something her birthparent counselor promoted from the beginning of her pregnancy.

For the final birthmother who was interviewed, BM5, openness in the adoption was also the best kind of positive support. In the interview, she said, "What helped me cope with the adoption was knowing that he's with good parents, that he has got a good home." Seeing him every other month face-to-face and with through pictures, videos, and messages helps her feel like she is still a part of her son's life. Also, support from her family and from other birthmothers who have been through the same thing gets her through the difficult days when she second guesses or regrets her decision to place her child for adoption. Beyond support from the agency, family, and friends, participant BM5 also found support in the private school that she attended. They were understanding of her situation and allowed her to work longer on her schoolwork than others.

The Need to Change Societal Views on Birthmothers

Negative views. In the interviews conducted with participants, only the birthmothers were asked how they think society views birthmothers and adoption overall. There were many negative views that birthmothers stated people outside of the adoption realm have of the whole process. According to participant BM1, "They wonder why you would do something like this just to give up your child; they think that it's just wrong to do that." Another birthmother responded that this population is a silent society, she has often seen more people focus on pro-life than on adoption. Participant BM3 started her answer to how society views this topic with how adoption is "still something that's not talked about enough [in society]." When participant BM3 was pregnant and working with her adoption agency, she found that 25% of people do not understand it. They think placing a baby for adoption is a selfish thing.

To summarize her opinion on how adoption is viewed in society, participant BM3 said,

We're [society] not educated enough on adoption and all the possibilities that you can have in an adoption. It doesn't always have to be this super secret situation. You know, everybody's adoptions are different and things like that. I feel like people just don't have a clue to openness and some of the other options you do have.

The other negative statements birthmothers heard was comments like, "You should be a single parent," even though she had already made the decision to place her child for adoption. After the adoption was finalized, the same people who had made those comments came back later and told her that they truly believe that participant BM4 made the best decision for her son. In participant BM5's interview, she often sees younger people view adoption as a bad thing; they do not understand it at all. The birthmother also stated that, "People who are not mothers do not know how hard it is to place their child for adoption." Overall, people's negative comments often come from a lack of knowledge about adoption and what the birthmother's role is in the whole process.

Positive views. Though the birthmothers interviewed seemed to face a lot of negative comments and feedback from people around them during and after their pregnancy, there were also stories of the positive things people said to them. For participant BM1, she met people who thought what she was doing, placing her child for adoption, was the most selfless thing they had ever heard of or seen. Participant BM3 estimated that about 75% of people she encountered were very supportive. From what she has observed, "If they are willing to listen to the reasons [why she chose adoption], they are amazed [that birthmothers] go through this and come out on the other side." This positive view was summed up nicely when participant BM3 said in the interview:

A child is everything to so many people and I just think that, especially with women, you hear a lot of you know [say], “thank you for making that decision because I don’t think I could’ve done it in your shoes and you really did give your child the biggest gift.”

Though birthmothers wish society could have the same mindset as stated in the birthmother’s quote, older people are often the only population who understand that adoption is a selfless thing according to participant BM5. The main theme found in how society views adoption in a way was the term ‘selflessness,’ which could be a powerful term to use in creating more awareness of the birthmother’s role in the adoption triad.

Possible ways to change the negative views on adoption. Though it is difficult to change how society’s negative views on adoption, some of the birthmothers interviewed brought up a few ideas they had for implementation in the future. Participant BM2 focused on the importance of educating high school students on adoption because that is where the idea of sex and getting pregnant often starts. She would like to see more teaching opportunities in high schools where students learn about what their options are once they have found out they are pregnant. Currently, there are classes provided on what birth control is and how to use protection during sex, but there are no classes provided on what to do after they have had sex and must now deal with an unplanned pregnancy. Simply letting these young pregnant women know there is someone, like a birthparent counselor, who will support them in whatever decision they make might change their views on birthmothers and adoption and affect other people’s views as well.

Another option brought up by participant BM3 was having adoption talked about as much as abortion is talked about in society. If that could happen, birthmothers might not think of abortion as their first option after finding out they are pregnant. A final strategy provided by participant BM4 to change society’s negative views on birthmothers was having more women

tell their adoption story to individuals outside of the adoption field, to communicate the positive aspects about adoption.

Each of the ten interviews conducted for this qualitative study contained a lot of information and provided good insight into the post-placement experiences of birthmothers. From talking about each of the participant's experiences to society's view on adoption, the themes identified from the interviews were important for connecting to themes identified in past studies. Though there was a great deal of information covered in this section, it only scratches the surface of what birthparent counselors and birthmothers experience during the adoption journey.

Discussion

The recruitment process lasted a little over a month and the researcher exceeded the original goal of obtaining nine participants, having interviewed ten participants total. Through transcribing and coding the ten interviews, there were six themes that were pulled out of them: a) differences in the birthmother's adoption journey, b) importance of a relationship between the birthmother and birthparent counselor, c) communication patterns between the birthmother and birthparent counselor, d) emotions and reactions birthmothers deal with post-placement, e) common support services offered and needed, and f) the need to change societal views on birthmothers. Each of these themes strengthened the two purposes of the qualitative study, while also showing similarities with previous studies done on birthmothers' experiences post-placement.

Why Women Choose to Relinquish Their Child

The first similarity found between the current study and previous ones done on this topic was the reasons birthmothers gave for relinquishing their child. A common reason stated in the

review of the literature, was that women feel powerless to keep a child (Smith, 1995), especially when they are too young (De Simone, 1996), which was considered to be under 18 years of age (Cocozzelli, 1989). In the current study, the age range of birthmothers interviewed was 18 to 22 years old. So when the participants gave their reasons as to why they choose adoption, their young age was a main component. Another factor found in the review of the literature was that the wishes of their mother and father left many women with no other choice but to adoption (De Simone, 1996).

For participant BM2, the relationship she had with her mother and stepfather was strained to the point where she did not feel comfortable raising a child in that environment. Two of the other participants came back to live with their parents after they found out they were pregnant, so their parents were a major influence in deciding adoption.

Another reason from the literature as to why birthmothers choose adoption over single parenting or abortion is a lack of monetary support (Walker, 2010; Smith, 1995; De Simone, 1996; Cocozzelli, 1989). For all the participants except for BM5, they were still in high school and did not have a job. Participant BM3 stated, "I wouldn't have been able to support him [the child] in every way I would've wanted to." Another similarity between the current study and previous studies on this topic was the following: birthmothers who were attending college at the time and had life plans set in place were less likely to keep the child (Cocozzelli, 1989). For participant BM4, completing her college education was a major reason why she choose adoption.

Unresolved Grief

Grief is the one consistent outcome for birthmothers who place their child for adoption (Wiley & Baden, 2005). During interviews conducted with birthparent counselors, grief was commonly observed as beginning at the hospital and continuing once they had gone home. Based

on one study in the review of the literature by Wiley & Baden (2005), birthmothers experience a loss that is incomparable in society, yet their grief is often covered in secrecy and hidden in feelings of shame, stigmatization, and marginalization (Wiley & Baden, 2005). As stated near the end of the findings section, birthmothers said in their interviews that their population is a silent society and adoption is identified as a secret situation. The end result for many birthmothers is an inability to openly talk about their adoption journey with those outside of the adoption realm

The term ‘unresolved grief’ was discussed in the literature review section as a real issue for birthmothers post-placement. According to previous studies done on this topic, unresolved grief begins for birthmothers when they see and hold their baby, signing the adoption papers, where the baby went when leaving the hospital, and what was discussed in regards to the levels of openness in the adoption (Cushman et. al., 2001). In interviews with the five birthmothers, spending more time with their baby at the hospital only made it more difficult to go home and pretend everything was ok.

Unresolved grief can also occur when birthmothers are told to forget about the relinquishment and go on with their life (Silverman, 1981). One of best types of support that many birthmothers received post-placement was the ability to openly talk with their friends and family about the adoption. When birthmothers are unable to do this, they try to suppress the grief which only makes the grief worse. According to the literature, when birthmothers are not allowed to openly discuss what they went through, they do not get a chance to fully express their feelings of loss and worry about the child’s welfare (Neil, 2006).

Long-Term Effects of Relinquishing a Child

Another similarity between previous studies and the current study is what reactions and emotions birthmothers experience post-placement. In the review of the literature, emotions such as denial, ignorance, anger, and confusion are often presented to birthmothers post-placement as a continual cycle (Wiley & Baden, 2005). Birthparent counselors stated in their interviews that there were a variety of emotions and reactions observed in birthmothers post-placement. They would often see birthmothers either have an outpouring of different emotions or completely close themselves off from showing emotions. The literature also stated that birthmothers struggle with depression (Smith, 1995), have a negative self-image (Wiley & Baden, 2005), and overall feel unaccepted and unloved (Wiley & Baden, 2005). When birthmothers were asked in their interviews where they are at today with the adoption, many of them responded that there are still difficult days where they second guess their decision or feel as if they failed their son or daughter. Yet, each of those birthmothers realize that at the end of the day, their son or daughter is in a home where they are loved and cared for by the adoptive parents and that is all that matters.

Solutions to Helping Birthmothers

A final similarity found between the current study and previous studies on what birthmothers experience post-placement is the type of support services this population needs, but does not always utilize. Based on the literature, birthmothers often do not seek support services post-placement as a result of depression, passivity, resistance to emotion-focused work, and lack of active follow-up from the agency (Thomas, 2013). From the interviews with birthmothers, participant BM2 did not seek support services because the adoption seemed so far away and by the time she had placed, she did not want to dig up all the resources. Participant BM4 did not

seek support services as a result of not feeling too emotionally scarred. Though this may have been true, there might also be some level of passivity happening in this birthmother's life.

The type of support services birthmothers need, as stated in previous studies, is support focused on feelings and emotions, practical support through advice, information and provision, help with contacting their birth son or daughter, advocacy and liaison, and finally group or peer support (Thomas, 2013). For participant BM4, going to the support group provided through the agency was the best type of support for her because she was able to talk with people who had similar experiences. Also in the literature on support services, the most common type of assistance birthmothers seek is one focused on feelings and emotions, while the least common they seek is group or peer support (Thomas, 2013). An overarching theme from interviews with birthmothers was the ability for them to talk about their feelings and emotions with professionals and those in their close support circle.

Strengths and Limitations

In the process of completing this research project, the primary strength was creating more awareness and support for birthmothers since there has been such a lack of research done on helping this population post-placement. Also, this research project is a tool for birthparent counselors and adoption agencies overall to improve adoption services and support for birthmothers. The final strength was that it will help adoptive couples to see where birthmothers are coming from and to help maintain the adoptive parent-birthparent relationship post-placement.

A primary limitation of this research project is that all participants reside in Minnesota and have worked with or are working at a private adoption agency, thus, the research cannot be generalized. Another factor is that only birthmothers who placed domestically were included in

this study; international adoption was not incorporated into the research. Also, there was a small sample size used so the data collected does not fully represent birthmothers and birthparent counselors.

Practice Implications

This research project was designed to get a better understanding of what birthmothers experience post-placement and how adoption agencies can best support them. The findings from the interviews conducted show two general implications for social work practice in Minnesota: post placement support and more education. In regards to post placement support, birthparent counselors stated in their interviews that they would like to see more collaboration done with other private adoption agencies in the Twin Cities area. When there are more private adoption agencies working together to create and maintain support services, there will hopefully be fewer birthmothers struggling with unresolved grief. Another practice implication for post placement support is implementing a birthparent retreat in adoption agencies. This idea was brought up by two birthparent counselors during their interviews as something they would like to see happen in the future.

Another practice implication for social work practice is having more education in the high schools and in the community. If more awareness about adoption can be brought into high schools, there might be less teenage pregnancies. One of the birthmothers interviewed for this study stated that she wished there had been a birthparent counselor that came to her school and talked about what adoption means. Educating the community could be done through having booths and trainings at different events, necessarily related to adoption, and simply getting brochures and pamphlets out into the community.

Policy Recommendations

This study highlights the need to have policies in place for birthparent counselors working at private adoption agencies. The first policy that should be set in place is having better guidelines or principles during the adoption process to make sure each birthmother has a birthparent counselor to connect with during pregnancy and after placement. Having a timeline set-up to create expectations as to when and how birthparent counselors should communicate with birthmothers would be beneficial. The other change that needs to take place is the ability to recognize unresolved grief within adoption agencies, acknowledging unresolved grief, and then having better guidelines for birthparent counselors to help get the support that is best for them.

Implications for Future Research

There were three implications for future research found on the topic of post-placement experiences for birthmothers. The first is to have more research done on what effective support services that are already implemented by adoption agencies for birthmothers. In conducting interviews with the birthparent counselors, there was no mention of any effective support services they have been able to implement at their adoption agency. Also, all of the birthmothers interviewed had placed their child for adoption as a baby. There were no birthmothers who had tried parenting for awhile or had their child taken from them by Child Protective Services. Post-placement experiences for these birthmothers might be different from the birthmothers in this qualitative study. Another implication for future research is to identify birthmother experiences post-placement for those who place their child for adoption internationally and what support services they receive or do not receive. There were several studies done on birthmother experiences who had placed domestically, but I did not come across any on international adoptions. Though it would be more difficult to obtain interviews with this population,

researching more on this topic would not only be beneficial to adoption agencies and birthmothers, but even those outside of the adoption realm.

Conclusion

In conclusion, this study was able to describe what young birthmothers experience post-placement and how adoption agencies can best support them. Although this study had some limitations, there were several themes developed and similarities drawn between previous studies and the current study. The findings indicate that professionals need to change their post-placement support through collaborating more with adoption agencies and trying new things like a birthparent retreat. Also, placing more emphasis on education in high school and in the community was another need uncovered from conducting this qualitative study. These findings also show how important it is to continue doing research on this topic so that fewer birthmothers struggle with unresolved grief after having placed a child for adoption.

The adoption process does not end when the child is turned over to the adoptive parents. There is a transition period, which includes grieving. Knowing how to help birthmothers walk through this grieving can reduce negative long-term effects and leave the mother more content in the decision that was made. Birthparent counselors are key people to help adoption be a positive experience for the birthmother, adoptive parents, and adoptee.

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Appendix A: Interview Questions for Birthparent Counselors

- 1) How long have you been with this private adoption agency as a birthparent counselor?
- 2) What brought you to this profession?
- 3) Can you describe your experiences working with birthmothers?
- 4) Do you typically keep in touch with birthmothers once the placement has been finalized?
How long do you keep in touch? If so, can you describe what that looks like?
- 5) Are there resources that you give to birthmothers before, during, and/or after the placement? What resources do you give?
- 6) Are there common emotions and reactions that you see birthmothers deal with post-placement? Can you describe those?
- 7) Without giving any identifying information, what has been the most difficult case for you with a birthmother? Why was it difficult? What did you find helped/did not help the birth mother most?
- 8) From your opinion, what support services do birthmothers need the most once they have relinquished their child? What support services do they need the least?
- 9) Do you think birthmothers receive adequate support post-placement? Why/why not?

Appendix B: Interview Questions for Birthmothers

Experiences during Pregnancy

- 1) How old were you when you placed your child for adoption?
- 2) What did your life look like when you found out you were pregnant? (ex. College, job, unemployed, activities, hobbies, etc)
- 3) Who knew about the pregnancy and ultimately the adoption? What was their opinion?
- 4) During what month/week of the adoption did you consider adoption?
- 5) What were the primary reasons as to why you chose the adoption route?
- 6) What were your experiences during the adoption process with the adoption agency?
Birthparent counselor? How did the agency help/not help you?
- 7) Were there any complications before, during, or after the child was born that affected the way you remember the adoption placement?

Support Services Post-Placement

- 8) Once the adoption had been finalized, did you maintain contact with the adoption agency? If yes, what did the contact look like?
- 9) Did you seek any support services post-placement? If so, which ones and why?
- 10) Specifically, did you seek counseling post-placement? Did you go consistently to sessions or did you eventually stop going?
- 11) What does positive support look like to you as a birthmother? (Counseling, support groups, openly talking about it with friends and family, etc) What would you like to see more of at private adoption agencies and in the community?
- 12) How do you think society views birthmothers and adoption overall?
- 13) Where are you at today with the adoption and everything that happened post-placement?

Debriefing Question: In the duration of this interview, do you have any specific emotional reactions that you were not expecting or did it go as you expected?

Appendix C: Flier

Are you a Birthmother or Birthparent Counselor?

Please consider sharing your experiences for a research project
Your voice may help others



Hello, my name is Angela and I am currently working towards my Masters in Social Work at St. Catherine University/University of St. Thomas. One of my program requirements is to conduct a research project.

For many years, I've had the privilege of meeting birthmothers and adopted children. After graduation, I hope to work at an adoption agency in Minnesota. As a result, the topic of my clinical paper is:

Birthmothers Today: The Post Adoption Experience

This post adoption research project will focus on:

- What birthmothers experience emotionally, physically, and psychologically once a domestic adoption has been finalized
- The various support services available to birthmothers today and what kind of follow-up has been conducted on its helpfulness.

Note: The interviews will take place face-to-face in a neutral location (ex. Local library or coffee shop) and last about 30-45 minutes.

If you are interested, please contact me:

Angela
XXX-XXX-XXX
Email Address



Please consider being interviewed in person on your experiences as a birthmother post-placement or working with birthmothers.

Thank you.

Angela

Appendix D: Consent Form for Birthmothers

Face to Face Interviews of Birthmothers Today: The Post Adoption Experience

RESEARCH INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating birthmothers' experiences post-placement. This study is being conducted by Angela Jansen, MSW graduate student, under the supervision of Catherine Marrs-Fuchsel, PhD, LICSW, assistant professor at St. Catherine University and the University of St. Thomas. You were selected as a possible participant in this research because you have placed a child for adoption. Please read this form and ask questions before you decide whether or not to participate in the study.

Background Information:

The purpose of this study is first to identify what birthmothers experience emotionally, physically, and psychologically once a domestic adoption has been finalized. The second purpose of the present qualitative study is to understand why support services for birthmothers are low and how adoption agencies can best support this population. Though research has been conducted on what adoptees and adoptive parents experience once the adoption has been finalized, less research has been done on the experience of birthmothers. This study seeks to understand and identify what birthmothers go through post-placement. The information collected will be useful not only for social workers in the adoption field to better support birthmothers, but also for adoptive couples to see the adoption through the lens of birthmothers. A minimum of nine people are expected to participate in the face-to-face interviews for this research project.

Procedures:

If you decide to participate, you will first be asked to read a consent form, ask any questions you may have, and state that you understand what the consent form means. You will then answer open ended questions about your experience with adoption as a birthmother post-placement during a single 30-60 minutes audio-taped interview. The interview will occur at a public place where the participant feels comfortable and able to discuss their experiences. After the interview, the researcher will transcribe the interview. In addition, the findings (which will not include any identifying information) will be publically presented in May 2014.

Risks and Benefits:

The study has minimal risks.

The possible risk for participants in being interviewed on this topic is the emotions and reactions that might come up for you. Participation is voluntary so feel free to end the interview at any time. If you become noticeably distressed during the interview process, the researcher will ask if

it is appropriate to continue the interview or if the interview should be ended. The researcher will also offer to assist in making an appointment with mental health professionals immediately after the interview if you are being visibly affected by the questions asked. In the event of emotional distress, do not hesitate to contact the agency you worked with during placement, a crisis hotline or 24/7 adoption line, and an adoption competent therapist.

There are no direct benefits for participating in this research.

Confidentiality:

Any identifying information obtained in connection with this research study will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.

I will keep the research results in a password protected computer and/or a locked file cabinet in my home and only I and my advisor (Catherine Marris-Fuchsel) will have access to the records while I work on this project. The participants will be fully informed and measures will be put in place to secure confidentiality. I will finish analyzing the data by the end of May 2014. I will then destroy all surveys, audio-taped interviews, and transcripts that can be linked back to you.

Voluntary Nature of the Study:

Participation in this research project is voluntary. Your decision on whether or not to participate will not affect your future relations with the adoption agency or St. Catherine University in any way. You may refuse to answer any questions during the interview. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

Contacts and Questions:

If you have any questions, please feel free to contact me, Angela Jansen, at XXX-XXX-XXXX. You may ask questions now, or if you have any additional questions later, the faculty advisor, Catherine Marris-Fuchsel, PhD, LICSW at 651-690-6146, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at 651-690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no future data will be collected.

I consent to participate in the study. I also agree to be audio-taped.

Signature of Participant

Date

Signature of Researcher

Date

Appendix E: Consent Form for Birthparent Counselors

Face to Face Interviews of Birthmothers Today: The Post Adoption Experience

RESEARCH INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating birthmothers' experiences post-placement. This study is being conducted by Angela Jansen, MSW graduate student, under the supervision of Catherine Marrs Fuchsel, PhD, LICSW, Assistant Professor at St. Catherine University and the University of St. Thomas. You were selected as a possible participant in this research because you have worked with birthmothers. Please read this form and ask questions before you decide whether or not to participate in the study.

Background Information:

The purpose of this study is first to identify what birthmothers experience emotionally, physically, and psychologically once a domestic adoption has been finalized. The second purpose of the present qualitative study is to understand why support services for birthmothers are low and how adoption agencies can best support this population. Though research has been conducted on what adoptees and adoptive parents experience once the adoption has been finalized, less research has been done on the experience of birthmothers. This study seeks to understand and identify what birthmothers go through post-placement. The information collected will be useful not only for social workers in the adoption field to better support birthmothers, but also for adoptive couples to see the adoption process through the lens of birthmothers. A minimum of nine people are expected to participate in the face-to-face interviews for this research project.

Procedures:

If you decide to participate, you will first be asked to read a consent form, ask any questions you may have, and state that you understand what the consent form means. You will then answer open ended questions about your experience with adoption as a birthparent counselor during a single 30-60 minutes audio-taped interview. The interview will occur at a public place where the participant feels comfortable and able to discuss their experiences. After the interview, the researcher will transcribe the interview. Kay Jansen, research assistant for this clinical paper, will serve as a reliability check for the interview transcripts. In addition, the findings (which will not include any identifying information) will be publically presented in May 2014.

Risks and Benefits:

The study has minimal risks.

There are no direct benefits for participating in this research.

Confidentiality:

Any identifying information obtained in connection with this research study will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.

I will keep the research results in a password protected computer and/or a locked file cabinet in my home and only I and my advisor (Catherine Marrs Fuchsel) will have access to the records while I work on this project. The participants will be fully informed and measures will be put in place to secure confidentiality. I will finish analyzing the data by the end of May 2014. I will then destroy all surveys, audio-taped interviews, and transcripts that can be linked back to you.

Voluntary Nature of the Study:

Participation in this research project is voluntary. Your decision on whether or not to participate will not affect your future relations with the adoption agency or St. Catherine University in any way. You may refuse to answer any questions during the interview. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

Contacts and Questions:

If you have any questions, please feel free to contact me, Angela Jansen, at XXX-XXX-XXXX. You may ask questions now, or if you have any additional questions later, the faculty advisor, Catherine Marrs Fuchsel, PhD, LICSW at 651-690-6146, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at 651-690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no future data will be collected.

I consent to participate in the study. I also agree to be audio-taped.

Signature of Participant

Date

Signature of Researcher

Date

Appendix F: Mental Health Resources for Participants

Crisis Hotlines and 24/7 Adoption Lines

- HELP MN ADOPT (a hotline for birthmothers in crisis) 612-746-5137
- MN ADOPT (a directory of local adoptive services) 612-861-7115
Website: www.mnadopt.org
- Crisis Connection (a 24 hour crisis line that provides emotional support, information, and referrals) 612-379-6363

*Free support services

Contact Information for Private Adoption Agencies with Support Services

- Bethany Christian Services 763-553-0344
- Catholic Charities 651-293-1919
- Children's Home Society and Family Services
& Lutheran Social Services 651-646-7771
- Crossroads Adoption Services 952-831-5707
- God's Children Adoption Agency 651-428-3881
- HOPE Adoption & Family Services 651-439-2446
- New Life Family Services 612-623-8378

*Free support services

Adoption Competent Therapy

*Prices for therapists vary

If you would like to find a mental health provider, such as a counselor or therapist, calling your health insurance company is a good place to start. If you do not have insurance your local county may have services available to you.